

MONTHLY NON-TOBACCO PREMIUMS*
ZIP CODES: 609-620, 622-628

FEMALE					Attained Age	MALE				
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan N WM35
218.96	270.32	86.60	216.49	179.69	Thru 64	247.42	305.46	97.85	244.63	203.04
100.49	124.05	38.40	96.00	79.67	65	113.55	140.18	43.39	108.47	90.03
100.49	124.05	38.40	96.00	79.67	66	113.55	140.18	43.39	108.47	90.03
100.49	124.05	38.40	96.00	79.67	67	113.55	140.18	43.39	108.47	90.03
103.50	127.78	39.78	99.45	82.55	68	116.95	144.39	44.95	112.38	93.27
106.51	131.49	41.16	102.91	85.41	69	120.36	148.59	46.51	116.29	96.52
109.53	135.22	42.55	106.36	88.28	70	123.76	152.79	48.07	120.19	99.76
112.55	138.94	43.92	109.82	91.15	71	127.17	157.00	49.64	124.10	103.00
115.55	142.66	45.31	113.28	94.02	72	130.58	161.20	51.20	128.01	106.24
119.25	147.22	46.85	117.13	97.22	73	134.76	166.36	52.94	132.35	109.85
122.95	151.79	48.39	120.98	100.42	74	138.93	171.53	54.68	136.70	113.46
126.65	156.36	49.93	124.83	103.60	75	143.11	176.69	56.43	141.06	117.08
130.35	160.92	51.47	128.68	106.80	76	147.29	181.84	58.16	145.41	120.69
134.05	165.49	53.01	132.53	110.01	77	151.47	187.00	59.91	149.76	124.30
138.06	170.45	54.60	136.51	113.31	78	156.01	192.61	61.70	154.26	128.04
142.09	175.42	56.19	140.48	116.60	79	160.56	198.22	63.50	158.75	131.76
146.11	180.38	57.78	144.46	119.90	80	165.10	203.83	65.29	163.24	135.48
150.13	185.35	59.38	148.44	123.20	81	169.65	209.44	67.10	167.74	139.22
154.15	190.31	60.97	152.41	126.50	82	174.19	215.05	68.89	172.23	142.95
157.85	194.87	62.42	156.07	129.54	83	178.37	220.21	70.54	176.36	146.38
161.55	199.45	63.89	159.73	132.57	84	182.56	225.37	72.19	180.49	149.81
165.25	204.01	65.35	163.39	135.61	85	186.73	230.53	73.85	184.63	153.24
168.95	208.58	66.82	167.04	138.65	86	190.92	235.70	75.50	188.76	156.67
172.65	213.15	68.28	170.70	141.68	87	195.09	240.85	77.15	192.89	160.10
176.10	217.41	69.65	174.11	144.52	88	198.99	245.67	78.70	196.75	163.30
179.62	221.76	71.04	177.60	147.41	89	202.97	250.59	80.27	200.68	166.57
183.22	226.19	72.46	181.15	150.36	90	207.03	255.60	81.88	204.70	169.90
186.88	230.71	73.91	184.77	153.36	91	211.17	260.71	83.52	208.79	173.29
190.62	235.33	75.39	188.46	156.43	92	215.40	265.92	85.19	212.97	176.77
194.43	240.04	76.90	192.23	159.56	93	219.71	271.24	86.89	217.23	180.30
198.32	244.84	78.43	196.08	162.74	94	224.11	276.67	88.63	221.57	183.91
202.28	249.74	80.00	200.00	166.00	95	228.58	282.20	90.40	226.00	187.59
206.33	254.73	81.60	204.01	169.33	96	233.16	287.84	92.21	230.52	191.33
210.46	259.82	83.23	208.08	172.70	97	237.81	293.60	94.05	235.14	195.16
214.66	265.02	84.90	212.24	176.16	98	242.57	299.47	95.94	239.84	199.07
218.96	270.32	86.60	216.49	179.69	99+	247.42	305.46	97.85	244.63	203.04

*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 TOBACCO PREMIUMS*
ZIP CODES: 609-620, 622-628

FEMALE					Attained Age	MALE				
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan N WM35
236.72	292.24	93.62	234.04	194.26	Thru 64	267.48	330.23	105.79	264.47	219.51
108.63	134.11	41.51	103.78	86.13	65	122.75	151.54	46.90	117.27	97.33
108.63	134.11	41.51	103.78	86.13	66	122.75	151.54	46.90	117.27	97.33
108.63	134.11	41.51	103.78	86.13	67	122.75	151.54	46.90	117.27	97.33
111.89	138.14	43.01	107.52	89.24	68	126.44	156.10	48.59	121.49	100.84
115.14	142.16	44.50	111.25	92.34	69	130.12	160.64	50.28	125.71	104.35
118.41	146.18	45.99	114.99	95.44	70	133.80	165.18	51.97	129.94	107.85
121.67	150.21	47.49	118.72	98.54	71	137.48	169.73	53.66	134.16	111.36
124.92	154.23	48.99	122.46	101.64	72	141.16	174.28	55.35	138.38	114.86
128.92	159.16	50.65	126.62	105.10	73	145.68	179.85	57.24	143.08	118.76
132.92	164.10	52.32	130.79	108.56	74	150.20	185.44	59.11	147.79	122.66
136.92	169.04	53.98	134.95	112.00	75	154.72	191.01	61.00	152.50	126.58
140.92	173.97	55.65	139.11	115.46	76	159.24	196.59	62.88	157.20	130.48
144.92	178.91	57.31	143.28	118.93	77	163.75	202.16	64.76	161.90	134.38
149.26	184.27	59.03	147.58	122.49	78	168.66	208.22	66.71	166.76	138.42
153.61	189.64	60.75	151.87	126.05	79	173.58	214.29	68.65	171.62	142.44
157.96	195.00	62.47	156.17	129.62	80	178.49	220.36	70.59	176.47	146.47
162.30	200.38	64.19	160.47	133.19	81	183.40	226.42	72.54	181.34	150.51
166.65	205.74	65.91	164.77	136.76	82	188.31	232.49	74.47	186.19	154.54
170.65	210.67	67.49	168.72	140.04	83	192.83	238.06	76.26	190.66	158.24
174.65	215.62	69.07	172.68	143.32	84	197.36	243.65	78.05	195.13	161.96
178.65	220.56	70.65	176.64	146.61	85	201.87	249.22	79.84	199.60	165.67
182.65	225.49	72.23	180.59	149.89	86	206.39	254.81	81.62	204.07	169.37
186.65	230.43	73.82	184.54	153.17	87	210.91	260.38	83.41	208.53	173.09
190.38	235.04	75.29	188.23	156.24	88	215.13	265.59	85.08	212.70	176.54
194.18	239.74	76.80	192.00	159.36	89	219.43	270.90	86.78	216.96	180.07
198.07	244.53	78.34	195.84	162.55	90	223.82	276.32	88.52	221.29	183.67
202.03	249.42	79.90	199.75	165.80	91	228.30	281.85	90.29	225.72	187.35
206.07	254.41	81.50	203.75	169.11	92	232.86	287.48	92.09	230.24	191.10
210.19	259.50	83.13	207.82	172.50	93	237.52	293.23	93.94	234.84	194.91
214.40	264.69	84.79	211.98	175.94	94	242.28	299.10	95.82	239.54	198.82
218.69	269.99	86.49	216.22	179.46	95	247.12	305.08	97.73	244.33	202.79
223.06	275.38	88.22	220.55	183.06	96	252.06	311.18	99.69	249.21	206.85
227.53	280.89	89.98	224.95	186.71	97	257.10	317.41	101.68	254.20	210.99
232.07	286.51	91.78	229.45	190.45	98	262.24	323.75	103.71	259.28	215.21
236.72	292.24	93.62	234.04	194.26	99+	267.48	330.23	105.79	264.47	219.51

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

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MONTHLY NON-TOBACCO PREMIUMS*

ZIP CODES: 600-608, 629

FEMALE					Attained Age	MALE				
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan N WM35
248.34	306.58	98.22	245.53	203.79	Thru 64	280.61	346.44	110.98	277.45	230.28
113.97	140.69	43.55	108.87	90.36	65	128.78	158.98	49.21	123.02	102.11
113.97	140.69	43.55	108.87	90.36	66	128.78	158.98	49.21	123.02	102.11
113.97	140.69	43.55	108.87	90.36	67	128.78	158.98	49.21	123.02	102.11
117.38	144.92	45.12	112.80	93.62	68	132.64	163.76	50.98	127.46	105.79
120.80	149.13	46.69	116.71	96.87	69	136.50	168.52	52.75	131.89	109.47
124.22	153.36	48.25	120.63	100.12	70	140.37	173.29	54.52	136.32	113.14
127.64	157.58	49.82	124.55	103.38	71	144.23	178.06	56.30	140.75	116.82
131.05	161.80	51.39	128.47	106.63	72	148.09	182.83	58.07	145.18	120.50
135.25	166.98	53.14	132.84	110.26	73	152.83	188.68	60.05	150.11	124.59
139.45	172.15	54.88	137.21	113.89	74	157.57	194.54	62.02	155.04	128.68
143.64	177.33	56.63	141.57	117.50	75	162.31	200.39	63.99	159.98	132.79
147.83	182.51	58.38	145.94	121.13	76	167.05	206.24	65.96	164.92	136.88
152.03	187.69	60.12	150.31	124.76	77	171.79	212.09	67.94	169.85	140.98
156.58	193.32	61.93	154.82	128.50	78	176.94	218.44	69.98	174.95	145.21
161.15	198.95	63.73	159.33	132.24	79	182.10	224.81	72.02	180.04	149.43
165.71	204.58	65.53	163.83	135.98	80	187.25	231.18	74.05	185.13	153.66
170.27	210.21	67.34	168.35	139.73	81	192.40	237.53	76.10	190.24	157.90
174.83	215.84	69.15	172.86	143.47	82	197.56	243.90	78.13	195.33	162.12
179.03	221.02	70.80	177.01	146.91	83	202.30	249.75	80.00	200.02	166.01
183.23	226.20	72.46	181.15	150.35	84	207.05	255.61	81.88	204.71	169.91
187.42	231.38	74.12	185.31	153.80	85	211.78	261.46	83.75	209.39	173.80
191.61	236.56	75.78	189.45	157.25	86	216.53	267.31	85.63	214.08	177.69
195.81	241.74	77.44	193.60	160.69	87	221.27	273.16	87.51	218.77	181.58
199.72	246.57	78.99	197.47	163.90	88	225.69	278.63	89.26	223.14	185.20
203.72	251.50	80.57	201.42	167.18	89	230.20	284.20	91.04	227.61	188.91
207.79	256.54	82.18	205.45	170.53	90	234.81	289.89	92.86	232.16	192.69
211.95	261.66	83.82	209.56	173.93	91	239.50	295.69	94.72	236.80	196.54
216.19	266.90	85.50	213.75	177.41	92	244.29	301.60	96.62	241.54	200.48
220.51	272.23	87.21	218.02	180.96	93	249.18	307.63	98.55	246.37	204.48
224.92	277.68	88.95	222.38	184.58	94	254.17	313.79	100.52	251.30	208.58
229.42	283.24	90.73	226.83	188.27	95	259.25	320.06	102.53	256.32	212.75
234.01	288.90	92.55	231.37	192.04	96	264.43	326.46	104.58	261.45	217.00
238.69	294.68	94.40	235.99	195.87	97	269.71	332.99	106.67	266.68	221.34
243.46	300.57	96.29	240.72	199.79	98	275.11	339.64	108.81	272.01	225.77
248.34	306.58	98.22	245.53	203.79	99+	280.61	346.44	110.98	277.45	230.28

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268.47	331.44	106.18	265.44	220.32	Thru 64	303.37	374.53	119.98	299.94	248.95
123.21	152.10	47.08	117.70	97.69	65	139.22	171.87	53.20	133.00	110.39
123.21	152.10	47.08	117.70	97.69	66	139.22	171.87	53.20	133.00	110.39
123.21	152.10	47.08	117.70	97.69	67	139.22	171.87	53.20	133.00	110.39
126.90	156.67	48.78	121.94	101.21	68	143.40	177.04	55.11	137.79	114.36
130.59	161.23	50.47	126.17	104.73	69	147.57	182.19	57.03	142.58	118.34
134.29	165.79	52.16	130.41	108.24	70	151.75	187.34	58.94	147.37	122.31
137.99	170.36	53.86	134.65	111.76	71	155.92	192.50	60.86	152.16	126.29
141.68	174.91	55.56	138.89	115.27	72	160.10	197.65	62.78	156.95	130.27
146.22	180.51	57.45	143.61	119.20	73	165.22	203.98	64.91	162.28	134.69
150.75	186.11	59.33	148.34	123.12	74	170.35	210.31	67.04	167.61	139.12
155.28	191.71	61.22	153.05	127.03	75	175.47	216.63	69.18	172.95	143.56
159.82	197.31	63.11	157.77	130.95	76	180.60	222.96	71.31	178.29	147.98
164.36	202.91	65.00	162.50	134.88	77	185.72	229.28	73.45	183.62	152.41
169.28	208.99	66.95	167.37	138.92	78	191.28	236.16	75.66	189.13	156.98
174.22	215.08	68.89	172.25	142.96	79	196.86	243.04	77.86	194.64	161.55
179.15	221.16	70.85	177.12	147.01	80	202.43	249.92	80.05	200.15	166.12
184.08	227.26	72.80	182.00	151.06	81	208.00	256.79	82.27	205.66	170.70
189.00	233.34	74.75	186.87	155.11	82	213.57	263.67	84.46	211.17	175.27
193.54	238.94	76.54	191.36	158.83	83	218.70	270.00	86.49	216.23	179.47
198.08	244.54	78.33	195.84	162.55	84	223.83	276.33	88.52	221.30	183.68
202.62	250.14	80.13	200.33	166.28	85	228.95	282.66	90.55	226.37	187.89
207.15	255.74	81.92	204.81	170.00	86	234.08	288.99	92.57	231.44	192.09
211.69	261.34	83.72	209.30	173.72	87	239.21	295.31	94.60	236.51	196.30
215.92	266.57	85.39	213.48	177.19	88	243.99	301.22	96.50	241.23	200.22
220.23	271.90	87.10	217.75	180.74	89	248.87	307.24	98.42	246.06	204.23
224.64	277.34	88.84	222.11	184.35	90	253.84	313.39	100.39	250.98	208.31
229.13	282.88	90.62	226.55	188.04	91	258.92	319.66	102.40	256.00	212.48
233.72	288.54	92.43	231.08	191.79	92	264.10	326.05	104.45	261.13	216.74
238.39	294.31	94.28	235.70	195.64	93	269.38	332.57	106.54	266.34	221.06
243.16	300.20	96.16	240.41	199.54	94	274.78	339.23	108.67	271.67	225.49
248.02	306.20	98.09	245.22	203.53	95	280.27	346.01	110.84	277.10	230.00
252.98	312.32	100.05	250.13	207.61	96	285.87	352.93	113.06	282.65	234.59
258.05	318.57	102.05	255.13	211.75	97	291.58	359.98	115.32	288.30	239.29
263.20	324.94	104.10	260.23	215.99	98	297.41	367.18	117.63	294.07	244.08
268.47	331.44	106.18	265.44	220.32	99+	303.37	374.53	119.98	299.94	248.95

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Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

The premium for your policy will change. Because the premium rate is based on your attained age, the premium will increase each year as you age. This annual premium change will occur on the first policy renewal date which coincides with or follows the policy anniversary date.

A premium change for any other reason can occur on any policy renewal date. However, we cannot make such a change unless we make the same change to all policies using this form issued in the same state to persons of the same classification.

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 have resided with at least one, but no more than three, other Medicare-eligible adults for the past year and at least one of the other adults also owns or is issued a Medicare supplement policy written by the Company or its affiliates, or (b) you are married or in a civil union partnership and your spouse/partner also owns a Medicare supplement policy written by the Company or its affiliates. The discounted premium will be priced 7% 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 periods that begin while this policy is not in force, and other exclusions apply.