



### Plan 3 Medical Summary

Underwritten by: United American Insurance Company

Part B Co-Insurance: 4%  
 Part B Out-of-Pocket Max: \$2,000 (Includes Part B Deductible)  
 Lifetime Maximum: Unlimited

#### MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD\*

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITAL CONFINEMENT BENEFIT*</b>			
Semiprivate room and board, general nursing and miscellaneous services and supplies:			
First 60 days	All but Part A Deductible	Part A Deductible	\$0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but daily deductible	All but daily deductible	\$0
91 <sup>st</sup> through 150 <sup>th</sup> day (While using 60 lifetime reserve days)	All but daily deductible	All but daily deductible	\$0
Once Lifetime Reserve days are used:			
Additional 365 days:	\$0	100% of Medicare Eligible Expenses	\$0
Beyond the Additional 365 days	\$0	\$0	All costs
<b>SKILLED NURSING FACILITY CARE*</b>			
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	All approved amounts	\$0	\$0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but daily deductible	All but daily deductible	\$0
101 <sup>st</sup> day and after	\$0	\$0	All costs
<b>BLOOD DEDUCTIBLE – Hospital Confinement and Out-Patient Medical Expense</b>			
When furnished by a hospital or skilled nursing facility during a covered stay.			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
<b>HOSPICE CARE</b>			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance



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#### MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

Services	Medicare Pays	Plan Pays	You Pay
<b>OUT-PATIENT MEDICAL EXPENSES - - In or Out of the Hospital and Out-Patient 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:</b>			
Medicare Part B Deductible: First Medicare-approved amounts**	\$0	\$0	<b>Part B Deductible</b>
Next Medicare-approved amounts	Generally 80%	16%	<b>4% to \$2,000 (including the Part B Deductible)</b>
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	<b>0%</b>
Part B Excess Charges (Above Medicare Approve Amounts)	\$0	100%	<b>0%</b>
<b>BLOOD</b>			
First 3 pints	\$0	All costs	<b>\$0</b>
Next Medicare Approved Amounts**	\$0	\$0	<b>Part B Deductible</b>
Remainder of Medicare Approved Amounts	80%	20%	<b>\$0 after Out of Pocket Maximum is met</b>
<b>CLINICAL LABORATORY SERVICES</b>			
Blood tests for Diagnostic Services	100%	\$0	<b>\$0</b>

#### MEDICARE PARTS A & B

Services	Medicare Pays	Plan Pays	You Pay
<b>HOME HEALTH CARE – Medicare Approved Services:</b>			
Medically necessary skilled care services and medical supplies	100%	\$0	<b>\$0</b>
<b>DURABLE MEDICAL EQUIPMENT</b>			
First Medicare Approved Amounts**	\$0	\$0	<b>Part B Deductible</b>
Remainder of Medicare Approved Amounts	80%	20%	<b>\$0 after Out of Pocket Maximum is met</b>

#### OTHER BENEFITS NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan Pays	You Pay
<b>FOREIGN TRAVEL - Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA:</b>			
First \$250 each calendar year	\$0	\$0	<b>\$250</b>
Remainder of charges	\$0	80% to a lifetime maximum of \$50,000	20% and amounts over the \$50,000 lifetime max



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\*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.

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

***Benefits are paid only for those expenses which have been approved as eligible by the federal Medicare program.***

***Benefits will not be paid for any expenses which are not determined to be Medicare Eligible Expenses by the Federal Medicare Program or its administrators, except as otherwise specified.***

***The summary of program benefits described herein is for illustrative purposes only. In case of differences or errors, the Group Policy governs.***