



Outline Of Coverage

UCare Medicare Supplement Extended Basic

Rates effective [01/01/2022]

UCare is required to disclose to you the following information. The Commissioner of Commerce of the state of Minnesota has established two categories of Medicare Supplement insurance and minimum standards for each, with the Extended Basic Medicare Supplement being the most comprehensive and the Basic Medicare Supplement being the least comprehensive.

Premium information and renewability

UCare can only raise your premium if we raise the premium for all policies like yours in this state. Any rate increase for the state will be approved by the Minnesota Department of Commerce.

Notice: This disclosure is required by Minnesota law. This policy is expected to return on average 73.2% of your premium dollar for health care. The lowest percentage permitted by state law for this policy is 65%.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read your policy very carefully

This is only an outline describing your policy's most important features. This outline is not your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company. Additionally, it does not give the details of Medicare coverage. Contact your local Social Security office or consult the Medicare handbook for more details.

Right to return policy

If you find that you are not satisfied with your policy for any reason, you may return it to: UCare Customer Support P.O. Box 211522 Eagan, MN 55121. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments within ten days.

Policy replacement

If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs. Neither UCare nor its agents nor its products are connected with the federal Medicare program or the United States government.

This Section does not apply during open enrollment and guaranteed issue periods when medical underwriting is prohibited and as such it is not a material representation to omit answers to questions about medical and health history.

Complete answers are very important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. **If you are eligible for guaranteed issue, you will not need to provide health history information.** Review the application carefully before you sign it and be certain that all information has been properly recorded.

Renewability

This policy is guaranteed renewable for life, subject to timely payment of premium within the grace period. UCare shall neither cancel nor non-renew your policy for any reason other than nonpayment of premium or material misrepresentation. This policy cannot be canceled or non-renewed on the grounds of deterioration of health, or discriminate in the pricing of such coverage because of health status, claims experience, receipt of health care, medical condition, or age, or impose an exclusion of benefits based upon genetic information or a pre-existing condition.

Exceptions, reductions, and limitations

THESE POLICIES DO NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS POLICY DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR POLICY. OUTPATIENT PRESCRIPTION DRUGS ARE NOT COVERED UNDER MEDICARE SUPPLEMENT INSURANCE POLICIES.

UCare Medicare Supplement Plan Options and Summary of Coverage

Basic Benefits included in Medicare Supplement policies

- Inpatient hospital care: covers the Medicare Part A coinsurance
- Blood: covers the first three pints of blood each year for Medicare Part A and Part B
- Hospice: covers Medicare Part A coinsurance
- Home health care and medical supplies: covers Medicare Part A or Part B cost sharing

| | Available to all applicants | | | For those first eligible for Medicare before 2020 only |
|--|---------------------------------|--|--|---|
| Benefits | UCare Medicare Supplement Basic | UCare Medicare Supplement Extended Basic without Part B deductible coverage ⁴ | UCare Medicare Supplement \$20/\$50 Copay (Plan N) | UCare Medicare Supplement Extended Basic with Part B deductible coverage ^{1,4} |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | Copays apply ² | ✓ |
| Skilled nursing facility coinsurance | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | Optional rider | ✓ | ✓ | ✓ |
| Medicare Part B deductible ¹ | Optional rider ¹ | | | ✓ |
| Medicare Part B excess charges | Optional rider | ✓ | | ✓ |
| Foreign travel care | 80% ³ | 80% | 80% ³ | 80% |
| Preventive medical care (Non-Medicare covered) | Optional rider \$120 maximum | \$120 maximum | | \$120 maximum |
| Immunizations not covered under Part D | ✓ | ✓ | ✓ | ✓ |
| Routine screening procedures for cancer, including mammograms and pap smears | ✓ | ✓ | ✓ | ✓ |

¹ This is not available for “newly eligible” applicants. “Newly eligible” is defined as turning 65 on or after January 1, 2020, or if you first become eligible for Medicare benefits due to age, disability, or ESRD on or after January 1, 2020.

² Plan pays 100% of Part B coinsurance, except up to \$20 copayment for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

³ Benefits limited to charges incurred as a result of a medical emergency.

⁴ \$1000 out of pocket maximum per calendar year.

The charts in this outline only summarize Medicare benefits. Please contact Medicare for further details and limitations.

Your policy also provides the following benefits.

Alcoholism, Chemical Dependency, Drug Addiction. When you receive treatment in a licensed hospital, residential treatment program or nonresidential treatment program for alcoholism, chemical dependency or drug addiction, we will pay benefits on the same basis as coverage for any other condition. Coverage for confinement in a hospital and a residential treatment program is limited to 28 days of confinement each calendar year. Coverage for treatment in a nonresidential treatment program is limited to 130 hours in a calendar year. Benefits are not payable for that portion of expense that is paid by Medicare or paid under any other part of your policy.

Scalp Hair Prosthesis. We will pay the expense incurred on the same basis as any other Sickness or Injury and as if Medicare paid benefits for a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata. Only the expense incurred for one scalp hair prosthesis in a benefit year will be considered as expense under this part of your policy. Amounts in excess of the Usual and Customary Charge are not considered expense. Benefits are not payable for that portion of expense that is paid by Medicare or paid under any other part of this policy.

Routine Screening Procedures for Cancer. We will pay the expense incurred that is not paid by Medicare or paid under any other part of your policy for routine screening procedures for cancer, including mammograms and Pap smear.

Temporomandibular Joint Disorder and Craniomandibular Disorder. Benefits are payable for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist. Benefits are not payable under this part of your policy for any expense payable under another part of the policy.

Reconstructive Surgery. Benefits are payable for reconstructive surgery on the same basis as that for any other surgery if the reconstructive surgery is incidental to or follows surgery resulting from injury, sickness or other disease of the involved part. This includes any reconstructive surgery following a mastectomy that was determined to be medically necessary by the attending physician. Benefits are not payable under this policy for an expense payable under another part of the policy.

Surgical Center Services. Benefits are payable for surgical center services for health care treatment or service rendered by a freestanding ambulatory surgical center or facilities offering ambulatory medical service 24 hours a day, 7 days a week, which are not part of a hospital, but have been reviewed and approved by the state commissioner of commerce to provide the treatment or service on the same basis as coverage provided for the same health care treatment or service rendered by a hospital. Benefits are not payable under this part of your policy for an expense payable under another part of the policy.

Immunization Benefits. We will pay the expense incurred for an immunization received by you. Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other portion of the policy.

Phenylketonuria Treatment. Benefits are payable for special dietary treatment for phenylketonuria when recommended by a physician.

Diabetes Equipment and Supplies. We will pay the Usual and Customary charge for expense incurred for all Physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes, not otherwise covered under Medicare or Part D of the Medicare program. We will also pay diabetes outpatient self-management training and education, including medical nutrition therapy, that is provided by a certified, registered, or licensed health care professional working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. Coverage must include persons with

gestational, type I, or type II diabetes. Benefits will be limited to 80% of the Usual and Customary Charge not covered by Medicare or Part D of the Medicare Program.

Routine Prostate Cancer Screening. We will pay the expense incurred for prostate cancer screening. Benefits are limited to at least one screening per year for any insured male 50 years of age or older; and at least one screening per year for any insured male 40 years of age or older who is symptomatic.

Outpatient Mental Health Coverage. We will pay the allowable amount not paid by Medicare, less the Part B Deductible if applicable.

Physical and Occupational Therapy Services. We will pay the allowable amount not paid by Medicare, less the Part B Deductible if applicable.

Treatment of Lyme Disease. We will pay benefits for diagnosed Lyme disease as any other medical service. Benefits will not be payable for that portion of expense that is paid by Medicare or under any other part of your policy.

ADDITIONAL BENEFITS UNDER EXTENDED BASIC PLAN

We will pay 80% of the usual and customary charges for the following articles and services prescribed by a physician which are not paid by Medicare or payable under any other provision of your policy.

- Hospital services.
- Professional services for the diagnosis or treatment of injuries, sickness or conditions when such services are given by a physician or are under a physician's direction. Outpatient mental or dental services are not covered.
- Services of a nursing home for not more than 120 days each year. Such services must qualify as reimbursable under Medicare.
- Services of a home health agency. Such services must qualify as reimbursable under Medicare.
- Use of radium or other radioactive materials.
- Oxygen.
- Anesthetics.
- Prosthetic devices other than dental.
- Rental or purchase, as appropriate, of durable medical equipment other than eyeglasses and hearing aids.
- Diagnostic X-rays and lab tests.
- Oral surgery for: (a) partially or completely unerupted impacted teeth, (b) a tooth root without the extraction of the entire tooth or (c) the gums or tissues of the mouth when not performed in connection with the extraction or repair of teeth.
- Services of a physical therapist.
- Professional ambulance for service to the nearest facility qualified to treat the condition, or a reasonable mileage rate for transportation to a kidney dialysis center for treatment.
- Well-baby care.
- Up to \$500.00 for a second surgical opinion. Not included is the repetition of diagnostic tests.
- Services of an occupational therapist.

When your out-of-pocket expenses equal \$1000 in a calendar year, we will pay 100% of the additional covered expenses you incur during the remainder of that calendar year.

UCare Medicare Supplement Extended Basic with Part B deductible available to those who were eligible for Medicare before 1/1/2020

Monthly premiums

| Plan | Non-Tobacco User | Tobacco User |
|--|------------------|--------------|
| UCare Medicare Supplement Extended Basic with Part B deductible coverage | \$244 | \$278 |

UCare Medicare Supplement Extended Basic without Part B deductible coverage

Monthly premiums

| Plan | Non-Tobacco User | Tobacco User |
|---|------------------|--------------|
| UCare Medicare Supplement Extended Basic without Part B deductible coverage | \$228 | \$262 |

UCare Medicare Supplement Extended Basic with Part B deductible available to those who were eligible for Medicare before 1/1/2020

Medicare Part A – hospital services – per benefit period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services | | Medicare Pays | Plan Pays | You Pay |
|--|---|---|---|-----------|
| Hospitalization* Inpatient hospital care including room and board, general nursing, and miscellaneous services and supplies | First 60 days | All but \$1,556 | \$1,556 (Part A deductible) | \$0 |
| | 61 st to 90 th day | All but \$389 per day | \$389 a day | \$0 |
| | 91 st day and after while using 60 lifetime reserve days | All but \$778 per day | \$778 a day | \$0 |
| | Once lifetime reserve days are used: - Additional 365 days | \$0 | 100% of Medicare eligible expenses ¹ | \$0 |
| | - Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled nursing facility care* You must meet Medicare's requirements, including having been admitted to a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | First 20 days | All approved amounts | \$0 | \$0 |
| | 21 st to 100 th day | All but \$194.50 per day | Up to \$194.50 per day | \$0 |
| | 101 st to 120 th day | \$0 | 80% | 20% |
| | 121 st day and after | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | First 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice care Available as long as your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care | Medicare coinsurance/ copayment | \$0 |

¹ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

UCare Medicare Supplement Extended Basic with Part B deductible available to those who were eligible for Medicare before 1/1/2020

Medicare Part B – medical services – per calendar year

*Once you have been billed \$233 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

| Services | | Medicare Pays | Plan Pays | You Pay |
|--|--|---------------|---------------------------|---------|
| Medical expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B excess charges Above Medicare-approved amounts | | \$0 | 100% | \$0 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical lab services Tests for diagnostic services | | 100% | \$0 | \$0 |

Medicare Part A & Part B

| Services | | Medicare Pays | Plan Pays | You Pay |
|---|--|---------------|---------------------------|---------|
| Home health care services (Medicare-approved services) - Medically necessary services and medical supplies | | 100% | \$0 | \$0 |
| Durable medical equipment | \$233 of Medicare-approved amounts* | \$0 | \$233 (Part B deductible) | \$0 |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

UCare Medicare Supplement Extended Basic with Part B deductible available to those who were eligible for Medicare before 1/1/2020

Other benefits – not covered by Medicare

| Services | | Medicare Pays | Plan Pays | You Pay |
|--|--------------------------------|---------------|------------------------|-----------|
| Preventive medical care benefit Annual physical and some preventive tests and services administered or ordered by your physician when not covered by Medicare - Routine annual medical exam, including diagnostic x-rays and lab services | First \$120 each calendar year | \$0 | \$120 | \$0 |
| | Additional charges | \$0 | \$0 | All costs |
| - Immunizations not otherwise covered under Medicare Part D and routine screening procedures for cancer, including mammograms and pap smears | | \$0 | 100% | \$0 |
| Foreign travel The usual and customary charge for hospital and medical expenses and supplies while traveling outside of the United States | | \$0 | 80% of covered charges | 20% |

UCare Medicare Supplement Extended Basic with Part B deductible available to those who were eligible for Medicare before 1/1/2020

Medicare Part A – hospital services – per benefit period

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services | | Medicare Pays | Plan Pays | You Pay |
|--|---|---|---|-----------|
| Hospitalization* Inpatient hospital care including room and board, general nursing, and miscellaneous services and supplies | First 60 days | All but \$1,556 | \$1,556 (Part A deductible) | \$0 |
| | 61 st to 90 th day | All but \$389 per day | \$389 a day | \$0 |
| | 91 st day and after while using 60 lifetime reserve days | All but \$778 per day | \$778 a day | \$0 |
| | Once lifetime reserve days are used: - Additional 365 days | \$0 | 100% of Medicare eligible expenses ¹ | \$0 |
| | - Beyond the additional 365 days | \$0 | \$0 | All costs |
| Skilled nursing facility care* You must meet Medicare's requirements, including having been admitted to a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | First 20 days | All approved amounts | \$0 | \$0 |
| | 21 st to 100 th day | All but \$194.50 per day | Up to \$194.50 per day | \$0 |
| | 101 st to 120 th day | \$0 | 80% | 20% |
| | 121 st day and after | \$0 | \$0 | All costs |
| Blood | First 3 pints | \$0 | First 3 pints | \$0 |
| | Additional amounts | 100% | \$0 | \$0 |
| Hospice care Available as long as your doctor certifies you are terminally ill and you elect to receive these services. | | All but very limited coinsurance or copayment for outpatient drugs and inpatient respite care | Medicare coinsurance/ copayment | \$0 |

¹ NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

UCare Medicare Supplement Extended Basic with Part B deductible available to those who were eligible for Medicare before 1/1/2020

Medicare Part B – medical services – per calendar year

*Once you have been billed \$233 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

| Services | | Medicare Pays | Plan Pays | You Pay |
|--|--|---------------|---------------|---|
| Medical expenses Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 |
| Part B excess charges Above Medicare-approved amounts | | \$0 | 100% | \$0 |
| Blood | First 3 pints | \$0 | 3 pints | \$0 |
| | \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |
| Clinical lab services Tests for diagnostic services | | 100% | \$0 | \$0 |

Medicare Part A & Part B

| Services | | Medicare Pays | Plan Pays | You Pay |
|---|--|---------------|-----------|---|
| Home health care services (Medicare-approved services) - Medically necessary skilled services and medical supplies | | 100% | \$0 | \$0 |
| Durable medical equipment | \$233 of Medicare-approved amounts* | \$0 | \$0 | \$233 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | 80% | 20% | \$0 |

UCare Medicare Supplement Extended Basic without Part B deductible coverage

Other benefits – not covered by Medicare

| Services | | Medicare Pays | Plan Pays | You Pay |
|---|--------------------------------|---------------|------------------------|-----------|
| Preventive medical care benefit An annual physical and some preventive tests and services administered or ordered by your physician when not covered by Medicare - Routine annual medical exam, including diagnostic x-rays and lab services | First \$120 each calendar year | \$0 | \$120 | \$0 |
| | Additional charges | \$0 | \$0 | All costs |
| - Immunizations not otherwise covered under Medicare Part D and routine screening procedures for cancer, including mammograms and pap smears | | \$0 | 100% | \$0 |
| Foreign travel The usual and customary charge for hospital and medical expenses and supplies while travelling outside of the United States | | \$0 | 80% of covered charges | 20% |