

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 Missouri Rates

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
Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance*		Basic, including 100% Part B Co-insurance	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 Coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Co-insurance	75% 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	50% Part A Deductible	75% Part A Deductible	50% 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			Foreign Travel Emergency	Foreign Travel Emergency
							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: 634-639, 644-658

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
155.44	215.06	57.31	145.32	133.51	Thru 64	180.30	235.04	62.10	156.90	145.44
136.34	197.60	53.95	138.92	122.25	65	145.90	211.44	57.72	148.64	130.81
136.34	197.60	53.95	138.92	122.25	66	145.90	211.44	57.72	148.64	130.81
136.34	197.60	53.95	138.92	122.25	67	145.90	211.44	57.72	148.64	130.81
139.20	201.73	55.82	143.73	126.48	68	149.63	216.86	60.00	154.50	135.96
142.04	205.86	57.68	148.53	130.70	69	153.41	222.33	62.29	160.41	141.16
144.89	209.98	59.55	153.33	134.93	70	157.20	227.83	64.60	166.36	146.40
148.53	215.26	61.64	158.71	139.67	71	161.90	234.64	67.18	173.00	152.24
152.18	220.55	63.73	164.10	144.41	72	166.63	241.50	69.78	179.69	158.13
155.83	225.83	65.82	169.48	149.15	73	171.41	248.41	72.40	186.43	164.06
160.27	232.27	67.91	174.87	153.88	74	177.89	257.82	75.38	194.10	170.81
164.71	238.71	70.00	180.26	158.62	75	184.47	267.35	78.40	201.88	177.66
169.15	245.15	71.18	183.29	161.30	76	192.84	279.46	81.15	208.96	183.88
173.59	251.58	72.37	186.34	163.98	77	201.36	291.83	83.94	216.15	190.21
178.12	258.14	73.55	189.38	166.65	78	206.62	299.44	85.32	219.69	193.32
182.65	264.70	74.73	192.42	169.33	79	211.87	307.06	86.69	223.22	196.43
187.18	271.27	75.91	195.46	172.01	80	217.12	314.67	88.05	226.74	199.54
191.70	277.83	77.27	198.97	175.09	81	222.37	322.29	89.63	230.80	203.10
195.73	283.67	78.63	202.47	178.17	82	227.05	329.06	91.21	234.86	206.68
199.76	289.51	79.99	205.96	181.24	83	231.72	335.83	92.78	238.92	210.25
203.80	295.36	81.35	209.47	184.33	84	236.40	342.61	94.36	242.98	213.83
207.83	301.20	82.70	212.97	187.41	85	241.08	349.39	95.94	247.03	217.39
211.85	307.04	84.06	216.46	190.49	86	245.76	356.16	97.51	251.10	220.96
215.89	312.88	85.42	219.97	193.57	87	250.42	362.94	99.09	255.15	224.54
219.99	318.83	87.05	224.14	197.25	88	255.19	369.83	100.97	260.00	228.80
224.17	324.88	88.70	228.40	200.99	89	260.04	376.87	102.89	264.94	233.15
228.42	331.05	90.38	232.74	204.81	90	264.98	384.02	104.85	269.98	237.58
231.86	336.02	91.74	236.23	207.88	91	268.95	389.79	106.42	274.03	241.14
235.33	341.06	93.11	239.77	211.00	92	272.99	395.63	108.02	278.14	244.76
238.87	346.18	94.51	243.37	214.16	93	277.08	401.56	109.64	282.31	248.44
242.45	351.37	95.93	247.02	217.38	94	281.23	407.59	111.28	286.55	252.16
246.08	356.64	97.37	250.72	220.64	95	285.46	413.71	112.95	290.84	255.94
249.77	361.99	98.83	254.48	223.95	96	289.74	419.91	114.64	295.20	259.77
253.51	367.42	100.31	258.31	227.31	97	294.08	426.20	116.37	299.63	263.68
257.32	372.93	101.81	262.17	230.71	98	298.49	432.60	118.11	304.13	267.63
261.18	378.52	103.35	266.11	234.18	99+	302.97	439.09	119.88	308.69	271.65

*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: 630-631, 633, 640 - 641

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
173.46	239.99	63.95	162.17	148.99	Thru 64	201.20	262.29	69.30	175.09	162.30
152.15	220.51	60.21	155.03	136.42	65	162.81	235.95	64.42	165.88	145.98
152.15	220.51	60.21	155.03	136.42	66	162.81	235.95	64.42	165.88	145.98
152.15	220.51	60.21	155.03	136.42	67	162.81	235.95	64.42	165.88	145.98
155.33	225.12	62.29	160.39	141.14	68	166.98	242.00	66.96	172.42	151.72
158.51	229.72	64.37	165.75	145.86	69	171.20	248.11	69.52	179.01	157.53
161.69	234.33	66.45	171.11	150.58	70	175.43	254.25	72.09	185.65	163.37
165.75	240.22	68.78	177.12	155.86	71	180.67	261.84	74.97	193.06	169.89
169.82	246.13	71.12	183.13	161.15	72	185.95	269.50	77.87	200.52	176.46
173.90	252.02	73.45	189.13	166.44	73	191.28	277.22	80.80	208.05	183.08
178.85	259.20	75.78	195.14	171.72	74	198.52	287.71	84.12	216.61	190.61
183.80	266.38	78.12	201.15	177.02	75	205.85	298.35	87.49	225.28	198.25
188.76	273.57	79.44	204.54	180.00	76	215.19	311.87	90.56	233.18	205.20
193.72	280.75	80.76	207.94	182.99	77	224.71	325.66	93.68	241.21	212.26
198.77	288.07	82.07	211.33	185.98	78	230.58	334.16	95.21	245.16	215.73
203.82	295.39	83.39	214.73	188.97	79	236.43	342.66	96.74	249.10	219.20
208.88	302.72	84.71	218.13	191.95	80	242.29	351.15	98.26	253.03	222.67
213.92	310.04	86.23	222.04	195.39	81	248.16	359.65	100.02	257.56	226.65
218.43	316.56	87.74	225.94	198.83	82	253.38	367.21	101.78	262.09	230.64
222.92	323.08	89.26	229.84	202.26	83	258.59	374.77	103.54	266.62	234.62
227.43	329.60	90.78	233.75	205.70	84	263.81	382.33	105.30	271.15	238.62
231.92	336.12	92.29	237.66	209.14	85	269.03	389.90	107.06	275.68	242.60
236.42	342.64	93.81	241.56	212.57	86	274.25	397.46	108.82	280.21	246.58
240.92	349.15	95.33	245.47	216.01	87	279.46	405.02	110.58	284.74	250.57
245.49	355.79	97.14	250.13	220.11	88	284.77	412.71	112.68	290.15	255.33
250.16	362.55	98.98	254.88	224.30	89	290.19	420.56	114.82	295.66	260.19
254.91	369.44	100.86	259.72	228.56	90	295.70	428.55	117.00	301.28	265.13
258.74	374.98	102.38	263.62	231.99	91	300.14	434.98	118.76	305.80	269.10
262.61	380.61	103.91	267.57	235.46	92	304.64	441.50	120.54	310.38	273.14
266.56	386.32	105.47	271.59	239.00	93	309.20	448.12	122.35	315.04	277.24
270.56	392.11	107.05	275.66	242.59	94	313.84	454.84	124.18	319.77	281.40
274.62	397.99	108.66	279.79	246.22	95	318.55	461.67	126.05	324.57	285.62
278.73	403.96	110.29	283.99	249.91	96	323.33	468.60	127.93	329.43	289.89
282.91	410.01	111.94	288.26	253.66	97	328.18	475.62	129.86	334.37	294.25
287.16	416.17	113.62	292.57	257.46	98	333.10	482.76	131.80	339.39	298.66
291.47	422.41	115.33	296.97	261.33	99+	338.10	490.00	133.78	344.48	303.14

*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.

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 at the time of application, you reside with your spouse or domestic partner. The discounted premium will be 12% lower than the rates illustrated.

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 Omaha Insurance Company, 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 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.