

# OMAHA INSURANCE COMPANY

A Mutual of Omaha Company

## OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

### BENEFIT PLANS A, F, HIGH DEDUCTIBLE F, G AND N

2019 Rates - Arizona

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state.

**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	Plan K	Plan L	Plan M	Plan N
<b>Basic, including 100% Part B Co-insurance</b>	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	<b>Basic, including 100% Part B Co-insurance*</b>		<b>Basic, including 100% Part B Co-insurance</b>	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	<b>Basic, including 100% Part B Coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER</b>
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	<b>Skilled Nursing Facility Co-insurance</b>		<b>Skilled Nursing Facility Co-insurance</b>	50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	<b>Skilled Nursing Facility Co-insurance</b>
	Part A Deductible	Part A Deductible	Part A Deductible	<b>Part A Deductible</b>		<b>Part A Deductible</b>	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	<b>Part A Deductible</b>
		Part B Deductible		<b>Part B Deductible</b>						
				<b>Part B Excess (100%)</b>		<b>Part B Excess (100%)</b>				
		Foreign Travel Emergency	Foreign Travel Emergency	<b>Foreign Travel Emergency</b>		<b>Foreign Travel Emergency</b>			Foreign Travel Emergency	<b>Foreign Travel Emergency</b>
							Out-of-pocket limit \$5,560; paid at 100% after limit reached	Out-of-pocket limit \$2,780; 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 \$2,300 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,300. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

**MONTHLY NON-TOBACCO PREMIUMS\***

ZIP CODES: 85320-322, 85325, 85328, 85332-334, 85336-337, 85341, 85343-344, 85346-350, 85352, 85356-357, 85359-360, 85362, 85364-367, 85369, 85371, 855-856, 859-860, 863-865

FEMALE					Issue Age	MALE				
Plan A NM20	Plan F NM23	Plan High F NM34	Plan G NM24	Plan N NM35		Plan A NM20	Plan F NM23	Plan High F NM34	Plan G NM24	Plan N NM35
131.67	173.27	44.44	115.91	94.44	65	144.77	190.47	48.86	127.42	103.82
131.67	173.27	44.44	115.91	94.44	66	144.77	190.47	48.86	127.42	103.82
131.67	173.27	44.44	115.91	94.44	67	144.77	190.47	48.86	127.42	103.82
139.91	184.09	46.28	123.14	98.34	68	156.80	206.31	51.49	138.00	109.43
143.98	189.45	48.11	126.72	102.24	69	162.62	213.96	54.13	143.12	115.03
147.98	194.71	49.95	130.24	106.13	70	168.18	221.30	56.76	148.02	120.63
151.88	199.85	51.20	133.68	108.81	71	173.49	228.27	58.44	152.70	124.19
155.63	204.77	52.47	136.97	111.49	72	178.49	234.86	60.12	157.10	127.75
159.20	209.48	53.73	140.12	114.17	73	183.09	240.89	61.80	161.14	131.31
162.50	213.81	54.73	143.02	116.31	74	187.11	246.20	62.82	164.68	133.49
165.54	217.82	55.73	145.69	118.43	75	190.50	250.64	63.85	167.65	135.68
168.33	221.49	56.73	148.15	120.55	76	193.15	254.14	64.88	169.99	137.87
171.06	225.08	57.73	150.55	122.68	77	195.28	256.95	65.91	171.88	140.06
173.74	228.61	58.63	152.92	124.58	78	197.21	259.48	66.41	173.58	141.12
176.44	232.16	59.52	155.30	126.48	79	198.86	261.67	66.91	175.03	142.18
179.08	235.64	60.41	157.62	128.38	80	200.16	263.36	67.40	176.17	143.23
181.65	239.01	61.31	159.88	130.28	81	201.18	264.71	67.91	177.06	144.30
184.03	242.15	61.93	161.98	131.59	82	202.04	265.86	68.08	177.83	144.67
186.22	245.00	62.54	163.88	132.90	83	202.77	266.80	68.26	178.46	145.05
188.18	247.61	63.16	165.63	134.21	84	203.36	267.58	68.43	178.98	145.43
189.93	249.90	63.78	167.16	135.52	85	203.79	268.17	68.61	179.37	145.80
191.41	251.87	64.39	168.48	136.83	86	204.11	268.58	68.79	179.65	146.18
192.61	253.44	65.01	169.53	138.14	87	204.33	268.86	68.97	179.84	146.55
193.51	254.63	66.24	170.32	140.77	88	204.47	269.04	70.28	179.96	149.34
194.09	255.39	67.50	170.84	143.44	89	204.53	269.11	71.62	180.01	152.18
194.31	255.68	68.79	171.03	146.17	90	204.54	269.13	72.98	180.03	155.07
199.17	262.06	69.82	175.30	148.36	91	209.66	275.87	74.07	184.52	157.39
204.15	268.61	70.86	179.67	150.59	92	214.91	282.76	75.18	189.14	159.76
209.26	275.33	71.93	184.18	152.84	93	220.27	289.83	76.30	193.87	162.16
214.49	282.21	73.01	188.77	155.14	94	225.78	297.07	77.45	198.72	164.58
219.85	289.27	74.10	193.50	157.47	95	231.42	304.50	78.61	203.69	167.06
225.33	296.50	75.21	198.34	159.83	96	237.22	312.12	79.80	208.77	169.56
230.98	303.91	76.34	203.30	162.22	97	243.13	319.92	80.99	214.00	172.10
236.75	311.51	77.49	208.38	164.66	98	249.22	327.91	82.21	219.34	174.68
242.67	319.31	78.65	213.58	167.13	99+	255.45	336.11	83.44	224.82	177.30

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

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

Questions call 916-682-1117

**MONTHLY NON-TOBACCO PREMIUMS\***

ZIP CODES: 850-852, 85301-313, 85318, 85323-324, 85326-327, 85329, 85331, 85335, 85338-340, 85342, 85345, 85351, 85353-355, 85358, 85361, 85363, 85372-383, 85385, 85387-388, 85390, 85392, 85395-396, 857

FEMALE					Issue Age	MALE				
Plan A NM20	Plan F NM23	Plan High F NM34	Plan G NM24	Plan N NM35		Plan A NM20	Plan F NM23	Plan High F NM34	Plan G NM24	Plan N NM35
143.34	188.62	48.38	126.18	102.81	65	157.59	207.35	53.19	138.71	113.02
143.34	188.62	48.38	126.18	102.81	66	157.59	207.35	53.19	138.71	113.02
143.34	188.62	48.38	126.18	102.81	67	157.59	207.35	53.19	138.71	113.02
152.31	200.41	50.38	134.06	107.05	68	170.69	224.60	56.06	150.23	119.12
156.73	206.23	52.37	137.95	111.30	69	177.02	232.92	58.93	155.80	125.22
161.10	211.97	54.37	141.78	115.54	70	183.08	240.91	61.79	161.14	131.32
165.34	217.55	55.74	145.53	118.46	71	188.86	248.50	63.62	166.24	135.19
169.42	222.92	57.12	149.10	121.37	72	194.31	255.68	65.45	171.02	139.07
173.31	228.04	58.49	152.54	124.29	73	199.31	262.24	67.27	175.42	142.94
176.90	232.76	59.58	155.69	126.61	74	203.69	268.01	68.39	179.28	145.32
180.21	237.12	60.67	158.60	128.92	75	207.38	272.85	69.51	182.51	147.70
183.25	241.12	61.76	161.28	131.23	76	210.26	276.65	70.63	185.05	150.09
186.21	245.02	62.85	163.89	133.55	77	212.59	279.72	71.75	187.11	152.47
189.13	248.87	63.82	166.47	135.62	78	214.69	282.48	72.29	188.96	153.62
192.08	252.73	64.79	169.06	137.68	79	216.48	284.86	72.84	190.54	154.77
194.95	256.52	65.77	171.59	139.76	80	217.89	286.70	73.38	191.78	155.93
197.75	260.19	66.74	174.05	141.82	81	219.01	288.17	73.92	192.75	157.08
200.34	263.61	67.41	176.33	143.25	82	219.94	289.41	74.12	193.59	157.49
202.72	266.71	68.09	178.40	144.67	83	220.73	290.44	74.30	194.28	157.90
204.86	269.55	68.75	180.30	146.10	84	221.38	291.29	74.50	194.84	158.31
206.76	272.04	69.43	181.97	147.53	85	221.85	291.93	74.69	195.27	158.72
208.37	274.19	70.10	183.41	148.96	86	222.20	292.37	74.89	195.57	159.14
209.68	275.90	70.77	184.55	150.38	87	222.44	292.68	75.08	195.77	159.54
210.66	277.19	72.11	185.41	153.24	88	222.59	292.88	76.50	195.90	162.57
211.29	278.02	73.48	185.97	156.15	89	222.65	292.96	77.96	195.96	165.66
211.53	278.34	74.88	186.18	159.12	90	222.66	292.98	79.44	195.98	168.81
216.82	285.28	76.00	190.83	161.51	91	228.24	300.31	80.63	200.87	171.34
222.24	292.41	77.14	195.59	163.93	92	233.95	307.82	81.84	205.90	173.91
227.80	299.73	78.30	200.50	166.39	93	239.78	315.51	83.07	211.05	176.52
233.49	307.22	79.47	205.50	168.88	94	245.78	323.39	84.32	216.33	179.16
239.33	314.90	80.66	210.64	171.42	95	251.93	331.48	85.58	221.74	181.86
245.30	322.77	81.88	215.92	173.99	96	258.23	339.77	86.87	227.27	184.58
251.45	330.84	83.10	221.31	176.60	97	264.68	348.27	88.17	232.96	187.35
257.73	339.11	84.35	226.85	179.25	98	271.31	356.97	89.49	238.77	190.16
264.18	347.61	85.62	232.50	181.94	99+	278.08	365.89	90.83	244.74	193.01

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

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

Questions call 916-682-1117

## **Disclosures**

Use this outline to compare benefits and premiums among policies.

## **Premium Information**

We, 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.

## **Risk Class Rating**

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

## **Household Premium Discount**

You are eligible for a household premium discount if: (a) you reside with your spouse (including civil union/domestic partner) 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).

## **Read Your Policy Very Carefully**

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

## **Right to Return Policy**

If you find that you are not satisfied with your policy, you may return it to 3300 Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

## **Policy Replacement**

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

## **Notice**

The policy may not fully cover all of your medical costs. Neither we nor our 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.