HOSPITAL INDEMNITY

Mutual of Omaha's Hospital Protection℠ Plan

Coverage That Continues After You Leave the Hospital



Mutual of Omaha

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If you were hospitalized, you might face an unexpected challenge: expenses not covered by your Medicare or health plan that continue after you've gone home. These could include:

- Specialist consultations
- Physical therapy sessions
- Home health care assistance
- Medical equipment
- Prescription medications

Mutual of Omaha's Hospital Protection℠ insurance plan provides daily benefits that can help manage those additional costs. With nearly a dozen optional riders available, we can tailor a policy to fit your unique needs.

Client name: _____

Age: _____

Medicare Advantage Plan Details

Number of copay days: _____

Daily copay amount: $_____

Daily benefit amount: $ _____

Annual maximum out-of-pocket amount: $ _____

If you have Medicare supplement, Affordable Care Act (ACA) or other insurance:

Medicare supplement

What is your current deductible? $ _____

ACA

What is your current deductible? $ _____

Other Insurance

What is your current deductible? $ _____

Do you have money set aside to cover unexpected expenses? _____

Your Options

- Daily benefit amounts range from $100 to $1,000 in $10 increments

  Your selection: _____
- Day options: 3-10, 15, 20, 31

  Your selection: _____

Or choose:

- Lump-sum benefit amounts (pays $100 to $3,000 in $50 increments)

  Your selection: _____

Conitnued on the next page.

Optional Benefits

Expand protection by purchasing additional coverage.

- Ambulance and emergency/urgent care rider: ($100-$500 in increments of $100)

  Your selection: _____

- Skilled nursing facility rider (confinement days 1-20, 21-100 and 1-100)

  Your selection: _____

- Outpatient surgery rider (benefit amounts $250, $500, $ 750 or $1,000)

  Your selection: _____

- Lump sum cancer rider (benefit amounts $2,500, $5,000, $10,000, $15,000, $20,000 and $25,000)

  Your selection: _____

- Guaranteed purchase option rider (increase daily benefit by 15%)

  Your selection: _____

- Outpatient therapy rider (coverage options 15 or 30 days per calendar year)

  Your selection: _____

- Major diagnostic testing rider (benefit options $100 to $500 in increments of $100)

  Your selection: _____

- Home health care (daily benefit amount from $50 to 250 in increments of $10)

  Your selection: _____

- Prescription drug rider ($250 or $500 maximum benefit per calendar year)

  Your selection: _____



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