



*"We are insured, protected,  
and free to enjoy life."*

# ProCare<sup>®</sup>

## Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs  
that Medicare does not pay.

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## United American's ProCare® plans are a smart choice ...

### Why Choose United American Insurance Company?

United American is a name trusted by doctors and hospitals nationwide. Medicare was signed into law in 1966, and that year United American Insurance Company developed its first Medicare Supplement program. UA has been providing Medicare Supplement insurance ever since, and we have developed an industry-wide reputation for quality Senior insurance products. Today, UA is one of the largest nationwide underwriters of individual insurance to supplement Medicare\*, and we are proud of our legacy of quality products and superior service.

\*NAIC Medicare Experience Report by Direct Premium Earned for Total Individual Policies, September 2025.

### Freedom to Choose & Nationwide Acceptance

There is no designated physician list. There is no approval process to see a specialist. Our ProCare Medicare Supplement plans are recognized and accepted nationwide.

### Strength of Tradition

A Medicare Supplement policy from United American is protection that can never be canceled (*unless there is a material misrepresentation*) as long as premiums are paid on time.

### Assurance of Service

- Medicare Supplement coverage from United American features on-the-spot qualification in most cases.
- We're neighbors! We have an agent in your local area.

### Financial Strength

For more than 50 consecutive years, UA has earned the A (Excellent) or higher Financial Strength Rating from A.M. Best Company (rating as of 11/25).\*

UA has been rated AA – (Very Strong) for Financial Strength by S&P Global (rating as of 10/25).\*

\* These ratings refer only to the financial strength of the company and are not a recommendation of the specific policy provisions, rates or practices of the insurance company.

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United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement policy forms MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSHDG, MSK06, MSLO6, and MSN10 are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability or End Stage Renal Disease (ESRD). Only applicants first eligible for Medicare before 2020 may purchase Plans C, F, and HDF. This is a solicitation for insurance. You may be contacted by an agent representing United American Insurance Company. A licensed agent will provide additional information upon request.

# Choosing a Medicare Supplement Plan

We offer Medicare Supplement policies for 11 of the 12 standardized plans A, B, C, D, F/HDF, G/HDG, K, L, and N (plan availability may vary by state). All Medicare Standardized plans include the following Basic Benefits:

- **Hospitalization:** Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses:** Part B coinsurance (generally 20% of Medicare approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of the Part B coinsurance or copayment.
- **Blood:** First 3 pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/respite care expenses.

See outline of coverage for details and exceptions.

**Only applicants first eligible for Medicare Part A before 2020 may purchase Plans C, F, and High Deductible Plan F.**

| Medicare Plans / Benefits                   | Plans Available to All Applicants |      |      |      |         |         |        | Medicare First Eligible Before 2020 Only |      |
|---------------------------------------------|-----------------------------------|------|------|------|---------|---------|--------|------------------------------------------|------|
|                                             | A                                 | B    | D    | G▼   | K■      | L■      | N●     | C                                        | F▼   |
| <b>Basic Benefits</b>                       |                                   |      |      |      |         |         |        |                                          |      |
| Hospitalization (Part A Coinsurance)        | ✓                                 | ✓    | ✓    | ✓    | ✓       | ✓       | ✓      | ✓                                        | ✓    |
| Medical Expenses (Part B Coinsurance)       | 100%                              | 100% | 100% | 100% | 50%     | 75%     | Copay● | 100%                                     | 100% |
| Blood                                       | ✓                                 | ✓    | ✓    | ✓    | 50%     | 75%     | ✓      | ✓                                        | ✓    |
| Hospice                                     | ✓                                 | ✓    | ✓    | ✓    | 50%     | 75%     | ✓      | ✓                                        | ✓    |
| <b>Skilled Nursing Facility Coinsurance</b> |                                   |      | ✓    | ✓    | 50%     | 75%     | ✓      | ✓                                        | ✓    |
| <b>Part A Deductible</b>                    |                                   | ✓    | ✓    | ✓    | 50%     | 75%     | ✓      | ✓                                        | ✓    |
| <b>Part B Deductible</b>                    |                                   |      |      |      |         |         |        | ✓                                        | ✓    |
| <b>Excess Doctor Charges</b>                |                                   |      |      | 100% |         |         |        |                                          | 100% |
| <b>Foreign Travel Emergency</b>             |                                   |      | ✓    | ✓    |         |         | ✓      | ✓                                        | ✓    |
| <b>Out-of-Pocket Annual Limit ■</b>         |                                   |      |      |      | \$8,000 | \$4,000 |        |                                          |      |

▼ Plans F and G also have a high deductible option which requires first paying a plan deductible of (\$2,950 in 2026) before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High Deductible Plan G does not cover the Medicare Part B deductible. However, High Deductible Plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

■ Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit (\$8,000 for Plan K, \$4,000 for Plan L in 2026). The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges'. You will be responsible for paying excess charges. The out-of-pocket annual limit may increase each year for inflation.

● Plan N pays 100% of Medical Expenses (Part B Coinsurance) except for a copayment of up to \$20 for some office visits and up to \$50 copayment for emergency room visits that do not result in an inpatient admission. The emergency room copayment is waived if the insured is admitted to any hospital, and the emergency visit is covered as a Medicare Part A expense.

Some states require designated Medicare Supplement plans also be available to people under age 65 and eligible for Medicare due to disability (different application forms may be required). Policy benefits are identical for people over or under age 65. Premiums are based on Preferred or Standard, age, sex, State/Area\*.



## Medicare Supplement Insurance Policies

Help to reduce out-of-pocket costs that Medicare does not pay.

### 30-Day review period

If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to our Home Office within the 30-day period. Any premium, less any claims paid, is refunded.

### Effective Date of Coverage

When the policy applied for has been issued.

### Limitations and Exclusions

No benefits are payable for: any expense which you are not legally obligated to pay; or, any services that are not medically necessary as determined by Medicare, or are not furnished at the direction of, and under the supervision of, a physician; or any portion of any expense for which payment is made by Medicare; or custodial or intermediate level care, or rest cures; or, any type of expense not eligible for coverage under Medicare, except as provided under the Foreign Travel Emergency benefit.

### Pre-existing Conditions

With the exception of open enrollment/guaranteed issue periods, loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within 6 months prior to policy effective date is not covered unless the loss is incurred more than 60 days (6 months for *underage 65 disability*\*) after the effective date. Waiting period waived if replacing a Medicare Supplement policy.

\*May vary by state

I, \_\_\_\_\_,  
have applied for the following policy benefits:

I understand this brochure only highlights the available policies/features and I should refer to my Outline of Coverage and the policy for specific benefit provisions and limitations.

### Applicant Notice and Conditional Receipt

I have purchased the following Medicare Supplement Plan:

- ☐ A    ☐ B    ☐ C    ☐ D    ☐ F    ☐ HDF  
☐ G    ☐ HDG    ☐ K    ☐ L    ☐ N

My Medicare Supplement Plan is:

- ☐ Attained Age Rated.  
Where applicable, premiums on policies with Attained Age Rates increase on each policy anniversary due to your age change, until age 81.
- ☐ Issue Age Rated or Community Rated.  
Where applicable, premiums on policies with Issue Age Rates or Community Rates are based on age at time of issue.

### All checks must be made payable to United American:

DO NOT MAKE CHECKS PAYABLE TO THE AGENT OR LEAVE THE PAYEE BLANK.

Received of \_\_\_\_\_  
Proposed Insured's Name

a bank draft authorization or check in the sum of \$ \_\_\_\_\_ for \_\_\_\_\_ month(s) Medicare Supplement policy premium, other policy fees and noninsurance charges with application for Policy Form MSA10, MSB10, MSC10, MSD10, MSF10, MSHDF10, MSG10, MSHDG, MSK06, MSL06, or MSN10.

**If for any reason the policy is not issued, payment is to be refunded in full. Insurance is not effective until the policy applied for has been issued by the Home Office.**

\_\_\_\_\_  
Date                      Agent's Signature

### Applicant Information:

Keep this document. It highlights the benefits of your policy. It is not a contract. Your actual policy provisions will govern your benefits.

### Instructions to Agent:

Complete this section and leave with the applicant. Fill in the selected plan as chosen on the application in the spaces provided above and complete the conditional receipt.



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