

UNITED OF OMAHA LIFE INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, G, AND M

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan “A.” Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

Basic Benefits included in ALL plans are:

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 3 pints of blood each year.
 Hospice: Part A coinsurance.

Plan A	Plan B	Plan C	Plan D	Plan F	F*	Plan G	Plan K	Plan L	Plan M	Plan N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Part B Deductible		Part B Deductible						
				Part B Excess (100%)		Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,800; paid at 100% after limit reached	Out-of-pocket limit \$2,400; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$2,110 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$2,110. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plans' separate foreign travel emergency deductible.

MONTHLY PREMIUMS*

ZIP CODES: 932-934, 93512-514, 93517, 93526-527, 93529, 93541, 93545, 93555, 93562, 936-940, 945, 950-961

NON-TOBACCO				Attained Age	TOBACCO			
Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30		Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30
196.60	273.06		217.08	Thru 64	225.98	313.86		249.52
99.92	138.77	123.50	110.33	65	114.85	159.51	141.96	126.82
104.41	145.02	129.07	115.28	66	120.01	166.69	148.35	132.51
109.11	151.55	134.88	120.48	67	125.42	174.19	155.03	138.48
114.02	158.36	140.94	125.90	68	131.06	182.03	162.00	144.71
119.07	165.38	147.19	131.48	69	136.86	190.09	169.18	151.13
124.12	172.38	153.42	137.04	70	142.66	198.14	176.34	157.52
129.14	179.36	159.63	142.59	71	148.44	206.16	183.48	163.90
134.18	186.35	165.86	148.16	72	154.22	214.20	190.64	170.30
139.22	193.36	172.09	153.73	73	160.02	222.25	197.80	176.70
141.79	196.93	175.27	156.56	74	162.98	226.36	201.46	179.95
144.39	200.53	178.48	159.43	75	165.96	230.49	205.15	183.25
149.46	207.59	184.76	165.03	76	171.79	238.60	212.36	189.69
154.66	214.81	191.18	170.77	77	177.77	246.91	219.74	196.29
160.18	222.47	198.00	176.87	78	184.12	255.71	227.59	203.29
165.91	230.43	205.09	183.20	79	190.71	264.86	235.73	210.57
171.50	238.20	212.00	189.37	80	197.13	273.79	243.68	217.67
176.96	245.77	218.73	195.39	81	203.41	282.50	251.41	224.59
182.21	253.07	225.23	201.19	82	209.44	290.89	258.88	231.25
187.25	260.06	231.46	206.75	83	215.23	298.92	266.04	237.64
192.04	266.73	237.39	212.05	84	220.74	306.59	272.87	243.74
196.60	273.06	243.03	217.08	85	225.98	313.86	279.34	249.52
200.85	278.95	248.27	221.77	86	230.86	320.64	285.37	254.91
204.76	284.40	253.12	226.10	87	235.36	326.90	290.94	259.88
208.35	289.38	257.55	230.05	88	239.49	332.62	296.03	264.43
211.12	293.22	260.97	233.11	89	242.67	337.03	299.97	267.95
213.24	296.17	263.58	235.46	90	245.11	340.43	302.97	270.64
215.37	299.13	266.22	237.80	91	247.55	343.83	306.00	273.33
217.54	302.13	268.90	240.18	92	250.04	347.28	309.08	276.07
219.71	305.16	271.58	242.60	93	252.54	350.75	312.16	278.85
221.92	308.21	274.31	245.03	94	255.08	354.26	315.30	281.65
224.14	311.31	277.06	247.49	95	257.63	357.82	318.46	284.47
226.39	314.44	279.86	249.97	96	260.22	361.42	321.67	287.33
228.65	317.58	282.64	252.48	97	262.82	365.03	324.88	290.21
230.95	320.75	285.46	254.99	98	265.46	368.68	328.12	293.10
230.95	320.75	285.46	254.99	99+	265.46	368.68	328.12	293.10

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

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

MONTHLY PREMIUMS*
ZIP CODES: 919-925, 930-931, 941-944, 946-949

NON-TOBACCO				Attained Age	TOBACCO			
Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30		Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30
235.92	327.67		260.50	Thru 64	271.18	376.64		299.42
119.91	166.53	148.20	132.40	65	137.82	191.41	170.35	152.18
125.29	174.02	154.88	138.34	66	144.01	200.02	178.02	159.01
130.94	181.86	161.85	144.58	67	150.50	209.03	186.04	166.18
136.83	190.04	169.13	151.08	68	157.27	218.43	194.40	173.66
142.88	198.46	176.63	157.78	69	164.23	228.11	203.02	181.36
148.94	206.85	184.10	164.45	70	171.20	237.76	211.61	189.03
154.97	215.23	191.55	171.11	71	178.12	247.39	220.18	196.68
161.01	223.63	199.03	177.79	72	185.07	257.04	228.77	204.36
167.06	232.03	206.51	184.47	73	192.03	266.70	237.36	212.04
170.15	236.31	210.32	187.87	74	195.58	271.63	241.75	215.94
173.27	240.64	214.17	191.31	75	199.16	276.59	246.18	219.90
179.35	249.10	221.71	198.04	76	206.15	286.32	254.84	227.63
185.59	257.77	229.41	204.93	77	213.32	296.29	263.69	235.55
192.22	266.97	237.60	212.24	78	220.94	306.86	273.11	243.95
199.10	276.51	246.10	219.84	79	228.85	317.83	282.88	252.69
205.81	285.84	254.40	227.25	80	236.56	328.55	292.41	261.20
212.36	294.93	262.48	234.47	81	244.09	339.00	301.70	269.50
218.66	303.69	270.28	241.43	82	251.33	349.06	310.66	277.50
224.70	312.07	277.75	248.10	83	258.27	358.70	319.25	285.17
230.45	320.08	284.87	254.46	84	264.88	367.90	327.44	292.49
235.92	327.67	291.64	260.50	85	271.18	376.64	335.21	299.42
241.02	334.75	297.93	266.12	86	277.03	384.76	342.45	305.89
245.71	341.29	303.74	271.31	87	282.43	392.28	349.13	311.86
250.03	347.26	309.05	276.06	88	287.39	399.15	355.24	317.31
253.34	351.86	313.16	279.74	89	291.20	404.44	359.96	321.54
255.89	355.40	316.30	282.55	90	294.13	408.51	363.56	324.77
258.45	358.95	319.46	285.36	91	297.07	412.59	367.20	328.00
261.05	362.56	322.68	288.22	92	300.05	416.73	370.89	331.29
263.66	366.19	325.90	291.12	93	303.05	420.90	374.60	334.62
266.30	369.85	329.17	294.04	94	306.09	425.12	378.36	337.98
268.96	373.57	332.47	296.99	95	309.15	429.39	382.15	341.36
271.67	377.32	335.83	299.97	96	312.26	433.70	386.01	344.79
274.38	381.09	339.17	302.98	97	315.38	438.04	389.85	348.25
277.14	384.90	342.55	305.99	98	318.55	442.42	393.74	351.72
277.14	384.90	342.55	305.99	99+	318.55	442.42	393.74	351.72

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

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

MONTHLY PREMIUMS*

ZIP CODES: 900-918, 93501-502, 93504-505, 93510, 93515-516, 93518-519, 93522-524, 93528, 93530-532, 93534-536, 93539, 93542-544, 93546, 93549-554, 93556, 93558, 93560-561, 93563, 93581, 93584, 93586, 93590-592, 93596, 93599

NON-TOBACCO					TOBACCO			
Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30	Attained Age	Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30
245.18	340.52		270.71	Thru 64	281.81	391.41		311.16
124.61	173.06	154.02	137.59	65	143.23	198.92	177.03	158.15
130.21	180.84	160.95	143.76	66	149.66	207.87	185.00	165.24
136.07	188.99	168.20	150.25	67	156.40	217.23	193.33	172.70
142.19	197.49	175.76	157.00	68	163.44	227.00	202.03	180.47
148.48	206.24	183.56	163.97	69	170.67	237.06	210.98	188.47
154.78	214.97	191.32	170.90	70	177.91	247.09	219.91	196.44
161.04	223.67	199.07	177.82	71	185.11	257.09	228.81	204.39
167.32	232.39	206.83	184.76	72	192.33	267.12	237.74	212.37
173.61	241.13	214.61	191.71	73	199.56	277.16	246.67	220.35
176.82	245.58	218.57	195.24	74	203.24	282.28	251.23	224.41
180.06	250.07	222.57	198.82	75	206.97	287.44	255.83	228.53
186.39	258.87	230.40	205.81	76	214.24	297.55	264.83	236.56
192.87	267.88	238.41	212.96	77	221.69	307.91	274.03	244.79
199.76	277.43	246.92	220.56	78	229.61	318.89	283.82	253.52
206.91	287.36	255.75	228.46	79	237.82	330.30	293.97	262.59
213.88	297.05	264.38	236.16	80	245.84	341.44	303.88	271.45
220.68	306.49	272.77	243.66	81	253.66	352.29	313.53	280.07
227.23	315.60	280.87	250.89	82	261.18	362.75	322.84	288.38
233.51	324.31	288.64	257.83	83	268.40	372.77	331.77	296.36
239.49	332.63	296.04	264.44	84	275.27	382.33	340.28	303.96
245.18	340.52	303.07	270.71	85	281.81	391.41	348.36	311.16
250.47	347.87	309.61	276.56	86	287.90	399.85	355.87	317.88
255.35	354.67	315.65	281.95	87	293.50	407.67	362.82	324.08
259.83	360.88	321.17	286.89	88	298.66	414.80	369.17	329.76
263.28	365.66	325.44	290.71	89	302.62	420.30	374.07	334.14
265.93	369.34	328.70	293.63	90	305.66	424.53	377.82	337.50
268.58	373.03	331.99	296.55	91	308.71	428.77	381.60	340.86
271.28	376.77	335.33	299.52	92	311.82	433.07	385.44	344.28
274.00	380.55	338.68	302.54	93	314.94	437.41	389.29	347.74
276.74	384.35	342.08	305.57	94	318.10	441.79	393.20	351.23
279.51	388.22	345.51	308.63	95	321.28	446.23	397.14	354.75
282.32	392.12	349.00	311.73	96	324.51	450.71	401.15	358.31
285.14	396.04	352.47	314.86	97	327.75	455.22	405.14	361.91
288.00	400.00	355.99	317.99	98	331.04	459.76	409.18	365.51
288.00	400.00	355.99	317.99	99+	331.04	459.76	409.18	365.51

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

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

MONTHLY PREMIUMS*
ZIP CODES: 926 - 928

NON-TOBACCO				Attained Age	TOBACCO			
Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30		Plan A UM20	Plan F UM23	Plan G UM24	Plan M UM30
296.06	411.20		326.90	Thru 64	340.30	472.64		375.74
150.47	208.98	185.98	166.15	65	172.95	240.21	213.77	190.98
157.23	218.38	194.36	173.60	66	180.72	251.01	223.40	199.54
164.31	228.21	203.11	181.43	67	188.86	262.31	233.46	208.54
171.71	238.48	212.24	189.59	68	197.36	274.11	243.96	217.92
179.30	249.05	221.65	198.00	69	206.09	286.26	254.77	227.58
186.91	259.58	231.03	206.37	70	214.84	298.37	265.55	237.21
194.47	270.09	240.38	214.73	71	223.53	310.45	276.30	246.81
202.05	280.63	249.76	223.11	72	232.24	322.56	287.08	256.45
209.65	291.17	259.15	231.50	73	240.97	334.68	297.87	266.09
213.52	296.55	263.93	235.76	74	245.43	340.86	303.37	270.99
217.43	301.98	268.77	240.08	75	249.92	347.10	308.93	275.96
225.07	312.60	278.22	248.52	76	258.70	359.31	319.80	285.66
232.90	323.48	287.89	257.16	77	267.70	371.81	330.91	295.59
241.22	335.02	298.17	266.34	78	277.26	385.08	342.72	306.14
249.85	347.00	308.84	275.87	79	287.18	398.85	354.98	317.09
258.27	358.70	319.25	285.17	80	296.86	412.30	366.95	327.78
266.49	370.11	329.38	294.24	81	306.30	425.41	378.60	338.20
274.39	381.10	339.17	302.97	82	315.39	438.04	389.85	348.24
281.98	391.62	348.55	311.34	83	324.11	450.14	400.63	357.86
289.19	401.66	357.49	319.33	84	332.40	461.68	410.91	367.04
296.06	411.20	365.97	326.90	85	340.30	472.64	420.66	375.74
302.45	420.07	373.87	333.96	86	347.65	482.84	429.73	383.86
308.35	428.28	381.16	340.47	87	354.42	492.28	438.12	391.35
313.76	435.77	387.83	346.43	88	360.64	500.89	445.79	398.20
317.92	441.55	392.99	351.04	89	365.43	507.53	451.71	403.49
321.12	446.00	396.92	354.57	90	369.10	512.64	456.23	407.55
324.33	450.45	400.90	358.10	91	372.79	517.76	460.80	411.61
327.59	454.97	404.93	361.69	92	376.54	522.96	465.43	415.73
330.86	459.53	408.97	365.33	93	380.30	528.19	470.08	419.92
334.18	464.13	413.08	368.99	94	384.12	533.48	474.80	424.13
337.52	468.79	417.22	372.69	95	387.96	538.84	479.57	428.38
340.92	473.50	421.43	376.43	96	391.86	544.26	484.40	432.68
344.33	478.24	425.63	380.21	97	395.78	549.70	489.23	437.02
347.78	483.01	429.87	383.99	98	399.74	555.19	494.11	441.37
347.78	483.01	429.87	383.99	99+	399.74	555.19	494.11	441.37

*See PREMIUM INFORMATION regarding Household Premium Discount rating.

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

Premium Information

We, United of Omaha, can only raise your premium if we raise the premium for all the policies like yours in California. Until you are age 90, your premium may change each year. This change will only be made on the first renewal date that coincides with or follows each anniversary of the policy date. Schedules of rates may vary depending upon your policy date.

Use this outline to compare benefits and premiums among policies.

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.

Thirty Day Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, 3316 Farnam Street, 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.

Disclosures

The policy may not fully cover all of your medical costs. Neither United of Omaha 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. For additional information concerning policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for a referral to your local HICAP office. HICAP is a service provided free of charge by the State of California. You may also contact the Consumer Affairs department of the California Department of Insurance after first contacting your agent or the insurance company for resolution of any problems. United World's toll-free customer service telephone number is shown on the face page of your policy. You can contact the Consumer Affairs department at California Department of Insurance, Consumer Service Division, 300 South Spring Street, South Tower, Los Angeles, CA 90013, (800) 927-HELP (4357).

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.

PLAN A
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,184	\$0	\$1,184 (Part A Deductible)
61 st through 90 th day	All but \$296 a day	\$296 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$148 a day	\$0	Up to \$148 a day
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
MEDICAL EXPENSES —IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLANS F AND G
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,184	\$1,184 (Part A Deductible)	\$0	\$1,184 (Part A Deductible)	\$0
61 st through 90 th day	All but \$296 a day	\$296 a day	\$0	\$296 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0	\$592 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$148 a day	Up to \$148 a day	\$0	Up to \$148 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES —IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES —TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$147 of Medicare Approved Amounts*	\$0	\$147 (Part B Deductible)	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS F AND G
 MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

PLAN M
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan M Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,184	\$592 (50% of Part A Deductible)	\$592 (50% of Part A deductible)
61 st through 90 th day	All but \$296 a day	\$296 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$148 a day	Up to \$148 a day	\$0
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/ coinsurance for outpatient drugs and inpatient respite care	Medicare copayment /coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN M
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan M Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**PLAN M
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

PARTS A AND B

Services	Medicare Pays	Plan M Pays	You Pay
HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$147 of Medicare Approved Amounts*	\$0	\$0	\$147 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year	\$0	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit



Guaranteed Issue and Open Enrollment Notice for California

Requirements for individuals who are eligible for Guaranteed Issue.

- (1) Enrolled under an employee welfare benefit plan that provides health benefits that supplement the benefits under Medicare, and the plan either terminates or ceases to provide all of those supplemental health benefits.
- (2) Enrolled in a Medicare Advantage organization under a Medicare Advantage plan under Medicare Part C, and any of the following apply:
 - (a) The certification of the organization or plan has been terminated; or
 - (b) The organization has terminated or otherwise discontinued providing the plan in the area in which the individual resides; or
 - (c) The individual is no longer eligible to elect the plan because of a change in the individual's place of residence or other change in circumstances specified by the secretary; or
 - (d) The Medicare Advantage plan in which the individual is enrolled reduces any of its benefits or increases the amount of cost sharing or premium or discontinues for other than good cause relating to quality of care, its relationship or contract under the plan with a provider who is currently furnishing services to the individual. An individual shall be eligible for a Medicare supplement policy issued by the same issuer through which the individual was enrolled at the time the reduction, increase, or discontinuance described above occurs or, commencing January 1, 2007, for one issued by a subsidiary of the parent company of that issuer or by a network that contracts with the parent company of that issuer. If no Medicare supplement policy is available to the individual from the same issuer, a subsidiary of the parent company of the issuer, or a network that contracts with the parent company of the issuer, the individual shall be eligible for a Medicare supplement policy issued by any issuer, if the Medicare Advantage plan in which the individual is enrolled does any of the following: increases the premium by 15 percent or more, increases physician, hospital, or drug copayments by 15 percent or more, reduces any benefits under the plan, or discontinues, for other than good cause relating to quality of care, its relationship or contract under the plan with a provider who is currently furnishing services to the individual.
 - (e) Enrollment in a Medicare supplement contract from an issuer unaffiliated with the issuer of the Medicare Advantage plan in which the individual is enrolled shall be permitted only during the annual election period for a Medicare Advantage plan, except where the Medicare Advantage plan has discontinued its relationship with a provider currently furnishing services to the individual. Nothing in this section shall be construed to authorize an individual to enroll in a group Medicare supplement policy if the individual does not meet the eligibility requirements for the group; or
 - (f) The individual demonstrates, either of the following:
 - The organization offering the plan substantially violated a material provision of the organization's contract in relation to the individual, including the failure to provide on a timely basis medically necessary care for which benefits are available under the plan or the failure to provide the covered care in accordance with applicable quality standards; or
 - The organization, or agent or other entity acting on the organization's behalf, materially misrepresented the plan's provisions in marketing the plan to the individual; or
 - (g) The individual meets other exceptional conditions as the secretary may provide.
- (3) Individual is 65 years of age or older, is enrolled with a Program of All-Inclusive Care for the Elderly (PACE) provider and circumstances exist that would permit discontinuance of the individual's enrollment with the provider, if the individual were enrolled in a Medicare Advantage plan.
- (4) Individual meets both of the following conditions:
 - (a) Individual is enrolled with any of the following:
 - An eligible organization under a contract of the Social Security Act (Medicare cost).
 - A similar organization operating under demonstration project authority, effective for periods before April 1, 1999.
 - An organization under an agreement of the Social Security Act (health care prepayment plan).
 - An organization under a Medicare Select policy; or
 - (b) Enrollment ceases under the same circumstances that would permit discontinuance of an individual's election of coverage under paragraph (2) or (3).
- (5) Individual is enrolled under a Medicare supplement policy, and enrollment ceases because of any of the following circumstances:
 - (a) Insolvency of the issuer or bankruptcy of the non-issuer organization, or other involuntary termination of coverage or enrollment under the policy; or
 - (b) The issuer of the policy substantially violated a material provision of the policy; or
 - (c) The issuer, or an agent or other entity acting on the issuer's behalf, materially misrepresented the policy's provisions in marketing the policy to the individual.
- (6) Individual meets both of the following conditions:
 - (a) The individual was enrolled under a Medicare supplement policy and terminates enrollment and subsequently enrolls, for the first time, with any Medicare Advantage organization under a Medicare Advantage plan under Medicare Part C, any

U8378_CA_0112

eligible organization under a contract of the Social Security Act (Medicare cost), any similar organization operating under demonstration project authority, any PACE provider of the Social Security Act, or a Medicare Select policy; and

- (b) The subsequent enrollment is terminated by the individual during any period within the first 12 months of the subsequent enrollment (during which the enrollee is permitted to terminate the subsequent enrollment).
- (7) Individual upon first becoming eligible for benefits under Medicare Part A at age 65 years of age, enrolls in a Medicare Advantage plan under Medicare Part C or with a PACE provider, and disenrolls from the plan or program not later than 12 months after the effective date of enrollment.
- (8) Individual while enrolled under a Medicare supplement policy that covers outpatient prescription drugs enrolls in a Medicare Part D plan during the initial enrollment period, terminates enrollment in the Medicare supplement policy, and submits evidence of enrollment in Medicare Part D along with the application for a policy.
- (9) During a period of guaranteed issuance of any Medicare supplement coverage, the applicant is not required to sign a HIPAA form.

Requirements for individuals who are eligible for Open Enrollment.

- (1) (a) A policy or certificate that is submitted prior to or during the six month period beginning with the first day of the first month in which an individual is both 65 years of age or older and is enrolled for benefits under Medicare Part B. Each Medicare supplement policy and certificate currently available from an issuer shall be made available to all applicants who qualify under this subdivision and who are 65 years of age or older.
- (b) An issuer shall make available Medicare supplement benefit plans A, B, C, and F if currently available to an applicant who qualifies under this subdivision who is 64 years of age or younger and who does not have end-stage renal disease. An issuer shall also make available to those applicants Medicare supplement benefit plan K or L, if currently available, or Medicare supplement benefit plan M or N, if currently available. The selection between Medicare supplement plan K or L and the selection between Medicare supplement benefit plan M or N shall be made at the issuer's discretion.
- (2) An individual enrolled in Medicare by reason of disability shall be entitled to open enrollment described in this section for six months after the date of enrollment in Medicare Part B, or if notified retroactively of eligibility for Medicare, for six months following notice of eligibility.
- (3) An individual enrolled in Medicare Part B is entitled to open enrollment described in this section for six months following:
 - (a) Receipt of a notice of termination or, if no notice is received, the effective date of termination from any employer-sponsored health plan including an employer-sponsored retiree health plan.
 - (b) Receipt of a notice of loss of eligibility due to the divorce or death of a spouse or, if no notice is received, the effective date of loss of eligibility due to the divorce or death of a spouse, from any employer-sponsored health plan including an employer-sponsored retiree health plan.
 - (c) Termination of health care services for a military retiree or the retiree's Medicare eligible spouse or dependent as a result of a military base closure or loss of access to health care services because the base no longer offers services or because the individual relocates.
- (4) An individual enrolled in Medicare Part B is entitled to open enrollment if the individual was covered under a policy, certificate, or contract providing Medicare supplement coverage but that coverage terminated because the individual established residence at a location not served by the plan.
- (5) An individual whose coverage was terminated by a Medicare Advantage plan shall be entitled to an additional 60-day open enrollment period to be added on to and run consecutively after any open enrollment period authorized by federal law or regulation, for any Medicare supplement coverage provided by Medicare supplement issuers and available on a guaranteed basis under state and federal law or regulation for persons terminated by their Medicare Advantage plan.
- (6) An individual shall be entitled to an annual open enrollment period lasting 30 days or more, commencing with the individual's birthday, during which time that person may purchase any Medicare supplement policy, that offers benefits equal to or lesser than those provided by the previous coverage.

I have read the Guaranteed Issue and Open Enrollment Notice and understand that if I am eligible for Guarantee Issue, I am not required to provide health information on my application.



Agent's Signature

Date

Applicant		Applicant B	
Signature 		Signature 	
Date		Date	

U8378_CA_0112

