

SERFF Tracking Number: MUTM-127332049 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 49371
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11 SERFF Tr Num: MUTM-127332049 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved- Closed State Tr Num: 49371

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: ROBYN GONZALES State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Mary Cleasby, Shelly Disposition Date: 08/02/2011

Kaipust, Sofia Kuehn, Jan Serafini,

Thea Shepherd, Mary Gregg, Jaime

Mosqueda, Gilbert Burket, Ellen

Cochrane, Melanie Worth, Robyn

Gonzales, Joanne Najdzin, Kristin

Miller, Luther Mardock, Neil

Sandhoefner, Shirley McPhaul

Date Submitted: 07/22/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Med Supp Outline Copays and Rate Adjustments

Status of Filing in Domicile:

Project Number: CP51 08-11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 08/02/2011

State Status Changed: 08/02/2011

Deemer Date:

Created By: Ellen Cochrane

Submitted By: Ellen Cochrane

Corresponding Filing Tracking Number:

SERFF Tracking Number: MUTM-127332049 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 49371
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11
Filing Description:
NAIC # 261-69868

Individual Medicare Supplement Insurance

Outline of Coverage Modules CP51 08-11, DP2B 08-11, RP51.9.B-AR 08-11, and RP51.25.B-AR 08-11

Enclosed for your review and approval are copies of the above-captioned Medicare supplement outline of coverage modules. These modules are being filed in order to comply with a change in the rates contained in the previously approved outline. In addition, we removed language pertaining to Plans E, H, I, and J, no longer offered by our company, from modules CP51 08-11 and DP2B 08-11.

Rate Page RP51.9.B-AR 08-11 is identical to previously approved rate page RP51.9.B-AR, approved by your Department on April 14, 2011, except it contains the most recent rates approved by your Department on July 6, 2011. It will be used for all of our Medicare supplement plans sold through our agency and brokerage outlets.

Rate Page RP51.25.B-AR 08-11 is identical to previously approved rate page RP51.25.B-AR, approved by your Department on April 14, 2011, except it contains the most recent rates approved by your Department on July 6, 2011. It will be used for all of our Medicare supplement plans sold through direct response solicitation.

Your review and approval of this submission will be most appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Robyn Gonzales
Senior Product and Advertising Compliance Analyst
Corporate Compliance and Ethics Division
Phone: 402-351-6748
Fax: 402-351-5298
E-mail: Robyn.Gonzales@mutualofomaha.com

Company and Contact

Filing Contact Information

Robyn Gonzales, Product & Advertising Compliance Analyst robyn.gonzales@mutualofomaha.com

SERFF Tracking Number: MUTM-127332049 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 49371
 Company Tracking Number: ROBYN GONZALES
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
 Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11

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: \$200.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$200.00	07/22/2011	50002026

SERFF Tracking Number: MUTM-127332049 *State:* Arkansas
Filing Company: United of Omaha Life Insurance Company *State Tracking Number:* 49371
Company Tracking Number: ROBYN GONZALES
TOI: MS081 Individual Medicare Supplement - *Sub-TOI:* MS081.001 Plan A 2010
Standard Plans 2010
Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11

Disposition

Disposition Date: 08/02/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-127332049 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 49371
 Company Tracking Number: ROBYN GONZALES
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
 Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Outline of Coverage Cover Page	Approved-Closed	Yes
Form	Outline of Coverage Disclosure Page	Approved-Closed	Yes
Form	Outline of Coverage Rate Pages	Approved-Closed	Yes
Form	Outline of Coverage Rate Pages	Approved-Closed	Yes

SERFF Tracking Number: MUTM-127332049 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 49371
 Company Tracking Number: ROBYN GONZALES
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
 Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11

Form Schedule

Lead Form Number: CP51 08-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/02/2011	CP51 08-11	Outline of Coverage	Outline of Coverage Cover Page	Initial			CP51 08-11 (Outline Cover Page).pdf
Approved-Closed 08/02/2011	DP2B 08-11	Outline of Coverage	Outline of Coverage Disclosure Page	Initial			DP2B 08-11 (Outline Disclosure Page).pdf
Approved-Closed 08/02/2011	RP51.9.B-AR 08-11	Outline of Coverage	Outline of Coverage Rate Pages	Initial			RP51.9.B-AR 08-11 AGY.pdf
Approved-Closed 08/02/2011	RP51.25.B-AR 08-11	Outline of Coverage	Outline of Coverage Rate Pages	Initial			RP51.25.B-AR 08-11 DTC.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.

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.

Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

We, United of Omaha, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area of the state where you live.

Risk Class Rating

If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I - 10% or Class II - 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

Household Premium Discount

If you resided with at least one, but no more than three, other Medicare eligible adults for the past year, or you are married, and at least one of these other adults or your spouse also owns or is issued a Medicare Supplement policy underwritten by United of Omaha or its affiliates, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if your spouse or the other Medicare Supplement policyholder chooses to terminate their Medicare Supplement policy or he or she no longer resides with you (other than in the case of their death).

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

The policy may not fully cover all of your medical costs. Neither United of Omaha nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 103.35	Attained Age 65+	\$ 149.77	Attained Age 65+	\$ 127.31	Attained Age 65+	\$ 116.99

NON-TOBACCO QUARTERLY PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 310.04	Attained Age 65+	\$ 449.32	Attained Age 65+	\$ 381.92	Attained Age 65+	\$ 350.97

NON-TOBACCO SEMIANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 620.08	Attained Age 65+	\$ 898.64	Attained Age 65+	\$ 763.84	Attained Age 65+	\$ 701.95

NON-TOBACCO ANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,240.15	Attained Age 65+	\$ 1,797.28	Attained Age 65+	\$ 1,527.68	Attained Age 65+	\$ 1,403.89

ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 111.73	Attained Age 65+	\$ 161.92	Attained Age 65+	\$ 137.63	Attained Age 65+	\$ 126.48

TOBACCO QUARTERLY PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 335.18	Attained Age 65+	\$ 485.75	Attained Age 65+	\$ 412.89	Attained Age 65+	\$ 379.43

TOBACCO SEMIANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 670.35	Attained Age 65+	\$ 971.51	Attained Age 65+	\$ 825.78	Attained Age 65+	\$ 758.86

TOBACCO ANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,340.70	Attained Age 65+	\$ 1,943.01	Attained Age 65+	\$ 1,651.55	Attained Age 65+	\$ 1,517.72

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)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 108.39	Attained Age 65+	\$ 157.08	Attained Age 65+	\$ 133.52	Attained Age 65+	\$ 122.70

NON-TOBACCO QUARTERLY PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 325.16	Attained Age 65+	\$ 471.24	Attained Age 65+	\$ 400.55	Attained Age 65+	\$ 368.10

NON-TOBACCO SEMIANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 650.32	Attained Age 65+	\$ 942.48	Attained Age 65+	\$ 801.10	Attained Age 65+	\$ 736.19

NON-TOBACCO ANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,300.64	Attained Age 65+	\$ 1,884.96	Attained Age 65+	\$ 1,602.20	Attained Age 65+	\$ 1,472.38

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 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 117.18	Attained Age 65+	\$ 169.82	Attained Age 65+	\$ 144.34	Attained Age 65+	\$ 132.65

TOBACCO QUARTERLY PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 351.53	Attained Age 65+	\$ 509.45	Attained Age 65+	\$ 433.03	Attained Age 65+	\$ 397.94

TOBACCO SEMIANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 703.05	Attained Age 65+	\$ 1,018.90	Attained Age 65+	\$ 866.06	Attained Age 65+	\$ 795.88

TOBACCO ANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,406.10	Attained Age 65+	\$ 2,037.79	Attained Age 65+	\$ 1,732.11	Attained Age 65+	\$ 1,591.76

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 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 123.51	Attained Age 65+	\$ 179.00	Attained Age 65+	\$ 152.15	Attained Age 65+	\$ 139.82

NON-TOBACCO QUARTERLY PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 370.53	Attained Age 65+	\$ 536.99	Attained Age 65+	\$ 456.44	Attained Age 65+	\$ 419.46

NON-TOBACCO SEMIANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 741.07	Attained Age 65+	\$ 1,073.99	Attained Age 65+	\$ 912.89	Attained Age 65+	\$ 838.91

NON-TOBACCO ANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,482.13	Attained Age 65+	\$ 2,147.97	Attained Age 65+	\$ 1,825.77	Attained Age 65+	\$ 1,677.82

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 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 133.53	Attained Age 65+	\$ 193.51	Attained Age 65+	\$ 164.48	Attained Age 65+	\$ 151.16

TOBACCO QUARTERLY PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 400.58	Attained Age 65+	\$ 580.53	Attained Age 65+	\$ 493.45	Attained Age 65+	\$ 453.47

TOBACCO SEMIANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 801.15	Attained Age 65+	\$ 1,161.07	Attained Age 65+	\$ 986.90	Attained Age 65+	\$ 906.93

TOBACCO ANNUAL PREMIUMS*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,602.30	Attained Age 65+	\$ 2,322.13	Attained Age 65+	\$ 1,973.80	Attained Age 65+	\$ 1,813.86

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 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 103.35	Attained Age 65+	\$ 149.77	Attained Age 65+	\$ 127.31	Attained Age 65+	\$ 116.99

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 105.35	Attained Age 65+	\$ 151.77	Attained Age 65+	\$ 129.31	Attained Age 65+	\$ 118.99

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 310.04	Attained Age 65+	\$ 449.32	Attained Age 65+	\$ 381.92	Attained Age 65+	\$ 350.97

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 620.08	Attained Age 65+	\$ 898.64	Attained Age 65+	\$ 763.84	Attained Age 65+	\$ 701.95

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,240.15	Attained Age 65+	\$ 1,797.28	Attained Age 65+	\$ 1,527.68	Attained Age 65+	\$ 1,403.89

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

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

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 111.73	Attained Age 65+	\$ 161.92	Attained Age 65+	\$ 137.63	Attained Age 65+	\$ 126.48

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 113.73	Attained Age 65+	\$ 163.92	Attained Age 65+	\$ 139.63	Attained Age 65+	\$ 128.48

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 335.18	Attained Age 65+	\$ 485.75	Attained Age 65+	\$ 412.89	Attained Age 65+	\$ 379.43

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 670.35	Attained Age 65+	\$ 971.51	Attained Age 65+	\$ 825.78	Attained Age 65+	\$ 758.86

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,340.70	Attained Age 65+	\$ 1,943.01	Attained Age 65+	\$ 1,651.55	Attained Age 65+	\$ 1,517.72

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

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 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 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 108.39	Attained Age 65+	\$ 157.08	Attained Age 65+	\$ 133.52	Attained Age 65+	\$ 122.70

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 110.39	Attained Age 65+	\$ 159.08	Attained Age 65+	\$ 135.52	Attained Age 65+	\$ 124.70

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 325.16	Attained Age 65+	\$ 471.24	Attained Age 65+	\$ 400.55	Attained Age 65+	\$ 368.10

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 650.32	Attained Age 65+	\$ 942.48	Attained Age 65+	\$ 801.10	Attained Age 65+	\$ 736.19

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,300.64	Attained Age 65+	\$ 1,884.96	Attained Age 65+	\$ 1,602.20	Attained Age 65+	\$ 1,472.38

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 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 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 117.18	Attained Age 65+	\$ 169.82	Attained Age 65+	\$ 144.34	Attained Age 65+	\$ 132.65

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 119.18	Attained Age 65+	\$ 171.82	Attained Age 65+	\$ 146.34	Attained Age 65+	\$ 134.65

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 351.53	Attained Age 65+	\$ 509.45	Attained Age 65+	\$ 433.03	Attained Age 65+	\$ 397.94

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 703.05	Attained Age 65+	\$ 1,018.90	Attained Age 65+	\$ 866.06	Attained Age 65+	\$ 795.88

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,406.10	Attained Age 65+	\$ 2,037.79	Attained Age 65+	\$ 1,732.11	Attained Age 65+	\$ 1,591.76

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

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 123.51	Attained Age 65+	\$ 179.00	Attained Age 65+	\$ 152.15	Attained Age 65+	\$ 139.82

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 125.51	Attained Age 65+	\$ 181.00	Attained Age 65+	\$ 154.15	Attained Age 65+	\$ 141.82

NON-TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 370.53	Attained Age 65+	\$ 536.99	Attained Age 65+	\$ 456.44	Attained Age 65+	\$ 419.46

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 741.07	Attained Age 65+	\$ 1,073.99	Attained Age 65+	\$ 912.89	Attained Age 65+	\$ 838.91

NON-TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,482.13	Attained Age 65+	\$ 2,147.97	Attained Age 65+	\$ 1,825.77	Attained Age 65+	\$ 1,677.82

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

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 133.53	Attained Age 65+	\$ 193.51	Attained Age 65+	\$ 164.48	Attained Age 65+	\$ 151.16

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 135.53	Attained Age 65+	\$ 195.51	Attained Age 65+	\$ 166.48	Attained Age 65+	\$ 153.16

TOBACCO QUARTERLY RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 400.58	Attained Age 65+	\$ 580.53	Attained Age 65+	\$ 493.45	Attained Age 65+	\$ 453.47

TOBACCO SEMIANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 801.15	Attained Age 65+	\$ 1,161.07	Attained Age 65+	\$ 986.90	Attained Age 65+	\$ 906.93

TOBACCO ANNUAL RATES*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	\$ 1,602.30	Attained Age 65+	\$ 2,322.13	Attained Age 65+	\$ 1,973.80	Attained Age 65+	\$ 1,813.86

SERFF Tracking Number: MUTM-127332049 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 49371
 Company Tracking Number: ROBYN GONZALES
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: Med Supp Outline Copays and Rate Adjustments-CP51 08-11
 Project Name/Number: Med Supp Outline Copays and Rate Adjustments/CP51 08-11

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not Required for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not Required for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not Required for this filing.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage		
Comments: Outline of Coverages are attached under the Forms Schedule Tab.		