# 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, HIGH DEDUCTIBLE G AND N**

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" and either Plan C or F available for those eligible for Medicare prior to January 1, 2020 and either Plan D or G available for those eligible for Medicare on or after January 1, 2020. Some plans may not be available in your state. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and High Deductible F.

Note: A ✓ means 100% of the benefit is paid.

| Benefits | Plans Available to All Applicants | | | | | | | | | Medicare first eligible before 2020 only | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **PLAN A** | PLAN B | PLAN D | **PLAN G** | **G**[1] | PLAN K | PLAN L | PLAN M | **PLAN N** | PLAN C | **PLAN F** | **F**[1] |
| Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up) | ✓ | ✓ | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Medicare Part B coinsurance or Copayment | ✓ | ✓ | ✓ | ✓ | | 50% | 75% | ✓ | ✓ copays apply[3] | ✓ | ✓ | |
| Blood (first three pints each year) | ✓ | ✓ | ✓ | ✓ | | 50% | 75% | ✓ | ✓ | ✓ | ✓ | |
| Part A hospice care coinsurance or copayment | ✓ | ✓ | ✓ | ✓ | | 50% | 75% | ✓ | ✓ | ✓ | ✓ | |
| Skilled nursing facility coinsurance | | | ✓ | ✓ | | 50% | 75% | ✓ | ✓ | ✓ | ✓ | |
| Medicare Part A deductible | | ✓ | ✓ | ✓ | | 50% | 75% | 50% | ✓ | ✓ | ✓ | |
| Medicare Part B deductible | | | | | | | | | | ✓ | ✓ | |
| Medicare Part B excess charges | | | | ✓ | | | | | | | ✓ | |
| Foreign travel emergency (up to plan limits) | | | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | |
| Out-of-pocket limit in 2024[2] | | | | | | $7,060[2] | $3,530[2] | | | | | |

[1]Plans F and G also have a high deductible option which require first paying a plan deductible $2,800 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

[2]Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

[3]Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to $20 for some office visits and up to a $50 co-payment for emergency room visits that do not result in an inpatient admission.

**MONTHLY NON-TOBACCO PREMIUMS***
**ZIP CODES: 400, 403-409, 411-414, 419-427**
**These premiums are used when applying during an Open Enrollment or Guaranteed Issue Period**

| FEMALE | | | | | | | MALE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 |
| 119.28 | 218.30 | 48.99 | 169.66 | 43.42 | 122.47 | **Thru 64** | 137.17 | 251.05 | 56.34 | 195.12 | 49.96 | 140.84 |
| 105.45 | 194.88 | 43.74 | 150.00 | 38.74 | 108.27 | **65** | 121.26 | 224.11 | 50.30 | 172.49 | 44.58 | 124.51 |
| 105.45 | 194.88 | 43.74 | 150.00 | 38.74 | 108.27 | **66** | 121.26 | 224.11 | 50.30 | 172.49 | 44.58 | 124.51 |
| 105.45 | 194.88 | 43.74 | 150.00 | 38.74 | 108.27 | **67** | 121.26 | 224.11 | 50.30 | 172.49 | 44.58 | 124.51 |
| 108.61 | 200.33 | 44.96 | 154.47 | 39.83 | 111.51 | **68** | 124.90 | 230.39 | 51.71 | 177.68 | 45.83 | 128.25 |
| 111.77 | 205.79 | 46.19 | 158.98 | 40.92 | 114.75 | **69** | 128.54 | 236.65 | 53.11 | 182.85 | 47.09 | 131.97 |
| 114.94 | 211.25 | 47.41 | 163.50 | 42.01 | 118.00 | **70** | 132.17 | 242.94 | 54.53 | 188.01 | 48.34 | 135.71 |
| 118.10 | 216.69 | 48.63 | 167.99 | 43.10 | 121.26 | **71** | 135.81 | 249.22 | 55.93 | 193.18 | 49.59 | 139.44 |
| 121.26 | 222.16 | 49.87 | 172.49 | 44.19 | 124.51 | **72** | 139.45 | 255.49 | 57.34 | 198.37 | 50.85 | 143.18 |
| 126.12 | 229.72 | 51.56 | 179.37 | 45.70 | 129.48 | **73** | 145.03 | 264.17 | 59.29 | 206.29 | 52.58 | 148.91 |
| 130.97 | 237.26 | 53.26 | 186.29 | 47.21 | 134.46 | **74** | 150.61 | 272.85 | 61.24 | 214.23 | 54.31 | 154.64 |
| 135.81 | 244.82 | 54.95 | 193.18 | 48.72 | 139.44 | **75** | 156.18 | 281.55 | 63.19 | 222.16 | 56.05 | 160.36 |
| 140.67 | 252.38 | 56.65 | 200.08 | 50.23 | 144.41 | **76** | 161.77 | 290.24 | 65.13 | 230.09 | 57.78 | 166.09 |
| 145.51 | 259.93 | 58.34 | 206.99 | 51.73 | 149.40 | **77** | 167.34 | 298.93 | 67.09 | 238.03 | 59.52 | 171.81 |
| 149.59 | 267.74 | 60.08 | 212.79 | 53.29 | 153.59 | **78** | 172.03 | 307.89 | 69.10 | 244.70 | 61.31 | 176.62 |
| 153.67 | 275.52 | 61.84 | 218.57 | 54.85 | 157.77 | **79** | 176.71 | 316.85 | 71.11 | 251.37 | 63.10 | 181.43 |
| 157.74 | 283.32 | 63.58 | 224.37 | 56.40 | 161.95 | **80** | 181.40 | 325.83 | 73.13 | 258.03 | 64.89 | 186.24 |
| 161.82 | 291.11 | 65.34 | 230.16 | 57.96 | 166.14 | **81** | 186.08 | 334.78 | 75.13 | 264.69 | 66.68 | 191.05 |
| 165.90 | 298.93 | 67.09 | 235.96 | 59.52 | 170.32 | **82** | 190.76 | 343.76 | 77.15 | 271.35 | 68.47 | 195.86 |
| 170.86 | 307.89 | 69.10 | 243.06 | 61.31 | 175.43 | **83** | 196.49 | 354.07 | 79.46 | 279.50 | 70.53 | 201.74 |
| 175.84 | 316.85 | 71.11 | 250.12 | 63.10 | 180.53 | **84** | 202.21 | 364.39 | 81.77 | 287.64 | 72.59 | 207.61 |
| 180.82 | 325.83 | 73.13 | 257.20 | 64.89 | 185.65 | **85** | 207.95 | 374.69 | 84.09 | 295.78 | 74.65 | 213.49 |
| 185.79 | 334.78 | 75.13 | 264.28 | 66.68 | 190.75 | **86** | 213.67 | 385.02 | 86.41 | 303.93 | 76.72 | 219.37 |
| 190.76 | 343.76 | 77.15 | 271.35 | 68.47 | 195.86 | **87** | 219.39 | 395.33 | 88.72 | 312.06 | 78.78 | 225.25 |
| 194.59 | 350.64 | 78.69 | 276.79 | 69.85 | 199.78 | **88** | 223.77 | 403.23 | 90.50 | 318.29 | 80.36 | 229.74 |
| 198.48 | 357.64 | 80.27 | 282.32 | 71.25 | 203.78 | **89** | 228.24 | 411.29 | 92.31 | 324.66 | 81.97 | 234.34 |
| 202.45 | 364.79 | 81.87 | 287.97 | 72.68 | 207.85 | **90** | 232.82 | 419.51 | 94.16 | 331.16 | 83.61 | 239.04 |
| 206.51 | 372.11 | 83.51 | 293.73 | 74.13 | 212.02 | **91** | 237.48 | 427.91 | 96.04 | 337.78 | 85.28 | 243.81 |
| 210.62 | 379.54 | 85.19 | 299.60 | 75.63 | 216.25 | **92** | 242.22 | 436.47 | 97.96 | 344.54 | 87.00 | 248.69 |
| 214.84 | 387.12 | 86.89 | 305.60 | 77.14 | 220.58 | **93** | 247.07 | 445.19 | 99.91 | 351.43 | 88.74 | 253.66 |
| 219.14 | 394.87 | 88.62 | 311.71 | 78.69 | 224.98 | **94** | 252.01 | 454.09 | 101.91 | 358.46 | 90.51 | 258.74 |
| 223.51 | 402.77 | 90.40 | 317.94 | 80.27 | 229.48 | **95** | 257.05 | 463.18 | 103.95 | 365.63 | 92.33 | 263.91 |
| 227.99 | 410.83 | 92.21 | 324.29 | 81.88 | 234.08 | **96** | 262.19 | 472.44 | 106.03 | 372.95 | 94.18 | 269.19 |
| 232.55 | 419.03 | 94.05 | 330.77 | 83.51 | 238.75 | **97** | 267.43 | 481.89 | 108.16 | 380.40 | 96.07 | 274.57 |
| 237.20 | 427.41 | 95.93 | 337.41 | 85.19 | 243.53 | **98** | 272.79 | 491.54 | 110.31 | 388.00 | 97.99 | 280.07 |
| 241.95 | 435.97 | 97.84 | 344.14 | 86.89 | 248.40 | **99+** | 278.24 | 501.37 | 112.52 | 395.77 | 99.96 | 285.67 |

*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: 400, 403-409, 411-414, 419-427**

| FEMALE | | | | | | | MALE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 |
| 128.96 | 236.00 | 52.97 | 183.42 | 46.94 | 132.40 | **Thru 64** | 148.29 | 271.40 | 60.91 | 210.95 | 54.01 | 152.26 |
| 114.00 | 210.68 | 47.29 | 162.16 | 41.88 | 117.05 | **65** | 131.09 | 242.28 | 54.38 | 186.48 | 48.20 | 134.60 |
| 114.00 | 210.68 | 47.29 | 162.16 | 41.88 | 117.05 | **66** | 131.09 | 242.28 | 54.38 | 186.48 | 48.20 | 134.60 |
| 114.00 | 210.68 | 47.29 | 162.16 | 41.88 | 117.05 | **67** | 131.09 | 242.28 | 54.38 | 186.48 | 48.20 | 134.60 |
| 117.41 | 216.58 | 48.61 | 167.00 | 43.06 | 120.55 | **68** | 135.03 | 249.07 | 55.90 | 192.08 | 49.55 | 138.65 |
| 120.83 | 222.47 | 49.94 | 171.87 | 44.24 | 124.06 | **69** | 138.96 | 255.84 | 57.42 | 197.67 | 50.90 | 142.67 |
| 124.26 | 228.38 | 51.26 | 176.75 | 45.41 | 127.57 | **70** | 142.89 | 262.64 | 58.95 | 203.26 | 52.26 | 146.72 |
| 127.68 | 234.26 | 52.58 | 181.61 | 46.59 | 131.09 | **71** | 146.82 | 269.43 | 60.47 | 208.85 | 53.61 | 150.75 |
| 131.09 | 240.17 | 53.91 | 186.48 | 47.78 | 134.60 | **72** | 150.76 | 276.21 | 61.99 | 214.46 | 54.97 | 154.79 |
| 136.34 | 248.35 | 55.74 | 193.91 | 49.40 | 139.98 | **73** | 156.79 | 285.59 | 64.10 | 223.02 | 56.84 | 160.98 |
| 141.59 | 256.50 | 57.58 | 201.40 | 51.04 | 145.37 | **74** | 162.83 | 294.98 | 66.20 | 231.60 | 58.72 | 167.18 |
| 146.82 | 264.68 | 59.40 | 208.85 | 52.67 | 150.75 | **75** | 168.85 | 304.38 | 68.31 | 240.17 | 60.59 | 173.36 |
| 152.07 | 272.84 | 61.24 | 216.31 | 54.30 | 156.12 | **76** | 174.89 | 313.77 | 70.41 | 248.75 | 62.47 | 179.56 |
| 157.31 | 281.00 | 63.07 | 223.78 | 55.93 | 161.51 | **77** | 180.91 | 323.17 | 72.53 | 257.33 | 64.35 | 185.74 |
| 161.72 | 289.45 | 64.95 | 230.04 | 57.61 | 166.04 | **78** | 185.98 | 332.85 | 74.71 | 264.54 | 66.29 | 190.94 |
| 166.13 | 297.86 | 66.86 | 236.29 | 59.30 | 170.57 | **79** | 191.04 | 342.54 | 76.88 | 271.75 | 68.22 | 196.14 |
| 170.53 | 306.29 | 68.74 | 242.56 | 60.98 | 175.08 | **80** | 196.10 | 352.25 | 79.06 | 278.95 | 70.16 | 201.34 |
| 174.94 | 314.72 | 70.64 | 248.82 | 62.66 | 179.61 | **81** | 201.17 | 361.93 | 81.23 | 286.16 | 72.09 | 206.54 |
| 179.35 | 323.17 | 72.53 | 255.09 | 64.35 | 184.13 | **82** | 206.23 | 371.63 | 83.40 | 293.36 | 74.03 | 211.74 |
| 184.72 | 332.85 | 74.71 | 262.76 | 66.29 | 189.65 | **83** | 212.42 | 382.78 | 85.91 | 302.16 | 76.25 | 218.10 |
| 190.10 | 342.54 | 76.88 | 270.40 | 68.22 | 195.17 | **84** | 218.60 | 393.93 | 88.40 | 310.96 | 78.48 | 224.44 |
| 195.48 | 352.25 | 79.06 | 278.06 | 70.16 | 200.70 | **85** | 224.81 | 405.08 | 90.91 | 319.76 | 80.71 | 230.80 |
| 200.86 | 361.93 | 81.23 | 285.71 | 72.09 | 206.22 | **86** | 230.99 | 416.24 | 93.41 | 328.57 | 82.94 | 237.16 |
| 206.23 | 371.63 | 83.40 | 293.36 | 74.03 | 211.74 | **87** | 237.18 | 427.38 | 95.92 | 337.36 | 85.16 | 243.51 |
| 210.37 | 379.07 | 85.07 | 299.23 | 75.51 | 215.98 | **88** | 241.91 | 435.92 | 97.84 | 344.10 | 86.87 | 248.37 |
| 214.57 | 386.63 | 86.78 | 305.21 | 77.03 | 220.30 | **89** | 246.75 | 444.64 | 99.80 | 350.99 | 88.61 | 253.34 |
| 218.87 | 394.37 | 88.51 | 311.32 | 78.57 | 224.71 | **90** | 251.70 | 453.53 | 101.79 | 358.01 | 90.39 | 258.42 |
| 223.25 | 402.28 | 90.28 | 317.55 | 80.15 | 229.21 | **91** | 256.73 | 462.60 | 103.82 | 365.17 | 92.20 | 263.58 |
| 227.69 | 410.32 | 92.09 | 323.90 | 81.76 | 233.78 | **92** | 261.86 | 471.86 | 105.90 | 372.48 | 94.05 | 268.85 |
| 232.26 | 418.51 | 93.93 | 330.38 | 83.39 | 238.46 | **93** | 267.10 | 481.29 | 108.02 | 379.92 | 95.93 | 274.23 |
| 236.90 | 426.89 | 95.81 | 336.98 | 85.07 | 243.23 | **94** | 272.45 | 490.91 | 110.17 | 387.53 | 97.85 | 279.72 |
| 241.64 | 435.43 | 97.73 | 343.72 | 86.78 | 248.09 | **95** | 277.89 | 500.73 | 112.38 | 395.27 | 99.82 | 285.31 |
| 246.48 | 444.14 | 99.68 | 350.59 | 88.52 | 253.06 | **96** | 283.45 | 510.75 | 114.63 | 403.19 | 101.82 | 291.02 |
| 251.40 | 453.01 | 101.67 | 357.59 | 90.29 | 258.11 | **97** | 289.11 | 520.97 | 116.93 | 411.24 | 103.86 | 296.83 |
| 256.43 | 462.07 | 103.70 | 364.76 | 92.09 | 263.28 | **98** | 294.91 | 531.39 | 119.26 | 419.46 | 105.94 | 302.78 |
| 261.56 | 471.32 | 105.77 | 372.04 | 93.94 | 268.55 | **99+** | 300.80 | 542.02 | 121.64 | 427.86 | 108.06 | 308.83 |

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

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**MONTHLY NON-TOBACCO PREMIUMS***
**ZIP CODES: 401-402, 410, 415 - 418**
**These premiums are used when applying during an Open Enrollment or Guaranteed Issue Period**

| FEMALE | | | | | | | MALE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 |
| 122.47 | 224.12 | 50.30 | 174.19 | 44.57 | 125.73 | **Thru 64** | 140.83 | 257.74 | 57.84 | 200.33 | 51.29 | 144.59 |
| 108.26 | 200.08 | 44.91 | 154.00 | 39.77 | 111.15 | **65** | 124.49 | 230.09 | 51.64 | 177.09 | 45.77 | 127.83 |
| 108.26 | 200.08 | 44.91 | 154.00 | 39.77 | 111.15 | **66** | 124.49 | 230.09 | 51.64 | 177.09 | 45.77 | 127.83 |
| 108.26 | 200.08 | 44.91 | 154.00 | 39.77 | 111.15 | **67** | 124.49 | 230.09 | 51.64 | 177.09 | 45.77 | 127.83 |
| 111.50 | 205.68 | 46.16 | 158.59 | 40.89 | 114.48 | **68** | 128.23 | 236.53 | 53.08 | 182.42 | 47.05 | 131.67 |
| 114.75 | 211.28 | 47.42 | 163.22 | 42.01 | 117.81 | **69** | 131.97 | 242.96 | 54.53 | 187.72 | 48.34 | 135.49 |
| 118.01 | 216.88 | 48.68 | 167.86 | 43.13 | 121.15 | **70** | 135.70 | 249.42 | 55.98 | 193.03 | 49.63 | 139.33 |
| 121.25 | 222.47 | 49.93 | 172.46 | 44.25 | 124.49 | **71** | 139.43 | 255.87 | 57.42 | 198.33 | 50.91 | 143.16 |
| 124.49 | 228.08 | 51.20 | 177.09 | 45.37 | 127.83 | **72** | 143.17 | 262.31 | 58.87 | 203.66 | 52.20 | 146.99 |
| 129.48 | 235.85 | 52.94 | 184.15 | 46.92 | 132.93 | **73** | 148.90 | 271.22 | 60.87 | 211.80 | 53.98 | 152.88 |
| 134.46 | 243.59 | 54.68 | 191.26 | 48.47 | 138.05 | **74** | 154.63 | 280.13 | 62.87 | 219.94 | 55.76 | 158.76 |
| 139.43 | 251.35 | 56.41 | 198.33 | 50.01 | 143.16 | **75** | 160.35 | 289.06 | 64.87 | 228.08 | 57.54 | 164.64 |
| 144.42 | 259.11 | 58.16 | 205.42 | 51.57 | 148.26 | **76** | 166.08 | 297.98 | 66.87 | 236.23 | 59.32 | 170.52 |
| 149.39 | 266.86 | 59.89 | 212.51 | 53.11 | 153.38 | **77** | 171.80 | 306.90 | 68.88 | 244.38 | 61.11 | 176.39 |
| 153.58 | 274.88 | 61.68 | 218.46 | 54.71 | 157.69 | **78** | 176.62 | 316.10 | 70.95 | 251.23 | 62.95 | 181.33 |
| 157.77 | 282.87 | 63.49 | 224.39 | 56.31 | 161.98 | **79** | 181.42 | 325.30 | 73.01 | 258.07 | 64.79 | 186.27 |
| 161.94 | 290.88 | 65.28 | 230.35 | 57.91 | 166.27 | **80** | 186.23 | 334.52 | 75.08 | 264.91 | 66.62 | 191.20 |
| 166.13 | 298.87 | 67.08 | 236.30 | 59.51 | 170.57 | **81** | 191.04 | 343.71 | 77.14 | 271.75 | 68.46 | 196.15 |
| 170.32 | 306.90 | 68.88 | 242.25 | 61.11 | 174.86 | **82** | 195.85 | 352.93 | 79.20 | 278.59 | 70.30 | 201.08 |
| 175.42 | 316.10 | 70.95 | 249.54 | 62.95 | 180.11 | **83** | 201.73 | 363.51 | 81.58 | 286.95 | 72.41 | 207.12 |
| 180.53 | 325.30 | 73.01 | 256.79 | 64.79 | 185.35 | **84** | 207.60 | 374.10 | 83.95 | 295.31 | 74.53 | 213.14 |
| 185.64 | 334.52 | 75.08 | 264.06 | 66.62 | 190.60 | **85** | 213.49 | 384.69 | 86.33 | 303.67 | 76.65 | 219.18 |
| 190.75 | 343.71 | 77.14 | 271.33 | 68.46 | 195.84 | **86** | 219.37 | 395.29 | 88.71 | 312.03 | 78.76 | 225.22 |
| 195.85 | 352.93 | 79.20 | 278.59 | 70.30 | 201.08 | **87** | 225.24 | 405.87 | 91.09 | 320.38 | 80.88 | 231.25 |
| 199.78 | 359.99 | 80.79 | 284.17 | 71.71 | 205.11 | **88** | 229.74 | 413.98 | 92.91 | 326.78 | 82.50 | 235.87 |
| 203.77 | 367.17 | 82.41 | 289.84 | 73.15 | 209.21 | **89** | 234.33 | 422.26 | 94.77 | 333.32 | 84.15 | 240.58 |
| 207.85 | 374.52 | 84.05 | 295.65 | 74.62 | 213.40 | **90** | 239.03 | 430.70 | 96.67 | 339.99 | 85.84 | 245.41 |
| 212.02 | 382.03 | 85.73 | 301.57 | 76.11 | 217.67 | **91** | 243.81 | 439.32 | 98.60 | 346.79 | 87.56 | 250.31 |
| 216.23 | 389.67 | 87.46 | 307.59 | 77.64 | 222.02 | **92** | 248.68 | 448.11 | 100.57 | 353.73 | 89.32 | 255.32 |
| 220.57 | 397.44 | 89.20 | 313.75 | 79.20 | 226.46 | **93** | 253.65 | 457.07 | 102.58 | 360.80 | 91.10 | 260.43 |
| 224.98 | 405.40 | 90.98 | 320.02 | 80.78 | 230.98 | **94** | 258.73 | 466.20 | 104.62 | 368.02 | 92.93 | 265.64 |
| 229.47 | 413.51 | 92.81 | 326.42 | 82.41 | 235.60 | **95** | 263.90 | 475.53 | 106.72 | 375.38 | 94.79 | 270.95 |
| 234.07 | 421.78 | 94.67 | 332.94 | 84.06 | 240.32 | **96** | 269.18 | 485.04 | 108.86 | 382.89 | 96.70 | 276.37 |
| 238.75 | 430.21 | 96.55 | 339.59 | 85.74 | 245.12 | **97** | 274.56 | 494.74 | 111.04 | 390.54 | 98.63 | 281.89 |
| 243.53 | 438.81 | 98.48 | 346.40 | 87.46 | 250.03 | **98** | 280.06 | 504.64 | 113.26 | 398.35 | 100.61 | 287.54 |
| 248.40 | 447.59 | 100.45 | 353.31 | 89.21 | 255.03 | **99+** | 285.66 | 514.74 | 115.52 | 406.33 | 102.62 | 293.28 |

*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: 401-402, 410, 415 - 418**

| FEMALE | | | | | | | MALE | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 | Attained Age | Plan A WM20 | Plan F WM24 | Plan High F WM34 | Plan G WM25 | Plan High G WM36 | Plan N WM35 |
| 132.39 | 242.30 | 54.38 | 188.31 | 48.19 | 135.93 | **Thru 64** | 152.24 | 278.64 | 62.53 | 216.57 | 55.45 | 156.32 |
| 117.04 | 216.30 | 48.55 | 166.48 | 43.00 | 120.17 | **65** | 134.59 | 248.74 | 55.83 | 191.45 | 49.48 | 138.19 |
| 117.04 | 216.30 | 48.55 | 166.48 | 43.00 | 120.17 | **66** | 134.59 | 248.74 | 55.83 | 191.45 | 49.48 | 138.19 |
| 117.04 | 216.30 | 48.55 | 166.48 | 43.00 | 120.17 | **67** | 134.59 | 248.74 | 55.83 | 191.45 | 49.48 | 138.19 |
| 120.54 | 222.35 | 49.90 | 171.45 | 44.21 | 123.76 | **68** | 138.63 | 255.71 | 57.39 | 197.21 | 50.87 | 142.34 |
| 124.06 | 228.41 | 51.27 | 176.45 | 45.42 | 127.37 | **69** | 142.67 | 262.66 | 58.95 | 202.94 | 52.26 | 146.48 |
| 127.57 | 234.47 | 52.62 | 181.47 | 46.62 | 130.97 | **70** | 146.70 | 269.64 | 60.52 | 208.68 | 53.65 | 150.63 |
| 131.09 | 240.51 | 53.98 | 186.45 | 47.83 | 134.59 | **71** | 150.74 | 276.62 | 62.08 | 214.41 | 55.04 | 154.77 |
| 134.59 | 246.58 | 55.35 | 191.45 | 49.05 | 138.19 | **72** | 154.78 | 283.58 | 63.64 | 220.17 | 56.43 | 158.91 |
| 139.98 | 254.97 | 57.23 | 199.08 | 50.72 | 143.71 | **73** | 160.97 | 293.21 | 65.80 | 228.97 | 58.36 | 165.27 |
| 145.36 | 263.34 | 59.11 | 206.77 | 52.40 | 149.24 | **74** | 167.17 | 302.84 | 67.97 | 237.78 | 60.28 | 171.63 |
| 150.74 | 271.73 | 60.98 | 214.41 | 54.07 | 154.77 | **75** | 173.35 | 312.50 | 70.13 | 246.58 | 62.21 | 177.99 |
| 156.13 | 280.12 | 62.87 | 222.08 | 55.75 | 160.28 | **76** | 179.55 | 322.14 | 72.29 | 255.38 | 64.13 | 184.35 |
| 161.51 | 288.50 | 64.75 | 229.75 | 57.42 | 165.82 | **77** | 185.73 | 331.79 | 74.46 | 264.20 | 66.07 | 190.69 |
| 166.04 | 297.17 | 66.68 | 236.17 | 59.14 | 170.47 | **78** | 190.94 | 341.73 | 76.70 | 271.59 | 68.05 | 196.03 |
| 170.56 | 305.81 | 68.64 | 242.59 | 60.88 | 175.11 | **79** | 196.13 | 351.67 | 78.93 | 278.99 | 70.04 | 201.37 |
| 175.08 | 314.46 | 70.57 | 249.03 | 62.60 | 179.75 | **80** | 201.33 | 361.64 | 81.17 | 286.39 | 72.03 | 206.71 |
| 179.60 | 323.11 | 72.52 | 255.46 | 64.33 | 184.40 | **81** | 206.53 | 371.58 | 83.39 | 293.79 | 74.01 | 212.05 |
| 184.13 | 331.79 | 74.46 | 261.89 | 66.07 | 189.04 | **82** | 211.73 | 381.54 | 85.62 | 301.18 | 76.00 | 217.39 |
| 189.64 | 341.73 | 76.70 | 269.77 | 68.05 | 194.71 | **83** | 218.09 | 392.99 | 88.20 | 310.22 | 78.29 | 223.92 |
| 195.16 | 351.67 | 78.93 | 277.61 | 70.04 | 200.38 | **84** | 224.43 | 404.44 | 90.76 | 319.25 | 80.57 | 230.42 |
| 200.69 | 361.64 | 81.17 | 285.47 | 72.03 | 206.05 | **85** | 230.80 | 415.88 | 93.33 | 328.29 | 82.86 | 236.95 |
| 206.21 | 371.58 | 83.39 | 293.32 | 74.01 | 211.72 | **86** | 237.15 | 427.34 | 95.90 | 337.33 | 85.15 | 243.48 |
| 211.73 | 381.54 | 85.62 | 301.18 | 76.00 | 217.39 | **87** | 243.51 | 438.78 | 98.48 | 346.35 | 87.43 | 250.00 |
| 215.98 | 389.18 | 87.34 | 307.21 | 77.52 | 221.74 | **88** | 248.36 | 447.55 | 100.45 | 353.28 | 89.19 | 254.99 |
| 220.29 | 396.94 | 89.09 | 313.34 | 79.08 | 226.17 | **89** | 253.33 | 456.49 | 102.46 | 360.35 | 90.98 | 260.09 |
| 224.70 | 404.89 | 90.87 | 319.62 | 80.67 | 230.70 | **90** | 258.41 | 465.62 | 104.50 | 367.55 | 92.80 | 265.31 |
| 229.21 | 413.01 | 92.69 | 326.02 | 82.28 | 235.32 | **91** | 263.58 | 474.94 | 106.59 | 374.91 | 94.66 | 270.61 |
| 233.76 | 421.26 | 94.55 | 332.53 | 83.94 | 240.02 | **92** | 268.84 | 484.44 | 108.72 | 382.41 | 96.56 | 276.02 |
| 238.45 | 429.67 | 96.44 | 339.19 | 85.62 | 244.82 | **93** | 274.22 | 494.12 | 110.90 | 390.05 | 98.49 | 281.54 |
| 243.22 | 438.27 | 98.36 | 345.97 | 87.33 | 249.71 | **94** | 279.71 | 504.00 | 113.11 | 397.86 | 100.46 | 287.18 |
| 248.08 | 447.04 | 100.34 | 352.88 | 89.09 | 254.70 | **95** | 285.30 | 514.08 | 115.38 | 405.81 | 102.48 | 292.92 |
| 253.05 | 455.98 | 102.34 | 359.94 | 90.88 | 259.81 | **96** | 291.01 | 524.37 | 117.69 | 413.94 | 104.54 | 298.78 |
| 258.10 | 465.09 | 104.38 | 367.13 | 92.69 | 265.00 | **97** | 296.82 | 534.86 | 120.04 | 422.21 | 106.63 | 304.74 |
| 263.27 | 474.39 | 106.47 | 374.49 | 94.55 | 270.30 | **98** | 302.77 | 545.56 | 122.44 | 430.65 | 108.76 | 310.85 |
| 268.54 | 483.88 | 108.59 | 381.96 | 96.44 | 275.71 | **99+** | 308.82 | 556.47 | 124.89 | 439.27 | 110.94 | 317.06 |

*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. We may also change the premium for your policy for reasons other than your attained age. Schedules of rates may vary depending upon the policy 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 of this form issued in the same geographic area of the 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 reside with your spouse (including civil union/domestic partner) or (b) for the past year you have resided with at least one, but not more than three, other adults. Once established, the household premium discount will remain in force throughout the life of the policy. The discounted premium will be priced 12% lower than the rates illustrated.

**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 United World Life Insurance Company nor its 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**
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, 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

# 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 $1,632 | $0 | $1,632 (Part A deductible) |
| 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 | $0 | Up to $204 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 $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 | 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 $240 of Medicare-approved amounts* | $0 | $0 | $240 (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 $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 |

**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 $240 of Medicare-approved amounts* | $0 | $0 | $240 (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 – Medicare first eligible before 2020 only

*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 | HIGH DEDUCTIBLE F (AFTER YOU PAY $2,800 DEDUCTIBLE***) PLAN PAYS | HIGH DEDUCTIBLE F (IN ADDITION TO $2,800 DEDUCTIBLE***) YOU PAY |
|---|---|---|---|---|---|
| **HOSPITALIZATION*** Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days | All but $1,632 | $1,632 (Part A deductible) | $0 | $1,632 (Part A deductible) | $0 |
| 61st through 90th day | All but $408 a day | $408 a day | $0 | $408 a day | $0 |
| 91st day and after:<br>While using 60 lifetime reserve days | All but $816 a day | $816 a day | $0 | $816 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 $204 a day | Up to $204 a day | $0 | Up to $204 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 $2,800 deductible. Benefits from High Deductible Plan F 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 plan's separate foreign travel emergency deductible.

## PLANS F AND HIGH DEDUCTIBLE F

### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – Medicare first eligible before 2020 only

*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 | PLAN F PAYS | YOU PAY | HIGH DEDUCTIBLE F (AFTER YOU PAY $2,800 DEDUCTIBLE***) PLAN PAYS | HIGH DEDUCTIBLE F (IN ADDITION TO $2,800 DEDUCTIBLE***) 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 | $240 (Part B deductible) | $0 | $240 (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** | | | | | |
| First 3 pints | $0 | All costs | $0 | All costs | $0 |
| Next $240 of Medicare-approved amounts* | $0 | $240 (Part B deductible) | $0 | $240 (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 $240 of Medicare-approved amounts* | $0 | $240 (Part B deductible) | $0 | $240 (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 $2,800 deductible. Benefits from High Deductible Plan F 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 plan's separate foreign travel emergency deductible.

## PLANS F AND HIGH DEDUCTIBLE F

**MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR – Medicare first eligible before 2020 only**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| SERVICES | MEDICARE PAYS | PLAN F PAYS | YOU PAY | HIGH DEDUCTIBLE F (AFTER YOU PAY $2,800 DEDUCTIBLE***) PLAN PAYS | HIGH DEDUCTIBLE F (IN ADDITION TO $2,800 DEDUCTIBLE***) 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 | | | | | |
| 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 $2,800 deductible. Benefits from High Deductible Plan F 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 plan's separate foreign travel emergency deductible.

## PLAN G OR HIGH DEDUCTIBLE PLAN G
### 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. ***This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | PLAN G PAYS | YOU PAY | HIGH DEDUCTIBLE G (AFTER YOU PAY $2,800 DEDUCTIBLE***) PLAN PAYS | HIGH DEDUCTIBLE G (IN ADDITION TO $2,800 DEDUCTIBLE***) YOU PAY |
|---|---|---|---|---|---|
| **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 | $1,632 (Part A deductible) | $0 |
| 61st through 90th day | All but $408 a day | $408 a day | $0 | $408 a day | $0 |
| 91st day and after: | | | | | |
| While using 60 lifetime reserve days | All but $816 a day | $816 a day | $0 | $816 a day | $0 |
| Once lifetime reserve days are used: | | | | | |
| 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 | | | | | |
| First 20 days | All approved amounts | $0 | $0 | $0 | $0 |
| 21st through 100th day | All but $204 a day | Up to $204 a day | $0 | Up to $204 a day | $0 |
| 101st day and after | $0 | $0 | All costs | $0 | All costs |
| **BLOOD** | | | | | |
| 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 "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 G OR HIGH DEDUCTIBLE PLAN G

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

*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. ***This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | PLAN G PAYS | YOU PAY | HIGH DEDUCTIBLE G (AFTER YOU PAY $2,800 DEDUCTIBLE***) PLAN PAYS | HIGH DEDUCTIBLE G (IN ADDITION TO $2,800 DEDUCTIBLE***) 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 $240 of Medicare-approved amounts* | $0 | $0 | $240 (Part B deductible) | $0 | $240 (Unless Part B deductible has been met) |
| 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 $240 of Medicare-approved amounts* | $0 | $0 | $240 (Part B deductible) | $0 | $240 (Unless Part B deductible has been met) |
| 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 $240 of Medicare-approved amounts* | $0 | $0 | $240 (Part B deductible) | $0 | $240 (Unless Part B deductible has been met) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 | 20% | $0 |

## PLAN G OR HIGH DEDUCTIBLE PLAN G
### MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

### OTHER BENEFITS – NOT COVERED BY MEDICARE

***This high deductible plan pays the same benefits as Plan G after you have paid a calendar year $2,800 deductible. Benefits from the high deductible Plan G will not begin until out-of-pocket expenses are $2,800. Out-of-pocket expenses for this deductible include expenses for the Medicare Part B deductible, and expenses that would ordinarily be paid by the policy. This does not include the plan's separate foreign travel emergency deductible.

| SERVICES | MEDICARE PAYS | PLAN G PAYS | YOU PAY | HIGH DEDUCTIBLE G (AFTER YOU PAY $2,800 DEDUCTIBLE***) PLAN PAYS | HIGH DEDUCTIBLE G (IN ADDITION TO $2,800 DEDUCTIBLE***) 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 | | | | | |
| 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 |

# PLAN 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 N PAYS | YOU PAY |
|---|---|---|---|
| **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 |
| **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 "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 N
## MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*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 | 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 | | | |
| First $240 of Medicare-approved amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | 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 | $0 | All costs |
| **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 |

# PLAN N

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

### PARTS A AND B

| SERVICES | MEDICARE PAYS | PLAN N PAYS | YOU PAY |
|---|---|---|---|
| **HOME HEALTH CARE** – MEDICARE-APPROVED SERVICES<br>Medically necessary skilled care services and medical supplies | 100% | $0 | $0 |
| **DURABLE MEDICAL EQUIPMENT** | | | |
| First $240 of Medicare-approved amounts* | $0 | $0 | $240 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | $0 |

### OTHER BENEFITS – NOT COVERED BY MEDICARE

| SERVICES | MEDICARE PAYS | 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 | | | |
| 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 |