

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

## Calculate Your Premium

### Medicare Supplement

### Medicare Supplement Plan \_\_\_\_\_

**Before you begin:** If you're not in your open enrollment or guarantee issue period, please go to page 2 to determine your eligibility for coverage.

Line	Steps	Example Rate displayed is used for calculation purposes only.	Applicant's Premium	Applicant B's Premium
#1	<b>Premium</b> Write in your Med supp plan's premium from the Outline of Coverage provided.	\$128.52		
#2	<b>Household Discount</b> Are you eligible to receive a household discount? If yes, multiply line #1 by .88. If no, enter the amount from line #1.	$\$128.52 \times .88 = \$113.10$  In this example, the person qualifies for the household discount.		
#3	<b>Rate Adjustment</b> <i>If you're in your open enrollment or guarantee issue period, skip to step #4.</i>  On page 2, locate your height, then weight.  If your weight is in the Standard column, enter the amount from line #2.  If your weight is in the Class I or II column, multiply the amount on line #2 by: 1.10 if in 10% column 1.20 if in 20% column	$\$113.10 \times 1.20 = \$135.72$  Person's weight is in the Class II 20% column.		
#4	<b>Payment Options</b> Your monthly payment is your last premium entered (line #2 or #3).  To determine other payment schedules, multiply your monthly premium by: 3 to pay 4 times a year (quarterly) 6 to pay twice a year (semiannually) 12 to pay once a year (annually)	\$135.72 monthly payment  \$407.16 quarterly payment \$814.32 semiannual payment \$1,628.64 annual payment		

**Complete and return with application**

Insurance Specialties LLC  
Highway 37 North/PO Box 275  
Purdy MO 65734  
800-789-0182  
[www.insspecial.com](http://www.insspecial.com)

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# Height and Weight Chart

## Eligibility

Find your height in the left-hand column and look across the row to find your weight. If your weight is in the Decline column, we're sorry, you're not eligible for coverage at this time.

## Rate Adjustment

The column heading above your weight will indicate your appropriate rate adjustment, if any (risk class).

	Decline	Class I (10%)	Standard	Class I (10%)	Class II (20%)	Decline
Height	Weight	Weight	Weight	Weight	Weight	Weight
4' 2"	< 54	54 - 60	61 - 110	111 - 128	129 - 145	146 +
4' 3"	< 56	56 - 62	63 - 114	115 - 133	134 - 151	152 +
4' 4"	< 58	58 - 65	66 - 119	120 - 138	139 - 157	158 +
4' 5"	< 60	60 - 67	68 - 123	124 - 143	144 - 163	164 +
4' 6"	< 63	63 - 70	71 - 128	129 - 149	150 - 170	171 +
4' 7"	< 65	65 - 73	74 - 133	134 - 154	155 - 176	177 +
4' 8"	< 67	67 - 75	76 - 138	139 - 160	161 - 182	183 +
4' 9"	< 70	70 - 78	79 - 143	144 - 166	167 - 189	190 +
4' 10"	< 72	72 - 81	82 - 148	149 - 172	173 - 196	197 +
4' 11"	< 75	75 - 84	85 - 153	154 - 178	179 - 202	203 +
5' 0"	< 77	77 - 87	88 - 158	159 - 184	185 - 209	210 +
5' 1"	< 80	80 - 89	90 - 164	165 - 190	191 - 216	217 +
5' 2"	< 83	83 - 92	93 - 169	170 - 196	197 - 224	225 +
5' 3"	< 85	85 - 95	96 - 175	176 - 203	204 - 231	232 +
5' 4"	< 88	88 - 99	100 - 180	181 - 209	210 - 238	239 +
5' 5"	< 91	91 - 102	103 - 186	187 - 216	217 - 246	247 +
5' 6"	< 93	93 - 105	106 - 192	193 - 223	224 - 254	255 +
5' 7"	< 96	96 - 108	109 - 197	198 - 229	230 - 261	262 +
5' 8"	< 99	99 - 111	112 - 203	204 - 236	237 - 269	270 +
5' 9"	< 102	102 - 115	116 - 209	210 - 243	244 - 277	278 +
5' 10"	< 105	105 - 118	119 - 216	217 - 250	251 - 285	286 +
5' 11"	< 108	108 - 121	122 - 222	223 - 258	259 - 293	294 +
6' 0"	< 111	111 - 125	126 - 228	229 - 265	266 - 302	303 +
6' 1"	< 114	114 - 128	129 - 234	235 - 272	273 - 310	311 +
6' 2"	< 117	117 - 132	133 - 241	242 - 280	281 - 319	320 +
6' 3"	< 121	121 - 136	137 - 248	249 - 288	289 - 328	329 +
6' 4"	< 124	124 - 139	140 - 254	255 - 295	296 - 336	337 +
6' 5"	< 127	127 - 143	144 - 261	262 - 303	304 - 345	346 +
6' 6"	< 130	130 - 147	148 - 268	269 - 311	312 - 354	355 +
6' 7"	< 134	134 - 150	151 - 275	276 - 319	320 - 363	364 +
6' 8"	< 137	137 - 154	155 - 282	283 - 327	328 - 373	374 +
6' 9"	< 140	140 - 158	159 - 289	290 - 335	336 - 382	383 +
6' 10"	< 144	144 - 162	163 - 296	297 - 344	345 - 392	393 +
6' 11"	< 147	147 - 166	167 - 303	304 - 352	353 - 401	402 +
7' 0"	< 151	151 - 170	171 - 311	312 - 361	362 - 411	412 +
7' 1"	< 155	155 - 174	175 - 318	319 - 369	370 - 421	422 +
7' 2"	< 158	158 - 178	179 - 326	327 - 378	379 - 431	432 +
7' 3"	< 162	162 - 183	184 - 333	334 - 387	388 - 441	442 +
7' 4"	< 166	166 - 187	188 - 341	342 - 396	397 - 451	452 +

Medicare supplement insurance is underwritten by  
**UNITED OF OMAHA LIFE INSURANCE COMPANY**

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Mutual of Omaha Plaza  
 Omaha, Nebraska 68175

[mutualofomaha.com](http://mutualofomaha.com)

Policy forms UM1, UM2, UM3, UM4, UM5, UM6, UM7, UM8, UM9 or state equivalent.