

ProCare[®]

Medicare Supplement Insurance Policies

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



*Insured,
protected, and
free to enjoy life.*

First United American's ProCare plans are a smart choice ...

Freedom to choose your own healthcare providers

There is neither a designated physician list nor an approval process to see a specialist.

Nationwide acceptance

ProCare Medicare Supplement plans from First United American are recognized and accepted nationwide.

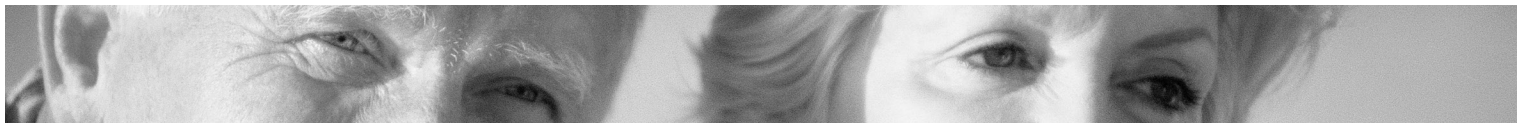
Your satisfaction is guaranteed

You have 30 days to review your plan. If after receiving your ProCare policy you want to cancel for any reason, simply return your policy and I.D. card to First United American within the 30-day period. Any premium, less any claims paid, is refunded.

POLICY FORMS NYMSA10, NYMSB10, NYMSC10, NYMSD10, NYMSF10, NYMSHDF10, NYMSG10, NYMSK06R, NYMSL06R, NYMSN10. These policies meet the minimum standards for MEDICARE SUPPLEMENT INSURANCE as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 65%. This ratio is the portion of future premiums which the Company expects to return as benefits, when averaged over all people with this policy.

IMPORTANT NOTICE – A CONSUMER'S GUIDE TO HEALTH INSURANCE FOR PEOPLE ELIGIBLE FOR MEDICARE MAY BE OBTAINED FROM YOUR LOCAL SOCIAL SECURITY OFFICE OR FROM THIS INSURER. *First United American Life Insurance Company is not connected with or endorsed by the U.S. Government or the federal Medicare program. This is a solicitation for insurance and you may be contacted by an Agent representing First United American Life Insurance Company.*

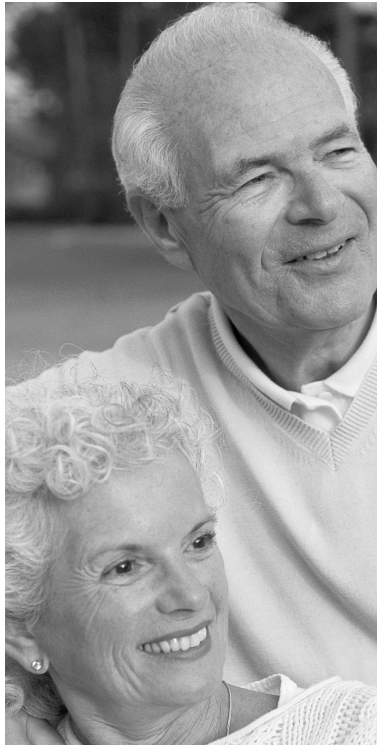
**First United American Life
Insurance Company**
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First United American: The Right Coverage, The Right Company

Do I need a Medicare Supplement?

Medicare is an essential part of every Senior's health planning, but it was never intended to provide for all your healthcare expenses. Escalating healthcare costs continue to leave many expenses that Medicare does not cover. Unless you have supplemental insurance coverage, these expenses come out of your pocket.



Choosing a Medicare Supplement

Medicare Supplement insurance policies are the same by law. Depending on the plan you select, coverages pay various Medicare deductibles, coinsurances, and other medical expenses not covered by Medicare. However, insurers' rates and services vary, which makes it very important for Seniors to shop carefully to get the best value for their dollars.

First United American offers 10 of the 11 standardized plans: A, B, C, D, F, F+, G, K, L and N. A First UA representative can help you choose which plan best suits your needs for the long term.

Who's eligible for coverage?

If you are age 65 or older and enrolled in Medicare Parts A and B, you are eligible for Medicare Supplement coverage. You are also eligible if you are under age 65 and qualify for Medicare due to disability.

When to purchase

If you are 65 or older and still working, you may want to wait to enroll in Medicare Part B if you have health coverage through an employer or union based on your (or your spouse's) current or active employment.

What does each Medicare Supplement plan pay?

All Medicare Supplement 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 copayments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance for eligible hospice/ respite care expenses.

The Medicare Supplement Plan Benefit chart on the next page shows the benefits included in each plan. All Medicare Supplement insurers must offer Plans A and B. If they offer additional plans, they must also include Plan C or Plan F. In New York, all insurance carriers must offer Plans A, B and C or F regardless of whether or not they offer additional plans.

Use your answers from the *Healthcare Services Worksheet* at the bottom right to determine which plan is right for you.

Medicare Supplement Plan Benefits

PLANS / BENEFITS	A	B	C	D	F [▼]	G	K [■]	L [■]	N [●]
Basic Benefits									
Hospitalization (Part A Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medical Expenses (Part B Coinsurance)	100%	100%	100%	100%	100%	100%	50%	75%	Copay [●]
Blood	✓	✓	✓	✓	✓	✓	50%	75%	✓
Hospice	✓	✓	✓	✓	✓	✓	50%	75%	✓
Skilled Nursing Facility Coinsurance			✓	✓	✓	✓	50%	75%	✓
Part A Deductible		✓	✓	✓	✓	✓	50%	75%	✓
Part B Deductible			✓		✓				
Excess Doctor Charges (limited to 5% in New York)					100%	100%			
Foreign Travel Emergency			✓	✓	✓	✓			✓
Out-of-Pocket Annual Limit [■]							\$4,960	\$2,480	

- ▼ Plan F also has an option called a high deductible Plan F (F+). This high deductible plan pays the same benefits as Plan F after one has paid a calendar-year deductible. Benefits from high deductible Plan F begin when out-of-pocket expenses exceed the calendar-year deductible (\$2,180 in 2016). Out-of-pocket expenses for this deductible are expenses that are ordinarily paid by the policy. These expenses include the Medicare deductibles for Part A and Part B but do not include the separate foreign travel emergency deductible in Plan F.
- Plans K and L provide for different out-of-pocket cost-sharing (50% for Plan K, 25% for Plan L). Once you reach the annual limit (\$4,960 for Plan K, \$2,480 for Plan L), the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include the charges from your provider that exceed Medicare-approved amounts, called 'excess charges' (limited to 5% in New York). You are responsible for paying excess charges (limited to 5% in New York). The out-of-pocket annual limit may be increased each year for inflation. ♦
- Plan N pays 100% of Medical Expenses (Part B coinsurance) and the lesser of \$20 or the Medicare Part B coinsurance or copayment for each covered healthcare provider office visit, and the lesser of \$50 or the Medicare Part B coinsurance or copayment for each covered emergency room visit. 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. ♦
- ♦ See *Outline of Coverage* for details and exceptions.

Healthcare Services Worksheet

What did you spend last year on ...

Do you need this benefit?

- 1. Skilled Nursing Facility Coinsurance?** Consider a plan with this benefit if you may go to a skilled nursing facility and stay there for more than 20 days.

Benefit pays up to \$161 per day for days 21-100 in a skilled nursing facility.

\$ _____ Y

- 2. Medicare Part A Hospital Deductible?** Consider a ProCare plan with this benefit if you may stay in the hospital multiple times.

Benefit pays \$1,288 for days 1-60 of a hospital stay.

\$ _____ Y

- 3. Medicare Part B Deductible?** If you have Medicare Part B, you must pay this deductible before Medicare starts to pay its share.

Benefit pays \$166 Medicare Part B deductible.

\$ _____ Y

- 4. Medicare Part B Excess Doctor Charges (limited to 5% in New York)?** Consider a plan with this benefit if your doctor doesn't accept Medicare assignment, or if during a hospital stay you cannot choose your doctors.

Benefit pays the difference between your doctor's actual charge and Medicare's approved amount.

\$ _____ Y

- 5. A Foreign-Travel Emergency?** Consider a ProCare plan with this benefit if you travel outside the U.S. and may need emergency healthcare.

Benefit covers emergency healthcare you receive outside the U.S.

\$ _____ Y

Effective Date Of Coverage

The policy becomes effective as of the date of the application (or a later date if requested by the applicant), if the applicant, as of the date of the application, is insurable and acceptable for said insurance, and the required premium has been paid. If for any reason the policy is not issued, payment is refunded in full.

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, any type of expense not eligible for coverage under Medicare.

Preexisting Conditions

Loss due to injury or sickness for which medical advice or treatment was recommended or given by a physician within six months prior to policy effective date is not covered unless the loss is incurred more than 60 days after the effective date. If you have a preexisting condition and have had a continuous period of creditable coverage for at least 63 days prior to the enrollment date of the new coverage, we cannot exclude coverage based on the preexisting condition. If the period of creditable coverage is less than 60 days, we will give credit for the amount of time of creditable coverage you have had towards fulfilling the preexisting condition exclusion period. Waiting period waived if replacing an existing policy.



Why Choose First United American for Your Medicare Supplement?

The reason customers purchase our products and Agents want to represent us is we're not the same old story. At First United American responding to the insurance needs of the people of New York isn't just about business. It's about responsibility. We care about our commitment to you.

Policy issue and claims processing — averaging less than a week, Freedom to choose providers and hospitals, A+ (Superior) Financial Strength Rating from A.M. Best Company for more than 25 consecutive years (Rating as of 6/15)*

*This rating refers only to the financial strength of the company and is not a recommendation of the specific policy provisions, rates, or practices of the insurance company.