

Managing Your Health Insurance Costs



Imagine a product that could help you manage your health insurance costs.

That product is here!

United American Insurance Company has created an innovative solution to help pay your deductible, copayments, and coinsurance.

You have current or pending group major medical coverage, and when you have a hospital inpatient expense, your major medical policy will cover most of your bill.

But, it won't pay your deductible.

Or your copayments.

Or any coinsurance your major medical policy requires.

That's why United American created the **FOUNDATION Signature Series**. To help you pay specific out-of-pocket hospital inpatient expenses, such as your deductible, copayments, and coinsurance.

FOUNDATION Signature Series is ideal for people challenged by high group major medical premiums.

FOUNDATION Signature Series can:

- Help you manage your health insurance costs.
- Keep more hard-earned money in your pocket.

UA United American
Insurance Company
Since 1947

P.O. Box 8080 • McKinney, Texas 75070
www.unitedamerican.com/foundation

Managing Your Health Insurance Costs

Kate's Story*



Kate is a 45-year-old teacher. She has group major medical coverage through her employer. She selected a high-deductible (\$5,000) plan for the lower premiums. Kate's group major medical policy also requires a copayment and 20% coinsurance.

Unexpectedly, Kate developed pneumonia and spent two nights in the hospital. Fortunately, she previously purchased United American's \$7,500 **FOUNDATION Signature Series** to help cover her deductible, copayments, and coinsurance.

Total Hospital Expenses Billed to Group Major Medical Policy for Inpatient Hospital Charges: **\$ 15,100**
(Room and Board, Miscellaneous Charges, and Admission Charge)

Kate's Group Major Medical Explanation of Benefits

FOUNDATION PAID	Deductible:	\$	5,000
FOUNDATION PAID	Hospital Admission Copayment :	\$	100
FOUNDATION PAID	20% Coinsurance:	\$	2,000
	Total Kate Owed:	\$	7,100
	FOUNDATION PAID	\$	7,100
	Group Major Medical Paid	\$	8,000
	Amount Kate Paid	\$	0

Annual **FOUNDATION** Premium
\$759
— vs. —
Kate's Potential Hospital Expenses
\$7,100.

A Family's Story*



Maria and Jose are both 38 years old and have two teenagers. They have a \$500 annual deductible on their group major medical policy, which also requires a copayment and coinsurance. Their monthly group major medical premium is \$1,104.

Maria and Jose increased their group major medical deductible from \$500 to \$5,000, which reduced their monthly premium to \$507. Then they purchased United American's \$7,500 **FOUNDATION Signature Series** for \$150 in monthly premium.

\$1,104 Previous Group Major Medical Monthly Premium (\$500 Deductible)
\$507 New Group Major Medical Monthly Premium (\$5,000 Deductible)
+ \$150 **FOUNDATION** Monthly Premium (\$7,500 Calendar-Year Maximum Benefit)
= \$657 Total Health Insurance Premium (Group Major Medical Coverage and Foundation Signature Series)

The family saved \$447 in monthly premium by raising its group major medical deductible and purchasing a **FOUNDATION Signature Series**.

Monthly **FOUNDATION** Premium and New Group Major Medical Premium
\$657
— vs. —
The Family's Previous Monthly Group Major Medical Premium
\$1,104.

* Rates vary by state. Examples for illustrative purposes only. A Foundation Signature Series does not guarantee payment of all charges. There may be expenses for which you will be responsible.

Limited Benefit Hospital Inpatient Expense Policy [MMGAP]

CALENDAR-YEAR MAXIMUM BENEFIT AMOUNT

<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$2,500	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$4,000
<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$6,000	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$10,000

- UA will pay **100%** of your out-of-pocket deductible, copayments, and coinsurance required by your group major medical policy for **hospital inpatient treatment up to the calendar-year maximum benefit***. Ages 0 – 63.
- Applicants complete the MMGAP Suitability Review Form to determine their out-of-pocket expenses. The calendar-year maximum benefit amount must be the amount nearest, but not exceeding, the applicant's total out-of-pocket expenses.
- There is no limit to the number of hospital inpatient confinements you can have during one year — the policy pays your out-of-pocket deductible, copayments, and coinsurance until you reach your calendar-year maximum benefit, as long as the expense is covered by your group major medical policy.
- You can choose to have benefits paid directly to you or assigned to your health service provider.
- To file a claim, send us a copy of your group major medical provider's Explanation of Benefits along with your standard hospital billing form (UB-04).
- If you die due to an accidental bodily injury while covered under this policy, all premiums will be refunded. To be covered, the death must occur while this policy is in force and within 180 days of injury.

OPTIONAL Hospital Outpatient Benefit Rider [R-MMGAP-HO]

- UA will pay **50%** of your out-of-pocket deductible, copayments, and coinsurance required by your group major medical policy for **hospital outpatient treatment up to the calendar-year maximum benefit***. Ages 0 – 63.
- **NOTE:** The total deductibles, copayments, and coinsurance covered under the Hospital Inpatient Benefit and the Hospital Outpatient Benefit combined are limited to the maximum annual benefit per calendar year.

Read Your Policy Carefully

Keep This Brochure

It highlights the benefits of your policy. It is not a contract. Your actual policy provisions (*may vary by state*) will govern your benefits.

Preexisting Conditions

Not covered by the policy for the first 12 months after the policy effective date.

Limitations and Exclusions

We will not pay benefits under this policy for:

1. Services not covered under the Group Primary Medical Policy; or
2. Expenses in excess of benefit limits or maximums in the Group Primary Medical Policy; or
3. Normal pregnancy (including childbirth, false labor, occasional spotting, physician-prescribed rest, morning sickness, hyper emesis gravidarum, preeclampsia, and similar conditions associated with a difficult pregnancy, which do not constitute a distinct complication of pregnancy), or voluntary termination of pregnancy; or
4. Usual and customary routine nursery care, or well-baby care immunizations; or any other usual and customary routine care and treatment following full-term or premature birth, not incident and necessary to the treatment of Injury or Sickness; or
5. Convalescent, skilled nursing, educational care or for nervous or mental disorders, unless covered by Your Group Primary Medical Policy; or
6. Dental treatment, hearing aids, or eye refractive exams, refractive surgery, or refractive treatment; or
7. Any Inpatient Hospital Stay or other service for which You or a Family Member do not incur a charge; or
8. Any loss covered by any Workmen's Compensation or Employers' Liability Law; or
9. Any Inpatient Hospital Stay or other service that is not medically necessary, or is cosmetic in nature; or
10. Any expense incurred in excess of the usual, customary, and regular charges for any service or materials in the geographic area where furnished; or
11. Charges incurred for professional, radiological, pathological, or EKG interpretations, unless covered by Your Group Primary Medical Policy; or
12. Rehabilitative care services received at a facility not meeting the definition of a Hospital, unless covered by Your Group Primary Medical Policy; or
13. Treatment or services incurred outside of the U.S. boundaries; or
14. Infertility or sterilization treatment procedures, unless covered by Your Group Primary Medical Policy.

30-Day Guarantee

If you are not satisfied with this policy for any reason, return it to our administrative offices or to your Agent within 30 days after you receive it. Any premium paid will be refunded.

Filing a Claim

To file a claim, send us a copy of your major medical provider's Explanation of Benefits along with your standard hospital billing form (UB-04).

APPLICANT NOTICE and CONDITIONAL RECEIPT

Instructions to Agent:

Complete this section and leave with the applicant.

Limited Benefit Hospital Inpatient Expense Policy

I have purchased the calendar-year maximum benefit amount:

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> \$2,000 | <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$3,000 | <input type="checkbox"/> \$4,000 |
| <input type="checkbox"/> \$5,000 | <input type="checkbox"/> \$6,000 | <input type="checkbox"/> \$7,500 | <input type="checkbox"/> \$10,000 |

OPTIONAL Hospital Outpatient Benefit Rider

- ☐ UA will pay **50%** of your deductible, copayments, and coinsurance required by your group major medical policy for **hospital outpatient treatment**.
- NOTE:** The total deductibles, copayments, and coinsurance covered under the Hospital Inpatient Benefit and the Hospital Outpatient Benefit combined are limited to the maximum annual benefit per calendar year.

WELCOME TO UNITED AMERICAN
MAKE CHECK PAYABLE TO
UNITED AMERICAN INSURANCE COMPANY,
not to an individual.

Received from _____

the sum of \$ _____ for _____ month(s) premium, other policy fees and noninsurance charges with application for Policy Form MMGAP.

If for any reason the policy is not issued, payment will be refunded in full. Insurance is not effective until the policy applied for has been issued.

_____ Date

_____ Agent's Signature