

> 2020 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 is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy life even more when you feel you've protected your financial resources.

A Medicare supplement insurance policy from Omaha Supplemental Insurance Company can help you attain that secure feeling.



With all Medicare supplement insurance policies, you

- > Keep your doctors and health care providers who accept Medicare patients
- > See specialists without referrals
- > Take your coverage with you throughout the U.S.
- > Enjoy guaranteed coverage for life

With our plan, you

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

Add our helpful customer service team and affordable premiums, and you have the financial value and security you seek.

Choose a Plan in Just Five Steps

Step 1: Understand Medicare Insurance Basics

Medicare helps pay your hospital and medical health care expenses.

Medicare Part A is Hospital Insurance

Includes coverage for hospital inpatient care and recovery care in skilled nursing facilities, hospice and home health care services

Medicare Part B is Medical Insurance

Helps cover some medically necessary services from doctors and other health care providers plus preventive services

Step 2: Know what Medicare Doesn't Pay

You already may be familiar with paying a portion of your health care costs. Medicare also requires you pay a share, including:

- > Medicare Part A hospital benefit-period deductible and coinsurance
- > Medicare Part B medical calendar-year deductible, generally 20% coinsurance and charges exceeding the Medicare eligible expense
- > Skilled nursing facility coinsurance

You may choose to pay these charges yourself or purchase a Medicare supplement insurance policy to help pay the difference.

Step 3: Learn what a Medicare Supplement Plan Can Do for You

Of the 11 Medicare supplement insurance plans, Omaha Supplemental Insurance Company offers you five coverages that can help pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. Of course, **there may be charges above what Medicare and Omaha Supplemental Insurance Company pay.**

All our plans offer you these features:

You're Covered Immediately

There is no waiting period for preexisting conditions and benefits are paid from the time your policy is in force.

Low Out-of-Pocket Costs

Your Medicare supplement and Medicare Parts A and B work together to minimize your share of health care costs. Plus, as Medicare deductibles, copayments and coinsurance increase, your Medicare supplement benefits also increase to help meet your eligible expenses.

No Provider Networks, No Referrals

You decide who you want to see for your care. Any health care provider who accepts Medicare patients accepts our Medicare supplement insurance. You won't have to find network providers or get referrals to see specialists.

Rarely Receive a Bill for Covered Services*

When your health care providers accept Medicare, they bill Medicare for the approved services. Medicare pays its share and we pay the rest. The entire process is electronic so your claims are paid quickly.

Keep Your Coverage

Your Medicare supplement insurance policy renews as long as you pay the premiums on time and make no material misrepresentations on the application.

What's more, the annual Medicare open enrollment and the Affordable Care Act annual election period don't affect your Medicare supplement insurance.

Your Coverage Goes with You from Coast to Coast

Just like Medicare, your Medicare supplement insurance covers your health care needs throughout the United States. That way, you can visit family and friends wherever you choose.

Emergency Care Anywhere in the World

Most Medicare supplement insurance plans provide limited medically necessary emergency care outside the country. The benefit is subject to a \$250 deductible, 20% coinsurance for health care you need because of a covered injury or illness beginning during the first 60 days of each trip and a lifetime maximum of \$50,000.

* Non-participating providers can charge beneficiaries the 20% coinsurance plus an additional amount up to a total of 115% of their reduced allowed amount.



Step 4: Consider How Much Medicare Supplement Coverage You Need

To help you decide which Medicare supplement insurance plan is right for you, think about what you want the plan to pay and what you can budget for. See the Plan chart in Step 5 for current benefit amounts.

I want my Omaha Supplemental Insurance Company Medicare supplement plan to help cover these costs that Medicare doesn't:

- Medicare Part A hospital deductible
- Medicare Part B medical deductible
- Medicare Part B medical coinsurance
- Medicare Part B medical excess charges
- Skilled nursing facility coinsurance
- Emergency care received outside the U.S.

Budget-Sensitive Options

Ask us how you could save with our cost-sharing plans and premium discount for people living together, as eligible.



Step 5: 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	Plan N Pays
Deductible	Nothing		\$1,408	\$1,408	\$1,408
First 60 days	All but \$1,408				
Coinsurance 61-90 days	All but \$352 a day	\$352 a day	\$352 a day	\$352 a day	\$352 a day
Coinsurance 91-150 days	All but \$704 a day	\$704 a day	\$704 a day	\$704 a day	\$704 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints	Three pints
Skilled Nursing Facility Care					
First 20 days	100%				
Coinsurance 21-100 days	All but \$176 a day		Up to \$176 a day	Up to \$176 a day	Up to \$176 a day
Hospice Care					
Outpatient Prescription Drugs	All but \$5	\$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	5% of Medicare's approved amount
Medicare Part B Medical Insurance*					
Deductible	Nothing		\$198		
Coinsurance	Generally 80%	Generally 20%	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	Three pints
Additional Benefit*					
Emergency Care Received Outside the U.S.	Nothing		Generally 80% to lifetime max of \$50,000	Generally 80% to lifetime max of \$50,000	Generally 80% to lifetime max of \$50,000

**Your
Premium**
\$ _____

**Your
Premium**
\$ _____
\$ _____

**Your
Premium**
\$ _____

**Your
Premium**
\$ _____

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

** Plan N requires up to a \$20 copayment for some office visits and up to a \$50 copayment for emergency room visits.

***Plan F is only available to applicants that are Medicare eligible before 2020.



Step 5, Continued Medicare Part A Hospital Coverage

Deductible – All plans, except Plan A, pay the 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 Medicare's coinsurance 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 (the 60 Medicare Lifetime Reserve days), the plans pay the coinsurance.

Extended Hospital Coverage – When you're in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 Medicare Lifetime Reserve days, 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, G and N pay the coinsurance 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

Deductible – Plan F pays the calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, all plans pay generally 20% of eligible expenses. With Plan N, you pay up to a \$20 copayment for some office visits and up to a \$50 copayment for emergency room visits.

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 resulting in excess charges. When that happens, 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, all plans, except Plan A, 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.

Glossary

Benefit Period – 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 – An amount, usually a percentage, you may be required to pay as your share of the cost for services after you pay any deductibles.

Copayment – A set dollar amount you may be required to pay as your share of the cost for a medical service or supply.

Deductible – The dollar amount you must pay before Medicare or Medicare supplement insurance pays.

Emergency Care – Care needed immediately because of an injury or an illness of sudden and unexpected onset.

Excess Charge – When the amount a provider is legally permitted to charge is higher than the Medicare-approved amount.

Hospital Inpatient Care – Eligible expenses include charges for semiprivate room and board, general nursing and miscellaneous services and supplies.

Medicare-Approved Amount – The amount a health care provider who accepts assignment can be paid. It may be less than the actual amount a provider charges. Medicare pays part of this amount and you're responsible for the difference.

Medicare Eligible Expenses – Charges covered by Medicare Parts A and B to the extent Medicare recognizes them as reasonable and medically necessary.

Medicare Lifetime Reserve Days – After you've been in the hospital for more than 90 days, Medicare pays for another 60 days of hospitalization during your lifetime. A daily coinsurance applies.

Open Enrollment – 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. Open enrollment period begins on the first day of the month in which you are first enrolled in Medicare Part B.

Skilled Nursing Facility Care – Medicare pays eligible charges in a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.





Underwritten by:

OMAHA SUPPLEMENTAL INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

3300 Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

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.

Plan A is available to persons under age 65 on Medicare due to a disability.

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.

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 contains details about your household discount eligibility.

This Medicare supplement insurance does not pay for:

- expenses you incur while your policy is not in force; except as provided in the EXTENSION OF BENEFITS section
- hospital or skilled nursing facility charges incurred prior to the coverage effective date of this policy
- any expense you incur which is paid for by Medicare
- any expense that is payable under any other insurance plan, policy, or certificate, or any employee benefit plan, which pays benefits on an expense-incurred basis
- non-Medicare eligible expenses, including, but not limited to, routine exams, take-home drugs, and eye refractions
- services for which a charge is not normally made in the absence of insurance
- loss or expense that is payable under another 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 and limitations, 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 Supplemental Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.