

MONTHLY NON-TOBACCO RATES

ZIP CODES: 155, 157-188, 195-196

These rates are used when applying during an Open Enrollment or Guaranteed Issue Period

FEMALE								Attained Age	MALE							
Plan A WM20	Plan B WM21	Plan C WM22	Plan D WM23	Plan F WM24	Plan G WM25	Plan M WM30	Plan N WM31		Plan A WM20	Plan B WM21	Plan C WM22	Plan D WM23	Plan F WM24	Plan G WM25	Plan M WM30	Plan N WM31
74.87	92.66	112.40	95.55	112.63	95.74	89.54	83.91	Thru 65	86.06	106.51	129.20	109.83	129.46	110.04	102.92	96.45
74.87	92.66	112.40	95.55	112.63	95.74	89.54	83.91	66	86.06	106.51	129.20	109.83	129.46	110.04	102.92	96.45
74.87	92.66	112.40	95.55	112.63	95.74	89.54	83.91	67	86.06	106.51	129.20	109.83	129.46	110.04	102.92	96.45
78.18	96.76	117.37	99.78	117.61	99.96	93.49	87.62	68	89.86	111.22	134.91	114.69	135.18	114.90	107.47	100.71
81.64	101.05	122.57	104.20	122.82	104.40	97.65	91.50	69	93.84	116.14	140.89	119.77	141.17	120.00	112.24	105.18
85.10	105.33	127.76	108.61	128.02	108.82	101.77	95.38	70	97.82	121.07	146.86	124.84	147.15	125.08	116.98	109.63
88.54	109.59	132.94	113.01	133.20	113.22	105.90	99.23	71	101.77	125.97	152.80	129.90	153.10	130.13	121.72	114.06
91.99	113.87	138.13	117.43	138.41	117.64	110.03	103.11	72	105.74	130.89	158.77	134.98	159.09	135.22	126.48	118.52
95.45	118.15	143.31	121.85	143.60	122.06	114.16	106.98	73	109.71	135.81	164.73	140.06	165.06	140.30	131.22	122.97
97.22	120.34	145.97	124.10	146.26	124.32	116.28	108.97	74	111.74	138.32	167.78	142.64	168.12	142.90	133.66	125.25
99.00	122.54	148.65	126.37	148.94	126.60	118.41	110.96	75	113.79	140.85	170.86	145.25	171.20	145.52	136.10	127.55
100.73	124.68	151.25	128.58	151.55	128.81	120.48	112.90	76	115.78	143.31	173.85	147.79	174.19	148.06	138.48	129.77
102.49	126.84	153.87	130.82	154.18	131.06	122.57	114.87	77	117.80	145.80	176.87	150.36	177.22	150.65	140.89	132.04
104.23	129.02	156.50	133.05	156.82	133.29	124.67	116.83	78	119.81	148.29	179.89	152.93	180.25	153.21	143.30	134.29
106.14	131.37	159.35	135.47	159.67	135.71	126.94	118.95	79	121.99	151.00	183.17	155.72	183.53	155.99	145.90	136.72
107.97	133.63	162.10	137.81	162.42	138.05	129.12	121.01	80	124.10	153.60	186.32	158.40	186.69	158.68	148.41	139.09
109.71	135.79	164.72	140.04	165.06	140.30	131.22	122.96	81	126.11	156.08	189.34	160.97	189.72	161.27	150.83	141.34
111.39	137.88	167.24	142.18	167.58	142.44	133.22	124.84	82	128.03	158.48	192.23	163.42	192.62	163.72	153.12	143.50
112.97	139.82	169.62	144.20	169.96	144.46	135.11	126.62	83	129.85	160.72	194.97	165.75	195.35	166.05	155.30	145.54
114.46	141.68	171.86	146.11	172.21	146.38	136.91	128.30	84	131.56	162.85	197.55	167.94	197.95	168.26	157.37	147.47
115.88	143.42	173.97	147.91	174.32	148.17	138.58	129.87	85	133.19	164.85	199.97	170.01	200.37	170.31	159.29	149.27
117.17	145.04	175.93	149.57	176.28	149.84	140.15	131.34	86	134.68	166.71	202.22	171.92	202.62	172.23	161.09	150.96
118.37	146.51	177.73	151.10	178.08	151.37	141.58	132.67	87	136.06	168.40	204.29	173.68	204.69	173.99	162.73	152.49
119.46	147.86	179.37	152.49	179.73	152.77	142.89	133.89	88	137.31	169.96	206.17	175.27	206.59	175.60	164.24	153.90
120.45	149.07	180.83	153.74	181.19	154.02	144.05	134.99	89	138.44	171.35	207.85	176.71	208.27	177.03	165.58	155.17
121.64	150.57	182.64	155.28	183.01	155.56	145.50	136.35	90+	139.82	173.07	209.94	178.48	210.36	178.81	167.24	156.72

MONTHLY NON-TOBACCO RATES

ZIP CODES: 150-154, 156

These rates are used when applying during an Open Enrollment or Guaranteed Issue Period

FEMALE								Attained Age	MALE							
Plan A WM20	Plan B WM21	Plan C WM22	Plan D WM23	Plan F WM24	Plan G WM25	Plan M WM30	Plan N WM31		Plan A WM20	Plan B WM21	Plan C WM22	Plan D WM23	Plan F WM24	Plan G WM25	Plan M WM30	Plan N WM31
86.32	106.83	129.59	110.17	129.85	110.38	103.24	96.74	Thru 65	99.22	122.79	148.96	126.63	149.26	126.87	118.66	111.20
86.32	106.83	129.59	110.17	129.85	110.38	103.24	96.74	66	99.22	122.79	148.96	126.63	149.26	126.87	118.66	111.20
86.32	106.83	129.59	110.17	129.85	110.38	103.24	96.74	67	99.22	122.79	148.96	126.63	149.26	126.87	118.66	111.20
90.14	111.56	135.33	115.04	135.59	115.25	107.79	101.02	68	103.60	128.22	155.55	132.23	155.86	132.47	123.90	116.11
94.13	116.50	141.32	120.14	141.60	120.36	112.58	105.50	69	108.19	133.91	162.44	138.09	162.76	138.35	129.40	121.26
98.12	121.44	147.31	125.22	147.60	125.46	117.34	109.96	70	112.78	139.58	169.32	143.93	169.65	144.21	134.87	126.39
102.08	126.35	153.27	130.29	153.57	130.53	122.09	114.41	71	117.33	145.23	176.17	149.76	176.51	150.04	140.34	131.51
106.06	131.29	159.25	135.39	159.58	135.63	126.86	118.88	72	121.91	150.91	183.05	155.62	183.42	155.90	145.82	136.65
110.05	136.22	165.23	140.48	165.56	140.73	131.62	123.35	73	126.49	156.58	189.92	161.48	190.30	161.76	151.29	141.78
112.08	138.74	168.29	143.08	168.63	143.34	134.06	125.63	74	128.83	159.47	193.44	164.46	193.83	164.76	154.10	144.41
114.14	141.28	171.38	145.70	171.72	145.97	136.52	127.94	75	131.20	162.39	196.99	167.47	197.38	167.78	156.92	147.05
116.14	143.75	174.38	148.24	174.73	148.51	138.91	130.17	76	133.49	165.23	200.44	170.40	200.84	170.70	159.66	149.62
118.17	146.24	177.41	150.82	177.76	151.11	141.32	132.44	77	135.82	168.09	203.92	173.36	204.33	173.69	162.44	152.23
120.18	148.75	180.44	153.40	180.80	153.68	143.74	134.70	78	138.13	170.98	207.40	176.32	207.82	176.64	165.22	154.83
122.37	151.46	183.73	156.19	184.09	156.47	146.35	137.14	79	140.65	174.09	211.18	179.53	211.60	179.85	168.22	157.63
124.48	154.07	186.89	158.88	187.26	159.17	148.87	139.51	80	143.08	177.09	214.81	182.62	215.24	182.95	171.11	160.36
126.49	156.56	189.92	161.46	190.30	161.76	151.29	141.77	81	145.39	179.95	218.30	185.59	218.74	185.93	173.89	162.95
128.43	158.96	192.82	163.92	193.21	164.22	153.59	143.94	82	147.62	182.71	221.63	188.42	222.07	188.76	176.54	165.45
130.25	161.21	195.56	166.26	195.95	166.56	155.78	145.98	83	149.71	185.30	224.79	191.10	225.23	191.44	179.05	167.79
131.97	163.35	198.15	168.46	198.55	168.77	157.85	147.92	84	151.69	187.75	227.76	193.63	228.22	193.99	181.44	170.02
133.60	165.35	200.58	170.53	200.98	170.83	159.77	149.73	85	153.56	190.06	230.55	196.01	231.01	196.36	183.65	172.10
135.09	167.22	202.83	172.45	203.24	172.75	161.58	151.42	86	155.27	192.21	233.14	198.22	233.61	198.57	185.72	174.05
136.48	168.91	204.92	174.21	205.32	174.52	163.23	152.96	87	156.87	194.15	235.54	200.24	236.00	200.60	187.62	175.82
137.73	170.48	206.80	175.81	207.22	176.14	164.74	154.37	88	158.31	195.95	237.70	202.08	238.18	202.46	189.36	177.44
138.87	171.87	208.49	177.25	208.91	177.57	166.08	155.64	89	159.62	197.55	239.64	203.74	240.12	204.11	190.90	178.90
140.25	173.60	210.58	179.02	211.01	179.36	167.75	157.20	90+	161.20	199.54	242.05	205.78	242.53	206.16	192.81	180.69

MONTHLY NON-TOBACCO RATES

ZIP CODES: 189-194

These rates are used when applying during an Open Enrollment or Guaranteed Issue Period

FEMALE								Attained Age	MALE							
Plan A WM20	Plan B WM21	Plan C WM22	Plan D WM23	Plan F WM24	Plan G WM25	Plan M WM30	Plan N WM31		Plan A WM20	Plan B WM21	Plan C WM22	Plan D WM23	Plan F WM24	Plan G WM25	Plan M WM30	Plan N WM31
99.53	123.18	149.43	127.03	149.73	127.28	119.04	111.55	Thru 65	114.40	141.59	171.76	146.01	172.10	146.29	136.82	128.22
99.53	123.18	149.43	127.03	149.73	127.28	119.04	111.55	66	114.40	141.59	171.76	146.01	172.10	146.29	136.82	128.22
99.53	123.18	149.43	127.03	149.73	127.28	119.04	111.55	67	114.40	141.59	171.76	146.01	172.10	146.29	136.82	128.22
103.93	128.63	156.04	132.65	156.35	132.89	124.29	116.48	68	119.46	147.85	179.35	152.47	179.71	152.74	142.87	133.89
108.53	134.33	162.95	138.52	163.28	138.79	129.81	121.65	69	124.75	154.40	187.30	159.22	187.68	159.53	149.21	139.82
113.13	140.02	169.85	144.39	170.19	144.66	135.30	126.79	70	130.04	160.95	195.23	165.97	195.62	166.28	155.51	145.74
117.70	145.69	176.73	150.24	177.07	150.51	140.78	131.92	71	135.29	167.46	203.13	172.69	203.53	173.00	161.82	151.63
122.29	151.38	183.63	156.11	184.00	156.39	146.28	137.08	72	140.57	174.00	211.07	179.44	211.50	179.76	168.14	157.56
126.89	157.08	190.52	161.99	190.90	162.27	151.76	142.23	73	145.85	180.55	218.99	186.19	219.43	186.52	174.44	163.48
129.24	159.98	194.05	164.98	194.44	165.28	154.58	144.86	74	148.55	183.88	223.05	189.63	223.50	189.97	177.68	166.51
131.61	162.90	197.62	168.00	198.01	168.31	157.41	147.52	75	151.28	187.25	227.14	193.10	227.59	193.45	180.93	169.56
133.91	165.75	201.07	170.93	201.47	171.24	160.17	150.09	76	153.92	190.52	231.12	196.48	231.58	196.83	184.10	172.52
136.25	168.62	204.56	173.91	204.97	174.23	162.95	152.71	77	156.61	193.82	235.13	199.89	235.60	200.27	187.30	175.53
138.57	171.52	208.05	176.88	208.47	177.20	165.74	155.32	78	159.28	197.14	239.14	203.31	239.62	203.68	190.51	178.53
141.10	174.64	211.85	180.10	212.26	180.42	168.75	158.13	79	162.18	200.74	243.50	207.01	243.98	207.38	193.97	181.76
143.53	177.65	215.49	183.20	215.92	183.53	171.65	160.87	80	164.98	204.20	247.69	210.58	248.18	210.95	197.30	184.90
145.85	180.52	218.99	186.18	219.43	186.52	174.44	163.47	81	167.65	207.49	251.71	213.99	252.22	214.39	200.51	187.89
148.08	183.29	222.33	189.01	222.78	189.36	177.10	165.97	82	170.21	210.68	255.55	217.26	256.07	217.65	203.56	190.77
150.18	185.88	225.50	191.70	225.94	192.05	179.62	168.32	83	172.62	213.66	259.19	220.35	259.70	220.75	206.46	193.48
152.17	188.35	228.48	194.24	228.94	194.61	182.01	170.56	84	174.90	216.49	262.62	223.27	263.15	223.68	209.21	196.05
154.05	190.66	231.28	196.63	231.74	196.98	184.23	172.64	85	177.07	219.15	265.84	226.01	266.37	226.41	211.76	198.44
155.77	192.81	233.88	198.84	234.34	199.20	186.31	174.60	86	179.04	221.63	268.83	228.55	269.36	228.96	214.15	200.69
157.37	194.77	236.28	200.87	236.74	201.23	188.21	176.37	87	180.88	223.87	271.59	230.89	272.12	231.30	216.34	202.73
158.81	196.57	238.46	202.72	238.94	203.10	189.96	178.00	88	182.54	225.94	274.09	233.01	274.64	233.45	218.34	204.60
160.12	198.18	240.40	204.38	240.88	204.75	191.50	179.46	89	184.05	227.79	276.32	234.92	276.88	235.35	220.12	206.28
161.71	200.17	242.81	206.43	243.30	206.81	193.42	181.26	90+	185.88	230.08	279.09	237.27	279.66	237.71	222.32	208.35

Premium Information

If there is a change in the table of rates, we, United World, can only raise your premium if we raise the premium for all the policies like yours in the same classification and geographic area of the state where you live. Until you are age 90, your premium will change each year based on your attained age. This change will only be made on the first renewal date that coincides with or follows each anniversary of the policy date. We will give you at least 30 days advance written notice prior to any premium change. Schedules of rates may vary depending upon your policy date.

Disclosures

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I, and J are no longer available for sale.

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.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to United World Life Insurance Company, 3316 Farnam Street, 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 of 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.

Notice

The policy may not fully cover all of your medical costs. Neither United World 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.