

# 2010 Medicare Supplement Insurance Plans M and N



Plans M and N are generally lower-priced than other Medicare supplement plans for a simple reason: You help pay more of the out-of-pocket costs Medicare doesn't cover.

For example, Plan M pays half of the Medicare Part A deductible and you pay half. And, Plan M does not pay the Medicare Part B deductible or for excess benefits, you do. That lowers your annual Plan M premium.

Plan N doesn't pay the Medicare Part B deductible or for excess benefits either, you do. You also help pay the Medicare Part B coinsurance for office and emergency room visits.

As with any choice, it comes down to what you're comfortable with. Plans M and N might be attractive options if you prefer lower premiums in exchange for higher out-of-pocket costs.

	<b>Medicare Pays</b>	<b>Plan M Pays</b>	<b>Plan N Pays</b>
<b>Medicare Part A – Hospital Insurance*</b>			
Deductible	Nothing	\$550 (50%)	\$1,100
First 60 days	100%		
Coinsurance 61-90 days	All but \$275 a day	\$275 a day	\$275 a day
Coinsurance 91-150 days	All but \$550 a day	\$550 a day	\$550 a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints
<b>Skilled Nursing Facility Care</b>			
First 20 days	100%		
Coinsurance 21-100 days	All but \$137.50 a day	Up to \$137.50 a day	Up to \$137.50 a day
<b>Hospice Care</b>			
Outpatient Prescription Drugs	All but \$5	\$5	\$5
Inpatient Respite Care	All but 5%	5% of Medicare's approved amount	5% of Medicare's approved amount
<b>Medicare Part B – Medical Insurance*</b>			
Deductible	Nothing		
Coinsurance	Generally 80%	Generally 20%	Generally 20%**
Excess Benefits			
Benefit for Blood	All but three pints	Three pints	Three pints
<b>Additional Benefit*</b>			
Emergency Care Received Outside the U.S.	Nothing	Generally 80% to lifetime max of \$50,000	Generally 80% to lifetime max of \$50,000

\* Refer to your outline of coverage for more information.

\*\* Requires up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

**Your Premium**

\$ \_\_\_\_\_

**Your Premium**

\$ \_\_\_\_\_

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Policy Forms UM30/UM30U-Plan M, UM31/UM31U-Plan N (in ID, UM30-22551, UM31-22552; in NC, UM30-22567NC/UM30U-22569NC, UM31-22568NC/UM31U-22570NC; in OK, UM30-22579, UM31-22580; in OR, UM30-22543, UM31-22544; in TX, UM30-22587, UM31-22588).

**This is a brief description of your coverage.** The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, please read your outline of coverage and your policy. (In WV, the policy may only be applied for 30 days prior to the effective date of Medicare eligibility.) United of Omaha Life Insurance Company is licensed nationwide except in NY.

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

**Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.**