



Medicare Supplement



United National Life
Insurance Company of America

UADH3-10(N)

You've worked hard to prepare your future, and with a Medicare Supplement insurance policy from United National Life, you can feel even more secure about the road ahead.

Your policy will work with the Federal Medicare program and help cover the out-of-pocket health expenses you must pay – providing you with more complete coverage and confidence in the years to come.

Features

- No Pre-Existing Limitations***
 Coverage is available immediately.
- Automatic Adjustment of Benefits**
 Your Medicare Supplement insurance policy will increase your covered deductibles and copayment benefits whenever these Medicare deductibles and copayment amounts are increased by Medicare. Your premiums may change as your benefits change.
- Premiums**
 Your premiums cannot be changed due to declining health.** Your premium can only be changed if we change premiums for all policies like yours in the state. If your premium changes, we will notify you in advance.
- 30-Day Free Look**
 If you are not completely satisfied with your Medicare Supplement policy, simply return your policy within 30 days after you receive it for a complete refund of all premiums paid.
- Grace Period**
 Your Medicare Supplement policy provides a 31-day grace period. Premium notices are mailed to you well in advance of due dates.
- Renewability**
 Medicare Supplement insurance is guaranteed renewable for life. This means that as long as premiums are paid on time, your policy can never be canceled.

Select Your Policy

Select the Medicare Supplement insurance policy that best meets your individual needs.

PLAN A U1040A	PLAN D U1040D	PLAN F U1040F	PLAN G U1040G	PLAN N U1040N
Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance	Basic Benefits including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible		
		Part B Excess (100%)	Part B Excess (100%)	
	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency

*Pre-existing condition means the existence of symptoms which would cause an ordinarily prudent person to seek diagnosis, care or treatment within a six (6) month period preceding the effective date of the coverage of the insured person or a condition for which medical advice or treatment was recommended by a physician or received from a physician within a six (6) month period preceding the effective date of the coverage of the insured person.

**Additionally, in AR and ID your premium rates cannot be changed due to increasing age.

For state-specific policy form numbers, refer to the back cover of this brochure.

Basic benefit packages provides both inpatient care and medical care benefits with each plan option.

PART A - INPATIENT CARE BENEFITS

Your Medicare Supplement insurance policy will provide the following benefits for the expenses you incur due to an Injury or Sickness:

1. All copayment expenses incurred after the Medicare Part A Deductible during a hospital stay covered by Medicare. This includes the Medicare lifetime reserve copayment amount.
2. Upon exhaustion of Medicare benefits, including lifetime reserve days, we will pay 100% of the Medicare Eligible Expenses incurred due to inpatient hospital care. This benefit starts on the day following the last day of coverage by Medicare. These expenses must be of the type Medicare would have covered if Medicare benefits were not exhausted. This benefit is subject to a lifetime maximum benefit of an additional 365 days.
3. The expense incurred for the first three pints of blood furnished on an inpatient basis (or the equivalent in packed red blood cells) which have not been replaced.
4. Coverage of the cost sharing for all Medicare Part A Eligible Hospice and Respite care expenses.

PART B - INPATIENT CARE BENEFITS

Your Medicare Supplement insurance policy will provide the following benefits for the expenses you incur due to an Injury or Sickness:

1. The Medicare Part B copayment amount of the Medicare Eligible Expenses incurred, which exceed the Medicare Part B Annual Deductible.
2. The copayment for each Hospital Outpatient service and supply.
3. The Actual Charge for the first three pints of blood furnished on an outpatient basis (or the equivalent in packed red blood cells) which have not been replaced.



Policy Details

U1040A Basic Benefit Package

U1040D Basic Benefit Package; coverage for the Medicare Part A Deductible, as determined by Medicare; Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits; and covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare.

U1040F Basic Benefit Package; coverage for the Medicare Part A Deductible, as determined by Medicare; Medicare Part B Annual Deductible, as determined by Medicare; Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits; 100% of the Excess Charge you incurred for health care services and supplies of the type covered under Part B of Medicare, which exceeds the Medicare Eligible Expenses; and covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare.

U1040G Basic Benefit Package; coverage for the Medicare Part A Deductible, as determined by Medicare; Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits; covered expenses for Emergency Medical Care Outside the U.S., not covered by Medicare; and 100% of the Excess Charge you incurred for health care services and supplies of the type covered under Part B of Medicare, which exceeds the Medicare Eligible Expenses.

U1040N Basic Benefit Package (except provider office visits are subject to a copayment of up to \$20 per visit and emergency room visits are subject to a copayment of up to \$50 per visit); coverage of the Medicare Part A Deductible, as determined by Medicare; Skilled Nursing copayment expense incurred while Medicare is paying Skilled Nursing Home benefits; and covered expenses for Emergency Medical Care Outside the U. S. not covered by Medicare.

EXCLUSIONS

Unless specifically stated otherwise, this policy does not cover or consider for payment any service or supply, or any portion of a service or supply that is not a Medicare Eligible Expense, nor will this policy duplicate any benefit paid by Medicare. This policy has exclusions. For costs and complete details of the coverage, call your insurance agent or the company.

This is a solicitation of insurance. An agent may be in contact with you. United National Life Insurance Company of America and its representatives are independent and are not connected to or endorsed by Medicare, the Social Security Administration, or any other state or federal government agency.

Specific state policy form numbers are: Arkansas - U1041A-AR, U1041D-AR, U1041F-AR, U1041G-AR and U1041N-AR. Idaho - U1041A-ID, U1041D-ID, U1041F-ID, U1041G-ID and U1041N-ID. Illinois - U1040A-IL, U1040D-IL, U1040F-IL, U1040G-IL and U1040N-IL. Kansas - U1040A-KS, U1040D-KS, U1040F-KS, U1040G-KS and U1040N-KS. New Mexico - U1040A-NM, U1040D-NM, U1040F-NM, U1040G-NM and U1040N-NM. North Dakota - U1040A-ND, U1040D-ND, U1040F-ND, U1040G-ND and U1040N-ND. Oklahoma - U1040A-OK, U1040D-OK, U1040F-OK, U1040G-OK and U1040N-OK. South Dakota - U1040A-SD, U1040D-SD, U1040F-SD, U1040FG-SD and U1040N-SD. Tennessee - U1040A-TN, U1040D-TN, U1040F-TN, U1040G-TN and U1040N-TN. West Virginia - U1040A-WV, U1040D-WV, U1040F-WV, U1040G-WV and U1040N-WV.



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