

UNITED INSURANCE COMPANY OF AMERICA
PO Box 10864 Clearwater, FL 33757
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE
FOR POLICY FORM U-MCS-WI

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. This policy meets those standards. This policy, along with Medicare, may not cover all of your medical costs. You should review carefully all of the limitations of the policy. 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

United Insurance Company of America can only raise your premium if we raise the premium for all policies like yours in this state. Premiums for this policy will increase due to the increase in your age. Upon attainment of an age requiring a rate increase, the renewal premium for the policy will be the renewal premium then in effect for your attained age. UNITED INSURANCE COMPANY OF AMERICA

RENEWABILITY

Your policy is guaranteed renewable and is subject to premium rate changes by class, based on attained age, smoker/non-smoker and state and zip code of residence of the insured. We will not cancel or non-renew this contract for any reason other than the nonpayment of premium or material misrepresentation.

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 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 Insurance Company of America, Medicare Supplement Administrative, PO Box 10864, Clearwater, FL 33757-8863. 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.

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.

HOUSEHOLD DISCOUNT

In order to be eligible for the household discount under a United Insurance Company of America Medicare supplement policy, you must apply for a Medicare supplement policy at the same time as another Medicare-eligible adult or the other Medicare-eligible adult must currently be covered by a Medicare supplement policy issued by United Insurance Company of America. The Medicare-eligible adult must be either (a) a member of your household with whom you are currently residing and have continuously resided for the last 12 months (limited to three Medicare-eligible adults), or (b) someone with whom you are currently residing and who is your spouse or with whom you are in a civil union partnership. The household discount will only be applicable if a policy for each applicant is issued. The discounted rates will be 7 percent lower than the individual rates and will apply as long as the policies remain in force.

NOTICE

This policy may not fully cover all of your medical costs. 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.

NEITHER UNITED INSURANCE COMPANY OF AMERICA 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 and You* for more details.

IN ADDITION TO THIS OUTLINE OF COVERAGE, UNITED INSURANCE COMPANY OF AMERICA 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.

USUAL, CUSTOMARY AND REASONABLE CHARGES (UCR)

This policy limits covered expenses to the usual, customary, and reasonable charge for services, in which usual and customary refer only to mandated benefits. We settle claims based on a specific methodology and the eligible amount of a claim may be less than the provider's billed charge. A usual charge is the actual charge by a provider for a given service. A charge is customary when it is within a range (as determined by us) of usual charges billed by most physicians or other professional providers. A charge is reasonable when it meets the usual or customary criteria, whichever is less, or it may be reasonable if, in the opinion of an appropriate medical/surgical review committee of the insurance carrier, it merits special consideration based on the nature and extent of treatment of the particular case.

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.

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI – Basic Medicare Supplement Coverage

Wisconsin

For Use in Zip Codes: 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	556.17	639.58	639.58	735.50
65	139.00	159.92	159.92	183.83
66	139.00	159.92	159.92	183.83
67	139.00	159.92	159.92	183.83
68	139.00	159.92	159.92	183.83
69	143.92	165.50	165.50	190.33
70	148.92	171.25	171.25	197.00
71	154.17	177.25	177.25	203.83
72	159.42	183.33	183.33	210.83
73	164.67	189.33	189.33	217.75
74	169.92	195.42	195.42	224.75
75	175.17	201.50	201.50	231.67
76	180.42	207.50	207.50	238.67
77	185.67	213.50	213.50	245.58
78	190.83	219.50	219.50	252.42
79	196.00	225.42	225.42	259.25
80	201.08	231.25	231.25	266.00
81	206.33	237.33	237.33	272.92
82	211.75	243.50	243.50	280.00
83	217.00	249.58	249.58	287.00
84	222.42	255.83	255.83	294.17
85	228.00	262.17	262.17	301.50
86	233.67	268.75	268.75	309.08
87	239.50	275.50	275.50	316.75
88	245.50	282.33	282.33	324.67
89	251.67	289.42	289.42	332.83
90	257.92	296.67	296.67	341.17
91	264.42	304.08	304.08	349.67
92	271.00	311.67	311.67	358.42
93	277.83	319.50	319.50	367.42
94	284.75	327.42	327.42	376.58
95	291.83	335.67	335.67	386.00
96	299.17	344.00	344.00	395.67
97	306.67	352.58	352.58	405.50
98	314.33	361.42	361.42	415.67
99+	322.17	370.50	370.50	426.08

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R1 – Medicare Part A Deductible Rider

Wisconsin

For Use in Zip Codes: 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	97.75	112.42	112.42	129.33
65	24.42	28.08	28.08	32.33
66	24.42	28.08	28.08	32.33
67	24.42	28.08	28.08	32.33
68	24.42	28.08	28.08	32.33
69	25.42	29.25	29.25	33.58
70	26.42	30.42	30.42	35.00
71	27.50	31.58	31.58	36.33
72	28.58	32.92	32.92	37.83
73	29.75	34.17	34.17	39.33
74	30.92	35.58	35.58	40.92
75	32.17	37.00	37.00	42.50
76	33.42	38.50	38.50	44.25
77	34.83	40.00	40.00	46.00
78	36.17	41.58	41.58	47.83
79	37.67	43.25	43.25	49.75
80	39.17	45.00	45.00	51.75
81	40.67	46.83	46.83	53.83
82	42.33	48.67	48.67	56.00
83	44.00	50.67	50.67	58.25
84	45.75	52.67	52.67	60.58
85	47.58	54.75	54.75	63.00
86	49.50	56.92	56.92	65.50
87	51.50	59.25	59.25	68.08
88	53.58	61.58	61.58	70.83
89	55.67	64.08	64.08	73.67
90	57.92	66.58	66.58	76.58
91	60.25	69.25	69.25	79.67
92	62.67	72.08	72.08	82.83
93	65.17	74.92	74.92	86.17
94	67.75	77.92	77.92	89.67
95	70.50	81.08	81.08	93.25
96	73.33	84.33	84.33	96.92
97	76.25	87.67	87.67	100.83
98	79.25	91.17	91.17	104.83
99+	82.42	94.83	94.83	109.08

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly = Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R2 –Medicare Part B Deductible Rider

Wisconsin

For Use in Zip Codes: 530-534

Attained Age	Preferred/ Standard Male/Female
Under 65	20.58
65	20.58
66	20.58
67	20.58
68	20.58
69	20.58
70	20.58
71	20.58
72	20.58
73	20.58
74	20.58
75	20.58
76	20.58
77	20.58
78	20.58
79	20.58
80	20.58
81	20.58
82	20.58
83	20.58
84	20.58
85	20.58
86	20.58
87	20.58
88	20.58
89	20.58
90	20.58
91	20.58
92	20.58
93	20.58
94	20.58
95	20.58
96	20.58
97	20.58
98	20.58
99	20.58

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual =Monthly	X 6
Quarterly= Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R3 –Medicare Part B Excess Charges Rider

Wisconsin

For Use in Zip Codes: 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	7.25	8.33	8.33	9.58
65	1.83	2.08	2.08	2.42
66	1.83	2.08	2.08	2.42
67	1.83	2.08	2.08	2.42
68	1.83	2.08	2.08	2.42
69	1.83	2.17	2.17	2.50
70	1.92	2.25	2.25	2.58
71	2.00	2.25	2.25	2.58
72	2.08	2.33	2.33	2.67
73	2.08	2.42	2.42	2.75
74	2.17	2.50	2.50	2.83
75	2.25	2.58	2.58	2.92
76	2.33	2.67	2.67	3.08
77	2.33	2.75	2.75	3.17
78	2.42	2.83	2.83	3.25
79	2.50	2.92	2.92	3.33
80	2.58	3.00	3.00	3.42
81	2.67	3.08	3.08	3.50
82	2.75	3.17	3.17	3.67
83	2.83	3.25	3.25	3.75
84	2.92	3.33	3.33	3.83
85	3.00	3.42	3.42	4.00
86	3.08	3.58	3.58	4.08
87	3.17	3.67	3.67	4.25
88	3.25	3.75	3.75	4.33
89	3.42	3.92	3.92	4.50
90	3.50	4.00	4.00	4.58
91	3.58	4.08	4.08	4.75
92	3.67	4.25	4.25	4.92
93	3.83	4.42	4.42	5.00
94	3.92	4.50	4.50	5.17
95	4.00	4.67	4.67	5.33
96	4.17	4.75	4.75	5.50
97	4.25	4.92	4.92	5.67
98	4.42	5.08	5.08	5.83
99+	4.58	5.25	5.25	6.00

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R4 –Additional Home Health Care Rider

Wisconsin

For Use in Zip Codes: 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	7.92	9.08	9.08	10.50
65	2.00	2.25	2.25	2.58
66	2.00	2.25	2.25	2.58
67	2.00	2.25	2.25	2.58
68	2.00	2.25	2.25	2.58
69	2.00	2.33	2.33	2.67
70	2.08	2.33	2.33	2.75
71	2.08	2.42	2.42	2.75
72	2.17	2.50	2.50	2.83
73	2.17	2.50	2.50	2.92
74	2.25	2.58	2.58	2.92
75	2.25	2.58	2.58	3.00
76	2.33	2.67	2.67	3.08
77	2.33	2.75	2.75	3.17
78	2.42	2.75	2.75	3.17
79	2.42	2.83	2.83	3.25
80	2.50	2.92	2.92	3.33
81	2.58	2.92	2.92	3.42
82	2.58	3.00	3.00	3.42
83	2.67	3.08	3.08	3.50
84	2.75	3.08	3.08	3.58
85	2.75	3.17	3.17	3.67
86	2.83	3.25	3.25	3.75
87	2.92	3.33	3.33	3.83
88	2.92	3.42	3.42	3.92
89	3.00	3.42	3.42	4.00
90	3.08	3.50	3.50	4.00
91	3.08	3.58	3.58	4.08
92	3.17	3.67	3.67	4.17
93	3.25	3.75	3.75	4.25
94	3.33	3.83	3.83	4.33
95	3.33	3.92	3.92	4.50
96	3.42	3.92	3.92	4.58
97	3.50	4.00	4.00	4.67
98	3.58	4.08	4.08	4.75
99+	3.67	4.17	4.17	4.83

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R5 –Foreign Travel Emergency Rider

Wisconsin

For Use in Zip Codes: 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	5.58	6.42	6.42	7.42
65	1.42	1.58	1.58	1.83
66	1.42	1.58	1.58	1.83
67	1.42	1.58	1.58	1.83
68	1.42	1.58	1.58	1.83
69	1.42	1.67	1.67	1.92
70	1.50	1.67	1.67	2.00
71	1.50	1.75	1.75	2.00
72	1.58	1.83	1.83	2.08
73	1.58	1.83	1.83	2.17
74	1.67	1.92	1.92	2.17
75	1.67	1.92	1.92	2.25
76	1.75	2.00	2.00	2.33
77	1.75	2.00	2.00	2.33
78	1.83	2.08	2.08	2.42
79	1.83	2.08	2.08	2.42
80	1.83	2.17	2.17	2.42
81	1.92	2.17	2.17	2.50
82	1.92	2.17	2.17	2.50
83	1.92	2.17	2.17	2.50
84	1.92	2.25	2.25	2.58
85	1.92	2.25	2.25	2.58
86	2.00	2.25	2.25	2.58
87	2.00	2.33	2.33	2.67
88	2.00	2.33	2.33	2.67
89	2.00	2.33	2.33	2.67
90	2.08	2.33	2.33	2.75
91	2.08	2.42	2.42	2.75
92	2.08	2.42	2.42	2.75
93	2.08	2.42	2.42	2.83
94	2.17	2.50	2.50	2.83
95	2.17	2.50	2.50	2.83
96	2.17	2.50	2.50	2.92
97	2.17	2.50	2.50	2.92
98	2.25	2.58	2.58	2.92
99+	2.25	2.58	2.58	3.00

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA
 Medicare Supplement Policy - Monthly Premiums
Form U-MCS-WI-R6 STANDARDIZED BASE CORE PLAN W/MEDICARE
COINSURANCE DEDUCTIBLE RIDER
 Wisconsin
 For Use in Zip Codes: 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	421.67	484.92	484.92	557.67
65	105.42	121.25	121.25	139.42
66	105.42	121.25	121.25	139.42
67	105.42	121.25	121.25	139.42
68	105.42	121.25	121.25	139.42
69	109.08	125.50	125.50	144.33
70	112.92	129.83	129.83	149.33
71	116.92	134.42	134.42	154.58
72	120.83	139.00	139.00	159.83
73	124.83	143.58	143.58	165.08
74	128.83	148.17	148.17	170.42
75	132.83	152.75	152.75	175.67
76	136.83	157.33	157.33	180.92
77	140.83	161.92	161.92	186.17
78	144.75	166.42	166.42	191.42
79	148.67	170.92	170.92	196.58
80	152.50	175.42	175.42	201.67
81	156.50	179.92	179.92	206.92
82	160.58	184.58	184.58	212.33
83	164.58	189.25	189.25	217.67
84	168.67	194.00	194.00	223.08
85	172.92	198.83	198.83	228.67
86	177.25	203.75	203.75	234.33
87	181.67	208.92	208.92	240.25
88	186.17	214.08	214.08	246.25
89	190.83	219.50	219.50	252.42
90	195.58	224.92	224.92	258.67
91	200.50	230.58	230.58	265.17
92	205.50	236.33	236.33	271.75
93	210.67	242.25	242.25	278.58
94	215.92	248.33	248.33	285.58
95	221.33	254.50	254.50	292.67
96	226.83	260.83	260.83	300.00
97	232.50	267.42	267.42	307.50
98	238.33	274.08	274.08	315.17
99+	244.25	280.92	280.92	323.08

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.
 The above rates do not include the \$15 one-time policy fee.
 Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI – Basic Medicare Supplement Coverage

Wisconsin

For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	483.58	556.17	556.17	639.58
65	120.92	139.00	139.00	159.92
66	120.92	139.00	139.00	159.92
67	120.92	139.00	139.00	159.92
68	120.92	139.00	139.00	159.92
69	125.17	143.92	143.92	165.50
70	129.50	148.92	148.92	171.25
71	134.00	154.17	154.17	177.25
72	138.58	159.42	159.42	183.33
73	143.17	164.67	164.67	189.33
74	147.75	169.92	169.92	195.42
75	152.33	175.17	175.17	201.50
76	156.92	180.42	180.42	207.50
77	161.42	185.67	185.67	213.50
78	166.00	190.83	190.83	219.50
79	170.42	196.00	196.00	225.42
80	174.92	201.08	201.08	231.25
81	179.42	206.33	206.33	237.33
82	184.08	211.75	211.75	243.50
83	188.67	217.00	217.00	249.58
84	193.42	222.42	222.42	255.83
85	198.25	228.00	228.00	262.17
86	203.25	233.67	233.67	268.75
87	208.33	239.50	239.50	275.50
88	213.50	245.50	245.50	282.33
89	218.83	251.67	251.67	289.42
90	224.33	257.92	257.92	296.67
91	229.92	264.42	264.42	304.08
92	235.67	271.00	271.00	311.67
93	241.58	277.83	277.83	319.50
94	247.58	284.75	284.75	327.42
95	253.75	291.83	291.83	335.67
96	260.17	299.17	299.17	344.00
97	266.67	306.67	306.67	352.58
98	273.33	314.33	314.33	361.42
99+	280.17	322.17	322.17	370.50

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R1 – Medicare Part A Deductible Rider

Wisconsin

For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	85.00	97.75	97.75	112.42
65	21.25	24.42	24.42	28.08
66	21.25	24.42	24.42	28.08
67	21.25	24.42	24.42	28.08
68	21.25	24.42	24.42	28.08
69	22.08	25.42	25.42	29.25
70	23.00	26.42	26.42	30.42
71	23.92	27.50	27.50	31.58
72	24.83	28.58	28.58	32.92
73	25.83	29.75	29.75	34.17
74	26.92	30.92	30.92	35.58
75	28.00	32.17	32.17	37.00
76	29.08	33.42	33.42	38.50
77	30.25	34.83	34.83	40.00
78	31.50	36.17	36.17	41.58
79	32.75	37.67	37.67	43.25
80	34.00	39.17	39.17	45.00
81	35.42	40.67	40.67	46.83
82	36.83	42.33	42.33	48.67
83	38.25	44.00	44.00	50.67
84	39.83	45.75	45.75	52.67
85	41.42	47.58	47.58	54.75
86	43.08	49.50	49.50	56.92
87	44.75	51.50	51.50	59.25
88	46.58	53.58	53.58	61.58
89	48.42	55.67	55.67	64.08
90	50.42	57.92	57.92	66.58
91	52.42	60.25	60.25	69.25
92	54.50	62.67	62.67	72.08
93	56.67	65.17	65.17	74.92
94	58.92	67.75	67.75	77.92
95	61.25	70.50	70.50	81.08
96	63.75	73.33	73.33	84.33
97	66.33	76.25	76.25	87.67
98	68.92	79.25	79.25	91.17
99+	71.67	82.42	82.42	94.83

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly = Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R2 – Medicare Part B Deductible Rider

Wisconsin

For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred/ Standard Male/Female
Under 65	20.58
65	20.58
66	20.58
67	20.58
68	20.58
69	20.58
70	20.58
71	20.58
72	20.58
73	20.58
74	20.58
75	20.58
76	20.58
77	20.58
78	20.58
79	20.58
80	20.58
81	20.58
82	20.58
83	20.58
84	20.58
85	20.58
86	20.58
87	20.58
88	20.58
89	20.58
90	20.58
91	20.58
92	20.58
93	20.58
94	20.58
95	20.58
96	20.58
97	20.58
98	20.58
99+	20.58

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual =Monthly	X 6
Quarterly= Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA
 Medicare Supplement Policy - Monthly Premiums
Form U-MCS-WI-R3 – Medicare Part B Excess Charges Rider
 Wisconsin
 For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	6.33	7.25	7.25	8.33
65	1.58	1.83	1.83	2.08
66	1.58	1.83	1.83	2.08
67	1.58	1.83	1.83	2.08
68	1.58	1.83	1.83	2.08
69	1.67	1.83	1.83	2.17
70	1.67	1.92	1.92	2.25
71	1.75	2.00	2.00	2.25
72	1.75	2.08	2.08	2.33
73	1.83	2.08	2.08	2.42
74	1.92	2.17	2.17	2.50
75	1.92	2.25	2.25	2.58
76	2.00	2.33	2.33	2.67
77	2.08	2.33	2.33	2.75
78	2.08	2.42	2.42	2.83
79	2.17	2.50	2.50	2.92
80	2.25	2.58	2.58	3.00
81	2.33	2.67	2.67	3.08
82	2.42	2.75	2.75	3.17
83	2.50	2.83	2.83	3.25
84	2.50	2.92	2.92	3.33
85	2.58	3.00	3.00	3.42
86	2.67	3.08	3.08	3.58
87	2.75	3.17	3.17	3.67
88	2.83	3.25	3.25	3.75
89	2.92	3.42	3.42	3.92
90	3.00	3.50	3.50	4.00
91	3.08	3.58	3.58	4.08
92	3.25	3.67	3.67	4.25
93	3.33	3.83	3.83	4.42
94	3.42	3.92	3.92	4.50
95	3.50	4.00	4.00	4.67
96	3.58	4.17	4.17	4.75
97	3.75	4.25	4.25	4.92
98	3.83	4.42	4.42	5.08
99+	3.92	4.58	4.58	5.25

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly = Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.
 The above rates do not include the \$15 one-time policy fee.
 Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R4 – Additional Home Health Care Rider

Wisconsin

For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	6.92	7.92	7.92	9.08
65	1.75	2.00	2.00	2.25
66	1.75	2.00	2.00	2.25
67	1.75	2.00	2.00	2.25
68	1.75	2.00	2.00	2.25
69	1.75	2.00	2.00	2.33
70	1.75	2.08	2.08	2.33
71	1.83	2.08	2.08	2.42
72	1.83	2.17	2.17	2.50
73	1.92	2.17	2.17	2.50
74	1.92	2.25	2.25	2.58
75	2.00	2.25	2.25	2.58
76	2.00	2.33	2.33	2.67
77	2.08	2.33	2.33	2.75
78	2.08	2.42	2.42	2.75
79	2.17	2.50	2.50	2.83
80	2.17	2.50	2.50	2.92
81	2.25	2.58	2.58	2.92
82	2.25	2.58	2.58	3.00
83	2.33	2.67	2.67	3.08
84	2.33	2.75	2.75	3.08
85	2.42	2.75	2.75	3.17
86	2.42	2.83	2.83	3.25
87	2.50	2.92	2.92	3.33
88	2.58	2.92	2.92	3.42
89	2.58	3.00	3.00	3.42
90	2.67	3.08	3.08	3.50
91	2.75	3.08	3.08	3.58
92	2.75	3.17	3.17	3.67
93	2.83	3.25	3.25	3.75
94	2.92	3.33	3.33	3.83
95	2.92	3.33	3.33	3.92
96	3.00	3.42	3.42	3.92
97	3.08	3.50	3.50	4.00
98	3.08	3.58	3.58	4.08
99+	3.17	3.67	3.67	4.17

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly = Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA

Medicare Supplement Policy - Monthly Premiums

Form U-MCS-WI-R5 – Foreign Travel Emergency Rider

Wisconsin

For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	4.83	5.58	5.58	6.42
65	1.25	1.42	1.42	1.58
66	1.25	1.42	1.42	1.58
67	1.25	1.42	1.42	1.58
68	1.25	1.42	1.42	1.58
69	1.25	1.42	1.42	1.67
70	1.25	1.50	1.50	1.67
71	1.33	1.50	1.50	1.75
72	1.33	1.58	1.58	1.83
73	1.42	1.58	1.58	1.83
74	1.42	1.67	1.67	1.92
75	1.50	1.67	1.67	1.92
76	1.50	1.75	1.75	2.00
77	1.50	1.75	1.75	2.00
78	1.58	1.83	1.83	2.08
79	1.58	1.83	1.83	2.08
80	1.58	1.83	1.83	2.17
81	1.67	1.92	1.92	2.17
82	1.67	1.92	1.92	2.17
83	1.67	1.92	1.92	2.17
84	1.67	1.92	1.92	2.25
85	1.67	1.92	1.92	2.25
86	1.75	2.00	2.00	2.25
87	1.75	2.00	2.00	2.33
88	1.75	2.00	2.00	2.33
89	1.75	2.00	2.00	2.33
90	1.75	2.08	2.08	2.33
91	1.83	2.08	2.08	2.42
92	1.83	2.08	2.08	2.42
93	1.83	2.08	2.08	2.42
94	1.83	2.17	2.17	2.50
95	1.92	2.17	2.17	2.50
96	1.92	2.17	2.17	2.50
97	1.92	2.17	2.17	2.50
98	1.92	2.25	2.25	2.58
99+	1.92	2.25	2.25	2.58

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.

The above rates do not include the \$15 one-time policy fee.

Household Discount Factor 93%

UNITED INSURANCE COMPANY OF AMERICA
Medicare Supplement Policy - Monthly Premiums
Form U-MCS-WI-R6 –STANDARDIZED BASE CORE PLAN W/MEDICARE
COINSURANCE DEDUCTIBLE RIDER
Wisconsin
For Use in Zip Codes: ALL EXCEPT 530-534

Attained Age	Preferred		Standard	
	Female	Male	Female	Male
Under 65	366.67	421.67	421.67	484.92
65	91.67	105.42	105.42	121.25
66	91.67	105.42	105.42	121.25
67	91.67	105.42	105.42	121.25
68	91.67	105.42	105.42	121.25
69	94.92	109.08	109.08	125.50
70	98.17	112.92	112.92	129.83
71	101.67	116.92	116.92	134.42
72	105.08	120.83	120.83	139.00
73	108.58	124.83	124.83	143.58
74	112.00	128.83	128.83	148.17
75	115.50	132.83	132.83	152.75
76	119.00	136.83	136.83	157.33
77	122.42	140.83	140.83	161.92
78	125.83	144.75	144.75	166.42
79	129.25	148.67	148.67	170.92
80	132.58	152.50	152.50	175.42
81	136.08	156.50	156.50	179.92
82	139.58	160.58	160.58	184.58
83	143.08	164.58	164.58	189.25
84	146.67	168.67	168.67	194.00
85	150.33	172.92	172.92	198.83
86	154.08	177.25	177.25	203.75
87	157.92	181.67	181.67	208.92
88	161.92	186.17	186.17	214.08
89	165.92	190.83	190.83	219.50
90	170.08	195.58	195.58	224.92
91	174.33	200.50	200.50	230.58
92	178.67	205.50	205.50	236.33
93	183.17	210.67	210.67	242.25
94	187.75	215.92	215.92	248.33
95	192.42	221.33	221.33	254.50
96	197.25	226.83	226.83	260.83
97	202.17	232.50	232.50	267.42
98	207.25	238.33	238.33	274.08
99+	212.42	244.25	244.25	280.92

MODE FACTORS	
Annual = Monthly	X 12
Semi-Annual = Monthly	X 6
Quarterly =Monthly	X 3

Note: The Preferred rate applies to applicants eligible for open enrollment or guaranteed issue.
The above rates do not include the \$15 one-time policy fee.
Household Discount Factor 93%

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.

MEDICARE PART A BENEFITS	PER BENEFIT PERIOD	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies.	First 60 days	All but \$1,676 each benefit period	\$0	\$1,676
			OPTIONAL 100% PART A DEDUCTIBLE RIDER*	\$0
	61 st – 90 th day	All but \$419 per day	\$419 a day	\$0
	91 st – 150 th day	All but \$838 per day	\$838 a day	\$0
	One Lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses**	\$0
	Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE You must meet Medicare's requirements, including having been in a hospital for at least 3 days and enter a Medicare-approved facility within 30 days after leaving the hospital	First 20 days	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$209.50 per day	Up to \$209.50 a day	\$0
	101 st day and after	\$0	\$0	All costs
INPATIENT PSYCHIATRIC CARE Inpatient psychiatric care in a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	All costs that exceed the lifetime maximum
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 a very limited copayment/ coinsurance for outpatient drugs and inpatient respite care.	Medicare copayment/ coinsurance	\$0

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

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

MEDICARE SUPPLEMENT POLICIES - PART B BENEFITS

SERVICES	PER CALENDAR YEAR	MEDICARE PAYS	THIS POLICY PAYS	YOU PAY
MEDICAL EXPENSES Eligible expenses for physician's services, in-patient and out-patient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$257 of Medicare approved amounts	\$0	\$0	\$257
			OPTIONAL PART B DEDUCTIBLE RIDER*	\$0
	Remainder of Medicare approved amounts	Generally 80%	Generally 20%	Expense incurred above the Medicare-approved charges
			OPTIONAL MEDICARE PART B EXCESS CHARGES RIDER*	Expenses not paid by Medicare or the policy
BLOOD	First 3 pints	\$0	All costs	\$0
	Next \$257 of Medicare approved amounts	\$0	\$257 Part B Deductible	Charges not covered by the policy or Medicare
	Remainder of Medicare approved amounts	80%	20%	
CLINICAL LABORATORY SERVICES Test for diagnostic services		100%	\$0	\$0
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits	All expenses beyond 40 visits per year
			OPTIONAL ADDITIONAL HOME HEALTH CARE RIDER*	\$0
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 \$257 of Medicare approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

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

THE FOLLOWING BENEFITS ARE MANDATED BY YOUR STATE

SKILLED NURSING FACILITY CARE

30 days of skilled care in a Skilled Nursing Facility. The facility does not need to be certified by Medicare and the stay does not have to meet Medicare's definition of skilled care. No prior hospitalization is required.

HOME HEALTH CARE

Medicare supplement policies cover up to 40 home care visits per year in addition to those provided by Medicare, **if you qualify**. Your doctor must certify that you would need to be in the hospital or a skilled nursing home if the home care was not available to you. Home nursing and medically necessary home health aide services are covered on a part-time or intermittent basis, along with physical, respiratory, occupational, or speech therapy.

KIDNEY DISEASE BENEFIT

Inpatient and outpatient expense for dialysis, transplantation, or donor-related services of kidney disease up to \$30,000 in any calendar year.

DIABETES TREATMENT—Medicare supplement policies cover the usual and customary expenses incurred for the installation and use of an insulin infusion pump or other equipment or non-prescription supplies for the treatment of diabetes. Self-management services are also considered a covered expense. This benefit is available even if Medicare does not cover the claim.

CHIROPRACTOR BENEFIT

The usual and customary expense for services provided by a chiropractor, even if Medicare does not cover the claim.

EQUIPMENT AND SUPPLIES FOR THE TREATMENT OF DIABETES

Coverage for equipment and supplies for the treatment of diabetes which includes expenses incurred by the installation and use of an insulin infusion pump, coverage for all other equipment, coverage for supplies and coverage for diabetic self-management education programs. This does not include any other outpatient non-prescription or prescription medications. This benefit will not duplicate expenses paid by Medicare.

HOSPITAL AND AMBULATORY SURGERY CENTER & ANESTHESIA CHARGES FOR DENTAL CARE

This benefit is limited to specific conditions and circumstances.

BREAST RECONSTRUCTION POST MASTECTOMY

Coverage of breast reconstruction of the affected tissue incident to a mastectomy.

GRIEVANCE

"Grievance" means any dissatisfaction with 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 including any of the following:

- (a) Provision of services.
- (b) Determination to reform or rescind a policy.
- (c) Determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorders.
- (d) Claims practices.

LIMITATIONS AND EXCLUSIONS

We will not pay benefits for:

- (a) expenses You incur while this Policy is not in force;
- (b) unless specifically stated otherwise in this Policy, expenses incurred which are not Medicare Eligible Expenses;
- (c) Skilled Nursing Facility costs beyond what is covered by Medicare and the 30 days covered under the Medicare Part A Skilled Nursing Facility Benefit provision of this Policy;
- (d) Home Care above the number of visits covered by Medicare and the 40 visits per 12-month period covered under the Home Care Benefit provision of this Policy, unless the optional Additional Home Health Care Rider is purchased;
- (e) the portion of any expense you incur that is paid for by Medicare, or for which a benefit is payable under another Medicare supplement insurance policy or certificate;
- (f) outpatient prescription drugs;
- (g) any expense incurred in excess of the Usual and Customary Charge or not Medically Necessary as determined by Us for all required Wisconsin mandated benefits; and
- (h) any expense which You are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance.

MEDICARE SUPPLEMENT PREMIUM INFORMATION

MONTHLY PREMIUM

U-MCS-WI \$ _____ **BASIC MEDICARE SUPPLEMENT COVERAGE**

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY – Each of these riders may be purchased separately.

- | | | | |
|-------------|----------|--------------------------|--|
| U-MCS-WI-R1 | \$ _____ | <input type="checkbox"/> | Medicare Part A Deductible 100% of Part A Deductible |
| U-MCS-WI-R2 | \$ _____ | <input type="checkbox"/> | Medicare Part B Deductible 100% of Part B Deductible |
| U-MCS-WI-R3 | \$ _____ | <input type="checkbox"/> | Medicare Part B Excess Charges
Coverage for all of the difference between the actual Medicare Part B charged as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge. |
| U-MCS-WI-R4 | \$ _____ | <input type="checkbox"/> | Additional Home Health Care
An aggregate of 365 visits per year, including those covered by Medicare. |
| U-MCS-WI-R5 | \$ _____ | <input type="checkbox"/> | Foreign Travel Emergency
After the \$250 Deductible is met, coverage for 80% of billed charges for the 60 consecutive days of a trip outside the U.S.A. This benefit has a maximum lifetime benefit of \$50,000. |
| U-MCS-WI-R6 | \$ _____ | <input type="checkbox"/> | Standardized Base Core Plan w/ Medicare Coinsurance Deductible. |

\$ _____

**TOTAL FOR BASIC POLICY AND SELECTED
OPTIONAL BENEFITS**

(NOTE: The soliciting agent will enter the appropriate premium amounts and the total at the time this outline is given to the applicant.)