

UNITED OF OMAHA LIFE INSURANCE COMPANY
A Mutual of Omaha Company
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, G, M AND N

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. Plans E, H, I, and J are no longer available for sale.

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.

A	B	C	D	F	F*	G	K	L	M	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	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 co-insurance, 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	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% 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 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 Deductible	Part B Deductible					
				Part B Excess (100%)	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			Foreign Travel Emergency	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 RATES*

ZIP CODES: 370-385

These rates are used when applying during an Open Enrollment or Guaranteed Issue Period.

FEMALE						MALE					
Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30	Plan N UM31	Attained Age	Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30	Plan N UM31	
304.61	441.46	362.07	344.81	348.58	Thru 64**	320.68	464.72	381.13	362.98	366.95	
83.22	120.62	98.93	94.21	95.24	65	87.61	126.97	104.13	99.18	100.26	
83.22	120.62	98.93	94.21	95.24	66	87.61	126.97	104.13	99.18	100.26	
86.48	125.33	102.80	97.89	98.95	67	92.00	133.33	109.36	104.13	105.28	
89.89	130.27	106.84	101.75	102.86	68	96.65	140.07	114.88	109.40	110.60	
93.39	135.35	111.01	105.72	106.87	69	101.50	147.12	120.66	114.91	116.17	
96.88	140.40	115.15	109.66	110.85	70	106.46	154.27	126.53	120.49	121.81	
100.28	145.33	119.20	113.51	114.75	71	111.41	161.46	132.42	126.11	127.49	
103.74	150.36	123.32	117.44	118.71	72	116.57	168.94	138.56	131.94	133.39	
107.22	155.39	127.45	121.37	122.70	73	121.85	176.58	144.83	137.93	139.43	
110.69	160.43	131.59	125.31	126.68	74	127.23	184.41	151.25	144.03	145.61	
113.95	165.14	135.44	128.98	130.40	75	132.49	192.02	157.49	149.98	151.60	
116.72	169.15	138.72	132.11	133.55	76	137.30	198.99	163.21	155.42	157.13	
118.75	172.10	141.16	134.42	135.88	77	139.69	202.46	166.06	158.14	159.86	
120.75	175.01	143.54	136.69	138.18	78	142.07	205.89	168.87	160.81	162.57	
122.98	178.21	146.17	139.20	140.72	79	144.66	209.67	171.97	163.76	165.55	
125.09	181.29	148.70	141.60	143.13	80	147.16	213.28	174.93	166.58	168.40	
127.84	185.28	151.96	144.70	146.29	81	148.66	215.44	176.69	168.27	170.10	
130.51	189.15	155.13	147.74	149.35	82	150.02	217.41	178.31	169.81	171.66	
133.07	192.87	158.18	150.64	152.28	83	151.23	219.18	179.75	171.19	173.05	
135.56	196.47	161.13	153.46	155.12	84	152.32	220.75	181.06	172.42	174.31	
137.93	199.91	163.97	156.15	157.85	85	153.26	222.11	182.18	173.48	175.37	
140.21	203.19	166.65	158.70	160.43	86	154.07	223.29	183.14	174.40	176.31	
142.36	206.32	169.22	161.16	162.91	87	154.74	224.27	183.94	175.17	177.08	
144.40	209.27	171.62	163.44	165.24	88	155.26	225.03	184.56	175.76	177.68	
146.29	212.03	173.90	165.61	167.41	89	155.63	225.56	185.00	176.17	178.10	
148.03	214.54	175.97	167.56	169.39	90+	155.82	225.83	185.22	176.38	178.31	

*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.

MONTHLY TOBACCO RATES*

ZIP CODES: 370-385

FEMALE						MALE					
Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30	Plan N UM31	Attained Age	Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30	Plan N UM31	
329.31	477.25	391.43	372.77	376.84	Thru 64**	346.69	502.40	412.04	392.41	396.71	
89.97	130.40	106.95	101.85	102.96	65	94.72	137.26	112.58	107.22	108.39	
89.97	130.40	106.95	101.85	102.96	66	94.72	137.26	112.58	107.22	108.39	
93.49	135.49	111.13	105.83	106.97	67	99.46	144.14	118.23	112.58	113.81	
97.18	140.83	115.50	110.00	111.20	68	104.49	151.43	124.19	118.27	119.57	
100.96	146.32	120.01	114.29	115.53	69	109.73	159.05	130.44	124.23	125.59	
104.73	151.78	124.49	118.55	119.84	70	115.09	166.78	136.79	130.26	131.69	
108.41	157.11	128.86	122.72	124.05	71	120.44	174.55	143.16	136.33	137.83	
112.15	162.55	133.32	126.96	128.34	72	126.03	182.63	149.80	142.64	144.20	
115.91	167.99	137.79	131.21	132.64	73	131.73	190.90	156.58	149.11	150.73	
119.67	173.44	142.25	135.47	136.95	74	137.55	199.36	163.51	155.71	157.42	
123.19	178.53	146.42	139.44	140.97	75	143.24	207.59	170.26	162.15	163.89	
126.19	182.86	149.97	142.82	144.38	76	148.44	215.12	176.44	168.03	169.87	
128.38	186.05	152.60	145.32	146.90	77	151.02	218.88	179.53	170.96	172.82	
130.54	189.20	155.17	147.77	149.39	78	153.59	222.58	182.57	173.85	175.75	
132.95	192.66	158.02	150.49	152.12	79	156.39	226.67	185.91	177.04	178.97	
135.23	195.99	160.76	153.08	154.74	80	159.10	230.57	189.11	180.09	182.05	
138.21	200.30	164.28	156.43	158.15	81	160.71	232.91	191.02	181.91	183.89	
141.10	204.48	167.71	159.72	161.46	82	162.18	235.04	192.76	183.57	185.58	
143.86	208.51	171.01	162.85	164.62	83	163.49	236.95	194.33	185.07	187.09	
146.55	212.39	174.20	165.90	167.70	84	164.67	238.64	195.74	186.40	188.44	
149.12	216.12	177.27	168.81	170.65	85	165.68	240.11	196.95	187.55	189.59	
151.58	219.67	180.16	171.57	173.44	86	166.56	241.40	197.99	188.54	190.60	
153.91	223.05	182.94	174.22	176.11	87	167.29	242.46	198.85	189.37	191.44	
156.11	226.24	185.54	176.69	178.63	88	167.85	243.27	199.53	190.01	192.08	
158.16	229.22	188.00	179.04	180.99	89	168.24	243.85	200.00	190.45	192.54	
160.04	231.93	190.24	181.15	183.12	90+	168.45	244.14	200.24	190.68	192.77	

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