

MUTUAL OF OMAHA INSURANCE COMPANY

2009 Medicare Supplement Insurance Plans



MC33898_FL
Florida

Policy Form M267-Plan A
Policy Form M268-Plan C
Policy Form M279-Plan D
Policy Form M269-Plan F

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 the:

- Know How – Servicing the market since Medicare began in 1966
- Staying Power – Committed to providing Medicare supplement benefits and service 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!

Choose the Plan That Meets Your Needs

Services and Supplies	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan C Pays	Medicare Supplement Plan D Pays	Medicare Supplement Plan F Pays
Medicare Part A Hospital Coverage					
Deductible _____	Nothing		\$1,068	\$1,068	\$1,068
First 60 days _____	100%				
Coinsurance 61-90 days _____	All but \$267 a day	\$267 a day	\$267 a day	\$267 a day	\$267 a day
Coinsurance 91-150 days (Lifetime Reserve) _____	All but \$534 a day	\$534 a day	\$534 a day	\$534 a day	\$534 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 \$133.50 a day		Up to \$133.50 a day	Up to \$133.50 a day	Up to \$133.50 a day
Medicare Part B Physician's Services and Supplies					
Deductible _____	Nothing		\$135		\$135
Coinsurance _____	80%	Generally 20%	Generally 20%	Generally 20%	Generally 20%
Excess Benefits _____	Nothing				100% up to Medicare's limit
Benefit for Blood _____	All but three pints	Three pints	Three pints	Three pints	Three pints
Additional Benefits**					
Emergency Care Received Outside the U.S. _____			80% to lifetime maximum of \$50,000	80% to lifetime maximum of \$50,000	80% to lifetime maximum of \$50,000
At-home Recovery Visits _____	Nothing			\$1,600	

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, D and F pay the \$1,068 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, D and F pay \$267 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 \$534 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, D and F pay the Medicare Part A eligible expenses for hospitalization, paid at the Diagnostic Related Group (DRG) day outlier per diem 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, D and F pay this deductible.

Skilled Nursing Facility Care

First 20 Days — Medicare pays all eligible expenses.

Coinsurance — Plans C, D and F pay up to \$133.50 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 and F pay the \$135 calendar-year deductible.

Coinsurance — After the Medicare Part B deductible, Plans A, C, D and F pay generally 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 generally 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, Plan F pays 100% 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, D and F pay this deductible.

Additional Benefits

Emergency Care Received Outside the U.S. — After you pay a \$250 calendar-year deductible, Plans C, D and F 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 — Plan D pays 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.

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.

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 in-force Medicare supplement insurance policies of the same form issued to persons of your classification in the same geographic area of your state.

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

EXCLUSIONS, LIMITATIONS AND REDUCTIONS are those things, which your Mutual of Omaha Medicare supplement policy will not pay for:

- any expense incurred before your Policy Date
- services for which no charge is made when there is no insurance
- expense paid for by Medicare
- there are additional limitations, exclusions and reductions which are items we will not pay for listed in your policy. These are also listed in your Outline of Coverage, which we have given you with this brochure.

THIS IS A BRIEF DESCRIPTION of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, reductions, exceptions and limitations, **PLEASE READ YOUR OUTLINE OF COVERAGE AND YOUR POLICY.** For costs and complete details of the coverage, call or write your Mutual of Omaha insurance agent.

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.

This is a solicitation of insurance and an agent will contact you by telephone.



Medicare supplement insurance is underwritten by
MUTUAL OF OMAHA INSURANCE COMPANY

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Mutual of Omaha Insurance Representative

License No. _____

Policy Form M267 – Plan A
Policy Form M268 – Plan C
Policy Form M279 – Plan D
Policy Form M269 – Plan F