

SERFF Tracking Number: MUTM-127091900 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48473  
 Company Tracking Number: ROBYN GONZALES  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
 Standard Plans 2010  
 Product Name: Notification of Plan N Discontinuance  
 Project Name/Number: Notification of Plan N Discontinuance/CP51

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Notification of Plan N Discontinuance SERFF Tr Num: MUTM-127091900 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 48473

Sub-TOI: MS08I.012 Multi-Plan 2010 Co Tr Num: ROBYN GONZALES State Status: Filed-Closed  
 Filing Type: Form Reviewer(s): Stephanie Fowler

Disposition Date: 04/14/2011

Authors: Helen Curry , Shelly Kaipust, Sofia Kuehn, Jan Serafini, Thea Shepherd, Mary Gregg, Gilbert Burket, Krysia Gannon, Ellen Cochrane, Melanie Worth, Robyn Gonzales, Joanne Najdzin, Luther Mardock, Neil Sandhoefner, Shirley McPhaull, Katie Tupper

Date Submitted: 04/13/2011 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Notification of Plan N Discontinuance

Project Number: CP51

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/31/2011

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 04/14/2011

State Status Changed: 04/14/2011

Created By: Krysia Gannon

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Helen Curry

Filing Description:

April 13, 2011

SERFF Tracking Number: MUTM-127091900 State: Arkansas  
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Arkansas Department of Insurance  
Attn: Compliance - Life & Health  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: United of Omaha Life Insurance Company  
NAIC # 261-69868  
FEIN 47-0322111  
Individual Medicare Supplement Insurance  
Outline of Coverage Modules CP51, RP51.9.B-AR, RP51.25.B-AR and BC51  
Notification of Plan N Discontinuance  
Policy UM31-22546

We are writing to notify your Department of our decision to discontinue new business sales of our individual Medicare supplement "Plan N" Policy UM31-22546 which was approved by your Department on January 27, 2010.

We intend to discontinue the availability of Plan N, and no longer offer it for sale, effective May 13, 2011.

This decision affects only Plan N. We intend to continue selling all of our other previously approved modernized Medicare supplement plans. In-force policies for all plans (including Plan N) are also not affected by this decision.

In order to facilitate this change, Medicare supplement outline of coverage modules CP51, RP51.9.B-AR, RP51.25.B-AR and BC51 are attached for filing with your Department. These forms are new and will replace outline modules CP39 00-11 and BC39 00-11, previously approved by your Department on November 23, 2010, and RP39.9.B-AR 10-10 and RP39.25.B-AR 10-10, previously approved by your Department on August 30, 2010. These forms will be used with outline of coverage module DP2B, approved by your Department on August 18, 2009, to form a complete outline of coverage.

Based on recent focus group feedback received from a random sampling of our Medicare supplement customers, we have made some minor, aesthetic changes to the outline of coverage modules in an effort to make them more consumer friendly. The changes include adding the word "Plan" before the plan letters on the cover page and changing the title on the rate page from "Rate" to "Premium." With the decision to eliminate Plan N from our product portfolio, we will be removing the Plan N shading, rates and related information from our outlines. Please be assured we have made no other changes to these forms.

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Your consideration and approval of this filing will be much appreciated. If I may be of additional assistance, please do not hesitate to contact me.

Sincerely,

Gilbert Burket  
 Product and Advertising Compliance Analyst  
 Corporate Compliance and Ethics Division  
 Phone: 402-351-3707  
 Fax: 402-351-5298  
 E-mail: Gilbert.Burket@mutualofomaha.com

## Company and Contact

### Filing Contact Information

Robyn Gonzales, Product & Advertising Compliance Analyst  
 robyn.gonzales@mutualofomaha.com  
 Mutual of Omaha 402-351-6748 [Phone]  
 Mutual of Omaha Plaza 402-351-5298 [FAX]  
 Omaha, NE 68175

### Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska  
 Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance  
 Omaha, NE 68175 Group Name: State ID Number:  
 (402) 351-6910 ext. [Phone] FEIN Number: 47-0322111

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50 per form x 2 outlines = \$100  
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|---------|--------|----------------|---------------|
|---------|--------|----------------|---------------|

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United of Omaha Life Insurance Company \$100.00 04/13/2011 46523794

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## Correspondence Summary

### Dispositions

| Status       | Created By       | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 04/14/2011 | 04/14/2011     |

*SERFF Tracking Number:* MUTM-127091900      *State:* Arkansas  
*Filing Company:* United of Omaha Life Insurance Company      *State Tracking Number:* 48473  
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*TOI:* MS08I Individual Medicare Supplement -      *Sub-TOI:* MS08I.012 Multi-Plan 2010  
Standard Plans 2010  
*Product Name:* Notification of Plan N Discontinuance  
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## **Disposition**

Disposition Date: 04/14/2011

Implementation Date:

Status: Filed-Closed

Comment: Please see our attached letter for more information.

Rate data does NOT apply to filing.

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| Schedule            | Schedule Item                        | Schedule Item Status                | Public Access |
|---------------------|--------------------------------------|-------------------------------------|---------------|
| Supporting Document | Flesch Certification                 | Accepted for Informational Purposes | No            |
| Supporting Document | Application                          |                                     | No            |
| Supporting Document | Health - Actuarial Justification     |                                     | No            |
| Supporting Document | Outline of Coverage                  |                                     | No            |
| Form                | Outline of Coverage Cover Page       | Filed-Closed                        | No            |
| Form                | Outline of Coverage Rate Page Agency | Filed-Closed                        | No            |
| Form                | Outline of Coverage Rate Page DTC    | Filed-Closed                        | No            |
| Form                | Outline of Coverage Benefit Charts   | Filed-Closed                        | No            |

# Arkansas Insurance Department

Mike Beebe  
Governor



Jay Bradford  
Commissioner

April 14, 2011

Ms. Robyn Gonzales  
Mutual of Omaha  
Mutual of Omaha Plaza  
Omaha, NE 68175

RE: United of Omaha Life Insurance Company  
Notice of Marketing Withdrawal – Plan N (Form number UM31-22546)

Dear Ms. Gonzales:

This is to acknowledge receipt of your letter notifying the Department pursuant to AR Rule 27, Sec. 15 D (1) (a) of your intent to discontinue the marketing of Medicare Supplement Plan N effective May 31, 2011. We do regret your decision to leave this market.

As you are aware, by discontinuing the availability of this coverage, the Company will not be permitted to file for approval new forms of this type for a period of five (5) years.

If you have any questions, please let us know.

Sincerely,

*Stephanie Fowler*

Stephanie Fowler  
Compliance Officer  
Life and Health Division  
(501) 371-2768  
e-mail: [Stephanie.fowler@arkansas.gov](mailto:Stephanie.fowler@arkansas.gov)

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 Product Name: Notification of Plan N Discontinuance  
 Project Name/Number: Notification of Plan N Discontinuance/CP51

## Form Schedule

### Lead Form Number: CP51

| Schedule Item              | Form Number  | Form Type           | Form Name                            | Action  | Action Specific Data | Readability | Attachment                              |
|----------------------------|--------------|---------------------|--------------------------------------|---------|----------------------|-------------|---|
| Filed-Closed<br>04/14/2011 | CP51         | Outline of Coverage | Outline of Coverage Cover Page       | Initial |                      |             | CP51 (Outline Cover Page).pdf           |
| Filed-Closed<br>04/14/2011 | RP51.9.B-AR  | Outline of Coverage | Outline of Coverage Rate Page Agency | Initial |                      |             | AR RP51.9.B-AR (PLAN.VARIABLE) AGY.pdf  |
| Filed-Closed<br>04/14/2011 | RP51.25.B-AR | Outline of Coverage | Outline of Coverage Rate Page DTC    | Initial |                      |             | AR RP51.25.B-AR (PLAN.VARIABLE) DTC.pdf |
| Filed-Closed<br>04/14/2011 | BC51         | Outline of Coverage | Outline of Coverage Benefit Charts   | Initial |                      |             | BC51 (Outline Benefit Charts).pdf       |

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

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans. Plans E, H, I, and J are no longer available for sale.

**Basic Benefits:**

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.  
 Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.  
 Blood: First 3 pints of blood each year.  
 Hospice: Part A coinsurance.

| Plan A                                    | Plan B                                    | Plan C                                    | Plan D                                    | Plan F                                      | F* | Plan G                                    |
|---|---|---|---|---|----|---|
| Basic, including 100% Part B co-insurance * |    | Basic, including 100% Part B co-insurance |
|   |   | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Co-insurance       |    | Skilled Nursing Facility Co-insurance     |
|   | Part A Deductible                         | Part A Deductible                         | Part A Deductible                         | Part A Deductible                           |    | Part A Deductible                         |
|   |   | Part B Deductible                         |   | Part B Deductible                           |    |   |
|   |   |   |   | Part B Excess (100%)                        |    | Part B Excess (100%)                      |
|   |   | Foreign Travel Emergency                  | Foreign Travel Emergency                  | Foreign Travel Emergency                    |    | Foreign Travel Emergency                  |
|   |   |   |   |   |    |   |

| Plan K   | Plan L   | Plan M                                    | Plan N   |
|--|--|---|--|
| Hospitalization and preventive care paid at 100%; other basic benefits paid at 50% | Hospitalization and preventive care paid at 100%; other basic benefits paid at 75% | Basic, including 100% Part B co-insurance | Basic, including 100% Part B co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER |
| 50% Skilled Nursing Facility Co-insurance  | 75% Skilled Nursing Facility Co-insurance  | Skilled Nursing Facility Co-insurance     | Skilled Nursing Facility Co-insurance  |
| 50% Part A Deductible  | 75% Part A Deductible  | 50% Part A Deductible                     | Part A Deductible  |
|  |  |   |  |
|  |  |   |  |
|  |  | Foreign Travel Emergency                  | Foreign Travel Emergency   |
| Out-of-pocket limit \$4,640; paid at 100% after limit reached                      | Out-of-pocket limit \$2,320; paid at 100% after limit reached                      |   |  |

\*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,000 deductible. Benefits from high deductible Plan F will not begin until out of pocket expenses exceed \$2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

**ZIP CODES: 716-719, 723-729**

**NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)\***

| <b>Policy Form UM20<br/>(Plan A)</b> |          | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 97.50 | <b>Attained Age<br/>65+</b>          | \$ 141.29 | <b>Attained Age<br/>65+</b>          | \$ 120.10 | <b>Attained Age<br/>65+</b>          | \$ 110.37 |

**NON-TOBACCO QUARTERLY PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 292.49 | <b>Attained Age<br/>65+</b>          | \$ 423.88 | <b>Attained Age<br/>65+</b>          | \$ 360.30 | <b>Attained Age<br/>65+</b>          | \$ 331.11 |

**NON-TOBACCO SEMIANNUAL PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 584.99 | <b>Attained Age<br/>65+</b>          | \$ 847.77 | <b>Attained Age<br/>65+</b>          | \$ 720.61 | <b>Attained Age<br/>65+</b>          | \$ 662.22 |

**NON-TOBACCO ANNUAL PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |             | <b>Policy Form UM23<br/>(Plan F)</b> |             | <b>Policy Form UM24<br/>(Plan G)</b> |             | <b>Policy Form UM30<br/>(Plan M)</b> |             |
|--------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|
| <b>Attained Age<br/>65+</b>          | \$ 1,169.97 | <b>Attained Age<br/>65+</b>          | \$ 1,695.53 | <b>Attained Age<br/>65+</b>          | \$ 1,441.21 | <b>Attained Age<br/>65+</b>          | \$ 1,324.43 |

**ZIP CODES: 716-719, 723-729**

**TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 105.40 | <b>Attained Age<br/>65+</b>          | \$ 152.75 | <b>Attained Age<br/>65+</b>          | \$ 129.84 | <b>Attained Age<br/>65+</b>          | \$ 119.32 |

**TOBACCO QUARTERLY PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 316.21 | <b>Attained Age<br/>65+</b>          | \$ 458.25 | <b>Attained Age<br/>65+</b>          | \$ 389.52 | <b>Attained Age<br/>65+</b>          | \$ 357.96 |

**TOBACCO SEMIANNUAL PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 632.42 | <b>Attained Age<br/>65+</b>          | \$ 916.50 | <b>Attained Age<br/>65+</b>          | \$ 779.04 | <b>Attained Age<br/>65+</b>          | \$ 715.91 |

**TOBACCO ANNUAL PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |             | <b>Policy Form UM23<br/>(Plan F)</b> |             | <b>Policy Form UM24<br/>(Plan G)</b> |             | <b>Policy Form UM30<br/>(Plan M)</b> |             |
|--------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|
| <b>Attained Age<br/>65+</b>          | \$ 1,264.83 | <b>Attained Age<br/>65+</b>          | \$ 1,833.00 | <b>Attained Age<br/>65+</b>          | \$ 1,558.07 | <b>Attained Age<br/>65+</b>          | \$ 1,431.82 |

**ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189**

**NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 102.25 | <b>Attained Age<br/>65+</b>          | \$ 148.19 | <b>Attained Age<br/>65+</b>          | \$ 125.96 | <b>Attained Age<br/>65+</b>          | \$ 115.75 |

**NON-TOBACCO QUARTERLY PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 306.76 | <b>Attained Age<br/>65+</b>          | \$ 444.56 | <b>Attained Age<br/>65+</b>          | \$ 377.88 | <b>Attained Age<br/>65+</b>          | \$ 347.26 |

**NON-TOBACCO SEMIANNUAL PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |           | <b>Policy Form UM23<br/>(Plan F)</b> |           | <b>Policy Form UM24<br/>(Plan G)</b> |           | <b>Policy Form UM30<br/>(Plan M)</b> |           |
|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|--------------------------------------|-----------|
| <b>Attained Age<br/>65+</b>          | \$ 613.52 | <b>Attained Age<br/>65+</b>          | \$ 889.12 | <b>Attained Age<br/>65+</b>          | \$ 755.76 | <b>Attained Age<br/>65+</b>          | \$ 694.52 |

**NON-TOBACCO ANNUAL PREMIUMS\***

| <b>Policy Form UM20<br/>(Plan A)</b> |             | <b>Policy Form UM23<br/>(Plan F)</b> |             | <b>Policy Form UM24<br/>(Plan G)</b> |             | <b>Policy Form UM30<br/>(Plan M)</b> |             |
|--------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|--------------------------------------|-------------|
| <b>Attained Age<br/>65+</b>          | \$ 1,227.04 | <b>Attained Age<br/>65+</b>          | \$ 1,778.23 | <b>Attained Age<br/>65+</b>          | \$ 1,511.51 | <b>Attained Age<br/>65+</b>          | \$ 1,389.04 |

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

**TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 110.54 | Attained Age<br>65+          | \$ 160.20 | Attained Age<br>65+          | \$ 136.17 | Attained Age<br>65+          | \$ 125.14 |

**TOBACCO QUARTERLY PREMIUMS\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 331.63 | Attained Age<br>65+          | \$ 480.60 | Attained Age<br>65+          | \$ 408.52 | Attained Age<br>65+          | \$ 375.42 |

**TOBACCO SEMIANNUAL PREMIUMS\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 663.27 | Attained Age<br>65+          | \$ 961.21 | Attained Age<br>65+          | \$ 817.04 | Attained Age<br>65+          | \$ 750.83 |

**TOBACCO ANNUAL PREMIUMS\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,326.53 | Attained Age<br>65+          | \$ 1,922.41 | Attained Age<br>65+          | \$ 1,634.07 | Attained Age<br>65+          | \$ 1,501.66 |

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

**NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 116.52 | Attained Age<br>65+          | \$ 168.86 | Attained Age<br>65+          | \$ 143.54 | Attained Age<br>65+          | \$ 131.91 |

**NON-TOBACCO QUARTERLY PREMIUMS\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 349.57 | Attained Age<br>65+          | \$ 506.59 | Attained Age<br>65+          | \$ 430.61 | Attained Age<br>65+          | \$ 395.72 |

**NON-TOBACCO SEMIANNUAL PREMIUMS\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-------------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 699.13 | Attained Age<br>65+          | \$ 1,013.18 | Attained Age<br>65+          | \$ 861.21 | Attained Age<br>65+          | \$ 791.43 |

**NON-TOBACCO ANNUAL PREMIUMS\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,398.26 | Attained Age<br>65+          | \$ 2,026.35 | Attained Age<br>65+          | \$ 1,722.42 | Attained Age<br>65+          | \$ 1,582.86 |

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

**TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 125.97 | Attained Age<br>65+          | \$ 182.55 | Attained Age<br>65+          | \$ 155.17 | Attained Age<br>65+          | \$ 142.60 |

**TOBACCO QUARTERLY PREMIUMS\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 377.91 | Attained Age<br>65+          | \$ 547.66 | Attained Age<br>65+          | \$ 465.52 | Attained Age<br>65+          | \$ 427.80 |

**TOBACCO SEMIANNUAL PREMIUMS\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-------------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 755.82 | Attained Age<br>65+          | \$ 1,095.33 | Attained Age<br>65+          | \$ 931.04 | Attained Age<br>65+          | \$ 855.60 |

**TOBACCO ANNUAL PREMIUMS\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,511.63 | Attained Age<br>65+          | \$ 2,190.65 | Attained Age<br>65+          | \$ 1,862.08 | Attained Age<br>65+          | \$ 1,711.20 |

These premiums only apply for the address indicated on the enrollment application. If this is not your address, please call our toll-free number 1-800-865-2674 for a free quote.

PREMIUMS BELOW APPLY TO PERSONS LIVING IN ZIP CODES: 716-719, 723-729

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |          | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 97.50 | Attained Age<br>65+          | \$ 141.29 | Attained Age<br>65+          | \$ 120.10 | Attained Age<br>65+          | \$ 110.37 |

**NON-TOBACCO MONTHLY RATES (DIRECT PAY)\***

| Policy Form UM20<br>(Plan A) |          | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 99.50 | Attained Age<br>65+          | \$ 143.29 | Attained Age<br>65+          | \$ 122.10 | Attained Age<br>65+          | \$ 112.37 |

**NON-TOBACCO QUARTERLY RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 292.49 | Attained Age<br>65+          | \$ 423.88 | Attained Age<br>65+          | \$ 360.30 | Attained Age<br>65+          | \$ 331.11 |

**NON-TOBACCO SEMIANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 584.99 | Attained Age<br>65+          | \$ 847.77 | Attained Age<br>65+          | \$ 720.61 | Attained Age<br>65+          | \$ 662.22 |

**NON-TOBACCO ANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,169.97 | Attained Age<br>65+          | \$ 1,695.53 | Attained Age<br>65+          | \$ 1,441.21 | Attained Age<br>65+          | \$ 1,324.43 |

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

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PREMIUMS BELOW APPLY TO PERSONS LIVING IN ZIP CODES: 716-719, 723-729

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 105.40 | Attained Age<br>65+          | \$ 152.75 | Attained Age<br>65+          | \$ 129.84 | Attained Age<br>65+          | \$ 119.32 |

**TOBACCO MONTHLY RATES (DIRECT PAY)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 107.40 | Attained Age<br>65+          | \$ 154.75 | Attained Age<br>65+          | \$ 131.84 | Attained Age<br>65+          | \$ 121.32 |

**TOBACCO QUARTERLY RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 316.21 | Attained Age<br>65+          | \$ 458.25 | Attained Age<br>65+          | \$ 389.52 | Attained Age<br>65+          | \$ 357.96 |

**TOBACCO SEMIANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 632.42 | Attained Age<br>65+          | \$ 916.50 | Attained Age<br>65+          | \$ 779.04 | Attained Age<br>65+          | \$ 715.91 |

**TOBACCO ANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,264.83 | Attained Age<br>65+          | \$ 1,833.00 | Attained Age<br>65+          | \$ 1,558.07 | Attained Age<br>65+          | \$ 1,431.82 |

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

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PREMIUMS BELOW ONLY APPLY TO PERSONS LIVING IN ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 102.25 | Attained Age<br>65+          | \$ 148.19 | Attained Age<br>65+          | \$ 125.96 | Attained Age<br>65+          | \$ 115.75 |

**NON-TOBACCO MONTHLY RATES (DIRECT PAY)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 104.25 | Attained Age<br>65+          | \$ 150.19 | Attained Age<br>65+          | \$ 127.96 | Attained Age<br>65+          | \$ 117.75 |

**NON-TOBACCO QUARTERLY RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 306.76 | Attained Age<br>65+          | \$ 444.56 | Attained Age<br>65+          | \$ 377.88 | Attained Age<br>65+          | \$ 347.26 |

**NON-TOBACCO SEMIANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 613.52 | Attained Age<br>65+          | \$ 889.12 | Attained Age<br>65+          | \$ 755.76 | Attained Age<br>65+          | \$ 694.52 |

**NON-TOBACCO ANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,227.04 | Attained Age<br>65+          | \$ 1,778.23 | Attained Age<br>65+          | \$ 1,511.51 | Attained Age<br>65+          | \$ 1,389.04 |

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PREMIUMS BELOW ONLY APPLY TO PERSONS LIVING IN ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 110.54 | Attained Age<br>65+          | \$ 160.20 | Attained Age<br>65+          | \$ 136.17 | Attained Age<br>65+          | \$ 125.14 |

**TOBACCO MONTHLY RATES (DIRECT PAY)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 112.54 | Attained Age<br>65+          | \$ 162.20 | Attained Age<br>65+          | \$ 138.17 | Attained Age<br>65+          | \$ 127.14 |

**TOBACCO QUARTERLY RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 331.63 | Attained Age<br>65+          | \$ 480.60 | Attained Age<br>65+          | \$ 408.52 | Attained Age<br>65+          | \$ 375.42 |

**TOBACCO SEMIANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 663.27 | Attained Age<br>65+          | \$ 961.21 | Attained Age<br>65+          | \$ 817.04 | Attained Age<br>65+          | \$ 750.83 |

**TOBACCO ANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,326.53 | Attained Age<br>65+          | \$ 1,922.41 | Attained Age<br>65+          | \$ 1,634.07 | Attained Age<br>65+          | \$ 1,501.66 |

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**NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 116.52 | Attained Age<br>65+          | \$ 168.86 | Attained Age<br>65+          | \$ 143.54 | Attained Age<br>65+          | \$ 131.91 |

**NON-TOBACCO MONTHLY RATES (DIRECT PAY)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 118.52 | Attained Age<br>65+          | \$ 170.86 | Attained Age<br>65+          | \$ 145.54 | Attained Age<br>65+          | \$ 133.91 |

**NON-TOBACCO QUARTERLY RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 349.57 | Attained Age<br>65+          | \$ 506.59 | Attained Age<br>65+          | \$ 430.61 | Attained Age<br>65+          | \$ 395.72 |

**NON-TOBACCO SEMIANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-------------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 699.13 | Attained Age<br>65+          | \$ 1,013.18 | Attained Age<br>65+          | \$ 861.21 | Attained Age<br>65+          | \$ 791.43 |

**NON-TOBACCO ANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,398.26 | Attained Age<br>65+          | \$ 2,026.35 | Attained Age<br>65+          | \$ 1,722.42 | Attained Age<br>65+          | \$ 1,582.86 |

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**TOBACCO MONTHLY RATES (BANK SERVICE PLAN)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 125.97 | Attained Age<br>65+          | \$ 182.55 | Attained Age<br>65+          | \$ 155.17 | Attained Age<br>65+          | \$ 142.60 |

**TOBACCO MONTHLY RATES (DIRECT PAY)\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 127.97 | Attained Age<br>65+          | \$ 184.55 | Attained Age<br>65+          | \$ 157.17 | Attained Age<br>65+          | \$ 144.60 |

**TOBACCO QUARTERLY RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |           | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 377.91 | Attained Age<br>65+          | \$ 547.66 | Attained Age<br>65+          | \$ 465.52 | Attained Age<br>65+          | \$ 427.80 |

**TOBACCO SEMIANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |           | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |           | Policy Form UM30<br>(Plan M) |           |
|------------------------------|-----------|------------------------------|-------------|------------------------------|-----------|------------------------------|-----------|
| Attained Age<br>65+          | \$ 755.82 | Attained Age<br>65+          | \$ 1,095.33 | Attained Age<br>65+          | \$ 931.04 | Attained Age<br>65+          | \$ 855.60 |

**TOBACCO ANNUAL RATES\***

| Policy Form UM20<br>(Plan A) |             | Policy Form UM23<br>(Plan F) |             | Policy Form UM24<br>(Plan G) |             | Policy Form UM30<br>(Plan M) |             |
|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|------------------------------|-------------|
| Attained Age<br>65+          | \$ 1,511.63 | Attained Age<br>65+          | \$ 2,190.65 | Attained Age<br>65+          | \$ 1,862.08 | Attained Age<br>65+          | \$ 1,711.20 |

**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                     |
|---|--|------------------------------------|-----------------------------|
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days   | All but \$1,132  | \$0                                | \$1,132 (Part A Deductible) |
| 61 <sup>st</sup> through 90 <sup>th</sup> day   | All but \$283 a day  | \$283 a day                        | \$0                         |
| 91 <sup>st</sup> day and after:<br>While using 60 lifetime reserve days   | All but \$566 a day  | \$566 a day                        | \$0                         |
| Once lifetime reserve days are used:<br>Additional 365 days   | \$0  | 100% of Medicare Eligible Expenses | \$0**                       |
| Beyond the additional 365 days  | \$0  | \$0                                | All costs                   |
| <b>SKILLED NURSING FACILITY CARE*</b><br>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                         |
| 21 <sup>st</sup> through 100 <sup>th</sup> day  | All but \$141.50 a day   | \$0                                | Up to \$141.50 a day        |
| 101 <sup>st</sup> day and after   | \$0  | \$0                                | All costs                   |
| <b>BLOOD</b><br>First 3 pints   | \$0  | 3 pints                            | \$0                         |
| Additional amounts  | 100%   | \$0                                | \$0                         |
| <b>HOSPICE CARE</b><br>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, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/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 \$162 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                   |
|--|---------------|---------------|---------------------------|
| <b>MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , 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 \$162 of Medicare Approved Amounts* | \$0           | \$0           | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | Generally 80% | Generally 20% | \$0                       |
| <b>Part B Excess Charges</b> (above Medicare Approved Amounts)   | \$0           | \$0           | All costs                 |
| <b>BLOOD</b><br>First 3 pints  | \$0           | All costs     | \$0                       |
| Next \$162 of Medicare Approved Amounts*   | \$0           | \$0           | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | 80%           | 20%           | \$0                       |
| <b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%          | \$0           | \$0                       |

**PARTS A AND B**

|  |      |     |                           |
|--|------|-----|---------------------------|
| <b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b><br>Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0                       |
| Durable medical equipment<br>First \$162 of Medicare Approved Amounts*   | \$0  | \$0 | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | 80%  | 20% | \$0                       |

**PLANS F AND 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.

| Services   | Medicare Pays  | Plan F Pays                        | You Pay   | Plan G Pays                        | You Pay   |
|--|--|------------------------------------|-----------|------------------------------------|-----------|
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days  | All but \$1,132  | \$1,132 (Part A Deductible)        | \$0       | \$1,132 (Part A Deductible)        | \$0       |
| 61 <sup>st</sup> through 90 <sup>th</sup> day  | All but \$283 a day  | \$283 a day                        | \$0       | \$283 a day                        | \$0       |
| 91 <sup>st</sup> day and after:<br>While using 60 lifetime reserve days  | All but \$566 a day  | \$566 a day                        | \$0       | \$566 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 |
| <b>SKILLED NURSING FACILITY CARE*</b><br>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       |
| 21 <sup>st</sup> through 100 <sup>th</sup> day   | All but \$141.50 a day   | Up to \$141.50 a day               | \$0       | Up to \$141.50 a day               | \$0       |
| 101 <sup>st</sup> day and after  | \$0  | \$0                                | All costs | \$0                                | All costs |
| <b>BLOOD</b>   |  |                                    |           |                                    |           |
| First 3 pints  | \$0  | 3 pints                            | \$0       | 3 pints                            | \$0       |
| Additional amounts   | 100%   | \$0                                | \$0       | \$0                                | \$0       |
| <b>HOSPICE CARE</b><br>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, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/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.

**PLANS F AND G**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$162 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 | Plan G Pays   | You Pay                   |
|---|---------------|---------------------------|---------|---------------|---------------------------|
| <b>MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment |               |                           |         |               |                           |
| First \$162 of Medicare Approved Amounts*   | \$0           | \$162 (Part B Deductible) | \$0     | \$0           | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts  | Generally 80% | Generally 20%             | \$0     | Generally 20% | \$0                       |
| <b>Part B Excess Charges</b> (above Medicare Approved Amounts)  | \$0           | 100%                      | \$0     | 100%          | \$0                       |
| <b>BLOOD</b>  |               |                           |         |               |                           |
| First 3 pints   | \$0           | All costs                 | \$0     | All costs     | \$0                       |
| Next \$162 of Medicare Approved Amounts*  | \$0           | \$162 (Part B Deductible) | \$0     | \$0           | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts  | 80%           | 20%                       | \$0     | 20%           | \$0                       |
| <b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>   | 100%          | \$0                       | \$0     | \$0           | \$0                       |

**PARTS A AND B**

|  |      |                           |     |     |                           |
|--|------|---------------------------|-----|-----|---------------------------|
| <b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b><br>Medically necessary skilled care services and medical supplies | 100% | \$0                       | \$0 | \$0 | \$0                       |
| Durable medical equipment  |      |                           |     |     |                           |
| First \$162 of Medicare Approved Amounts*  | \$0  | \$162 (Part B Deductible) | \$0 | \$0 | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | 80%  | 20%                       | \$0 | 20% | \$0                       |

**PLANS F AND G  
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

| <b>Services</b>  | <b>Medicare Pays</b> | <b>Plan F Pays</b>                            | <b>You Pay</b>   | <b>Plan G Pays</b>                            | <b>You Pay</b>   |
|--|----------------------|---|--|---|--|
| <b>FOREIGN TRAVEL—NOT COVERED BY MEDICARE</b><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 |

## PLANS M

### 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 M Pays                        | You Pay                          |
|--|---|------------------------------------|----------------------------------|
| <b>HOSPITALIZATION*</b><br>Semiprivate room and board, general nursing and miscellaneous services and supplies<br>First 60 days  | All but \$1,132   | \$566 (50% of Part A Deductible)   | \$566 (50% of Part A deductible) |
| 61 <sup>st</sup> through 90 <sup>th</sup> day  | All but \$283 a day   | \$283 a day                        | \$0                              |
| 91 <sup>st</sup> day and after:<br>While using 60 lifetime reserve days  | All but \$566 a day   | \$566 a day                        | \$0                              |
| Once lifetime reserve days are used:<br>Additional 365 days  | \$0   | 100% of Medicare Eligible Expenses | \$0**                            |
| Beyond the additional 365 days   | \$0   | \$0                                | All costs                        |
| <b>SKILLED NURSING FACILITY CARE*</b><br>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                              |
| 21 <sup>st</sup> through 100 <sup>th</sup> day   | All but \$141.50 a day  | Up to \$141.50 a day               | \$0                              |
| 101 <sup>st</sup> day and after  | \$0   | \$0                                | All costs                        |
| <b>BLOOD</b><br>First 3 pints  | \$0   | 3 pints                            | \$0                              |
| Additional amounts   | 100%  | \$0                                | \$0                              |
| <b>HOSPICE CARE</b><br>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, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/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 M**  
**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\*Once you have been billed \$162 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 M Pays   | You Pay                   |
|--|---------------|---------------|---------------------------|
| <b>MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT</b> , 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 \$162 of Medicare Approved Amounts* | \$0           | \$0           | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | Generally 80% | Generally 20% | \$0                       |
| <b>Part B Excess Charges</b> (above Medicare Approved Amounts)   | \$0           | \$0           | All costs                 |
| <b>BLOOD</b><br>First 3 pints  | \$0           | All costs     | \$0                       |
| Next \$162 of Medicare Approved Amounts*   | \$0           | \$0           | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | 80%           | 20%           | \$0                       |
| <b>CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES</b>  | 100%          | \$0           | \$0                       |

**PARTS A AND B**

| Services   | Medicare Pays | Plan M Pays | You Pay                   |
|--|---------------|-------------|---------------------------|
| <b>HOME HEALTH CARE—MEDICARE APPROVED SERVICES</b><br>Medically necessary skilled care services and medical supplies | 100%          | \$0         | \$0                       |
| Durable medical equipment<br>First \$162 of Medicare Approved Amounts*   | \$0           | \$0         | \$162 (Part B Deductible) |
| Remainder of Medicare Approved Amounts   | 80%           | 20%         | \$0                       |

**OTHER BENEFITS – NOT COVERED BY MEDICARE**

|  |     |   |  |
|--|-----|---|--|
| <b>FOREIGN TRAVEL—NOT COVERED BY MEDICARE</b><br>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA<br>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 |

SERFF Tracking Number: MUTM-127091900 State: Arkansas  
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 48473  
 Company Tracking Number: ROBYN GONZALES  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
 Standard Plans 2010  
 Product Name: Notification of Plan N Discontinuance  
 Project Name/Number: Notification of Plan N Discontinuance/CP51

## Supporting Document Schedules

|   | <b>Item Status:</b>                 | <b>Status Date:</b> |
|---|-------------------------------------|---------------------|
| <b>Satisfied - Item:</b> Flesch Certification | Accepted for Informational Purposes | 04/14/2011          |

**Comments:**

**Attachments:**

AR Certif of Compliance with Rule 19 rev 06.24.2010.pdf  
 AR Read Cert.pdf

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Bypassed - Item:</b> Application                            |                     |                     |
| <b>Bypass Reason:</b> Not applicable with this outline filing. |                     |                     |
| <b>Comments:</b>   |                     |                     |

|  | <b>Item Status:</b> | <b>Status Date:</b> |
|--|---------------------|---------------------|
| <b>Bypassed - Item:</b> Health - Actuarial Justification       |                     |                     |
| <b>Bypass Reason:</b> Not applicable with this outline filing. |                     |                     |
| <b>Comments:</b>   |                     |                     |

|   | <b>Item Status:</b> | <b>Status Date:</b> |
|---|---------------------|---------------------|
| <b>Bypassed - Item:</b> Outline of Coverage   |                     |                     |
| <b>Bypass Reason:</b> Please the see Outlines of Coverage submitted for approval under the Form Schedule tab. |                     |                     |
| <b>Comments:</b>  |                     |                     |

**Certificate of Compliance with  
Arkansas Rule and Regulation 19**

Insurer: United of Omaha Life Insurance Company

Form Number(s): CP51, RP51.9.B-AR, RP51.25.B-AR and BC51

I hereby certify, to the best of my knowledge and belief, that the filing above meets the requirements of  
Arkansas Rule and Regulation 19, Unfair Sex Discrimination In The Sale of Insurance.



Signature of Company Officer

Daniel J. Kennelly

Name

Vice President, Chief Compliance and Ethics Officer

Title

April 13, 2011

Date

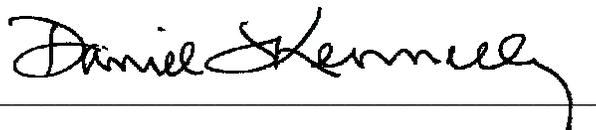
**CERTIFICATION**

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

| <u>Form</u>  | <u>Description</u>     | <u>Score</u> |
|--------------|------------------------|--------------|
| CP51         | Outline Cover Page     | N/A*         |
| RP51.9.B-AR  | Outline Rate Page      | N/A*         |
| RP51.25.B-AR | Outline Rate Page      | N/A*         |
| BC51         | Outline Benefits Chart | N/A*         |

\*All forms are modules for a Medicare Supplement Outline of Coverage and contain text mandated by statute.

Date: April 13, 2011



Daniel J. Kennelly  
Vice President , Chief Compliance and Ethics Officer