

UNITED AMERICAN INSURANCE COMPANY
NOTICE OF CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT COVERAGE - 2020
PLAN "F" or HIGH DEDUCTIBLE PLAN "F"

THE FOLLOWING OUTLINE BRIEFLY DESCRIBES THE MODIFICATIONS IN MEDICARE AND IN YOUR MEDICARE SUPPLEMENTAL COVERAGE.
PLEASE READ THIS CAREFULLY!

A BRIEF DESCRIPTION OF THE REVISIONS TO MEDICARE PARTS A & B WITH A PARALLEL DESCRIPTION OF SUPPLEMENTAL BENEFITS WITH SUBSEQUENT CHANGES, INCLUDING DOLLAR AMOUNTS, PROVIDED BY THE MEDICARE SUPPLEMENT COVERAGE FOLLOWS.

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.
- ** This high deductible plan pays the same benefit as stand Plan F after one has paid a calendar year \$2340 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2340. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible. The \$2340 high deductible Plan F deductible does not apply to standard Plan F.

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 2019 Medicare Pays	Effective January 1, 2020, Medicare Pays	After You Pay \$2300 Deductible,** In 2019 Your Coverage Pays	After You Pay \$2340 Deductible,** Effective January 1, 2020, Your Coverage Will Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after -While using 60 lifetime reserve days Once lifetime reserve days are used: -Additional 365 days -Beyond the Additional 365 days	All but \$1364 All but \$341 a day	All but \$1408 All but \$352 a day	\$1364 (Part A Ded.) \$341 a day	\$1408 (Part A Ded.) \$352 a day
	All but \$682 a day	All but \$704 a day	\$682 a day	\$704 a day
	\$0	\$0	100% of Medicare Eligible Expenses	100% of Medicare Eligible Expenses
	\$0	\$0	\$0	\$0
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days 21st thru 100th day 101st day and after	All approved amounts All but \$170.50 a day \$0	All approved amounts All but \$176 a day \$0	\$0 \$170.50 a day \$0	\$0 \$176 a day \$0
	\$0	\$0	3 pints \$0	3 pints \$0
	100%	100%		
BLOOD First 3 pints Additional amounts	\$0 100%	\$0 100%	3 pints \$0	3 pints \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	Medicare copayment/coinsurance

**PLAN “F” or HIGH DEDUCTIBLE PLAN “F”
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

*Once you have been billed \$198 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

** This high deductible plan pays the same benefit as standard Plan F after one has paid a calendar year \$2340 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are \$2340. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and B, but does not include the plan’s separate foreign travel emergency deductible. The \$2340 high deductible Plan F deductible does not apply to standard Plan F.

SERVICES	MEDICARE BENEFITS		YOUR MEDICARE SUPPLEMENT COVERAGE	
	In 2019 Medicare Pays	Effective January 1, 2020, Medicare Pays	After You Pay \$2300 Deductible,** In 2019 Your Coverage Pays	After You Pay \$2340 Deductible,** Effective January 1, 2020 Your Coverage Will Pay
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as Physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$198 of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$0 Generally 80%	\$185 (Part B Deductible) Generally 20%	\$198 (Part B Deductible) Generally 20%
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	100%	100%
BLOOD First 3 pints Next \$198 of Medicare Approved Amounts Remainder of Medicare Approved Amounts	\$0 \$0 80%	\$0 \$0 80%	All Costs \$185 (Part B Deductible) 20%	All Costs \$198 (Part B Deductible) 20%
CLINICAL LABORATORY SERVICES- TESTS FOR DIAGNOSTIC SERVICES	100%	100%	\$0	\$0

**PLAN "F" or HIGH DEDUCTIBLE PLAN "F"
OTHER BENEFITS - NOT COVERED BY MEDICARE**

PARTS A & B

HOME HEALTH CARE MEDICARE APPROVED SERVICES				
-Medically necessary skilled care services and medical supplies	100%	100%	\$0	\$0
- Durable medical equipment				
First \$198 of Medicare Approved Amounts*	\$0	\$0	\$185 (Part B Deductible)	\$198 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	80%	20%	20%

FOREIGN TRAVEL - NOT COVERED BY MEDICARE				
-Medically necessary skilled care services beginning during the first 60 days of each trip outside the USA				
First \$250 each calendar year	\$0	\$0	\$0	\$0
Remainder of Charges	\$0	\$0	80% to a lifetime maximum benefit of \$50,000	80% to a lifetime maximum benefit of \$50,000

Benefits provided by your policy are tied to Medicare's deductible amounts and coinsurance amounts, which may change on an annual basis. Premium rates and benefit changes are expected to occur each year to adjust for changes in Medicare and medical inflation. We will only change your premium if we change it for all policies like yours in your state of issue on a class basis. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. We will give you at least 30 days notice if this happens. Your new premiums will be based on your then current age. This chart summarizing the changes in your Medicare benefits and in your Medicare Supplement coverage provided by United American Insurance Company only briefly describes such benefits. For information on your Medicare benefits contact your Social Security office or the Centers for Medicare & Medicaid Services. For information on your Medicare Supplement Policy contact: United American Insurance Company, P. O. Box 8080, McKinney, Texas 75070 -- Telephone #972-529-5085.