

SERFF Tracking Number: NELLI-125883144 State: Arkansas
 Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 41018
 Company Tracking Number: CSO INDIVIDUAL
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Individual Standardized Medicare Supplement
 Project Name/Number: CSO Ind MedSupp/

Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Individual Standardized Medicare Supplement SERFF Tr Num: NELLI-125883144 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 41018

Sub-TOI: MS051.001 Plan A Co Tr Num: CSO INDIVIDUAL State Status: Approved-Closed
 Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler

Author: Ken Beckman Disposition Date: 12/12/2008

Date Submitted: 12/08/2008 Disposition Status: Approved

Implementation Date Requested: 05/01/2009

Implementation Date: 05/01/2009

State Filing Description:

General Information

Project Name: CSO Ind MedSupp

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

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: 9%

Group Market Type:

Filing Status Changed: 12/12/2008

State Status Changed: 12/12/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to request a rate increase and demonstrate loss ratio compliance as required annually for all the Individual Standardized Medicare Supplement plans of Central States Health & Life Co. of Omaha. This filing is submitted by Philadelphia American Life Insurance Company on behalf of Central States and an authorization letter is attached.

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	12/12/2008	12/12/2008

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Disposition

Disposition Date: 12/12/2008

Implementation Date: 05/01/2009

Status: Approved

Comment: We have approved the requested 9% rate increase for Plans A, B, C, D and F to be implemented on or after May 1, 2009. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Central States Health & Life Co. of Omaha	9.000%	\$5,465	27	\$60,718	%	%	9.000%

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

5.000%

Effective Date of Last Rate Revision:

05/01/2008

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Central States Health & Life Co. of Omaha	9.000%	9.000%	\$5,465	27	\$60,718	%	%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	rate schedule	S25, S26, S27, S28, S30	Revised	Previous State Filing Number: Percent Rate Change Request:	NELL-1253656-34 AR Ind Med Supp rate sheets 2009.pdf 9

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

AREA FACTOR ADJUSTMENT OF PREMIUM RATES
FOR MEDICARE SUPPLEMENT PLAN FORMS: S25/A * S26/B * S27/C
* S28/D * S29/E * S30/F * S31/G * S81/ HIGH F

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS. FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE FILED. FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED UNLESS FILED AND APPROVED.

ARKANSAS	
ZIP CODE	AREA FACTOR
71600-72199	0.85
72200-72399	1.00
72400-72999	0.85

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S25 AR PLAN A
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----	-----	-----
ALL AGES	2053.46	2415.84

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S26 AR PLAN B
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2206.05	2595.35

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S27 AR PLAN C
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----	-----	-----
ALL AGES	2447.45	2879.35

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S28 AR PLAN D
MEDICARE SUPPLEMENT POLICY
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2163.45	2545.24

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S30 AR PLAN F
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----	-----	-----
ALL AGES	2472.38	2908.68

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S25 AR PLAN A
 MEDICARE SUPPLEMENT POLICY
 NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
	0.85	1.00
-----	-----	-----
ALL AGES	2028.82	2386.85

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S26 AR PLAN B
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2179.58	2564.21

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S27 AR PLAN C
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2418.08	2844.80

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

FORM R-1278 AR 8TH REV.

05/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S28 AR PLAN D
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2137.50	2514.70

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

FORM R-1279 AR 8TH REV.

05/2009

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S30 AR PLAN F
 MEDICARE SUPPLEMENT POLICY
 NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
	0.85	1.00
-----	-----	-----
ALL AGES	2442.72	2873.79

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S25 AR PLAN A
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
ALL AGES	2231.70	2625.53

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S26 AR PLAN B
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2397.54	2820.63

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

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OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S27 AR PLAN C
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2659.90	3129.29

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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RATE SCHEDULE FOR POLICY FORM S28 AR PLAN D
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2351.25	2766.18

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

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RATE SCHEDULE FOR POLICY FORM S30 AR PLAN F
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2686.99	3161.17

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

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Standard Plans
Product Name: Individual Standardized Medicare Supplement
Project Name/Number: CSO Ind MedSupp/

Supporting Document Schedules

Satisfied -Name: filing authorization

Review Status:

Accepted for Informational 12/12/2008
Purposes

Comments:

Attachment:

CSO MedSupp Authorization.pdf



Central States Health & Life Co. of Omaha

AUTHORIZATION FOR FILING

Central States Health & Life Co. of Omaha hereby authorizes Philadelphia American Life Insurance Company to submit, on behalf of Central States Health & Life Co. of Omaha and under applicable insurance statutes, for approval, the Medicare supplement rate and loss ratio filing described in the cover letter.

Jacquelyn C. McCaslin, FSA, MAAA
Vice President and Chief Actuary
Central States Health & Life Co. of Omaha

01-02-2008

Dated