

UNITED OF OMAHA LIFE INSURANCE COMPANY

A Mutual of Omaha Company

2019 Monthly Rates - Florida

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE BENEFIT PLANS A, F, HIGH DEDUCTIBLE F, G AND N

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. **NOTICE TO BUYER:** This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all policy limitations.

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 Co-insurance, 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: 320-321, 323-329, 338-344, 347

Questions call 916-682-1117

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
\$430.90	\$591.09	\$242.35	\$538.73	\$475.33	Thru 64	\$461.45	\$632.99	\$259.53	\$576.92	\$509.03
134.66	184.71	75.74	168.35	148.54	65	144.20	197.81	81.11	180.29	159.07
137.26	188.28	77.20	171.60	151.41	66	147.75	202.68	83.10	184.72	162.98
139.86	191.85	78.66	174.85	154.27	67	151.30	207.55	85.09	189.16	166.90
143.31	196.60	80.60	179.18	158.09	68	155.79	213.69	87.62	194.77	171.85
146.78	201.35	82.56	183.51	161.92	69	160.27	219.85	90.14	200.38	176.79
150.24	206.09	84.50	187.84	165.73	70	164.76	226.01	92.67	205.99	181.74
153.71	210.84	86.45	192.17	169.55	71	169.24	232.15	95.18	211.59	186.69
157.17	215.59	88.40	196.50	173.37	72	173.73	238.31	97.71	217.20	191.64
161.31	221.27	90.72	201.68	177.94	73	178.96	245.50	100.65	223.75	197.42
165.45	226.96	93.05	206.85	182.51	74	184.20	252.67	103.60	230.30	203.19
169.59	232.64	95.38	212.03	187.08	75	189.44	259.86	106.55	236.84	208.97
173.73	238.31	97.71	217.21	191.64	76	194.68	267.05	109.49	243.39	214.75
177.87	243.99	100.04	222.38	196.21	77	199.91	274.23	112.43	249.94	220.53
182.90	250.90	102.87	228.68	201.77	78	206.27	282.95	116.01	257.89	227.54
187.94	257.80	105.70	234.97	207.31	79	212.63	291.67	119.58	265.83	234.55
192.97	264.71	108.54	241.26	212.87	80	218.98	300.38	123.16	273.78	241.56
198.00	271.61	111.37	247.55	218.42	81	225.33	309.10	126.74	281.73	248.57
203.04	278.52	114.19	253.85	223.97	82	231.69	317.82	130.31	289.66	255.58
209.42	287.27	117.78	261.82	231.01	83	239.83	328.99	134.89	299.84	264.57
215.80	296.02	121.37	269.80	238.05	84	247.98	340.16	139.47	310.03	273.54
222.18	304.77	124.96	277.77	245.08	85	256.12	351.33	144.05	320.21	282.53
228.56	313.52	128.55	285.75	252.12	86	264.27	362.51	148.63	330.39	291.51
234.93	322.27	132.13	293.72	259.16	87	272.41	373.68	153.22	340.58	300.50
241.49	331.27	135.82	301.92	266.39	88	280.80	385.20	157.94	351.07	309.76
248.23	340.51	139.61	310.35	273.83	89	289.46	397.06	162.80	361.89	319.31
255.16	350.02	143.51	319.01	281.47	90	298.38	409.30	167.82	373.05	329.15
262.28	359.78	147.52	327.92	289.32	91	307.58	421.92	172.99	384.54	339.29
269.60	369.83	151.63	337.07	297.40	92	317.06	434.92	178.32	396.39	349.75
277.13	380.15	155.87	346.48	305.70	93	326.83	448.32	183.82	408.60	360.52
284.86	390.76	160.21	356.15	314.24	94	336.90	462.14	189.48	421.20	371.63
292.82	401.67	164.69	366.08	323.01	95	347.28	476.38	195.32	434.18	383.08
300.99	412.88	169.28	376.31	332.02	96	357.98	491.06	201.34	447.56	394.89
309.39	424.40	174.01	386.81	341.29	97	369.01	506.20	207.55	461.36	407.06
318.03	436.25	178.87	397.61	350.81	98	380.39	521.79	213.94	475.57	419.61
326.90	448.43	183.86	408.70	360.61	99+	392.11	537.88	220.53	490.23	432.54

Questions call 916-682-1117

MONTHLY NON-TOBACCO PREMIUMS

ZIP CODES: 322, 335-337, 346, 349

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
\$460.18	\$631.26	\$258.82	\$575.34	\$507.63	Thru 64	\$492.81	\$676.01	\$277.17	\$616.13	\$543.62
143.81	197.27	80.89	179.79	158.63	65	154.00	211.26	86.62	192.54	169.88
146.58	201.08	82.45	183.27	161.69	66	157.79	216.45	88.74	197.28	174.06
149.36	204.88	84.01	186.73	164.76	67	161.58	221.65	90.88	202.01	178.24
153.05	209.96	86.08	191.36	168.83	68	166.37	228.22	93.58	208.00	183.52
156.76	215.03	88.17	195.98	172.92	69	171.16	234.79	96.27	214.00	188.81
160.45	220.10	90.25	200.61	177.00	70	175.95	241.37	98.96	219.99	194.09
164.15	225.17	92.32	205.23	181.07	71	180.74	247.93	101.65	225.97	199.38
167.85	230.25	94.41	209.85	185.15	72	185.53	254.51	104.35	231.96	204.66
172.27	236.31	96.89	215.38	190.03	73	191.12	262.18	107.49	238.95	210.84
176.69	242.38	99.38	220.91	194.91	74	196.72	269.85	110.64	245.95	217.00
181.11	248.45	101.86	226.44	199.79	75	202.31	277.52	113.79	252.94	223.17
185.53	254.51	104.35	231.97	204.66	76	207.91	285.20	116.94	259.93	229.35
189.96	260.57	106.84	237.49	209.54	77	213.50	292.87	120.07	266.93	235.52
195.33	267.95	109.86	244.22	215.48	78	220.29	302.18	123.89	275.42	243.00
200.71	275.32	112.89	250.94	221.40	79	227.08	311.49	127.71	283.89	250.49
206.08	282.70	115.91	257.65	227.34	80	233.86	320.80	131.53	292.38	257.98
211.46	290.07	118.94	264.37	233.26	81	240.65	330.11	135.35	300.87	265.46
216.84	297.45	121.95	271.10	239.19	82	247.43	339.42	139.17	309.35	272.95
223.65	306.80	125.79	279.62	246.71	83	256.13	351.35	144.06	320.22	282.55
230.46	316.14	129.62	288.13	254.23	84	264.83	363.28	148.95	331.10	292.13
237.28	325.49	133.45	296.65	261.74	85	273.53	375.21	153.84	341.97	301.73
244.09	334.83	137.28	305.17	269.25	86	282.23	387.15	158.73	352.85	311.32
250.90	344.18	141.11	313.69	276.77	87	290.93	399.08	163.63	363.73	320.92
257.90	353.78	145.05	322.44	284.50	88	299.89	411.38	168.67	374.93	330.81
265.10	363.65	149.10	331.44	292.44	89	309.13	424.05	173.87	386.48	341.01
272.51	373.80	153.26	340.69	300.59	90	318.66	437.12	179.23	398.40	351.52
280.10	384.24	157.54	350.21	308.99	91	328.48	450.59	184.75	410.68	362.35
287.92	394.96	161.93	359.98	317.61	92	338.61	464.48	190.44	423.33	373.52
295.96	405.99	166.46	370.02	326.48	93	349.04	478.79	196.31	436.37	385.02
304.22	417.32	171.10	380.35	335.59	94	359.79	493.54	202.36	449.83	396.89
312.72	428.97	175.88	390.96	344.96	95	370.89	508.75	208.60	463.69	409.12
321.45	440.94	180.79	401.88	354.59	96	382.31	524.44	215.02	477.97	421.73
330.41	453.25	185.84	413.10	364.48	97	394.09	540.60	221.65	492.71	434.73
339.64	465.90	191.03	424.63	374.66	98	406.24	557.25	228.48	507.89	448.13
349.11	478.90	196.36	436.48	385.12	99+	418.75	574.43	235.52	523.55	461.93

MONTHLY NON-TOBACCO PREMIUMS
ZIP CODES: 330-334

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
\$648.44	\$889.50	\$364.70	\$810.70	\$715.30	Thru 64	\$694.41	\$952.55	\$390.55	\$868.18	\$766.02
202.64	277.97	113.98	253.34	223.53	65	217.00	297.68	122.05	271.30	239.37
206.55	283.33	116.17	258.24	227.84	66	222.34	305.00	125.05	277.98	245.27
210.46	288.70	118.37	263.12	232.16	67	227.68	312.33	128.05	284.65	251.16
215.67	295.85	121.30	269.65	237.90	68	234.44	321.58	131.86	293.10	258.60
220.88	302.99	124.24	276.16	243.66	69	241.18	330.84	135.65	301.54	266.05
226.09	310.14	127.16	282.67	249.41	70	247.94	340.11	139.45	309.98	273.49
231.31	317.29	130.09	289.19	255.15	71	254.68	349.36	143.24	318.41	280.95
236.51	324.44	133.03	295.70	260.89	72	261.43	358.62	147.04	326.85	288.39
242.74	332.99	136.52	303.49	267.77	73	269.31	369.44	151.46	336.71	297.09
248.97	341.53	140.03	311.27	274.65	74	277.20	380.24	155.90	346.56	305.77
255.20	350.08	143.53	319.07	281.53	75	285.07	391.05	160.34	356.41	314.47
261.43	358.62	147.04	326.86	288.39	76	292.96	401.87	164.77	366.27	323.17
267.66	367.17	150.55	334.64	295.27	77	300.84	412.68	169.20	376.12	331.87
275.24	377.57	154.81	344.12	303.63	78	310.41	425.80	174.58	388.08	342.41
282.82	387.95	159.07	353.59	311.98	79	319.97	438.92	179.96	400.03	352.96
290.39	398.35	163.33	363.06	320.34	80	329.53	452.03	185.34	411.99	363.52
297.97	408.73	167.59	372.52	328.68	81	339.09	465.15	190.72	423.96	374.06
305.54	419.13	171.84	382.00	337.04	82	348.66	478.27	196.10	435.90	384.61
315.14	432.30	177.25	394.01	347.63	83	360.91	495.09	202.99	451.22	398.13
324.75	445.46	182.64	406.01	358.23	84	373.17	511.89	209.88	466.55	411.64
334.35	458.64	188.05	418.01	368.82	85	385.43	528.71	216.77	481.87	425.17
343.95	471.80	193.44	430.01	379.40	86	397.69	545.52	223.66	497.19	438.68
353.54	484.97	198.84	442.01	390.00	87	409.94	562.34	230.57	512.52	452.21
363.41	498.51	204.39	454.35	400.88	88	422.57	579.67	237.67	528.32	466.14
373.55	512.42	210.10	467.03	412.08	89	435.59	597.52	245.00	544.59	480.51
383.99	526.72	215.96	480.07	423.56	90	449.02	615.94	252.55	561.38	495.32
394.69	541.42	221.99	493.47	435.39	91	462.86	634.93	260.33	578.68	510.58
405.71	556.54	228.18	507.24	447.54	92	477.13	654.49	268.35	596.51	526.32
417.04	572.07	234.56	521.40	460.04	93	491.83	674.65	276.62	614.89	542.53
428.67	588.04	241.10	535.95	472.88	94	506.98	695.45	285.14	633.85	559.25
440.65	604.45	247.83	550.90	486.08	95	522.61	716.88	293.93	653.38	576.48
452.95	621.32	254.75	566.29	499.65	96	538.71	738.98	302.98	673.51	594.26
465.58	638.66	261.87	582.09	513.59	97	555.31	761.75	312.33	694.28	612.57
478.58	656.49	269.17	598.34	527.92	98	572.42	785.22	321.95	715.66	631.45
491.93	674.82	276.69	615.04	542.66	99+	590.06	809.42	331.87	737.72	650.91