

UNITED TEACHER ASSOCIATES INSURANCE COMPANY

P.O. Box 26580
Austin, Texas 78755-0580
(800) 880-8824

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE - COVER PAGE
BASIC AND EXTENDED BASIC PLANS

The Commissioner of Insurance of the State of Minnesota has established two categories of Medicare Supplements and minimum standards for each, with the extended basic Medicare Supplement being the most comprehensive and the basic Medicare Supplement being the least comprehensive. This chart shows the benefits in each plan.

Basic - Policy Form MS-021301.V2-UTA-MN	Extended Basic - Policy Form MS-021401.V2-UTA-MN
Hospitalization: Part A Coinsurance	Hospitalization: Part A Coinsurance
Medical Expenses: Part B Coinsurance	Medical Expenses: Part B Coinsurance
Blood: First 3 pints of blood each year	Blood: First 3 pints of blood each year
Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
_____ *	Part A Deductible
_____ *	Part B Deductible
_____ *	Part B Excess (80%)
Foreign Travel Emergency	Foreign Travel Emergency
_____ *	At-home Recovery
_____ *	Preventive Care

PREMIUM INFORMATION

We, United Teacher Associates Insurance Company, will renew the policy each time you pay us the premium. It must be by the date it is due or during the 31 days that follow. Your policy stays in force during this 31-day period. Your premium cannot be changed unless we make the same change on all policies of this form owned by persons in your classification which are renewed in the state where you live at the time we change the premium. Any such change can be made on any renewal date. Schedules of rates may vary depending on your Policy Date.

"Persons in Your Classification" means all persons having the same benefits.

*Optional riders available for Part A Deductible, Part B Excess, At-Home Assistance Services, Medicare Part B Deductible and Preventive Health Services.

NOTE TO BUYER: THE CONTRACTS DO NOT COVER PRESCRIPTION DRUGS. PRESCRIPTION DRUGS CAN BE A VERY HIGH PERCENTAGE OF YOUR MEDICAL EXPENSES. COVERAGE FOR PRESCRIPTION DRUGS MAY BE AVAILABLE TO YOU BY RETAINING EXISTING COVERAGE YOU MAY HAVE OR BE ENROLLING IN MEDICARE PART D. PLEASE ASK FOR FURTHER DETAILS.

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PREMIUM INFORMATION

ZIP CODES: Zip Codes 555-569

NON-TOBACCO - ANNUAL RATES

Basic - Policy Form MS-021301.V2-UTA-MN ALL AGES	\$1,080
<u>Optional Riders</u>	
Additional Benefits Rider MS02-UTA-R02-MN	\$ 225
Medicare Part A Hospital Deductible Benefits Rider MS02-UTA-R01-MN	\$ 270
Extended Basic - Policy Form MS-021401-UTA.V2-MN ALL AGES	\$1,575

TOBACCO - ANNUAL RATES

Basic - Policy Form MS-021301.V2-UTA-MN ALL AGES	\$1,296
<u>Optional Riders</u>	
Additional Benefits Rider MS02-UTA-R02-MN	\$270
Medicare Part A Hospital Deductible Benefits Rider MS02-UTA-R01-MN	\$324
Extended Basic - Policy Form MS-021401.V2-UTA-MN ALL AGES	\$1,890

To obtain semiannual premiums, multiply the above-quoted premiums by 0.5250. To obtain the monthly premium, multiply the above-quoted premium by 0.0835.

The policy provides an anticipated loss ratio of 65%. This means that, on the average, policyholders may expect that \$65 of every \$100 in premium will be returned as benefits to policyholders over the life of the contract.

There will be a one-time enrollment fee of \$25.00 added to the first premium.

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PREMIUM INFORMATION

ZIP CODES: Zip Codes 550-554

NON-TOBACCO - ANNUAL RATES

Basic - Policy Form MS-021301.V2-UTA-MN ALL AGES	\$1,200
<u>Optional Riders</u>	
Additional Benefits Rider MS02-UTA-R02-MN	\$250.01
Medicare Part A Hospital Deductible Benefits Rider MS02-UTA-R01-MN	\$300
Extended Basic - Policy Form MS-021401.V2-UTA-MN ALL AGES	\$1,750

TOBACCO - ANNUAL RATES

Basic - Policy Form MS-021301.V2-UTA-MN ALL AGES	\$1,440
<u>Optional Riders</u>	
Additional Benefits Rider MS02-UTA-R02-MN	\$300
Medicare Part A Hospital Deductible Benefits Rider MS02-UTA-R01-MN	\$360
Extended Basic - Policy Form MS-021401.V2-UTA-MN ALL AGES	\$2,100

To obtain semiannual premiums, multiply the above-quoted premiums by 0.5250. To obtain the monthly premium, multiply the above-quoted premium by 0.0835.

The policy provides an anticipated loss ratio of 65%. This means that, on the average, policyholders may expect that \$65 of every \$100 in premium will be returned as benefits to policyholders over the life of the contract.

There will be a one-time enrollment fee of \$25.00 added to the first premium.

DISCLOSURES

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 Teacher Associates Insurance Company, P.O. Box 26580, Austin, Texas 78755-0580. 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, within 10 days.

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

Neither United Teacher Associates 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 claim if you leave out or falsify important information.

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

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

We will not pay for services for which a charge is normally not made where there is no insurance. In addition, no benefits are payable for expense incurred before the coverage effective date.

PREEXISTING CONDITION LIMITATION. During the first six months your policy is in force, we will not pay for any illness or injury for which you received medical treatment or advice within the 90-day period immediately before your policy went into force. If you have been covered by other health insurance within the last 63 days, credit may be given for all or some of the six months based on the period of time previous coverage was in force.

LIMITATION ON OUT-OF-POCKET EXPENSE. When your out-of-pocket expense equals \$1,000 in a calendar year, we will pay 100% of additional covered expense you incur during the remainder of such calendar year (MS-021401.V2-UTA-MN only).

BASIC PLAN – MS-021301.V2-UTA-MN

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

Services	Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semi-private room and board, general nursing and miscellaneous services and supplies ▪ First 60 Days 61 st through 90 th day 91 st day and after ▪ While using 60 lifetime reserve days ▪ Beyond the additional 150 days	All but \$1,068 deductible All but \$1,068 deductible All but \$267 a day All but \$534 a day \$0	\$0 \$1,068 with Optional Part A Deductible Benefit Rider \$267 a day \$534 a day 100% of Medicare Eligible Expenses	\$1,068 (Part A Deductible) \$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 21 st through 100 th day 101 st day and after	All approved amounts All but \$133.50 a day \$0	\$0 Up to \$133.50 a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$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 for outpatient drugs and inpatient respite care	\$0	Balance

BASIC PLAN – MS-021301.V2-UTA-MN

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

MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND TREATMENT 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 \$135 of Medicare Approved Amounts**	\$0 \$0	\$0 \$135 with Additional Benefits Rider	\$135 (Part B Deductible) \$0
Remainder of Medicare Approved Amounts	80%	20%***	\$0
Part B Excess Charge (above Medicare Approved Amounts)	\$0 \$0	\$0 100% with Additional Benefits Rider	All Costs \$0

*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 \$135 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

***Part B coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient department services under a prospective payment system, applicable copayments.

BASIC PLAN – MS-021301.V2-UTA-MN

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

**Once you have been billed \$135 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan Pays	You Pay
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$135 of Medicare Approved Amounts*	\$0	\$0	\$135 (Part B Deductible)
	\$0	\$135 with Additional Benefits Rider	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PART A AND B

HOME HEALTH CARE - MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment			
First \$135 of Medicare Approved Amounts	\$0	\$0	\$135 (Part B Deductible)
	\$0	\$135 with Additional Benefits Rider	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

BASIC PLAN – MS-021301.V2-UTA-MN
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR (continued)
PART A AND B

<p>HOME HEALTH CARE - AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan</p>	\$0	\$0	All cost
<ul style="list-style-type: none"> ▪ Benefit for each visit 	\$0	Actual charges to \$40 a visit with Additional Benefit Rider	Balance
<ul style="list-style-type: none"> ▪ Number of visits covered (must be received within 8 weeks of last Medicare approved visit) 	\$0	Up to the Medicare Approved visits not to exceed 7 each week with Additional Benefits Rider	Balance
<ul style="list-style-type: none"> ▪ Calendar year maximum 	\$0	\$1600 with Additional Benefits Rider	Balance

