

Underwritten by
UnitedHealthcare® Insurance Company

Plan Summary

UnitedHealthcare® Senior Supplement

Plan F

All covered amounts will vary depending on Medicare benefits for any particular year. Amounts listed on this summary are for Year 2011 benefits. Amounts may change for the Year 2012. This summary is intended only to show highlights of benefits and should not be relied upon to fully determine health care expenses. Please refer to the group health insurance certificate for a listing of services, limitations, exclusions, and a description of the terms, conditions of coverage and any state mandated benefits. If this description conflicts in any way with the policy issued to the enrolling group, the policy prevails.

A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Hospitalization			
Semi-private room and board, general nursing and miscellaneous services and supplies.			
Part A hospital – first 60 days	All but \$1,132	\$1,132 (Part A Deductible)	\$0
Part A hospital – days 61 – 90	All but \$283 per day	\$283 per day	\$0
Part A hospital – day 91 and after: While using 60 lifetime reserve days	All but \$566 per day	\$566 per day	\$0
After 60 lifetime reserve days are used			
• 365 lifetime additional days	\$0	100% of Medicare Eligible Expenses	\$0
• Beyond 365 lifetime additional days	\$0	\$0	All costs
Blood			
First 3 pints Medicare Part A or B	\$0	100%	\$0
Additional amounts under Part A Medicare	100%	\$0	\$0
Next \$162 of Medicare Approved Amounts under Part B Medicare	\$0	\$162 (Part B Deductible)*	\$0
Remainder of Medicare Approved Amounts under Part B Medicare	80%	20%	\$0

* Once you have been billed \$162 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Skilled Nursing Facility Care			
You must meet Medicare's requirements, including having been in a Hospital for at least 3 days and entering the Medicare approved facility within 30 days of leaving the Hospital.			
Days 1 – 20	All approved amounts	\$0	\$0
Days 21 – 100	All but \$141.50 per day	Up to \$141.50 per day	\$0
Days 101 and after	\$0	\$0	All costs
Hospice Care			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services.			
	All but very limited coinsurance for outpatient drugs and inpatient respite care	100%	\$0
Home Health Care			
Skilled Care Services and Medical Supplies			
	All approved amounts	Balance	\$0
Durable Medical Equipment			
First \$162 of Medicare Approved Amounts			
	\$0	\$162 (Part B Deductible)*	\$0
Remainder of Medicare Approved Amounts			
	80% of approved amounts	20% of approved amounts	\$0
Medical Services			
Includes services such as Physician services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy and diagnostic tests.			
First \$162 of Medicare Approved Amounts			
	\$0	\$162 (Part B Deductible)*	\$0
Remainder of Medicare Approved Amounts			
	Generally 80%	Generally 20%	\$0
Outpatient Mental Illness			
• For most outpatient mental illness services	55%	45%	\$0
Part B Excess Charges (above Medicare Approved Amounts)			
	\$0	100%	\$0

* Once you have been billed \$162 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Covered Service	Medicare Pays	Senior Supplement Pays	You Pay
Foreign Travel			
Medically Necessary Emergency Care services beginning during the first six months of each trip outside the United States.			
First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% up to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

Exclusions and Limitations

No benefits will be provided for, or in connection with, the following treatments, services or supplies:

- Any expense or service that is not determined by the Company to be a Medicare Eligible Expense, unless coverage for the expense or service is specifically provided by a Rider to the Policy. Any treatment, service or supply paid for by Medicare or found to be medically unnecessary or unnecessary by Medicare. Any treatment, service or supply that is provided before the effective date of coverage or after coverage has terminated.
- Any injury or sickness due to any past or present employment, or that is covered under any Workers' Compensation law or similar law. Charges for self-inflicted injury or attempted suicide. Any treatment, confinement, services or supply provided by a government owned or operated facility. Any injury or sickness resulting from war or any act of war (declared or undeclared). Acts beyond the company's control such as any major disaster, epidemic, complete or partial destruction of facility, war, riot, or civil insurrection, which result in the unavailability of the facilities or personnel. Charges incurred as a result of participation in a riot, insurrection or the commission of a felony.

- Blood and plasma except as stated above. Experimental or investigational treatment, procedures and items. Hospital expenses for days 366 and beyond after the Medicare 60 lifetime reserve days have been used. Preventive Care (except to the extent charges are approved for coverage under Medicare). Prescription Drugs unless provided by Rider.

This Plan Summary is a highlight of benefits only and is not all inclusive of the Plan's benefits, services, or Exclusions and Limitations. Please refer to the Schedule of Benefits and the Certificate of Coverage for additional details.

For additional information, contact your former employer or call Customer Service:



1-800-698-0822, TTY 711

8 a.m. – 8 p.m. local time, 7 days a week



A UnitedHealthcare® Medicare Solution