

MONTHLY NON-TOBACCO PREMIUMS ZIP
 CODES: 320-321, 323-329, 338-342, 344, 347

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
\$456.75	\$626.55	\$256.89	\$571.05	\$503.85	Thru 64	\$489.14	\$670.96	\$275.10	\$611.54	\$539.57
142.74	195.80	80.28	178.45	157.45	65	152.86	209.69	85.97	191.10	168.61
145.49	199.58	81.83	181.90	160.49	66	156.61	214.84	88.08	195.81	172.76
148.24	203.36	83.38	185.34	163.53	67	160.38	220.00	90.20	200.51	176.92
151.92	208.39	85.44	189.94	167.58	68	165.13	226.52	92.88	206.45	182.16
155.59	213.42	87.51	194.53	171.63	69	169.88	233.04	95.55	212.40	187.40
159.26	218.46	89.57	199.11	175.68	70	174.64	239.56	98.22	218.34	192.64
162.93	223.50	91.64	203.70	179.72	71	179.39	246.08	100.89	224.28	197.89
166.59	228.53	93.71	208.29	183.77	72	184.15	252.61	103.57	230.23	203.14
170.99	234.55	96.16	213.77	188.61	73	189.70	260.23	106.69	237.17	209.27
175.38	240.58	98.63	219.26	193.46	74	195.25	267.84	109.82	244.12	215.39
179.77	246.60	101.11	224.75	198.31	75	200.80	275.45	112.94	251.05	221.51
184.15	252.61	103.57	230.24	203.14	76	206.36	283.07	116.06	258.00	227.64
188.54	258.63	106.04	235.72	207.99	77	211.91	290.69	119.18	264.94	233.77
193.88	265.95	109.05	242.40	213.87	78	218.65	299.93	122.97	273.36	241.19
199.21	273.27	112.05	249.06	219.75	79	225.39	309.17	126.76	281.78	248.61
204.54	280.59	115.05	255.73	225.64	80	232.12	318.40	130.55	290.20	256.05
209.89	287.91	118.05	262.41	231.52	81	238.86	327.65	134.34	298.63	263.48
215.22	295.23	121.05	269.08	237.41	82	245.59	336.89	138.13	307.05	270.91
221.98	304.50	124.85	277.53	244.87	83	254.22	348.74	142.98	317.84	280.43
228.75	313.78	128.65	285.98	252.33	84	262.85	360.57	147.84	328.64	289.96
235.51	323.06	132.46	294.44	259.79	85	271.49	372.41	152.70	339.43	299.49
242.27	332.33	136.26	302.89	267.24	86	280.12	384.26	157.54	350.21	309.00
249.03	341.61	140.06	311.35	274.71	87	288.76	396.10	162.41	361.01	318.53
255.98	351.15	143.97	320.04	282.38	88	297.65	408.31	167.42	372.14	328.34
263.12	360.94	147.99	328.97	290.26	89	306.82	420.89	172.57	383.60	338.47
270.48	371.02	152.12	338.15	298.36	90	316.29	433.87	177.89	395.43	348.90
278.02	381.37	156.37	347.60	306.68	91	326.03	447.23	183.37	407.62	359.65
285.78	392.02	160.72	357.29	315.24	92	336.08	461.02	189.02	420.17	370.73
293.76	402.96	165.22	367.27	324.05	93	346.43	475.22	194.85	433.12	382.15
301.95	414.20	169.83	377.52	333.09	94	357.11	489.86	200.85	446.47	393.93
310.39	425.76	174.57	388.05	342.39	95	368.12	504.96	207.04	460.23	406.07
319.05	437.66	179.44	398.89	351.94	96	379.46	520.53	213.42	474.41	418.59
327.95	449.87	184.45	410.02	361.77	97	391.16	536.57	220.00	489.04	431.49
337.10	462.42	189.61	421.46	371.86	98	403.21	553.10	226.79	504.10	444.79
346.51	475.34	194.89	433.23	382.25	99+	415.63	570.14	233.77	519.64	458.49

MONTHLYNON-TOBACCPREMIUMS
 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
\$487.79	\$669.13	\$274.35	\$609.86	\$538.09	Thru 64	522.38	\$716.56	\$293.80	\$653.10	\$576.24
152.44	209.10	85.74	190.58	168.15	65	163.25	223.94	91.82	204.09	180.07
155.38	213.14	87.39	194.26	171.40	66	167.26	229.44	94.06	209.11	184.50
158.32	217.18	89.05	197.94	174.64	67	171.27	234.95	96.33	214.14	188.94
162.24	222.55	91.25	202.85	178.97	68	176.36	241.91	99.19	220.48	194.54
166.16	227.93	93.46	207.75	183.29	69	181.43	248.88	102.05	226.84	200.14
170.08	233.31	95.66	212.65	187.62	70	186.51	255.84	104.90	233.18	205.74
174.00	238.69	97.86	217.55	191.94	71	191.58	262.80	107.75	239.53	211.34
177.92	244.06	100.07	222.45	196.26	72	196.66	269.78	110.61	245.87	216.94
182.61	250.50	102.70	228.30	201.43	73	202.59	277.91	113.94	253.29	223.49
187.29	256.93	105.34	234.16	206.61	74	208.52	286.04	117.28	260.71	230.02
191.98	263.36	107.98	240.03	211.78	75	214.45	294.17	120.61	268.11	236.56
196.66	269.78	110.61	245.88	216.94	76	220.39	302.31	123.95	275.53	243.11
201.35	276.21	113.25	251.74	222.12	77	226.31	310.44	127.28	282.95	249.65
207.06	284.03	116.46	258.87	228.41	78	233.51	320.32	131.33	291.94	257.59
212.75	291.84	119.66	265.99	234.69	79	240.70	330.18	135.38	300.93	265.51
218.45	299.66	122.87	273.11	240.97	80	247.89	340.04	139.43	309.92	273.45
224.15	307.48	126.08	280.24	247.25	81	255.09	349.92	143.47	318.92	281.39
229.84	315.29	129.27	287.37	253.55	82	262.28	359.78	147.52	327.92	289.32
237.07	325.20	133.34	296.39	261.51	83	271.50	372.44	152.70	339.44	299.49
244.29	335.10	137.40	305.42	269.48	84	280.72	385.08	157.89	350.97	309.67
251.52	345.02	141.46	314.45	277.44	85	289.94	397.72	163.07	362.49	319.84
258.73	354.91	145.52	323.48	285.41	86	299.16	410.37	168.25	374.01	330.00
265.95	364.83	149.58	332.51	293.38	87	308.38	423.02	173.45	385.55	340.18
273.38	375.01	153.75	341.79	301.57	88	317.88	436.06	178.80	397.43	350.65
281.00	385.47	158.05	351.32	309.98	89	327.68	449.49	184.30	409.67	361.47
288.86	396.24	162.46	361.13	318.63	90	337.78	463.35	189.98	422.31	372.61
296.91	407.29	167.00	371.22	327.52	91	348.19	477.63	195.83	435.32	384.09
305.20	418.66	171.65	381.58	336.66	92	358.92	492.35	201.87	448.73	395.93
313.72	430.34	176.45	392.23	346.07	93	369.98	507.52	208.09	462.56	408.12
322.47	442.35	181.37	403.18	355.73	94	381.38	523.15	214.50	476.82	420.70
331.49	454.70	186.43	414.42	365.66	95	393.14	539.28	221.12	491.51	433.66
340.73	467.40	191.63	426.00	375.86	96	405.25	555.90	227.92	506.66	447.03
350.24	480.44	196.99	437.89	386.35	97	417.74	573.03	234.95	522.27	460.81
360.01	493.85	202.49	450.11	397.14	98	430.61	590.69	242.20	538.36	475.02
370.06	507.64	208.14	462.67	408.23	99+	443.88	608.89	249.65	554.96	489.65

MONTHLYNON-TOBACCPREMIUMS
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
\$687.34	\$942.87	\$386.59	\$859.35	\$758.22	Thru 64	\$736.08	\$1,009.70	\$413.99	\$920.27	\$811.97
214.80	294.65	120.81	268.54	236.95	65	230.03	315.55	129.38	287.58	253.73
218.94	300.34	123.15	273.73	241.52	66	235.68	323.30	132.54	294.66	259.98
223.08	306.03	125.48	278.91	246.09	67	241.34	331.07	135.74	301.74	266.23
228.61	313.59	128.58	285.83	252.18	68	248.50	340.87	139.77	310.68	274.12
234.14	321.17	131.70	292.73	258.28	69	255.65	350.69	143.79	319.64	282.01
239.66	328.75	134.80	299.64	264.37	70	262.81	360.51	147.81	328.58	289.90
245.18	336.33	137.90	306.54	270.46	71	269.96	370.31	151.83	337.52	297.80
250.70	343.91	141.01	313.45	276.55	72	277.12	380.14	155.86	346.46	305.69
257.31	352.97	144.71	321.70	283.83	73	285.46	391.60	160.55	356.91	314.92
263.92	362.03	148.43	329.95	291.13	74	293.82	403.05	165.26	367.36	324.13
270.52	371.09	152.15	338.22	298.42	75	302.17	414.52	169.95	377.80	333.34
277.12	380.14	155.86	346.47	305.69	76	310.55	425.98	174.66	388.25	342.56
283.72	389.20	159.58	354.72	312.99	77	318.89	437.44	179.35	398.70	351.78
291.76	400.22	164.10	364.77	321.85	78	329.03	451.36	185.06	411.37	362.96
299.79	411.23	168.62	374.80	330.69	79	339.17	465.26	190.76	424.04	374.13
307.81	422.24	173.13	384.84	339.55	80	349.30	479.15	196.46	436.71	385.32
315.85	433.26	177.65	394.88	348.40	81	359.44	493.07	202.17	449.39	396.50
323.87	444.28	182.16	404.93	357.27	82	369.57	506.97	207.87	462.06	407.68
334.05	458.23	187.89	417.64	368.49	83	382.57	524.80	215.17	478.30	422.01
344.23	472.19	193.60	430.36	379.72	84	395.56	542.61	222.48	494.55	436.35
354.41	486.16	199.34	443.09	390.94	85	408.56	560.42	229.78	510.79	450.68
364.58	500.11	205.05	455.81	402.16	86	421.54	578.25	237.08	527.02	465.00
374.75	514.08	210.77	468.54	413.40	87	434.54	596.08	244.40	543.27	479.34
385.21	528.42	216.65	481.62	424.94	88	447.92	614.44	251.94	560.02	494.10
395.96	543.16	222.71	495.05	436.79	89	461.73	633.38	259.69	577.27	509.34
407.03	558.33	228.92	508.87	448.98	90	475.97	652.90	267.70	595.07	525.04
418.37	573.91	235.31	523.08	461.51	91	490.63	673.02	275.94	613.41	541.22
430.05	589.93	241.87	537.67	474.39	92	505.76	693.76	284.45	632.30	557.90
442.07	606.39	248.64	552.68	487.64	93	521.33	715.14	293.22	651.78	575.08
454.39	623.32	255.57	568.11	501.25	94	537.40	737.17	302.25	671.88	592.80
467.09	640.71	262.70	583.95	515.25	95	553.96	759.89	311.57	692.58	611.07
480.12	658.61	270.02	600.27	529.62	96	571.04	783.32	321.16	713.92	629.91
493.52	676.99	277.58	617.02	544.40	97	588.63	807.46	331.07	735.93	649.33
507.29	695.88	285.33	634.24	559.60	98	606.77	832.34	341.28	758.60	669.34
521.45	715.31	293.29	651.95	575.23	99+	625.46	857.98	351.78	781.98	689.96

Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

The premium for this policy may change. Premium changes will occur on the first policy renewal date which coincides with or follows the next policy anniversary date. However, the insurer cannot make such a change unless the same change is made to all policies of this form issued in the same state to individuals of the same classification. Classification means individuals with the same policy form, original issue age, gender, and tobacco status who live in the same geographic area as you do. We will notify you at least 45 days prior to any premium change.

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 United of Omaha nor our agents are connected with Medicare. This outline 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 pay Part A benefits periods that begin while this policy is not in force, and other exclusions apply.