



> 2018 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-atheart. 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 Insurance Company can help you attain that secure feeling.



With a Medicare supplement insurance policy, 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.
- > Don't pay a policy fee with our plan
- > Enjoy guaranteed coverage for life
- > Receive benefits with no waiting period

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

Your Omaha Insurance Company Medicare supplement insurance policy helps 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 Insurance Company pay.

All 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. With this additional insurance coverage, even unexpected medical events aren't likely to impact your financial health. 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.



Step 4: Consider How Much Medicare Supplement Coverage You Need

To help you decide which Medicare supplement insurance benefits are 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.

In addition to the Omaha Insurance Company Medicare supplement plan benefits, I want my coverage to help pay these costs with optional benefit riders:

- ☐ Medicare Part A hospital deductible (Rider 0NR3F)
- □ Medicare Part B medical deductible (Rider 0NR4F)
- □ Medicare Part B medical excess charges (Rider ONR6F)
- Annual physical examination, preventive screening tests and services (Preventive Medical Care Rider ONR5F)



Step 5: Select the Medicare Supplement Coverage that's Right for You

Medicare Part A Hospital Insurance*	Medicare Pays	Medicare Supplement Insurance Pays
Deductible	Nothing	Nothing
First 60 days	100%	Nothing
Coinsurance 61-90 days	All but \$335 a day	\$335 a day
Coinsurance 91-150 days	All but \$670 a day	\$670 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses
Benefit for Blood	All but three pints	Three pints
Skilled Nursing Facility Care		
First 20 days	100%	Nothing
Coinsurance 21-100 days	All but \$167.50 a day	Up to \$167.50 a day
Hospice Care		
Outpatient Prescription Drugs	All but \$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount
Medicare Part B Medical Insurance*		
Deductible	Nothing	Nothing
Coinsurance	80%	20%
Benefit for Blood	All but three pints	Three pints
Medicare Supplement Insurance Optional Benefit Riders*		
Part A Deductible Rider 0NR3F	Nothing	\$1,340
Part B Deductible Rider 0NR4F	Nothing	\$183
Part B Excess Charges Rider 0NR6F	Nothing	100% of the difference between the actual charge and the limiting charge
Preventive Medical Care Rider 0NR5F	Nothing	Up to \$120 a year
		Your Premium \$

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

Step 5, Continued Medicare Part A Hospital Coverage

Coinsurance – Your plan pays 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), your plan pays 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, your plan pays 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 – Your plan pays Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Skilled Nursing Facility Care Benefit

Coinsurance – Your plan pays 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 – Your plan pays \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – Your plan pays 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

Coinsurance – After the Medicare Part B deductible, your plan pays 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 20% of eligible expenses will be paid.

Benefit for Blood – Your plan pays Medicare's one calendar-year deductible for blood that is the cost of the first three pints needed.

Additional Benefits

Your Medicare supplement insurance policy – Pays some expenses not paid for by Medicare, or paid under any other part of this policy, for home health care services, medical emergency care outside the U.S., alcoholism, chemical dependency or drug addiction treatment, scalp hair prostheses, phenylketonuria, diabetes equipment



and supplies not covered under Medicare Part D, routine prostate cancer screening, routine screening procedures for cancer, temporomandibular join disorder and craniomandibular disorder, reconstructive surgery, surgical center services and immunizations. See your outline of coverage for specific benefits and limitations.

Optional Benefits

Part A Deductible Rider (ONR3F) – Pays the inpatient hospital deductible for each benefit period.

Part B Deductible Rider (ONR4F) – Pays the Medicare Part B medical annual deductible.

Part B Excess Charges Rider (ONR6F) – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, the rider pays 100% of the difference, up to the charge limitation established by Medicare.

Preventive Medical Care Rider (ONR5F) – Pays up to \$120 a year for covered preventive screening tests and services and an annual physical examination.

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.

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.

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 INSURANCE COMPANY**

A Mutual of Omaha Company Omaha, NE 68175



This is a Basic Medicare supplement insurance policy as defined by the State of Minnesota.

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 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 in the same geographic area of your state.

- This Medicare supplement insurance does 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

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