

SERFF Tracking Number: NELLI-125563915 *State:* Arkansas
Filing Company: Central States Health & Life Co. of Omaha *State Tracking Number:* 38799
Company Tracking Number: CSO PRE-STANDARDIZED
TOI: MS021 Individual Medicare Supplement - Pre-Standardized *Sub-TOI:* MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Pre-Standardized Medicare Supplement
Project Name/Number: CSO Pre-Std MedSup/

Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Pre-Standardized Medicare Supplement SERFF Tr Num: NELLI-125563915 State: ArkansasLH

TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed State Tr Num: 38799

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: CSO PRE-STANDARDIZED State Status: Filed-Closed

Filing Type: Rate Co Status: Reviewer(s): Stephanie Fowler
 Author: Ken Beckman Disposition Date: 05/02/2008
 Date Submitted: 04/25/2008 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: CSO Pre-Std MedSup

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 05/02/2008

State Status Changed: 05/02/2008

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to make an annual rate and loss ratio filing for the Individual Pre-Standardized Medicare Supplement business of Central States Health & Life Co. of Omaha. No rate changes are proposed. This filing is submitted by Philadelphia American Life Insurance Company on behalf of Central States and an authorization letter is attached.

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/21/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

SERFF Tracking Number: NELL-125563915 *State:* Arkansas
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Product Name: Pre-Standardized Medicare Supplement
Project Name/Number: CSO Pre-Std MedSup/

Company and Contact

Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com
 P. O. Box 34952 (402) 905-2170 [Phone]
 Omaha, NE 68134-9832

Filing Company Information

Central States Health & Life Co. of Omaha	CoCode: 61751	State of Domicile: Nebraska
P. O. Box 34952	Group Code: 690	Company Type:
Omaha, NE 68134-9832	Group Name:	State ID Number:
(402) 905-2170 ext. [Phone]	FEIN Number: 47-0123035	

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: closed Pre-standardized block with combined experience is \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central States Health & Life Co. of Omaha	\$50.00	04/25/2008	19916982

SERFF Tracking Number: NELL-125563915 State: Arkansas
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TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
Product Name: Pre-Standardized Medicare Supplement
Project Name/Number: CSO Pre-Std MedSup/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	05/02/2008	05/02/2008

SERFF Tracking Number: NELL-125563915 State: Arkansas
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 Company Tracking Number: CSO PRE-STANDARDIZED
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized
 Product Name: Pre-Standardized Medicare Supplement
 Project Name/Number: CSO Pre-Std MedSupp/

Disposition

Disposition Date: 05/02/2008

Implementation Date:

Status: Filed-Closed

Comment:

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	0.000%	\$0	13	\$31,526	%	%	0.000%

SERFF Tracking Number: NELL-125563915 *State:* Arkansas
Filing Company: Central States Health & Life Co. of Omaha *State Tracking Number:* 38799
Company Tracking Number: CSO PRE-STANDARDIZED
TOI: MS021 Individual Medicare Supplement - Pre-Standardized *Sub-TOI:* MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Pre-Standardized Medicare Supplement
Project Name/Number: CSO Pre-Std MedSup/

Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Filed	No
Supporting Document	filing authorization	Filed	No
Rate	Pre-standardized Medicare Supplement rate schedules	Filed	No

SERFF Tracking Number: NELL-125563915 State: Arkansas
 Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 38799
 Company Tracking Number: CSO PRE-STANDARDIZED
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized
 Product Name: Pre-Standardized Medicare Supplement
 Project Name/Number: CSO Pre-Std MedSupp/

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 3.000%
Effective Date of Last Rate Revision: 06/01/2007
Filing Method of Last Filing: paper

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	0.000%	0.000%	\$0	13	\$31,526	%	%

SERFF Tracking Number: NELL-125563915 State: Arkansas
 Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 38799
 Company Tracking Number: CSO PRE-STANDARDIZED
 TOI: MS02I Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre- Standardized
 Product Name: Pre-Standardized Medicare Supplement
 Project Name/Number: CSO Pre-Std MedSup/

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Filed	Pre-standardized Medicare Supplement rate schedules	219, 279, 282, 286, 555	Other		AR Pre-Std Med Supp rate sheets 2007.pdf

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

FORM 219

	<u>ANNUAL PREMIUM</u>
FORM 890 (PART A) HOSPITAL & SKILLED NURSING FACILITY BENEFITS RIDER	\$1,285.95
FORM 891 (PART B) MEDICAL EXPENSE BENEFITS RIDER	\$411.39
FORM 898 (\$10 DAILY INDEMNITY) OPTIONAL HOSPITAL CONFINEMENT INDEMNITY RIDER	\$188.70

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

FORM 279

	<u>ANNUAL PREMIUM</u>
BASE PREMIUM	\$2,366.82
HOSPITAL CONFINEMENT RIDER 1516	\$188.70

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

FORM 282

	<u>ANNUAL PREMIUM</u>
BASE PREMIUM	\$1,747.47
HOSPITAL CONFINEMENT RIDER 1524	\$188.70

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

HOSPITAL SKILLED NURSING FACILITY
BENEFITS ENDORSEMENT RIDER 177
FOR USE WITH POLICY FORM 282

ANNUAL PREMIUM

\$53.68

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

AREA FACTOR ADJUSTMENT OF PREMIUM RATES
MEDICARE SUPPLEMENT FORM 286

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
71600-75599	1.00

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

MEDICARE SUPPLEMENT POLICY FORM 286
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	1,985.25

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

INITIAL IN-HOSPITAL DEDUCTIBLE RIDER 1546
FOR USE WITH POLICY FORM 286
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	853.90

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

SKILLED NURSING FACILITY RIDER 1547
FOR USE WITH POLICY FORM 286
ANNUAL RATES

ISSUE	AREA FACTOR
AGE	1.00
----	-----
ALL AGES	204.48

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

MEDICARE PART B CALENDAR YEAR DEDUCTIBLE RIDER 1548
FOR USE WITH POLICY FORM 286
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	253.65

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

MEDICARE PART B EXTENDED BENEFITS RIDER 1549 (80%)
FOR USE WITH POLICY FORM 286
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	497.82

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

HOSPITAL CONFINEMENT RIDER FORM 1550
FOR USE WITH POLICY FORM 286
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	244.45

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

MEDICARE PART B EXTENDED BENEFITS RIDER 8016 (100%)
FOR USE WITH POLICY FORM 286
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	741.61

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 97TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

AREA FACTOR ADJUSTMENT OF PREMIUM RATES
POLICY FORM 555

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.

AREA FACTOR 1.00

ARKANSAS

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8068 - HOSPITAL AND SKILLED NURSING FACILITY
BENEFIT RIDER - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	1,148.79

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8069 - MEDICAL BENEFIT RIDER
ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	977.48

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8070 - MEDICARE PART B EXTENDED BENEFITS RIDER (80%
ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	667.77

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8071-MEDICARE PART B EXTENDED BENEFITS RIDER (100%
ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	912.70

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8072 - BENEFITS OUTSIDE THE UNITED STATES RIDER
\$100 DAILY BENEFIT - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	75.93

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8073 - HOSPITAL CONFINEMENT INDEMNITY RIDER
PER \$10.00 DAILY BENEFIT - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	138.05

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS
RIDER 8074 - SUPPLEMENTAL INDEMNITY RIDER
\$25.00 DAILY BENEFIT - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	727.73

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

SERFF Tracking Number: NELL-125563915 State: Arkansas
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Company Tracking Number: CSO PRE-STANDARDIZED
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Product Name: Pre-Standardized Medicare Supplement
Project Name/Number: CSO Pre-Std MedSupp/

Supporting Document Schedules

Satisfied -Name: filing authorization **Review Status:** Filed 05/02/2008
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