UNITED AMERICAN INSURANCE COMPANY
A NEBRASKA STOCK COMPANY * ADMINISTRATIVE OFFICES: MCKINNEY, TEXAS
3700 S. Stonebridge Drive, P.O. Box 8080, McKinney, Texas 75070 (972) 529-5085

OUTLINE OF MEDICARE SUPPLEMENT INSURANCE
POLICY FORM MC4810
*DATE:*_____

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare Supplement Insurance. This policy meets these standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see "Wisconsin Guide to Health Insurance for People with Medicare", given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

PREMIUM INFORMATION

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

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. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to United American Insurance Company, P.O. Box 8080, McKinney, Texas 75070. 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 directly to you.

POLICY REPLACEMENT

If you are replacing another health insurance policy, 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 United American Insurance Company nor its agents are connected with Medicare.

This Outline of Coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

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

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class. This policy has a 31-day grace period.

MEDICARE SUPPLEMENT 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	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous hospital services and supplies	First 60 days	All but $1632	☐ $0 or ☐ $1632 (Optional Part A Deductible Rider)*	☐ $1632 or ☐ $0 (If optional Part A Deductible Rider is purchased)*
	61st to 90th days	All but $408 per day	$408 per day	$0
	91st to 150th days	All but $816 per day	$816 per day	$0
	Beyond 150 days	$0	100% of Medicare eligible expenses**	$0
SKILLED NURSING FACILITY CARE You must meet Medicare's requirements including having been in a hospital for at least 3 days and entered into a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	$0	$0
	21st through 100th day	All but $204 per day	Up to $204 per day	$0
	101st day and after	$0	$0	All Costs
INPATIENT PSYCHIATRIC CARE Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 days per lifetime	Balance, if any
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	100% of coinsurance or copayment	$0

* These are optional riders. You purchased this benefit if the box is checked and you paid the premium.

** NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

MEDICARE SUPPLEMENT POLICY - PART B BENEFITS

MEDICARE PART B BENEFITS	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
MEDICAL EXPENSES Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First $240 of Medicare approved amounts*	$0	☐ $0 or ☐ $240 (Optional Part B Deductible Rider)**	☐ $240 or ☐ $0 (If optional Part B Deductible Rider is purchased)**
	Remainder of Medicare approved amounts	Generally 80%	Generally 20% ☐ Optional Medicare Part B Excess Charges Rider**	Difference between the Medicare approved charge and the actual incurred charge by the provider** Balance, if any
			☐ Optional Medicare Part B Copayment Rider** & ***	☐ Up to $20 or $50 copayment** & ***
BLOOD	First 3 pints	$0	All costs	$0
	Next $240 of Medicare approved amounts*	$0	$240 (Part B Deductible)	$0
	Remainder of Medicare approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES Tests for diagnostic services		100%	$0	$0
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits or □ Optional Additional Home Health Care Rider**	
PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First $120 each calendar year	$0	$120	$0
	Additional charges	$0	$0	All Costs

* Once you have been billed $240 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.

** The Optional Part B Deductible Rider is only available for applicants first eligible for Medicare before 2020. These are optional riders. You purchased this benefit if the box is checked and your premium was adjusted.

*** Subject to copayment or coinsurance of no more than $20 per office visit and no more than $50 per emergency room visit in addition to the Medicare Part B deductible and in addition to out-of-pocket maximums. The emergency room copayment or coinsurance fee shall be waived if you are admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

LIMITATIONS AND EXCLUSIONS

The policy does not provide benefits for:

(a) Nursing Home Care costs beyond what is covered by Medicare and the additional 30-day Skilled Nursing mandated by s.632.895(3), Stats.

(b) Home Health Care above number of visits covered by Medicare and the 40 visit mandate (unless optional Additional Home Health Care Rider is purchased).

(c) Physician charges above Medicare's approved charge (unless optional Medicare Part B Excess Charges Rider is purchased).

(d) Outpatient prescription drugs.

(e) Most care received outside the USA (unless optional Foreign Travel Emergency Rider is purchased).

(f) Dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare.

(g) Coverage for emergency care anywhere or for care received outside the service area if this care is treated differently than other covered benefits.

(h) Waiting period for pre-existing conditions.

(i) Usual, customary, and reasonable limitations.

PRE-EXISTING CONDITION LIMITATION

Loss due to a Pre-Existing Condition is not covered unless the loss is incurred more than 60 days after the policy effective date. A Pre-Existing Condition means an Injury sustained or Sickness first manifesting itself prior to the policy effective date for which medical advice or treatment was recommended or given by a Physician within 6 months prior to the policy effective date.

THIS OUTLINE OF COVERAGE DOES NOT GIVE ALL THE DETAILS OF MEDICARE COVERAGE. CONTACT YOUR LOCAL SOCIAL SECURITY OFFICE OR CONSULT "MEDICARE AND YOU" FOR MORE DETAILS.

RENEWABILITY

This policy is guaranteed renewable for life. We have the right to change the renewal premium for this policy in accordance with our table of premium rates applicable to all policies of this form and class. Class is based on gender, age at issue, area of the state in which you resided at issue, and underwriting group at issue for policyholders of this form in your state. Until you are age 81, your premiums will increase on each policy anniversary solely because of your age change. Your premiums may also be increased due to increasing health costs for all policies in your class. This policy provides a 31-day grace period.

30-DAY RIGHT TO EXAMINE

If you are not satisfied with this policy for any reason, return it to our Administrative Offices or the producer within 30 days after you receive it. Any premium you paid will be refunded. The policy will be void from the beginning. It will be as if no policy had been issued.

GRIEVANCE

If we deny a claim or benefit under this policy, you have the right to file a grievance. Grievance means any dissatisfaction with the provision of services or claims practices of an insurer offering a health benefit plan or administration of a health benefit plan by the insurer that is expressed in writing to the insurer by, or on behalf of, an insured.

MEDICARE SUPPLEMENT PREMIUM INFORMATION	**All Ages 64 or Under**	**65**	**66**	**67**	**68**	**69**	**70**	**71**	**72**	**73**	**74**	**75**	**76**	**77**	**78**	**79**	**80+**
Rate $ ( ) BASIC MEDICARE SUPPLEMENT POLICY **OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY** Each of these riders may be purchased separately.	5168	2218	2322	2424	2519	2631	2739	2830	2885	2944	2988	3030	3062	3099	3137	3176	3231
$( ) 1. Medicare Part A Deductible 100% of Medicare Part A deductible.	758	338	365	392	417	448	475	499	525	553	577	603	628	650	673	693	739
$( ) 2. Additional Home Health Care An aggregate of 365 visits per year including those covered by Medicare.	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
$( ) 3. Medicare Part B Deductible * 100% of Medicare Part B deductible.	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239	239
-$( ) 4. Medicare Part B Copayment Rider (benefit adjustment for reduced premiums) You pay up to $20 copayment for office visit and up to $50 copayment for emergency room visit.	-602	-245	-257	-269	-278	-290	-296	-306	-306	-312	-315	-314	-314	-311	-307	-305	-295
$( ) 5. Medicare Part B Excess Charges Rider Difference between the Medicare eligible charge and the amount changed by the provider which shall be no greater than the actual charge or the limiting charge allowed by Medicare, whichever is less.	17	14	14	14	14	14	16	16	16	16	16	16	16	16	16	16	16
$( ) 6. Foreign Travel Emergency Rider After a deductible not greater $250, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip with a lifetime maximum of at least $50,000.	2	2	2	2	2	2	2	3	3	3	3	5	5	5	7	9	12
$( ) TOTAL for Basic Policy and selected Optional Benefits	5135	2368	2477	2585	2687	2807	2927	3024	3099	3173	3232	3298	3350	3407	3467	3586	3630

*The optional Part B Deductible Rider is only available for applicants first eligible for Medicare before 2020.

IN ADDITION TO THIS OUTLINE OF COVERAGE, UNITED AMERICAN INSURANCE COMPANY WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

SEE RATE CARD FOR AVAILABLE PLAN COMBINATIONS.

The annual premium for the Basic Plan and the annual premium for any selected Optional Benefit Riders will each be multiplied by these Rate Adjustment Factors, each rounded to the near dollar and then added to arrive at the total annual premium:

Sex and Tobacco User/Non-Tobacco User	
Male Non-Tobacco User	1.074
Female Non-Tobacco User	0.934
Male Tobacco User	1.236
Female Tobacco User	1.074