



2014 Medicare Supplement Insurance Plans



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

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 Omaha Insurance Company can help you attain that secure feeling.

All Medicare supplement insurance allows you to

- Keep your doctors and health care providers
- See specialists without referrals
- Enjoy guaranteed coverage for life*

With an Omaha Insurance Company plan, you

- Receive benefits with no waiting period*
- Don't pay a policy fee

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

**OMAHA INSURANCE
COMPANY**

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

Select the Medicare Supplement Insurance Plan that's Right for You

Medicare Part A Hospital Insurance*	Medicare Pays	Plan A Pays	Plan F Pays	Plan G Pays
First 60 days	All but \$1,216			
Deductible	Nothing		\$1,216	\$1,216
Coinsurance 61-90 days	All but \$304 a day	\$304 a day	\$304 a day	\$304 a day
Coinsurance 91-150 days	All but \$608 a day	\$608 a day	\$608 a day	\$608 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
<i>Skilled Nursing Facility Care</i>				
First 20 days	100%			
Coinsurance 21-100 days	All but \$152 a day		Up to \$152 a day	Up to \$152 a day
<i>Hospice Care</i>				
Outpatient Prescription Drugs	All but \$5	\$5	\$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount	5% of Medicare's approved amount	5% of Medicare's approved amount
Medicare Part B Medical Insurance*				
Deductible	Nothing		\$147	
Coinsurance	Generally 80%	Generally 20%	Generally 20%	Generally 20%
Excess Benefits			100% up to Medicare's limit	100% up to Medicare's limit
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
Additional Benefit*				
Emergency Care Received Outside the U.S.	Nothing		80% to lifetime max of \$50,000	80% to lifetime max of \$50,000

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

Your Premium
\$ _____

Your Premium
\$ _____

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.

Deductible – Plans F and G pay the \$1,216 inpatient hospital deductible for each benefit period, which begins the first full day you're hospitalized and ends when you haven't been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance – All plans pay \$304 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 \$608 a day for each Lifetime Reserve day used.

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, all plans pay 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 – All plans pay Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – Plans F and G pay up to \$152 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.

Hospice Care Benefit

Outpatient Prescription Drugs – All plans pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – All plans pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

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.

Deductible – Plan F pays the \$147 calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, all plans pay generally 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 generally 20% of Medicare approved expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and G pay 100% of the difference, up to the charge limitation established by Medicare.

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

Additional Benefit

Medically Necessary Emergency Care Received Outside the U.S. – After you pay a \$250 calendar year deductible, Plans F and G pay you 80% of eligible expenses for health care you need because of a covered

injury or illness beginning during the first 60 days of each trip up to a lifetime maximum of \$50,000. Emergency care is care needed immediately because of an injury or an illness of sudden and unexpected onset.

Plan Overview

Of the 11 Medicare supplement insurance plans, Omaha Insurance Company offers you three coverages that can help pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and Omaha Insurance Company pay.** Plan A is available to persons under age 65 on Medicare due to a disability.

Your Medicare supplement insurance does not pay for:

- any expense incurred before your policy date
- expense incurred 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

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 Omaha Insurance Company.

Open enrollment means you can't be denied any Medicare supplement insurance policy if your application is submitted during the six-month period beginning with the first month in which you first enroll for Medicare Part B benefits at age 65 or older, or upon attaining age 65 if you were previously enrolled in Medicare Part B before turning age 65.

If you're under age 65, you can purchase any plan an insurer offers to people under age 65, during the six-month period beginning with the first month in which you first enroll for Medicare Part B benefits.

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.

You have a 30-day free look. If you're not satisfied with your policy, send it back to us within 30 days after receiving it, and we'll refund your premium. Then, this policy will be considered as though it were never issued.

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. This policy's benefits and premiums may be suspended for up to 24 months if you become entitled to Medicaid benefits. You must request that your policy

be suspended within 90 days of becoming entitled to Medicaid. If you lose (are no longer entitled to) Medicaid benefits, this policy can be reinstated if you request reinstatement within 90 days of losing such benefits and pay the required premium.

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, as you age, on the renewal date coinciding with or following the anniversary of your policy date; 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 that are renewed in the same state where you live at the same time we change premiums. 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.

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