

# 2006 Medicare Supplement Insurance Plans



# 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 plan from United World Life Insurance Company can help you attain that secure feeling.

A Mutual of Omaha company since 1983, United World Life Insurance Company offers specialty life insurance plans and Medicare supplement plans. When you own a United World Medicare supplement, you get the reputation, stability and power of Mutual of Omaha and its affiliates, a Fortune 500® organization that has been providing quality products and services since 1909.

Add our friendly personal customer service and competitive premiums and you have the financial value and security you seek.

**We've got you covered.**

**Go play!**

# Choose the Medicare Supplement Plan That Meets Your Needs

## Services and Supplies

	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan B Pays	Medicare Supplement Plan F Pays	Medicare Supplement Plan G Pays
<b>Medicare Part A Hospital Coverage</b>					
Deductible _____	Nothing		\$952	\$952	\$952
First 60 days _____	100%				
Coinsurance 61-90 days _____	All but \$238 a day	\$238 a day	\$238 a day	\$238 a day	\$238 a day
Coinsurance 91-150 days (Lifetime Reserve) _____	All but \$476 a day	\$476 a day	\$476 a day	\$476 a day	\$476 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
<b>Skilled Nursing Facility Care</b>					
First 20 days _____	100%				
Coinsurance 21-100 days _____	All but \$119 a day			Up to \$119 a day	Up to \$119 a day
<b>Medicare Part B Physician's Services and Supplies</b>					
Deductible _____	Nothing			\$124	
Coinsurance _____	80%	20%	20%	20%	20%
Excess Benefits _____				100% up to Medicare's limit	80% up to Medicare's limit
Benefit for Blood _____	All but three pints	Three pints	Three pints	Three pints	Three pints
<b>Additional Benefits*</b>					
Emergency Care Received Outside the U.S. _____				80% to lifetime max of \$50,000	80% to lifetime max of \$50,000
At-home Recovery Visits _____					\$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

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## Medicare Part A Hospital Coverage

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**Deductible** — Plans B, F and G pay the \$952 inpatient hospital deductible for each benefit period.

**First 60 Days** — After the 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, B, F and G pay \$238 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 \$476 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, B, F and G pay the Part A Medicare 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, B, F and G pay this deductible.

## Skilled Nursing Facility Care

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**First 20 Days** — Medicare pays all eligible expenses.

**Coinsurance** — Plans F and G pay up to \$119 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

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**Deductible** — Plan F pays the \$124 calendar-year deductible.

**Coinsurance** — After the Part B deductible, Plans A, B, F and G pay 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 20% of eligible expenses will be paid.

**Excess Benefits** — Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% 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, B, F and G pay this deductible.

## Additional Benefits

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

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Your United World Medicare supplement helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and United World 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, 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 United World.

**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.** It will be renewed as long as the premiums are paid on time and no fraud or material misrepresentation was made.

**You cannot be singled out for a rate increase, no matter how many times you receive benefits.** Your premium changes: (a) each year on the renewal date coinciding with or following the anniversary of your Policy Date until you reach age 90; or (b) when the same premium change is made on all in-force Medicare supplement 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.

**Your United World Medicare supplement will not pay for:**

- any expense incurred before your Policy Date;
- services for which no charge is made when there is no insurance; or
- expense paid for by Medicare.

**This is a brief description** of your coverage. This brochure is not valid without the Outline of Coverage. 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.

Neither United World Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United World Life Insurance Company is licensed in all states except CT and NY.



Medicare supplement insurance is underwritten by  
UNITED WORLD LIFE INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
[mutualofomaha.com](http://mutualofomaha.com)

Policy Form WM1 – 20694 Plan A  
Policy Form WM2 – 20695 Plan B  
Policy Form WM3 – 20696 Plan F  
Policy Form WM4 – 20697 Plan G