

MUTUAL OF OMAHA INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE - COVER PAGE
BENEFIT PLANS A, D AND F

Medicare supplement insurance can be sold in only 10 standard plans plus two high deductible plans. This chart shows the benefits included in each plan. Every company must make available Plan "A." Some plans may not be available in your state.

BASIC BENEFITS: Included in all plans.

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: 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.

Blood: First 3 pints of blood each year.

Form M500

Form M501

Form M502

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	
		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance		Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	Skilled Nursing Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-home Recovery				At-home Recovery		At-home Recovery	At-home Recovery	
								Basic Drugs (\$1,250 Limit)	Basic Drugs (\$1,250 Limit)	Extended Drugs (\$3,000 Limit)	
				Preventive Care						Preventive Care	

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same or offer the same benefits as Plans F and J after one has paid a calendar year [\$1,730] deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses are [\$1,730]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the certificate. These expenses include the Medicare deductibles for Part A and Part B, but does not include, in Plan J, the plan's separate prescription drug deductible or, in Plans F and J, the plan's separate foreign travel emergency deductible.

**MUTUAL OF OMAHA INSURANCE COMPANY
 OMAHA, NEBRASKA
 PREMIUM INFORMATION**

We, Mutual of Omaha, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

NON-TOBACCO - FEMALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,017.19	Through 64	\$1,243.75	Through 64	\$1,256.16
65-69	855.38	65-69	1,048.45	65-69	1,113.46
70-74	1,032.69	70-74	1,265.74	70-74	1,344.22
75-79	1,128.04	75-79	1,382.63	75-79	1,468.33
80 and Over	1,186.48	80 and Over	1,454.28	80 and Over	1,544.44

TOBACCO - FEMALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,099.67	Through 64	\$1,344.59	Through 64	\$1,358.01
65-69	924.74	65-69	1,133.46	65-69	1,203.74
70-74	1,116.42	70-74	1,368.37	70-74	1,453.21
75-79	1,219.50	75-79	1,494.74	75-79	1,587.38
80 and Over	1,282.68	80 and Over	1,572.19	80 and Over	1,669.66

To obtain semiannual and quarterly premiums, divide the above-quoted premiums by 2 and 4, respectively. To obtain the monthly premium for bank service plan issues, including all attached riders, divide the total annual premium by 12.

**MUTUAL OF OMAHA INSURANCE COMPANY
 OMAHA, NEBRASKA
 PREMIUM INFORMATION**

We, Mutual of Omaha, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

NON-TOBACCO - MALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,169.18	Through 64	\$1,429.59	Through 64	\$1,443.86
65-69	983.20	65-69	1,205.12	65-69	1,279.84
70-74	1,187.00	70-74	1,454.88	70-74	1,545.07
75-79	1,296.59	75-79	1,589.23	75-79	1,687.74
80 and Over	1,363.77	80 and Over	1,671.58	80 and Over	1,775.21

TOBACCO - MALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,263.98	Through 64	\$1,545.50	Through 64	\$1,560.93
65-69	1,062.92	65-69	1,302.83	65-69	1,383.61
70-74	1,283.24	70-74	1,572.84	70-74	1,670.35
75-79	1,401.72	75-79	1,718.09	75-79	1,824.58
80 and Over	1,474.35	80 and Over	1,807.11	80 and Over	1,919.15

To obtain semiannual and quarterly premiums, divide the above-quoted premiums by 2 and 4, respectively. To obtain the monthly premium for bank service plan issues, including all attached riders, divide the total annual premium by 12.

**MUTUAL OF OMAHA INSURANCE COMPANY
OMAHA, NEBRASKA
PREMIUM INFORMATION**

We, Mutual of Omaha, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

NON-TOBACCO - FEMALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,241.57	Through 64	\$1,518.10	Through 64	\$1,533.25
65-69	1,044.08	65-69	1,279.73	65-69	1,359.07
70-74	1,260.49	70-74	1,544.95	70-74	1,640.74
75-79	1,376.87	75-79	1,687.63	75-79	1,792.22
80 and Over	1,448.21	80 and Over	1,775.07	80 and Over	1,885.12

TOBACCO - FEMALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,342.24	Through 64	\$1,641.19	Through 64	\$1,657.57
65-69	1,128.73	65-69	1,383.49	65-69	1,469.27
70-74	1,362.69	70-74	1,670.22	70-74	1,773.77
75-79	1,488.51	75-79	1,824.46	75-79	1,937.54
80 and Over	1,565.63	80 and Over	1,918.99	80 and Over	2,037.97

To obtain semiannual and quarterly premiums, divide the above-quoted premiums by 2 and 4, respectively. To obtain the monthly premium for bank service plan issues, including all attached riders, divide the total annual premium by 12.

**MUTUAL OF OMAHA INSURANCE COMPANY
OMAHA, NEBRASKA
PREMIUM INFORMATION**

We, Mutual of Omaha, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

NON-TOBACCO - MALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,427.09	Through 64	\$1,744.94	Through 64	\$1,762.36
65-69	1,200.09	65-69	1,470.94	65-69	1,562.16
70-74	1,448.84	70-74	1,775.81	70-74	1,885.90
75-79	1,582.61	75-79	1,939.80	75-79	2,060.03
80 and Over	1,664.60	80 and Over	2,040.31	80 and Over	2,166.80

TOBACCO - MALE ANNUAL RATES					
Form M500 (Plan A)		Form M501 (Plan D)		Form M502 (Plan F)	
Issue Age		Issue Age		Issue Age	
Through 64	\$1,542.80	Through 64	\$1,886.42	Through 64	\$1,905.25
65-69	1,297.39	65-69	1,590.21	65-69	1,688.82
70-74	1,566.31	70-74	1,919.79	70-74	2,038.81
75-79	1,710.93	75-79	2,097.08	75-79	2,227.06
80 and Over	1,799.57	80 and Over	2,205.74	80 and Over	2,342.49

To obtain semiannual and quarterly premiums, divide the above-quoted premiums by 2 and 4, respectively. To obtain the monthly premium for bank service plan issues, including all attached riders, divide the total annual premium by 12.

DISCLOSURES

Use this outline to compare benefits and premiums among certificates.

READ YOUR CERTIFICATE VERY CAREFULLY

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your Insurance Company.

RIGHT TO RETURN CERTIFICATE

If you find that you are not satisfied with your coverage, you may return it to Mutual of Omaha, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

COVERAGE REPLACEMENT

If you are replacing another health insurance coverage, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

NOTICE

The certificate may not fully cover all of your medical costs.

Neither Mutual of Omaha 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.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new certificate, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your certificate and refuse to pay any claims if you leave out or falsify important medical information. This paragraph does not apply under the following conditions:

- a) you are 65 or older and within 6 months of enrolling in Part B Medicare;
- b) you are 65, have been enrolled in Medicare by reason of disability prior to age 65 and are applying for coverage within 6 months of your 65th birthday.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

RENEWABILITY OF CERTIFICATE

We will renew this certificate each time you pay us the premium. It must be paid by the date it is due or during the 31 days that follow. Nonrenewal will not effect an existing claim.

Your premium cannot be changed unless we make the same change on all certificates of this Form owned by persons in your classification which are renewed in the same geographic area of the state where you live at the time we change premium. Any such change can be made on any renewal date. Schedules of rates may vary depending upon your Certificate Date.

PLAN A
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

Services	In 2005 Medicare Pays	Plan Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$912.00	\$0	\$912.00 (Part A Deductible)
61 st through 90 th day	All but \$228.00 a day	\$228.00 a day	\$0
91 st day and after:			
• While using 60 lifetime reserve days	All but \$456.00 a day	\$456.00 a day	\$0
• Once lifetime reserve days are used:			
• Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs
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 \$114.00 a day	\$0	Up to \$114.00 a day
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

*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.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the certificate's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

Once you have been billed \$110.00 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	In 2005 Medicare Pays	Plan 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 \$110.00 of Medicare Approved Amounts*	\$0	\$0	\$110.00 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	All costs	\$0
Next \$110.00 of Medicare Approved Amounts*	\$0	\$0	\$110.00 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES— BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES			
Medically necessary skilled care services and Medical supplies	100%	\$0	\$0
Durable medical equipment			
• First \$110.00 of Medicare Approved Amounts*	\$0	\$0	\$110.00 (Part B Deductible)
• Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLANS D AND F
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD**

Services	In 2005 Medicare Pays	Plan D Pays	You Pay	Plan F Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies					
First 60 days	All but \$912.00	\$912.00 (Part A Deductible)	\$0	\$912.00 (Part A Deductible)	\$0
61 st through 90 th day	All but \$228.00 a day	\$228.00 a day	\$0	\$228.00 a day	\$0
91 st day and after:					
• While using 60 lifetime reserve days	All but \$456.00 a day	\$456.00 a day	\$0	\$456.00 a day	\$0
• Once lifetime reserve days are used:					
• Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
• Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
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	\$0	\$0
21 st through 100 th day	All but \$114.00 a day	Up to \$114.00 a day	\$0	Up to \$114.00 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance	\$0	Balance

*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.

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the certificate's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLANS D AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

Once you have been billed \$110.00 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	In 2005 Medicare Pays	Plan D Pays	You Pay	Plan F 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 \$110.00 of Medicare Approved Amounts*	\$0	\$0	\$110.00 (Part B Deductible)	\$110.00 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs	100%	\$0
BLOOD First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$110.00 of Medicare Approved Amounts*	\$0	\$0	\$110.00 (Part B Deductible)	\$110.00 (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES — BLOOD TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE —MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment • First \$110.00 of Medicare Approved Amounts*	\$0	\$0	\$110.00 (Part B Deductible)	\$110.00 (Part B Deductible)	\$0
• Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

**PLANS D AND F
PARTS A and B (continued)**

Services	In 2005 Medicare Pays	Plan D Pays	You Pay	Plan F Pays	You Pay
HOME HEALTH CARE--AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan • Benefit for each visit	\$0	Actual charges to \$40.00 a visit	Balance	\$0	All costs
• Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	\$0	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance	\$0	All costs
• Calendar year maximum	\$0	\$1,600.00	Balance	\$0	All costs

OTHER BENEFITS

FOREIGN TRAVEL NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250.00 each calendar year	\$0	\$0	\$250.00	\$0	\$250.00
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000.00	20% and amounts over the \$50,000.00 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000.00	20% and amounts over the \$50,000.00 lifetime Maximum Benefit