

SERFF Tracking Number: MUTM-126776394 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
Company Tracking Number: VERONICA BOOTH
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
SERFF Tr Num: MUTM-126776394 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
SERFF Status: Closed-Filed-Closed
State Tr Num: 46543

Sub-TOI: MS08I.001 Plan A 2010
Co Tr Num: VERONICA BOOTH State Status: Filed-Closed
Filing Type: Advertisement
Reviewer(s): Stephanie Fowler
Author: Veronica Booth
Disposition Date: 09/08/2010
Date Submitted: 08/18/2010
Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: UC7232_AR_0111
Project Number: Medicare Supplement Advertising
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 09/08/2010

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 09/08/2010
Created By: Veronica Booth
Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Veronica Booth

Filing Description:

NAIC# 261-69868

FEIN# 47-0322111

United of Omaha Life Insurance Company

Medicare Supplement Advertising

UC7232_AR_0111

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with the appropriate approved policy forms in your

SERFF Tracking Number: MUTM-126776394 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
Company Tracking Number: VERONICA BOOTH
TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010
Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising
state.

We request that any wording printed in brackets be considered variable. We would like to file them in this variable format so we would not have to file them year after year due to changes in the amounts. The variables will be amounts for the new co-pays and deductibles set up by Medicare. These variables will change each year when the new co-payments and deductibles go into effect. Other than those variables, there will not be any other changes to the advertisements in the following year(s). If there is a change to the verbiage, we will re-file the advertisement when needed.

Sincerely,

Product and Advertising Compliance
Regulatory Affairs
For questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
Email: advfilings@mutualofomaha.com

vb

Company and Contact

Filing Contact Information

Veronica Booth, Senior Policy Drafting & Regulatory Assistant
Regulatory Affairs
Mutual of Omaha Plaza
Omaha, NE 68175
veronica.booth@mutualofomaha.com
402-351-4737 [Phone]
402-351-5298 [FAX]

Filing Company Information

United of Omaha Life Insurance Company
Mutual of Omaha Plaza
Omaha, NE 68175
(402) 351-6420 ext. [Phone]
CoCode: 69868
Group Code: 261
Group Name:
FEIN Number: 47-0322111
State of Domicile: Nebraska
Company Type: Life Insurance
State ID Number:

Filing Fees

SERFF Tracking Number: MUTM-126776394 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
Company Tracking Number: VERONICA BOOTH
TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010
Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$50.00	08/18/2010	38867801

SERFF Tracking Number: MUTM-126776394 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
 Company Tracking Number: VERONICA BOOTH
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
 Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/08/2010	09/08/2010

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	08/31/2010	08/31/2010	Veronica Booth	09/08/2010	09/08/2010

SERFF Tracking Number: MUTM-126776394 *State:* Arkansas
Filing Company: United of Omaha Life Insurance Company *State Tracking Number:* 46543
Company Tracking Number: VERONICA BOOTH
TOI: MS08I Individual Medicare Supplement - *Sub-TOI:* MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Disposition

Disposition Date: 09/08/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126776394 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
 Company Tracking Number: VERONICA BOOTH
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
 Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Schedule	Schedule Item	Schedule Item Status	Public Access
Form (revised)	Brochure	Filed	Yes
Form	Brochure	Replaced	Yes

SERFF Tracking Number: MUTM-126776394 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
Company Tracking Number: VERONICA BOOTH
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 08/31/2010
Submitted Date 08/31/2010
Respond By Date 10/01/2010

Dear Veronica Booth,

This will acknowledge receipt of the captioned filing.

Objection 1

- Brochure, UC7232_AR_0111 (Form)

Comment: Please remove the fifth bullet point under "With a Medicare supplement, you". Arkansas does not allow policy fees, so this comment could be misleading.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

SERFF Tracking Number: MUTM-126776394 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
 Company Tracking Number: VERONICA BOOTH
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
 Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Response Letter

Response Letter Status Submitted to State
 Response Letter Date 09/08/2010
 Submitted Date 09/08/2010

Dear Stephanie Fowler,

Comments:

Response 1

Comments: We removed the bullet as requested.

Related Objection 1

Applies To:

- Brochure, UC7232_AR_0111 (Form)

Comment:

Please remove the fifth bullet point under "With a Medicare supplement, you". Arkansas does not allow policy fees, so this comment could be misleading.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Brochure	UC7232_AR_0111		Advertising	Initial			UC7232_AR_0111 Clean AR Inq 09-08-10.pdf

Previous Version

Brochure	UC7232_		Advertising	Initial			UC7232_
----------	---------	--	-------------	---------	--	--	---------

SERFF Tracking Number: MUTM-126776394 *State:* Arkansas
Filing Company: United of Omaha Life Insurance Company *State Tracking Number:* 46543
Company Tracking Number: VERONICA BOOTH
TOI: MS08I Individual Medicare Supplement - *Sub-TOI:* MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising
AR_0111

AR_0111.
pdf

No Rate/Rule Schedule items changed.

Sincerely,
Veronica Booth

SERFF Tracking Number: MUTM-126776394 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
 Company Tracking Number: VERONICA BOOTH
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
 Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Form Schedule

Lead Form Number: UC7232_AR_0111

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/08/2010	UC7232_A R_0111	Advertising	Brochure	Initial			UC7232_AR_0111 Clean AR Inq 09-08-10.pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

2011 Medicare Supplement Insurance Plans



Spontaneous.
FUN! Fearless.

Whether you're six or sixty something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling.

With a Medicare supplement, you

- *Keep your doctors and health care providers*
- *See specialists without referrals*
- *Receive benefits with no waiting period**
- *Enjoy guaranteed coverage for life**

Add our helpful midwestern customer service staff and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

**see details on back cover*

Underwritten by

United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

United of Omaha Life Insurance Company is licensed nationwide except in NY.

We've got you covered. **GO PLAY!**

Select the Medicare Supplement Plan that's Right for You

Medicare Part A Hospital Insurance*	Medicare Pays	Plan A Pays	Plan F Pays	Plan G Pays	Plan M Pays	Plan N Pays
Deductible	Nothing		[\$1,100]	[\$1,100]	[\$550] (50%)	[\$1,100]
First 60 days	100%					
Coinsurance 61-90 days	All but [\$275] a day	[\$275] a day	[\$275] a day	[\$275] a day	[\$275] a day	[\$275] a day
Coinsurance 91-150 days	All but [\$550] a day	[\$550] a day	[\$550] a day	[\$550] a day	[\$550] a day	[\$550] a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints				
<i>Skilled Nursing Facility Care</i>						
First 20 days	100%					
Coinsurance 21-100 days	All but [\$137.50] a day		Up to [\$137.50] a day	Up to [\$137.50] a day	Up to [\$137.50] a day	Up to [\$137.50] a day
<i>Hospice Care</i>						
Outpatient Prescription Drugs	All but \$5	\$5	\$5	\$5	\$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount				
Medicare Part B Medical Insurance*						
Deductible	Nothing		[\$155]			
Coinsurance	80%	20%	20%	20%	20%	20%**
Excess Benefits			100% up to Medicare's limit	100% up to Medicare's limit		
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints
Additional Benefit*						
Emergency Care Received Outside the U.S.	Nothing		80% to lifetime max of \$50,000			

* Refer to the next page and your outline of coverage for more information.

** Requires up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

Your Premium **Your Premium** **Your Premium** **Your Premium** **Your Premium**

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Medicare Part A Hospital Coverage

Medicare Part A hospital/skilled nursing facility care eligible expenses include charges for semiprivate room and board, general nursing and miscellaneous services and supplies.

Deductible – Plans F, G and N pay the [\$1,100] inpatient hospital deductible (Plan M pays [\$550] of the deductible) for each benefit period, which begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – All plans pay [\$275] a day when you're hospitalized from the 61st through the 90th day. And, when you're in the hospital from the 91st day through the 150th day, you receive [\$550] a day for each Lifetime Reserve day used.

Extended Hospital Coverage – When you're in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, all plans pay the Medicare Part A

eligible expenses for hospitalization, paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood – All plans pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – Plans F, G, M and N pay up to [\$137.50] a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care Benefit

Outpatient Prescription Drugs – All plans pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – All plans pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

Medicare Part B Medical Coverage

Medicare Part B eligible expenses include charges for physicians' services, hospital outpatient services and supplies, physical and speech therapy and ambulance service.

Deductible – Plan F pays the [\$155] calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, all plans pay 20% of eligible expenses. With Plan N, you pay up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood – All plans pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Additional Benefit

Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans F, G, M and N pay you 80% of eligible expenses for health

care you need because of a covered injury or illness beginning during the first 60 days of each trip up to a lifetime maximum of \$50,000.

Plan Overview

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B.

There may be charges above what Medicare and United of Omaha pay. If you receive Medicare benefits because of a disability, you may apply for a supplement policy regardless of your age.

Your Medicare supplement does not pay for:

- any expense incurred before your policy date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force

- expense paid for by Medicare
- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

Medicare eligible expenses means charges of the kinds covered by Medicare Parts A and B, to the extent Medicare recognizes them as reasonable and medically necessary.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

Features Give You More Peace of Mind

You're covered immediately. There is no waiting period for preexisting conditions and benefits will be paid from the time your policy is in force.

Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

Your Medicare supplement benefits will automatically increase as Medicare deductibles and coinsurance increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you, your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

You can't be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your policy date until you reach age 90; and (b) when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, please read your outline of coverage and your policy.

This is a solicitation of insurance and an insurance agent will contact you by telephone.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.

SERFF Tracking Number: MUTM-126776394 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 46543
 Company Tracking Number: VERONICA BOOTH
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: UC7232_AR_0111 - Medicare Supplement Advertising
 Project Name/Number: UC7232_AR_0111 / Medicare Supplement Advertising

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/18/2010	Form	Brochure	09/08/2010	UC7232_AR_0111.pdf (Superseded)

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

2011 Medicare Supplement Insurance Plans



Spontaneous.
FUN! Fearless.

Whether you're six or sixty something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling.

With a Medicare supplement, you

- *Keep your doctors and health care providers*
- *See specialists without referrals*
- *Receive benefits with no waiting period**
- *Enjoy guaranteed coverage for life**
- *Don't pay a policy fee with our plan*

Add our helpful midwestern customer service staff and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

**see details on back cover*

Underwritten by

United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

United of Omaha Life Insurance Company is licensed nationwide except in NY.

We've got you covered. **GO PLAY!**

Select the Medicare Supplement Plan that's Right for You

Medicare Part A Hospital Insurance*	Medicare Pays	Plan A Pays	Plan F Pays	Plan G Pays	Plan M Pays	Plan N Pays
Deductible	Nothing		[\$1,100]	[\$1,100]	[\$550] (50%)	[\$1,100]
First 60 days	100%					
Coinsurance 61-90 days	All but [\$275] a day	[\$275] a day	[\$275] a day	[\$275] a day	[\$275] a day	[\$275] a day
Coinsurance 91-150 days	All but [\$550] a day	[\$550] a day	[\$550] a day	[\$550] a day	[\$550] a day	[\$550] a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints				
<i>Skilled Nursing Facility Care</i>						
First 20 days	100%					
Coinsurance 21-100 days	All but [\$137.50] a day		Up to [\$137.50] a day	Up to [\$137.50] a day	Up to [\$137.50] a day	Up to [\$137.50] a day
<i>Hospice Care</i>						
Outpatient Prescription Drugs	All but \$5	\$5	\$5	\$5	\$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount				
Medicare Part B Medical Insurance*						
Deductible	Nothing		[\$155]			
Coinsurance	80%	20%	20%	20%	20%	20%**
Excess Benefits			100% up to Medicare's limit	100% up to Medicare's limit		
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints
Additional Benefit*						
Emergency Care Received Outside the U.S.	Nothing		80% to lifetime max of \$50,000			

* Refer to the next page and your outline of coverage for more information.

** Requires up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

Your Premium
\$ _____

Medicare Part A Hospital Coverage

Medicare Part A hospital/skilled nursing facility care eligible expenses include charges for semiprivate room and board, general nursing and miscellaneous services and supplies.

Deductible – Plans F, G and N pay the [\$1,100] inpatient hospital deductible (Plan M pays [\$550] of the deductible) for each benefit period, which begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – All plans pay [\$275] a day when you're hospitalized from the 61st through the 90th day. And, when you're in the hospital from the 91st day through the 150th day, you receive [\$550] a day for each Lifetime Reserve day used.

Extended Hospital Coverage – When you're in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, all plans pay the Medicare Part A

eligible expenses for hospitalization, paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood – All plans pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – Plans F, G, M and N pay up to [\$137.50] a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care Benefit

Outpatient Prescription Drugs – All plans pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – All plans pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

Medicare Part B Medical Coverage

Medicare Part B eligible expenses include charges for physicians' services, hospital outpatient services and supplies, physical and speech therapy and ambulance service.

Deductible – Plan F pays the [\$155] calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, all plans pay 20% of eligible expenses. With Plan N, you pay up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood – All plans pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Additional Benefit

Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans F, G, M and N pay you 80% of eligible expenses for health

care you need because of a covered injury or illness beginning during the first 60 days of each trip up to a lifetime maximum of \$50,000.

Plan Overview

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B.

There may be charges above what Medicare and United of Omaha pay. If you receive Medicare benefits because of a disability, you may apply for a supplement policy regardless of your age.

Your Medicare supplement does not pay for:

- any expense incurred before your policy date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force

- expense paid for by Medicare
- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

Medicare eligible expenses means charges of the kinds covered by Medicare Parts A and B, to the extent Medicare recognizes them as reasonable and medically necessary.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

Features Give You More Peace of Mind

You're covered immediately. There is no waiting period for preexisting conditions and benefits will be paid from the time your policy is in force.

Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on your application.

Your Medicare supplement benefits will automatically increase as Medicare deductibles and coinsurance increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you, your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

You can't be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your policy date until you reach age 90; and (b) when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, please read your outline of coverage and your policy.

This is a solicitation of insurance and an insurance agent will contact you by telephone.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.