



Unity Health Plans Insurance Corporation
840 Carolina Street
Sauk City, Wisconsin 53583-1374
608-643-2491 or 1-800-362-3308

MEDICARE NOTICE

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

MEDICAL ASSISTANCE ENTITLEMENT NOTICE

1. You do not need more than one Medicare Supplement, Cost or Select policy.
2. If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
3. You may be eligible for benefits under Medicaid and may not need a Medicare Supplement or Medicare Select policy.
4. If after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare Select policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your policy will be reinstated upon your request within 90 days of losing Medicaid eligibility. If your previous policy is no longer available, you will be offered a substantially equivalent policy. If your previous Medicare Supplement or Select policy provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
5. If you are eligible for and have enrolled in a Medicare Supplement, Cost or Select policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare Supplement, Cost or Select policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare Supplement, Cost or Select policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare Supplement, Cost or Select policy will be reinstated, or if it is no longer available, a substantially equivalent policy will be issued if requested within 90 days of losing your employer or union-based group health plan. If the Medicare Supplement, Cost or Select policy provided coverage for outpatient prescription drugs, and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
6. Counseling services are available in Wisconsin to provide advice concerning your purchase of Medicare Supplement or Select coverage and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB). See the booklet "Wisconsin Guide to Health Insurance for People with Medicare" that you received at the time you were solicited to purchase this policy.

NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT, MEDICARE COST, MEDICARE SELECT, MEDICARE ADVANTAGE OR EXISTING ACCIDENT AND SICKNESS INSURANCE

According to information you have furnished, you intend to terminate existing Medicare supplement, Medicare cost, Medicare Select or Medicare Advantage insurance and replace it with a policy to be issued by Unity Health Plans Insurance Corporation. Your new policy will provide 30 days within which you may decide, without cost, whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Select coverage is a wise decision, you should terminate your present Medicare supplement, Medicare cost, Medicare select or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER, AGENT, BROKER OR OTHER REPRESENTATIVE

I reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Select policy will not duplicate your existing Medicare supplement, Medicare cost, Medicare select or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare supplement, cost, select or leave you Medicare Advantage plan. The replacement policy is being purchased for the following reason(s):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has prescription drug coverage and I am enrolling in Medicare Part D.
- Disenrollment from a Medicare Advantage Plan. (Please explain reason for disenrollment.)

- Other (Please specify.)

1. Note: Health conditions that you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing condition waiting periods. Unity Health Insurance will waive any time periods applicable to pre-existing condition

waiting periods in the new policy for similar benefits to the extent such time was satisfied under the Medicare supplement policy.

3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all requested material medical information on an application may provide a basis for the company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed, and before you sign it, review it carefully to be certain that all requested information has been properly reported. (If your policy is guaranteed issue (not health underwritten), this paragraph does not apply.

Do not cancel your present policy until you have received your new policy and are sure you want to keep it!

I acknowledge that I received and understand the following information from Unity Health Insurance: Outline of Coverage, Directory of Unity Health Insurance HMO Providers, and “Wisconsin Guide to Health Insurance for People with Medicare” published by the Office of the Commissioner of Insurance.

Signature of Agent, Broker or Other Representative
(Not required for direct response sales)

(Applicant’s Signature)

(Date)