

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
 BENEFIT PLANS A, F, HIGH DEDUCTIBLE F, G, HIGH DEDUCTIBLE G AND N

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F and High Deductible F.

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants									Medicare first eligible before 2020 only		
	PLAN A	PLAN B	PLAN D	PLAN G	G ¹	PLAN K	PLAN L	PLAN M	PLAN N	PLAN C	PLAN F	F ¹
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or Copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	✓
Blood (first three pints each year)	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓		50%	75%	✓	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓		50%	75%	✓	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓		50%	75%	50%	✓	✓	✓	✓
Medicare Part B deductible										✓	✓	✓
Medicare Part B excess charges				✓							✓	✓
Foreign travel emergency (up to plan limits)			✓	✓				✓	✓	✓	✓	✓
Out-of-pocket limit in 2020 ²						\$5,880 ²	\$2,940 ²					

¹Plans F and G also have a high deductible option which require first paying a plan deductible \$2,340 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

²Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

³Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

MONTHLY NON-TOBACCO PREMIUMS*

ZIP CODES: 89001, 89003-008, 89010, 89013, 89017-029, 89034, 89037, 89039-043, 89045-050, 89060-061, 89067, 89070, 893-895, 897-898

FEMALE						Attained Age	MALE					
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35
104.32	165.59	44.74	126.49	40.47	111.98	65	113.40	180.00	48.63	137.50	44.21	121.72
104.32	165.59	44.74	126.49	40.47	111.98	66	113.40	180.00	48.63	137.50	44.21	121.72
104.32	165.59	44.74	126.49	40.47	111.98	67	113.40	180.00	48.63	137.50	44.21	121.72
107.81	171.12	46.23	130.72	41.91	115.71	68	117.18	186.00	50.25	142.08	45.76	125.77
110.70	175.72	47.47	134.23	43.09	118.81	69	120.33	190.99	51.60	145.90	47.05	129.15
113.02	179.40	48.46	137.03	44.05	121.31	70	122.85	195.01	52.68	148.96	48.09	131.86
117.08	185.85	50.20	141.96	45.72	125.67	71	127.26	202.00	54.57	154.30	49.91	136.59
121.43	192.74	52.07	147.23	47.51	130.33	72	131.99	209.50	56.59	160.03	51.85	141.66
125.77	199.65	53.93	152.51	49.29	135.00	73	136.72	217.00	58.62	165.77	53.80	146.74
129.83	206.08	55.67	157.43	50.97	139.36	74	141.13	224.00	60.51	171.11	55.61	151.47
134.18	212.98	57.54	162.68	52.76	144.01	75	145.85	231.49	62.54	176.83	57.56	156.53
138.24	219.43	59.27	167.61	54.42	148.38	76	150.26	238.50	64.44	182.19	59.38	161.28
142.58	226.32	61.14	172.88	56.21	153.05	77	154.98	246.01	66.46	187.92	61.32	166.35
146.94	233.23	63.00	178.16	58.00	157.71	78	159.70	253.50	68.48	193.63	63.26	171.41
151.17	239.93	64.82	183.29	59.74	162.24	79	164.31	260.81	70.46	199.23	65.15	176.36
155.92	247.48	66.86	189.05	61.70	167.35	80	169.47	269.01	72.68	205.49	67.29	181.90
159.68	253.46	68.48	193.61	63.25	171.39	81	173.57	275.50	74.42	210.44	68.96	186.29
163.74	259.90	70.21	198.54	64.92	175.75	82	177.97	282.50	76.32	215.79	70.78	191.02
168.09	266.82	72.07	203.81	66.71	180.41	83	182.71	290.00	78.34	221.53	72.73	196.10
172.44	273.71	73.94	209.08	68.50	185.08	84	187.43	297.50	80.37	227.26	74.67	201.17
176.49	280.16	75.69	214.00	70.17	189.44	85	191.83	304.51	82.26	232.60	76.48	205.90
179.97	285.66	77.17	218.21	71.60	193.17	86	195.62	310.50	83.88	237.19	78.04	209.97
183.74	291.64	78.78	222.78	73.14	197.20	87	199.71	317.01	85.64	242.16	79.73	214.37
187.22	297.16	80.27	227.00	74.58	200.95	88	203.49	323.00	87.26	246.73	81.28	218.41
190.98	303.15	81.89	231.58	76.13	204.98	89	207.58	329.50	89.02	251.70	82.97	222.81
194.74	309.11	83.51	236.12	77.68	209.03	90	211.69	336.01	90.77	256.67	84.65	227.21
198.80	315.56	85.24	241.06	79.35	213.39	91	216.10	343.01	92.66	262.01	86.46	231.94
202.86	322.01	86.99	245.98	81.02	217.75	92	220.50	350.01	94.55	267.36	88.28	236.68
206.92	328.44	88.72	250.89	82.68	222.10	93	224.92	357.00	96.44	272.70	90.09	241.40
210.97	334.87	90.47	255.80	84.36	226.44	94	229.32	364.00	98.34	278.05	91.91	246.14
215.32	341.78	92.33	261.08	86.15	231.10	95	234.05	371.50	100.36	283.78	93.85	251.21
219.67	348.68	94.19	266.34	87.94	235.77	96	238.77	378.99	102.39	289.51	95.80	256.27
224.02	355.59	96.07	271.63	89.73	240.46	97	243.50	386.50	104.42	295.24	97.74	261.35
228.37	362.49	97.93	276.89	91.52	245.11	98	248.23	394.00	106.44	300.97	99.69	266.43
233.00	369.84	99.91	282.51	93.42	250.09	99+	253.26	402.00	108.60	307.07	101.76	271.84

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

MONTHLY TOBACCO PREMIUMS*

ZIP CODES: 89001, 89003-008, 89010, 89013, 89017-029, 89034, 89037, 89039-043, 89045-050, 89060-061, 89067, 89070, 893-895, 897-898

FEMALE						Attained Age	MALE					
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35
119.91	190.34	51.42	145.39	46.52	128.71	65	130.35	206.90	55.90	158.04	50.82	139.91
119.91	190.34	51.42	145.39	46.52	128.71	66	130.35	206.90	55.90	158.04	50.82	139.91
119.91	190.34	51.42	145.39	46.52	128.71	67	130.35	206.90	55.90	158.04	50.82	139.91
123.92	196.69	53.14	150.25	48.17	133.00	68	134.69	213.79	57.76	163.31	52.60	144.57
127.25	201.97	54.56	154.28	49.53	136.57	69	138.31	219.53	59.31	167.70	54.09	148.45
129.90	206.20	55.70	157.51	50.63	139.43	70	141.21	224.15	60.55	171.22	55.28	151.57
134.57	213.62	57.71	163.18	52.56	144.45	71	146.28	232.18	62.73	177.36	57.37	157.00
139.58	221.55	59.86	169.23	54.61	149.80	72	151.71	240.80	65.05	183.95	59.60	162.83
144.57	229.48	61.99	175.29	56.66	155.17	73	157.15	249.43	67.38	190.54	61.83	168.66
149.23	236.88	63.99	180.95	58.58	160.18	74	162.21	257.48	69.56	196.67	63.92	174.11
154.22	244.81	66.13	186.99	60.64	165.53	75	167.64	266.08	71.89	203.25	66.16	179.92
158.89	252.21	68.13	192.66	62.56	170.55	76	172.71	274.14	74.06	209.41	68.25	185.38
163.89	260.14	70.27	198.71	64.61	175.91	77	178.14	282.77	76.39	216.00	70.48	191.20
168.90	268.08	72.41	204.78	66.67	181.27	78	183.57	291.38	78.72	222.57	72.71	197.03
173.75	275.79	74.50	210.67	68.67	186.48	79	188.87	299.78	80.99	229.00	74.89	202.71
179.22	284.46	76.85	217.30	70.92	192.36	80	194.80	309.20	83.54	236.20	77.34	209.08
183.54	291.33	78.71	222.54	72.70	197.00	81	199.50	316.67	85.54	241.88	79.27	214.13
188.20	298.74	80.70	228.20	74.62	202.01	82	204.56	324.71	87.72	248.03	81.36	219.57
193.21	306.69	82.84	234.26	76.68	207.37	83	210.01	333.34	90.05	254.63	83.59	225.40
198.20	314.61	84.99	240.32	78.73	212.73	84	215.44	341.95	92.38	261.22	85.83	231.23
202.87	322.02	87.00	245.98	80.66	217.75	85	220.50	350.01	94.55	267.36	87.91	236.67
206.86	328.35	88.70	250.82	82.29	222.04	86	224.85	356.90	96.42	272.63	89.70	241.34
211.19	335.22	90.55	256.07	84.07	226.67	87	229.55	364.37	98.44	278.34	91.64	246.40
215.20	341.57	92.27	260.92	85.73	230.98	88	233.89	371.26	100.29	283.59	93.42	251.04
219.52	348.45	94.13	266.18	87.51	235.61	89	238.60	378.74	102.32	289.30	95.37	256.11
223.84	355.30	95.99	271.41	89.29	240.27	90	243.32	386.22	104.34	295.02	97.30	261.16
228.51	362.71	97.98	277.08	91.20	245.27	91	248.39	394.26	106.50	301.16	99.38	266.60
233.17	370.13	99.99	282.73	93.13	250.29	92	253.45	402.31	108.68	307.31	101.47	272.04
237.84	377.52	101.98	288.38	95.04	255.28	93	258.53	410.34	110.85	313.45	103.55	277.47
242.49	384.91	103.98	294.03	96.97	260.28	94	263.58	418.39	113.03	319.60	105.64	282.91
247.49	392.85	106.12	300.09	99.02	265.64	95	269.03	427.02	115.36	326.19	107.88	288.75
252.50	400.78	108.27	306.13	101.08	271.00	96	274.45	435.62	117.69	332.77	110.11	294.57
257.49	408.72	110.42	312.21	103.14	276.39	97	279.89	444.25	120.02	339.36	112.35	300.40
262.49	416.65	112.57	318.27	105.20	281.74	98	285.32	452.88	122.34	345.94	114.59	306.24
267.82	425.11	114.84	324.72	107.38	287.46	99+	291.10	462.07	124.83	352.95	116.97	312.46

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

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MONTHLY NON-TOBACCO PREMIUMS*

ZIP CODES: 889, 89002, 89009, 89011-012, 89014-016, 89030-033, 89036, 89044, 89052-054, 89074, 89077, 89081, 89084-087, 891

FEMALE						Attained Age	MALE					
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35
128.58	204.10	55.14	155.91	49.88	138.02	65	139.78	221.86	59.94	169.47	54.49	150.02
128.58	204.10	55.14	155.91	49.88	138.02	66	139.78	221.86	59.94	169.47	54.49	150.02
128.58	204.10	55.14	155.91	49.88	138.02	67	139.78	221.86	59.94	169.47	54.49	150.02
132.88	210.92	56.98	161.12	51.65	142.62	68	144.43	229.25	61.94	175.13	56.40	155.02
136.45	216.58	58.51	165.44	53.11	146.45	69	148.31	235.41	63.60	179.83	58.00	159.18
139.30	221.12	59.73	168.90	54.29	149.52	70	151.43	240.36	64.93	183.60	59.28	162.53
144.31	229.07	61.88	174.98	56.36	154.89	71	156.86	248.98	67.27	190.19	61.52	168.36
149.67	237.57	64.19	181.47	58.56	160.64	72	162.69	258.22	69.76	197.25	63.91	174.61
155.02	246.08	66.47	187.97	60.75	166.39	73	168.51	267.47	72.25	204.32	66.31	180.86
160.02	254.01	68.62	194.04	62.82	171.77	74	173.95	276.10	74.59	210.90	68.55	186.70
165.38	262.51	70.92	200.51	65.02	177.51	75	179.76	285.33	77.09	217.95	70.95	192.93
170.39	270.45	73.06	206.59	67.08	182.88	76	185.21	293.97	79.42	224.56	73.19	198.79
175.74	278.96	75.35	213.08	69.29	188.64	77	191.02	303.22	81.91	231.62	75.57	205.03
181.11	287.47	77.65	219.59	71.49	194.38	78	196.84	312.45	84.41	238.67	77.97	211.28
186.32	295.73	79.89	225.91	73.64	199.97	79	202.52	321.46	86.84	245.56	80.31	217.37
192.18	305.04	82.41	233.01	76.05	206.27	80	208.89	331.57	89.58	253.28	82.93	224.21
196.82	312.41	84.40	238.64	77.96	211.25	81	213.93	339.57	91.73	259.38	85.00	229.62
201.81	320.35	86.54	244.71	80.02	216.63	82	219.35	348.20	94.06	265.97	87.24	235.45
207.18	328.87	88.84	251.21	82.22	222.37	83	225.20	357.44	96.56	273.05	89.64	241.70
212.54	337.36	91.13	257.70	84.43	228.12	84	231.02	366.69	99.06	280.11	92.04	247.95
217.54	345.31	93.29	263.77	86.49	233.50	85	236.44	375.33	101.39	286.69	94.27	253.79
221.83	352.10	95.12	268.96	88.25	238.09	86	241.11	382.71	103.39	292.35	96.19	258.80
226.47	359.46	97.10	274.59	90.15	243.06	87	246.15	390.73	105.56	298.47	98.27	264.22
230.76	366.27	98.94	279.80	91.93	247.69	88	250.81	398.11	107.55	304.11	100.18	269.20
235.39	373.65	100.93	285.43	93.83	252.66	89	255.86	406.13	109.72	310.23	102.26	274.63
240.03	381.00	102.93	291.04	95.74	257.64	90	260.92	414.15	111.88	316.36	104.34	280.04
245.04	388.95	105.07	297.11	97.80	263.01	91	266.35	422.77	114.21	322.95	106.57	285.88
250.04	396.90	107.22	303.18	99.87	268.39	92	271.78	431.41	116.54	329.54	108.81	291.72
255.04	404.83	109.36	309.23	101.91	273.75	93	277.22	440.02	118.87	336.12	111.04	297.54
260.03	412.75	111.50	315.29	103.98	279.10	94	282.65	448.65	121.21	342.72	113.28	303.38
265.39	421.26	113.80	321.79	106.18	284.85	95	288.48	457.90	123.70	349.78	115.68	309.63
270.76	429.76	116.10	328.28	108.39	290.60	96	294.30	467.13	126.20	356.84	118.08	315.87
276.12	438.29	118.41	334.80	110.60	296.38	97	300.13	476.38	128.70	363.90	120.48	322.13
281.47	446.79	120.71	341.29	112.80	302.11	98	305.96	485.63	131.19	370.96	122.87	328.39
287.19	455.85	123.14	348.20	115.15	308.25	99+	312.16	495.49	133.86	378.48	125.43	335.05

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MONTHLY TOBACCO PREMIUMS*

ZIP CODES: 889, 89002, 89009, 89011-012, 89014-016, 89030-033, 89036, 89044, 89052-054, 89074, 89077, 89081, 89084-087, 891

FEMALE						Attained Age	MALE					
Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan High F WM34	Plan G WM25	Plan High G WM36	Plan N WM35
147.80	234.60	63.38	179.20	57.34	158.64	65	160.66	255.02	68.90	194.80	62.64	172.44
147.80	234.60	63.38	179.20	57.34	158.64	66	160.66	255.02	68.90	194.80	62.64	172.44
147.80	234.60	63.38	179.20	57.34	158.64	67	160.66	255.02	68.90	194.80	62.64	172.44
152.74	242.43	65.50	185.19	59.37	163.93	68	166.01	263.51	71.19	201.29	64.83	178.19
156.84	248.94	67.25	190.16	61.05	168.33	69	170.47	270.59	73.10	206.70	66.66	182.97
160.11	254.16	68.66	194.14	62.40	171.86	70	174.05	276.28	74.64	211.04	68.14	186.81
165.87	263.29	71.13	201.12	64.78	178.04	71	180.30	286.18	77.32	218.60	70.71	193.51
172.04	273.07	73.78	208.59	67.31	184.64	72	187.00	296.80	80.18	226.72	73.46	200.70
178.19	282.85	76.41	216.06	69.83	191.26	73	193.69	307.43	83.05	234.85	76.21	207.89
183.93	291.97	78.88	223.04	72.21	197.44	74	199.94	317.35	85.73	242.41	78.79	214.60
190.09	301.74	81.51	230.48	74.74	204.03	75	206.63	327.96	88.61	250.52	81.55	221.76
195.85	310.87	83.97	237.46	77.10	210.21	76	212.88	337.90	91.29	258.11	84.12	228.49
202.00	320.64	86.61	244.92	79.64	216.82	77	219.57	348.53	94.15	266.23	86.87	235.67
208.17	330.42	89.25	252.41	82.17	223.43	78	226.26	359.14	97.02	274.33	89.62	242.85
214.16	339.92	91.83	259.67	84.64	229.85	79	232.79	369.50	99.82	282.26	92.31	249.85
220.89	350.62	94.72	267.83	87.42	237.09	80	240.10	381.11	102.97	291.13	95.33	257.71
226.23	359.09	97.01	274.30	89.61	242.81	81	245.90	390.31	105.44	298.14	97.70	263.93
231.97	368.21	99.47	281.27	91.98	248.99	82	252.13	400.22	108.12	305.72	100.28	270.63
238.14	378.01	102.11	288.74	94.51	255.60	83	258.85	410.86	110.99	313.85	103.03	277.82
244.30	387.77	104.75	296.21	97.04	262.20	84	265.54	421.48	113.87	321.96	105.79	285.00
250.04	396.91	107.23	303.18	99.42	268.39	85	271.77	431.41	116.54	329.53	108.35	291.71
254.97	404.71	109.33	309.15	101.43	273.67	86	277.14	439.90	118.84	336.03	110.56	297.47
260.30	413.18	111.61	315.63	103.63	279.38	87	282.94	449.11	121.33	343.07	112.95	303.70
265.24	421.00	113.73	321.60	105.66	284.70	88	288.29	457.60	123.62	349.55	115.15	309.43
270.57	429.48	116.02	328.08	107.86	290.41	89	294.09	466.81	126.12	356.58	117.54	315.67
275.90	437.93	118.31	334.53	110.05	296.14	90	299.91	476.04	128.60	363.63	119.93	321.89
281.65	447.07	120.77	341.51	112.41	302.31	91	306.15	485.95	131.27	371.20	122.49	328.60
287.40	456.20	123.25	348.49	114.79	308.49	92	312.39	495.87	133.95	378.78	125.07	335.31
293.15	465.32	125.70	355.44	117.14	314.65	93	318.65	505.77	136.63	386.35	127.64	342.00
298.89	474.42	128.17	362.40	119.52	320.81	94	324.88	515.69	139.32	393.93	130.21	348.71
305.05	484.21	130.80	369.88	122.05	327.41	95	331.59	526.32	142.19	402.05	132.97	355.90
311.22	493.98	133.44	377.33	124.58	334.03	96	338.28	536.93	145.06	410.16	135.72	363.07
317.38	503.78	136.10	384.82	127.13	340.66	97	344.98	547.56	147.93	418.28	138.48	370.26
323.53	513.55	138.74	392.29	129.66	347.26	98	351.68	558.20	150.80	426.40	141.23	377.46
330.11	523.97	141.54	400.24	132.35	354.31	99+	358.80	569.53	153.86	435.04	144.17	385.12

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

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 age. This annual premium change will occur on the first policy renewal date which coincides with or follows the policy anniversary date.

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 using this form issued in the same state to persons of the same classification.

Risk Class Rating

If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I – 10% or Class II – 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

Household Premium Discount

You are eligible for a household premium discount if for the past year you have resided with at least one, but not more than three, other adults who are age 60 or older. The discounted premium will be priced 12% lower than the rates illustrated.

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 World Life Insurance Company nor its agents are connected with Medicare. This outline of coverage 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 cover Part A benefits for benefit periods that begin while this policy is not in force, and other exclusions apply.