

UNITED WORLD LIFE INSURANCE COMPANY  
A MUTUAL of OMAHA COMPANY

## 2010 Medicare Supplement Insurance Plans

Plans with coverage effective dates on and after June 1.



*Spontaneous.*  
**FUN!** Fearless.

Whether you're six or sixty something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United World Life Insurance Company can help you attain that secure feeling.

### **With a Medicare supplement, you**

- Keep your doctors and health care providers
- See specialists without referrals
- Receive benefits with no waiting period\*
- Enjoy guaranteed coverage for life\*
- Don't pay a policy fee with our plan

Add our helpful midwestern customer service staff and affordable premiums – and you have the financial value and security you seek.

\*see details on back cover

We've got you covered. **GO PLAY!**

WC7234\_ND  
North Dakota

Policy Forms WM20-Plan A, WM21-Plan B,  
WM22-Plan C, WM23-Plan D, WM24-Plan F,  
WM25-Plan G

Underwritten by

### **United World Life Insurance Company**

A MUTUAL of OMAHA COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
[mutualofomaha.com](http://mutualofomaha.com)

United World Life Insurance  
Company is licensed nationwide  
except in CT and NY.

## Select the Medicare Supplement Plan that's Right for You

	Medicare Pays	Plan A Pays	Plan B Pays	Plan C Pays	Plan D Pays	Plan F Pays	Plan G Pays
<b>Medicare Part A Hospital Insurance*</b>							
Deductible	Nothing		\$1,100	\$1,100	\$1,100	\$1,100	\$1,100
First 60 days	100%						
Coinsurance 61-90 days	All but \$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day
Coinsurance 91-150 days	All but \$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints
<b>Skilled Nursing Facility Care</b>							
First 20 days	100%						
Coinsurance 21-100 days	All but \$137.50 a day			Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day
<b>Hospice Care</b>							
Outpatient Prescription Drugs	All but \$5	\$5	\$5	\$5	\$5	\$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount	5% of Medicare's approved amount	5% of Medicare's approved amount	5% of Medicare's approved amount	5% of Medicare's approved amount	5% of Medicare's approved amount
<b>Medicare Part B Medical Insurance*</b>							
Deductible	Nothing			\$155		\$155	
Coinsurance	80%	20%	20%	20%	20%	20%	20%
Excess Benefits						100% up to Medicare's limit	100% up to Medicare's limit
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints	Three pints
<b>Additional Benefit*</b>							
Emergency Care Received Outside the U.S.	Nothing			80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000

\* Refer to the next page and your outline of coverage for more information.

**Your Premium**    **Your Premium**    **Your Premium**    **Your Premium**    **Your Premium**    **Your Premium**    **Your Premium**  
 \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

## Medicare Part A Hospital Coverage

*Medicare Part A hospital/skilled nursing facility care eligible expenses include charges for semiprivate room and board, general nursing and miscellaneous services and supplies.*

**Deductible** – Plans B, C, D, F and G pay the \$1,100 inpatient hospital deductible for each benefit period, which begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

**Coinsurance** – Plans A, B, C, D, F and G pay \$275 a day when you're hospitalized from the 61st through the 90th day. And, when you're in the hospital from the 91st day through the 150th day, you receive \$550 a day for each Lifetime Reserve day used.

**Extended Hospital Coverage** – When you're in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, Plans A, B, C, D, F and G pay the Medicare Part A eligible expenses for hospitalization,

paid at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

**Benefit for Blood** – Plans A, B, C, D, F and G pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

## Skilled Nursing Facility Care Benefit

**Coinsurance** – Plans C, D, F and G pay up to \$137.50 a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

## Hospice Care Benefit

**Outpatient Prescription Drugs** – Plans A, B, C, D, F and G pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

**Inpatient Respite Care** – Plans A, B, C, D, F and G pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

## Medicare Part B Medical Coverage

*Medicare Part B eligible expenses include charges for physicians' services, hospital outpatient services and supplies, physical and speech therapy and ambulance service.*

**Deductible** – Plans C and F pay the \$155 calendar-year deductible.

**Coinsurance** – After the Medicare Part B deductible, Plans A, B, C, D, F and G pay 20% of eligible expenses. For hospital outpatient services, the copayment

amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

**Excess Benefits** – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.

**Benefit for Blood** – Plans A, B, C, D, F and G pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

## Additional Benefit

**Emergency Care Received Outside the U.S.** – After you pay a \$250 calendar-year deductible, Plans C, D, F and G pay you 80% of eligible expenses for health

care you need because of a covered injury or illness beginning during the first 60 days of each trip up to a lifetime maximum of \$50,000.

## Plan Overview

Your United World Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and United World pay.**

### Your Medicare supplement will not pay for:

- any expense incurred before your policy date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force
- expense paid for by Medicare

- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

Medicare eligible expenses means charges of the kinds covered by Medicare Parts A and B, to the extent Medicare recognizes them as reasonable and medically necessary.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United World.

## Features Give You More Peace of Mind

**You're covered immediately.** There is no waiting period for preexisting conditions and benefits will be paid from the time your policy is in force.

**Your policy cannot be canceled.** It will be renewed as long as the premiums are paid on time and the information is correct on your application.

**Your Medicare supplement benefits will automatically increase** as Medicare deductibles and coinsurance increase. Benefits are not paid for any expense paid by Medicare.

**Benefits are paid to you,** your hospital or doctor.

**You have 31 days from your renewal date to pay your premium.** Your policy will stay in force during this 31-day grace period.

**You can't be singled out for a rate increase, no matter how many times you receive benefits.** Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your policy date until you reach age 90; and (b) when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state.



## UNITED WORLD LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

A Mutual of Omaha company since 1983, United World Life Insurance Company offers specialty life insurance and Medicare supplement plans. When you own a United World Medicare supplement, you get the reputation, stability and power of Mutual of Omaha and its affiliates, which have been providing quality products and services since 1909.

**This is a brief description of your coverage.** The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, please read your outline of coverage and your policy.

**This is a solicitation of insurance and an insurance agent will contact you by telephone.**

Neither United World Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.