

SERFF Tracking Number: MDIC-125630315 State: Arkansas  
Filing Company: Medico Insurance Company State Tracking Number: 38819  
Company Tracking Number: KHADVMIA18AB  
TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental  
Product Name: ADVMIA18-AB  
Project Name/Number: /

## Filing at a Glance

Company: Medico Insurance Company  
Product Name: ADVMIA18-AB  
TOI: H10I Individual Health - Dental  
Sub-TOI: H10I.000 Health - Dental  
Filing Type: Form

SERFF Tr Num: MDIC-125630315 State: ArkansasLH  
SERFF Status: Closed State Tr Num: 38819  
Co Tr Num: KHADVMIA18AB State Status: Filed-Closed  
Co Status: Reviewer(s): Rosalind Minor  
Author: Karl Hug Disposition Date: 05/05/2008  
Date Submitted: 04/30/2008 Disposition Status: Filed-Closed  
Implementation Date: Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:  
Project Number:  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: We have not, as of yet, filed the advertising for our A18 plan in our domicile state of Nebraska.  
Market Type: Individual  
Group Market Size:  
Group Market Type:

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 05/05/2008  
State Status Changed: 05/05/2008  
Corresponding Filing Tracking Number:  
Filing Description:

Deemer Date:

Please see my attached cover letter, thanks.

## Company and Contact

### Filing Contact Information

Karl Hug, Compliance Analyst

khug@gomedico.com

SERFF Tracking Number: MDIC-125630315 State: Arkansas  
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Company Tracking Number: KHADVMIA18AB  
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental  
Product Name: ADVMIA18-AB  
Project Name/Number: /

1515 S. 75th Street (800) 695-5976 [Phone]  
Omaha, NE 68124 (402) 391-4858[FAX]

**Filing Company Information**

Medico Insurance Company CoCode: 31119 State of Domicile: Nebraska  
1515 S. 75th Street Group Code: 364 Company Type: Life and Health  
Omaha, NE 68124 Group Name: Medico State ID Number:  
(800) 695-5976 ext. [Phone] FEIN Number: 47-0122200  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation: one advertising form, one company, fee = \$25.00  
Per Company: No

| COMPANY                  | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--------------------------|---------|----------------|---------------|
| Medico Insurance Company | \$25.00 | 04/30/2008     | 20025954      |

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TOI: H101 Individual Health - Dental

Sub-TOI: H101.000 Health - Dental

Product Name: ADVMIA18-AB

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## Correspondence Summary

### Dispositions

| Status       | Created By     | Created On | Date Submitted |
|--------------|----------------|------------|----------------|
| Filed-Closed | Rosalind Minor | 05/05/2008 | 05/05/2008     |

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## **Disposition**

Disposition Date: 05/05/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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| <b>Item Type</b>           | <b>Item Name</b>                   | <b>Item Status</b> | <b>Public Access</b> |
|----------------------------|------------------------------------|--------------------|----------------------|
| <b>Supporting Document</b> | Certification/Notice               | Filed-Closed       | Yes                  |
| <b>Supporting Document</b> | Application                        | Filed-Closed       | Yes                  |
| <b>Supporting Document</b> | Health - Actuarial Justification   | Filed-Closed       | Yes                  |
| <b>Supporting Document</b> | Outline of Coverage                | Filed-Closed       | Yes                  |
| <b>Supporting Document</b> | cover letter.                      | Filed-Closed       | Yes                  |
| <b>Form</b>                | Agent's application booklet insert | Filed-Closed       | Yes                  |

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## Form Schedule

**Lead Form Number:** ADVMIA18-AB

| Review Status | Form Number | Form Type                       | Form Name      | Action  | Action Specific Data | Readability | Attachment      |
|---------------|-------------|---------------------------------|----------------|---------|----------------------|-------------|-----------------|
| Filed-        | ADVMIA18-   | Advertising Agent's application |                | Initial |                      |             | ADVMIA18-       |
| Closed        | AB          |                                 | booklet insert |         |                      |             | AB-04232008.pdf |

# Dental, Vision, & Hearing Plan MI-DVA18

## *Benefits*

Once the \$100 Policy Year Deductible is satisfied, your plan pays, for covered expenses:

- 60% - First Policy Year
- 70% - Second Policy Year
- 80% - Third Policy Year and thereafter.

Applicants can choose between a

- \$1,000 or
- \$1,500

Policy Year Maximum at the time of application.

## *Deductible*

Our Dental, Vision and Hearing Plan includes a standard:

- \$100 Policy Year Deductible

## *Why is Dental, Vision, & Hearing coverage important for your family?*

Medico understands that your teeth, eyesight and hearing are a part of your quality of life; unexpected problems can be painful, inconvenient and expensive! We want to make it possible for you to find an affordable way to protect these assets.

Medico Insurance Company is now offering a Dental, Vision & Hearing Insurance Product designed to protect these assets by helping you pay toward their coverage.



*Who is eligible?* **Anyone age 18-84!**

## Monthly Premium

| Age   | Premium* |
|-------|----------|
| 18-39 | \$23     |
| 40-59 | \$26     |
| 60-74 | \$29     |
| 75-79 | \$30     |
| 80-84 | \$32     |

\*Premiums are subject to change.

## *Why Should You Buy From Us?*

- You want to do business with a company you can trust.
- You want good service.
- You want products that meet your needs.



**MEDICO™**  
**INSURANCE COMPANY**

*Protecting Your Future Today®*

## *Acceptance*

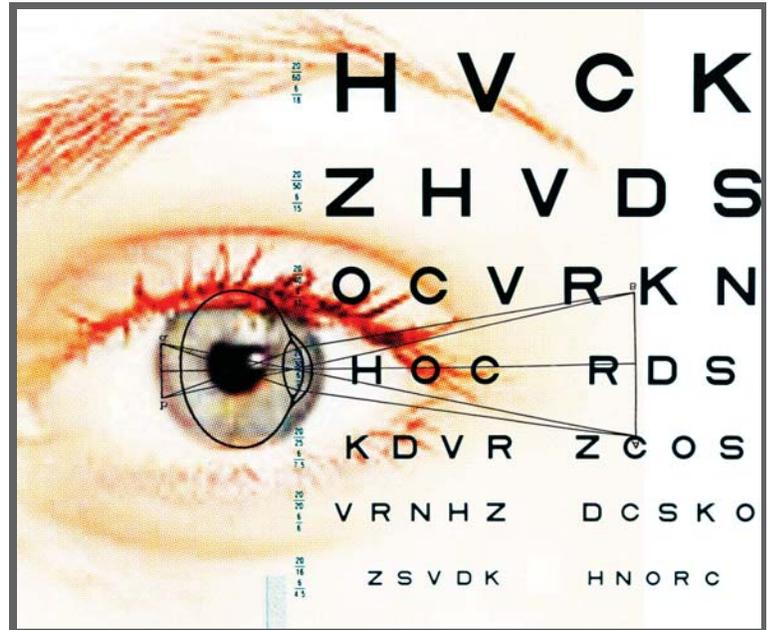
This plan is issued individually; however, dual applications are available to applicants and co-applicants provided that co-applicants from the same address apply at the same time. Premiums are determined according to the age of the applicant.

## *Guaranteed Renewable*

Medico doesn't charge a policy fee and although some limitations do apply, your acceptance in this program is guaranteed. We cannot refuse to renew your policy for any reason if your premiums are paid on time.

**Save 10%**  
when you apply with a  
co-applicant!

(A co-applicant is someone who lives at the same address as you.)



## *Other Important Benefits*

### **30-Day Right to Examine**

You have 30 days after you receive the policy to examine it and return it to us or to the agent if you are dissatisfied. We will then refund the premium you paid and void the policy.

This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy for details. For costs and further details of the coverage, including exclusions, any restrictions or limitations and the terms under which the policy may be continued in force, see your agent or write to the Company.

**Medico Insurance Company**  
1515 South 75th Street  
Omaha, NE 68124

1-800-228-6080  
gomedico.com

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

|   |                                    |            |
|---|------------------------------------|------------|
| <b>Bypassed -Name:</b> Certification/Notice             | <b>Review Status:</b> Filed-Closed | 05/05/2008 |
| <b>Bypass Reason:</b> N/A.                              |                                    |            |
| <b>Comments:</b>  |                                    |            |
| <b>Bypassed -Name:</b> Application                      | <b>Review Status:</b> Filed-Closed | 05/05/2008 |
| <b>Bypass Reason:</b> N/A.                              |                                    |            |
| <b>Comments:</b>  |                                    |            |
| <b>Bypassed -Name:</b> Health - Actuarial Justification | <b>Review Status:</b> Filed-Closed | 05/05/2008 |
| <b>Bypass Reason:</b> N/A                               |                                    |            |
| <b>Comments:</b>  |                                    |            |
| <b>Bypassed -Name:</b> Outline of Coverage              | <b>Review Status:</b> Filed-Closed | 05/05/2008 |
| <b>Bypass Reason:</b> N/A                               |                                    |            |
| <b>Comments:</b>  |                                    |            |
| <b>Satisfied -Name:</b> cover letter.                   | <b>Review Status:</b> Filed-Closed | 05/05/2008 |
| <b>Comments:</b>  |                                    |            |
| <b>Attachment:</b>                                      |                                    |            |
| AR adv cover letter 04302008.pdf                        |                                    |            |



## MEDICO™ GROUP

Medico™ Insurance Company • Medico™ Life Insurance Company

April 30, 2008

MEDICO INSURANCE COMPANY  
NAIC # 31119

Commissioner Julie Benafield Bowman  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Individual Dental, Vision and Hearing Policy

**Enclosed Material:**

ADVMIA18-AB – A18 Advertising Insert  
For: approved policy form MI-DVA18  
Form Approved on April 21, 2008

Our agent force will use the attached form, upon approval, during a sales presentation, and it will be incorporated into an agent's application booklet. Form ADVMIA18-AB is identical to the two inside pages of ADVMIA18, which is pending approval with your Department.

We would like to request the ability to modify the pictures in this advertisement without re-filing the form.

ADVMIA18-AB was created to provide general information about our new Dental, Vision and Hearing Plan. This form will not replace any other advertising that is currently on file with your department. This filing does not contain any unusual or potentially controversial items from normal entity or industry standards.

Thank you for your review and approval of this filing. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Karl Hug, HIA  
Compliance Analyst  
(800) 695-5976 ext. 251  
Fax (402) 391-4858  
khug@gomedico.com

*Protecting Your Future Today®*