# Outline of Coverage

## UCare Medicare Supplement Plan with $20 and $50 Copay Medicare Part B Coverage (Plan N)

UCare Minnesota is required to disclose to you the following information. The Commissioner of Commerce of the state of Minnesota has established two categories of Medicare Supplement insurance and minimum standards for each, with the Extended Basic Medicare Supplement being the most comprehensive and the Basic Medicare Supplement being the least comprehensive.

UCare Minnesota | PO Box 211522 | Eagan, MN 55121
612-676-6532 or 1-833-276-1188

U9554 (12/2023)

# Monthly premiums

## UCare Medicare Supplement Plans

Rates effective February 1, 2024

| UCare Medicare Supplement Basic | | Non-tobacco user | Tobacco user |
|---|---|---|---|
| Monthly premium | | $212 | $244 |
| Add optional coverage | Medicare Part A deductible | $35 | $40 |
| | Medicare Part B deductible* | $19 | $19 |
| | Medicare Part B excess charges | $2 | $2 |
| | Preventive medical care | $6 | $7 |
| Total including all optional riders | | $274 | $312 |
| Your monthly premium for Basic and optional riders (if any): | | $_____ | $_____ |

| UCare Medicare Supplement Plan with $20 and $50 Copay Medicare Part B coverage (Plan N) | Non-tobacco user | Tobacco user |
|---|---|---|
| Monthly premium | $200 | $230 |

| UCare Medicare Supplement Extended Basic without Part B deductible coverage<br>for those who were eligible for Medicare on or after 1/1/2020 | Non-tobacco user | Tobacco user |
|---|---|---|
| Monthly premium | $259 | $298 |

| UCare Medicare Supplement Extended Basic with Part B deductible coverage available<br>for those who were eligible for Medicare before 1/1/2020 | Non-tobacco user | Tobacco user |
|---|---|---|
| Monthly premium | $278 | $317 |

*The Part B deductible optional rider is not available for "newly eligible" applicants. "Newly eligible individual" means an individual who is eligible for Medicare on or after January 1, 2020, because the individual: (1) has attained age 65 on or after January 2020; or (2) although under age 65, is entitled to or deemed eligible for benefits under Medicare Part A by reason of disability or otherwise.



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# Contents

# UCare Medicare Supplement Plan Options and Summary of Coverage

## Basic Benefits included in Medicare Supplement policies

- Inpatient hospital care: covers the Medicare Part A coinsurance
- Blood: covers the first three pints of blood each year for Medicare Parts A and B
- Hospice: covers Medicare Part A coinsurance
- Home health care and medical supplies: covers Medicare Part A or B cost sharing

| | Available to all applicants | | | Must be first eligible for Medicare before 2020 |
|---|---|---|---|---|
| | **UCare Medicare Supplement Basic** | **UCare Medicare Supplement Extended Basic without Part B deductible coverage[4]** | **UCare Medicare Supplement Plan with $20/$50 Copay (Plan N)** | **UCare Medicare Supplement Extended Basic with Part B deductible coverage[1,4]** |
| Medicare Part B coinsurance or copayment | ✓ | ✓ | Copays apply[2] | ✓ |
| Skilled nursing facility coinsurance | ✓ | ✓ | ✓ | ✓ |
| Medicare Part A deductible | Optional rider | ✓ | ✓ | ✓ |
| Medicare Part B deductible[1] | Optional rider[1] | | | ✓ |
| Medicare Part B excess charges | Optional rider | ✓ | | ✓ |
| Foreign travel medical care | 80%[3] | 80% | 80%[3] | 80% |
| Preventive medical care (Non-Medicare covered) | Optional rider $120 maximum | $120 maximum | | $120 maximum |
| Immunizations not covered under Part D | ✓ | ✓ | | ✓ |
| Routine screening procedures for cancer, including mammograms and pap smears | ✓ | ✓ | ✓ | ✓ |

[1] This is not available for "newly eligible" applicants. "Newly eligible individual" means an individual who is eligible for Medicare on or after January 1, 2020, because the individual: (1) has attained age 65 on or after January 2020; or (2) although under age 65, is entitled to or deemed eligible for benefits under Medicare Part A by reason of disability or otherwise.

[2] Plan pays 100% of Part B coinsurance, except up to $20 copayment for some office visits and up to a $50 copayment for emergency room visits that do not result in an inpatient admission.

[3] Benefits limited to charges incurred as a result of a medical emergency.

[4] $1,000 out of pocket maximum per calendar year.

# UCare Medicare Supplement Plan with $20 and $50 Copay Medicare Part B Coverage (Plan N)

## Policy information

## The information below provides important details about your policy.

**Premium information and renewability.** UCare can only raise your premium if we raise the premium for all policies like yours in this state. Any rate increase for the state will be approved by the Minnesota Department of Commerce.

Notice: This policy provides an anticipated loss ratio of 73.2%. This means that on average, policyholders may expect that that $73.20 of every $100.00 in premium will be returned as benefits to policyholders over the life of the contract.

**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 outline is not your insurance policy, it is only a summary. You must read the policy itself to understand all of the rights and duties of both you and your insurance company. Additionally, it does not give the details of Medicare coverage. Contact your local Social Security office or consult the Medicare handbook for more details.

**Right to return policy.** If you find that you are not satisfied with your policy for any reason, you may return it to: UCare Customer Support, PO Box 211522, Eagan, MN 55121. 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 ten days.

**Policy replacement.** If you are replacing another health insurance policy or certificate, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**Notice.** This policy may not fully cover all of your medical costs. Neither UCare nor its agents nor its products are connected with the federal Medicare program or the United States government.

**This Section does not apply during open enrollment and guaranteed issue periods when medical underwriting is prohibited and as such it is not a material representation to omit answers to questions about medical and health history.**
**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 and be certain that all information has been properly recorded.

**Renewability.** This policy is guaranteed renewable for life, subject to timely payment of premium within the grace period. UCare shall neither cancel nor non-renew your policy for any reason other than nonpayment of premium or material misrepresentation. This policy cannot be canceled or non-renewed on the grounds of deterioration of health, or discriminate in the pricing of such coverage because of health status, claims experience, receipt of health care, medical condition, or age, or impose an exclusion of benefits based upon genetic information or a pre-existing condition.

**Exceptions, reductions, and limitations.**
**THIS POLICY DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THIS 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.**
**NOTICE TO BUYER: THIS CONTRACT DOES 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 BY ENROLLING IN MEDICARE PART D. PLEASE ASK FOR FURTHER DETAILS.**

# UCare Medicare Supplement Plan **with** $20 and $50 Copay Medicare Part B Coverage (Plan N)

**The charts in this outline only summarize Medicare benefits. Please contact Medicare for further details and limitations.**

## 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.

| Services | | Medicare pays | Plan pays | You pay |
|---|---|---|---|---|
| **Hospitalization*** Inpatient hospital care including room and board, general nursing, and miscellaneous services and supplies | First 60 days | All but $1,632 | $1,632 (Part A deductible) | $0 |
| | 61st to 90th day | All but $408 per day | $408 a day | $0 |
| | 91st day and after while using 60 lifetime reserve days | All but $816 per day | $816 a day | $0 |
| | Once lifetime reserve days are used:<br>• Additional 365 days | $0 | 100% of Medicare eligible expenses[1] | $0 |
| | • Beyond the additional 365 days | $0 | $0 | All costs |
| **Skilled nursing facility care*** You must meet Medicare's requirements, including having been admitted to a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital | First 20 days | All approved amounts | $0 | $0 |
| | 21st to 100th day | All but $204 per day | Up to $204 per day | $0 |
| | 101st day and after | $0 | $0 | All costs |
| **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 very limited coinsurance or copayment for outpatient drugs and inpatient respite care | Medicare coinsurance/ copayment | $0 |

[1] NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Basic Benefits". During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# UCare Medicare Supplement Plan **with** $20 and $50 Copay Medicare Part B Coverage (Plan N)

## Medicare Part B — medical services — per calendar year

*Once you have been billed $240 of Medicare-approved amounts for covered services, your Medicare Part B deductible will have been met for the calendar year.

| Services | | Medicare pays | Plan pays | You pay |
|---|---|---|---|---|
| **Medical expenses** Eligible expense for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | $240 of Medicare-approved amounts* | $0 | $0 | $240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | Generally 80% | Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. |
| **Part B excess charges** Above Medicare approved amounts | | $0 | $0 | All costs |
| **Blood** | First 3 pints | $0 | 3 pints | $0 |
| | $240 of Medicare-approved amounts* | $0 | $0 | $240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | 80% | 20% | $0 |
| **Clinical lab services** Tests for diagnostic services | | 100% | $0 | $0 |

## Medicare Part A and Part B

| Services | | Medicare pays | Plan pays | You pay |
|---|---|---|---|---|
| **Home health care services** (Medicare-approved services)<br>• Medically necessary services and medical supplies | | 100% | $0 | $0 |
| • Durable medical equipment | $240 of Medicare-approved amounts* | $0 | $0 | $240 (Unless Part B deductible has been met) |
| | Remainder of Medicare-approved amounts | 80% | 20% | $0 |

# UCare Medicare Supplement Plan **with** $20 and $50 Copay Medicare Part B Coverage (Plan N)

| **Additional benefits — not covered by Medicare** | | | | |
|---|---|---|---|---|
| **Services** | | **Medicare pays** | **Plan pays** | **You pay** |
| **Preventive medical care benefit**<br>An annual physical and some preventive tests and services administered or ordered by your physician when not covered by Medicare<br>• Routine annual medical exam, including diagnostic X-rays and lab services | First $120 each calendar year | $0 | $0 | All costs |
| | Additional charges | $0 | $0 | All costs |
| • Immunizations not otherwise covered under Medicare Part D program | | $0 | $0 | All costs |
| • Routine screening procedures for cancer, including mammograms and pap smears | | $0 | 100% | $0 |
| **Foreign travel emergency**<br>The usual and customary charge for hospital and medical expenses and supplies incurred as a result of a medical emergency while travelling outside of the United States | | $0 | 80% of covered charges | 20% |

# Policy benefits

## Your policy also provides the following benefits.

**Alcoholism, chemical dependency, drug addiction.** We will pay for treatment of outpatient and inpatient chemical dependency, mental health, and alcoholism the same as any other inpatient hospital service or outpatient treatment when not otherwise covered by Medicare. Coverage will not be more restrictive than it is for medical services.

**Scalp hair prosthesis.** We will pay the expense incurred on the same basis as any other sickness or injury and as if Medicare paid benefits for a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata. Only the expense incurred for one scalp hair prosthesis in a benefit year will be considered as expense under this part of your policy. Benefits are not payable for that portion of expense that is paid by Medicare or paid under any other part of this policy.

**Routine screening procedures for cancer.** We will pay the expense incurred that is not paid by Medicare or paid under any other part of your policy for routine screening procedures for cancer, including routine screening procedures for cancer and the office or facility visit, mammograms (including digital breast tomosynthesis for individuals at risk for breast cancer), surveillance tests for ovarian cancer for women who are at risk for ovarian cancer, pap smears, and colorectal screening tests. If a health care provider determines you require additional diagnostic services or testing after a mammogram, your policy provides coverage for the additional diagnostic services or testing with no cost-sharing, including co-pay, deductible, or coinsurance.

**Temporomandibular joint disorder and craniomandibular disorder.** Benefits are payable for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist. Benefits are not payable under this part of your policy for any expense payable under another part of the policy.

**Reconstructive surgery.** Benefits are payable for reconstructive surgery on the same basis as that for any other surgery if the reconstructive surgery is incidental to or follows surgery resulting from injury, sickness or other disease of the involved part. The coverage limitations of reconstructive surgery do not apply to reconstructive breast surgery following a mastectomy that was determined to be medically necessary by the attending physician. Reconstructive breast surgery following mastectomy benefits include: All stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance; Prosthesis and Physical complications at all stages of a mastectomy, Including lymphedemas, in a manner determined in consultation with the attending physician and patient.

**Surgical center services.** This policy covers outpatient medical, mental health treatment, and surgery as long as the facility is equipped to perform theses services, whether or not the facility is part of a hospital. Coverage shall be on the same basis as coverage for the same health care treatment or service in a hospital.

**Immunization benefits.** We will pay the expense incurred for an immunization received by you. Benefits are not payable for that portion of expense for which benefits were paid by Medicare or under any other portion of the policy.

**Phenylketonuria treatment.** Benefits are payable for special dietary treatment for phenylketonuria when recommended by a physician.

**Diabetes equipment and supplies.** We will pay the usual and customary charge for expense incurred for all physician prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes, not otherwise covered under Medicare or Part D of the Medicare program. We will also pay diabetes outpatient self-management training and education, including medical nutrition therapy, that is provided by a certified, registered, or licensed health care professional working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. Coverage must include persons with gestational, type I, or type II diabetes. Benefits will be limited to 80% of the usual and customary charge not covered by Medicare or Part D of the Medicare program.

**Routine prostate cancer screening.** We will pay the expense incurred for prostate cancer screening. This includes coverage a prostate-specific antigen blood test and a digital rectal examination. Benefits are limited to at least one screening per year for any insured male 50 years of age or older; and at least one screening per year for any insured male 40 years of age or older who is symptomatic.

**Outpatient and inpatient mental health coverage.** We will pay for treatment of outpatient and inpatient chemical dependency, mental health, and alcoholism the same as any other inpatient hospital service or outpatient treatment when not otherwise covered by Medicare. Coverage will not be more restrictive than it is for medical services.

**Coverage for court-Ordered Mental Health Services** We will pay for mental health services ordered under a court order that is issued on the basis of a behavioral care evaluation performed by a licensed psychiatrist or a doctoral level licensed psychologist, which includes a diagnosis and an individual treatment plan for care in the most appropriate, least restrictive environment. We must be given a copy of the court order and the behavioral care evaluation. We will pay for the care included in the court-ordered individual treatment plan if the care is ordered to be provided a provider as required by rule or law. This court-ordered coverage will not be subject to a separate medical necessity determination.

**Medically necessary — mental health.** Health care services appropriate, in terms of type, frequency, level, setting, and duration, to the enrollee's diagnosis or condition, and diagnostic testing and preventive services. Medically necessary care must be consistent with generally accepted practice parameters as determined by health care providers in the same or similar general specialty as typically manages the condition, procedure, or treatment at issue and must: (1) help restore or maintain the enrollee's health; or (2) prevent deterioration of the enrollee's condition.

**Physical and occupational therapy services.** We will pay the allowable amount not paid by Medicare, less the Part B Deductible if you are a newly eligible individual.

**Treatment of Lyme disease.** We will pay benefits for diagnosed Lyme disease as any other medical service. Benefits will not be payable for that portion of expense that is paid by Medicare or under any other part of your policy.

**Services provided to ventilator-dependent persons** We will pay for services provided by a home care nurse or personal care assistant to a ventilator-dependent person in the person's home. The policy provides coverage for up to 120 hours of services provided by a home care nurse or personal care assistant to the ventilator-dependent person during the time the ventilator-dependent person is in a hospital licensed under chapter 144. The personal care assistant or home care nurse shall perform only the services of communicator or interpreter for the ventilator-dependent patient during a transition period of up to 120 hours to assure adequate training of the hospital staff to communicate with the patient and to understand the unique comfort, safety, and personal care needs of the patient.