UNITED OF OMAHA LIFE INSURANCE COMPANY

A Mutual of Omaha Company

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

BENEFIT PLANS A, F, G, AND M

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

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**
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**
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	**Skilled Nursing Facility Co-insurance**	**Skilled Nursing Facility Co-insurance**
	Part A Deductible	Part A Deductible	Part A Deductible	**Part A Deductible**	**Part A Deductible**
		Part B Deductible		**Part B Deductible**	
				Part B Excess (100%)	**Part B Excess (100%)**
		Foreign Travel Emer-gency	Foreign Travel Emer-gency	**Foreign Travel Emergency**	**Foreign Travel Emer-gency**

Plan K	Plan L	**Plan M**	Plan N
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
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	**Skilled Nursing Facility Co-insurance**	Skilled Nursing Facility Coinsurance
50% Part A Deductible	75% Part A Deductible	**50% Part A Deductible**	Part A Deductible
		Foreign Travel Emer-gency	Foreign Travel Emergency
Out-of-pocket limit $4,640; paid at 100% after limit reached	Out-of-pocket limit $2,320; 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 $2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,000. 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 plans' separate foreign travel emergency deductible.

MONTHLY NON-TOBACCO PREMIUMS*
ZIP CODES: 304-307, 310, 312, 315-319, 398

FEMALE					MALE			
Plan A UM20	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**	**Issue Age**	**Plan A UM20**	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**
933.68	1,353.18	1,129.14	1,075.72	**Thru 64****	1,015.42	1,471.62	1,227.95	1,169.89
93.37	135.32	112.91	107.58	**65**	101.54	147.16	122.79	116.99
97.30	141.02	117.66	112.11	**66**	106.97	155.04	129.36	123.26
101.30	146.79	122.48	116.70	**67**	112.48	163.02	136.02	129.60
105.25	152.54	127.28	121.27	**68**	117.96	170.96	142.65	135.91
109.17	158.22	132.03	125.80	**69**	123.31	178.71	149.11	142.07
113.01	163.78	136.65	130.20	**70**	128.43	186.13	155.30	147.97
115.95	168.04	140.20	133.58	**71**	132.43	191.93	160.15	152.59
118.77	172.13	143.63	136.84	**72**	136.20	197.40	164.70	156.93
121.46	176.02	146.87	139.93	**73**	139.67	202.42	168.89	160.92
123.97	179.67	149.91	142.84	**74**	142.73	206.85	172.60	164.45
126.29	183.03	152.72	145.51	**75**	145.33	210.60	175.73	167.43
128.46	186.17	155.35	148.00	**76**	147.38	213.59	178.23	169.80
130.57	189.22	157.89	150.44	**77**	149.06	216.04	180.26	171.74
132.67	192.28	160.44	152.87	**78**	150.60	218.26	182.12	173.52
134.80	195.35	163.01	155.30	**79**	151.93	220.19	183.72	175.05
136.90	198.41	165.55	157.73	**80**	153.01	221.76	185.04	176.30
138.95	201.38	168.02	160.09	**81**	153.88	223.00	186.08	177.29
140.85	204.12	170.32	162.28	**82**	154.63	224.10	186.99	178.15
142.58	206.64	172.41	164.28	**83**	155.27	225.02	187.76	178.89
144.16	208.93	174.33	166.11	**84**	155.78	225.77	188.38	179.48
145.55	210.94	176.01	167.70	**85**	156.18	226.36	188.87	179.95
146.75	212.67	177.46	169.09	**86**	156.49	226.81	189.25	180.32
147.72	214.09	178.63	170.20	**87**	156.72	227.13	189.52	180.56
148.46	215.14	179.52	171.04	**88**	156.86	227.33	189.68	180.73
148.93	215.83	180.08	171.59	**89**	156.93	227.43	189.78	180.82
149.09	216.08	180.30	171.79	**90+**	156.94	227.46	189.79	180.83

*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.
**Only individuals who are Disabled or have End Stage Renal Disease are eligible for coverage under the age of 65.

RP51.12.B-GA

MONTHLY TOBACCO PREMIUMS*
ZIP CODES: 304-307, 310, 312, 315-319, 398

FEMALE					MALE			
Plan A UM20	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**	**Issue Age**	**Plan A UM20**	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**
1,073.19	1,555.38	1,297.87	1,236.46	**Thru 64****	1,167.15	1,691.52	1,411.43	1,344.70
107.32	155.54	129.79	123.65	**65**	116.71	169.15	141.14	134.47
111.84	162.09	135.24	128.86	**66**	122.95	178.20	148.69	141.68
116.43	168.73	140.79	134.14	**67**	129.29	187.37	156.35	148.96
120.98	175.34	146.29	139.39	**68**	135.58	196.50	163.97	156.22
125.49	181.87	151.76	144.59	**69**	141.74	205.41	171.39	163.29
129.90	188.25	157.07	149.65	**70**	147.62	213.95	178.51	170.09
133.27	193.15	161.15	153.54	**71**	152.22	220.61	184.08	175.39
136.52	197.85	165.09	157.29	**72**	156.55	226.89	189.31	180.38
139.60	202.32	168.82	160.84	**73**	160.54	232.66	194.13	184.96
142.49	206.52	172.31	164.19	**74**	164.06	237.76	198.39	189.02
145.16	210.38	175.54	167.25	**75**	167.04	242.07	201.99	192.45
147.65	213.99	178.56	170.11	**76**	169.40	245.51	204.86	195.18
150.08	217.50	181.48	172.92	**77**	171.33	248.32	207.20	197.40
152.50	221.02	184.42	175.71	**78**	173.10	250.87	209.34	199.44
154.94	224.54	187.37	178.51	**79**	174.63	253.09	211.17	201.20
157.35	228.06	190.29	181.30	**80**	175.87	254.90	212.69	202.64
159.71	231.47	193.13	184.01	**81**	176.87	256.33	213.89	203.78
161.89	234.62	195.77	186.52	**82**	177.74	257.58	214.93	204.77
163.88	237.52	198.18	188.83	**83**	178.47	258.65	215.82	205.62
165.70	240.15	200.38	190.93	**84**	179.05	259.51	216.53	206.30
167.30	242.46	202.31	192.76	**85**	179.52	260.19	217.09	206.84
168.67	244.45	203.97	194.35	**86**	179.88	260.70	217.53	207.26
169.80	246.08	205.33	195.64	**87**	180.14	261.07	217.84	207.54
170.64	247.29	206.35	196.60	**88**	180.30	261.30	218.03	207.74
171.18	248.08	206.99	197.23	**89**	180.38	261.41	218.14	207.83
171.37	248.37	207.24	197.46	**90+**	180.40	261.45	218.14	207.85

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RP51.12.B-GA

MONTHLY NON-TOBACCO PREMIUMS*
ZIP CODES: 300-303, 308-309, 311, 313-314, 399

FEMALE					MALE			
Plan A UM20	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**	**Issue Age**	**Plan A UM20**	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**
1,021.55	1,480.54	1,235.41	1,176.97	**Thru 64****	1,110.99	1,610.13	1,343.52	1,280.00
102.16	148.06	123.54	117.70	**65**	111.10	161.01	134.35	128.00
106.46	154.29	128.74	122.66	**66**	117.04	169.63	141.54	134.86
110.83	160.61	134.01	127.68	**67**	123.06	178.36	148.83	141.80
115.16	166.90	139.25	132.68	**68**	129.06	187.05	156.08	148.71
119.45	173.12	144.46	137.64	**69**	134.92	195.53	163.15	155.44
123.65	179.19	149.51	142.45	**70**	140.52	203.65	169.92	161.90
126.86	183.85	153.40	146.16	**71**	144.89	209.99	175.22	166.95
129.95	188.33	157.14	149.72	**72**	149.02	215.97	180.20	171.70
132.89	192.58	160.70	153.10	**73**	152.82	221.47	184.79	176.06
135.64	196.58	164.02	156.29	**74**	156.16	226.32	188.84	179.93
138.18	200.26	167.10	159.21	**75**	159.00	230.42	192.27	183.19
140.55	203.69	169.97	161.93	**76**	161.25	233.69	195.00	185.79
142.86	207.03	172.75	164.60	**77**	163.09	236.37	197.23	187.91
145.16	210.38	175.54	167.26	**78**	164.77	238.80	199.27	189.85
147.48	213.74	178.35	169.92	**79**	166.23	240.91	201.01	191.52
149.78	217.08	181.13	172.57	**80**	167.41	242.63	202.45	192.89
152.02	220.33	183.84	175.15	**81**	168.36	243.99	203.59	193.97
154.10	223.33	186.35	177.55	**82**	169.18	245.19	204.59	194.92
156.00	226.09	188.64	179.74	**83**	169.89	246.20	205.43	195.73
157.73	228.60	190.74	181.74	**84**	170.44	247.02	206.11	196.37
159.25	230.80	192.57	183.49	**85**	170.88	247.67	206.64	196.89
160.56	232.69	194.16	185.00	**86**	171.22	248.15	207.07	197.29
161.63	234.23	195.45	186.22	**87**	171.47	248.51	207.36	197.56
162.43	235.39	196.42	187.14	**88**	171.63	248.73	207.53	197.74
162.94	236.14	197.03	187.74	**89**	171.70	248.83	207.64	197.83
163.12	236.42	197.27	187.95	**90+**	171.72	248.87	207.65	197.85

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

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MONTHLY TOBACCO PREMIUMS*
ZIP CODES: 300-303, 308-309, 311, 313-314, 399

FEMALE					MALE			
Plan A UM20	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**	**Issue Age**	**Plan A UM20**	**Plan F UM23**	**Plan G UM24**	**Plan M UM30**
1,174.20	1,701.77	1,420.02	1,352.83	**Thru 64****	1,277.00	1,850.72	1,544.27	1,471.26
117.42	170.18	142.00	135.29	**65**	127.70	185.07	154.43	147.13
122.37	177.34	147.97	140.99	**66**	134.52	194.97	162.69	155.01
127.39	184.61	154.04	146.76	**67**	141.45	205.01	171.06	162.98
132.37	191.84	160.06	152.51	**68**	148.34	215.00	179.40	170.93
137.30	198.98	166.04	158.20	**69**	155.08	224.74	187.53	178.66
142.12	205.97	171.86	163.74	**70**	161.51	234.08	195.31	186.09
145.82	211.32	176.32	168.00	**71**	166.54	241.37	201.40	191.90
149.37	216.48	180.63	172.10	**72**	171.29	248.25	207.13	197.36
152.74	221.36	184.71	175.98	**73**	175.65	254.56	212.40	202.37
155.91	225.95	188.53	179.64	**74**	179.50	260.14	217.06	206.81
158.83	230.18	192.06	183.00	**75**	182.76	264.86	221.00	210.56
161.55	234.13	195.37	186.12	**76**	185.34	268.61	224.14	213.55
164.20	237.97	198.56	189.19	**77**	187.46	271.69	226.70	215.98
166.85	241.82	201.77	192.25	**78**	189.39	274.48	229.04	218.22
169.52	245.68	205.00	195.31	**79**	191.07	276.91	231.05	220.14
172.16	249.52	208.20	198.36	**80**	192.43	278.89	232.71	221.71
174.74	253.26	211.31	201.33	**81**	193.51	280.45	234.02	222.96
177.13	256.70	214.20	204.08	**82**	194.46	281.83	235.16	224.05
179.30	259.87	216.83	206.60	**83**	195.27	282.99	236.13	224.98
181.29	262.75	219.24	208.90	**84**	195.90	283.93	236.91	225.71
183.04	265.28	221.35	210.91	**85**	196.42	284.67	237.52	226.31
184.55	267.46	223.17	212.64	**86**	196.81	285.23	238.01	226.77
185.78	269.24	224.65	214.05	**87**	197.10	285.64	238.34	227.08
186.70	270.57	225.77	215.10	**88**	197.27	285.89	238.55	227.29
187.29	271.43	226.47	215.79	**89**	197.36	286.01	238.67	227.39
187.50	271.75	226.74	216.04	**90+**	197.37	286.06	238.68	227.41

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

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