

**MUTUAL OF OMAHA INSURANCE COMPANY
OMAHA, NEBRASKA
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE**

**OUTLINE OF COVERAGE FOR
FOR POLICY FORM MM28**

MEDICARE SUPPLEMENT INSURANCE

The Wisconsin Insurance Commissioner has set standards for Medicare supplement insurance. The policy meets those standards. It, along with Medicare, may not cover all of your medical costs. You should review carefully all policy limitations. For an explanation of these standards and other important information, see the Wisconsin Guide to Health Insurance for People with Medicare, given to you when you applied for the policy. Do not buy the policy if you did not get this guide.

Premium Information:

We, Mutual of Omaha, can only raise your premium if we raise the premium for all policies of this form issued in the same state to persons of the same classification. Until you are age 99, your premium will change each year. The new premium will be based upon your age.

DISCLOSURES:

Use this outline of coverage to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY:

This is only an outline of coverage 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 us.

RIGHT TO RETURN POLICY:

If you find that you are not satisfied with your policy, you may return it to us at 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 directly to you.

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 MUTUAL OF OMAHA NOR ITS AGENTS ARE CONNECTED WITH MEDICARE.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO
ZIP CODES: 539-543, 545-548

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	2,791.37	417.07	34.88
65	1,213.65	181.36	15.21
66	1,213.65	181.36	15.21
67	1,213.65	181.36	15.21
68	1,244.98	186.05	15.56
69	1,276.31	190.74	15.98
70	1,307.64	195.36	16.34
71	1,338.97	200.05	16.76
72	1,378.10	205.94	17.20
73	1,425.06	212.91	17.83
74	1,472.02	219.94	18.40
75	1,519.04	226.98	18.97
76	1,575.39	235.43	19.67
77	1,631.79	243.81	20.39
78	1,688.13	252.27	21.10
79	1,744.53	260.65	21.81
80	1,800.94	269.10	22.52
81	1,857.27	277.56	23.23
82	1,913.68	285.94	23.94
83	1,970.01	294.39	24.65
84	2,026.42	302.77	25.36
85	2,066.91	308.89	25.86
86	2,108.25	315.06	26.35
87	2,150.45	321.32	26.85
88	2,193.43	327.78	27.42
89	2,237.33	334.31	27.99
90	2,282.09	340.99	28.55
91	2,327.70	347.81	29.13
92	2,374.23	354.77	29.69
93	2,421.75	361.88	30.27
94	2,470.20	369.12	30.90
95	2,519.58	376.51	31.47
96	2,569.95	384.04	32.11
97	2,621.38	391.72	32.75
98	2,673.81	399.53	33.39
99+	2,727.30	407.56	34.10

Part B Deductible

Attained Age Annual Premium
All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium
All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium
All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO
ZIP CODES: 539-543, 545-548

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,017.70	450.89	37.71
65	1,312.05	196.07	16.44
66	1,312.05	196.07	16.44
67	1,312.05	196.07	16.44
68	1,345.92	201.14	16.82
69	1,379.79	206.21	17.28
70	1,413.66	211.20	17.66
71	1,447.53	216.27	18.12
72	1,489.84	222.64	18.59
73	1,540.61	230.17	19.28
74	1,591.37	237.77	19.89
75	1,642.21	245.38	20.51
76	1,703.12	254.52	21.27
77	1,764.10	263.58	22.04
78	1,825.00	272.72	22.81
79	1,885.98	281.78	23.58
80	1,946.96	290.92	24.35
81	2,007.86	300.06	25.11
82	2,068.84	309.12	25.88
83	2,129.74	318.26	26.65
84	2,190.72	327.32	27.42
85	2,234.50	333.93	27.96
86	2,279.19	340.61	28.49
87	2,324.81	347.37	29.03
88	2,371.28	354.36	29.64
89	2,418.74	361.42	30.26
90	2,467.12	368.64	30.87
91	2,516.43	376.01	31.49
92	2,566.73	383.54	32.10
93	2,618.11	391.22	32.72
94	2,670.49	399.05	33.41
95	2,723.87	407.04	34.02
96	2,778.32	415.18	34.71
97	2,833.92	423.48	35.40
98	2,890.60	431.92	36.10
99+	2,948.43	440.60	36.86

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages 162.00	All Ages 18.00	All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO
ZIP CODES: 539-543, 545-548

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,101.53	463.46	38.79
65	1,348.48	201.47	16.84
66	1,348.48	201.47	16.84
67	1,348.48	201.47	16.84
68	1,383.29	206.73	17.26
69	1,418.10	211.91	17.76
70	1,452.91	217.10	18.19
71	1,487.72	222.29	18.61
72	1,531.20	228.82	19.11
73	1,583.42	236.63	19.82
74	1,635.62	244.38	20.46
75	1,687.76	252.19	21.10
76	1,750.42	261.57	21.88
77	1,813.08	270.95	22.66
78	1,875.74	280.26	23.44
79	1,938.33	289.63	24.23
80	2,000.99	299.01	25.00
81	2,063.64	308.39	25.79
82	2,126.30	317.69	26.57
83	2,188.96	327.07	27.35
84	2,251.54	336.44	28.13
85	2,296.58	343.19	28.70
86	2,342.54	350.01	29.27
87	2,389.36	357.05	29.84
88	2,437.17	364.15	30.48
89	2,485.90	371.47	31.04
90	2,535.63	378.85	31.68
91	2,586.36	386.46	32.32
92	2,638.07	394.20	32.97
93	2,690.85	402.09	33.61
94	2,744.63	410.12	34.31
95	2,799.54	418.36	35.02
96	2,855.52	426.67	35.66
97	2,912.64	435.19	36.45
98	2,970.90	443.93	37.16
99+	3,030.28	452.81	37.86

Part B Deductible

Attained Age Annual Premium
All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium
All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium
All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO
ZIP CODES: 539-543, 545-548

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,353.01	501.04	41.93
65	1,457.82	217.80	18.20
66	1,457.82	217.80	18.20
67	1,457.82	217.80	18.20
68	1,495.45	223.49	18.66
69	1,533.08	229.09	19.20
70	1,570.71	234.70	19.66
71	1,608.35	240.31	20.12
72	1,655.35	247.37	20.66
73	1,711.80	255.82	21.43
74	1,768.24	264.19	22.12
75	1,824.61	272.64	22.81
76	1,892.35	282.78	23.65
77	1,960.09	292.92	24.50
78	2,027.83	302.98	25.34
79	2,095.49	313.11	26.19
80	2,163.23	323.25	27.03
81	2,230.96	333.39	27.88
82	2,298.70	343.45	28.72
83	2,366.44	353.59	29.57
84	2,434.10	363.72	30.41
85	2,482.79	371.02	31.03
86	2,532.48	378.39	31.64
87	2,583.09	386.00	32.26
88	2,634.78	393.68	32.95
89	2,687.46	401.59	33.56
90	2,741.22	409.57	34.25
91	2,796.06	417.79	34.94
92	2,851.97	426.16	35.64
93	2,909.03	434.69	36.33
94	2,967.17	443.37	37.09
95	3,026.53	452.28	37.86
96	3,087.05	461.26	38.55
97	3,148.80	470.48	39.40
98	3,211.78	479.92	40.17
99+	3,275.98	489.52	40.93

Part B Deductible

Attained Age Annual Premium
All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium
All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium
All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO

ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042,53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103,53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179,53181, 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,053.06	456.17	38.15
65	1,327.43	198.37	16.63
66	1,327.43	198.37	16.63
67	1,327.43	198.37	16.63
68	1,361.69	203.50	17.02
69	1,395.95	208.62	17.48
70	1,430.23	213.68	17.87
71	1,464.49	218.80	18.33
72	1,507.31	225.26	18.81
73	1,558.66	232.87	19.50
74	1,610.02	240.56	20.13
75	1,661.46	248.25	20.75
76	1,723.07	257.50	21.52
77	1,784.77	266.67	22.30
78	1,846.38	275.91	23.08
79	1,908.08	285.09	23.86
80	1,969.77	294.33	24.63
81	2,031.39	303.58	25.41
82	2,093.08	312.74	26.19
83	2,154.70	321.99	26.96
84	2,216.39	331.16	27.74
85	2,260.68	337.84	28.29
86	2,305.90	344.60	28.82
87	2,352.05	351.44	29.37
88	2,399.06	358.51	29.99
89	2,447.09	365.65	30.62
90	2,496.04	372.96	31.24
91	2,545.91	380.42	31.86
92	2,596.81	388.04	32.48
93	2,648.79	395.81	33.10
94	2,701.79	403.73	33.80
95	2,755.79	411.81	34.42
96	2,810.87	420.04	35.12
97	2,867.13	428.44	35.82
98	2,924.47	436.99	36.52
99+	2,982.98	445.77	37.30

Part B Deductible

Attained Age Annual Premium

All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium

All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium

All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO

ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042,53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103,53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179,53181, 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,300.61	493.16	41.24
65	1,435.06	214.45	17.98
66	1,435.06	214.45	17.98
67	1,435.06	214.45	17.98
68	1,472.10	220.00	18.40
69	1,509.14	225.54	18.90
70	1,546.19	231.00	19.32
71	1,583.23	236.54	19.82
72	1,629.52	243.52	20.33
73	1,685.04	251.75	21.08
74	1,740.56	260.06	21.76
75	1,796.17	268.38	22.43
76	1,862.78	278.38	23.27
77	1,929.48	288.29	24.11
78	1,996.09	298.28	24.95
79	2,062.79	308.20	25.79
80	2,129.48	318.19	26.63
81	2,196.10	328.19	27.47
82	2,262.79	338.10	28.31
83	2,329.40	348.10	29.15
84	2,396.10	358.01	29.99
85	2,443.98	365.23	30.58
86	2,492.87	372.54	31.16
87	2,542.76	379.93	31.75
88	2,593.58	387.58	32.42
89	2,645.50	395.30	33.10
90	2,698.42	403.20	33.77
91	2,752.34	411.26	34.44
92	2,807.36	419.50	35.11
93	2,863.56	427.90	35.78
94	2,920.85	436.46	36.54
95	2,979.23	445.20	37.21
96	3,038.78	454.10	37.97
97	3,099.60	463.18	38.72
98	3,161.59	472.42	39.48
99+	3,224.84	481.91	40.32

Part B Deductible

Additional Home Health Care

Foreign Travel Emergency Rider

Attained Age Annual Premium

Attained Age Annual Premium

All Ages 162.00

All Ages 18.00

All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO

ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042,53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103,53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179,53181, 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,392.31	506.92	42.42
65	1,474.90	220.35	18.42
66	1,474.90	220.35	18.42
67	1,474.90	220.35	18.42
68	1,512.98	226.11	18.88
69	1,551.05	231.78	19.43
70	1,589.12	237.45	19.89
71	1,627.20	243.13	20.36
72	1,674.75	250.27	20.91
73	1,731.86	258.82	21.68
74	1,788.97	267.29	22.38
75	1,845.99	275.84	23.08
76	1,914.53	286.09	23.93
77	1,983.06	296.35	24.79
78	2,051.59	306.53	25.64
79	2,120.04	316.78	26.49
80	2,188.58	327.04	27.35
81	2,257.11	337.29	28.20
82	2,325.64	347.48	29.06
83	2,394.17	357.73	29.91
84	2,462.63	367.98	30.77
85	2,511.88	375.37	31.39
86	2,562.16	382.83	32.01
87	2,613.37	390.52	32.63
88	2,665.66	398.29	33.34
89	2,718.95	406.30	33.96
90	2,773.34	414.37	34.65
91	2,828.83	422.69	35.35
92	2,885.39	431.16	36.06
93	2,943.12	439.78	36.75
94	3,001.94	448.56	37.53
95	3,062.00	457.58	38.30
96	3,123.23	466.66	39.01
97	3,185.70	475.99	39.86
98	3,249.41	485.55	40.64
99+	3,314.37	495.26	41.41

Part B Deductible

Attained Age Annual Premium

All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium

All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium

All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO

ZIP CODES: 53001-004, 53006, 53009-011, 53013-016, 53018-021, 53023, 53026-027, 53029, 53031-032, 53034-036, 53038-040, 53042,53044, 53047-050, 53056-066, 53069-070, 53073-075, 53078-083, 53085-086, 53088, 53090-091, 53093-095, 53098-099, 53101, 53103,53105, 53114-115, 53118-121, 53125, 53127-128, 53137-139, 53147-149, 53152-153, 53156-157, 53167-168, 53170, 53176, 53178-179,53181, 53183-185, 53190-192, 53195, 53199, 535, 537-538, 544, 549

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,667.36	548.02	45.86
65	1,594.49	238.22	19.91
66	1,594.49	238.22	19.91
67	1,594.49	238.22	19.91
68	1,635.65	244.44	20.41
69	1,676.81	250.57	21.00
70	1,717.97	256.70	21.50
71	1,759.13	262.84	22.01
72	1,810.54	270.56	22.60
73	1,872.28	279.80	23.44
74	1,934.02	288.96	24.19
75	1,995.67	298.20	24.95
76	2,069.76	309.29	25.87
77	2,143.85	320.38	26.80
78	2,217.94	331.38	27.72
79	2,291.94	342.47	28.64
80	2,366.03	353.56	29.57
81	2,440.12	364.64	30.49
82	2,514.20	375.65	31.42
83	2,588.29	386.74	32.34
84	2,662.30	397.82	33.26
85	2,715.55	405.80	33.94
86	2,769.90	413.87	34.61
87	2,825.26	422.18	35.28
88	2,881.79	430.58	36.04
89	2,939.41	439.24	36.71
90	2,998.21	447.97	37.46
91	3,058.19	456.96	38.22
92	3,119.34	466.12	38.98
93	3,181.75	475.44	39.73
94	3,245.34	484.93	40.57
95	3,310.27	494.68	41.41
96	3,376.46	504.50	42.17
97	3,444.00	514.58	43.09
98	3,512.88	524.92	43.93
99+	3,583.10	535.42	44.77

Part B Deductible

Attained Age Annual Premium

All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium

All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium

All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE NON-TOBACCO

ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,401.98	508.32	42.51
65	1,479.13	221.04	18.53
66	1,479.13	221.04	18.53
67	1,479.13	221.04	18.53
68	1,517.31	226.75	18.96
69	1,555.50	232.47	19.48
70	1,593.68	238.10	19.92
71	1,631.86	243.81	20.43
72	1,679.57	251.00	20.95
73	1,736.80	259.48	21.73
74	1,794.03	268.06	22.42
75	1,851.34	276.62	23.12
76	1,919.99	286.93	23.99
77	1,988.74	297.15	24.85
78	2,057.40	307.44	25.72
79	2,126.15	317.66	26.58
80	2,194.89	327.97	27.44
81	2,263.55	338.27	28.31
82	2,332.30	348.48	29.17
83	2,400.95	358.79	30.04
84	2,469.69	369.00	30.91
85	2,519.04	376.45	31.51
86	2,569.44	383.99	32.13
87	2,620.87	391.60	32.73
88	2,673.24	399.48	33.42
89	2,726.75	407.44	34.11
90	2,781.30	415.58	34.81
91	2,836.88	423.90	35.50
92	2,893.59	432.38	36.19
93	2,951.51	441.04	36.88
94	3,010.56	449.87	37.67
95	3,070.73	458.87	38.35
96	3,132.11	468.05	39.14
97	3,194.80	477.40	39.91
98	3,258.70	486.93	40.69
99+	3,323.90	496.71	41.56

Part B Deductible

Additional Home Health Care

Foreign Travel Emergency Rider

Attained Age Annual Premium

Attained Age Annual Premium

All Ages 162.00

All Ages 18.00

All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE FEMALE TOBACCO

ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,677.82	549.53	45.96
65	1,599.06	238.96	20.03
66	1,599.06	238.96	20.03
67	1,599.06	238.96	20.03
68	1,640.34	245.14	20.50
69	1,681.62	251.32	21.06
70	1,722.90	257.40	21.53
71	1,764.17	263.58	22.09
72	1,815.75	271.35	22.65
73	1,877.62	280.52	23.49
74	1,939.49	289.79	24.24
75	2,001.45	299.05	24.99
76	2,075.67	310.19	25.93
77	2,149.99	321.24	26.86
78	2,224.22	332.37	27.80
79	2,298.54	343.42	28.74
80	2,372.85	354.56	29.67
81	2,447.08	365.70	30.61
82	2,521.40	376.74	31.54
83	2,595.62	387.88	32.48
84	2,669.94	398.92	33.42
85	2,723.29	406.97	34.07
86	2,777.77	415.12	34.73
87	2,833.37	423.35	35.38
88	2,889.99	431.87	36.13
89	2,947.84	440.48	36.88
90	3,006.81	449.28	37.63
91	3,066.90	458.27	38.38
92	3,128.21	467.44	39.12
93	3,190.82	476.80	39.87
94	3,254.66	486.35	40.72
95	3,319.71	496.08	41.46
96	3,386.07	506.00	42.31
97	3,453.84	516.11	43.15
98	3,522.92	526.41	43.99
99+	3,593.40	536.98	44.93

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages 162.00	All Ages 18.00	All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE NON-TOBACCO

ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	3,779.99	564.85	47.28
65	1,643.47	245.54	20.52
66	1,643.47	245.54	20.52
67	1,643.47	245.54	20.52
68	1,685.89	251.95	21.03
69	1,728.31	258.27	21.65
70	1,770.74	264.59	22.16
71	1,813.16	270.90	22.68
72	1,866.14	278.88	23.29
73	1,929.78	288.40	24.15
74	1,993.42	297.83	24.94
75	2,056.97	307.36	25.72
76	2,133.33	318.79	26.67
77	2,209.70	330.22	27.62
78	2,286.05	341.56	28.57
79	2,362.34	352.99	29.53
80	2,438.70	364.41	30.48
81	2,515.07	375.85	31.43
82	2,591.42	387.19	32.38
83	2,667.79	398.61	33.34
84	2,744.07	410.04	34.29
85	2,798.96	418.27	34.97
86	2,854.98	426.58	35.67
87	2,912.03	435.15	36.36
88	2,970.30	443.81	37.14
89	3,029.69	452.72	37.83
90	3,090.30	461.73	38.62
91	3,152.12	470.99	39.40
92	3,215.15	480.44	40.17
93	3,279.48	490.05	40.95
94	3,345.02	499.82	41.82
95	3,411.95	509.87	42.68
96	3,480.17	520.00	43.47
97	3,549.78	530.39	44.42
98	3,620.77	541.04	45.28
99+	3,693.16	551.86	46.15

Part B Deductible

Attained Age Annual Premium

All Ages 162.00

Additional Home Health Care

Attained Age Annual Premium

All Ages 18.00

Foreign Travel Emergency Rider

Attained Age Annual Premium

All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

ANNUAL PREMIUMS BASIC MEDICARE SUPPLEMENT COVERAGE MALE TOBACCO

ZIP CODES: 53005, 53007-008, 53012, 53017, 53022, 53024, 53033, 53037, 53045-046, 53051-052, 53072, 53076, 53089, 53092, 53097, 53102, 53104, 53108-110, 53122, 53126, 53129-130, 53132, 53140-144, 53146, 53150-151, 53154, 53158-159, 53171-172, 53177, 53182, 53186-189, 53194, 532, 534

Attaned Age	Basic	Part A Deductible	Part B Excess Charges
Thru 64	4,086.48	610.65	51.11
65	1,776.72	265.45	22.18
66	1,776.72	265.45	22.18
67	1,776.72	265.45	22.18
68	1,822.58	272.38	22.74
69	1,868.44	279.21	23.40
70	1,914.31	286.04	23.96
71	1,960.17	292.87	24.52
72	2,017.45	301.49	25.18
73	2,086.25	311.78	26.11
74	2,155.05	321.98	26.96
75	2,223.75	332.28	27.80
76	2,306.30	344.64	28.83
77	2,388.86	356.99	29.86
78	2,471.41	369.25	30.89
79	2,553.88	381.61	31.92
80	2,636.43	393.96	32.95
81	2,718.99	406.32	33.98
82	2,801.54	418.58	35.01
83	2,884.10	430.93	36.04
84	2,966.56	443.29	37.07
85	3,025.90	452.18	37.81
86	3,086.46	461.17	38.56
87	3,148.14	470.43	39.31
88	3,211.14	479.79	40.15
89	3,275.34	489.43	40.90
90	3,340.86	499.17	41.75
91	3,407.70	509.18	42.59
92	3,475.84	519.39	43.43
93	3,545.38	529.78	44.27
94	3,616.24	540.35	45.21
95	3,688.59	551.21	46.14
96	3,762.35	562.16	46.99
97	3,837.60	573.39	48.02
98	3,914.35	584.91	48.95
99+	3,992.60	596.61	49.89

Part B Deductible	Additional Home Health Care	Foreign Travel Emergency Rider
Attained Age Annual Premium	Attained Age Annual Premium	Attained Age Annual Premium
All Ages 162.00	All Ages 18.00	All Ages 18.00

To obtain monthly, quarterly, and semiannual premiums, divide the above-quoted premiums by 12, 4, and 2, respectively.

MEDICARE SUPPLEMENT POLICIES - PART A BENEFITS

Services	Per Benefit Period	Medicare Pays	The Policy Pays	You Pay
MEDICARE PART A BENEFITS HOSPITALIZATION Semiprivate room and board, general nursing and miscellaneous services and supplies	First 60 days	All but a \$1,184.00 deductible	\$0	\$1,184.00
			☐ Optional Part A Deductible Rider* 0NF1M	\$0
	61 st to 90 th day	All but \$296 per day	\$296 per day	\$0
	91 st day and after: While using 60 lifetime reserve days	All but \$592 per day	\$592 per day	\$0
	Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses**	\$0
	Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.	First 20 days	All approved amounts	\$0	\$0
	21 st through 100 th day	All but \$148 a day	Up to \$148 a day	\$0
	101 st day and after	\$0	\$0	All costs
INPATIENT PSYCHIATRIC CARE In a participating psychiatric hospital		190 days per lifetime	175 additional days per lifetime	The expense you incur after Medicare has paid 190 days and we have paid 175 additional days
BLOOD	First 3 pints	\$0	First 3 pints	\$0
	Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services.		All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

*This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid as provided in the policy's "Core Benefits."

MEDICARE SUPPLEMENT POLICIES - PART B BENEFITS

Services	Per Calendar year	Medicare Pays	The Policy Pays	You Pay
MEDICARE PART B BENEFITS MEDICAL EXPENSES Eligible expenses for physician's services, inpatient and outpatient medical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment	First \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
			☐ Optional Part B Deductible Rider** 0NF2M	\$0
	Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	Expense incurred above the Medicare-approved charges
			☐ Optional Part B Excess Charges Rider 0NF5M**	Expenses not paid by Medicare or the policy
BLOOD	First 3 pints	\$0	All costs	Expenses not paid by Medicare or the policy
	Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	
	Remainder of Medicare-approved amounts	80%	20%	
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES		100%	\$0	
HOME HEALTH CARE		100% of charges for visits considered medically necessary by Medicare	40 visits	Expenses not covered by Medicare or the policy
			☐ Optional Additional Home Care Rider** 0NF3M	\$0
PREVENTIVE MEDICAL CARE BENEFIT Not covered by Medicare: Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare	First \$150.00 each calendar year	\$0	\$150	\$0
	Additional charges	\$0	\$0	All costs

*Once you have been billed \$147.00 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This is an optional rider. You purchased this benefit if the box is checked and you paid the premium.

ADDITIONAL BENEFITS

KIDNEY DISEASE BENEFITS:

We will pay the expense incurred up to a maximum of \$30,000 during any one calendar year for the necessary hospital inpatient and outpatient treatment of kidney disease, including dialysis, non-prescription insulin, transplantation, and donor-related services as stated in the policy.

CHIROPRACTIC BENEFITS:

When Medicare Part B does not pay for medically necessary services received from a chiropractor, we will provide payment in full for all usual and customary charges for chiropractic services. Benefits are not payable for any charges paid by Medicare.

DIABETES BENEFITS:

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, while the policy is in force for:

(a) the installation or purchase of an insulin infusion pump; (b) other non-prescription equipment or supplies for treatment of diabetes; and (c) a diabetes self-management education program.

Benefits for an insulin infusion pump are limited to the purchase of one pump each year. No benefits are payable for an insulin infusion pump used less than 30 days.

In order to avoid duplication of coverage under Medicare Part D, benefits listed under (b) do not include prescription medication, prescription insulin or some supplies.

BREAST RECONSTRUCTION BENEFITS:

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, in the manner recommended by the attending physician or oncologist to be appropriate for reconstruction of the affected tissue incident to a mastectomy.

HOSPITAL OR AMBULATORY DENTAL BENEFITS:

We will provide payment in full for all usual and customary charges incurred, not payable under Medicare, for hospital or ambulatory surgery center charges incurred and anesthetics provided in conjunction with dental care if either of the following applies: (a) you have a chronic health condition; or (b) you have a medical condition that requires hospitalization or general anesthesia for dental care.

LIMITATIONS AND EXCLUSIONS:

We will not pay benefits for:

- (a) expenses you incur while your policy is not in force, except as provided in the Extension of Benefits section;
- (b) your confinement in a hospital or skilled nursing facility during a Medicare Part A benefit period that begins while your policy is not in force;
- (c) that portion of any expense you incur which is paid for by Medicare;
- (d) that portion of any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis;
- (e) non-Medicare-eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions;
- (f) services for which a charge is not normally made in the absence of insurance;
- (g) loss or expense that is payable under any other Medicare supplement insurance policy or certificate;
- (h) skilled nursing facility costs beyond what is covered by Medicare and the 30 days covered under the Medicare Part A Skilled Nursing Facility Benefit provision of your policy;
- (i) home care above the number of visits covered by Medicare and the 40 visits per year covered under the Home Care Benefit provision of your policy;
- (j) physician charges above Medicare's approved charge;
- (k) outpatient prescription drugs;
- (l) most care received outside of the United States;
- (m) routine dental care, dentures, cosmetic surgery, routine foot care, the cost of eyeglasses, and the cost of hearing aids, unless eligible under Medicare;
- (n) emergency care anywhere or for care received outside the service area if this care is treated differently from other covered benefits; or
- (o) anything beyond usual, customary, and reasonable limitations.

PREMIUM CHANGES:

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 grow older from age 65 through age 99. This annual premium change will occur on the first policy renewal date which coincides with or follows the policy anniversary date.

We may also change the premium for your policy for reasons other than your attained age. If you cease to be eligible for the household premium discount described in the Household Premium Discount section, your policy's discount will be removed. This premium change will occur on the first policy renewal date coinciding with or following the date we learned your eligibility ended.

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 of this form issued in the same state to persons of the same classification. We will give you the advance written notice required by your state before we change your premium.

BENEFITS APPEAL:

If you feel that benefits were improperly reduced or denied, you may appeal such decisions. You must notify us in writing and give us the reason(s) for the appeal. Once we receive all needed information, we will notify you within 30 days of our receipt of your appeal.

GRIEVANCE:

Grievance means dissatisfaction which you express to us in writing regarding our provision of services, determination to reform or rescind a policy, determination of a diagnosis or level of service required for evidence-based treatment of autism spectrum disorder, or claims practices. We have established a grievance procedure for resolving any grievance you may have. You must submit a grievance in writing to the following address as soon as reasonably possible:

Grievance Review
Mutual of Omaha Insurance Company
P.O. Box 2620
Omaha, NE 68103-2620

MEDICARE SUPPLEMENT PREMIUM INFORMATION ANNUAL PREMIUM

\$() **BASIC MEDICARE SUPPLEMENT COVERAGE**

OPTIONAL BENEFITS FOR MEDICARE SUPPLEMENT POLICY

Each of these riders may be purchased separately. NOTE: Only optional coverage provided by rider is listed here.

\$() **1. Part A Deductible - 0NF1M**

100% of Part A Deductible

\$() **2. Additional Home Care - 0NF3M**

An aggregate of 365 visits per year including those covered by Medicare

\$() **3. Part B Deductible - 0NF2M**

100% of Part B Deductible

\$() **4. Part B Excess Charges - 0NF5M**

Difference between what Medicare pays and the amount charged by the provider which may be no greater than the actual charges or the limiting charge allowed by Medicare, whichever is less

\$() **5. Foreign Travel Emergency Rider - 0NF4M**

After a deductible of not greater than \$250.00, covers at least 80% of expenses associated with emergency medical care received outside the U.S.A. beginning the first 60 days of a trip with a lifetime maximum of at least \$50,000.00

\$() **TOTAL FOR BASIC POLICY AND SELECTED OPTIONAL BENEFITS**

IN ADDITION TO THIS OUTLINE OF COVERAGE, WE WILL SEND AN ANNUAL NOTICE TO YOU 30 DAYS PRIOR TO THE EFFECTIVE DATE OF MEDICARE CHANGES WHICH WILL DESCRIBE THESE CHANGES AND THE CHANGES IN YOUR MEDICARE SUPPLEMENT COVERAGE.