

YOUR **MEDICARE SUPPLEMENT** IS A GREAT START, BUT IT DOESN'T COVER CANCER, DENTAL, VISION, SHORT TERM RECOVERY CARE, OR FINAL EXPENSES.

Consider adding one of these plans

CANCER INSURANCE

aetna

LUMP SUM
CANCER PLAN
\$10,000 BENEFIT

IF YOU ARE DIAGNOSED WITH CANCER, YOU GET A CHECK FOR \$10,000. OTHER BENEFIT AMOUNTS ARE AVAILABLE.

AGE	MONTHLY PREMIUM	
	INDIVIDUAL	INDIVIDUAL WITH SPOUSE/PARTNER
50-54	\$16.67	\$30.75
55-59	\$20.83	\$38.43
60-64	\$25.00	\$46.11
65-69	\$28.33	\$52.26
70-74	\$32.50	\$59.96
75-79	\$33.33	\$61.50
80-84	\$35.83	\$66.11
85-89	\$37.50	\$69.10

DENTAL/VISION/CANCER

UNL United National Life
Insurance Company of America

- \$1,200 ANNUAL ON DENTAL/VISION
- \$75 ANNUAL CLEANING, NO DEDUCTIBLE
- \$50 EYE EXAM, NO DEDUCTIBLE
- \$200 ANNUAL EYEWEAR
- PAYS 80% OF ACTUAL CHARGES, AFTER \$100 DEDUCTIBLE, UP TO \$1,200/YR
- NO NETWORK
- FULL BENEFITS AFTER 12 MONTHS
- SCHEDULED CANCER COVERAGE

AGE	MONTHLY PREMIUM	
	PREMIUM	WITH ADDITIONAL \$10K LUMP SUM
61-65	\$48.38	\$70.88
66-70	\$50.71	\$77.51
71-75	\$55.84	\$86.64
76-79	\$56.50	\$87.90

CURRENTLY AVAILABLE IN ILLINOIS.
INDIANA COMING SOON!

Call today for help choosing a plan to cover your needs.

Your Name
Street Address
City, State, Zip
Phone • Fax
www.yourwebsite.com

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FINAL EXPENSE INSURANCE



PREFERRED RATES
\$10,000 BENEFIT

OTHER BENEFIT AMOUNTS
ARE AVAILABLE.

MONTHLY PREMIUM		
AGE	FEMALE	MALE
60	\$29.69	\$35.17
61	\$30.75	\$36.51
62	\$31.87	\$37.97
63	\$33.09	\$39.56
64	\$34.37	\$41.27
65	\$35.67	\$43.16
66	\$37.03	\$45.24
67	\$38.54	\$47.55
68	\$40.22	\$49.96
69	\$42.13	\$52.47
70	\$44.29	\$55.34
71	\$46.84	\$58.33
72	\$49.59	\$61.39

MONTHLY PREMIUM		
AGE	FEMALE	MALE
73	\$52.39	\$64.73
74	\$55.49	\$68.49
75	\$58.89	\$72.73
76	\$62.70	\$77.17
77	\$67.01	\$82.30
78	\$71.68	\$88.20
79	\$76.81	\$94.91
80	\$82.70	\$102.65
81	\$89.45	\$111.09
82	\$97.21	\$121.18
83	\$106.26	\$133.87
84	\$116.69	\$148.89
85	\$128.83	\$166.42

RECOVERY CARE



MEDICO
INSURANCE COMPANY

NURSING HOME, ASSISTED LIVING, HOME CARE

- ELIMINATION PERIOD = 0 DAYS
- BENEFIT PERIOD = 360 DAYS
- 1 TIME RESTORATION OF BENEFITS

MONTHLY PREMIUMS FOR DAILY BENEFIT (D.B.)

AGE	\$100 D.B.	\$150 D.B.	\$200 D.B.	AGE	\$100 D.B.	\$150 D.B.	\$200 D.B.
60	\$43.30	\$64.95	\$86.60	70	\$101.00	\$151.50	\$202.00
61	\$47.10	\$70.65	\$94.20	71	\$110.00	\$165.00	\$220.00
62	\$51.40	\$77.10	\$102.80	72	\$120.90	\$181.35	\$241.80
63	\$56.40	\$84.60	\$112.80	73	\$133.90	\$200.85	\$267.80
64	\$62.00	\$93.00	\$124.00	74	\$148.80	\$223.20	\$297.60
65	\$67.90	\$101.85	\$135.80	75	\$165.10	\$247.65	\$330.20
66	\$74.10	\$111.15	\$148.20	76	\$182.30	\$273.45	\$364.60
67	\$80.30	\$120.45	\$160.60	77	\$200.00	\$300.00	\$400.00
68	\$86.70	\$130.05	\$173.40	78	\$219.40	\$329.10	\$438.80
69	\$93.40	\$140.10	\$186.80	79	\$240.70	\$361.05	\$481.40

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Your Name
Street Address
City, State, Zip
Phone • Fax
www.yourwebsite.com