

# UCT's Medicare Supplement INSURANCE

**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.

For **2023**

**UCT** United  
Commercial  
Travelers



# Protecting You from Bills Medicare Won't Pay

## Medicare Supplement Basic Benefits

1. Copayment for 61st to 90th day of hospitalization (\$400 a day).
2. Copayment for 91st to 150th day of hospitalization (\$800 a day) - full coverage after Medicare days are exhausted.
3. Copayment for 21st to 100th day of skilled nursing care in a skilled nursing facility (\$200 a day).
4. 175 days per lifetime of inpatient psychiatric care in addition to Medicare's 190 days per lifetime.
5. First three pints of blood.
6. 40 visits of home health care in addition to medicare.
7. 20% of Medicare's Part B services with no lifetime maximum, or in case of hospital outpatient department services under a prospective payment system, applicable copayments.
8. Coverage for full usual and customary cost of non-prescription diabetic supplies including insulin, non-prescription covered chiropractic care, non-prescription hospital and ambulatory surgery center charges and anesthetics for dental care, and non-prescription breast reconstruction.
9. Coverage for 30 days non-Medicare skilled nursing facility care - no prior hospitalization required.
10. Preventive health care services including routine exams and screenings, up to \$300 per calendar year.

## You may also choose from these optional benefits:

### **Rider 1 – Part A Deductible:**

100% of the Medicare Part A hospital deductible

OR

### **Rider 2 – 50% Part A Deductible:**

50% of the Medicare Part A hospital deductible per benefit period with no out-of-pocket maximum



### **Rider 3 – Additional Home Health Care:**

An aggregate of 365 visits per year including those covered by Medicare

### **Rider 4 – Part B Deductible:\***

100% of Medicare Part B deductible

OR

### **Rider 5 – Part B Copayment or Coinsurance:**

Copayment or coinsurance will be the lesser of \$20 per office visit or the Medicare Part B coinsurance and the lesser of \$50 per emergency room visit or the Medicare Part B coinsurance in addition to Part B deductible.

### **Rider 6 – Part B Excess Charges:**

Difference between the Medicare eligible charge and the amount charged by the provider which shall be no greater than the actual charge or the limited charge allowed by Medicare, whichever is less

### **Rider 7 – Foreign Travel Emergency Rider:**

After a deductible not greater than \$250, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. during the first 60 days of a trip with a lifetime maximum of at least \$50,000

**Each of these riders may be purchased separately.**

(Note: Only optional coverage's provided by rider shall be listed here.)

**\* Rider 4 - Part B Deductible: This rider is only available to those eligible for Medicare before 2020.**

# Mandated Benefits

**Wisconsin law requires Medicare supplement policies to contain the following “mandated” benefits. These benefits are available even when Medicare does not cover the claim.**

- **Skilled Nursing Facilities:** Medicare supplement policies cover 30 days of skilled nursing 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 may be required. The facility must be a licensed skilled care nursing facility.
- **Home Health Care:** Medicare provides for all medically necessary home health visits. However, “medically necessary” is defined quite narrowly, and you must meet certain other criteria. All Medicare supplement policies will pay up to 40 home health care visits per year in addition to those provided by Medicare, if you qualify and services are medically necessary as defined in the Policy.

Coverage for 365 home health care visits in a policy year is available for an additional premium. Medicare provides coverage for all medically necessary home health visits. However, “medically necessary” is defined quite narrowly, and you must meet certain other criteria.

- **Kidney Disease:** Inpatient or outpatient expense for dialysis, transplantation, or donor-related services of kidney disease up to \$30,000 in any calendar year. This policy will not duplicate Medicare payments for kidney disease treatment.
- **Diabetes Treatment:** Coverage for the usual and customary expenses incurred for costs of non-prescription insulin or any other non-prescription equipment and supplies for the treatment of diabetes. This does not include any other outpatient non-prescription or prescription medications. This benefit will not duplicate expenses paid by Medicare.
- **Chiropractic Care:** coverage for the usual and customary expenses for services provided by a chiropractor. This benefit is available even if Medicare does not cover the claim.
- **Hospital and Ambulatory Surgery Center Charges and Anesthetics for dental care:** Coverage for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care for an individual with a chronic disability or an individual with a medical condition that requires hospitalization or general anesthesia for dental care.
- **Breast Reconstruction:** Coverage of breast reconstruction of the affected tissue incident to a mastectomy.

## 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.

## ABOUT UCT

### Give Back

UCT is a way of life. We're a fraternal benefit society driven by our members and their dedication to community service. Our charitable efforts across North America are made possible through the sales of our insurance products.

For more than 130 years, we've protected our members and their families, and supported them in improving their communities.



### Get Involved

As a UCT member you automatically join tens of thousands of other members in the United States and Canada who strive to make a difference in their local communities. Members can get involved with a UCT local council in their area or join with others to form their own. You choose which causes and charities you want to support.

### Get Covered

UCT offers a number of affordable insurance and financial protection products. Whether it's accident and life products, dental & vision coverage, or Medicare supplement plans, we offer quality protection for your insurance needs.

**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.**