

MUTUAL OF OMAHA INSURANCE COMPANY

## 2010 Medicare Supplement Insurance Plans



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.

You can be confident that your Medicare supplement 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 benefits amid an ever-changing political and economic environment.

Add our friendly personal customer service and affordable premiums and you have the financial value and security you seek.

We've got you covered.

Go play!

Medicare supplement insurance is underwritten by

**MUTUAL OF OMAHA  
INSURANCE COMPANY**

Mutual of Omaha Plaza  
Omaha, NE 68175

[mutualofomaha.com](http://mutualofomaha.com)

Policy Form M225-Plan A  
Policy Form M226-Plan C  
Policy Form M227-Plan F  
Policy Form M374-Plan G  
Policy Form M243-Plan J

# Choose the Medicare Supplement Plan That Meets Your Needs

<b>Services and Supplies</b>	<b>Medicare Pays</b>	<b>Medicare Supplement Plan A Pays</b>	<b>Medicare Supplement Plan C Pays</b>	<b>Medicare Supplement Plan F Pays</b>	<b>Medicare Supplement Plan G Pays</b>	<b>Medicare Supplement Plan J Pays</b>
<b>MEDICARE PART A HOSPITAL COVERAGE</b>						
Deductible	Nothing		\$1,100	\$1,100	\$1,100	\$1,100
First 60 days	100%					
Coinsurance 61-90 days	All but \$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day	\$275 a day
Coinsurance 91-150 days (Lifetime Reserve)	All but \$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day	\$550 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints
<b>SKILLED NURSING FACILITY CARE</b>						
First 20 days	100%					
Coinsurance 21-100 days	All but \$137.50 a day		Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day
<b>MEDICARE PART B PHYSICIAN'S SERVICES AND SUPPLIES</b>						
Deductible	Nothing		\$155	\$155		\$155
Coinsurance	80%	20%	20%	20%	20%	20%
Excess Benefits				100% up to Medicare's limit	80% up to Medicare's limit	100% up to Medicare's limit
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints	Three pints
<b>ADDITIONAL BENEFITS*</b>						
Emergency Care Received Outside the U.S.	Nothing		80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000	80% to lifetime max of \$50,000
At-home Recovery Visits	Nothing				\$1,600	\$1,600
Preventive Care	Nothing					\$120

**Your Premium      Your Premium      Your Premium      Your Premium      Your Premium**

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

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_

# Your Medicare Supplement Benefits

## MEDICARE PART A HOSPITAL COVERAGE

**Deductible** – Plans C, F, G and J pay the \$1,100 inpatient hospital deductible for each benefit period.

**First 60 Days** – After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

**Coinsurance** – Plans A, C, F, G and J pay \$275 a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive \$550 a day for each Lifetime Reserve day used.

**Extended Hospital Coverage** – When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, C, F, G and J pay the Medicare Part A eligible expenses for hospitalization, paid at the prospective payment system (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

**Benefit for Blood** – Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, C, F, G and J pay this deductible.

## SKILLED NURSING FACILITY CARE

**First 20 Days** – Medicare pays all eligible expenses.

**Coinsurance** – Plans C, F, G and J pay up to \$137.50 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.

## MEDICARE PART B PHYSICIAN'S SERVICES AND SUPPLIES

**Deductible** – Plans C, F and J pay the \$155 calendar-year deductible.

**Coinsurance** – After the Medicare Part B deductible, Plans A, C, F, G and J pay 20% of eligible expenses for physician's services and supplies, physical and speech therapy, and ambulance service.

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.

**Excess Benefits** – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans F and J pay 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

**Benefit for Blood** – Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, C, F, G and J pay this deductible.

## ADDITIONAL BENEFITS

**Emergency Care Received Outside the U.S.** – After you pay a \$250 calendar-year deductible, Plans C, F, G and J pay 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 illness.

**At-home Recovery Visits** – Plans G and J pay for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

**Preventive Care** – Plan J pays up to \$120 a calendar year for some annual physical and preventive tests and services administered or ordered by your doctor when they are not covered by Medicare.

# The Facts About Your Plan

**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.**

**Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care** include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

**Medicare Part B Eligible Expenses for Medical Services** include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

**"Medicare Eligible Expenses"** means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

**A Benefit Period** begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

**Coinsurance** is the portion of the eligible expense not paid by Medicare and paid by Mutual of Omaha.

**As Medicare deductibles and coinsurance increase,** your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

**Benefits are paid to you** or to 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.

**Your policy is guaranteed renewable.** Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on the application. If you select Plan J now, and later on you want to replace it with a different Mutual of Omaha Medicare supplement, your new policy will be guaranteed issue.

**You cannot be singled out for a rate increase, no matter how many times you receive benefits.** Your premium changes when the same premium change is made on all policies of the same form issued to persons of your classification (1) living in Washington if, at that time, you reside in Washington, or (2) living in the same geographic area of your current state if, at the time, you no longer reside in Washington.

**You are covered immediately.** There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

**Your Mutual of Omaha Medicare supplement insurance policy will 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

**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. Mutual of Omaha Insurance Company is licensed nationwide.