Filing at a Glance

Company: National States Insurance Company

Product Name: B-MS	SERFF Tr Num: NSIC-125526726	State: ArkansasLH
TOI: MS06 Medicare Supplement - Other	SERFF Status: Closed	State Tr Num: 38363
Sub-TOI: MS06.000 Medicare Supplement - Other	Co Tr Num: B-MS	State Status: Withdrawn
Filing Type: Advertisement	Co Status:	Reviewer(s): Stephanie Fowler
	Authors: William Morrison, Anastacia Behrens, Jackie Phillips	Disposition Date: 04/23/2008
	Date Submitted: 03/07/2008	Disposition Status: Withdrawn
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertisment
Project Number: B-MS
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/23/2008
State Status Changed: 04/23/2008
Corresponding Filing Tracking Number:

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Submitted to Missouri on March 7, 2008.
Market Type: Individual
Group Market Size:
Group Market Type:

Deemer Date:

Filing Description:

Attached for the Department's information and approval is the attached advertising for our Medicare Supplement plans.

Form B-MS is a sales brochure intended for use with our Medicare Supplement plans: ASM-1(05), BSM-1(05), CSM-1(05) and FSM-1(05) approved November 29, 2005; and DSM-1(06) approved September 19, 2006.

We have bracketed all the variable information in the advertising that will change from year to year so that we will not need to file the advertising each year. This sales brochure will be used by licensed agents during a sales presentation, and always used in confjunction with an approved outline of coverage.

Thank you for your assistance, and if any additional information is required, please let us know.

Company and Contact

Filing Contact Information

Anastacia Behrens, abehrens@nstates.com
1830 Craig Park Court (800) 868-6788 [Phone]
St. Louis, MO 63146 (314) 878-8118[FAX]

Filing Company Information

National States Insurance Company	CoCode: 60593	State of Domicile: Missouri
1830 Craig Park Court	Group Code:	Company Type: Life and Health
Ste. 100		
St. Louis, MO 63146	Group Name:	State ID Number:
(314) 878-0101 ext. [Phone]	FEIN Number: 43-0825796	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National States Insurance Company	$50.00	03/07/2008	18447516

SERFF Tracking Number:	*NSIC-125526726*	*State:*	*Arkansas*
Filing Company:	*National States Insurance Company*	*State Tracking Number:*	*38363*
Company Tracking Number:	*B-MS*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*B-MS*		
Project Name/Number:	*Medicare Supplement Advertisment/B-MS*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Withdrawn	Stephanie Fowler	04/23/2008	04/23/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	**Created By**	**Created On**	**Date Submitted**	**Responded By**	**Created On**	**Date Submitted**
Pending Industry Response	Stephanie Fowler	03/12/2008	03/12/2008	Anastacia Behrens	04/22/2008	04/22/2008

SERFF Tracking Number:	*NSIC-125526726*	*State:*	*Arkansas*
Filing Company:	*National States Insurance Company*	*State Tracking Number:*	*38363*
Company Tracking Number:	*B-MS*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*B-MS*		
Project Name/Number:	*Medicare Supplement Advertisment/B-MS*		

Disposition

Disposition Date: 04/23/2008

Implementation Date:

Status: Withdrawn

Comment: Per your request, this filing is being withdrawn from further consideration.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*NSIC-125526726*	*State:*	*Arkansas*
Filing Company:	*National States Insurance Company*	*State Tracking Number:*	*38363*
Company Tracking Number:	*B-MS*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*B-MS*		
Project Name/Number:	*Medicare Supplement Advertisment/B-MS*		

Item Type	Item Name	Item Status	Public Access
Form	Medicare Supplement Advertisement	Withdrawn	Yes

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	03/12/2008
Submitted Date	03/12/2008
Respond By Date	04/11/2008

Dear Anastacia Behrens,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medicare Supplement Advertisement (Form)

Comment: Today, Solid Protection is More Important than Ever paragraph:

Please remove the reference to “$35,000” from the second sentence of this paragraph. This figure presents a worse case scenario and per Rule 41 Guideline 7-A (1)(20) “could create undue anxiety” in the mind of an elderly person.

National States Offers Standardized Insurance Plans paragraph:

The term “Insurance Policy” needs to be added to the Medicare Supplement reference found in last sentence of this paragraph as required in Rule 41 Guideline 7-A(1)(8).

Your Plan; the Facts page; Your policy is guaranteed renewable paragraph; second paragraph:

Please remove the first three sentences of this paragraph, as AR Code Ann. 23-79-109(a)(4) prohibits age banded rates.

Please feel free to contact me if you have questions.
Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/22/2008

SERFF Tracking Number:	*NSIC-125526726*	*State:*	*Arkansas*
Filing Company:	*National States Insurance Company*	*State Tracking Number:*	*38363*
Company Tracking Number:	*B-MS*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*B-MS*		
Project Name/Number:	*Medicare Supplement Advertisment/B-MS*		

Submitted Date 04/22/2008

SERFF Tracking Number:	*NSIC-125526726*	*State:*	*Arkansas*
Filing Company:	*National States Insurance Company*	*State Tracking Number:*	*38363*
Company Tracking Number:	*B-MS*		
TOI:	*MS06 Medicare Supplement - Other*	*Sub-TOI:*	*MS06.000 Medicare Supplement - Other*
Product Name:	*B-MS*		
Project Name/Number:	*Medicare Supplement Advertisment/B-MS*		

Dear Stephanie Fowler,

Comments:

Response 1

Comments: We have reviewed your objection letter, and because of the limited amount of Medicare Supplement business we write in Arkansas, we wish to withdraw this form from further consideration. If we decide to refile we will take your comments into consideration.

Related Objection 1

Applies To:

- Medicare Supplement Advertisement (Form)

Comment:

Today, Solid Protection is More Important than Ever paragraph:

Please remove the reference to “$35,000” from the second sentence of this paragraph. This figure presents a worse case scenario and per Rule 41 Guideline 7-A (1)(20) “could create undue anxiety” in the mind of an elderly person.

National States Offers Standardized Insurance Plans paragraph:

The term “Insurance Policy” needs to be added to the Medicare Supplement reference found in last sentence of this paragraph as required in Rule 41 Guideline 7-A(1)(8).

Your Plan; the Facts page; Your policy is guaranteed renewable paragraph; second paragraph:

Please remove the first three sentences of this paragraph, as AR Code Ann. 23-79-109(a)(4) prohibits age banded rates.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Anastacia Behrens, Jackie Phillips, William Morrison

Form Schedule

Lead Form Number: B-MS

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Withdrawn	B-MS	Advertising	Medicare Supplement Advertisement	Initial		0	B-MS (2008).pdf

National States

National States Insurance Company

Medicare Supplement Insurance Plans

[2.0.0.8]

Underwritten by

National States Insurance Company

National States Medicare Supplement

Protection from the Bills Medicare Doesn't Pay

Medicare was never meant to cover all of your doctor and hospital bills. Many people do not realize this and expect them to pay all. Reliance on Medicare in this situation can mean financial difficulty with out-of-pocket expenses.

Today, Solid Protection is More Important Than Ever

The costs you pay with Medicare deductibles and co-payments are higher than they have ever been. You could face over [$35,000]* in hospital bills that will not be covered by Medicare. Not included in this are doctor expenses under Medicare Part B or hospital expenses beyond 150 days.

National States Offers Standardized Insurance Plans

National States insurance plans are designed to give you choices. Choices you need to help cover health care costs today! Our plans allow you to choose a Medicare Supplement to suit your life's situation, budget and needs.

*Dollar amount is based upon the sum of the Part A deductible and co-pays that can be billed during a hospital stay and will vary depending upon the length of the stay.

Initial Hospital Deductible

Medicare Part A hospital deductibles have risen [$952] since 1968!

[$1,024 2008]

$40 1968

All of our Medicare Supplement Plans Offer These Benefits:

PART A COINSURANCE pays if you are confined to a hospital. Should you require more than 60 continuous days hospitalization, National States will pay the coinsurance amounts up to the 150th day of confinement and also for the first 3 pints of blood each year. Additionally, if you use your lifetime reserve days, National States will provide coverage for up to an additional 365 days.

PART B COINSURANCE pays the medicare Part B coinsurance amount, reducing your out-of-pocket expenses when you require medical services.

National States Medicare Supplement

Medicare Part A
Hospital Coverage

Deductible - National States Plans B, C, D, F and J** all pay the **[$1,024]** inpatient hospital deductible for each benefit period.

First 60 Days - After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing and miscellaneous hospital services and supplies.

Coinsurance - All **National States Plans** pay **[$256]** a day when you are hospitalized from the 61st through the 90th day. And when you are in the hospital from the 91st through 150th day, **National States** Plans pay you **[$512]** a day for each Lifetime Reserve day used.

Extended Hospital Coverage - When you are in the hospital longer than 150 days during a Benefit period, and you have exhausted your 60 Medicare Lifetime Reserve days, all **National States** Plans pay the Part A Medicare 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.

Benefit for Blood - Medicare has one calendar year deductible for blood that is the cost of the first three pints needed. All **National States** Plans pay this deductible.

Skilled Nursing Facility Care -
First 20 Days - Medicare pays all eligible expenses.
Coinsurance - **National States** Plans C, D, F and J** pay up to **[$128]** a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Medicare Part B
Physician's Services and Supplies

Deductible - National States Plans C, F and J** pay the **[$135]** calendar year deductible.

Coinsurance - After the part B deductible, all **National States** Plans pay 20% of Medicare Eligible Expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance services.

Excess Benefits - Your bill for Part B services and supplies may exceed the Medicare Eligible Expense. When that occurs, **National States** Plan F and Plan J** pay 100% of the difference up to the charge limitation established by Medicare.

Benefit for Blood - Medicare has one calendar year deductible for blood that is the cost of the first three pints needed. All **National States** Plans pay this deductible.

Additional Benefits
Emergency Care Received Outside the U.S. - After you pay a $250 calendar year deductible, **National States** Plans C, D, F and J** pay you 80% of eligible expenses incurred during the first 60 days for emergency care received outside the U.S. up to a lifetime maximum of $50,000. Benefits are payable for emergency health care you need because of a covered injury or illness.

At-Home Recovery Visits - Plans D and J** pay for seven visits per week up to a maximum of $1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

**Not all Plans available in all states. Consult the Outline of Coverage used in your state for availability.

Your Plan; the Facts

National States helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges above what Medicare and **National States** pays.

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expense of the kind covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

"Benefit Period" means one period of time that starts on the first full day of hospital confinement and goes on to the end of a period of at least sixty (60) days during which there has been no hospital care nor skilled nursing facility care.

Coinsurance is the portion of the Medicare Eligible Expense not paid by Medicare.

As Medicare deductibles and coinsurance increase, your **National States** benefits will automatically increase. **National States** benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31 day grace period.

Your policy is guaranteed renewable. Your policy cannot be cancelled. It will be renewed as long as the premiums are paid on time.

Rates are based on your age at the time of issue. In some states, rates will change based upon your attained age. (Please refer to the outline of coverage for details.) **National States** reserves the right to establish new premium rates for all insured based on a class basis, but only after giving you advance notice. We will not increase premiums based on your own claims.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

National States Medicare Supplements will not pay for:

* Any expense incurred before your Policy Effective Date;
* Services for which no charge is made when there is no insurance; or
* Any expense paid for by Medicare.

THIS IS A BRIEF DESCRIPTION of your coverage. This brochure is not valid without the Outline of Coverage. For complete information on benefits, exceptions and limitations, **PLEASE READ YOUR OUTLINE OF COVERAGE AND YOUR POLICY.**

Neither **National States** nor its agents are connected in any way with the Federal or state Government or Medicare.

A Plan to Meet Your Every Need*

	Medicare Pays	Plan A Pays	Plan B Pays	Plan C Pays	Plan D Pays	Plan F Pays	Plan J Pays
Medicare Part A Hospital Coverage							
Deductible	Nothing	----	[$1,024]	[$1,024]	[$1,024]	[$1,024]	[$1,024]
First 60 Days	100%	---	---	---	---	---	---
Coinsurance 61-90 days	All but [$256] a day	[$256] a day	[$256] a day	[$256] a day	[$256] a day	[$256] a day	[$256] a day
Coinsurance 91-150 days	All but [$512] a day	[$512] a day	[$512] a day	[$512] a day	[$512] a day	[$512] a day	[$512] a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but 3 pints	3 pints	3 pints	3 pints	3 pints	3 pints	3 pints
Skilled Nursing Facility Care							
First 20 days	100%	---	---	---	---	---	---
Coinsurance 21-100 days	All but [$128] a day	---	---	Up to [$128] a day	Up to [$128] a day	Up to [$128] a day	Up to [$128] a day
Medicare Part B Physician's Services & Supplies							
Deductible	Nothing	---	---	[$135]	---	[$135]	[$135]
Coinsurance	80%	20%	20%	20%	20%	20%	20%
Excess Benefits	Nothing	---	---	---	---	100% up to Medicare's Limit	100% up to Medicare's Limit
Benefit for Blood	All but 3 pints	3 pints	3 pints	3 pints	3 pints	3 pints	3 pints
Additional Benefits*							
Emergency Care Received Outside the U.S.	Nothing	---	---	Up to $50,000	Up to $50,000	Up to $50,000	Up to $50,000
At-Home Recovery Visits	Nothing	---	---	---	Up to $1,600 per year	---	Up to $1,600 per year
Preventive Care Benefit	---	---	---	---	---	---	$120 per year

*Refer to your Outline of Coverage for more details.

National States

FOR CLAIMS, PLEASE CALL:

1-800-868-6788

FOR AGENTS USE ONLY

This brochure is an illustration, not a contract. Consult your outline of coverage for a complete description of benefits available to you.

RECEIPT

Received from _____ an application for insurance to the National States Insurance Company, 1830 Craig Park Court, St. Louis, MO 63146 and $_____ to apply as the first premium. If issued, the insurance will not be in force until the effective date shown in the policy. If for any reason the application is not approved, this payment will be refunded in full.

_____ _____

Dated Licensed Agent's Name (Printed, Typed or Stamped)

_____

Licensed Agent's Signature and License Number

(Make check payable to National States Insurance Company - DO NOT LEAVE BLANK OR MAKE PAYABLE TO AGENT.)

Underwritten by:

National States Insurance Company
1830 Craig Part Ct.
St. Louis, MO 63146

Rate Information

Rate data does NOT apply to filing.