



United Plan 65 Supplemental Medical Plan - *Benefits Highlights*

Annual Deductible: No Annual Deductible

Out-of-Pocket Maximum: No Out-of-Pocket Maximum

Maximum Plan Benefit: No Maximum Plan Benefit

This plan covers the Deductibles, Copayments, and Coinsurance relating to the following Medicare-eligible expenses:

Types of Coverage	Amount you pay:
1. Ambulance Services - Emergency only	\$0
2. Blood	\$0 co-payment for first 3 pints.
3. Certain Chiropractic Services Manual manipulation of the spine for a subluxation only.	\$0
4. Diagnostic Laboratory and X-ray	\$0
5. Durable Medical Equipment	\$0
6. Emergency Room Care	\$0
7. Eye Examinations Non-routine vision care	Not Covered \$0
8. Home Health Care	\$0 for Medicare covered home health visits.
9. Hospital - Inpatient Stay Semi-private room	Days 1-60 \$0 Days 61-90 \$0 60 Lifetime Reserve days \$0 365 additional days 10% after lifetime reserve days are exhausted.
10. Physician Services (Inpatient and Outpatient)	\$0 Surgical and medical care at a hospital or medical visits at an extended care facility. Includes diagnostic visits to the doctor's office.
11. Rehabilitation Services – Outpatient Therapy	\$0
12. Skilled Nursing Facility care per benefit period	Days 1-20 \$0 Days 21-100 \$0 101 st day and after All costs You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered in a Medicare approved facility within 30 days after leaving the hospital. Non-skilled and custodial care are not covered.
13. Emergencies Outside the U.S.	Services due to accident or medical emergencies are covered anywhere in the world, provided the services would have been Medicare-Eligible if performed in the United States.

*Prior Notification is required for certain services.

This summary of Benefits is intended only to highlight your Benefits and should not be relied upon to fully determine coverage. This plan may not cover all your health care expenses. Please refer to the Summary Plan Description for a complete listing of services, limitations, exclusions and a description of all the terms and conditions of coverage. If this description conflicts in any way with the Summary Plan Description, the Summary Plan Description prevails. Terms that are capitalized in the Benefit Summary are defined in the Summary Plan Description.