# UNITED WORLD LIFE INSURANCE COMPANY

## A Mutual of Omaha Company

## OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

## BENEFIT PLANS A, F, HIGH DEDUCTIBLE F, G AND N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state.

**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 Part B coinsurance or copayments.

Blood: First 3 pints of blood each year.

Hospice: Part A coinsurance.

| **Plan A** | Plan B | Plan C | Plan D | **Plan F F*** | **Plan G** | Plan K | Plan L | Plan M | **Plan N** |
|---|---|---|---|---|---|---|---|---|---|
| **Basic, including 100% Part B Co-insurance** | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance | Basic, including 100% Part B Co-insurance | **Basic, including 100% Part B Co-insurance*** | **Basic, including 100% Part B Co-insurance** | Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic, including 100% Part B Co-insurance | **Basic, including 100% Part B Coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER** |
| | | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | **Skilled Nursing Facility Co-insurance** | **Skilled Nursing Facility Co-insurance** | 50% Skilled Nursing Facility Coinsurance | 75% Skilled Nursing Facility Coinsurance | Skilled Nursing Facility Co-insurance | **Skilled Nursing Facility Coinsurance** |
| | Part A Deductible | Part A Deductible | Part A Deductible | **Part A Deductible** | **Part A Deductible** | 50% Part A Deductible | 75% Part A Deductible | 50% Part A Deductible | **Part A Deductible** |
| | | Part B Deductible | | **Part B Deductible** | | | | | |
| | | | | **Part B Excess (100%)** | **Part B Excess (100%)** | | | | |
| | | Foreign Travel Emergency | Foreign Travel Emergency | **Foreign Travel Emergency** | **Foreign Travel Emergency** | | | Foreign Travel Emergency | **Foreign Travel Emergency** |
| | | | | | | Out-of-pocket limit $5,560; paid at 100% after limit reached | Out-of-pocket limit $2,780; paid at 100% after limit reached | | |

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,300 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## MONTHLY NON-TOBACCO PREMIUMS*

**ZIP CODES: 609-620, 622-628**

| FEMALE | | | | | | MALE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 |
| 232.10 | 286.54 | 86.60 | 224.07 | 185.08 | **Thru 64** | 262.27 | 323.79 | 97.85 | 253.20 | 209.13 |
| 106.52 | 131.49 | 38.40 | 99.36 | 82.06 | **65** | 120.36 | 148.59 | 43.39 | 112.27 | 92.73 |
| 106.52 | 131.49 | 38.40 | 99.36 | 82.06 | **66** | 120.36 | 148.59 | 43.39 | 112.27 | 92.73 |
| 106.52 | 131.49 | 38.40 | 99.36 | 82.06 | **67** | 120.36 | 148.59 | 43.39 | 112.27 | 92.73 |
| 109.71 | 135.45 | 39.78 | 102.94 | 85.02 | **68** | 123.97 | 153.05 | 44.95 | 116.32 | 96.07 |
| 112.90 | 139.38 | 41.16 | 106.51 | 87.98 | **69** | 127.58 | 157.50 | 46.51 | 120.36 | 99.42 |
| 116.10 | 143.33 | 42.55 | 110.09 | 90.93 | **70** | 131.19 | 161.96 | 48.07 | 124.40 | 102.75 |
| 119.30 | 147.28 | 43.92 | 113.66 | 93.89 | **71** | 134.80 | 166.42 | 49.64 | 128.45 | 106.09 |
| 122.48 | 151.21 | 45.31 | 117.24 | 96.84 | **72** | 138.41 | 170.88 | 51.20 | 132.49 | 109.43 |
| 126.40 | 156.06 | 46.85 | 121.22 | 100.14 | **73** | 142.84 | 176.34 | 52.94 | 136.99 | 113.15 |
| 130.33 | 160.90 | 48.39 | 125.21 | 103.43 | **74** | 147.27 | 181.82 | 54.68 | 141.49 | 116.87 |
| 134.25 | 165.74 | 49.93 | 129.20 | 106.71 | **75** | 151.70 | 187.29 | 56.43 | 146.00 | 120.59 |
| 138.17 | 170.58 | 51.47 | 133.19 | 110.01 | **76** | 156.13 | 192.75 | 58.16 | 150.50 | 124.31 |
| 142.09 | 175.42 | 53.01 | 137.17 | 113.31 | **77** | 160.56 | 198.22 | 59.91 | 155.00 | 128.04 |
| 146.35 | 180.68 | 54.60 | 141.29 | 116.70 | **78** | 165.37 | 204.17 | 61.70 | 159.66 | 131.87 |
| 150.62 | 185.95 | 56.19 | 145.40 | 120.09 | **79** | 170.19 | 210.11 | 63.50 | 164.31 | 135.71 |
| 154.88 | 191.20 | 57.78 | 149.52 | 123.49 | **80** | 175.01 | 216.06 | 65.29 | 168.95 | 139.55 |
| 159.14 | 196.47 | 59.38 | 153.63 | 126.90 | **81** | 179.83 | 222.01 | 67.10 | 173.61 | 143.40 |
| 163.40 | 201.72 | 60.97 | 157.75 | 130.30 | **82** | 184.64 | 227.95 | 68.89 | 178.26 | 147.23 |
| 167.33 | 206.57 | 62.42 | 161.53 | 133.42 | **83** | 189.07 | 233.42 | 70.54 | 182.53 | 150.77 |
| 171.25 | 211.42 | 63.89 | 165.32 | 136.55 | **84** | 193.51 | 238.90 | 72.19 | 186.81 | 154.31 |
| 175.17 | 216.26 | 65.35 | 169.11 | 139.68 | **85** | 197.93 | 244.37 | 73.85 | 191.09 | 157.84 |
| 179.08 | 221.10 | 66.82 | 172.89 | 142.80 | **86** | 202.37 | 249.84 | 75.50 | 195.37 | 161.37 |
| 183.01 | 225.93 | 68.28 | 176.68 | 145.93 | **87** | 206.80 | 255.30 | 77.15 | 199.65 | 164.91 |
| 186.67 | 230.46 | 69.65 | 180.21 | 148.86 | **88** | 210.93 | 260.41 | 78.70 | 203.63 | 168.20 |
| 190.40 | 235.06 | 71.04 | 183.81 | 151.83 | **89** | 215.16 | 265.62 | 80.27 | 207.71 | 171.57 |
| 194.21 | 239.76 | 72.46 | 187.49 | 154.87 | **90** | 219.46 | 270.94 | 81.88 | 211.86 | 174.99 |
| 198.09 | 244.56 | 73.91 | 191.24 | 157.97 | **91** | 223.84 | 276.35 | 83.52 | 216.10 | 178.49 |
| 202.06 | 249.46 | 75.39 | 195.06 | 161.12 | **92** | 228.32 | 281.88 | 85.19 | 220.43 | 182.07 |
| 206.09 | 254.44 | 76.90 | 198.96 | 164.34 | **93** | 232.89 | 287.52 | 86.89 | 224.83 | 185.70 |
| 210.22 | 259.53 | 78.43 | 202.94 | 167.63 | **94** | 237.56 | 293.27 | 88.63 | 229.33 | 189.42 |
| 214.42 | 264.72 | 80.00 | 207.00 | 170.98 | **95** | 242.30 | 299.13 | 90.40 | 233.91 | 193.21 |
| 218.71 | 270.01 | 81.60 | 211.14 | 174.41 | **96** | 247.14 | 305.11 | 92.21 | 238.59 | 197.07 |
| 223.09 | 275.41 | 83.23 | 215.36 | 177.88 | **97** | 252.08 | 311.21 | 94.05 | 243.36 | 201.02 |
| 227.54 | 280.92 | 84.90 | 219.67 | 181.45 | **98** | 257.12 | 317.44 | 95.94 | 248.23 | 205.04 |
| 232.10 | 286.54 | 86.60 | 224.07 | 185.08 | **99+** | 262.27 | 323.79 | 97.85 | 253.20 | 209.13 |

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

## MONTHLY TOBACCO PREMIUMS*

**ZIP CODES: 609-620, 622-628**

| FEMALE | | | | | | MALE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 |
| 250.92 | 309.77 | 93.62 | 242.24 | 200.09 | **Thru 64** | 283.53 | 350.04 | 105.79 | 273.72 | 226.09 |
| 115.15 | 142.16 | 41.51 | 107.41 | 88.72 | **65** | 130.12 | 160.64 | 46.90 | 121.38 | 100.25 |
| 115.15 | 142.16 | 41.51 | 107.41 | 88.72 | **66** | 130.12 | 160.64 | 46.90 | 121.38 | 100.25 |
| 115.15 | 142.16 | 41.51 | 107.41 | 88.72 | **67** | 130.12 | 160.64 | 46.90 | 121.38 | 100.25 |
| 118.61 | 146.43 | 43.01 | 111.28 | 91.91 | **68** | 134.02 | 165.46 | 48.59 | 125.75 | 103.86 |
| 122.06 | 150.68 | 44.50 | 115.14 | 95.11 | **69** | 137.92 | 170.27 | 50.28 | 130.12 | 107.48 |
| 125.51 | 154.96 | 45.99 | 119.02 | 98.30 | **70** | 141.83 | 175.10 | 51.97 | 134.49 | 111.09 |
| 128.97 | 159.22 | 47.49 | 122.88 | 101.50 | **71** | 145.73 | 179.92 | 53.66 | 138.86 | 114.69 |
| 132.41 | 163.48 | 48.99 | 126.75 | 104.69 | **72** | 149.63 | 184.73 | 55.35 | 143.23 | 118.30 |
| 136.65 | 168.72 | 50.65 | 131.05 | 108.26 | **73** | 154.42 | 190.64 | 57.24 | 148.09 | 122.32 |
| 140.90 | 173.95 | 52.32 | 135.37 | 111.82 | **74** | 159.21 | 196.56 | 59.11 | 152.96 | 126.35 |
| 145.13 | 179.18 | 53.98 | 139.67 | 115.37 | **75** | 164.00 | 202.47 | 61.00 | 157.83 | 130.37 |
| 149.37 | 184.41 | 55.65 | 143.98 | 118.93 | **76** | 168.79 | 208.38 | 62.88 | 162.70 | 134.39 |
| 153.61 | 189.64 | 57.31 | 148.30 | 122.49 | **77** | 173.58 | 214.29 | 64.76 | 167.57 | 138.42 |
| 158.21 | 195.32 | 59.03 | 152.74 | 126.17 | **78** | 178.78 | 220.72 | 66.71 | 172.60 | 142.57 |
| 162.83 | 201.02 | 60.75 | 157.19 | 129.83 | **79** | 183.99 | 227.15 | 68.65 | 177.63 | 146.71 |
| 167.44 | 206.71 | 62.47 | 161.64 | 133.50 | **80** | 189.20 | 233.58 | 70.59 | 182.65 | 150.86 |
| 172.04 | 212.40 | 64.19 | 166.09 | 137.19 | **81** | 194.41 | 240.01 | 72.54 | 187.68 | 155.03 |
| 176.64 | 218.08 | 65.91 | 170.54 | 140.86 | **82** | 199.61 | 246.44 | 74.47 | 192.71 | 159.17 |
| 180.89 | 223.32 | 67.49 | 174.63 | 144.24 | **83** | 204.40 | 252.35 | 76.26 | 197.33 | 162.99 |
| 185.13 | 228.56 | 69.07 | 178.72 | 147.62 | **84** | 209.20 | 258.27 | 78.05 | 201.96 | 166.82 |
| 189.37 | 233.79 | 70.65 | 182.82 | 151.00 | **85** | 213.98 | 264.18 | 79.84 | 206.58 | 170.63 |
| 193.60 | 239.02 | 72.23 | 186.91 | 154.38 | **86** | 218.78 | 270.09 | 81.62 | 211.21 | 174.46 |
| 197.85 | 244.25 | 73.82 | 191.00 | 157.76 | **87** | 223.57 | 276.00 | 83.41 | 215.83 | 178.28 |
| 201.80 | 249.14 | 75.29 | 194.82 | 160.93 | **88** | 228.03 | 281.52 | 85.08 | 220.15 | 181.84 |
| 205.84 | 254.12 | 76.80 | 198.71 | 164.14 | **89** | 232.60 | 287.16 | 86.78 | 224.55 | 185.48 |
| 209.95 | 259.20 | 78.34 | 202.70 | 167.43 | **90** | 237.25 | 292.90 | 88.52 | 229.04 | 189.18 |
| 214.15 | 264.38 | 79.90 | 206.75 | 170.77 | **91** | 241.99 | 298.76 | 90.29 | 233.62 | 192.96 |
| 218.44 | 269.68 | 81.50 | 210.88 | 174.18 | **92** | 246.84 | 304.74 | 92.09 | 238.30 | 196.83 |
| 222.80 | 275.07 | 83.13 | 215.09 | 177.67 | **93** | 251.77 | 310.83 | 93.94 | 243.06 | 200.76 |
| 227.26 | 280.57 | 84.79 | 219.40 | 181.22 | **94** | 256.82 | 317.05 | 95.82 | 247.92 | 204.78 |
| 231.81 | 286.19 | 86.49 | 223.79 | 184.84 | **95** | 261.94 | 323.38 | 97.73 | 252.88 | 208.88 |
| 236.44 | 291.90 | 88.22 | 228.26 | 188.55 | **96** | 267.18 | 329.85 | 99.69 | 257.94 | 213.05 |
| 241.18 | 297.74 | 89.98 | 232.82 | 192.31 | **97** | 272.52 | 336.45 | 101.68 | 263.10 | 217.32 |
| 245.99 | 303.70 | 91.78 | 237.48 | 196.16 | **98** | 277.97 | 343.18 | 103.71 | 268.36 | 221.66 |
| 250.92 | 309.77 | 93.62 | 242.24 | 200.09 | **99+** | 283.53 | 350.04 | 105.79 | 273.72 | 226.09 |

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

## MONTHLY NON-TOBACCO PREMIUMS*

### ZIP CODES: 600-608, 629

| FEMALE | | | | | | MALE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 |
| 263.24 | 324.98 | 98.22 | 254.13 | 209.91 | **Thru 64** | 297.45 | 367.22 | 110.98 | 287.16 | 237.19 |
| 120.81 | 149.13 | 43.55 | 112.68 | 93.07 | **65** | 136.50 | 168.52 | 49.21 | 127.33 | 105.17 |
| 120.81 | 149.13 | 43.55 | 112.68 | 93.07 | **66** | 136.50 | 168.52 | 49.21 | 127.33 | 105.17 |
| 120.81 | 149.13 | 43.55 | 112.68 | 93.07 | **67** | 136.50 | 168.52 | 49.21 | 127.33 | 105.17 |
| 124.43 | 153.62 | 45.12 | 116.74 | 96.43 | **68** | 140.60 | 173.58 | 50.98 | 131.92 | 108.96 |
| 128.05 | 158.08 | 46.69 | 120.80 | 99.78 | **69** | 144.69 | 178.63 | 52.75 | 136.50 | 112.75 |
| 131.67 | 162.56 | 48.25 | 124.86 | 103.13 | **70** | 148.79 | 183.69 | 54.52 | 141.09 | 116.54 |
| 135.30 | 167.04 | 49.82 | 128.91 | 106.48 | **71** | 152.88 | 188.75 | 56.30 | 145.67 | 120.32 |
| 138.91 | 171.50 | 51.39 | 132.97 | 109.83 | **72** | 156.98 | 193.80 | 58.07 | 150.26 | 124.11 |
| 143.36 | 177.00 | 53.14 | 137.49 | 113.57 | **73** | 162.00 | 200.00 | 60.05 | 155.36 | 128.32 |
| 147.82 | 182.49 | 54.88 | 142.01 | 117.30 | **74** | 167.03 | 206.21 | 62.02 | 160.47 | 132.55 |
| 152.26 | 187.97 | 56.63 | 146.53 | 121.03 | **75** | 172.05 | 212.41 | 63.99 | 165.58 | 136.77 |
| 156.70 | 193.46 | 58.38 | 151.05 | 124.76 | **76** | 177.07 | 218.61 | 65.96 | 170.69 | 140.99 |
| 161.15 | 198.95 | 60.12 | 155.58 | 128.50 | **77** | 182.10 | 224.81 | 67.94 | 175.79 | 145.21 |
| 165.98 | 204.91 | 61.93 | 160.24 | 132.36 | **78** | 187.55 | 231.55 | 69.98 | 181.07 | 149.56 |
| 170.82 | 210.89 | 63.73 | 164.90 | 136.20 | **79** | 193.02 | 238.30 | 72.02 | 186.35 | 153.92 |
| 175.65 | 216.85 | 65.53 | 169.57 | 140.06 | **80** | 198.49 | 245.04 | 74.05 | 191.61 | 158.27 |
| 180.49 | 222.82 | 67.34 | 174.24 | 143.92 | **81** | 203.95 | 251.79 | 76.10 | 196.89 | 162.64 |
| 185.32 | 228.78 | 69.15 | 178.91 | 147.77 | **82** | 209.41 | 258.53 | 78.13 | 202.17 | 166.98 |
| 189.77 | 234.28 | 70.80 | 183.20 | 151.32 | **83** | 214.43 | 264.73 | 80.00 | 207.02 | 170.99 |
| 194.22 | 239.78 | 72.46 | 187.49 | 154.86 | **84** | 219.47 | 270.94 | 81.88 | 211.87 | 175.01 |
| 198.67 | 245.27 | 74.12 | 191.79 | 158.42 | **85** | 224.48 | 277.15 | 83.75 | 216.72 | 179.01 |
| 203.11 | 250.75 | 75.78 | 196.09 | 161.96 | **86** | 229.52 | 283.35 | 85.63 | 221.57 | 183.02 |
| 207.56 | 256.24 | 77.44 | 200.38 | 165.50 | **87** | 234.54 | 289.55 | 87.51 | 226.43 | 187.03 |
| 211.71 | 261.37 | 78.99 | 204.38 | 168.82 | **88** | 239.23 | 295.34 | 89.26 | 230.95 | 190.76 |
| 215.94 | 266.59 | 80.57 | 208.46 | 172.20 | **89** | 244.02 | 301.25 | 91.04 | 235.57 | 194.58 |
| 220.26 | 271.93 | 82.18 | 212.65 | 175.65 | **90** | 248.90 | 307.28 | 92.86 | 240.29 | 198.47 |
| 224.66 | 277.36 | 83.82 | 216.90 | 179.16 | **91** | 253.87 | 313.42 | 94.72 | 245.09 | 202.43 |
| 229.16 | 282.92 | 85.50 | 221.23 | 182.73 | **92** | 258.95 | 319.70 | 96.62 | 250.00 | 206.50 |
| 233.74 | 288.57 | 87.21 | 225.65 | 186.39 | **93** | 264.13 | 326.09 | 98.55 | 254.99 | 210.62 |
| 238.42 | 294.34 | 88.95 | 230.17 | 190.12 | **94** | 269.42 | 332.62 | 100.52 | 260.09 | 214.83 |
| 243.18 | 300.24 | 90.73 | 234.77 | 193.92 | **95** | 274.80 | 339.26 | 102.53 | 265.29 | 219.13 |
| 248.04 | 306.23 | 92.55 | 239.47 | 197.81 | **96** | 280.30 | 346.04 | 104.58 | 270.60 | 223.51 |
| 253.02 | 312.36 | 94.40 | 244.25 | 201.75 | **97** | 285.90 | 352.96 | 106.67 | 276.01 | 227.98 |
| 258.07 | 318.60 | 96.29 | 249.14 | 205.79 | **98** | 291.62 | 360.02 | 108.81 | 281.53 | 232.54 |
| 263.24 | 324.98 | 98.22 | 254.13 | 209.91 | **99+** | 297.45 | 367.22 | 110.98 | 287.16 | 237.19 |

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

## MONTHLY TOBACCO PREMIUMS*

**ZIP CODES: 600-608, 629**

| FEMALE | | | | | | MALE | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan N WM35 |
| 284.58 | 351.33 | 106.18 | 274.73 | 226.93 | **Thru 64** | 321.57 | 397.00 | 119.98 | 310.44 | 256.42 |
| 130.60 | 161.23 | 47.08 | 121.82 | 100.62 | **65** | 147.57 | 182.19 | 53.20 | 137.66 | 113.70 |
| 130.60 | 161.23 | 47.08 | 121.82 | 100.62 | **66** | 147.57 | 182.19 | 53.20 | 137.66 | 113.70 |
| 130.60 | 161.23 | 47.08 | 121.82 | 100.62 | **67** | 147.57 | 182.19 | 53.20 | 137.66 | 113.70 |
| 134.52 | 166.07 | 48.78 | 126.21 | 104.24 | **68** | 152.00 | 187.66 | 55.11 | 142.62 | 117.79 |
| 138.43 | 170.90 | 50.47 | 130.59 | 107.87 | **69** | 156.43 | 193.11 | 57.03 | 147.57 | 121.90 |
| 142.35 | 175.74 | 52.16 | 134.98 | 111.49 | **70** | 160.85 | 198.58 | 58.94 | 152.53 | 125.99 |
| 146.27 | 180.58 | 53.86 | 139.36 | 115.12 | **71** | 165.28 | 204.05 | 60.86 | 157.49 | 130.08 |
| 150.18 | 185.41 | 55.56 | 143.75 | 118.73 | **72** | 169.71 | 209.51 | 62.78 | 162.44 | 134.17 |
| 154.98 | 191.35 | 57.45 | 148.63 | 122.78 | **73** | 175.14 | 216.22 | 64.91 | 167.96 | 138.73 |
| 159.80 | 197.28 | 59.33 | 153.52 | 126.82 | **74** | 180.57 | 222.93 | 67.04 | 173.48 | 143.29 |
| 164.60 | 203.21 | 61.22 | 158.41 | 130.84 | **75** | 186.00 | 229.64 | 69.18 | 179.01 | 147.86 |
| 169.41 | 209.15 | 63.11 | 163.30 | 134.88 | **76** | 191.43 | 236.33 | 71.31 | 184.53 | 152.42 |
| 174.22 | 215.08 | 65.00 | 168.19 | 138.92 | **77** | 196.86 | 243.04 | 73.45 | 190.05 | 156.98 |
| 179.43 | 221.53 | 66.95 | 173.23 | 143.09 | **78** | 202.76 | 250.33 | 75.66 | 195.76 | 161.69 |
| 184.67 | 227.99 | 68.89 | 178.27 | 147.25 | **79** | 208.67 | 257.62 | 77.86 | 201.46 | 166.40 |
| 189.90 | 234.43 | 70.85 | 183.32 | 151.41 | **80** | 214.58 | 264.91 | 80.05 | 207.15 | 171.10 |
| 195.12 | 240.89 | 72.80 | 188.37 | 155.59 | **81** | 220.48 | 272.20 | 82.27 | 212.86 | 175.83 |
| 200.34 | 247.33 | 74.75 | 193.41 | 159.76 | **82** | 226.39 | 279.49 | 84.46 | 218.56 | 180.52 |
| 205.16 | 253.28 | 76.54 | 198.05 | 163.59 | **83** | 231.82 | 286.20 | 86.49 | 223.80 | 184.86 |
| 209.97 | 259.22 | 78.33 | 202.69 | 167.42 | **84** | 237.26 | 292.91 | 88.52 | 229.05 | 189.20 |
| 214.77 | 265.15 | 80.13 | 207.34 | 171.26 | **85** | 242.68 | 299.62 | 90.55 | 234.30 | 193.52 |
| 219.57 | 271.09 | 81.92 | 211.98 | 175.09 | **86** | 248.12 | 306.32 | 92.57 | 239.54 | 197.86 |
| 224.39 | 277.02 | 83.72 | 216.63 | 178.92 | **87** | 253.56 | 313.03 | 94.60 | 244.79 | 202.19 |
| 228.87 | 282.56 | 85.39 | 220.95 | 182.51 | **88** | 258.62 | 319.29 | 96.50 | 249.68 | 206.23 |
| 233.45 | 288.21 | 87.10 | 225.37 | 186.16 | **89** | 263.80 | 325.68 | 98.42 | 254.67 | 210.36 |
| 238.12 | 293.97 | 88.84 | 229.89 | 189.89 | **90** | 269.08 | 332.20 | 100.39 | 259.77 | 214.56 |
| 242.88 | 299.85 | 90.62 | 234.48 | 193.68 | **91** | 274.45 | 338.84 | 102.40 | 264.96 | 218.85 |
| 247.74 | 305.86 | 92.43 | 239.17 | 197.55 | **92** | 279.95 | 345.62 | 104.45 | 270.27 | 223.24 |
| 252.69 | 311.97 | 94.28 | 243.95 | 201.50 | **93** | 285.55 | 352.53 | 106.54 | 275.66 | 227.69 |
| 257.75 | 318.21 | 96.16 | 248.83 | 205.53 | **94** | 291.27 | 359.58 | 108.67 | 281.18 | 232.25 |
| 262.90 | 324.58 | 98.09 | 253.81 | 209.64 | **95** | 297.08 | 366.76 | 110.84 | 286.80 | 236.90 |
| 268.16 | 331.06 | 100.05 | 258.88 | 213.84 | **96** | 303.02 | 374.10 | 113.06 | 292.54 | 241.63 |
| 273.53 | 337.68 | 102.05 | 264.06 | 218.10 | **97** | 309.08 | 381.58 | 115.32 | 298.39 | 246.47 |
| 278.99 | 344.44 | 104.10 | 269.34 | 222.48 | **98** | 315.26 | 389.21 | 117.63 | 304.36 | 251.40 |
| 284.58 | 351.33 | 106.18 | 274.73 | 226.93 | **99+** | 321.57 | 397.00 | 119.98 | 310.44 | 256.42 |

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**Disclosures**
Use this outline to compare benefits and premiums among policies.

**Premium Information**
The premium for your policy will change. Because the premium rate is based on your attained age, the premium will increase each year as you age. This annual premium change will occur on the first policy renewal date which coincides with or follows the policy anniversary date.

A premium change for any other reason can occur on any policy renewal date. However, we cannot make such a change unless we make the same change to all policies using this form issued in the same state to persons of the same classification.

**Risk Class Rating**
If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I – 10% or Class II – 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

**Household Premium Discount**
You are eligible for a household premium discount if: (a) you have resided with at least one, but no more than three, other Medicare-eligible adults for the past year and at least one of the other adults also owns or is issued a Medicare supplement policy written by the Company or its affiliates, or (b) you are married or in a civil union partnership and your spouse/partner also owns a Medicare supplement policy written by the Company or its affiliates. The discounted premium will be priced 7% lower than the rates illustrated. The policy's household premium discount will be removed if the other adult or spouse no longer resides with you (other than in the case of his or her death).

**Read Your Policy Very Carefully**
This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

**Right to Return Policy**
If you find that you are not satisfied with your policy, you may return it to 3300 Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

**Policy Replacement**
If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

**Notice**
The policy may not fully cover all of your medical costs. Neither we nor our agents are connected with Medicare. This outline of coverage does not give all the details of Medicare Coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

**Complete Answers Are Very Important**
When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**Exclusions**
Exclusions apply to your coverage. Please be sure to review the exclusions in your policy. This policy does not cover Part A benefits periods that begin while this policy is not in force, and other exclusions apply.

# PLAN A

## MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*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.

| Services | Medicare Pays | Plan A Pays | You Pay |
|---|---|---|---|
| **HOSPITALIZATION*** Semiprivate room and board, general nursing, and miscellaneous services and supplies | | | |
| First 60 days | All but $1,364 | $0 | $1,364 (Part A deductible) |
| 61st through 90th day | All but $341 a day | $341 a day | $0 |
| 91st day and after: | | | |
| While using 60 lifetime reserve days | All but $682 a day | $682 a day | $0 |
| Once lifetime reserve days are used: | | | |
| Additional 365 days | $0 | 100% of Medicare-eligible expenses | $0** |
| Beyond the additional 365 days | $0 | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | |
| First 20 days | All approved amounts | $0 | $0 |
| 21st through 100th day | All but $170.50 a day | $0 | Up to $170.50 a day |
| 101st day and after | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 |
| **HOSPICE CARE** You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | $0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

# PLAN A

## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $185 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.

| Services | Medicare Pays | Plan A Pays | You Pay |
|---|---|---|---|
| **MEDICAL EXPENSES** – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | |
| First $185 of Medicare-approved amounts* | $0 | $0 | $185 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | $0 |
| **Part B Excess Charges** (above Medicare-approved amounts) | $0 | $0 | All costs |
| **BLOOD** | | | |
| First 3 pints | $0 | All costs | $0 |
| Next $185 of Medicare-approved amounts* | $0 | $0 | $185 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** – TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 |

## PARTS A AND B

| | | | |
|---|---|---|---|
| **HOME HEALTH CARE** – MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| **DURABLE MEDICAL EQUIPMENT** | | | |
| First $185 of Medicare-approved amounts* | $0 | $0 | $185 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 |

## PLANS F AND HIGH DEDUCTIBLE F

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*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.

| Services | Medicare Pays | Plan F Pays | You Pay | Plan High Deductible F Pays (After you pay $2,300 deductible***) | You Pay (In addition to $2,300 deductible***) |
|---|---|---|---|---|---|
| **HOSPITALIZATION*** Semiprivate room and board, general nursing, and miscellaneous services and supplies<br>First 60 days | All but $1,364 | $1,364 (Part A deductible) | $0 | $1,364 (Part A deductible) | $0 |
| 61st through 90th day | All but $341 a day | $341 a day | $0 | $341 a day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $682 a day | $682 a day | $0 | $682 a day | $0 |
| Once lifetime reserve days are used:<br>Additional 365 days | $0 | 100% of Medicare-eligible expenses | $0** | 100% of Medicare-eligible expenses | $0** |
| Beyond the additional 365 days | $0 | $0 | All costs | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.<br>First 20 days | All approved amounts | $0 | $0 | $0 | $0 |
| 21st through 100th day | All but $170.50 a day | Up to $170.50 a day | $0 | Up to $170.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs | $0 | All costs |
| **BLOOD**<br>First 3 pints | $0 | 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 | $0 | $0 |
| **HOSPICE CARE** You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/ coinsurance | $0 | Medicare copayment/ coinsurance | $0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid. ***High deductible plan F pays the same benefits as Plan F after one has paid a calendar year $2,300 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## PLANS F AND HIGH DEDUCTIBLE F
### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $185 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.

| Services | Medicare Pays | Plan F Pays | You Pay | Plan High Deductible F Pays (After You pay $2,300 deductible***) | You Pay (In addition to $2,300 deductible***) |
|---|---|---|---|---|---|
| **MEDICAL EXPENSES** – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First $185 of Medicare-approved amounts* | $0 | $185 (Part B deductible) | $0 | $185 (Part B deductible) | $0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | $0 | Generally 20% | $0 |
| **Part B Excess Charges** (above Medicare-approved amounts) | $0 | 100% | $0 | 100% | $0 |
| **BLOOD**<br>First 3 pints | $0 | All costs | $0 | All costs | $0 |
| Next $185 of Medicare-approved amounts* | $0 | $185 (Part B deductible) | $0 | $185 (Part B deductible) | $0 |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** – TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 | $0 | $0 |

**PARTS A AND B**

| | | | | | |
|---|---|---|---|---|---|
| **HOME HEALTH CARE** – MEDICARE-APPROVED SERVICES<br>Medically necessary skilled care services and medical supplies | 100% | $0 | $0 | $0 | $0 |
| **DURABLE MEDICAL EQUIPMENT**<br>First $185 of Medicare-approved amounts | $0 | $185 (Part B deductible) | $0 | $185 (Part B deductible) | $0 |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 | 20% | $0 |

***High deductible plan F pays the same benefits as Plan F after one has paid a calendar year $2,300 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## PLANS F AND HIGH DEDUCTIBLE F
### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

### OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare Pays | Plan F Pays | You Pay | Plan High Deductible F Pays (After you pay $2,300 deductible***) | You Pay (In addition to $2,300 deductible***) |
|---|---|---|---|---|---|
| **FOREIGN TRAVEL** – NOT COVERED BY MEDICARE<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | | | |
| First $250 each calendar year | $0 | $0 | $250 | $0 | $250 |
| Remainder of charges | $0 | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum benefit | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum benefit |

***High deductible plan F pays the same benefits as Plan F after one has paid a calendar year $2,300 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

## PLANS G AND N

### MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*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.

| Services | Medicare Pays | Plan G Pays | You Pay | Plan N Pays | You Pay |
|---|---|---|---|---|---|
| **HOSPITALIZATION*** Semiprivate room and board, general nursing, and miscellaneous services and supplies<br>First 60 days | All but $1,364 | $1,364 (Part A deductible) | $0 | $1,364 (Part A deductible) | $0 |
| 61st through 90th day | All but $341 a day | $341 a day | $0 | $341 a day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $682 a day | $682 a day | $0 | $682 a day | $0 |
| Once lifetime reserve days are used:<br>Additional 365 days | $0 | 100% of Medicare-eligible expenses | $0** | 100% of Medicare-eligible expenses | $0** |
| Beyond the additional 365 days | $0 | $0 | All costs | $0 | All costs |
| **SKILLED NURSING FACILITY CARE*** You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.<br>First 20 days | All approved amounts | $0 | $0 | $0 | $0 |
| 21st through 100th day | All but $170.50 a day | Up to $170.50 a day | $0 | Up to $170.50 a day | $0 |
| 101st day and after | $0 | $0 | All costs | $0 | All costs |
| **BLOOD**<br>First 3 pints | $0 | 3 pints | $0 | 3 pints | $0 |
| Additional amounts | 100% | $0 | $0 | $0 | $0 |
| **HOSPICE CARE** You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/ coinsurance | $0 | Medicare copayment/ coinsurance | $0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits". During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

## PLANS G AND N

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $185 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.

| Services | Medicare Pays | Plan G Pays | You Pay | Plan N Pays | You Pay |
|---|---|---|---|---|---|
| **MEDICAL EXPENSES** – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment<br>First $185 of Medicare-approved amounts* | $0 | $0 | $185 (Part B deductible) | $0 | $185 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | $0 | Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. | Up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense |
| **Part B Excess Charges** (above Medicare-approved amounts) | $0 | 100% | $0 | $0 | All costs |
| **BLOOD**<br>First 3 pints | $0 | All costs | $0 | All costs | $0 |
| Next $185 of Medicare-approved amounts* | $0 | $0 | $185 (Part B deductible) | $0 | $185 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 | 20% | $0 |
| **CLINICAL LABORATORY SERVICES** – TESTS FOR DIAGNOSTIC SERVICES | 100% | $0 | $0 | $0 | $0 |

## PLANS G AND N
### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

**PARTS A AND B**

| Services | Medicare Pays | Plan G Pays | You Pay | Plan N Pays | You Pay |
|---|---|---|---|---|---|
| **HOME HEALTH CARE** – MEDICARE-APPROVED SERVICES<br>Medically necessary skilled care services and medical supplies | 100% | $0 | $0 | $0 | $0 |
| **DURABLE MEDICAL EQUIPMENT**<br>First $185 of Medicare-approved amounts* | $0 | $0 | $185 (Part B deductible) | $0 | $185 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 | 20% | $0 |

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| Services | Medicare Pays | Plan G Pays | You Pay | Plan N Pays | You Pay |
|---|---|---|---|---|---|
| **FOREIGN TRAVEL** – NOT COVERED BY MEDICARE<br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>First $250 each calendar year | $0 | $0 | $250 | $0 | $250 |
| Remainder of charges | $0 | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum benefit | 80% to a lifetime maximum benefit of $50,000 | 20% and amounts over the $50,000 lifetime maximum benefit |