

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE

CERTIFICATE FORM GRMC1C10

DATE 2024

Basic Medicare Supplement

The Commissioner of Commerce of the State of Minnesota has established two categories of Medicare Supplement Insurance and minimum standards for each, with Extended Basic being the most comprehensive and Basic being the least comprehensive.

READ YOUR CERTIFICATE VERY CAREFULLY

This is only an Outline, describing your Certificate's most important features. The Group Policy and Certificate are your insurance contract. You must read the Certificate itself to understand all of the rights and duties of both you and your insurance company. Your actual Group Policy and Certificate provisions will govern your benefits.

MEDICARE SUPPLEMENT INSURANCE

Policies of this category are designed to supplement Medicare by covering some hospital, medical and surgical services which are partially covered by Medicare. Coverage is provided for most hospital inpatient charges and some physician charges, subject to any deductibles and copayment provisions which may be in addition to those provided by Medicare, and subject to other limitations which may be set forth in the Certificate. The coverage does not provide benefits for custodial care such as help in walking, getting in and out of bed, eating, dressing, bathing and taking medicine.

NOTICE TO BUYER: The Certificate may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all coverage limitations.

Neither United American Insurance Company nor its agents are connected with Medicare.

USE THIS OUTLINE TO COMPARE BENEFITS AND PREMIUMS AMONG POLICIES.

A BRIEF SUMMARY OF THE MAJOR BENEFIT GAPS IN MEDICARE PARTS A & B WITH A PARALLEL DESCRIPTION OF SUPPLEMENTAL BENEFITS, INCLUDING DOLLAR AMOUNTS, PROVIDED BY THE MEDICARE SUPPLEMENT COVERAGE IN THE FOLLOWING ORDER:

SERVICE	BENEFITS	MEDICARE PAYS	THIS COVERAGE PAYS	YOU PAY
Part A of Medicare HOSPITALIZATION... Semiprivate room and board, general nursing and miscellaneous hospital services and supplies. Includes meals, special care units, drugs, lab tests, diagnostic x-rays, medical supplies, operating and recovery room, anesthesia and rehabilitation services	First 60 days	All but \$1632	Nothing unless Rider GRBRMCA is selected	\$1632, unless Rider GRBRMCA is selected
	61st to 90th day	All but \$408 a day	\$408 a day	Balance, if Any
	91st to 150th day (Lifetime reserve)	All but \$816 a day	\$816 a day	Balance, if Any
	Beyond 150 days	Nothing	100% of expense incurred	Nothing
POSTHOSPITAL SKILLED NURSING CARE... In a facility approved by Medicare, you must have been in a hospital for at least three days and enter the facility within 30 days after hospital discharge	First 20 days	100% of costs	Nothing	Nothing
	Additional 80 days	All but \$204.00 a day	\$204.00 a day	Nothing
	Beyond 100 days	Nothing	Nothing	All Costs
BLOOD	First 3 pints	Nothing	100%	Nothing
Part B of Medicare... MEDICAL EXPENSE (In a Calendar Year) Physicians' services, inpatient and outpatient medical services, supplies at a hospital, physical and speech therapy, and ambulance		First \$240 per calendar year	If Rider GRBRMCB is selected: \$240 deductible	\$240, unless Rider GRBRMCB is selected
		80% of Medicare's Approved Charge (after \$240 deductible)	20% of Medicare's Approved Charge (after \$226 deductible)	Nothing
		Nothing for expense in excess of Medicare's Approved Charges	If Rider GRBRMN2 is selected: 100% of Excess Expense incurred  Excess Expense means the difference between the incurred Usual and Customary Charge and the Medicare Approved Charge	Nothing
BLOOD	First 3 pints	Nothing	100%	Nothing
HOSPICE 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	100% of coinsurance or copayment	Nothing
HOME HEALTH CARE SERVICES Medicare Part A and B home health care services and supplies		All but very limited coinsurance or copayment for home health care services and medical supplies	100% of coinsurance or copayment (after a \$240 deductible)	Nothing

SERVICE	BENEFITS	MEDICARE PAYS	THIS COVERAGE PAYS	YOU PAY
IMMUNIZATIONS	100% of cost	Nothing	100% of cost	Nothing
PREVENTIVE MEDICAL CARE BENEFIT Annual Physical and preventive tests and services such as fecal occult blood test, digital rectal exam, mammogram, hearing screening, dipstick urinalysis, diabetes screening, thyroid function test, influenza shot, tetanus and diphtheria booster and education, administered or ordered by your doctor when not covered by Medicare	First \$120 each calendar year  Additional charges	\$0  \$0	\$120 (if Rider GRBRPC is selected)  \$0	\$0  All Costs

- This coverage also provides benefits for:
- (a) The Medicare Blood deductible.
  - (b) Emergency Foreign Travel Benefit.
  - (c) Benefits for Mental Health, Chemical Dependency and Alcoholism.
  - (d) Free Standing Ambulatory Surgical and/or Medical Center Benefits.
  - (e) Benefits for Reconstructive Surgery.
  - (f) Benefits for Scalp Hair Prostheses.
  - (g) Benefits for Routine Cancer Screening.
  - (h) Benefits for Prostate Cancer Screening.
  - (i) Benefits for Ovarian Cancer Surveillance Tests.
  - (j) Benefits for Immunizations.
  - (k) Benefits for Temporomandibular Joint Disorder and Craniomandibular Disorder.
  - (l) Benefits for Lyme Disease.
  - (m) Benefits for Treatment for Phenylketonuria.
  - (n) Benefits for Services Provided to Ventilator-Dependent Persons.

- The coverage does not provide benefits for:
- (a) Skilled Nursing Facility Care, beyond the expense incurred for the coinsurance amount days 21 through 100 in Medicare certified facilities.
  - (b) Intermediate or Custodial Nursing Home Care.
  - (c) Drugs.
  - (d) Dental care or dentures, checkups, cosmetic surgery, routine foot care, examinations for or the cost of eyeglasses or hearing aids.

LIMITATIONS AND EXCLUSIONS

- We will not pay benefits under this coverage for:
- (1) Any expense which you are not obligated to pay; or
  - (2) Any services that are not medically necessary; or
  - (3) Any services that are not provided at the direction of and under the supervision of a Physician except as provided in the Certificate; or
  - (4) Any type of expense not eligible for coverage under Medicare except as provided in the Certificate; or
  - (5) Any portion of any expense for which payment is made by Medicare; or
  - (6) Custodial or intermediate level care, or rest cures; or
  - (7) Hospital Stays for which benefits are denied under Medicare except as provided in the Certificate; or
  - (8) Any expense incurred in excess of the Usual and Customary Charges for any service or material in the geographic area where furnished.

THIS CHART SUMMARIZING MEDICARE BENEFITS ONLY BRIEFLY DESCRIBES SUCH BENEFITS. THE HEALTH CARE FINANCING ADMINISTRATION OR ITS MEDICARE PUBLICATIONS SHOULD BE CONSULTED FOR FURTHER DETAILS AND LIMITATIONS.

RENEWABILITY

We have the right to change the renewal premium for this Certificate in accordance with our table of premium rates applicable to all Certificates of this form and class. Class is based on year of issue, area of the state in which you resided at issue, and underwriting group at issue for Certificateholders of this form in your state. We will notify you of any such change in premiums within 30 days prior to the effective date of the change. This Certificate provides a 31 day grace period.

COMPLETE ANSWERS ARE VERY IMPORTANT

Review the enrollment form carefully before you sign it. Be certain that all information has been properly recorded.

RIGHT TO CANCEL CERTIFICATE

You may cancel this Certificate by delivering or mailing a written notice or sending a telegram to United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070, and by returning the Certificate before midnight of the thirtieth day after the date you receive the Certificate. Notice given by mail and return of the Certificate or contract by mail are effective on being postmarked, properly addressed and postage prepaid. We will return all payments made for this Certificate, including any fees or charges, if applicable, within ten days after we receive notice of cancellation and the returned Certificate. The Certificate will be void from the beginning. It will be as if no Certificate had been issued.

POLICY REPLACEMENT

IF YOU ARE REPLACING ANOTHER HEALTH INSURANCE POLICY, DO NOT CANCEL IT UNTIL YOU HAVE ACTUALLY RECEIVED YOUR NEW CERTIFICATE AND ARE SURE YOU WANT TO KEEP IT.

NOTICE

THIS CERTIFICATE DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS CERTIFICATE DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR CERTIFICATE CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR CERTIFICATE.

This Certificate provides an anticipated loss ratio of a least 75%. This means that, on the average, Certificateholders may expect that at least \$75 of every \$100 in premium will be returned as benefits to Certificateholders over the life of the Certificate.

PREMIUM INFORMATION

Rates For Base Certificate	ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY	M O N T H L Y BANK DRAFT
GRCATMSC10	\$3641	\$1821	\$910	\$303	\$300
GRMC1C10	\$2312	\$1156	\$578	\$193	\$190

OPTIONAL BENEFITS FOR BASIC CERTIFICATE FORM GRMC1C10  
ANNUAL

Each of these riders may be purchased separately.	RATE
Part A Deductible Rider..... 100% of Part A deductible.	\$517
100% Excess Expense Benefit Rider - Medicare Part B ..... Excess Expense equal to 100% of eligible medical expenses and supplies not covered by Medicare Part B.	\$ 9

We, United American Insurance Company, can only raise your premiums if we raise the premium for all Certificates like yours in this State.