

UNITED OF OMAHA LIFE INSURANCE COMPANY
A MUTUAL of OMAHA COMPANY

2010 Medicare Supplement Insurance Plan

Plan with coverage effective dates on and after June 1.



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

UC7232_WI_0310
Wisconsin

Policy Form UM25-21768
Rider Form OMJ5H
Rider Form OMJ6H
Rider Form OMJ7H
Rider Form OMJ8H
Rider Form OMJ9H
Rider Form OML5H
Rider Form OML6H

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 of Omaha 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 – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

*see details on back cover

Underwritten by

United of Omaha Life Insurance Company

A MUTUAL of OMAHA COMPANY
Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

United of Omaha Life Insurance Company is licensed nationwide except in NY.

Tailor Your Plan to Meet Your Needs

	Medicare Pays	Medicare Supplement Pays
Medicare Part A Hospital Insurance*		
Coinsurance 61-90 days	All but \$275 a day	\$275 a day
Coinsurance 91-150 days	All but \$550 a day	\$550 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Medicare Eligible Expenses
Benefit for Blood	All but first three pints	First three pints
Skilled Nursing Facility Care		
Coinsurance 21-100 days	All but \$137.50 a day	\$137.50 a day
Medicare Part B Medical Insurance*		
Coinsurance	80%	20%
Benefit for Blood	All but three pints	Three pints
Optional Benefits*		
Part A Deductible Rider	Nothing	\$1,100
Part A 50% Deductible Rider	Nothing	\$550
Part B Deductible Rider	Nothing	\$155
Part B Copayment or Coinsurance Rider	80%	20%**
Part B Excess Charges Rider	Nothing	100% of the difference between the actual charge and the limiting charge
Health Care Received Outside the U.S. (Foreign Travel Emergency Rider subject to \$250 deductible)	Nothing	80% of eligible expenses up to \$50,000
Additional Home Health Care Rider	Nothing	Up to 365 visits per year

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

**Requires up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit

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.

Coinsurance – Pays \$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.

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, your plan pays 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 – Pays Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – Pays \$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.

Skilled Nursing Care in a Facility Not Certified by Medicare – Pays the expense incurred up to an amount not less than the maximum daily rate established by the state of Wisconsin. Benefits are limited to 30 days of confinement in a benefit period. The nursing home must be a state licensed facility.

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.

Coinsurance – After the Medicare Part B deductible, your plan helps 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.

Benefit for Blood – Pays Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Additional Benefits

Your Medicare supplement pays some expenses not paid for by Medicare, or paid under any other part of this policy, for the following care:

- Home Health Care Visits
- Hospice Outpatient Prescription Drugs
- Hospice Inpatient Respite Care

- Preventive Care
- Hospital or Ambulatory Dental Services
- Chiropractic Services
- Kidney Disease Treatment

See your outline of coverage and policy for specific benefits and limitations.

Optional Benefits

- Part A Deductible Rider (0MJ5H)** – Pays the \$1,100 inpatient hospital deductible for each benefit period.
- Part A 50% Deductible Rider (0ML5H)** – Pays half of the Part A inpatient deductible for each benefit period.
- Part B Deductible Rider (0MJ6H)** – Pays the \$155 calendar-year deductible.
- Part B Copayment or Coinsurance Rider (0ML6H)** – Pays the Medicare Part B coinsurance amount after you pay up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit. Adding this rider decreases your overall premium and increases your out-of-pocket costs.

- Part B Excess Charges Rider (0MJ9H)** – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Medicare supplement pays 100% of the difference between the actual charge and the limiting charge established by Medicare.
- Foreign Travel Emergency Rider (0MJ8H)** – After you pay the \$250 deductible, Medicare supplement pays you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or an illness of sudden and unexpected onset.
- Additional Home Health Care Rider (0MJ7H)** – Extends your home health care visits to 365 days per year.

Plan Overview

Your United of Omaha 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 of Omaha pay.** If you receive Medicare benefits because of a disability, you may apply for Medicare supplement Plan A regardless of your age.

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
- physician charges above Medicare's approved charge
- outpatient prescription drugs
- most care received outside of the United States

- dental care, dentures, checkups, routine immunizations, cosmetic surgery, routine foot care, examinations for and the cost of eyeglasses or hearing aids, unless eligible under Medicare
- usual, customary and reasonable limitations

These additional exceptions apply to Home Health Care Benefits only. Your policy will not pay benefits for:

- injury or sickness for which any benefits are provided for by workers' compensation or employer's liability laws
- injury or sickness due to any act of declared or undeclared war
- services or supplies that are provided by or paid for by the Veterans Administration
- home care visits paid for by Medicare or paid under any other part of this policy

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 of Omaha.

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. Your policy's two person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.



**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

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A Mutual of Omaha company since 1926, United of Omaha Life Insurance Company offers a diversified portfolio of life insurance, fixed annuities and Medicare supplement plans. When you own a United of Omaha 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 of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.