

MONTHLY PREMIUMS

ZIP CODES: 932-934, 93512-514, 93517, 93526-527, 93529, 93541, 93545, 93555, 93562, 936-940, 945, 950-961

NON-TOBACCO					Attained Age	TOBACCO				
Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35		Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35
209.98	316.32			213.69	Thru 64	241.36	363.59			245.62
120.68	181.78	50.32	155.81	122.11	65	138.71	208.95	57.83	179.09	140.35
120.68	181.78	50.32	155.81	122.11	66	138.71	208.95	57.83	179.09	140.35
120.68	181.78	50.32	155.81	122.11	67	138.71	208.95	57.83	179.09	140.35
124.41	187.43	51.88	160.62	125.89	68	143.00	215.43	59.63	184.62	144.70
128.15	193.05	53.44	165.45	129.66	69	147.30	221.89	61.42	190.17	149.04
132.25	199.24	55.14	170.77	133.83	70	152.01	229.02	63.38	196.28	153.82
136.36	205.42	56.86	176.05	137.99	71	156.73	236.11	65.36	202.36	158.61
140.85	212.19	58.73	181.85	142.52	72	161.89	243.89	67.51	209.02	163.82
145.33	218.93	60.60	187.63	147.06	73	167.04	251.64	69.66	215.67	169.03
150.19	226.26	62.62	193.90	151.97	74	172.64	260.07	71.98	222.87	174.68
155.04	233.56	64.65	200.18	156.88	75	178.21	268.46	74.31	230.09	180.32
160.28	241.44	66.83	206.93	162.17	76	184.23	277.52	76.81	237.86	186.41
165.51	249.33	69.01	213.68	167.47	77	190.24	286.59	79.32	245.61	192.49
170.74	257.21	71.19	220.43	172.75	78	196.25	295.65	81.83	253.37	198.57
175.85	264.93	73.33	227.04	177.94	79	202.13	304.51	84.29	260.97	204.53
181.13	272.87	75.53	233.86	183.29	80	208.19	313.64	86.81	268.80	210.67
186.57	281.05	77.80	240.86	188.78	81	214.45	323.05	89.42	276.85	216.99
192.17	289.48	80.13	248.09	194.44	82	220.88	332.73	92.11	285.16	223.50
197.93	298.17	82.54	255.55	200.28	83	227.51	342.72	94.87	293.73	230.21
203.87	307.11	85.01	263.20	206.28	84	234.33	353.01	97.71	302.53	237.11
209.98	316.32	87.56	271.12	212.47	85	241.36	363.59	100.64	311.63	244.22
216.27	325.82	90.18	279.25	218.85	86	248.59	374.51	103.66	320.98	251.55
222.77	335.60	92.89	287.61	225.42	87	256.05	385.75	106.77	330.59	259.11
229.46	345.67	95.68	296.26	232.17	88	263.75	397.32	109.97	340.53	266.87
236.34	356.03	98.55	305.13	239.14	89	271.65	409.23	113.27	350.72	274.87
243.44	366.72	101.50	314.29	246.31	90	279.81	421.52	116.67	361.25	283.12
250.74	377.72	104.55	323.72	253.71	91	288.20	434.16	120.17	372.09	291.62
258.26	389.06	107.69	333.43	261.32	92	296.85	447.19	123.78	383.25	300.36
265.99	400.72	110.92	343.42	269.16	93	305.74	460.60	127.49	394.73	309.37
273.98	412.75	114.25	353.74	277.23	94	314.92	474.42	131.32	406.60	318.66
282.19	425.12	117.67	364.34	285.55	95	324.36	488.65	135.25	418.79	328.22
290.67	437.87	121.20	375.27	294.11	96	334.10	503.30	139.32	431.35	338.06
299.39	451.01	124.84	386.55	302.94	97	344.13	518.41	143.49	444.31	348.20
308.36	464.55	128.58	398.14	312.02	98	354.44	533.97	147.80	457.63	358.64
317.62	478.47	132.44	410.08	321.39	99+	365.08	549.97	152.23	471.35	369.42

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

MONTHLY PREMIUMS
ZIP CODES: 919-925, 930-931, 941-944, 946-949

NON-TOBACCO					Attained Age	TOBACCO				
Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35		Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35
232.22	349.81			236.31	Thru 64	266.91	402.09			271.62
133.46	201.03	55.64	172.30	135.04	65	153.40	231.07	63.96	198.05	155.21
133.46	201.03	55.64	172.30	135.04	66	153.40	231.07	63.96	198.05	155.21
133.46	201.03	55.64	172.30	135.04	67	153.40	231.07	63.96	198.05	155.21
137.58	207.27	57.37	177.63	139.21	68	158.14	238.24	65.94	204.17	160.02
141.72	213.49	59.09	182.97	143.39	69	162.89	245.39	67.92	210.31	164.82
146.26	220.34	60.98	188.85	148.00	70	168.11	253.26	70.10	217.07	170.11
150.79	227.17	62.88	194.69	152.60	71	173.33	261.11	72.28	223.79	175.40
155.76	234.65	64.95	201.11	157.61	72	179.03	269.71	74.66	231.16	181.17
160.71	242.11	67.02	207.50	162.63	73	184.73	278.29	77.03	238.51	186.93
166.10	250.21	69.25	214.43	168.07	74	190.91	287.60	79.60	246.47	193.18
171.46	258.29	71.49	221.37	173.49	75	197.08	296.89	82.18	254.45	199.41
177.25	267.00	73.90	228.85	179.34	76	203.74	306.90	84.95	263.04	206.14
183.03	275.73	76.32	236.30	185.20	77	210.38	316.93	87.72	271.61	212.87
188.81	284.45	78.73	243.77	191.05	78	217.03	326.95	90.49	280.20	219.59
194.47	292.98	81.09	251.08	196.78	79	223.53	336.76	93.21	288.60	226.18
200.30	301.76	83.52	258.62	202.69	80	230.23	346.85	96.00	297.27	232.98
206.32	310.81	86.03	266.37	208.77	81	237.15	357.26	98.89	306.17	239.96
212.51	320.13	88.62	274.36	215.03	82	244.27	367.96	101.86	315.35	247.16
218.89	329.74	91.28	282.61	221.49	83	251.60	379.01	104.91	324.84	254.58
225.45	339.63	94.01	291.07	228.13	84	259.14	390.38	108.05	334.57	262.21
232.22	349.81	96.83	299.82	234.97	85	266.91	402.09	111.30	344.62	270.08
239.17	360.32	99.73	308.82	242.02	86	274.91	414.16	114.63	354.96	278.18
246.35	371.13	102.72	318.07	249.29	87	283.17	426.59	118.07	365.59	286.54
253.76	382.27	105.81	327.63	256.76	88	291.67	439.39	121.62	376.58	295.12
261.36	393.73	108.98	337.43	264.46	89	300.42	452.56	125.26	387.85	303.98
269.21	405.55	112.25	347.57	272.39	90	309.44	466.15	129.02	399.50	313.10
277.28	417.72	115.62	357.99	280.57	91	318.72	480.13	132.90	411.49	322.50
285.60	430.25	119.09	368.73	288.99	92	328.28	494.54	136.88	423.83	332.17
294.15	443.15	122.66	379.78	297.65	93	338.11	509.37	140.99	436.53	342.13
302.99	456.45	126.34	391.20	306.59	94	348.26	524.65	145.22	449.65	352.40
312.07	470.14	130.13	402.92	315.79	95	358.70	540.39	149.57	463.13	362.97
321.45	484.24	134.04	415.01	325.26	96	369.48	556.59	154.07	477.02	373.86
331.09	498.77	138.05	427.48	335.01	97	380.57	573.30	158.68	491.36	385.07
341.02	513.74	142.20	440.30	345.05	98	391.97	590.51	163.45	506.09	396.61
351.25	529.13	146.46	453.50	355.42	99+	403.73	608.20	168.35	521.26	408.53

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

MONTHLY PREMIUMS

ZIP CODES: 900-918, 93501-502, 93504-505, 93510, 93515-516, 93518-519, 93522-524, 93528, 93530-532, 93534-536, 93539, 93542-544, 93546, 93549-554, 93556, 93558, 93560-561, 93563, 93581, 93584, 93586, 93590-592, 93596, 93599

NON-TOBACCO					Attained Age	TOBACCO				
Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35		Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35
286.56	431.69			291.62	Thru 64	329.38	496.19			335.19
164.69	248.08	68.67	212.63	166.64	65	189.30	285.15	78.93	244.40	191.54
164.69	248.08	68.67	212.63	166.64	66	189.30	285.15	78.93	244.40	191.54
164.69	248.08	68.67	212.63	166.64	67	189.30	285.15	78.93	244.40	191.54
169.78	255.78	70.80	219.20	171.80	68	195.15	294.00	81.37	251.95	197.47
174.88	263.45	72.93	225.79	176.95	69	201.02	302.82	83.82	259.53	203.39
180.49	271.91	75.26	233.05	182.64	70	207.45	312.54	86.50	267.87	209.93
186.09	280.34	77.60	240.26	188.32	71	213.89	322.23	89.19	276.16	216.46
192.21	289.57	80.15	248.17	194.50	72	220.93	332.84	92.13	285.26	223.57
198.33	298.77	82.70	256.06	200.69	73	227.96	343.42	95.06	294.33	230.68
204.97	308.78	85.46	264.61	207.40	74	235.60	354.91	98.23	304.15	238.39
211.59	318.75	88.22	273.18	214.09	75	243.21	366.37	101.41	314.00	246.08
218.73	329.49	91.20	282.40	221.32	76	251.42	378.73	104.83	324.60	254.39
225.87	340.26	94.18	291.61	228.54	77	259.62	391.11	108.25	335.18	262.69
233.00	351.02	97.16	300.82	235.76	78	267.82	403.47	111.67	345.77	270.99
239.99	361.55	100.07	309.85	242.83	79	275.85	415.57	115.03	356.14	279.12
247.18	372.39	103.07	319.15	250.13	80	284.12	428.03	118.47	366.84	287.51
254.61	383.56	106.17	328.71	257.63	81	292.66	440.87	122.03	377.82	296.13
262.25	395.05	109.36	338.57	265.36	82	301.44	454.08	125.70	389.16	305.01
270.12	406.91	112.64	348.75	273.32	83	310.49	467.71	129.47	400.86	314.16
278.22	419.12	116.01	359.20	281.52	84	319.79	481.75	133.34	412.87	323.58
286.56	431.69	119.49	369.99	289.96	85	329.38	496.19	137.34	425.28	333.29
295.15	444.65	123.07	381.09	298.66	86	339.25	511.10	141.46	438.04	343.29
304.01	458.00	126.77	392.51	307.63	87	349.44	526.43	145.71	451.16	353.60
313.15	471.74	130.57	404.31	316.85	88	359.94	542.23	150.08	464.72	364.19
322.53	485.88	134.49	416.41	326.36	89	370.72	558.48	154.58	478.63	375.12
332.22	500.46	138.52	428.91	336.14	90	381.86	575.24	159.22	493.00	386.37
342.18	515.48	142.68	441.78	346.24	91	393.31	592.51	164.00	507.79	397.97
352.44	530.95	146.96	455.03	356.62	92	405.11	610.29	168.92	523.02	409.91
363.00	546.87	151.37	468.66	367.32	93	417.24	628.58	173.99	538.69	422.21
373.90	563.28	155.91	482.75	378.34	94	429.77	647.44	179.21	554.89	434.87
385.11	580.17	160.58	497.22	389.69	95	442.66	666.86	184.58	571.52	447.92
396.68	597.57	165.41	512.14	401.38	96	455.95	686.86	190.12	588.67	461.36
408.59	615.50	170.36	527.53	413.42	97	469.64	707.47	195.82	606.36	475.19
420.83	633.98	175.48	543.34	425.81	98	483.71	728.71	201.70	624.53	489.44
433.45	652.97	180.74	559.63	438.61	99+	498.22	750.54	207.74	643.26	504.15

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

MONTHLY PREMIUMS
ZIP CODES: 926 - 928

NON-TOBACCO					Attained Age	TOBACCO				
Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35		Plan A MM20	Plan F MM24	Plan High F MM34	Plan G MM25	Plan N MM35
293.97	442.85			299.16	Thru 64	337.90	509.02			343.86
168.95	254.50	70.44	218.13	170.95	65	194.20	292.53	80.97	250.72	196.49
168.95	254.50	70.44	218.13	170.95	66	194.20	292.53	80.97	250.72	196.49
168.95	254.50	70.44	218.13	170.95	67	194.20	292.53	80.97	250.72	196.49
174.17	262.40	72.63	224.87	176.24	68	200.19	301.61	83.48	258.47	202.57
179.41	270.27	74.81	231.63	181.53	69	206.22	310.65	85.99	266.24	208.66
185.15	278.94	77.20	239.07	187.36	70	212.82	320.62	88.74	274.80	215.35
190.90	287.59	79.60	246.47	193.19	71	219.42	330.56	91.50	283.30	222.05
197.18	297.06	82.22	254.59	199.53	72	226.65	341.45	94.51	292.63	229.35
203.46	306.50	84.84	262.69	205.88	73	233.86	352.30	97.52	301.94	236.64
210.27	316.76	87.67	271.46	212.76	74	241.69	364.09	100.77	312.02	244.56
217.06	326.99	90.51	280.25	219.63	75	249.50	375.85	104.03	322.12	252.45
224.39	338.02	93.56	289.71	227.04	76	257.92	388.52	107.54	333.00	260.97
231.71	349.06	96.61	299.15	234.45	77	266.33	401.22	111.05	343.85	269.49
239.03	360.10	99.67	308.60	241.86	78	274.75	413.91	114.56	354.72	278.00
246.19	370.90	102.66	317.86	249.11	79	282.98	426.32	118.00	365.35	286.34
253.58	382.02	105.74	327.40	256.60	80	291.47	439.10	121.54	376.33	294.94
261.20	393.48	108.91	337.21	264.29	81	300.23	452.27	125.19	387.60	303.78
269.03	405.27	112.19	347.32	272.22	82	309.23	465.83	128.95	399.22	312.90
277.11	417.43	115.55	357.77	280.39	83	318.52	479.81	132.82	411.23	322.29
285.41	429.96	119.01	368.48	288.80	84	328.06	494.21	136.79	423.55	331.95
293.97	442.85	122.58	379.56	297.46	85	337.90	509.02	140.90	436.28	341.91
302.78	456.15	126.26	390.95	306.39	86	348.03	524.31	145.12	449.37	352.17
311.87	469.84	130.04	402.66	315.59	87	358.48	540.05	149.48	462.83	362.75
321.24	483.94	133.95	414.76	325.04	88	369.25	556.25	153.96	476.74	373.61
330.87	498.45	137.96	427.18	334.80	89	380.31	572.93	158.58	491.01	384.82
340.81	513.41	142.11	440.00	344.84	90	391.74	590.12	163.34	505.75	396.37
351.03	528.81	146.37	453.20	355.19	91	403.48	607.83	168.24	520.92	408.27
361.56	544.68	150.76	466.80	365.84	92	415.58	626.07	173.29	536.55	420.51
372.39	561.01	155.29	480.78	376.82	93	428.03	644.84	178.49	552.62	433.12
383.57	577.84	159.94	495.24	388.12	94	440.88	664.19	183.84	569.24	446.12
395.07	595.17	164.74	510.08	399.77	95	454.10	684.11	189.35	586.30	459.51
406.94	613.02	169.69	525.38	411.76	96	467.74	704.62	195.04	603.89	473.29
419.15	631.42	174.77	541.17	424.11	97	481.78	725.77	200.88	622.04	487.48
431.71	650.38	180.02	557.40	436.82	98	496.22	747.56	206.92	640.68	502.10
444.66	669.86	185.41	574.11	449.95	99+	511.11	769.95	213.12	659.89	517.19

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

Premium Information

We, Mutual of Omaha Insurance Company, 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. Until you are age 99, your premium may change each year.

Use this outline to compare benefits and premiums among policies.

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.

Thirty Day Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to 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.

Household Premium Discount

You are eligible for a household premium discount if: (a) you reside with your spouse (including civil union/domestic partner) of any age or (b) for the past year you have resided with at least one, but not more than three, other adults who are age 60 or older. The discounted premium will be priced 12% lower than the rates illustrated. The policy's household premium discount will be removed if the other adult or spouse no longer resides with you (other than in the case of his or her death).

Disclosures

The policy may not fully cover all of your medical costs. Neither Mutual of Omaha Insurance Company nor its agents are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details. For additional information concerning policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for referral to your local HICAP office. HICAP is a service provided free of charge by the State of California. You may also contact the Consumer Affairs department of the California Department of Insurance after first contacting your agent or the insurance company for resolution of any problems. Mutual of Omaha's toll-free customer service telephone number is shown on the face page of your policy. You can contact the Consumer Affairs department at California Department of Insurance, Consumer Service Division, 300 South Spring Street, South Tower, Los Angeles, CA 90013, 1-800-927-HELP(4357).

Notice

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

Complete Answers Are Very Important

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

Exclusions

Exclusions apply to your coverage. Please be sure to review the exclusions in your policy. This policy does not cover Part A benefits for benefit periods that begin while this policy is not in force, and other exclusions apply.