

SERFF Tracking Number: PHYS-125825381 State: Arkansas
 Filing Company: Physicians Life Insurance Company State Tracking Number: 40308
 Company Tracking Number:
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.007 Plan F (High)
 Standard Plans
 Product Name: L267
 Project Name/Number: L267/L267

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: L267

SERFF Tr Num: PHYS-125825381 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -
 Standard Plans

SERFF Status: Closed

State Tr Num: 40308

Sub-TOI: MS051.007 Plan F (High)

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form/Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Kathryn Gurnett

Disposition Date: 10/01/2008

Date Submitted: 09/22/2008

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: L267

Status of Filing in Domicile: Authorized

Project Number: L267

Date Approved in Domicile: 05/22/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 10/01/2008

State Status Changed: 10/01/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: NAIC No. 367-72125; FEIN: 47-0529583

Physicians Life Insurance Company

Individual Medicare Supplement

L267AR – Medicare Supplement Policy High Deductible Plan F

C260-AR2 – Medicare Supplement Cover Page (Replaces C260-AR1 approved 09-08-05)

OC267-UNI – Outline of Coverage High Deductible Plan F

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
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 Product Name: *L267*
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Filing Contact Information

Kathryn Gurnett, Policy Approval & Compliance katie.gurnett@physiciansmutual.com
 Coordinator
 2600 Dodge Street (402) 633-1188 [Phone]
 Omaha, NE 68131 (402) 633-1096[FAX]

Filing Company Information

Physicians Life Insurance Company	CoCode: 72125	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0529583	

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$50.00	09/22/2008	22634144

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
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 Standard Plans
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	10/01/2008	10/01/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Medicare Supplement High Deductible Plan F	Form	Kathryn Gurnett	09/30/2008	09/30/2008

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
 Filing Company: *Physicians Life Insurance Company* State Tracking Number: *40308*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.007 Plan F (High)*
 Product Name: *L267*
 Project Name/Number: *L267/L267*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Outline of Coverage	Accepted for Informational Purposes	Yes
Form (revised)	Medicare Supplement High Deductible Plan F	Approved	Yes
Form	Medicare Supplement High Deductible Plan F		Yes
Form	COVER PAGE	Approved	Yes
Form	OUTLINE OF COVERAGE	Approved	Yes
Form	APPLICATION	Approved	Yes
Rate	L267-AR-091908	Approved	Yes

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
 Filing Company: *Physicians Life Insurance Company* State Tracking Number: *40308*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.007 Plan F (High)*
 Product Name: *L267*
 Project Name/Number: *L267/L267*

Amendment Letter

Amendment Date:
 Submitted Date: *09/30/2008*

Comments:

Upon review of the above captioned form, it was found that the Lifetime Maximum Inpatient Hospital Benefit, on page 2 of the policy had not incorporated the latest changes to the NAIC model law for Medicare Supplement. This has been revised. This policy has not been issued to any policyholders. No other changes were made to the policy.

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
L267AR	Policy/Contr act/Fraternal Certificate	Medicare Supplement High Deductible Plan F	Initial				48	L267AR Sched.pdf L267AR.pdf

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
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 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.007 Plan F (High)*
 Product Name: *L267*
 Project Name/Number: *L267/L267*

Form Schedule

Lead Form Number: L267AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	L267AR	Policy/Cont	Medicare ract/Fratern Supplement High al Deductible Plan F Certificate	Initial		48	L267AR Sched.pdf L267AR.pdf
Approved	C260-AR2	Outline of	COVER PAGE Coverage	Initial			C260-AR2.pdf
Approved	OC267-UNI	Outline of	OUTLINE OF Coverage COVERAGE	Initial			OC267- UNI.pdf
Approved	ULA29AR- 1	Application/ Enrollment Form	APPLICATION	Initial		54	ULA29AR- 1.pdf

SCHEDULE

HIGH DEDUCTIBLE PLAN F

XXX-XXXX-XXXXX

POLICY NUMBER XXX-XXX-XXX INSURED - JOHN AGE 65
EFFECTIVE DATE 07/01/08
FIRST RENEWAL DATE 08/01/08
FIRST PREMIUM \$X,XXX.XX

	RENEWAL PREMIUM
NAME OF INSURED:	*ABW \$XXX.XX
JOHN Q. DOE	*MONTHLY \$XXX.XX
	*QUARTERLY \$X,XXX.XX
	*SEMI-ANNUAL \$X,XXX.XX
	*ANNUAL \$X,XXX.XX

THE HIGH DEDUCTIBLE AMOUNT FOR THE YEAR [2008] IS [\$1,900.00]
THIS AMOUNT WILL BE ADJUSTED ANNUALLY.

HIGH DEDUCTIBLE PLAN F PAYS THE FOLLOWING BENEFITS AFTER THE HIGH
DEDUCTIBLE HAS BEEN MET FOR THE CALENDAR YEAR:

PART A BENEFITS-

PART A DEDUCTIBLE AMOUNT
PER MEDICARE BENEFIT PERIOD

CO-INSURANCE-61ST TO 90TH DAY

CO-INSURANCE-91ST TO 150TH DAY
(LIFETIME RESERVE DAYS)

PAYS THE SAME BENEFITS THAT
MEDICARE WAS PAYING WHEN
BENEFITS EXHAUSTED
(MAXIMUM OF 365 DAYS)

CO-INSURANCE FOR SKILLED
NURSING FACILITY CARE-
21ST TO 100TH DAY

FIRST THREE PINTS OF BLOOD

PART B BENEFITS-

PART B DEDUCTIBLE

20% OF MEDICARE ELIGIBLE EXPENSES
OR THE AMOUNT REQUIRED BY LAW
(SUBJECT TO MEDICARE PART B
DEDUCTIBLE)

100% OF THE MEDICARE PART B EXCESS
CHARGES

FIRST THREE PINTS OF BLOOD

FOREIGN TRAVEL EMERGENCY MEDICAL
BENEFITS-80% TO A LIFETIME
MAXIMUM OF \$50,000

THESE ARE JUST BRIEF DESCRIPTIONS OF THE BENEFITS PAYABLE
UNDER THE HIGH DEDUCTIBLE PLAN F MEDICARE SUPPLEMENT POLICY. SEE
YOUR POLICY FOR COMPLETE DESCRIPTIONS OF BENEFITS.

THE INFORMATION SHOWN ON THIS SCHEDULE IS CURRENT AS OF THE
EFFECTIVE DATE SHOWN ABOVE.

*SUBJECT TO PREMIUM CHANGES PROVISION

**PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE ST. OMAHA, NE 68131**

A STOCK COMPANY

**MEDICARE SUPPLEMENT POLICY
HIGH DEDUCTIBLE PLAN F**

Notice to Buyer: This policy may not cover all of Your medical expenses.

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Consideration: This Policy is issued in consideration of the application and payment of the first premium.

IMPORTANT NOTICES

Entire Contract; Changes: This Contract is between Physicians Life Insurance Company (“We” or “Company”) and the Insured shown on the Schedule (“You” or “Insured”). The entire contract is the policy, the Schedule, the application and any riders signed by a Company Officer. No change in this Policy will be effective until approved by a Company Officer. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions. All statements made in the application are deemed representations and not warranties.

30 Day Right To Examine The Policy: If You return it within 30 days after You get it, We will return Your money. Then, it is void as if no policy had been issued.

Read Your Application: Be sure it is correct and complete. We rely on all statements made by You or for You on the application You signed. If any are incorrect or incomplete, notify us immediately. Unless corrected, Your policy may be void.

GUARANTEED RENEWAL AGREEMENT

Guaranteed Renewable With Timely Payment: You can keep Your policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it.

Premium Changes: We may change Your Renewal Premium, only if We make the same change for all policies of this form and class in the State where You live.

Grace Period: You have 31 days after the due date to pay each Renewal Premium. The policy stays in effect during this Grace Period.

Late Payment-Lapse: If We do not get Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse and Your policy is no longer in force.

Reinstatement: If Your policy Lapses, We may or may not put it back in force (reinstate) at our option. If We accept a late premium and do not require an application, Your policy is reinstated. If We require an application, Your policy is reinstated when We approve the application, or (unless We have already disapproved it in writing) on the 45th day after We get the application.

The reinstated policy is in force to cover loss that starts after the reinstatement. In all other respects, the policy remains the same except for any provisions noted on or attached to the reinstated policy.

Changes in Medicare: Any benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and co-payment percentage factors. Your premiums may be modified to correspond with such changes.

Extension of Benefits: Termination shall be without prejudice to any continuous loss which began while the policy was in force. Any extension of benefits beyond that time may be conditional upon the continuous total disability of the Insured; limited to those conditions which caused the continuous loss beginning while the policy was in force; or, limited to the appropriate benefit period or payment of maximum benefits.

Medicaid Suspension: The benefits and premiums under Your Medicare supplement policy will be suspended during Your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If You are no longer entitled to Medicaid, Your policy will be reinstated if requested within 90 days of losing Medicaid eligibility.

Group Health Plan Suspension: The benefits and premiums under Your Medicare supplement policy will be suspended at Your request if You are entitled to benefits under Section 226(b) of the Social Security Act (disabled underage 65) and are covered under a group health plan as defined in Section 1862(b)(1)(A)(v) of the Social Security Act (group health insurance coverage with an employer that has 20 or more employees). If You then lose coverage under Your group health plan, Your policy will be reinstated automatically effective as of the date of termination. You must notify Us of the coverage loss within ninety (90) days after the date of coverage termination and pay the premium attributable to the period.

BENEFITS

This policy is designed to supplement the Federal Medicare Program. You must have Medicare as primary coverage for this policy to supplement. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

Your policy benefits will adjust whenever Medicare changes its benefits. We may adjust the Renewal Premium accordingly.

AFTER YOU SATISFY THE HIGH DEDUCTIBLE FOR EACH CALENDAR YEAR, WE WILL PAY BENEFITS AS FOLLOWS:

BASIC BENEFITS

Inpatient Hospital Benefit: We will pay the Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

Additional Inpatient Hospital Benefit: We will pay for Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

Lifetime Maximum Inpatient Hospital Benefit: Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, We will pay 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

Blood: We will pay under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

Medical Benefits: We will pay the co-insurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

ADDITIONAL BENEFITS

Medicare Part A Deductible: We will pay the Medicare Part A inpatient Hospital deductible amount per Medicare Benefit Period.

Skilled Nursing Facility Care: We will pay the actual billed charges up to the co-insurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

Medicare Part B Deductible: We will pay the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

100% of the Medicare Part B Excess Charges: We will pay all of the difference between the actual Medicare Part B charge as billed, not to exceed any charged limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Foreign Travel Emergency: We will pay to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Accident or a Sickness of sudden or unexpected onset.

POLICY LIMITATIONS

We will not pay for:

- (a) confinement that begins or expenses incurred while Your policy is not in force.
- (b) services of the type not covered by Medicare, unless specifically provided by the policy.

PAYMENT OF CLAIMS

On all claim matters, contact Physicians Life Insurance Company, P.O. Box 2018, Omaha, NE 68103-2018.

Claim Forms: We will send You claim forms after We get notice of claim. For a continuing loss We will furnish forms with each periodic benefit payment. If We do not furnish forms within 15 days, You can submit proof of loss (a written statement of the nature and extent of the loss) without using our claim forms.

Proof of Loss: We require written proof that a claim exists within the terms of Your policy. Except in the absence of legal capacity, such proof must be given no later than 15 months from the date of loss.

Time of Payment: We will pay all claims due as soon as We have valid proof.

Payment of Claims: We will pay the benefits to You, unless You assign the benefits to another. If, at the time of Your death, there is an unpaid benefit, We will pay it to Your estate; however, We may pay up to \$1,000 of it to any relative by blood or connection by marriage We find entitled. Our obligation is satisfied to the extent of such payment.

DEFINITIONS

Accident means accidental bodily injury sustained by You, which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and occurs while Your policy is in force.

Calendar Year is as defined in the Medicare program.

High Deductible means the amount of out-of-pocket expenses, other than premiums, You are required to pay each Calendar Year before the benefits of the Policy are payable. Out-of-pocket expenses are the expenses which, in the absence of the High Deductible, would be paid by the Policy. These expenses include the Medicare Part A and Part B Deductibles, but do not include the separate Foreign Travel Emergency deductible. The High Deductible amount will be adjusted annually by the Secretary of the United States Department of Health and Human Services. The High Deductible for the Calendar Year in which this Policy is issued is shown on the Policy Schedule.

Medicare Benefit Period is as defined in the Medicare program.

Skilled Nursing Facility is as defined in the Medicare program.

Hospital is as defined in the Medicare program.

Medicare means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended, or Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

Physician is as defined in the Medicare program.

Sickness means Your illness or disease.

GENERAL PROVISIONS

Time Limit on Certain Defenses: After two years from the Policy Effective Date no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred after the expiration of such two-year period.

No claim for loss commencing after the Policy Effective Date should be reduced or denied on the grounds that a disease or physical condition existed prior to the Policy Effective Date.

Misstatement Of Age: If Your age was misstated and this policy would not have been issued at Your correct age, the policy is void. We will refund all premiums You paid less the amount of claims paid under this policy. If Your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium paid would have purchased using the correct age.

Refund of Unearned Premiums: If You die while Your policy is in force, We will refund any unearned premium paid for any period beyond the end of the policy month in which the death occurred. Any unearned premium will be paid no later than 30 days after We receive proof of Your death.

Legal Actions: You can't bring a legal action to recover under the policy: (a) until 60 days after You have given written proof of loss, or (b) more than three years after the date proof of loss is required.

Other Insurance With This Company: You may have only one Medicare Supplement Policy with us. If, in error, We issue more than one, You, Your beneficiary, or Your estate may select the policy to remain in force. We will refund the money You paid on the other policy, less the amount of claims paid.

Conformity With State Statutes: Any provision of this policy in conflict with the laws of the state where You reside on its Effective Date is Amended to the minimum requirements of those laws.

Policy Issue-First Premium: If the First Premium shown in the Schedule has been paid, this policy goes into effect on the Effective Date shown in the Schedule.

Periods of Insurance: All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

Dividends: This Policy is non-participating and does not pay dividends.

Signed, for Physicians Life Insurance Company,



President

Physicians Life Insurance Company
Outline of Medicare Supplement Coverage-Cover Page: Page 1 of 2
Benefit Plans A, B, F, High Deductible F, & G

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A". Some plans may not be available in your state.

See Outlines of Coverage sections for details about ALL plans

Basic Benefits for Plans A-J

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or co-payments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible
		Part B Deductible			Part B Deductible					Part B Deductible	Part B Deductible
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)		Part B Excess (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
			At Home Recovery				At Home Recovery		At Home Recovery		At Home Recovery
				Preventive Care NOT covered by Medicare							Preventive Care NOT covered by Medicare

***Plans F and J also have an option called a high deductible plan F and a high deductible plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year \$[1900] deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$[1900]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate Foreign Travel Emergency deductible.**

Physicians Life Insurance Company Outline of Medicare Supplement Coverage-Cover Page 2

Basic Benefits for Plans K and L include similar services as Plans A-J, but cost-sharing for the basic benefits is at different levels.

J	K**	L**
Basic Benefits	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End. 50% Hospice cost-sharing 50% of Medicare-eligible expenses for the first three pints of blood 50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services	100% of Part A Hospitalization Coinsurance plus coverage for 365 Days after Medicare Benefits End. 75% Hospice cost-sharing 75% of Medicare-eligible expenses for the first three pints of blood 75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services
Skilled Nursing Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At Home Recovery		
Preventive Care NOT covered by Medicare		
	\$[4,440] Out of Pocket Annual Limit***	\$[2,220] Out of Pocket Annual Limit***

**** Plans K and L provide for different cost-sharing for items and services than Plans A-J.**

Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

***** The out-of-pocket annual limit will increase each year for inflation.**

See Outlines of Coverage for details and exceptions.

AUTOMATIC BANK WITHDRAWAL RATES											
AREA E											
Non-Tobacco Rates						Tobacco Rates					
Age	Plan A	Plan B	Plan F	High Ded. Plan F	Plan G	Age	Plan A	Plan B	Plan F	High Ded. Plan F	Plan G
0-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	0-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]

AUTOMATIC BANK WITHDRAWAL RATES											
AREA F											
Non-Tobacco Rates						Tobacco Rates					
Age	Plan A	Plan B	Plan F	High Ded. Plan F	Plan G	Age	Plan A	Plan B	Plan F	High Ded. Plan F	Plan G
0-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	0-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]

AUTOMATIC BANK WITHDRAWAL RATES											
AREA H											
Non-Tobacco Rates						Tobacco Rates					
Age	Plan A	Plan B	Plan F	High Ded. Plan F	Plan G	Age	Plan A	Plan B	Plan F	High Ded. Plan F	Plan G
0-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	0-99	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]	\$[XX.XX]

To calculate monthly premiums add \$5.00 to the ABW premium. For other modes, multiply the ABW premium by the following factors: Annual - 12, Semi-annual - 6, Quarterly - 3.

Arkansas ZIP CODE GUIDE PLANS A, B, F, and HDF		
Zip Code Start	Zip Code End	Area Indicator
71600	71899	E
71900	72199	F
72200	72299	H
72300	72999	E

Arkansas ZIP CODE GUIDE PLAN G		
Zip Code Start	Zip Code End	Area Indicator
71600	71899	E
71900	72199	F
72200	72299	H
72300	72999	E

PREMIUM INFORMATION

We, Physicians Life, can only raise your premium if we raise the premium for all policies of this form and class in your state. Premiums never increase because of age, but can receive increases for Medicare changes and inflation.

DISCLOSURES

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.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Physicians Life, 2600 Dodge Street, Omaha, NE 68131. 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

This policy may not fully cover all of your medical costs. Neither Physicians Life 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.

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.

HIGH DEDUCTIBLE PLAN F

PHYSICIANS LIFE INSURANCE COMPANY
MEDICARE SUPPLEMENT
OUTLINE OF COVERAGE

L-260 Series

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

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

****This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$1900] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are [\$1900]. Out-of-pocket expenses for the deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[1900] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[1900] DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$[1,024]	\$[1,024] (Part A Deductible)	\$0
61st thru 90th day	All but \$[256] a day	\$[256] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but \$[512] a day	\$[512] 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
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$[128] a day	Up to \$[128] a day	\$0
101st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$0	Balance

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

*Once you have been billed \$[135] 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.

****This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$1900] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are [\$1900]. Out-of-pocket expenses for the deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[1900] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[1900] DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physicians services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First \$[135] of Medicare Approved Amounts* (the Part B Deductible)	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally, 80%	Generally, 20%, or the amount required by law	\$0
Part B Excess Charge (Above Medicare Approved Amounts)	\$0	All Costs	\$0
BLOOD First 3 pints	\$0	All Costs	\$0
Next \$[135] of Medicare Approved Amounts*	\$0	\$[135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%, or the amount required by law	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[1900] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[1900] DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First \$[135] of Medicare Approved Amounts*	\$0	\${135] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%, or the amount required by law	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY \$[1900] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO \$[1900] DEDUCTIBLE,** YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services during the first 60 days of each trip outside the U.S.A. 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 maximum

**Medicare Supplement Application to
PHYSICIANS LIFE INSURANCE COMPANY © 2600 Dodge Street • Omaha, Nebraska 68131**

Policy No. _____ Source I.D. _____

Please print the following information.

Applicant's Name _____ Date of Birth _____
First Middle Initial Last Mo. Day Yr.
 Street _____ Apt. _____ Age _____ Sex _____ Height _____ Weight _____
 Address _____
 City _____ State _____ Zip _____ Phone No. (____) _____
Area Code
 E-mail address _____
 Applicant's Medicare Health Insurance Claim Number (HICN) _____
(exactly as shown on your Medicare card)

Annual Quarterly _____ _____ \$ _____ \$ _____
 Semi-annual Monthly Date of Application Effective Date Premium Collected Modal Premium

ABW TYPE 1

Have you used tobacco products in the past 12 months? Yes No
 (Under Open Enrollment, You Are Not Required To Answer This Question)

Type of coverage applied for:

PLAN A/L260-10 PLAN F/L265-10 HIGH DEDUCTIBLE PLAN F/L267-10
 PLAN B/L261-10 PLAN G/L266-10

If you lost or are losing other health insurance coverage and received a notice from your prior insurer saying you were eligible for guaranteed issue of a Medicare supplement insurance policy, or that you had certain rights to buy such a policy, you may be guaranteed acceptance in one or more of our Medicare supplement plans. Please include a copy of the notice from your prior insurer with your application. PLEASE ANSWER ALL QUESTIONS.

To the best of your knowledge:

	YES	NO
1. Are you enrolled in Part A and Part B of Medicare?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did you turn age 65 in the last 6 months?	<input type="checkbox"/>	<input type="checkbox"/>
Have you enrolled in Medicare Part B for the first time in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, you do NOT need to answer questions 7-20. If yes, please show date of enrollment (month/day/year)	/ /	/ /
3. Are you covered for medical assistance through the state Medicaid program?	<input type="checkbox"/>	<input type="checkbox"/>
NOTE TO APPLICANT: If you are participating in a "Spend-Down Program" and have not met your "Share of Cost," please answer NO to this question.		
If yes:		
a. Will Medicaid pay your premiums for this Medicare supplement policy?	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you receive any benefits from Medicaid OTHER THAN payments toward your Medicare Part B premium?	<input type="checkbox"/>	<input type="checkbox"/>
4. If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank. Start _____ End _____		
a. If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?	<input type="checkbox"/>	<input type="checkbox"/>
b. Was this your first time in this type of Medicare plan?	<input type="checkbox"/>	<input type="checkbox"/>
c. Did you drop a Medicare supplement policy to enroll in the Medicare plan?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have another Medicare Supplement policy in force?	<input type="checkbox"/>	<input type="checkbox"/>
a. If so, with what company and what plan do you have? _____		
b. If so, do you intend to replace your current Medicare Supplement policy with this policy?	<input type="checkbox"/>	<input type="checkbox"/>

20. Please provide us with the name, address and telephone number of the physician who has your medical records.
If additional space is needed, use the Addendum to application AM5-1296.

Name, address & phone number of Physician	Date & reason for last visit

IMPORTANT STATEMENTS TO BE READ BY APPLICANT

- (1) You do not need more than one Medicare supplement policy.
- (2) If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.
- (3) You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.
- (4) If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of the suspension.
- (5) If you are eligible for, and have enrolled in a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan. If the Medicare supplement policy provided coverage for outpatient prescription drugs and you enrolled in Medicare Part D while your policy was suspended, the reinstated policy will not have outpatient prescription drug coverage, but will otherwise be substantially equivalent to your coverage before the date of suspension.
- (6) Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

The Undersigned applicant and agent certify that the applicant has read, or had read to him or her, the completed application and that the applicant realizes that any false statement or misrepresentation in the application may result in loss of coverage under the policy.

I represent and agree that all information stated in this application is complete and correct to the best of my knowledge.

Signature of Applicant _____

Date Application Completed _____ Dated at _____
Mo. Day Yr City State

I represent and agree that I have truly and accurately recorded in this application all information supplied by the applicant and personally witnessed (his-her) signature. This policy does replace does not replace any insurance presently in force.

 Signature of Licensed Resident Agent(s)

 Signature of Licensed Resident Agent(s)

TO BE FILLED OUT BY AGENT

1. List any other health insurance policies you have sold the applicant which are still in force:

2. List any other health insurance policies you have sold the applicant in the past five (5) years which are no longer in force:

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
 Filing Company: *Physicians Life Insurance Company* State Tracking Number: *40308*
 Company Tracking Number:
 TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.007 Plan F (High)*
 Product Name: *L267*
 Project Name/Number: *L267/L267*

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	L267-AR-091908	L267AR	New		L267AR Exhibit A.pdf L267AR Exhibit B.pdf L267AR Exhibit C.pdf

Exhibit A

Proposed

Issue Age

Rate Table

PHYSICIANS LIFE INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

High Deductible Plan F

Arkansas

2008

Automatic Bank Withdrawal

Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65-99	\$70.80

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

Exhibit B

Schedule

for

Zip Codes

and

Area Factors

Physicians Life Insurance Company
Omaha, Nebraska
MEDICARE SUPPLEMENT
AREA RATING ZIP CODES

Plans A, B, C, F and High Deductible F

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
	500-516 520-528 656-658	386-388 390-393 396-397, 559	170-174 224-225 227-231, 238	030-038 254, 257 261-268	164-169, 177 254, 257 249-253	354-355 365-366, 370 372, 402	197-198 301-302 312-316, 323	201, 220-223 226, 232, 239 242, 246-248	150-163 175-176 178-196	233-237, 320 327, 335-336 338, 342, 347	770, 772 775, 889, 891	773	322 328-329, 337 339, 346 484-485	700	701		330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944						
	613, 634 636-639 654, 655 683-684 686, 688-693 843-844, 847 976, 978-979	386-388 390-393 396-397, 559	170-174 224-225 227-231, 238	030-038 254, 257 261-268	164-169, 177 254, 257 249-253	354-355 365-366, 370 372, 402	197-198 301-302 312-316, 323	201, 220-223 226, 232, 239 242, 246-248	150-163 175-176 178-196	233-237, 320 327, 335-336 338, 342, 347	770, 772 775, 889, 891	773	322 328-329, 337 339, 346 484-485	700	701		330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944						
	538, 540 545-548	500-516 520-528 535, 537, 539 544, 549 656-658	386-388 390-393 396-397 446, 461-462 559, 613 634, 636-639 683-684 684, 655 686, 688-693 843-844, 847 973-979	170-174 224-225 227-231 238, 240-241 243-245 403-404, 421 425 430, 432 437-438, 449 465-468, 470 472-475, 479 553, 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 748 840-842 873-874 877-884 973-975, 977 995-999	030-038 254, 257 261-268 177, 249-253 255-256, 260 296-298, 371 376-383, 385 294-295, 299 389, 394 304-310 317-319 356-370 372-375 384, 398 402, 407-409 412, 415-420 431, 433 434-435, 448 439, 442 455, 463, 464 493, 496-497 490-491 531-532, 534 494-495, 498 541-543 622, 630-631 551, 554 610-612 614-615 617-619 623-629 644-645 650, 652-653 666, 716-718 723-729, 730 734-741 743-747, 749 766-767, 790 797-798, 803 807-808 810-816 820-831 839 845-846, 859 863, 865, 870 875, 942 955-958, 982 986, 988-991 993-994	164-169 354-355, 440 605, 705-706 710, 755, 758 778-779 782-785, 789 304-310 317-319 356-370 372-375 384, 398 402, 407-409 412, 415-420 431, 433 434-435, 448 439, 442 455, 463, 464 493, 496-497 490-491 531-532, 534 494-495, 498 541-543 622, 630-631 551, 554 610-612 614-615 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 765-767, 790 797-798, 803 807-808 810-813 820-831 839 845-846, 859 863, 865 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	197-198, 201 220-223, 242 246-248 258-259, 300 178-196 303, 311, 321 399, 714, 777 794	150-163 175-176 178-196 258-259, 300 399, 703, 704 714, 750-753 774, 776	233-237, 320 327, 335-336 338, 342 347, 757, 775 922-925, 933 935, 945-949 953-954	770, 772 775, 889, 891	773	322 328-329, 337 339, 346 484-485 700	701		330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944								

All Other Plans

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00
538, 540 545-548	500-516 520-528 535, 537, 539 544, 549 656-658	386-388 390-393 396-397 446, 461-462 559, 613 634, 636-639 683-684 684, 655 686, 688-693 843-844, 847 973-979	170-174 224-225 227-231 238, 240-241 243-245 403-404, 421 425 430, 432 437-438, 449 465-468, 470 472-475, 479 553, 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 730 840-842, 870 873-874 877-880 881-882 883-884 995-999	030-038 254, 257 261-268 177, 249-253 255-256, 260 296-298, 371 376-383, 385 294-295, 299 389, 394 304-310 317-319 356-370 372-375 384, 398 402, 407-409 412, 415-420 431, 433 434-435, 448 439, 442 455, 463, 464 493, 496-497 490-491 531-532, 534 494-495, 498 541-543 622, 630-631 551, 554 610-612 614-615 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 765-767, 790 797-798, 803 807-808 810-813 820-831 839 845-846, 859 863, 865 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	164-169 354-355, 440 605, 705-706 710, 755, 758 778-779 782-785, 789 304-310 317-319 356-370 372-375 384, 398 402, 407-409 412, 415-420 431, 433 434-435, 448 439, 442 455, 463, 464 493, 496-497 490-491 531-532, 534 494-495, 498 541-543 622, 630-631 551, 554 610-612 614-615 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 765-767, 790 797-798, 803 807-808 810-813 820-831 839 845-846, 859 863, 865 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	197-198, 201 220-223, 242 246-248 258-259, 300 178-196 303, 311, 321 399, 714, 777 794	150-163 175-176 178-196 258-259, 300 399, 703, 704 714, 750-754 774, 776, 890	233-237, 320 327, 335-336 338, 342 347, 757, 775 922-925, 933 935, 945-949 953-954	770, 772 775, 889, 891	773	322 328-329, 337 339, 346 484-485 700	701		330-334 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944									

Exhibit C

Schedule

For

Tobacco

And

Non-Tobacco

Rate Factors

PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

**MEDICARE SUPPLEMENT
TOBACCO RATE FACTORS
AGENT SOLICITED BUSINESS**

	<u>Factors</u>
Non-Tobacco	1.00
Tobacco	1.12

TOBACCO-STD-010903

SERFF Tracking Number: *PHYS-125825381* State: *Arkansas*
Filing Company: *Physicians Life Insurance Company* State Tracking Number: *40308*
Company Tracking Number:
TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.007 Plan F (High)*
Product Name: *L267*
Project Name/Number: *L267/L267*

Supporting Document Schedules

Satisfied -Name: Certification/Notice **Review Status:** Accepted for Informational Purposes 10/01/2008

Comments:

Attachments:

AR Cert L267AR.pdf
AR READABILITY.pdf

Satisfied -Name: Application **Review Status:** Accepted for Informational Purposes 10/01/2008

Comments:

Please see filing description under General Information Tab and the Forms Tab.

Satisfied -Name: Outline of Coverage **Review Status:** Accepted for Informational Purposes 10/01/2008

Comments:

Please see Form Schedule Tab

Physicians Life Insurance Company
2600 Dodge Street
Omaha, Nebraska 68131
Certification
September 18, 2008

RE: Medicare Supplement High Deductible F L267AR

This is to certify that the above captioned filing complies with the Arkansas Regulation 19 and all other applicable requirements of the Arkansas Insurance Department.



Allison A. Hurt
Fellow, Society of Actuaries
Member, American Academy of Actuaries

PHYSICIANS LIFE INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

These form(s) have the following Flesch Readability Score:

<u>Form</u>	<u>Flesch Score</u>
L267AR	48.0
ULA29AR-1	53.6

The entire form was analyzed. The following was excluded in the text: name and address of the insurer; name, number and title of the rider; captions and subcaptions; medical terminology; defined terms.



Vice President
Physicians Life Insurance Company

September 22, 2008

Date

**PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE ST. OMAHA, NE 68131**

A STOCK COMPANY

**MEDICARE SUPPLEMENT POLICY
HIGH DEDUCTIBLE PLAN F**

Notice to Buyer: This policy may not cover all of Your medical expenses.

TABLE OF CONTENTS

Important Notices	Page 1	Policy Limitations	Page 3
Guaranteed Renewal Agreement	Page 1	Payment of Claims	Page 3
Benefits	Page 2	Definitions	Page 3
Basic Benefits	Page 2	General Provisions	Page 4
Additional Benefits	Page 3		

Consideration: This Policy is issued in consideration of the application and payment of the first premium.

IMPORTANT NOTICES

Entire Contract; Changes: This Contract is between Physicians Life Insurance Company (“We” or “Company”) and the Insured shown on the Schedule (“You” or “Insured”). The entire contract is the policy, the Schedule, the application and any riders signed by a Company Officer. No change in this Policy will be effective until approved by a Company Officer. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions. All statements made in the application are deemed representations and not warranties.

30 Day Right To Examine The Policy: If You return it within 30 days after You get it, We will return Your money. Then, it is void as if no policy had been issued.

Read Your Application: Be sure it is correct and complete. We rely on all statements made by You or for You on the application You signed. If any are incorrect or incomplete, notify us immediately. Unless corrected, Your policy may be void.

GUARANTEED RENEWAL AGREEMENT

Guaranteed Renewable With Timely Payment: You can keep Your policy in force as long as You pay Your Renewal Premiums on time. When We receive Your Renewal Premium before the Grace Period ends, We must accept it.

Premium Changes: We may change Your Renewal Premium, only if We make the same change for all policies of this form and class in the State where You live.

Grace Period: You have 31 days after the due date to pay each Renewal Premium. The policy stays in effect during this Grace Period.

Late Payment-Lapse: If We do not get Your Renewal Premium before the Grace Period ends, Your coverage stops at the end of the Grace Period. This is a Lapse and Your policy is no longer in force.

Reinstatement: If Your policy Lapses, We may or may not put it back in force (reinstate) at our option. If We accept a late premium and do not require an application, Your policy is reinstated. If We require an application, Your policy is reinstated when We approve the application, or (unless We have already disapproved it in writing) on the 45th day after We get the application.

The reinstated policy is in force to cover loss that starts after the reinstatement. In all other respects, the policy remains the same except for any provisions noted on or attached to the reinstated policy.

Changes in Medicare: Any benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible amount and co-payment percentage factors. Your premiums may be modified to correspond with such changes.

Extension of Benefits: Termination shall be without prejudice to any continuous loss which began while the policy was in force. Any extension of benefits beyond that time may be conditional upon the continuous total disability of the Insured; limited to those conditions which caused the continuous loss beginning while the policy was in force; or, limited to the appropriate benefit period or payment of maximum benefits.

Medicaid Suspension: The benefits and premiums under Your Medicare supplement policy will be suspended during Your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If You are no longer entitled to Medicaid, Your policy will be reinstated if requested within 90 days of losing Medicaid eligibility.

Group Health Plan Suspension: The benefits and premiums under Your Medicare supplement policy will be suspended at Your request if You are entitled to benefits under Section 226(b) of the Social Security Act (disabled underage 65) and are covered under a group health plan as defined in Section 1862(b)(1)(A)(v) of the Social Security Act (group health insurance coverage with an employer that has 20 or more employees). If You then lose coverage under Your group health plan, Your policy will be reinstated automatically effective as of the date of termination. You must notify Us of the coverage loss within ninety (90) days after the date of coverage termination and pay the premium attributable to the period.

BENEFITS

This policy is designed to supplement the Federal Medicare Program. You must have Medicare as primary coverage for this policy to supplement. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

Your policy benefits will adjust whenever Medicare changes its benefits. We may adjust the Renewal Premium accordingly.

AFTER YOU SATISFY THE HIGH DEDUCTIBLE FOR EACH CALENDAR YEAR, WE WILL PAY BENEFITS AS FOLLOWS:

BASIC BENEFITS

Inpatient Hospital Benefit: We will pay the Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period.

Additional Inpatient Hospital Benefit: We will pay for Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.

Lifetime Maximum Inpatient Hospital Benefit: Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, We will pay the Medicare Part A eligible expenses for hospitalization paid at the Diagnostic Related Group (DRG) day outlier per diem or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance.

Blood: We will pay under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations.

Medical Benefits: We will pay the co-insurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible. If You are not enrolled in Part B of Medicare, We will pay benefits as if You were enrolled.

ADDITIONAL BENEFITS

Medicare Part A Deductible: We will pay the Medicare Part A inpatient Hospital deductible amount per Medicare Benefit Period.

Skilled Nursing Facility Care: We will pay the actual billed charges up to the co-insurance amount from the 21st day through the 100th day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

Medicare Part B Deductible: We will pay the Medicare Part B deductible amount per Calendar Year regardless of Hospital confinement.

100% of the Medicare Part B Excess Charges: We will pay all of the difference between the actual Medicare Part B charge as billed, not to exceed any charged limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Foreign Travel Emergency: We will pay to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-eligible expenses for medically necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000). For purposes of this benefit, "emergency care" shall mean care needed immediately because of an Accident or a Sickness of sudden or unexpected onset.

POLICY LIMITATIONS

We will not pay for:

- (a) confinement that begins or expenses incurred while Your policy is not in force.
- (b) services of the type not covered by Medicare, unless specifically provided by the policy.

PAYMENT OF CLAIMS

On all claim matters, contact Physicians Life Insurance Company, P.O. Box 2018, Omaha, NE 68103-2018.

Claim Forms: We will send You claim forms after We get notice of claim. For a continuing loss We will furnish forms with each periodic benefit payment. If We do not furnish forms within 15 days, You can submit proof of loss (a written statement of the nature and extent of the loss) without using our claim forms.

Proof of Loss: We require written proof that a claim exists within the terms of Your policy. Except in the absence of legal capacity, such proof must be given no later than 15 months from the date of loss.

Time of Payment: We will pay all claims due as soon as We have valid proof.

Payment of Claims: We will pay the benefits to You, unless You assign the benefits to another. If, at the time of Your death, there is an unpaid benefit, We will pay it to Your estate; however, We may pay up to \$1,000 of it to any relative by blood or connection by marriage We find entitled. Our obligation is satisfied to the extent of such payment.

DEFINITIONS

Accident means accidental bodily injury sustained by You, which is the direct result of an Accident, independent of disease or bodily infirmity or any other cause, and occurs while Your policy is in force.

Calendar Year is as defined in the Medicare program.

High Deductible means the amount of out-of-pocket expenses, other than premiums, You are required to pay each Calendar Year before the benefits of the Policy are payable. Out-of-pocket expenses are the expenses which, in the absence of the High Deductible, would be paid by the Policy. These expenses include the Medicare Part A and Part B Deductibles, but do not include the separate Foreign Travel Emergency deductible. The High Deductible amount will be adjusted annually by the Secretary of the United States Department of Health and Human Services. The High Deductible for the Calendar Year in which this Policy is issued is shown on the Policy Schedule.

Medicare Benefit Period is as defined in the Medicare program.

Skilled Nursing Facility is as defined in the Medicare program.

Hospital is as defined in the Medicare program.

Medicare means The Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965 as Then Constituted or Later Amended, or Title I, Part I of Public Law 89-97, as Enacted by the Eighty-Ninth Congress of the United States of America and popularly known as the Health Insurance for the Aged Act, as then constituted and any later amendments or substitutes thereof.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

Physician is as defined in the Medicare program.

Sickness means Your illness or disease.

GENERAL PROVISIONS

Time Limit on Certain Defenses: After two years from the Policy Effective Date no misstatements, except fraudulent misstatements, made by the applicant in the application for such policy shall be used to void the policy or to deny a claim for loss incurred after the expiration of such two-year period.

No claim for loss commencing after the Policy Effective Date should be reduced or denied on the grounds that a disease or physical condition existed prior to the Policy Effective Date.

Misstatement Of Age: If Your age was misstated and this policy would not have been issued at Your correct age, the policy is void. We will refund all premiums You paid less the amount of claims paid under this policy. If Your age was misstated and a different premium would have been charged, the benefits will be adjusted to what the premium paid would have purchased using the correct age.

Refund of Unearned Premiums: If You die while Your policy is in force, We will refund any unearned premium paid for any period beyond the end of the policy month in which the death occurred. Any unearned premium will be paid no later than 30 days after We receive proof of Your death.

Legal Actions: You can't bring a legal action to recover under the policy: (a) until 60 days after You have given written proof of loss, or (b) more than three years after the date proof of loss is required.

Other Insurance With This Company: You may have only one Medicare Supplement Policy with us. If, in error, We issue more than one, You, Your beneficiary, or Your estate may select the policy to remain in force. We will refund the money You paid on the other policy, less the amount of claims paid.

Conformity With State Statutes: Any provision of this policy in conflict with the laws of the state where You reside on its Effective Date is Amended to the minimum requirements of those laws.

Policy Issue-First Premium: If the First Premium shown in the Schedule has been paid, this policy goes into effect on the Effective Date shown in the Schedule.

Periods of Insurance: All periods of insurance begin and end at 12:01 A.M., Standard Time at Your residence.

Dividends: This Policy is non-participating and does not pay dividends.

Signed, for Physicians Life Insurance Company,

R. A. Reed

President

SCHEDULE

HIGH DEDUCTIBLE PLAN F

XXX-XXXX-XXXXX

POLICY NUMBER XXX-XXX-XXX INSURED - JOHN AGE 65
EFFECTIVE DATE 07/01/08
FIRST RENEWAL DATE 08/01/08
FIRST PREMIUM \$X,XXX.XX

	RENEWAL PREMIUM
NAME OF INSURED:	*ABW \$XXX.XX
	*MONTHLY \$XXX.XX
JOHN Q. DOE	*QUARTERLY \$X,XXX.XX
	*SEMI-ANNUAL \$X,XXX.XX
	*ANNUAL \$X,XXX.XX

THE HIGH DEDUCTIBLE AMOUNT FOR THE YEAR [2008] IS [\$1,900.00]
THIS AMOUNT WILL BE ADJUSTED ANNUALLY.

HIGH DEDUCTIBLE PLAN F PAYS THE FOLLOWING BENEFITS AFTER THE HIGH
DEDUCTIBLE HAS BEEN MET FOR THE CALENDAR YEAR:

PART A BENEFITS-

PART A DEDUCTIBLE AMOUNT
PER MEDICARE BENEFIT PERIOD

CO-INSURANCE-61ST TO 90TH DAY

CO-INSURANCE-91ST TO 150TH DAY
(LIFETIME RESERVE DAYS)

PAYS THE SAME BENEFITS THAT
MEDICARE WAS PAYING WHEN
BENEFITS EXHAUSTED
(MAXIMUM OF 365 DAYS)

CO-INSURANCE FOR SKILLED
NURSING FACILITY CARE-
21ST TO 100TH DAY

FIRST THREE PINTS OF BLOOD

PART B BENEFITS-

PART B DEDUCTIBLE

20% OF MEDICARE ELIGIBLE EXPENSES
OR THE AMOUNT REQUIRED BY LAW
(SUBJECT TO MEDICARE PART B
DEDUCTIBLE)

100% OF THE MEDICARE PART B EXCESS
CHARGES

FIRST THREE PINTS OF BLOOD

FOREIGN TRAVEL EMERGENCY MEDICAL
BENEFITS-80% TO A LIFETIME
MAXIMUM OF \$50,000

THESE ARE JUST BRIEF DESCRIPTIONS OF THE BENEFITS PAYABLE
UNDER THE HIGH DEDUCTIBLE PLAN F MEDICARE SUPPLEMENT POLICY. SEE
YOUR POLICY FOR COMPLETE DESCRIPTIONS OF BENEFITS.

THE INFORMATION SHOWN ON THIS SCHEDULE IS CURRENT AS OF THE
EFFECTIVE DATE SHOWN ABOVE.

*SUBJECT TO PREMIUM CHANGES PROVISION