

OMAHA INSURANCE COMPANY
3300 Mutual of Omaha Plaza
OMAHA, NEBRASKA 68175
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

BASIC PLAN

The Commissioner of Insurance of the State of Minnesota has established two categories of Medicare Supplements and minimum standards for each, with the extended basic Medicare Supplement being the most comprehensive and the basic Medicare Supplement being the least comprehensive. This chart shows the benefits in the Basic Medicare Supplement plan.

Basic—Policy Form NM26

Hospitalization: Part A Coinsurance

Medical Expenses: Part B Coinsurance

Blood: First 3 pints of blood each year

Skilled Nursing Coinsurance

0NR3F Part A Deductible Rider*

0NR4F Part B Deductible Rider* (Medicare first eligible before 2020 only)

0NR5F Preventive Care Rider*

Foreign Travel Emergency

Hospice Care

0NR6F REV Part B Excess Rider*

PREMIUM INFORMATION

We, Omaha Insurance Company, will renew the policy each time you pay us the premium. It must be by the date it is due or during the 31 days that follow. Your policy stays in force during this 31-day period. Your premium cannot be changed unless we make the same change on all policies of this form owned by persons in your classification which are renewed in the state where you live at the time we change the premium. Any such change can be made on any renewal date. We will give you 30 days advance written notice required by your state prior to any premium change. Any premium change is subject to approval by the Minnesota Department of Commerce. Schedules of rates may vary depending on your Policy Date.

“Persons in Your Classification” means all persons having the same benefits geographic variations and tobacco use.

*Optional riders available for Part A Deductible, Part B Excess, Medicare Part B Deductible and Preventive Health Services.

**OMAHA INSURANCE COMPANY
OMAHA, NEBRASKA
MONTHLY PREMIUMS**

ZIP CODES: 550-551, 553-554, 556 - 567

NON-TOBACCO—MONTHLY PREMIUMS		TOBACCO—MONTHLY PREMIUMS	
Basic—Policy Form NM26	\$ 251.80	Basic—Policy Form NM26	\$ 289.43
All Ages		All Ages	
<u>Optional Riders</u>		<u>Optional Riders</u>	
Part A Deductible Rider 0NR3F	\$ 38.03	Part A Deductible Rider 0NR3F	\$ 43.71
Preventative Medical Care Rider 0NR5F	\$ 5.79	Preventative Medical Care Rider 0NR5F	\$ 6.66
Part B Excess Rider 0NR6F REV	\$ -	Part B Excess Rider 0NR6F REV	\$ -
Part B Deductible Rider 0NR4F	\$ 18.83	Part B Deductible Rider 0NR4F	\$ 18.83

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

The policy provides an anticipated loss ratio of 65%. This means that, on average, Policyholders may expect that at least \$65.00 of every \$100.00 in premium will be returned as benefits to the Policyholders over the life of the contract. The lowest percentage permitted by state law for this policy or certificate is 65%.

DISCLOSURES

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.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Omaha Insurance Company, 3300 Mutual of Omaha Plaza, 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, within 10 days.

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.

NOTICE

The policy may not fully cover all of your medical costs. Neither Omaha Insurance Company 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.

RENEWABILITY OF POLICY

Your policy is guaranteed renewable. Unless there has been a material misrepresentation, we cannot cancel your certificate as long as you pay the required premium when it is due.

THE POLICY DOES NOT COVER ALL MEDICAL EXPENSES BEYOND THOSE COVERED BY MEDICARE. THE POLICY DOES NOT COVER ALL SKILLED NURSING HOME CARE EXPENSES AND DOES NOT COVER CUSTODIAL OR RESIDENTIAL NURSING CARE. READ YOUR POLICY CAREFULLY TO DETERMINE WHICH NURSING HOME FACILITIES AND EXPENSES ARE COVERED BY YOUR POLICY.

We will not pay for services for which a charge is normally not made where there is no insurance. In addition, no benefits are payable for expense incurred before the coverage effective date.

BASIC PLAN – NM26
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 NM26 Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,632	\$0 \$1,632 with Optional Part A Deductible Benefit Rider 0NR3F	\$1,632 (Part A Deductible) \$0
61 st through 90 th day	All but \$408 a day	\$408 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$816 a day	\$816 a day	\$0
Beyond the additional 150 days	\$0	100% of Medicare Eligible Expenses	\$0
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 \$204 a day	Up to \$204 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

BASIC PLAN – NM26

MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

Services	Medicare Pays	Plan NM26 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 \$240 of Medicare Approved Amounts**	\$0	\$0 \$240 with Optional Benefit Rider 0NR4F	\$240 (Part B Deductible) \$0
Remainder of Medicare Approved Amounts	80%	20%***	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0 100% with Rider 0NR6F REV	All costs \$0
BLOOD First 3 pints	\$0	All costs	\$0
Next \$240 of Medicare Approved Amounts**	\$0	\$0 \$240 with Optional Benefit Rider 0NR4F	\$240 (Part B Deductible) \$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**Once you have been billed \$240 of Medicare Approved Amounts for covered services, your Part B Deductible will have been met for the calendar year.

*** Part B coinsurance (generally 20% of Medicare approved expenses), or in the case of hospital outpatient department services under a prospective payment system, applicable copayments.

BASIC PLAN – NM26
PARTS A AND B

Services	Medicare Pays	Plan NM26 Pays	You Pay
HOME HEALTH CARE – MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$240 of Medicare Approved Amounts*	\$0	\$0 \$240 with Optional Benefit Rider 0NR4F	\$240 (Part B Deductible) \$0
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 travel outside the USA (hospital, medical expense and supplies)	\$0	80% of covered expenses	Expenses not paid by Medicare or the policy
PREVENTIVE MEDICAL CARE BENEFIT – NOT COVERED BY MEDICARE Annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare. First \$120 each calendar year	\$0	\$0 \$120 with Optional Benefit Rider 0NR5F	\$120 \$0
Additional Charges	\$0	\$0 \$0 with Optional Benefit Rider 0NR5F	All Costs All Costs

The charts summarizing Medicare benefits only briefly describe the benefits. The Health Care Financing Administration or its Medicare publication should be consulted for further details and limitations.

Your Policy also provides the following benefits:

1. **Alcoholism and Chemical Dependency Treatment Benefit.** We will pay the usual and customary charge for the treatment of alcoholism or chemical dependency on the same basis as any other sickness or injury and as if Medicare paid benefits when treatment is provided in: (a) a licensed hospital; (b) a residential treatment program licensed by the state of Minnesota pursuant to diagnosis or recommendation by a doctor of medicine; or (c) a nonresidential treatment program approved or licensed by the state of Minnesota. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.
2. **Scalp Hair Prosthesis.** We will pay the expense incurred on the same basis as any other Sickness or Injury and as if Medicare paid benefits for a scalp hair prosthesis needed because of hair loss suffered as a result of alopecia areata. This benefit is limited to a maximum of one scalp hair prosthesis per benefit year. Amounts in excess of the Usual and Customary Charge are not considered expense. Benefits are not payable for that portion of expense that is paid by Medicare or paid under any other part of this policy.
3. **Routine Screening Procedures for Cancer.** We will pay the expense incurred that is not paid by Medicare or paid under any other part of your policy for routine screening procedures for cancer and the office or facility visit, including mammograms, digital breast tomosynthesis, surveillance tests for ovarian cancer for women at risk for ovarian cancer, Pap smears and colorectal screening tests for men and women when ordered or provided by a physician in accordance with the standard practice of medicine.
4. **Temporomandibular Joint Disorder and Craniomandibular Disorder.** Benefits are payable for the surgical and nonsurgical treatment of temporomandibular joint disorder and craniomandibular disorder on the same basis as that for treatment to any other joint in the body. Such treatment must be administered or prescribed by a physician or dentist. Benefits are not payable under this part of your policy for any expense payable under another part of the policy.
5. **Reconstructive Surgery.** Benefits are payable for reconstructive surgery on the same basis as that for any other surgery if the reconstructive surgery is incidental to or follows surgery resulting from injury, sickness or other disease of the involved part. This benefit includes reconstructive surgery following a mastectomy, for all stages of reconstruction of the breast on which the mastectomy has been performed, surgery and reconstruction of the other breast to produce a symmetrical appearance, and prosthesis and physical complications at all stages of a mastectomy, including lymphedemas, in a manner determined in consultation with the attending physician and you. Benefits are not payable under this policy for an expense payable under another part of the policy.
6. **Outpatient Services Benefit.** We will pay the usual and customary charge for a health care treatment or surgery on an outpatient basis at a facility equipped to perform these services, whether or not the facility is part of a hospital. We will pay benefits on the same basis as if you had received the health care treatment or surgery at a hospital. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.
7. **Immunization Benefits.** We will pay the usual and customary charge for immunizations you receive when recommended by a physician and not covered under Part D of Medicare. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.

8. **Phenylketonuria Treatment.** Benefits are payable for special dietary treatment for phenylketonuria when recommended by a physician.
9. **Diabetes Equipment and Supplies.** We will pay 80% of the usual and customary charge not covered by Medicare or Medicare Part D for all physician-prescribed medically appropriate and necessary equipment and supplies used in the management and treatment of diabetes, including gestational, type I or type II diabetes. We will also pay diabetes outpatient self-management training and education, including medical nutrition therapy, that is provided by certified, registered, or licensed health care professional working in a program consistent with the national standards of diabetes self-management education as established by the American Diabetes Association. This benefit is limited to equipment and supplies not covered by Medicare Part D, whether or not you are enrolled in Medicare Part D. Benefits under this provision are not payable for any portion of expense that is paid under any other part of your policy.
10. **Routine Prostate Cancer Screening.** We will pay the usual and customary charge for prostate cancer screening for: (a) men who are 50 years of age or older; and (b) men who are 40 years of age or older who are symptomatic or at a high risk of developing prostate cancer. Screening must consist of at least: (a) a prostate-specific antigen blood test; and (b) a digital rectal examination.
11. **Court Ordered Mental Health Treatment Benefits.** Are payable for court ordered mental health treatment that is based on an evaluation and recommendation for such treatment or services by a physician or licensed psychologist. Benefits are not payable for any portion of expense that is paid under any other part of the policy.
12. **Physical and Occupational Therapy Services.** We will pay the allowable amount not paid by Medicare, less the Part B Deductible if applicable.
13. **Treatment of Lyme Disease.** We will pay benefits for diagnosed Lyme disease as any other medical service. Benefits will not be payable for that portion of expense that is paid by Medicare or under any other part of your policy.
14. **Ventilator Dependency.** Benefits are payable for up to 120 hours of services provided by a private duty nurse or personal care assistant to a ventilator dependent person during the time the ventilator dependent person is in a hospital. Benefits are not payable for any portion of expense that is paid under any other part of your policy.

OPTIONAL COVERAGE AVAILABLE FOR BASIC PLAN - NM26 (check if applied for)

☐ **0NR6F REV - Part B Excess Rider**

We will pay 100% of the difference between the actual charge billed to Medicare Part B for your medical expenses and the amount approved by Medicare Part B. The excess charges we will pay may not exceed any charge limitation established by Medicare or state law.

☐ **0NR3F - Medicare Part A Hospital Deductible Benefits Rider**

If you are confined in a hospital, we will pay 100% of the Medicare Part A inpatient hospital deductible amount due for each benefit period.

☐ **0NR5F - Preventive Medical Care Rider**

We will pay 100% of the Medicare-approved amount of the actual charges, as if Medicare were to cover the service, as identified in the American Medical Association's Current Procedural Terminology (AMA CPT) codes, to a maximum of \$120.00 per calendar year. Benefits under this rider are not payable for any portion of expense that is paid under any part of your policy.

We will provide coverage for:

- (a) preventive screening tests and preventive services that your attending physician determines to be medically appropriate in selection and frequency; and
- (b) an annual clinical preventive medical history and physical examination that may include preventive screening tests and preventive services, and patient education to address preventive health care measures.

☐ **0NR4F - Medicare Part B Deductible Rider**

We will pay 100% of the Medicare Part B deductible amount due each calendar year for Part B Medicare-eligible expenses you incur.