

**MONTHLY PREMIUMS\***  
**ZIP CODES: 932, 934-940, 950-953, 956-961**

NON-TOBACCO					Attained Age	TOBACCO				
Plan A WM20	Plan F WM24	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan G WM25	Plan High G WM36	Plan N WM35
287.94	399.91	315.52		262.54	Thru 64	330.96	459.67	362.66		301.77
115.18	159.97	126.20	48.94	105.02	65	132.39	183.87	145.06	56.25	120.71
115.18	159.97	126.20	48.94	105.02	66	132.39	183.87	145.06	56.25	120.71
126.69	175.96	138.83	48.94	115.52	67	145.62	202.26	159.57	56.25	132.78
132.02	183.35	144.94	50.91	120.60	68	151.74	210.75	166.59	58.51	138.62
137.34	190.75	151.04	52.86	125.69	69	157.86	219.25	173.61	60.76	144.47
142.66	198.13	157.15	54.82	130.77	70	163.97	227.74	180.63	63.01	150.31
147.97	205.52	163.26	56.77	135.85	71	170.09	236.23	187.65	65.25	156.15
153.30	212.92	169.37	58.65	140.93	72	176.21	244.73	194.68	67.41	161.98
159.74	221.86	176.48	60.56	146.85	73	183.61	255.01	202.85	69.61	168.79
166.17	230.80	183.60	62.63	152.77	74	191.00	265.29	211.03	71.99	175.59
172.61	239.75	190.71	64.69	158.69	75	198.41	275.57	219.21	74.36	182.40
179.06	248.69	197.82	66.92	164.61	76	205.81	285.85	227.38	76.92	189.20
185.49	257.63	204.94	69.15	170.53	77	213.21	296.12	235.56	79.48	196.01
192.17	266.90	212.31	71.38	176.67	78	220.88	306.78	244.04	82.04	203.07
198.84	276.17	219.69	73.57	182.80	79	228.56	317.44	252.52	84.56	210.12
205.53	285.45	227.07	75.80	188.94	80	236.24	328.11	261.00	87.13	217.18
212.21	294.73	234.44	78.13	195.08	81	243.92	338.77	269.48	89.80	224.23
218.88	304.00	241.82	80.52	201.22	82	251.58	349.43	277.96	92.55	231.29
226.76	314.95	250.53	82.97	208.06	83	260.64	362.01	287.96	95.36	239.15
234.64	325.89	259.24	85.49	214.91	84	269.71	374.59	297.98	98.27	247.02
242.52	336.84	267.94	88.10	221.75	85	278.76	387.17	307.98	101.27	254.88
250.40	347.78	276.65	90.78	228.59	86	287.82	399.75	317.99	104.35	262.74
258.28	358.72	285.35	93.54	235.43	87	296.87	412.33	327.99	107.52	270.61
263.45	365.90	291.06	96.39	240.14	88	302.81	420.57	334.55	110.80	276.02
268.71	373.21	296.88	99.32	244.94	89	308.86	428.98	341.24	114.16	281.54
274.09	380.68	302.82	102.35	249.84	90	315.04	437.56	348.07	117.64	287.17
279.57	388.29	308.88	105.46	254.83	91	321.34	446.31	355.03	121.22	292.91
285.16	396.05	315.06	108.66	259.93	92	327.77	455.23	362.13	124.90	298.77
290.87	403.98	321.36	111.97	265.13	93	334.33	464.35	369.38	128.70	304.74
296.68	412.06	327.78	115.36	270.43	94	341.01	473.63	376.76	132.60	310.84
302.62	420.30	334.34	118.87	275.84	95	347.84	483.11	384.29	136.63	317.06
308.67	428.70	341.02	122.47	281.36	96	354.79	492.76	391.98	140.77	323.40
314.84	437.28	347.85	126.18	286.99	97	361.89	502.62	399.82	145.04	329.87
321.14	446.02	354.80	130.02	292.72	98	369.12	512.67	407.81	149.45	336.46
327.56	454.95	361.90	133.95	298.58	99+	376.51	522.93	415.97	153.96	343.20

\*See PREMIUM INFORMATION regarding Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**MONTHLY PREMIUMS\***  
**ZIP CODES: 919-925, 930-931, 933, 941-943, 945, 947-949, 954-955**

NON-TOBACCO					Attained Age	TOBACCO				
Plan A WM20	Plan F WM24	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan G WM25	Plan High G WM36	Plan N WM35
338.75	470.49	371.19		308.87	Thru 64	389.37	540.79	426.66		355.02
135.50	188.20	148.47	57.58	123.55	65	155.75	216.32	170.66	66.18	142.01
135.50	188.20	148.47	57.58	123.55	66	155.75	216.32	170.66	66.18	142.01
149.05	207.02	163.33	57.58	135.90	67	171.32	237.95	187.73	66.18	156.21
155.31	215.71	170.51	59.89	141.88	68	178.52	247.94	195.99	68.84	163.08
161.58	224.41	177.70	62.19	147.87	69	185.72	257.94	204.25	71.48	169.96
167.83	233.10	184.88	64.49	153.84	70	192.91	267.93	212.51	74.13	176.83
174.09	241.79	192.07	66.79	159.82	71	200.10	277.92	220.77	76.77	183.70
180.35	250.49	199.26	69.00	165.80	72	207.30	287.92	229.03	79.31	190.57
187.93	261.01	207.63	71.24	172.77	73	216.01	300.01	238.65	81.89	198.58
195.50	271.53	216.00	73.68	179.73	74	224.71	312.10	248.27	84.69	206.58
203.08	282.05	224.36	76.11	186.69	75	233.42	324.20	257.89	87.48	214.59
210.65	292.57	232.73	78.73	193.65	76	242.13	336.29	267.51	90.49	222.59
218.22	303.09	241.10	81.35	200.62	77	250.83	348.38	277.13	93.51	230.60
226.08	314.00	249.78	83.97	207.84	78	259.86	360.92	287.10	96.52	238.90
233.93	324.91	258.46	86.55	215.06	79	268.89	373.46	297.08	99.48	247.20
241.80	335.83	267.14	89.18	222.29	80	277.93	386.01	307.06	102.50	255.50
249.66	346.74	275.82	91.92	229.51	81	286.96	398.55	317.03	105.65	263.80
257.50	357.65	284.50	94.73	236.73	82	295.98	411.09	327.01	108.88	272.10
266.78	370.52	294.74	97.61	244.77	83	306.64	425.89	338.78	112.19	281.35
276.05	383.40	304.99	100.58	252.83	84	317.30	440.69	350.56	115.61	290.61
285.32	396.28	315.23	103.65	260.88	85	327.95	455.49	362.33	119.14	299.86
294.59	409.15	325.47	106.80	268.93	86	338.61	470.29	374.10	122.76	309.11
303.86	422.03	335.71	110.05	276.97	87	349.26	485.09	385.87	126.49	318.36
309.94	430.47	342.42	113.40	282.52	88	356.25	494.79	393.59	130.35	324.73
316.13	439.07	349.27	116.85	288.16	89	363.37	504.68	401.46	134.31	331.22
322.46	447.86	356.26	120.41	293.93	90	370.64	514.78	409.49	138.40	337.85
328.90	456.81	363.38	124.07	299.80	91	378.05	525.07	417.68	142.61	344.60
335.48	465.95	370.66	127.84	305.80	92	385.61	535.57	426.04	146.94	351.49
342.20	475.27	378.07	131.73	311.91	93	393.33	546.29	434.56	151.41	358.52
349.04	484.77	385.63	135.72	318.15	94	401.19	557.21	443.25	156.00	365.69
356.02	494.47	393.34	139.84	324.52	95	409.22	568.36	452.11	160.74	373.01
363.14	504.36	401.20	144.08	331.01	96	417.40	579.72	461.15	165.61	380.47
370.40	514.45	409.23	148.45	337.63	97	425.75	591.32	470.38	170.63	388.08
377.81	524.73	417.41	152.96	344.38	98	434.26	603.14	479.78	175.82	395.84
385.37	535.23	425.76	157.58	351.27	99+	442.95	615.21	489.38	181.13	403.76

\*See PREMIUM INFORMATION regarding Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

**MONTHLY PREMIUMS\***  
**ZIP CODES: 900-918, 926-928, 944, 946**

NON-TOBACCO					Attained Age	TOBACCO				
Plan A WM20	Plan F WM24	Plan G WM25	Plan High G WM36	Plan N WM35		Plan A WM20	Plan F WM24	Plan G WM25	Plan High G WM36	Plan N WM35
369.24	512.83	404.60		336.67	Thru 64	424.41	589.46	465.06		386.97
147.70	205.14	161.84	62.76	134.67	65	169.77	235.79	186.02	72.14	154.79
147.70	205.14	161.84	62.76	134.67	66	169.77	235.79	186.02	72.14	154.79
162.46	225.65	178.02	62.76	148.13	67	186.74	259.37	204.63	72.14	170.27
169.29	235.12	185.86	65.28	154.65	68	194.59	270.26	213.63	75.04	177.76
176.12	244.61	193.69	67.79	161.17	69	202.44	281.16	222.63	77.91	185.26
182.94	254.08	201.52	70.30	167.69	70	210.27	292.04	231.64	80.80	192.75
189.76	263.55	209.36	72.80	174.20	71	218.11	302.93	240.64	83.68	200.23
196.58	273.03	217.19	75.21	180.72	72	225.96	313.83	249.64	86.45	207.72
204.84	284.50	226.31	77.66	188.31	73	235.45	327.01	260.13	89.26	216.45
213.09	295.96	235.43	80.31	195.90	74	244.93	340.19	270.61	92.31	225.17
221.35	307.44	244.56	82.96	203.50	75	254.43	353.38	281.10	95.35	233.90
229.61	318.90	253.68	85.81	211.08	76	263.92	366.56	291.59	98.63	242.62
237.86	330.37	262.80	88.68	218.68	77	273.41	379.73	302.07	101.93	251.35
246.43	342.26	272.26	91.53	226.55	78	283.25	393.40	312.94	105.21	260.40
254.99	354.15	281.72	94.34	234.42	79	293.09	407.07	323.82	108.43	269.45
263.56	366.05	291.19	97.20	242.29	80	302.94	420.75	334.70	111.73	278.50
272.12	377.95	300.64	100.19	250.16	81	312.79	434.42	345.56	115.16	287.54
280.68	389.84	310.10	103.25	258.03	82	322.62	448.09	356.44	118.68	296.59
290.79	403.87	321.27	106.39	266.80	83	334.24	464.22	369.27	122.29	306.67
300.90	417.91	332.44	109.63	275.59	84	345.86	480.35	382.11	126.02	316.77
311.00	431.94	343.60	112.98	284.36	85	357.47	496.48	394.94	129.86	326.85
321.10	445.98	354.76	116.41	293.13	86	369.09	512.62	407.77	133.81	336.93
331.20	460.01	365.92	119.95	301.90	87	380.69	528.75	420.60	137.87	347.01
337.83	469.21	373.24	123.61	307.94	88	388.31	539.32	429.01	142.08	353.96
344.58	478.59	380.71	127.37	314.10	89	396.07	550.10	437.59	146.40	361.03
351.48	488.17	388.32	131.24	320.38	90	404.00	561.11	446.34	150.86	368.26
358.50	497.92	396.09	135.24	326.78	91	412.07	572.33	455.27	155.45	375.61
365.67	507.88	404.01	139.34	333.32	92	420.32	583.77	464.38	160.17	383.12
373.00	518.05	412.09	143.58	339.98	93	428.73	595.46	473.67	165.04	390.79
380.45	528.40	420.33	147.94	346.78	94	437.30	607.36	483.14	170.04	398.60
388.06	538.98	428.74	152.43	353.73	95	446.05	619.51	492.80	175.21	406.58
395.82	549.75	437.31	157.05	360.80	96	454.97	631.90	502.65	180.52	414.71
403.74	560.75	446.06	161.81	368.02	97	464.07	644.54	512.71	185.99	423.01
411.81	571.96	454.98	166.73	375.38	98	473.34	657.42	522.96	191.64	431.47
420.05	583.40	464.08	171.77	382.89	99+	482.82	670.58	533.42	197.43	440.10

\*See PREMIUM INFORMATION regarding Household Premium Discount rating.

To obtain annual, semiannual, and quarterly premiums, multiply the above-quoted premiums by 12, 6, and 3, respectively.

### **Premium Information**

The premium for your policy will change. Because the premium rate is based on your attained age, the premium will increase each year as you age. A premium change for any other reason can occur on any policy renewal date. However, we cannot make such a change unless we make the same change to all policies of this form issued in the same state to persons of the same classification.

Use this outline to compare benefits and premiums among policies.

### **Read Your Policy Very Carefully**

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

### **Thirty Day Right to Return Policy**

If you find that you are not satisfied with your policy, you may return it to 3300 Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all your payments.

### **Policy Replacement**

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

### **Household Premium Discount**

You are eligible for a household premium discount if: (a) you reside with your spouse (including civil union/domestic partner) of any age or (b) for the past year you have resided with at least one, but not more than three, other adults who are age 60 or older. The discounted premium will be priced 12% lower than the rates illustrated. The policy's household premium discount will be removed if the other adult or spouse no longer resides with you (other than in the case of his or her death).

### **Disclosures**

The policy may not fully cover all of your medical costs. Neither United World Life Insurance Company 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. For additional information concerning policy benefits, contact the Health Insurance Counseling and Advocacy Program (HICAP) or your agent. Call the HICAP toll-free telephone number, 1-800-434-0222, for referral to your local HICAP office. HICAP is a service provided free of charge by the State of California. You may also contact the Consumer Affairs department of the California Department of Insurance after first contacting your agent or the insurance company for resolution of any problems. Mutual of Omaha's toll-free customer service telephone number is shown on the face page of your policy. You can contact the Consumer Affairs department at California Department of Insurance, Consumer Service Division, 300 South Spring Street, South Tower, Los Angeles, CA 90013, 1-800-927-HELP(4357).

### **Notice**

The policy may not fully cover all of your medical costs. United World Life Insurance Company 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 policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

### **Exclusions**

Exclusions apply to your coverage. Please be sure to review the exclusions in your policy. This policy does not cover Part A benefits for benefit periods that begin while this policy is not in force, and other exclusions apply.