Live the life you’ve planned... even if you encounter unexpected medical costs!

Medicare pays a portion of your hospital and doctors bills, but Medicare is not designed to cover all of your expenses. A Medicare supplement insurance plan from UCT can help lower your share of the costs. Plus it may pay for additional benefits that Medicare doesn’t cover at all.

UCT’s Medicare Supplement Insurance

For 2018

Underwritten by The Order of United Commercial Travelers of America (UCT),
1801 Watermark, Drive, Suite 100, P.O. Box 159019, Columbus, OH 43215-8619
Your Medicare Supplement Benefits

Every plan includes these basic benefits:
- **Hospitalization**: Medicare Part A coinsurance and coverage for 365 additional days after Medicare benefits end
- **Medical Expenses**: Medicare Part B coinsurance (generally 20% of Medicare eligible expenses)
- **Blood Benefit**: Three pints of blood each year
- **Hospice**: Part A coinsurance

**Medicare Part A Hospital Coverage**
- **Deductible** – Plans B, C, D, F, G and N pay the $1,340 inpatient hospital deductible for each benefit period.
- **First 60 Days** – After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.
- **Coinsurance** – Plans A, B, C, D, F, G and N pay $335 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive $670 a day for each Lifetime Reserve day used.
- **Extended Hospital Coverage** – When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, B, C, D, F, G and N pay the Medicare Part A eligible expenses for hospitalization, paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.
- **Blood Benefit** – Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, B, C, D, F, G and N pay this deductible.

**Skilled Nursing Facility Care**
- **First 20 Days** – Medicare pays all eligible expenses.
- **Coinsurance** – Plans C, D, F, G and N pay up to $167.50 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-approved skilled nursing facility within 30 days of being hospitalized for at least three days.

**Medicare Part B Physician’s Services and Supplies**
- **Deductible** – Plans C and F pay the $183 calendar-year deductible.
- **Coinsurance** – After the Medicare Part B deductible, Plans A, B, C, D, F and G pay 20% of eligible expenses for physician’s services, and supplies, physical and speech therapy, and ambulance service. Plan N pays the balance of the Part B coinsurance except up to $20 copayment for office visits and up to $50 for emergency room visits.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

- **Excess Benefits** – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.
- **Blood Benefit** – Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, B, C, D, F, G and N pay this deductible.

**Additional Benefits**
- **Emergency Care Received Outside the U.S.** – After you pay a $250 calendar-year deductible, Plans C, D, F, G and N pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of $50,000. Benefits are payable for health care you need because of a covered injury or illness.
Choose the Medicare Supplement Plan that’s right for you

<table>
<thead>
<tr>
<th>Part A: Inpatient Hospital Care</th>
<th>Medicare Pays</th>
<th>Medicare Supplement Plans Pay</th>
<th>Plan A</th>
<th>Plan B</th>
<th>Plan C</th>
<th>Plan D</th>
<th>Plan F</th>
<th>Plan G</th>
<th>Plan N</th>
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</thead>
<tbody>
<tr>
<td>First 60 days</td>
<td>All but $1,340</td>
<td>$1,340 Part A deductible</td>
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<tr>
<td>Coinsurance 61-90 days</td>
<td>All but $335  a day</td>
<td>$335 a day</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
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<tr>
<td>Coinsurance 91-150 days</td>
<td>All but $670  a day</td>
<td>$670 a day</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
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<tr>
<td>After day 150 up to an additional 365 days in your lifetime</td>
<td>Nothing</td>
<td>100% of eligible expenses</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
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<tr>
<td>Blood benefit</td>
<td>All but 3 pints</td>
<td>First 3 pints</td>
<td>✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️</td>
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Skilled Nursing Facility Care

| First 20 days                   | 100% | Nothing | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |
| Coinsurance 21-100 days         | All but $167.50  a day | $167.50 a day | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |

Part B: Physician’s Services and Supplies

| Yearly deductible               | Nothing | $183 | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |
| Coinsurance                     | Generally 80% | Generally 20% | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |
| Blood benefit                   | All but 3 pints | First 3 pints | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |
| Excess benefits                 | Nothing | 100% of eligible expenses | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |

| Additional Benefits | Emergency Care Outside the U.S. | Nothing | 80% of eligible expenses up to a lifetime maximum of $50,000 after a $250 yearly deductible | ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ ✔️ |

1 Some plans may not be available in your state.
2 Plan N pays the balance of the Part B coinsurance except up to $20 copayment for office visits and up to $50 for emergency room visits.

The Facts About Your Plan

- **Your policy is guaranteed renewable.** Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and your application is correct.
- **Your benefits will automatically increase** as Medicare deductibles and coinsurance increase. Benefits are not paid for any expenses paid by Medicare.
- **Benefits are paid to you** or to your hospital or doctor.
- **You have 31 days from your renewal date to pay your premium.** Your policy will stay in force during this 31-day grace period.
- **You cannot be singled out for a rate increase,** no matter how many times you receive benefits. Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your Policy Date; or (b) when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state.
- **You are covered immediately.** There is no waiting period for pre-existing conditions. Benefits will be paid from the time your policy is in force.
- **Satisfaction Guaranteed.** If you are not completely happy with your policy, send it back to us or your agent within 30 days after you receive it and we’ll refund your premium.

- **Easy Payment Options.** For your convenience, we have several payment options, including our Electronic Funds Transfer (EFT) program, with payments coming out of your bank account automatically. With this payment plan, you’ll never have to worry about making late premium payments – even away from home!
- **Medicare Supplement plans will not pay for:**
  - Any expense incurred before your Policy Effective Date
  - Services for which no charge is made
  - Expenses paid by Medicare

**Definitions**

- Medicare Part A eligible expenses for hospital/skilled nursing facility care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.
- Medicare Part B eligible expenses for medical services include expenses for physicians’ services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.
- Medicare eligible expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.
- A benefit period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.
- Coinsurance is the portion of the eligible expense not paid by Medicare and paid by UCT.

Definitions

- Medicare Part A eligible expenses for hospital/skilled nursing facility care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.
- Medicare Part B eligible expenses for medical services include expenses for physicians’ services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.
- Medicare eligible expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.
- A benefit period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.
- Coinsurance is the portion of the eligible expense not paid by Medicare and paid by UCT.
About The Order of United Commercial Travelers of America

Who we are and what we do

United Commercial Travelers of America, commonly referred to as UCT, is a dynamic not-for-profit organization with active local councils operating in 47 states, the District of Columbia and 10 provinces of Canada. UCT offers our members a unique chance to unite with other individuals who want to get involved and make a difference in their local communities through volunteer services. At the same time we provide members with support through member benefit and discount programs. As a UCT member, you will be assigned to a council in your area in which you may become involved.

Community service involvement

Through UCT’s local councils, members make a difference in their communities, touching lives through their involvement in a variety of activities that benefit others. Aid to people with intellectual disabilities has been the organization’s top-priority civic project since 1959. Local councils and members support Special Olympics as well as schools and workshops for people with intellectual disabilities. In addition, the UCT Charities Trust Fund Inc. was founded in 1997 as a way to help provide scholarships for students and teachers seeking degrees or certification to teach people with intellectual disabilities through the UCT Scholarship Program.

UCT also supports the following programs:

- Cancer education and prevention
- Public safety education
- Youth and drug awareness

Prompt, professional service.

Our policyholders enjoy fast and friendly service from our Home Office team, with claims paid promptly to you or your health care provider – whichever you prefer. Should you ever have a question or concern, our customer service specialists are just a toll-free telephone call away. Call them weekdays at (800) 848-0123, from 8 a.m. to 4:30 p.m. Eastern Standard Time.

1801 Watermark Drive, Suite 100
Columbus, OH 43215-8619
Tel: 614.487.9680
Toll-free: 800.848.0123
www.uct.org


THIS IS A BRIEF DESCRIPTION OF YOUR COVERAGE. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, reductions and limitations, PLEASE READ YOUR OUTLINE OF COVERAGE AND YOUR POLICY CAREFULLY.

Note: Be detailed and complete when applying for coverage. When you fill out your new policy application, make sure to answer all questions truthfully and completely. UCT may cancel your policy and refuse to pay any claims if you leave out information or falsify important information. Review your application carefully before you sign it to make sure all information has been recorded properly.

This brochure is for the solicitation of insurance and contact will be made by an insurance agent.

Neither The Order of United Commercial Travelers of America, its agents, nor its Medicare supplement policies are connected or endorsed by the U.S. government or the federal Medicare program.