

**Benefit Chart of Medicare Supplement Plans sold on or after January 1, 2020**

This chart shows the benefits included in each of the standard Medicare supplement plans. Some plans may not be available. Only applicants **first** eligible for Medicare before 2020 may purchase Plans C, F, and high deductible F.

**Only Medicare Supplement Benefit Plans A, F, and G are offered by Old Surety Life Insurance Company.**

Note: A ✓ means 100% of the benefit is paid.

Benefits	Plans Available to All Applicants								Medicare first eligible before 2020 only	
	A	B	D	G <sup>1</sup>	K	L	M	N	C	F <sup>1</sup>
Medicare Part A coinsurance and hospital coverage (up to an additional 365 days after Medicare benefits are used up)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓ copays apply <sup>3</sup>	✓	✓
Blood (first three pints)	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Part A hospice care coinsurance or copayment	✓	✓	✓	✓	50%	75%	✓	✓	✓	✓
Skilled nursing facility coinsurance			✓	✓	50%	75%	✓	✓	✓	✓
Medicare Part A deductible		✓	✓	✓	50%	75%	50%	✓	✓	✓
Medicare Part B deductible									✓	✓
Medicare Part B excess charges				✓						✓
Foreign travel emergency (up to plan limits)			✓	✓			✓	✓	✓	✓
Out-of-pocket limit in 2025 <sup>2</sup>					\$7,220 <sup>2</sup>	\$3,610 <sup>2</sup>				

<sup>1</sup>Plans F and G also have a high deductible option which require first paying a plan deductible of \$2,870 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plans F and G count your payment of the Medicare Part B deductible toward meeting the plan deductible.

<sup>2</sup>Plans K and L pay 100% of covered services for the rest of the calendar year once you meet the out-of-pocket yearly limit.

<sup>3</sup>Plan N pays 100% of the Part B coinsurance, except for a co-payment of up to \$20 for some office visits and up to a \$50 co-payment for emergency room visits that do not result in an inpatient admission.

# OLD SURETY LIFE INSURANCE COMPANY

P.O. Box 54407 OKC, OK 73154 1-800-272-5466

## MEDICARE SUPPLEMENT RATES for NEBRASKA

(Effective 3/1/2025)

Zip Codes 682-684, 686-693

### PLAN A

FEMALE RATES					Issue Age	MALE RATES				
Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft		Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft
\$2,211.96	\$1,105.98	\$552.99	\$202.76	\$184.33	<65	\$2,543.73	\$1,271.87	\$635.93	\$233.18	\$211.98
\$1,474.64	\$737.32	\$368.66	\$135.18	\$122.89	65	\$1,695.82	\$847.91	\$423.96	\$155.45	\$141.32
\$1,474.64	\$737.32	\$368.66	\$135.18	\$122.89	66	\$1,695.82	\$847.91	\$423.96	\$155.45	\$141.32
\$1,474.64	\$737.32	\$368.66	\$135.18	\$122.89	67	\$1,695.82	\$847.91	\$423.96	\$155.45	\$141.32
\$1,474.64	\$737.32	\$368.66	\$135.18	\$122.89	68	\$1,695.82	\$847.91	\$423.96	\$155.45	\$141.32
\$1,489.98	\$744.99	\$372.50	\$136.58	\$124.17	69	\$1,713.47	\$856.74	\$428.37	\$157.07	\$142.79
\$1,505.31	\$752.66	\$376.33	\$137.99	\$125.44	70	\$1,731.09	\$865.55	\$432.77	\$158.68	\$144.26
\$1,520.64	\$760.32	\$380.16	\$139.39	\$126.72	71	\$1,748.73	\$874.37	\$437.18	\$160.30	\$145.73
\$1,551.32	\$775.66	\$387.83	\$142.20	\$129.28	72	\$1,784.01	\$892.01	\$446.00	\$163.53	\$148.67
\$1,624.85	\$812.43	\$406.21	\$148.94	\$135.40	73	\$1,868.58	\$934.29	\$467.15	\$171.29	\$155.72
\$1,698.37	\$849.19	\$424.59	\$155.68	\$141.53	74	\$1,953.14	\$976.57	\$488.29	\$179.04	\$162.76
\$1,771.91	\$885.96	\$442.98	\$162.43	\$147.66	75	\$2,037.70	\$1,018.85	\$509.43	\$186.79	\$169.81
\$1,845.45	\$922.73	\$461.36	\$169.17	\$153.79	76	\$2,122.26	\$1,061.13	\$530.57	\$194.54	\$176.86
\$1,918.98	\$959.49	\$479.75	\$175.91	\$159.92	77	\$2,206.82	\$1,103.41	\$551.71	\$202.29	\$183.90
\$2,011.86	\$1,005.93	\$502.97	\$184.42	\$167.66	78	\$2,313.63	\$1,156.82	\$578.41	\$212.08	\$192.80
\$2,104.74	\$1,052.37	\$526.19	\$192.93	\$175.40	79	\$2,420.44	\$1,210.22	\$605.11	\$221.87	\$201.70
\$2,197.61	\$1,098.81	\$549.40	\$201.45	\$183.13	80	\$2,527.25	\$1,263.63	\$631.81	\$231.66	\$210.60
\$2,290.49	\$1,145.25	\$572.62	\$209.96	\$190.87	81	\$2,634.07	\$1,317.04	\$658.52	\$241.46	\$219.51
\$2,383.37	\$1,191.69	\$595.84	\$218.48	\$198.61	82	\$2,740.88	\$1,370.44	\$685.22	\$251.25	\$228.41
\$2,462.97	\$1,231.49	\$615.74	\$225.77	\$205.25	83	\$2,832.43	\$1,416.22	\$708.11	\$259.64	\$236.04
\$2,542.59	\$1,271.30	\$635.65	\$233.07	\$211.88	84	\$2,923.96	\$1,461.98	\$730.99	\$268.03	\$243.66
\$2,622.18	\$1,311.09	\$655.55	\$240.37	\$218.52	85	\$3,015.51	\$1,507.76	\$753.88	\$276.42	\$251.29
\$2,701.79	\$1,350.90	\$675.45	\$247.66	\$225.15	86	\$3,107.06	\$1,553.53	\$776.77	\$284.81	\$258.92
\$2,781.40	\$1,390.70	\$695.35	\$254.96	\$231.78	87	\$3,198.59	\$1,599.30	\$799.65	\$293.20	\$266.55
\$2,863.34	\$1,431.67	\$715.84	\$262.47	\$238.61	88	\$3,292.84	\$1,646.42	\$823.21	\$301.84	\$274.40
\$2,947.71	\$1,473.86	\$736.93	\$270.21	\$245.64	89	\$3,389.87	\$1,694.94	\$847.47	\$310.74	\$282.49
\$3,034.56	\$1,517.28	\$758.64	\$278.17	\$252.88	90	\$3,489.74	\$1,744.87	\$872.44	\$319.89	\$290.81

Add One Time \$20 Policy Fee for each Applicant

**STANDARD RATE - ADD 10% to premium mode selected**  
 (See **PREMIUM INFORMATION** regarding **Standard Rate** premium)

# OLD SURETY LIFE INSURANCE COMPANY

P.O. Box 54407 OKC, OK 73154 1-800-272-5466

## MEDICARE SUPPLEMENT RATES for NEBRASKA

(Effective 3/1/2025)

Zip Codes 680-681, 685

### PLAN A

FEMALE RATES					Issue Age	MALE RATES				
Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft		Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft
\$2,463.95	\$1,231.98	\$615.99	\$225.86	\$205.33	<65	\$2,833.53	\$1,416.77	\$708.38	\$259.74	\$236.13
\$1,642.63	\$821.32	\$410.66	\$150.57	\$136.89	65	\$1,889.02	\$944.51	\$472.26	\$173.16	\$157.42
\$1,642.63	\$821.32	\$410.66	\$150.57	\$136.89	66	\$1,889.02	\$944.51	\$472.26	\$173.16	\$157.42
\$1,642.63	\$821.32	\$410.66	\$150.57	\$136.89	67	\$1,889.02	\$944.51	\$472.26	\$173.16	\$157.42
\$1,642.63	\$821.32	\$410.66	\$150.57	\$136.89	68	\$1,889.02	\$944.51	\$472.26	\$173.16	\$157.42
\$1,659.71	\$829.86	\$414.93	\$152.14	\$138.31	69	\$1,908.68	\$954.34	\$477.17	\$174.96	\$159.06
\$1,676.79	\$838.40	\$419.20	\$153.71	\$139.73	70	\$1,928.32	\$964.16	\$482.08	\$176.76	\$160.69
\$1,693.87	\$846.94	\$423.47	\$155.27	\$141.16	71	\$1,947.96	\$973.98	\$486.99	\$178.56	\$162.33
\$1,728.05	\$864.03	\$432.01	\$158.40	\$144.00	72	\$1,987.26	\$993.63	\$496.82	\$182.17	\$165.61
\$1,809.96	\$904.98	\$452.49	\$165.91	\$150.83	73	\$2,081.45	\$1,040.73	\$520.36	\$190.80	\$173.45
\$1,891.86	\$945.93	\$472.97	\$173.42	\$157.66	74	\$2,175.65	\$1,087.83	\$543.91	\$199.43	\$181.30
\$1,973.77	\$986.89	\$493.44	\$180.93	\$164.48	75	\$2,269.85	\$1,134.93	\$567.46	\$208.07	\$189.15
\$2,055.69	\$1,027.85	\$513.92	\$188.44	\$171.31	76	\$2,364.05	\$1,182.03	\$591.01	\$216.70	\$197.00
\$2,137.60	\$1,068.80	\$534.40	\$195.95	\$178.13	77	\$2,458.22	\$1,229.11	\$614.56	\$225.34	\$204.85
\$2,241.05	\$1,120.53	\$560.26	\$205.43	\$186.75	78	\$2,577.21	\$1,288.61	\$644.30	\$236.24	\$214.77
\$2,344.51	\$1,172.26	\$586.13	\$214.91	\$195.38	79	\$2,696.18	\$1,348.09	\$674.05	\$247.15	\$224.68
\$2,447.98	\$1,223.99	\$612.00	\$224.40	\$204.00	80	\$2,815.16	\$1,407.58	\$703.79	\$258.06	\$234.60
\$2,551.43	\$1,275.72	\$637.86	\$233.88	\$212.62	81	\$2,934.15	\$1,467.08	\$733.54	\$268.96	\$244.51
\$2,654.90	\$1,327.45	\$663.73	\$243.37	\$221.24	82	\$3,053.12	\$1,526.56	\$763.28	\$279.87	\$254.43
\$2,743.56	\$1,371.78	\$685.89	\$251.49	\$228.63	83	\$3,155.09	\$1,577.55	\$788.77	\$289.22	\$262.92
\$2,832.25	\$1,416.13	\$708.06	\$259.62	\$236.02	84	\$3,257.07	\$1,628.54	\$814.27	\$298.56	\$271.42
\$2,920.91	\$1,460.46	\$730.23	\$267.75	\$243.41	85	\$3,359.04	\$1,679.52	\$839.76	\$307.91	\$279.92
\$3,009.59	\$1,504.80	\$752.40	\$275.88	\$250.80	86	\$3,461.01	\$1,730.51	\$865.25	\$317.26	\$288.42
\$3,098.26	\$1,549.13	\$774.57	\$284.01	\$258.19	87	\$3,562.99	\$1,781.50	\$890.75	\$326.61	\$296.92
\$3,189.55	\$1,594.78	\$797.39	\$292.38	\$265.80	88	\$3,667.98	\$1,833.99	\$917.00	\$336.23	\$305.67
\$3,283.53	\$1,641.77	\$820.88	\$300.99	\$273.63	89	\$3,776.04	\$1,888.02	\$944.01	\$346.14	\$314.67
\$3,380.26	\$1,690.13	\$845.07	\$309.86	\$281.69	90	\$3,887.31	\$1,943.66	\$971.83	\$356.34	\$323.94

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## MEDICARE SUPPLEMENT RATES for NEBRASKA

(Effective 3/1/2025)

Zip Codes 682-684, 686-693

### PLAN F

FEMALE RATES					Issue Age	MALE RATES				
Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft		Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft
\$1,741.50	\$870.75	\$435.38	\$159.64	\$145.13	65	\$2,002.73	\$1,001.37	\$500.68	\$183.58	\$166.89
\$1,741.50	\$870.75	\$435.38	\$159.64	\$145.13	66	\$2,002.73	\$1,001.37	\$500.68	\$183.58	\$166.89
\$1,741.50	\$870.75	\$435.38	\$159.64	\$145.13	67	\$2,002.73	\$1,001.37	\$500.68	\$183.58	\$166.89
\$1,741.50	\$870.75	\$435.38	\$159.64	\$145.13	68	\$2,002.73	\$1,001.37	\$500.68	\$183.58	\$166.89
\$1,759.62	\$879.81	\$439.91	\$161.30	\$146.64	69	\$2,023.57	\$1,011.79	\$505.89	\$185.49	\$168.63
\$1,777.75	\$888.88	\$444.44	\$162.96	\$148.15	70	\$2,044.40	\$1,022.20	\$511.10	\$187.40	\$170.37
\$1,795.84	\$897.92	\$448.96	\$164.62	\$149.65	71	\$2,065.22	\$1,032.61	\$516.31	\$189.31	\$172.10
\$1,832.08	\$916.04	\$458.02	\$167.94	\$152.67	72	\$2,106.89	\$1,053.45	\$526.72	\$193.13	\$175.57
\$1,918.91	\$959.46	\$479.73	\$175.90	\$159.91	73	\$2,206.76	\$1,103.38	\$551.69	\$202.29	\$183.90
\$2,005.76	\$1,002.88	\$501.44	\$183.86	\$167.15	74	\$2,306.63	\$1,153.32	\$576.66	\$211.44	\$192.22
\$2,092.59	\$1,046.30	\$523.15	\$191.82	\$174.38	75	\$2,406.49	\$1,203.25	\$601.62	\$220.59	\$200.54
\$2,179.43	\$1,089.72	\$544.86	\$199.78	\$181.62	76	\$2,506.35	\$1,253.18	\$626.59	\$229.75	\$208.86
\$2,266.28	\$1,133.14	\$566.57	\$207.74	\$188.86	77	\$2,606.21	\$1,303.11	\$651.55	\$238.90	\$217.18
\$2,375.97	\$1,187.99	\$593.99	\$217.80	\$198.00	78	\$2,732.36	\$1,366.18	\$683.09	\$250.47	\$227.70
\$2,485.65	\$1,242.83	\$621.41	\$227.85	\$207.14	79	\$2,858.50	\$1,429.25	\$714.63	\$262.03	\$238.21
\$2,595.34	\$1,297.67	\$648.84	\$237.91	\$216.28	80	\$2,984.64	\$1,492.32	\$746.16	\$273.59	\$248.72
\$2,705.02	\$1,352.51	\$676.26	\$247.96	\$225.42	81	\$3,110.78	\$1,555.39	\$777.70	\$285.15	\$259.23
\$2,814.72	\$1,407.36	\$703.68	\$258.02	\$234.56	82	\$3,236.93	\$1,618.47	\$809.23	\$296.72	\$269.74
\$2,908.73	\$1,454.37	\$727.18	\$266.63	\$242.39	83	\$3,345.04	\$1,672.52	\$836.26	\$306.63	\$278.75
\$3,002.74	\$1,501.37	\$750.69	\$275.25	\$250.23	84	\$3,453.15	\$1,726.58	\$863.29	\$316.54	\$287.76
\$3,096.76	\$1,548.38	\$774.19	\$283.87	\$258.06	85	\$3,561.26	\$1,780.63	\$890.32	\$326.45	\$296.77
\$3,190.77	\$1,595.39	\$797.69	\$292.49	\$265.90	86	\$3,669.38	\$1,834.69	\$917.35	\$336.36	\$305.78
\$3,284.77	\$1,642.39	\$821.19	\$301.10	\$273.73	87	\$3,777.48	\$1,888.74	\$944.37	\$346.27	\$314.79
\$3,381.55	\$1,690.78	\$845.39	\$309.98	\$281.80	88	\$3,888.79	\$1,944.40	\$972.20	\$356.47	\$324.07
\$3,481.19	\$1,740.60	\$870.30	\$319.11	\$290.10	89	\$4,003.37	\$2,001.69	\$1,000.84	\$366.98	\$333.61
\$3,583.76	\$1,791.88	\$895.94	\$328.51	\$298.65	90	\$4,121.31	\$2,060.66	\$1,030.33	\$377.79	\$343.44
Add One Time \$20 Policy Fee for each Applicant										

**STANDARD RATE** - ADD 10% to premium mode selected  
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## MEDICARE SUPPLEMENT RATES for NEBRASKA

(Effective 3/1/2025)

Zip Codes 680-681, 685

### PLAN F

FEMALE RATES					Issue Age	MALE RATES				
Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft		Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft
\$1,939.92	\$969.96	\$484.98	\$177.83	\$161.66	65	\$2,230.90	\$1,115.45	\$557.73	\$204.50	\$185.91
\$1,939.92	\$969.96	\$484.98	\$177.83	\$161.66	66	\$2,230.90	\$1,115.45	\$557.73	\$204.50	\$185.91
\$1,939.92	\$969.96	\$484.98	\$177.83	\$161.66	67	\$2,230.90	\$1,115.45	\$557.73	\$204.50	\$185.91
\$1,939.92	\$969.96	\$484.98	\$177.83	\$161.66	68	\$2,230.90	\$1,115.45	\$557.73	\$204.50	\$185.91
\$1,960.09	\$980.05	\$490.02	\$179.67	\$163.34	69	\$2,254.11	\$1,127.06	\$563.53	\$206.63	\$187.84
\$1,980.26	\$990.13	\$495.07	\$181.52	\$165.02	70	\$2,277.30	\$1,138.65	\$569.33	\$208.75	\$189.78
\$2,000.44	\$1,000.22	\$500.11	\$183.37	\$166.70	71	\$2,300.50	\$1,150.25	\$575.13	\$210.88	\$191.71
\$2,040.79	\$1,020.40	\$510.20	\$187.07	\$170.07	72	\$2,346.91	\$1,173.46	\$586.73	\$215.13	\$195.58
\$2,137.52	\$1,068.76	\$534.38	\$195.94	\$178.13	73	\$2,458.16	\$1,229.08	\$614.54	\$225.33	\$204.85
\$2,234.26	\$1,117.13	\$558.57	\$204.81	\$186.19	74	\$2,569.40	\$1,284.70	\$642.35	\$235.53	\$214.12
\$2,331.00	\$1,165.50	\$582.75	\$213.68	\$194.25	75	\$2,680.65	\$1,340.33	\$670.16	\$245.73	\$223.39
\$2,427.72	\$1,213.86	\$606.93	\$222.54	\$202.31	76	\$2,791.89	\$1,395.95	\$697.97	\$255.92	\$232.66
\$2,524.47	\$1,262.24	\$631.12	\$231.41	\$210.37	77	\$2,903.13	\$1,451.57	\$725.78	\$266.12	\$241.93
\$2,646.65	\$1,323.33	\$661.66	\$242.61	\$220.55	78	\$3,043.64	\$1,521.82	\$760.91	\$279.00	\$253.64
\$2,768.82	\$1,384.41	\$692.21	\$253.81	\$230.74	79	\$3,184.15	\$1,592.08	\$796.04	\$291.88	\$265.35
\$2,891.02	\$1,445.51	\$722.76	\$265.01	\$240.92	80	\$3,324.65	\$1,662.33	\$831.16	\$304.76	\$277.05
\$3,013.21	\$1,506.61	\$753.30	\$276.21	\$251.10	81	\$3,465.18	\$1,732.59	\$866.30	\$317.64	\$288.77
\$3,135.39	\$1,567.70	\$783.85	\$287.41	\$261.28	82	\$3,605.68	\$1,802.84	\$901.42	\$330.52	\$300.47
\$3,240.10	\$1,620.05	\$810.03	\$297.01	\$270.01	83	\$3,726.11	\$1,863.06	\$931.53	\$341.56	\$310.51
\$3,344.82	\$1,672.41	\$836.21	\$306.61	\$278.74	84	\$3,846.54	\$1,923.27	\$961.64	\$352.60	\$320.55
\$3,449.54	\$1,724.77	\$862.39	\$316.21	\$287.46	85	\$3,966.98	\$1,983.49	\$991.75	\$363.64	\$330.58
\$3,554.27	\$1,777.14	\$888.57	\$325.81	\$296.19	86	\$4,087.41	\$2,043.71	\$1,021.85	\$374.68	\$340.62
\$3,658.98	\$1,829.49	\$914.75	\$335.41	\$304.92	87	\$4,207.83	\$2,103.92	\$1,051.96	\$385.72	\$350.65
\$3,766.80	\$1,883.40	\$941.70	\$345.29	\$313.90	88	\$4,331.81	\$2,165.91	\$1,082.95	\$397.08	\$360.98
\$3,877.77	\$1,938.89	\$969.44	\$355.46	\$323.15	89	\$4,459.45	\$2,229.73	\$1,114.86	\$408.78	\$371.62
\$3,992.03	\$1,996.02	\$998.01	\$365.94	\$332.67	90	\$4,590.83	\$2,295.42	\$1,147.71	\$420.83	\$382.57
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Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft		Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft
\$1,471.84	\$735.92	\$367.96	\$134.92	\$122.65	65	\$1,692.61	\$846.31	\$423.15	\$155.16	\$141.05
\$1,471.84	\$735.92	\$367.96	\$134.92	\$122.65	66	\$1,692.61	\$846.31	\$423.15	\$155.16	\$141.05
\$1,471.84	\$735.92	\$367.96	\$134.92	\$122.65	67	\$1,692.61	\$846.31	\$423.15	\$155.16	\$141.05
\$1,471.84	\$735.92	\$367.96	\$134.92	\$122.65	68	\$1,692.61	\$846.31	\$423.15	\$155.16	\$141.05
\$1,487.14	\$743.57	\$371.79	\$136.32	\$123.93	69	\$1,710.22	\$855.11	\$427.56	\$156.77	\$142.52
\$1,502.46	\$751.23	\$375.62	\$137.73	\$125.21	70	\$1,727.82	\$863.91	\$431.96	\$158.38	\$143.99
\$1,517.76	\$758.88	\$379.44	\$139.13	\$126.48	71	\$1,745.42	\$872.71	\$436.36	\$160.00	\$145.45
\$1,548.37	\$774.19	\$387.09	\$141.93	\$129.03	72	\$1,780.62	\$890.31	\$445.16	\$163.22	\$148.39
\$1,621.76	\$810.88	\$405.44	\$148.66	\$135.15	73	\$1,865.03	\$932.52	\$466.26	\$170.96	\$155.42
\$1,695.16	\$847.58	\$423.79	\$155.39	\$141.26	74	\$1,949.42	\$974.71	\$487.36	\$178.70	\$162.45
\$1,768.55	\$884.28	\$442.14	\$162.12	\$147.38	75	\$2,033.83	\$1,016.92	\$508.46	\$186.43	\$169.49
\$1,841.95	\$920.98	\$460.49	\$168.85	\$153.50	76	\$2,118.23	\$1,059.12	\$529.56	\$194.17	\$176.52
\$1,915.34	\$957.67	\$478.84	\$175.57	\$159.61	77	\$2,202.64	\$1,101.32	\$550.66	\$201.91	\$183.55
\$2,008.03	\$1,004.02	\$502.01	\$184.07	\$167.34	78	\$2,309.24	\$1,154.62	\$577.31	\$211.68	\$192.44
\$2,100.74	\$1,050.37	\$525.19	\$192.57	\$175.06	79	\$2,415.85	\$1,207.93	\$603.96	\$221.45	\$201.32
\$2,193.44	\$1,096.72	\$548.36	\$201.07	\$182.79	80	\$2,522.46	\$1,261.23	\$630.62	\$231.23	\$210.21
\$2,286.14	\$1,143.07	\$571.54	\$209.56	\$190.51	81	\$2,629.07	\$1,314.54	\$657.27	\$241.00	\$219.09
\$2,378.85	\$1,189.43	\$594.71	\$218.06	\$198.24	82	\$2,735.67	\$1,367.84	\$683.92	\$250.77	\$227.97
\$2,458.30	\$1,229.15	\$614.58	\$225.34	\$204.86	83	\$2,827.05	\$1,413.53	\$706.76	\$259.15	\$235.59
\$2,537.75	\$1,268.88	\$634.44	\$232.63	\$211.48	84	\$2,918.41	\$1,459.21	\$729.60	\$267.52	\$243.20
\$2,617.21	\$1,308.61	\$654.30	\$239.91	\$218.10	85	\$3,009.78	\$1,504.89	\$752.45	\$275.90	\$250.82
\$2,696.66	\$1,348.33	\$674.17	\$247.19	\$224.72	86	\$3,101.16	\$1,550.58	\$775.29	\$284.27	\$258.43
\$2,776.11	\$1,388.06	\$694.03	\$254.48	\$231.34	87	\$3,192.52	\$1,596.26	\$798.13	\$292.65	\$266.04
\$2,857.90	\$1,428.95	\$714.48	\$261.97	\$238.16	88	\$3,286.59	\$1,643.30	\$821.65	\$301.27	\$273.88
\$2,942.12	\$1,471.06	\$735.53	\$269.69	\$245.18	89	\$3,383.44	\$1,691.72	\$845.86	\$310.15	\$281.95
\$3,028.80	\$1,514.40	\$757.20	\$277.64	\$252.40	90	\$3,483.12	\$1,741.56	\$870.78	\$319.29	\$290.26
Add One Time \$20 Policy Fee for each Applicant										

**STANDARD RATE - ADD 10% to premium mode selected**  
 (See **PREMIUM INFORMATION** regarding **Standard Rate** premium)

# OLD SURETY LIFE INSURANCE COMPANY

P.O. Box 54407 OKC, OK 73154 1-800-272-5466

## MEDICARE SUPPLEMENT RATES for NEBRASKA

(Effective 3/1/2025)

Zip Codes 680-681, 685

### PLAN G

FEMALE RATES					Issue Age	MALE RATES				
Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft		Annual	Semi Annual	Quarterly	Monthly Bill	Monthly Draft
\$1,639.52	\$819.76	\$409.88	\$150.29	\$136.63	65	\$1,885.44	\$942.72	\$471.36	\$172.83	\$157.12
\$1,639.52	\$819.76	\$409.88	\$150.29	\$136.63	66	\$1,885.44	\$942.72	\$471.36	\$172.83	\$157.12
\$1,639.52	\$819.76	\$409.88	\$150.29	\$136.63	67	\$1,885.44	\$942.72	\$471.36	\$172.83	\$157.12
\$1,639.52	\$819.76	\$409.88	\$150.29	\$136.63	68	\$1,885.44	\$942.72	\$471.36	\$172.83	\$157.12
\$1,656.56	\$828.28	\$414.14	\$151.85	\$138.05	69	\$1,905.06	\$952.53	\$476.27	\$174.63	\$158.76
\$1,673.62	\$836.81	\$418.41	\$153.42	\$139.47	70	\$1,924.67	\$962.34	\$481.17	\$176.43	\$160.39
\$1,690.67	\$845.34	\$422.67	\$154.98	\$140.89	71	\$1,944.27	\$972.14	\$486.07	\$178.22	\$162.02
\$1,724.76	\$862.38	\$431.19	\$158.10	\$143.73	72	\$1,983.48	\$991.74	\$495.87	\$181.82	\$165.29
\$1,806.51	\$903.26	\$451.63	\$165.60	\$150.54	73	\$2,077.50	\$1,038.75	\$519.38	\$190.44	\$173.13
\$1,888.27	\$944.14	\$472.07	\$173.09	\$157.36	74	\$2,171.51	\$1,085.76	\$542.88	\$199.06	\$180.96
\$1,970.03	\$985.02	\$492.51	\$180.59	\$164.17	75	\$2,265.53	\$1,132.77	\$566.38	\$207.67	\$188.79
\$2,051.78	\$1,025.89	\$512.95	\$188.08	\$170.98	76	\$2,359.54	\$1,179.77	\$589.89	\$216.29	\$196.63
\$2,133.53	\$1,066.77	\$533.38	\$195.57	\$177.79	77	\$2,453.58	\$1,226.79	\$613.40	\$224.91	\$204.47
\$2,236.80	\$1,118.40	\$559.20	\$205.04	\$186.40	78	\$2,572.32	\$1,286.16	\$643.08	\$235.80	\$214.36
\$2,340.06	\$1,170.03	\$585.02	\$214.51	\$195.01	79	\$2,691.08	\$1,345.54	\$672.77	\$246.68	\$224.26
\$2,443.32	\$1,221.66	\$610.83	\$223.97	\$203.61	80	\$2,809.81	\$1,404.91	\$702.45	\$257.57	\$234.15
\$2,546.59	\$1,273.30	\$636.65	\$233.44	\$212.22	81	\$2,928.58	\$1,464.29	\$732.15	\$268.45	\$244.05
\$2,649.86	\$1,324.93	\$662.47	\$242.90	\$220.82	82	\$3,047.32	\$1,523.66	\$761.83	\$279.34	\$253.94
\$2,738.35	\$1,369.18	\$684.59	\$251.02	\$228.20	83	\$3,149.10	\$1,574.55	\$787.28	\$288.67	\$262.43
\$2,826.86	\$1,413.43	\$706.72	\$259.13	\$235.57	84	\$3,250.89	\$1,625.45	\$812.72	\$298.00	\$270.91
\$2,915.37	\$1,457.69	\$728.84	\$267.24	\$242.95	85	\$3,352.69	\$1,676.35	\$838.17	\$307.33	\$279.39
\$3,003.88	\$1,501.94	\$750.97	\$275.36	\$250.32	86	\$3,454.46	\$1,727.23	\$863.62	\$316.66	\$287.87
\$3,092.37	\$1,546.19	\$773.09	\$283.47	\$257.70	87	\$3,556.23	\$1,778.12	\$889.06	\$325.99	\$296.35
\$3,183.50	\$1,591.75	\$795.88	\$291.82	\$265.29	88	\$3,661.00	\$1,830.50	\$915.25	\$335.59	\$305.08
\$3,277.30	\$1,638.65	\$819.33	\$300.42	\$273.11	89	\$3,768.88	\$1,884.44	\$942.22	\$345.48	\$314.07
\$3,373.86	\$1,686.93	\$843.47	\$309.27	\$281.16	90	\$3,879.92	\$1,939.96	\$969.98	\$355.66	\$323.33
Add One Time \$20 Policy Fee for each Applicant										

**STANDARD RATE - ADD 10% to premium mode selected**  
 (See **PREMIUM INFORMATION** regarding **Standard Rate** premium)

## **PREMIUM INFORMATION**

We, OLD SURETY LIFE INS. CO. can only raise your premium if we raise the premium for all policies like yours in this state, subject to the approval of the Department of Insurance.

Standard rates are calculated by adding 10% to the premium mode selected.

Standard rating is determined by the following criteria:

- Tobacco, e-cigarette, or vape use in the past 24 months
- or
- Height and Weight Guidelines according to our Underwriting Standards

## **DISCLOSURE**

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 Old Surety Life Insurance Company.

## **RIGHT TO RETURN POLICY**

If you find that you are not satisfied with your policy, you may return it to **Old Surety Life Insurance Company, P.O. Box 54407, Oklahoma City, OK 73154**. 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 of your payments.

## **POLICY REPLACEMENT**

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

## **NOTICE**

This policy may not fully cover all of your medical costs. Neither Old Surety 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 and You*" for more details.

## **LIMITATIONS AND EXCLUSIONS**

This policy does not provide any benefits for such injury or such sickness unless such injury or such sickness is of a kind approved for payment by Medicare.

Pre-Existing Conditions are not covered until this policy has been in force for six (6) months, unless this limitation is waived and so noted on page 3 of the policy on the Schedule I - Policy Information sheet.

If you are replacing existing Medicare Supplement or other Creditable Coverage, Old Surety will waive the pre-existing waiting period to the extent it was satisfied with the coverage you are replacing. All of this six (6) month waiting period will be waived if the Insured Person was eligible for this coverage as part of the Guarantee Issue program as detailed in the Guarantee Issue Determination Form made part of the application and provided to the Company.

## **REFUND OF PREMIUM**

Your policy, if issued, will not contain a provision for refund of premium after the initial 30-day "Right to Return Policy" period. In the event you cancel this policy prior to its renewal date, Old Surety will refund the appropriate portion of the unearned premium. In the event of your death, Old Surety, upon proper notification, will refund to your estate the appropriate portion of the unearned premium.

## **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.

**\*\*\* Medicare Supplement - Plan A (Core Policy) \*\*\***

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

\* A benefit period begins on the first day you receive services 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION *</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,676	\$ 0	\$1,676 Part A Deductible
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$419 a day	\$419 a day	\$ 0
91 <sup>st</sup> day and after:			
- While using 60 lifetime reserve days	All but \$838 a day	\$838 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
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements including having been in a hospital for at least 3 days & entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$ 0	\$ 0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$209.50 a day	\$ 0	Up to \$209.50 a day
101 <sup>st</sup> day and after	\$ 0	\$ 0	All Costs
<b>BLOOD</b>			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$ 0

**\*\*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 policy'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.

**\* \* \* Medicare Supplement – Plan A (Core Policy) \* \* \***

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$257 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	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES</b> IN OR OUT OF THE HOSPITAL & OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment.			
First \$257 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$257 Part B Deductible
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$ 0	\$ 0	All Costs
<b>BLOOD</b>			
First 3 pints	\$ 0	All Costs	\$ 0
Next \$257 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$257 Part B Deductible
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0

**— \* \* \* \* \* MEDICARE (PARTS A and B) \* \* \* \* \***

<b>HOME HEALTH CARE</b>			
<b>MEDICARE-APPROVED SERVICES</b>			
- Medically necessary skilled care services and medical supplies	100%	\$ 0	\$ 0
- Durable medical equipment:			
- First \$257 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$257 Part B Deductible
- Remainder of Medicare-Approved Amounts	80%	20%	\$ 0

**\* \* \* Medicare Supplement - Plan F \* \* \***

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

\* A benefit period begins on the first day you receive services 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION *</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,676	\$1,676 Part A Deductible	\$ 0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$419 a day	\$419 a day	\$ 0
91 <sup>st</sup> day and after:			
- While using 60 lifetime reserve days	All but \$838 a day	\$838 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
<b>SKILLED NURSING FACILITY CARE*</b> You must meet Medicare's requirements including having been in a hospital for at least 3 days & entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$ 0	\$ 0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$209.50 a day	Up to \$209.50 a day	\$ 0
101 <sup>st</sup> day and after	\$ 0	\$ 0	All Costs
<b>BLOOD</b>			
First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$ 0

**\*\* 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 policy'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.

**\* \* \* Medicare Supplement - Plan F \* \* \***

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$257 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	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL &amp; OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment.			
First \$257 of Medicare-Approved Amounts*	\$ 0	\$257 Part B Deductible	\$ 0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$ 0	100%	\$ 0
<b>BLOOD</b>			
First 3 pints	\$ 0	All Costs	\$ 0
Next \$257 of Medicare-Approved Amounts*	\$ 0	\$257 Part B Deductible	\$ 0
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
<b>CLINICAL LABORATORY SERVICES</b>			
- TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
<b>* * * * * MEDICARE (PARTS A and B) * * * * *</b>			
<b>HOME HEALTH CARE</b>			
MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$ 0	\$ 0
- Durable medical equipment:			
- First \$257 of Medicare-Approved Amounts*	\$ 0	\$257 Part B Deductible	\$ 0
- Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
<b>FOREIGN TRAVEL</b> * * * * * <b>Not covered by Medicare</b> * * * * *			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
- First \$ 250 each calendar year	\$ 0	\$ 0	\$ 250
- Remainder of charges*	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max.

**\* \* \* Medicare Supplement - Plan G \* \* \***

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

\* A benefit period begins on the first day you receive services 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.

Services	Medicare Pays	Plan Pays	You Pay
<b>HOSPITALIZATION *</b> Semiprivate room and board, general nursing and miscellaneous services and supplies.			
First 60 days	All but \$1,676	\$1,676 Part A Deductible	\$ 0
61 <sup>st</sup> through 90 <sup>th</sup> day	All but \$419 a day	\$419 a day	\$ 0
91 <sup>st</sup> day and after: - While using 60 lifetime reserve days	All but \$838 a day	\$838 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
<b>SKILLED NURSING FACILITY CARE *</b> You must meet Medicare's requirements including having been in a hospital for at least 3 days & entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$ 0	\$ 0
21 <sup>st</sup> through 100 <sup>th</sup> day	All but \$209.50 a day	Up to \$209.50 a day	\$ 0
101 <sup>st</sup> day and after	\$ 0	\$ 0	All Costs
<b>BLOOD</b> First 3 pints	\$ 0	3 pints	\$ 0
Additional amounts	100%	\$ 0	\$ 0
<b>HOSPICE CARE</b> You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment / coinsurance for outpatient drugs and inpatient respite care	Medicare copayment / coinsurance	\$ 0

**\*\* 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 policy'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.

**\*\*\* Medicare Supplement - Plan G \*\*\***

**MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

\* Once you have been billed \$257 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	Medicare Pays	Plan Pays	You Pay
<b>MEDICAL EXPENSES IN OR OUT OF THE HOSPITAL &amp; OUTPATIENT HOSPITAL TREATMENT</b> , such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment.			
First \$257 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$257 Unless Part B Deductible has been met
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	\$ 0
<b>Part B Excess Charges</b> (Above Medicare-Approved Amounts)	\$ 0	100%	\$ 0
<b>BLOOD</b> First 3 pints	\$ 0	All Costs	\$ 0
Next \$257 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$257 Unless Part B Deductible has been met
Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
<b>CLINICAL LABORATORY SERVICES</b> - TESTS FOR DIAGNOSTIC SERVICES	100%	\$ 0	\$ 0
***** <b>MEDICARE (PARTS A and B)</b> *****			
<b>HOME HEALTH CARE</b> MEDICARE-APPROVED SERVICES			
- Medically necessary skilled care services and medical supplies	100%	\$ 0	\$0
- Durable medical equipment:			
- First \$257 of Medicare-Approved Amounts*	\$ 0	\$ 0	\$257 Unless Part B Deductible has been met
- Remainder of Medicare-Approved Amounts	80%	20%	\$ 0
***** <b>OTHER BENEFITS - NOT COVERED BY MEDICARE</b> *****			
<b>FOREIGN TRAVEL - NOT COVERED BY MEDICARE</b> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
- First \$ 250 each calendar year	\$ 0	\$ 0	\$ 250
- Remainder of charges*	\$ 0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max.