

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

BENEFIT PLANS A, F, HIGH DEDUCTIBLE F, G AND N

Benefit Chart of Medicare Supplement Plans Sold on or after January 1, 2020

NOTICE TO BUYER: This policy may not cover all of the costs associated with medical care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all the policy limitations.

Benefits	Plans Available to All Applicants									Medicare first eligible before 2020 only+	
	A	B	D	G	G ¹	K	L	M	N	C	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%	✓	✓ Copays apply ³	✓	✓
Blood (first 3 pints)	✓	✓	✓	✓	✓	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				

Note: A ✓ means 100% of the benefit is paid. +Only applicants first eligible for Medicare before January 1, 2020 may purchase Plans C, F and high deductible F. This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Every company must make Plan A available.

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 Plans F and G do not cover the separate Foreign travel emergency deductible. 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 copayment of up to \$20 for some office visits and up to a \$50 copayment for emergency room visits that do not result in an inpatient admission.

Basic Benefits

Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood – First three pints of blood each year.

Hospice – Part A coinsurance.

MonthlyNon-Tobacco PREMIUMS
ZIP CODES: 320-321, 323-329, 338-342, 344, 347

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
456.75	626.55	256.89	571.05	503.85	Thru 64	489.14	670.96	275.10	611.54	539.57
142.74	195.80	80.28	178.45	157.45	65	152.86	209.69	85.97	191.10	168.61
145.49	199.58	81.83	181.90	160.49	66	156.61	214.84	88.08	195.81	172.76
148.24	203.36	83.38	185.34	163.53	67	160.38	220.00	90.20	200.51	176.92
151.92	208.39	85.44	189.94	167.58	68	165.13	226.52	92.88	206.45	182.16
155.59	213.42	87.51	194.53	171.63	69	169.88	233.04	95.55	212.40	187.40
159.26	218.46	89.57	199.11	175.68	70	174.64	239.56	98.22	218.34	192.64
162.93	223.50	91.64	203.70	179.72	71	179.39	246.08	100.89	224.28	197.89
166.59	228.53	93.71	208.29	183.77	72	184.15	252.61	103.57	230.23	203.14
170.99	234.55	96.16	213.77	188.61	73	189.70	260.23	106.69	237.17	209.27
175.38	240.58	98.63	219.26	193.46	74	195.25	267.84	109.82	244.12	215.39
179.77	246.60	101.11	224.75	198.31	75	200.80	275.45	112.94	251.05	221.51
184.15	252.61	103.57	230.24	203.14	76	206.36	283.07	116.06	258.00	227.64
188.54	258.63	106.04	235.72	207.99	77	211.91	290.69	119.18	264.94	233.77
193.88	265.95	109.05	242.40	213.87	78	218.65	299.93	122.97	273.36	241.19
199.21	273.27	112.05	249.06	219.75	79	225.39	309.17	126.76	281.78	248.61
204.54	280.59	115.05	255.73	225.64	80	232.12	318.40	130.55	290.20	256.05
209.89	287.91	118.05	262.41	231.52	81	238.86	327.65	134.34	298.63	263.48
215.22	295.23	121.05	269.08	237.41	82	245.59	336.89	138.13	307.05	270.91
221.98	304.50	124.85	277.53	244.87	83	254.22	348.74	142.98	317.84	280.43
228.75	313.78	128.65	285.98	252.33	84	262.85	360.57	147.84	328.64	289.96
235.51	323.06	132.46	294.44	259.79	85	271.49	372.41	152.70	339.43	299.49
242.27	332.33	136.26	302.89	267.24	86	280.12	384.26	157.54	350.21	309.00
249.03	341.61	140.06	311.35	274.71	87	288.76	396.10	162.41	361.01	318.53
255.98	351.15	143.97	320.04	282.38	88	297.65	408.31	167.42	372.14	328.34
263.12	360.94	147.99	328.97	290.26	89	306.82	420.89	172.57	383.60	338.47
270.48	371.02	152.12	338.15	298.36	90	316.29	433.87	177.89	395.43	348.90
278.02	381.37	156.37	347.60	306.68	91	326.03	447.23	183.37	407.62	359.65
285.78	392.02	160.72	357.29	315.24	92	336.08	461.02	189.02	420.17	370.73
293.76	402.96	165.22	367.27	324.05	93	346.43	475.22	194.85	433.12	382.15
301.95	414.20	169.83	377.52	333.09	94	357.11	489.86	200.85	446.47	393.93
310.39	425.76	174.57	388.05	342.39	95	368.12	504.96	207.04	460.23	406.07
319.05	437.66	179.44	398.89	351.94	96	379.46	520.53	213.42	474.41	418.59
327.95	449.87	184.45	410.02	361.77	97	391.16	536.57	220.00	489.04	431.49
337.10	462.42	189.61	421.46	371.86	98	403.21	553.10	226.79	504.10	444.79
346.51	475.34	194.89	433.23	382.25	99+	415.63	570.14	233.77	519.64	458.49

‡Only individuals who are Disabled or have End Stage Renal Disease are eligible for coverage under the age of 65.

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

Monthly Tobacco PREMIUMS
ZIP CODES: 320-321, 323-329, 338-342, 344, 347

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
525.00	720.18	295.28	656.38	579.14	Thru 64	562.23	771.22	316.21	702.91	620.19
164.07	225.06	92.28	205.11	180.98	65	175.70	241.02	98.82	219.66	193.81
167.23	229.40	94.06	209.08	184.47	66	180.01	246.94	101.24	225.07	198.57
170.39	233.75	95.84	213.04	187.97	67	184.34	252.88	103.68	230.47	203.35
174.62	239.53	98.21	218.32	192.62	68	189.81	260.36	106.76	237.30	209.38
178.84	245.32	100.59	223.59	197.28	69	195.27	267.86	109.83	244.14	215.40
183.05	251.10	102.96	228.87	201.93	70	200.74	275.36	112.90	250.97	221.43
187.28	256.89	105.33	234.14	206.58	71	206.20	282.85	115.97	257.80	227.47
191.49	262.68	107.71	239.41	211.23	72	211.67	290.36	119.05	264.63	233.49
196.53	269.60	110.53	245.72	216.79	73	218.04	299.11	122.63	272.61	240.54
201.58	276.52	113.37	252.02	222.37	74	224.43	307.86	126.23	280.59	247.57
206.63	283.45	116.22	258.33	227.94	75	230.80	316.61	129.81	288.57	254.61
211.67	290.36	119.05	264.64	233.49	76	237.20	325.37	133.41	296.55	261.65
216.71	297.28	121.89	270.94	239.06	77	243.57	334.12	136.99	304.53	268.70
222.85	305.69	125.34	278.62	245.83	78	251.32	344.75	141.35	314.21	277.24
228.98	314.10	128.79	286.28	252.59	79	259.07	355.37	145.70	323.88	285.76
235.11	322.51	132.24	293.94	259.35	80	266.80	365.98	150.06	333.57	294.31
241.25	330.93	135.69	301.62	266.11	81	274.55	376.61	154.42	343.25	302.85
247.38	339.34	139.13	309.29	272.89	82	282.28	387.23	158.77	352.93	311.39
255.15	350.00	143.51	319.00	281.46	83	292.21	400.85	164.35	365.33	322.34
262.93	360.67	147.88	328.71	290.04	84	302.13	414.45	169.93	377.74	333.29
270.71	371.34	152.26	338.44	298.61	85	312.06	428.06	175.51	390.14	344.24
278.47	381.99	156.62	348.15	307.18	86	321.98	441.67	181.08	402.55	355.18
286.24	392.66	160.99	357.87	315.76	87	331.91	455.29	186.68	414.96	366.12
294.23	403.62	165.48	367.86	324.57	88	342.13	469.32	192.44	427.75	377.40
302.44	414.87	170.10	378.12	333.63	89	352.67	483.78	198.36	440.92	389.04
310.90	426.46	174.85	388.68	342.94	90	363.55	498.70	204.48	454.52	401.03
319.56	438.36	179.74	399.54	352.51	91	374.75	514.06	210.77	468.53	413.39
328.48	450.59	184.74	410.68	362.34	92	386.30	529.90	217.27	482.96	426.13
337.66	463.17	189.91	422.15	372.47	93	398.20	546.23	223.96	497.84	439.25
347.07	476.10	195.21	433.93	382.86	94	410.48	563.06	230.86	513.19	452.79
356.77	489.38	200.65	446.03	393.55	95	423.12	580.42	237.98	529.00	466.74
366.72	503.05	206.25	458.49	404.53	96	436.16	598.31	245.31	545.30	481.13
376.96	517.09	212.02	471.29	415.82	97	449.61	616.74	252.88	562.11	495.97
387.48	531.52	217.94	484.44	427.43	98	463.46	635.75	260.67	579.43	511.25
398.29	546.36	224.02	497.96	439.37	99+	477.74	655.34	268.70	597.29	527.00

‡Only individuals who are Disabled or have End Stage Renal Disease are eligible for coverage under the age of 65.

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

MonthlyNon-Tobacco PREMIUMS
ZIP CODES: 322, 335-337, 346, 349

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
487.79	669.13	274.35	609.86	538.09	Thru 64	522.38	716.56	293.80	653.10	576.24
152.44	209.10	85.74	190.58	168.15	65	163.25	223.94	91.82	204.09	180.07
155.38	213.14	87.39	194.26	171.40	66	167.26	229.44	94.06	209.11	184.50
158.32	217.18	89.05	197.94	174.64	67	171.27	234.95	96.33	214.14	188.94
162.24	222.55	91.25	202.85	178.97	68	176.36	241.91	99.19	220.48	194.54
166.16	227.93	93.46	207.75	183.29	69	181.43	248.88	102.05	226.84	200.14
170.08	233.31	95.66	212.65	187.62	70	186.51	255.84	104.90	233.18	205.74
174.00	238.69	97.86	217.55	191.94	71	191.58	262.80	107.75	239.53	211.34
177.92	244.06	100.07	222.45	196.26	72	196.66	269.78	110.61	245.87	216.94
182.61	250.50	102.70	228.30	201.43	73	202.59	277.91	113.94	253.29	223.49
187.29	256.93	105.34	234.16	206.61	74	208.52	286.04	117.28	260.71	230.02
191.98	263.36	107.98	240.03	211.78	75	214.45	294.17	120.61	268.11	236.56
196.66	269.78	110.61	245.88	216.94	76	220.39	302.31	123.95	275.53	243.11
201.35	276.21	113.25	251.74	222.12	77	226.31	310.44	127.28	282.95	249.65
207.06	284.03	116.46	258.87	228.41	78	233.51	320.32	131.33	291.94	257.59
212.75	291.84	119.66	265.99	234.69	79	240.70	330.18	135.38	300.93	265.51
218.45	299.66	122.87	273.11	240.97	80	247.89	340.04	139.43	309.92	273.45
224.15	307.48	126.08	280.24	247.25	81	255.09	349.92	143.47	318.92	281.39
229.84	315.29	129.27	287.37	253.55	82	262.28	359.78	147.52	327.92	289.32
237.07	325.20	133.34	296.39	261.51	83	271.50	372.44	152.70	339.44	299.49
244.29	335.10	137.40	305.42	269.48	84	280.72	385.08	157.89	350.97	309.67
251.52	345.02	141.46	314.45	277.44	85	289.94	397.72	163.07	362.49	319.84
258.73	354.91	145.52	323.48	285.41	86	299.16	410.37	168.25	374.01	330.00
265.95	364.83	149.58	332.51	293.38	87	308.38	423.02	173.45	385.55	340.18
273.38	375.01	153.75	341.79	301.57	88	317.88	436.06	178.80	397.43	350.65
281.00	385.47	158.05	351.32	309.98	89	327.68	449.49	184.30	409.67	361.47
288.86	396.24	162.46	361.13	318.63	90	337.78	463.35	189.98	422.31	372.61
296.91	407.29	167.00	371.22	327.52	91	348.19	477.63	195.83	435.32	384.09
305.20	418.66	171.65	381.58	336.66	92	358.92	492.35	201.87	448.73	395.93
313.72	430.34	176.45	392.23	346.07	93	369.98	507.52	208.09	462.56	408.12
322.47	442.35	181.37	403.18	355.73	94	381.38	523.15	214.50	476.82	420.70
331.49	454.70	186.43	414.42	365.66	95	393.14	539.28	221.12	491.51	433.66
340.73	467.40	191.63	426.00	375.86	96	405.25	555.90	227.92	506.66	447.03
350.24	480.44	196.99	437.89	386.35	97	417.74	573.03	234.95	522.27	460.81
360.01	493.85	202.49	450.11	397.14	98	430.61	590.69	242.20	538.36	475.02
370.06	507.64	208.14	462.67	408.23	99+	443.88	608.89	249.65	554.96	489.65

‡Only individuals who are Disabled or have End Stage Renal Disease are eligible for coverage under the age of 65.

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

MonthlyTobacco PREMIUMS
ZIP CODES: 322, 335-337, 346, 349

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
560.68	769.12	315.35	700.99	618.50	Thru 64	600.44	823.64	337.70	750.68	662.34
175.22	240.35	98.55	219.05	193.28	65	187.64	257.40	105.53	234.59	206.98
178.60	244.99	100.45	223.29	197.01	66	192.25	263.73	108.12	240.36	212.07
181.97	249.63	102.36	227.51	200.74	67	196.87	270.06	110.73	246.14	217.17
186.48	255.81	104.89	233.16	205.71	68	202.71	278.06	114.02	253.43	223.61
190.99	261.99	107.43	238.79	210.68	69	208.54	286.07	117.29	260.73	230.04
195.49	268.17	109.96	244.42	215.66	70	214.38	294.07	120.57	268.03	236.48
200.00	274.35	112.49	250.05	220.62	71	220.21	302.07	123.85	275.32	242.92
204.50	280.53	115.03	255.68	225.59	72	226.05	310.09	127.14	282.61	249.36
209.89	287.93	118.04	262.42	231.53	73	232.86	319.44	130.97	291.14	256.88
215.28	295.32	121.08	269.15	237.48	74	239.68	328.78	134.81	299.66	264.40
220.67	302.71	124.11	275.89	243.43	75	246.49	338.13	138.63	308.18	271.91
226.05	310.09	127.14	282.62	249.36	76	253.32	347.48	142.47	316.70	279.43
231.44	317.48	130.17	289.36	255.31	77	260.13	356.83	146.30	325.23	286.96
238.00	326.47	133.86	297.55	262.54	78	268.40	368.18	150.95	335.57	296.08
244.54	335.45	137.54	305.73	269.75	79	276.67	379.52	155.61	345.90	305.18
251.09	344.43	141.23	313.92	276.98	80	284.93	390.85	160.26	356.24	314.31
257.64	353.42	144.91	322.11	284.20	81	293.21	402.20	164.91	366.58	323.43
264.19	362.41	148.59	330.31	291.43	82	301.47	413.55	169.57	376.92	332.55
272.49	373.79	153.26	340.68	300.59	83	312.07	428.09	175.52	390.16	344.25
280.80	385.18	157.93	351.05	309.75	84	322.66	442.62	181.48	403.41	355.94
289.10	396.57	162.60	361.44	318.90	85	333.27	457.15	187.44	416.66	367.63
297.40	407.95	167.27	371.81	328.05	86	343.86	471.69	193.39	429.90	379.31
305.69	419.34	171.93	382.20	337.22	87	354.46	486.23	199.36	443.16	391.01
314.23	431.05	176.73	392.87	346.63	88	365.38	501.22	205.51	456.82	403.05
322.99	443.07	181.67	403.82	356.30	89	376.64	516.66	211.84	470.89	415.48
332.02	455.44	186.74	415.10	366.25	90	388.26	532.59	218.37	485.41	428.29
341.28	468.15	191.95	426.69	376.46	91	400.21	549.00	225.09	500.37	441.49
350.80	481.22	197.30	438.59	386.97	92	412.56	565.92	232.03	515.78	455.09
360.60	494.65	202.82	450.84	397.78	93	425.26	583.35	239.18	531.67	469.11
370.66	508.45	208.47	463.42	408.88	94	438.37	601.33	246.55	548.06	483.56
381.02	522.64	214.29	476.34	420.30	95	451.88	619.86	254.16	564.95	498.47
391.64	537.24	220.26	489.65	432.03	96	465.81	638.97	261.98	582.36	513.83
402.58	552.23	226.42	503.32	444.08	97	480.16	658.66	270.06	600.31	529.67
413.81	567.64	232.75	517.36	456.48	98	494.96	678.95	278.39	618.81	546.00
425.36	583.50	239.24	531.81	469.23	99+	510.20	699.88	286.96	637.88	562.82

‡Only individuals who are Disabled or have End Stage Renal Disease are eligible for coverage under the age of 65.

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

MonthlyNon-Tobacco PREMIUMS
ZIP CODES: 330 - 334

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
687.34	942.87	386.59	859.35	758.22	Thru 64	736.08	1,009.70	413.99	920.27	811.97
214.80	294.65	120.81	268.54	236.95	65	230.03	315.55	129.38	287.58	253.73
218.94	300.34	123.15	273.73	241.52	66	235.68	323.30	132.54	294.66	259.98
223.08	306.03	125.48	278.91	246.09	67	241.34	331.07	135.74	301.74	266.23
228.61	313.59	128.58	285.83	252.18	68	248.50	340.87	139.77	310.68	274.12
234.14	321.17	131.70	292.73	258.28	69	255.65	350.69	143.79	319.64	282.01
239.66	328.75	134.80	299.64	264.37	70	262.81	360.51	147.81	328.58	289.90
245.18	336.33	137.90	306.54	270.46	71	269.96	370.31	151.83	337.52	297.80
250.70	343.91	141.01	313.45	276.55	72	277.12	380.14	155.86	346.46	305.69
257.31	352.97	144.71	321.70	283.83	73	285.46	391.60	160.55	356.91	314.92
263.92	362.03	148.43	329.95	291.13	74	293.82	403.05	165.26	367.36	324.13
270.52	371.09	152.15	338.22	298.42	75	302.17	414.52	169.95	377.80	333.34
277.12	380.14	155.86	346.47	305.69	76	310.55	425.98	174.66	388.25	342.56
283.72	389.20	159.58	354.72	312.99	77	318.89	437.44	179.35	398.70	351.78
291.76	400.22	164.10	364.77	321.85	78	329.03	451.36	185.06	411.37	362.96
299.79	411.23	168.62	374.80	330.69	79	339.17	465.26	190.76	424.04	374.13
307.81	422.24	173.13	384.84	339.55	80	349.30	479.15	196.46	436.71	385.32
315.85	433.26	177.65	394.88	348.40	81	359.44	493.07	202.17	449.39	396.50
323.87	444.28	182.16	404.93	357.27	82	369.57	506.97	207.87	462.06	407.68
334.05	458.23	187.89	417.64	368.49	83	382.57	524.80	215.17	478.30	422.01
344.23	472.19	193.60	430.36	379.72	84	395.56	542.61	222.48	494.55	436.35
354.41	486.16	199.34	443.09	390.94	85	408.56	560.42	229.78	510.79	450.68
364.58	500.11	205.05	455.81	402.16	86	421.54	578.25	237.08	527.02	465.00
374.75	514.08	210.77	468.54	413.40	87	434.54	596.08	244.40	543.27	479.34
385.21	528.42	216.65	481.62	424.94	88	447.92	614.44	251.94	560.02	494.10
395.96	543.16	222.71	495.05	436.79	89	461.73	633.38	259.69	577.27	509.34
407.03	558.33	228.92	508.87	448.98	90	475.97	652.90	267.70	595.07	525.04
418.37	573.91	235.31	523.08	461.51	91	490.63	673.02	275.94	613.41	541.22
430.05	589.93	241.87	537.67	474.39	92	505.76	693.76	284.45	632.30	557.90
442.07	606.39	248.64	552.68	487.64	93	521.33	715.14	293.22	651.78	575.08
454.39	623.32	255.57	568.11	501.25	94	537.40	737.17	302.25	671.88	592.80
467.09	640.71	262.70	583.95	515.25	95	553.96	759.89	311.57	692.58	611.07
480.12	658.61	270.02	600.27	529.62	96	571.04	783.32	321.16	713.92	629.91
493.52	676.99	277.58	617.02	544.40	97	588.63	807.46	331.07	735.93	649.33
507.29	695.88	285.33	634.24	559.60	98	606.77	832.34	341.28	758.60	669.34
521.45	715.31	293.29	651.95	575.23	99+	625.46	857.98	351.78	781.98	689.96

‡Only individuals who are Disabled or have End Stage Renal Disease are eligible for coverage under the age of 65.

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

MonthlyTobacco PREMIUMS
ZIP CODES: 330 - 334

FEMALE					Issue Age	MALE				
Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35		Plan A UM20	Plan F UM23	Plan High F UM34	Plan G UM24	Plan N UM35
790.05	1,083.76	444.35	987.75	871.52	Thru 64	846.07	1,160.58	475.85	1,057.78	933.30
246.90	338.68	138.86	308.67	272.35	65	264.40	362.70	148.71	330.55	291.65
251.66	345.22	141.55	314.63	277.61	66	270.89	371.61	152.35	338.69	298.82
256.42	351.76	144.23	320.59	282.86	67	277.40	380.54	156.02	346.83	306.02
262.77	360.45	147.79	328.54	289.87	68	285.63	391.81	160.66	357.10	315.08
269.13	369.16	151.37	336.47	296.87	69	293.85	403.09	165.28	367.40	324.15
275.47	377.87	154.94	344.41	303.88	70	302.08	414.38	169.90	377.67	333.22
281.82	386.59	158.50	352.35	310.87	71	310.29	425.65	174.51	387.95	342.30
288.16	395.30	162.08	360.28	317.87	72	318.53	436.95	179.15	398.23	351.37
295.76	405.71	166.33	369.77	326.24	73	328.12	450.12	184.54	410.24	361.97
303.35	416.13	170.61	379.25	334.63	74	337.73	463.28	189.95	422.25	372.56
310.95	426.54	174.89	388.76	343.02	75	347.32	476.45	195.35	434.25	383.14
318.53	436.95	179.15	398.24	351.37	76	356.95	489.63	200.76	446.26	393.75
326.12	447.36	183.43	407.73	359.76	77	366.54	502.80	206.15	458.27	404.35
335.36	460.02	188.62	419.28	369.94	78	378.20	518.80	212.71	472.84	417.20
344.58	472.67	193.81	430.81	380.11	79	389.86	534.78	219.26	487.40	430.03
353.80	485.34	199.00	442.34	390.29	80	401.50	550.75	225.82	501.97	442.90
363.04	498.00	204.20	453.89	400.46	81	413.15	566.74	232.38	516.54	455.75
372.26	510.66	209.37	465.43	410.66	82	424.79	582.72	238.93	531.11	468.60
383.97	526.71	215.96	480.05	423.55	83	439.74	603.21	247.32	549.77	485.07
395.67	542.75	222.53	494.67	436.46	84	454.66	623.69	255.72	568.45	501.55
407.37	558.81	229.12	509.30	449.36	85	469.60	644.16	264.12	587.11	518.03
419.06	574.83	235.69	523.92	462.26	86	484.53	664.66	272.51	605.77	534.49
430.75	590.89	242.27	538.55	475.17	87	499.47	685.15	280.92	624.45	550.96
442.77	607.38	249.02	553.58	488.44	88	514.85	706.26	289.59	643.70	567.94
455.13	624.32	255.98	569.02	502.06	89	530.72	728.02	298.50	663.52	585.45
467.85	641.76	263.13	584.91	516.07	90	547.09	750.46	307.71	683.98	603.49
480.89	659.66	270.48	601.25	530.47	91	563.94	773.59	317.18	705.06	622.09
494.31	678.08	278.01	618.02	545.27	92	581.33	797.43	326.96	726.78	641.27
508.12	697.00	285.79	635.27	560.51	93	599.23	822.00	337.03	749.18	661.01
522.29	716.46	293.76	653.00	576.15	94	617.71	847.32	347.42	772.27	681.38
536.89	736.45	301.96	671.21	592.24	95	636.74	873.44	358.13	796.06	702.38
551.86	757.02	310.37	689.97	608.76	96	656.36	900.36	369.15	820.60	724.04
567.27	778.15	319.05	709.22	625.75	97	676.59	928.11	380.54	845.90	746.36
583.09	799.86	327.96	729.01	643.22	98	697.44	956.71	392.27	871.95	769.36
599.37	822.20	337.11	749.36	661.18	99+	718.92	986.19	404.35	898.83	793.06

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

PREMIUM INFORMATION

We United of Omaha Life Insurance Company can only raise the premium for all policies like yours in the state of Florida.

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 your payments.

NOTICE

Neither United of Omaha 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. Use this outline to compare benefits and premiums among policies.

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.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, and it is **NOT** an "Open Enrollment or Guaranteed Issue status application," be sure to answer truthfully and completely all questions about your medical and health history. The policy is issued on the basis that the answers to all questions and all information shown in the application are correct and complete. The company may cancel your policy and refuse to pay any claims if you make misstatements, leave out or falsify important information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

To review "Open Enrollment" timeframes please go to the following link on the Medicare.gov website:

<https://www.medicare.gov/supplement-other-insurance/when-can-i-buy-medigap/when-can-i-buy-medigap.html>