

2015 Medicare Supplement Insurance Plan



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 Mutual of Omaha Insurance Company can help you attain that secure feeling.

With a Medicare supplement insurance policy, 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

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza
Omaha, NE 68175
mutualofomaha.com

Mutual of Omaha Insurance Company is licensed nationwide.

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

Policy Form MM28-24188
Rider Form ONF1M
Rider Form ONF2M
Rider Form ONF3M
Rider Form ONF4M
Rider Form ONF5M

Tailor Your Plan to Meet Your Needs

Medicare Part A Hospital Insurance*	Medicare Pays	Medicare Supplement Insurance Pays
Coinsurance 61-90 days	All but \$315 a day	\$315 a day
Coinsurance 91-150 days	All but \$630 a day	\$630 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
<i>Skilled Nursing Facility Care</i>		
Coinsurance 21-100 days	All but \$157.50 a day	\$157.50 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	\$1,260
Part B Deductible Rider	Nothing	\$147
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 Care Rider	Nothing	Up to 365 visits per policy year

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

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 \$315 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 \$630 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 \$157.50 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 insurance pays some expenses not paid for by Medicare, or paid under any other part of this policy, for the following care:

- Home 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 (ONF1M)** – Pays the \$1,260 inpatient hospital deductible for each benefit period.

☐ **Part B Deductible Rider (ONF2M)** – Pays the \$147 calendar-year deductible.

☐ **Part B Excess Charges Rider (ONF5M)** – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Medicare supplement insurance pays 100% of the difference between the actual charge and the limiting charge established by Medicare.

☐ **Foreign Travel Emergency Rider (ONF4M)** – After you pay the \$250 deductible, Medicare supplement insurance 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 Care Rider (ONF3M)** – Extends your home care visits to 365 visits per policy year.

Plan Overview

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

Your Medicare supplement insurance does 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 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 Mutual 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 insurance 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 99; and (b) when the same premium change is made on all in-force Medicare supplement insurance 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.



You can be confident that your Medicare supplement insurance benefits will be paid as promised because Mutual of Omaha Insurance Company has been serving people like you since Medicare began more than 40 years ago.

And, we're committed to continue providing Medicare supplement insurance benefits amid an ever-changing political and economic environment.

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 Mutual of Omaha Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.