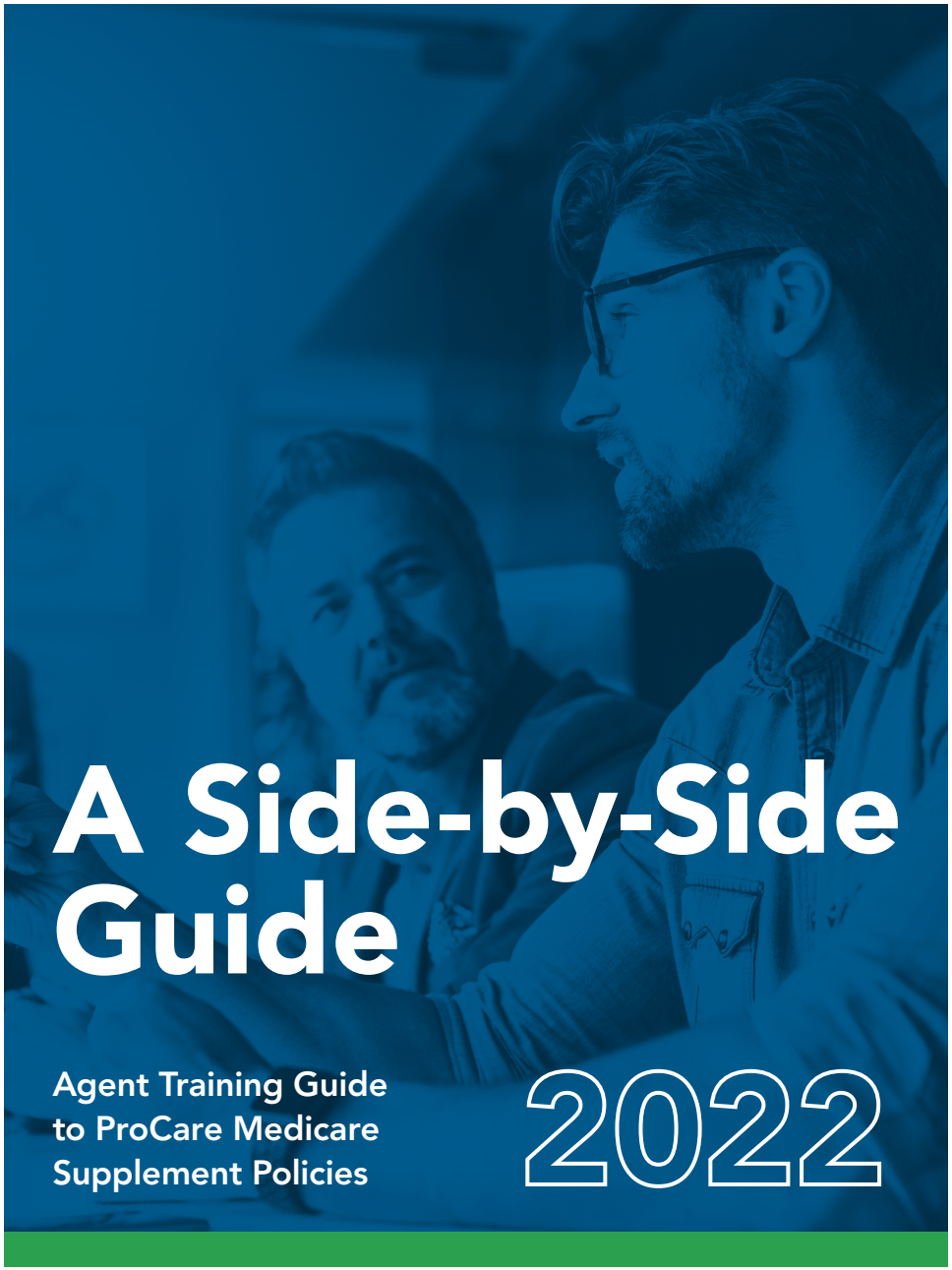
Explanation of Part B Expenses

An explanation of Part B Calculations: (Excluding Outpatient Hospital Services)	CHARGE PER OCCURRENCE		TOTAL CHARGE	
	PATIENT INCURRED	MEDICARE APPROVED	PATIENT INCURRED	MEDICARE APPROVED
10 Doctor Office Visits	$ 110	$ 100	$ 1,100	$ 1,000
Specialist #1	157	137	157	137
Specialist #2	314	273	314	273
Surgeon's Fee	27,650	25,220	27,650	25,220
Asst. Surgeon's Fee	6,495	5,913	6,495	5,913
Anesthesiologist's Fee	3,871	3,369	3,871	3,369
40 Doctor's Visits - Hospital	90	78	3,600	3,120
10 Doctor's Visits - SNF	65	56	+ 650	+ 560
			$ 43,837	$ 39,592
Less Part B Deductible				- $233
				$ 39,359
Medicare Payment Rate				× 80%
Medicare Paid				$ 31,487
Total Part B Expenses				$ 43,837
Less Medicare Paid				- 31,487
PATIENT LIABILITY ◆				**$ 12,350**

◆ Some Doctors did not accept Medicare's 'Approved Charge' as full payment. The most a non-participating physician can charge for services covered by Medicare is 115% of the physician fee schedule amount.

About this Hypothetical Example

The cost figures shown for Parts A and B in our example represent a long-term confinement in a hospital, outpatient hospital services, skilled nursing facility, and at-home services that, although very uncommon, help to illustrate the financial impact such an illness could have upon a patient. This case allows you to compare the benefits of each of our Medicare Supplement policies for each possible expense.



A Side-by-Side Guide

Agent Training Guide to ProCare Medicare Supplement Policies

2022

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Choosing a Medicare Supplement Plan

Medicare Supplement insurance plans contain the same benefit packages by law. Depending on the plan selected, coverages pay various Medicare deductibles, coinsurances, and other medical expenses not covered by Medicare. However, insurers' rates and services vary, which makes it very important for Seniors to shop carefully to get the best value for their dollars.

A, B, C, D, F, HDF, G, HDG, K, L, and N.

See the chart below for the outline of coverage on all standardized plans. See the outline of coverage for details and exceptions.

MEDICARE PLANS / BENEFITS	Plans Available to All Applicants							Medicare First Eligible Before 2020 Only	
	A	B	D	G▼	K■	L■	N●	C	F▼
Basic Benefits									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance or Copayment)	100%	100%	100%	100%	50%	75%	Copay●	100%	100%
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓
Part A Hospice Care Coinsurance or Copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓
Skilled Nursing Facility Coinsurance			✓	✓	50%	75%	✓	✓	✓
Part A Deductible		✓	✓	✓	50%	75%	✓	✓	✓
Part B Deductible								✓	✓
Medicare Part B Excess Charges				100%					100%
Foreign Travel Emergency			✓	✓			✓	✓	✓
Out-of-Pocket Annual Limit■					$6,620	$3,310			

▼ Plans F and G also have a high deductible option which requires first paying a plan deductible of *($2,490 in 2022)* before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan HDG does not cover the Medicare Part B deductible. However, Plan HDG counts your out-of-pocket payment of the Medicare Part B deductible toward meeting the plan deductible. An additional $233 (Part B deductible) may be payable by the patient.

■ Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit *($6,620 for Plan K, $3,310 for Plan L in 2022)*. The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.

● Plan N pays 100% of Medical Expenses *(Part B Coinsurance)* except for a copayment of up to $20 for some office visits and up to $50 copayment for emergency room visits that do not result in an inpatient admission. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

NOW, LET´S COMPARE ...

A Hypothetical Example

PART A of this hypothetical situation involves a patient who was confined in a hospital for 170 days. (These days need not be consecutive; as long as the patient was never out of the hospital 60 days in a row, Medicare treats this as a single, long confinement.)

After the 60th day, the patient paid daily copayments of $389 for days 61-90, then $778 for days 91-150. He also paid extra charges for blood. Note, too, that Medicare Part A coverage completely ended after the 150th day in the hospital.

Next, our hypothetical patient entered a skilled nursing facility (SNF) for 100 days. Medicare paid for the first 20 days of confinement; for days 21 through 100, the patient paid $194.50 a day.

PART B eligible expenses for medical services included 10 visits to the doctor (each visit cost at least $100) plus specialists' fees and outpatient hospital services; the surgeon's and assistant surgeon's fees; the anesthesiologist's fee; 40 doctor visits while in the hospital and another 10 doctor visits while in the skilled nursing facility.

For each of these expenses (except outpatient hospital charges), Medicare recognized only its 'Approved Charge,' and then paid only 80% of that 'Approved Charge.' Our patient was responsible for the other 20%, as well as Part B Excess Expense. Additionally, he paid the $233 Medicare Part B deductible which is subtracted from the total "Approved Charges." For outpatient hospital charges, our patient's co-payment liability was established by Medicare's national co-payment rate for the type of service provided. Medicare's allowable total reimbursement to the hospital was less than the billed amount. Medicare pays the allowed reimbursement less the patient's co-payment.

After Medicare Parts A and B — but without any supplemental insurance — our patient owed $108,387 for this illness. This example, coupled with this side-by-side guide, demonstrates how United American Medicare Supplement ProCare policies can make a dramatic difference for our patient's life savings.

PATIENT LIABILITY		PLAN A	PLAN B	PLAN D
PART A				
DAILY HOSPITAL CHARGES:				
Days 1-60, Part A Deductible	$1,556	Not Covered	$1,556	$1,556
Days 61-90 @ $389 per day	$11,670	$11,670	$11,670	$11,670
Days 91-150 @ $778 per day	$46,680	$46,680	$46,680	$46,680
Days 151-170, All Charges	$20,000	$20,000	$20,000	$20,000
BLOOD:				
3 Pints @ $60 per pint	$180	$180	$180	$180
Part A Subtotal	**$80,086**	**$78,530**	**$80,086**	**$80,086**
SKILLED NURSING FACILITY:				
Days 21-100 @ $194.50 per day	$15,560	Not Covered	Not Covered	$15,560
Part A Total	**$95,646**	**$78,530**	**$80,086**	**$95,646**
PART B				
OUTPATIENT HOSPITAL SERVICES: ▲				
	$381	$381	$381	$381
PART B DEDUCTIBLE:				
	$233	NOT COVERED	NOT COVERED	NOT COVERED
20% OF APPROVED CHARGES:				
(NOT COVERED BY MEDICARE)	$7,882	$7,882	$7,882	$7,882
EXCESS CHARGES: ▲▲				
(NOT COVERED BY MEDICARE)	$4,245	NOT COVERED	NOT COVERED	NOT COVERED
Part B Total	**$12,741**	**$8,263**	**$8,263**	**$8,263**
DEDUCTIBLE / OUT-OF-POCKET LIMIT				
MEDICARE UNPAID	***$108,387***	***$108,387***	***$108,387***	***$108,387***
PLAN PAYS		***$86,793***	***$88,349***	***$103,909***
PATIENT PAYS	***$108,387***	***$21,594***	***$20,038***	***$4,478***

▲ The co-payment owed for outpatient hospital services is established by Medicare based on the type of services provided.

▲▲ The most a non-participating physician can charge for services covered by Medicare is 115% of the physician fee schedule amount.

						MEDICARE FIRST ELIGIBLE BEFORE 2020 ONLY		
	PLAN G	PLAN HDG	PLAN K	PLAN L	PLAN N	PLAN C•	PLAN F•	PLAN HDF•
PART A								
DAILY HOSPITAL CHARGES:								
Days 1-60, Part A Deductible	$1,556	$1,556	$778	$1,167	$1,556	$1,556	$1,556	$1,556
Days 61-90 @ $389 per day	$11,670	$11,670	$11,670	$11,670	$11,670	$11,670	$11,670	$11,670
Days 91-150 @ $778 per day	$46,680	$46,680	$46,680	$46,680	$46,680	$46,680	$46,680	$46,680
Days 151-170, All Charges	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000	$20,000
BLOOD:								
3 Pints @ $60 per pint	$180	$180	$90	$135	$180	$180	$180	$180
Part A Subtotal	**$80,086**	**$80,086**	**$79,218**	**$79,652**	**$80,086**	**$80,086**	**$80,086**	**$80,086**
SKILLED NURSING FACILITY:								
Days 21-100 @ $194.50 per day	$15,560	$15,560	$7,780	$11,670	$15,560	$15,560	$15,560	$15,560
Part A Total	**$95,646**	**$95,646**	**$86,998**	**$91,322**	**$95,646**	**$95,646**	**$95,646**	**$95,646**
PART B								
OUTPATIENT HOSPITAL SERVICES: ▲								
	$381	$381	(50%) $191	(75%) $286	$381	$381	$381	$381
PART B DEDUCTIBLE:								
	NOT COVERED	NOT COVERED*	NOT COVERED	NOT COVERED	NOT COVERED	$233	$233	$233
20% OF APPROVED CHARGES:								
(NOT COVERED BY MEDICARE)	$7,882	$7,882	(50%) $3,941	(75%) $5,912	$7,682	$7,882	$7,882	$7,882
EXCESS CHARGES: ▲▲								
(NOT COVERED BY MEDICARE)	$4,245	$4,245	NOT COVERED	NOT COVERED	NOT COVERED	NOT COVERED	$4,245	$4,245
Part B Total	**$12,508**	**$12,508**	**$4,132**	**$6,198**	**$8,063**	**$8,496**	**$12,741**	**$12,741**
DEDUCTIBLE / OUT-OF-POCKET LIMIT		***DEDUCTIBLE $2,490***	***ANNUAL LIMIT $6,620***	***ANNUAL LIMIT $3,310***				***DEDUCTIBLE $2,490***
MEDICARE UNPAID	***$108,387***	***$108,387***	***$108,387***	***$108,387***	***$108,387***	***$108,387***	***$108,387***	***$108,387***
PLAN PAYS	***$108,154***	***$105,664***	***$97,289***	***$100,599***	***$103,709***	***$104,142***	***$108,387***	***$105,897***
PATIENT PAYS	***$233***	***$2,490***	***$11,098***	***$7,788***	***$4,678***	***$4,245***	***0***	***$2,490***

*Plan HDG does not cover the Medicare Part B deductible. However, Plan HDG counts your out-of-pocket payment of the Medicare Part B deductible toward meeting the plan deductible. An additional $233 (Part B deductible) may be payable by the patient.

▲ The co-payment owed for outpatient hospital services is established by Medicare based on the type of services provided.

▲▲ The most a non-participating physician can charge for services covered by Medicare is 115% of the physician fee schedule amount.

• Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F and HDF.