Omaha Insurance Company
A Mutual of Omaha Company
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE
POLICY FORMS NM39 and NM38

The Wisconsin Insurance Commissioner has set minimum standards for Medicare Supplement policies. This policy meets these standards. It, along with Medicare, may not cover all your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see "Wisconsin Guide to Health Insurance for People with Medicare" given to you when you applied for this policy. Do not buy this policy if you did not get this guide.

PREMIUM INFORMATION:
The premium for your policy will change. 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. We may also change the premium for your policy for reasons other than your attained age. 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 of this form issued in the same state to persons of the same classification. We will give you the advance written notice required by your state before we change your premium.

HOUSEHOLD PREMIUM DISCOUNT
You are eligible for a 12% household premium discount if for the past year you have resided with at least one, but no more than three, other adults who are age 60 or older. If you live with another adult who is your legal spouse, we will waive both the one-year requirement and the age 60 requirement. For the purposes of this discount, a civil union partner or domestic partner will be considered a legal spouse when such partnerships are valid and recognized in your state of residence. We may request additional documentation to determine eligibility. Your premium will be reduced by the percentage shown on the policy schedule. Your policy's household premium discount will be removed if the other adult no longer resides with you (other than in the case of his or her death).

DISCLOSURES:
Use this outline of coverage to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY:
This is only an outline of coverage 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 us.

RIGHT TO RETURN POLICY:
If you find that you are not satisfied with your policy, you may return it to us at 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 directly to you.

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 OMAHA INSURANCE COMPANY NOR ITS AGENTS ARE CONNECTED WITH MEDICARE.

ANNUAL FEMALE NON-TOBACCO PREMIUMS*
ZIP CODES: 535, 537-549

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	2,996.91	6,705.60	1,189.70	240.00	-2,460.01	66.08	19.80	19.80
65	599.33	1,341.08	238.00	240.00	-491.98	13.16	19.80	19.80
66	599.33	1,341.08	238.00	240.00	-491.98	13.16	19.80	19.80
67	599.33	1,341.08	238.00	240.00	-491.98	13.16	19.80	19.80
68	618.55	1,371.40	246.54	240.00	-491.98	13.57	19.80	19.80
69	637.78	1,401.78	255.08	240.00	-491.98	13.78	19.80	19.80
70	656.86	1,432.10	263.56	240.00	-491.98	14.06	19.80	19.80
71	676.09	1,462.42	272.24	240.00	-491.98	14.26	19.80	19.80
72	695.24	1,492.81	280.78	240.00	-491.98	14.61	19.80	19.80
73	719.36	1,551.85	290.91	240.00	-511.68	14.82	19.80	19.80
74	743.41	1,610.91	300.98	240.00	-531.39	15.09	19.80	19.80
75	767.45	1,669.96	311.10	240.00	-551.02	15.43	19.80	19.80
76	791.57	1,729.07	321.23	240.00	-570.73	15.71	19.80	19.80
77	815.55	1,788.06	331.29	240.00	-590.37	15.98	19.80	19.80
78	842.49	1,855.93	343.97	240.00	-614.00	15.98	19.80	19.80
79	869.43	1,923.87	356.51	240.00	-637.64	15.98	19.80	19.80
80	896.30	1,991.74	369.11	240.00	-661.27	15.98	19.80	19.80
81	923.17	2,059.61	381.66	240.00	-684.84	15.98	19.80	19.80
82	950.05	2,127.55	394.27	240.00	-708.47	15.98	19.80	19.80
83	971.55	2,200.18	409.29	240.00	-736.79	15.98	19.80	19.80
84	993.11	2,272.80	424.24	240.00	-765.18	15.98	19.80	19.80
85	1,014.54	2,345.42	439.19	240.00	-793.50	15.98	19.80	19.80
86	1,036.04	2,418.11	454.22	240.00	-821.82	15.98	19.80	19.80
87	1,057.54	2,490.74	469.16	240.00	-850.21	15.98	19.80	19.80
88	1,078.63	2,534.49	485.77	240.00	-867.16	15.98	19.80	19.80
89	1,100.26	2,578.73	503.07	240.00	-884.52	15.98	19.80	19.80
90	1,122.17	2,623.73	520.77	240.00	-902.22	15.98	19.80	19.80
91	1,144.70	2,669.27	539.24	240.00	-920.29	15.98	19.80	19.80
92	1,167.57	2,715.50	558.33	240.00	-938.68	15.98	19.80	19.80
93	1,190.86	2,762.36	578.04	240.00	-957.42	15.98	19.80	19.80
94	1,214.71	2,809.77	598.64	240.00	-976.58	15.98	19.80	19.80
95	1,238.97	2,857.79	619.72	240.00	-996.14	15.98	19.80	19.80
96	1,263.84	2,906.57	641.70	240.00	-1,016.06	15.98	19.80	19.80
97	1,289.12	2,955.98	664.38	240.00	-1,036.39	15.98	19.80	19.80
98	1,314.76	3,005.87	687.94	240.00	-1,057.06	15.98	19.80	19.80
99+	1,341.15	3,056.51	712.33	240.00	-1,078.21	15.98	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

**Medicare first eligible before 2020 only

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL MALE NON-TOBACCO PREMIUMS*
ZIP CODES: 535, 537-549

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	3,446.37	7,741.16	1,368.22	240.00	-2,828.99	76.00	19.80	19.80
65	689.32	1,548.20	273.62	240.00	-565.77	15.16	19.80	19.80
66	689.32	1,548.20	273.62	240.00	-565.77	15.16	19.80	19.80
67	689.32	1,548.20	273.62	240.00	-565.77	15.16	19.80	19.80
68	711.29	1,583.14	283.54	240.00	-565.77	15.50	19.80	19.80
69	733.35	1,617.94	293.32	240.00	-565.77	15.78	19.80	19.80
70	755.46	1,652.94	303.18	240.00	-565.77	16.05	19.80	19.80
71	777.51	1,687.73	312.97	240.00	-565.77	16.40	19.80	19.80
72	799.63	1,722.67	322.88	240.00	-565.77	16.68	19.80	19.80
73	827.20	1,790.61	334.53	240.00	-588.44	17.09	19.80	19.80
74	854.89	1,858.48	346.10	240.00	-611.04	17.43	19.80	19.80
75	882.59	1,926.41	357.75	240.00	-633.71	17.77	19.80	19.80
76	910.29	1,994.29	369.39	240.00	-656.31	18.05	19.80	19.80
77	937.85	2,062.23	381.04	240.00	-678.98	18.40	19.80	19.80
78	968.86	2,140.30	395.44	240.00	-706.13	18.40	19.80	19.80
79	999.80	2,218.43	409.98	240.00	-733.28	18.40	19.80	19.80
80	1,030.73	2,296.43	424.45	240.00	-760.42	18.40	19.80	19.80
81	1,061.67	2,374.57	438.98	240.00	-787.58	18.40	19.80	19.80
82	1,092.68	2,452.56	453.32	240.00	-814.72	18.40	19.80	19.80
83	1,117.28	2,536.08	470.62	240.00	-847.31	18.40	19.80	19.80
84	1,142.08	2,619.66	487.84	240.00	-879.90	18.40	19.80	19.80
85	1,166.68	2,703.18	505.07	240.00	-912.50	18.40	19.80	19.80
86	1,191.42	2,786.75	522.37	240.00	-945.09	18.40	19.80	19.80
87	1,216.02	2,870.33	539.52	240.00	-977.68	18.40	19.80	19.80
88	1,240.48	2,920.63	558.67	240.00	-997.25	18.40	19.80	19.80
89	1,265.21	2,971.49	578.45	240.00	-1,017.23	18.40	19.80	19.80
90	1,290.51	3,023.23	598.92	240.00	-1,037.55	18.40	19.80	19.80
91	1,316.34	3,075.60	620.14	240.00	-1,058.29	18.40	19.80	19.80
92	1,342.66	3,128.66	642.05	240.00	-1,079.45	18.40	19.80	19.80
93	1,369.54	3,182.61	664.78	240.00	-1,101.09	18.40	19.80	19.80
94	1,396.96	3,237.18	688.28	240.00	-1,123.07	18.40	19.80	19.80
95	1,424.87	3,292.51	712.68	240.00	-1,145.53	18.40	19.80	19.80
96	1,453.33	3,348.53	737.89	240.00	-1,168.47	18.40	19.80	19.80
97	1,482.47	3,405.23	764.01	240.00	-1,191.83	18.40	19.80	19.80
98	1,512.09	3,462.77	791.02	240.00	-1,215.68	18.40	19.80	19.80
99+	1,542.28	3,520.99	819.13	240.00	-1,239.99	18.40	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

**Medicare first eligible before 2020 only

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL FEMALE TOBACCO PREMIUMS*
ZIP CODES: 535, 537-549

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	3,444.72	7,707.59	1,367.47	240.00	-2,827.60	75.95	19.80	19.80
65	688.88	1,541.47	273.56	240.00	-565.49	15.13	19.80	19.80
66	688.88	1,541.47	273.56	240.00	-565.49	15.13	19.80	19.80
67	688.88	1,541.47	273.56	240.00	-565.49	15.13	19.80	19.80
68	710.98	1,576.32	283.38	240.00	-565.49	15.60	19.80	19.80
69	733.08	1,611.24	293.20	240.00	-565.49	15.84	19.80	19.80
70	755.01	1,646.09	302.94	240.00	-565.49	16.16	19.80	19.80
71	777.11	1,680.94	312.92	240.00	-565.49	16.39	19.80	19.80
72	799.13	1,715.87	322.74	240.00	-565.49	16.79	19.80	19.80
73	826.85	1,783.74	334.38	240.00	-588.14	17.03	19.80	19.80
74	854.49	1,851.62	345.95	240.00	-610.79	17.34	19.80	19.80
75	882.13	1,919.49	357.59	240.00	-633.36	17.74	19.80	19.80
76	909.85	1,987.44	369.23	240.00	-656.01	18.06	19.80	19.80
77	937.41	2,055.24	380.79	240.00	-678.59	18.37	19.80	19.80
78	968.38	2,133.25	395.37	240.00	-705.75	18.37	19.80	19.80
79	999.35	2,211.34	409.78	240.00	-732.92	18.37	19.80	19.80
80	1,030.23	2,289.36	424.27	240.00	-760.08	18.37	19.80	19.80
81	1,061.12	2,367.37	438.69	240.00	-787.17	18.37	19.80	19.80
82	1,092.01	2,445.46	453.18	240.00	-814.33	18.37	19.80	19.80
83	1,116.72	2,528.94	470.45	240.00	-846.89	18.37	19.80	19.80
84	1,141.51	2,612.41	487.63	240.00	-879.52	18.37	19.80	19.80
85	1,166.14	2,695.89	504.82	240.00	-912.07	18.37	19.80	19.80
86	1,190.85	2,779.44	522.09	240.00	-944.62	18.37	19.80	19.80
87	1,215.56	2,862.92	539.27	240.00	-977.25	18.37	19.80	19.80
88	1,239.80	2,913.21	558.36	240.00	-996.73	18.37	19.80	19.80
89	1,264.67	2,964.06	578.24	240.00	-1,016.69	18.37	19.80	19.80
90	1,289.85	3,015.78	598.59	240.00	-1,037.04	18.37	19.80	19.80
91	1,315.75	3,068.13	619.82	240.00	-1,057.80	18.37	19.80	19.80
92	1,342.04	3,121.27	641.76	240.00	-1,078.94	18.37	19.80	19.80
93	1,368.81	3,175.13	664.41	240.00	-1,100.48	18.37	19.80	19.80
94	1,396.22	3,229.62	688.09	240.00	-1,122.50	18.37	19.80	19.80
95	1,424.10	3,284.82	712.32	240.00	-1,144.99	18.37	19.80	19.80
96	1,452.69	3,340.89	737.59	240.00	-1,167.88	18.37	19.80	19.80
97	1,481.75	3,397.68	763.65	240.00	-1,191.25	18.37	19.80	19.80
98	1,511.22	3,455.02	790.73	240.00	-1,215.01	18.37	19.80	19.80
99+	1,541.55	3,513.23	818.77	240.00	-1,239.32	18.37	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.
**Medicare first eligible before 2020 only
To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL MALE TOBACCO PREMIUMS*
ZIP CODES: 535, 537-549

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	3,961.35	8,897.88	1,572.67	240.00	-3,251.71	87.36	19.80	19.80
65	792.32	1,779.54	314.50	240.00	-650.31	17.42	19.80	19.80
66	792.32	1,779.54	314.50	240.00	-650.31	17.42	19.80	19.80
67	792.32	1,779.54	314.50	240.00	-650.31	17.42	19.80	19.80
68	817.58	1,819.70	325.91	240.00	-650.31	17.82	19.80	19.80
69	842.93	1,859.70	337.15	240.00	-650.31	18.14	19.80	19.80
70	868.35	1,899.93	348.48	240.00	-650.31	18.45	19.80	19.80
71	893.69	1,939.92	359.73	240.00	-650.31	18.85	19.80	19.80
72	919.12	1,980.08	371.13	240.00	-650.31	19.17	19.80	19.80
73	950.80	2,058.17	384.52	240.00	-676.37	19.64	19.80	19.80
74	982.63	2,136.18	397.82	240.00	-702.35	20.04	19.80	19.80
75	1,014.47	2,214.27	411.21	240.00	-728.40	20.43	19.80	19.80
76	1,046.31	2,292.29	424.59	240.00	-754.38	20.75	19.80	19.80
77	1,077.99	2,370.38	437.98	240.00	-780.44	21.15	19.80	19.80
78	1,113.63	2,460.11	454.53	240.00	-811.64	21.15	19.80	19.80
79	1,149.19	2,549.92	471.24	240.00	-842.85	21.15	19.80	19.80
80	1,184.75	2,639.58	487.87	240.00	-874.05	21.15	19.80	19.80
81	1,220.31	2,729.39	504.58	240.00	-905.26	21.15	19.80	19.80
82	1,255.95	2,819.04	521.06	240.00	-936.46	21.15	19.80	19.80
83	1,284.23	2,915.04	540.94	240.00	-973.92	21.15	19.80	19.80
84	1,312.74	3,011.10	560.74	240.00	-1,011.38	21.15	19.80	19.80
85	1,341.01	3,107.10	580.54	240.00	-1,048.85	21.15	19.80	19.80
86	1,369.45	3,203.16	600.42	240.00	-1,086.31	21.15	19.80	19.80
87	1,397.72	3,299.23	620.14	240.00	-1,123.77	21.15	19.80	19.80
88	1,425.84	3,357.05	642.15	240.00	-1,146.26	21.15	19.80	19.80
89	1,454.27	3,415.50	664.88	240.00	-1,169.23	21.15	19.80	19.80
90	1,483.34	3,474.98	688.41	240.00	-1,192.59	21.15	19.80	19.80
91	1,513.04	3,535.17	712.80	240.00	-1,216.43	21.15	19.80	19.80
92	1,543.29	3,596.16	737.99	240.00	-1,240.75	21.15	19.80	19.80
93	1,574.18	3,658.17	764.12	240.00	-1,265.62	21.15	19.80	19.80
94	1,605.70	3,720.90	791.13	240.00	-1,290.88	21.15	19.80	19.80
95	1,637.78	3,784.49	819.17	240.00	-1,316.70	21.15	19.80	19.80
96	1,670.49	3,848.88	848.15	240.00	-1,343.07	21.15	19.80	19.80
97	1,703.99	3,914.06	878.17	240.00	-1,369.92	21.15	19.80	19.80
98	1,738.04	3,980.20	909.22	240.00	-1,397.33	21.15	19.80	19.80
99+	1,772.73	4,047.12	941.53	240.00	-1,425.28	21.15	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

**Medicare first eligible before 2020 only

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ANNUAL FEMALE NON-TOBACCO PREMIUMS*
ZIP CODES: 530-532, 534

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	3,541.80	7,924.80	1,406.01	240.00	-2,907.29	78.09	19.80	19.80
65	708.29	1,584.91	281.26	240.00	-581.42	15.56	19.80	19.80
66	708.29	1,584.91	281.26	240.00	-581.42	15.56	19.80	19.80
67	708.29	1,584.91	281.26	240.00	-581.42	15.56	19.80	19.80
68	731.02	1,620.74	291.36	240.00	-581.42	16.04	19.80	19.80
69	753.73	1,656.65	301.46	240.00	-581.42	16.29	19.80	19.80
70	776.29	1,692.48	311.48	240.00	-581.42	16.61	19.80	19.80
71	799.01	1,728.32	321.73	240.00	-581.42	16.86	19.80	19.80
72	821.65	1,764.22	331.84	240.00	-581.42	17.26	19.80	19.80
73	850.15	1,834.01	343.81	240.00	-604.71	17.50	19.80	19.80
74	878.57	1,903.79	355.69	240.00	-628.00	17.84	19.80	19.80
75	906.99	1,973.59	367.66	240.00	-651.21	18.24	19.80	19.80
76	935.49	2,043.46	379.63	240.00	-674.50	18.57	19.80	19.80
77	963.83	2,113.16	391.53	240.00	-697.71	18.90	19.80	19.80
78	995.67	2,193.37	406.51	240.00	-725.64	18.90	19.80	19.80
79	1,027.50	2,273.67	421.33	240.00	-753.57	18.90	19.80	19.80
80	1,059.27	2,353.87	436.24	240.00	-781.50	18.90	19.80	19.80
81	1,091.02	2,434.09	451.05	240.00	-809.35	18.90	19.80	19.80
82	1,122.79	2,514.38	465.95	240.00	-837.29	18.90	19.80	19.80
83	1,148.19	2,600.20	483.70	240.00	-870.75	18.90	19.80	19.80
84	1,173.68	2,686.04	501.38	240.00	-904.30	18.90	19.80	19.80
85	1,199.01	2,771.86	519.05	240.00	-937.77	18.90	19.80	19.80
86	1,224.41	2,857.78	536.80	240.00	-971.24	18.90	19.80	19.80
87	1,249.82	2,943.60	554.47	240.00	-1,004.79	18.90	19.80	19.80
88	1,274.73	2,995.31	574.10	240.00	-1,024.83	18.90	19.80	19.80
89	1,300.30	3,047.59	594.53	240.00	-1,045.34	18.90	19.80	19.80
90	1,326.20	3,100.77	615.46	240.00	-1,066.27	18.90	19.80	19.80
91	1,352.83	3,154.59	637.28	240.00	-1,087.60	18.90	19.80	19.80
92	1,379.86	3,209.24	659.84	240.00	-1,109.35	18.90	19.80	19.80
93	1,407.39	3,264.61	683.13	240.00	-1,131.50	18.90	19.80	19.80
94	1,435.56	3,320.63	707.48	240.00	-1,154.13	18.90	19.80	19.80
95	1,464.23	3,377.39	732.40	240.00	-1,177.27	18.90	19.80	19.80
96	1,493.62	3,435.05	758.38	240.00	-1,200.80	18.90	19.80	19.80
97	1,523.51	3,493.43	785.17	240.00	-1,224.82	18.90	19.80	19.80
98	1,553.80	3,552.39	813.02	240.00	-1,249.25	18.90	19.80	19.80
99+	1,584.99	3,612.24	841.85	240.00	-1,274.25	18.90	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

**Medicare first eligible before 2020 only

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL MALE NON-TOBACCO PREMIUMS*
ZIP CODES: 530-532, 534

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	4,072.98	9,148.64	1,617.00	240.00	-3,343.36	89.82	19.80	19.80
65	814.64	1,829.70	323.37	240.00	-668.64	17.91	19.80	19.80
66	814.64	1,829.70	323.37	240.00	-668.64	17.91	19.80	19.80
67	814.64	1,829.70	323.37	240.00	-668.64	17.91	19.80	19.80
68	840.62	1,870.98	335.09	240.00	-668.64	18.32	19.80	19.80
69	866.68	1,912.10	346.66	240.00	-668.64	18.64	19.80	19.80
70	892.82	1,953.47	358.30	240.00	-668.64	18.97	19.80	19.80
71	918.88	1,994.60	369.86	240.00	-668.64	19.38	19.80	19.80
72	945.02	2,035.88	381.59	240.00	-668.64	19.71	19.80	19.80
73	977.59	2,116.17	395.35	240.00	-695.43	20.19	19.80	19.80
74	1,010.33	2,196.38	409.03	240.00	-722.13	20.60	19.80	19.80
75	1,043.06	2,276.68	422.79	240.00	-748.93	21.01	19.80	19.80
76	1,075.80	2,356.88	436.56	240.00	-775.64	21.33	19.80	19.80
77	1,108.37	2,437.17	450.32	240.00	-802.43	21.74	19.80	19.80
78	1,145.02	2,529.44	467.34	240.00	-834.51	21.74	19.80	19.80
79	1,181.58	2,621.79	484.52	240.00	-866.60	21.74	19.80	19.80
80	1,218.14	2,713.97	501.62	240.00	-898.68	21.74	19.80	19.80
81	1,254.71	2,806.31	518.81	240.00	-930.77	21.74	19.80	19.80
82	1,291.35	2,898.49	535.74	240.00	-962.86	21.74	19.80	19.80
83	1,320.42	2,997.18	556.18	240.00	-1,001.37	21.74	19.80	19.80
84	1,349.74	3,095.96	576.54	240.00	-1,039.88	21.74	19.80	19.80
85	1,378.81	3,194.66	596.90	240.00	-1,078.40	21.74	19.80	19.80
86	1,408.04	3,293.44	617.33	240.00	-1,116.92	21.74	19.80	19.80
87	1,437.11	3,392.22	637.61	240.00	-1,155.44	21.74	19.80	19.80
88	1,466.02	3,451.66	660.25	240.00	-1,178.56	21.74	19.80	19.80
89	1,495.25	3,511.76	683.62	240.00	-1,202.18	21.74	19.80	19.80
90	1,525.14	3,572.91	707.81	240.00	-1,226.20	21.74	19.80	19.80
91	1,555.67	3,634.80	732.89	240.00	-1,250.71	21.74	19.80	19.80
92	1,586.78	3,697.50	758.78	240.00	-1,275.72	21.74	19.80	19.80
93	1,618.54	3,761.26	785.65	240.00	-1,301.29	21.74	19.80	19.80
94	1,650.96	3,825.76	813.42	240.00	-1,327.26	21.74	19.80	19.80
95	1,683.93	3,891.14	842.25	240.00	-1,353.81	21.74	19.80	19.80
96	1,717.56	3,957.35	872.05	240.00	-1,380.92	21.74	19.80	19.80
97	1,752.01	4,024.37	902.92	240.00	-1,408.53	21.74	19.80	19.80
98	1,787.02	4,092.37	934.84	240.00	-1,436.70	21.74	19.80	19.80
99+	1,822.69	4,161.18	968.07	240.00	-1,465.45	21.74	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.
**Medicare first eligible before 2020 only
To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL FEMALE TOBACCO PREMIUMS*
ZIP CODES: 530-532, 534

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	4,071.04	9,108.96	1,616.10	240.00	-3,341.71	89.76	19.80	19.80
65	814.13	1,821.74	323.29	240.00	-668.30	17.88	19.80	19.80
66	814.13	1,821.74	323.29	240.00	-668.30	17.88	19.80	19.80
67	814.13	1,821.74	323.29	240.00	-668.30	17.88	19.80	19.80
68	840.25	1,862.92	334.90	240.00	-668.30	18.44	19.80	19.80
69	866.36	1,904.20	346.51	240.00	-668.30	18.72	19.80	19.80
70	892.29	1,945.38	358.02	240.00	-668.30	19.09	19.80	19.80
71	918.40	1,986.57	369.81	240.00	-668.30	19.38	19.80	19.80
72	944.42	2,027.84	381.42	240.00	-668.30	19.84	19.80	19.80
73	977.18	2,108.06	395.18	240.00	-695.07	20.12	19.80	19.80
74	1,009.85	2,188.27	408.84	240.00	-721.84	20.50	19.80	19.80
75	1,042.52	2,268.49	422.60	240.00	-748.52	20.97	19.80	19.80
76	1,075.28	2,348.80	436.36	240.00	-775.29	21.34	19.80	19.80
77	1,107.85	2,428.92	450.03	240.00	-801.96	21.72	19.80	19.80
78	1,144.45	2,521.12	467.25	240.00	-834.07	21.72	19.80	19.80
79	1,181.04	2,613.41	484.29	240.00	-866.17	21.72	19.80	19.80
80	1,217.55	2,705.60	501.42	240.00	-898.28	21.72	19.80	19.80
81	1,254.05	2,797.80	518.45	240.00	-930.29	21.72	19.80	19.80
82	1,290.56	2,890.09	535.58	240.00	-962.40	21.72	19.80	19.80
83	1,319.76	2,988.74	555.98	240.00	-1,000.86	21.72	19.80	19.80
84	1,349.06	3,087.40	576.30	240.00	-1,039.43	21.72	19.80	19.80
85	1,378.17	3,186.05	596.61	240.00	-1,077.90	21.72	19.80	19.80
86	1,407.37	3,284.80	617.01	240.00	-1,116.37	21.72	19.80	19.80
87	1,436.57	3,383.45	637.32	240.00	-1,154.93	21.72	19.80	19.80
88	1,465.21	3,442.89	659.88	240.00	-1,177.96	21.72	19.80	19.80
89	1,494.60	3,502.98	683.37	240.00	-1,201.54	21.72	19.80	19.80
90	1,524.37	3,564.10	707.43	240.00	-1,225.60	21.72	19.80	19.80
91	1,554.98	3,625.97	732.51	240.00	-1,250.12	21.72	19.80	19.80
92	1,586.05	3,688.78	758.44	240.00	-1,275.11	21.72	19.80	19.80
93	1,617.69	3,752.42	785.21	240.00	-1,300.57	21.72	19.80	19.80
94	1,650.07	3,816.82	813.20	240.00	-1,326.59	21.72	19.80	19.80
95	1,683.02	3,882.06	841.84	240.00	-1,353.18	21.72	19.80	19.80
96	1,716.81	3,948.33	871.70	240.00	-1,380.23	21.72	19.80	19.80
97	1,751.16	4,015.44	902.49	240.00	-1,407.84	21.72	19.80	19.80
98	1,785.98	4,083.21	934.50	240.00	-1,435.92	21.72	19.80	19.80
99+	1,821.83	4,152.00	967.64	240.00	-1,464.65	21.72	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.
**Medicare first eligible before 2020 only
To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL MALE TOBACCO PREMIUMS*
ZIP CODES: 530-532, 534

Attained Age	2020 High Deductible Policy Form NM38	Basic Policy Form NM39	Part A Deductible Rider 0PN8F	Part B** Deductible Rider 0PP1F	Part B Copay/ Coinsurance Rider 0PP3F	Part B Excess Rider 0PP2F	Additional Home Health Rider 0PN9F	Foreign Travel Rider 0PP4F
Thru 64	4,681.59	10,515.68	1,858.62	240.00	-3,842.94	103.24	19.80	19.80
65	936.37	2,103.10	371.69	240.00	-768.55	20.59	19.80	19.80
66	936.37	2,103.10	371.69	240.00	-768.55	20.59	19.80	19.80
67	936.37	2,103.10	371.69	240.00	-768.55	20.59	19.80	19.80
68	966.23	2,150.55	385.16	240.00	-768.55	21.06	19.80	19.80
69	996.18	2,197.82	398.46	240.00	-768.55	21.43	19.80	19.80
70	1,026.23	2,245.37	411.84	240.00	-768.55	21.81	19.80	19.80
71	1,056.18	2,292.64	425.13	240.00	-768.55	22.28	19.80	19.80
72	1,086.23	2,340.09	438.61	240.00	-768.55	22.65	19.80	19.80
73	1,123.67	2,432.38	454.43	240.00	-799.34	23.21	19.80	19.80
74	1,161.30	2,524.58	470.15	240.00	-830.04	23.68	19.80	19.80
75	1,198.92	2,616.87	485.97	240.00	-860.84	24.15	19.80	19.80
76	1,236.55	2,709.06	501.79	240.00	-891.54	24.52	19.80	19.80
77	1,273.99	2,801.35	517.61	240.00	-922.33	24.99	19.80	19.80
78	1,316.11	2,907.40	537.17	240.00	-959.21	24.99	19.80	19.80
79	1,358.14	3,013.55	556.92	240.00	-996.09	24.99	19.80	19.80
80	1,400.16	3,119.50	576.58	240.00	-1,032.97	24.99	19.80	19.80
81	1,442.19	3,225.64	596.33	240.00	-1,069.85	24.99	19.80	19.80
82	1,484.31	3,331.60	615.79	240.00	-1,106.73	24.99	19.80	19.80
83	1,517.72	3,445.04	639.29	240.00	-1,151.00	24.99	19.80	19.80
84	1,551.42	3,558.58	662.69	240.00	-1,195.27	24.99	19.80	19.80
85	1,584.84	3,672.02	686.09	240.00	-1,239.54	24.99	19.80	19.80
86	1,618.44	3,785.56	709.58	240.00	-1,283.82	24.99	19.80	19.80
87	1,651.85	3,899.10	732.89	240.00	-1,328.09	24.99	19.80	19.80
88	1,685.08	3,967.42	758.91	240.00	-1,354.67	24.99	19.80	19.80
89	1,718.68	4,036.50	785.77	240.00	-1,381.82	24.99	19.80	19.80
90	1,753.03	4,106.79	813.57	240.00	-1,409.43	24.99	19.80	19.80
91	1,788.13	4,177.93	842.40	240.00	-1,437.60	24.99	19.80	19.80
92	1,823.89	4,250.00	872.16	240.00	-1,466.34	24.99	19.80	19.80
93	1,860.39	4,323.29	903.05	240.00	-1,495.73	24.99	19.80	19.80
94	1,897.65	4,397.42	934.97	240.00	-1,525.59	24.99	19.80	19.80
95	1,935.55	4,472.58	968.10	240.00	-1,556.10	24.99	19.80	19.80
96	1,974.21	4,548.68	1,002.36	240.00	-1,587.27	24.99	19.80	19.80
97	2,013.80	4,625.71	1,037.84	240.00	-1,619.00	24.99	19.80	19.80
98	2,054.05	4,703.87	1,074.53	240.00	-1,651.38	24.99	19.80	19.80
99+	2,095.05	4,782.96	1,112.72	240.00	-1,684.43	24.99	19.80	19.80

*See PREMIUM INFORMATION regarding Household Premium Discount rating.
**Medicare first eligible before 2020 only
To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ADDITIONAL BENEFITS

KIDNEY DISEASE BENEFITS:
We will pay the usual and customary charges which are not payable under Medicare that you incur for necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, transplantation, and donor-related services. Benefits are not payable for that portion of expense that is paid under any other part of this policy. Benefits will be reduced by like benefits payable under any other policy you have with us. Benefits are limited to $30,000 per calendar year.

CHIROPRACTIC BENEFITS:
We will pay the usual and customary charges which are not payable under Medicare that you incur for medically necessary services received from a chiropractor.

DIABETES BENEFITS:
We will pay the usual and customary charges which are not payable under Medicare that you incur for:

(a) the installation and use of an insulin infusion pump, limited to one pump each year which is used for at least 30 days before purchase;
(b) other equipment and supplies for the treatment of diabetes that are not covered by Medicare Part D; and
(c) diabetic self-management education programs.

In order to avoid duplication of coverage under Medicare Part D, benefits listed under (b) do not include prescription medication, prescription insulin, and some supplies.

BREAST RECONSTRUCTION BENEFIT:
We will pay the usual and customary charges which are not payable under Medicare that you incur for breast reconstruction incident to a mastectomy.

HOSPITAL OR AMBULATORY DENTAL BENEFIT:
We will pay the usual and customary charges which are not payable under Medicare for surgery you receive at a hospital or ambulatory surgery center, and anesthetics provided, in conjunction with dental care if:
(a) you have a chronic health condition; or
(b) you have a medical condition that requires hospitalization or general anesthesia for dental care.

LIMITATIONS AND EXCLUSIONS:
We will not pay benefits for:
(a) expenses you incur while your policy is not in force, except as provided in the EXTENSION OF BENEFITS section;
(b) your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force;

(c) that portion of any expense you incur which is paid for by Medicare;
(d) that portion of any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis;
(e) non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions;
(f) services for which a charge is not normally made in the absence of insurance;
(g) loss or expense that is payable under any other Medicare supplement insurance policy or certificate;
(h) skilled nursing facility costs beyond what is covered by Medicare and the 30 days covered under the **Medicare Part A Skilled Nursing Facility Benefit** provision of your policy;
(i) home care above the number of visits covered by Medicare and the 40 visits per year covered under the **Home Care Benefit** provision of your policy;
(j) physician charges above Medicare's approved charge;
(k) outpatient prescription drugs;
(l) most care received outside of the United States;
(m) routine dental care, dentures, cosmetic surgery, routine foot care, the cost of eyeglasses, and the cost of hearing aids, unless eligible under Medicare;
(n) emergency care anywhere or for care received outside the service area if this care is treated differently from other covered benefits; or
(o) anything beyond usual, customary, and reasonable limitations.

GRIEVANCE:
Grievance means dissatisfaction which you express to us in writing regarding our provision of services, determination to reform or rescind a policy, determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorder, or claims practices. We have established a grievance procedure for resolving any grievance you may have. You must submit a grievance in writing to the following address as soon as reasonably possible:

Grievance Review
Mutual of Omaha Insurance Company
P.O. Box 2620
Omaha, NE 68103-2620

MEDICARE SUPPLEMENT ANNUAL PREMIUM

CHOOSE EITHER HIGH DEDUCTIBLE POLICY OR BASIC POLICY

$_____ 2020 HIGH DEDUCTIBLE POLICY NM38

$_____ BASIC POLICY NM39

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT BASIC POLICY NM39
Each of these riders may be purchased separately. NOTE: Only optional coverages provided by riders are listed here.

$_____ Part A Deductible Rider 0PN8F
100% of Part A Deductible

$_____ Part B Deductible Rider 0PP1F (Medicare first eligible before 2020 only)
100% of Part B Deductible

$_____ Part B Copay/Coinsurance Rider 0PP3F
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."

$_____ Part B Excess Charges Rider 0PP2F
The difference between what Medicare pays and the amount charged by the provider which may be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less.

$_____ Additional Home Health Care Rider 0PN9F
An aggregate of 365 visits per year including those covered by Medicare.

$_____ Foreign Travel Emergency Rider 0PP4F
After a deductible of not greater than $250.00, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip with a lifetime maximum of at least $50,000.00.

$_____ TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS

IN ADDITION TO THIS OUTLINE OF COVERAGE, WE WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.

NM39 - BASIC POLICY – PART A BENEFITS

*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	Basic Policy Pays	You Pay
HOSPITALIZATION* - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,632	$0	$1,632 (Part A deductible)
		**□Optional Part A Deductible Rider 0PN8F	$0
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after (while using 60 lifetime reserve days):	All but $816 a day	$816 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 $204 a day	Up to $204 a day	$0
101st day and after	$0	$0	All costs
INPATIENT PSYCHIATRIC CARE – In a participating psychiatric hospital			
	190 days per lifetime	175 additional days per lifetime	The expense you incur after Medicare has paid 190 days and we have paid 175 additional days
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE – Available as long as your doctor certifies you are terminally ill and you elect to receive these services			
	All but very limited copay/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

**This is an optional rider. You purchased this benefit if the box is checked and you paid the premium. ***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".

NM39 - BASIC POLICY – PART B BENEFITS

*Once you have been billed $240 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	Basic Policy 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 $240 of Medicare-approved amounts*	$0	$0	$240 (Part B deductible)
		**□Optional Part B Deductible Rider 0PP1F	$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	Expenses incurred above the Medicare-approved charges
		***□Optional Part B Copay Rider 0PP3F	Up to $20 per office visit and up to $50 per emergency room visit
		**□Optional Part B Excess rider 0PP2F	Expenses not paid by Medicare or the policy
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare-approved amounts*	$0	$240 (Part B deductible)	$0
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES			
	100%	$0	$0
HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
	100% of charges for visits considered medically necessary by Medicare	40 visits	Expenses not covered by Medicare or the policy
		***□Optional Additional Home Care Rider 0PN9F	
PREVENTIVE MEDICAL CARE BENEFIT – Not covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.			
First $150 each calendar year	$0	$150	$0
Additional charges	$0	$0	All costs

FOREIGN TRAVEL – NOT COVERED BY MEDICARE - 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
Remainder of charges	$0	$0	All Costs
		**□Optional Foreign Travel Emergency Rider 0PP4F; 80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum benefit

**This is an optional rider. You purchased this benefit if the box is checked and you paid the premium. ***This is an optional rider that may decrease your premium when you pay copayments for medical and emergency room visits.

NM38 HIGH DEDUCTIBLE POLICY – PART A BENEFITS

*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	High Deductible Policy pays (After you pay $2,800 deductible***)	You Pay (In addition to $2,800 deductible***)
HOSPITALIZATION* - Semiprivate room and board, general nursing, and miscellaneous services and supplies			
First 60 days	All but $1,632	$1,632 (Part A deductible)	$0
61st through 90th day	All but $408 a day	$408 a day	$0
91st day and after (while using 60 lifetime reserve days):	All but $816 a day	$816 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 $204 a day	Up to $204 a day	$0
101st day and after	$0	$0	All costs
INPATIENT PSYCHIATRIC CARE – In a participating psychiatric hospital			
	190 days per lifetime	175 additional days per lifetime	The expense you incur after Medicare has paid 190 days and we have paid 175 additional days
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE – Available as long as your doctor certifies you are terminally ill and you elect to receive these services			
	All but very limited copay/ 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". ***High deductible policy pays the same benefits as Basic policy after one has paid a calendar year $2,800 deductible. Benefits from high deductible Policy will not begin until out-of-pocket expenses exceed $2,800. 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 policy's separate foreign travel emergency deductible.

NM38 - HIGH DEDUCTIBLE POLICY – PART B BENEFITS

*Once you have been billed $240 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	High Deductible Policy pays (After you pay $2,800 deductible***)	You Pay (In addition to $2,800 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			
First $240 of Medicare-approved amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	Expense incurred above the Medicare-approved charges
BLOOD			
First 3 pints	$0	All costs	$0
Next $240 of Medicare-approved amounts*	$0	$0	$240 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES			
	100%	$0	$0
HOME HEALTH CARE – MEDICARE-APPROVED SERVICES			
	100% of charges for visits considered medically necessary by Medicare	365 visits	Expense not covered by Medicare or the policy
PREVENTIVE MEDICAL CARE BENEFIT – Not covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare.			
First $150 each calendar year	$0	$150	$0
Additional charges	$0	$0	All costs

FOREIGN TRAVEL – NOT COVERED BY MEDICARE 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
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum benefit

***High deductible policy pays the same benefits as Basic policy after one has paid a calendar year $2,800 deductible. Benefits from high deductible policy will not begin until out-of-pocket expenses exceed $2,800. 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 policy's separate foreign travel emergency deductible.