

SERFF Tracking Number: PHYS-125394844 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 37710
Company Tracking Number: PMA2146B-0108
TOI: LTC03I Individual Long Term Care Sub-TOI: LTC03I.003 Other
Product Name: LTC
Project Name/Number: PMA2146B-0108/PMA2146B-0108

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: LTC SERFF Tr Num: PHYS-125394844 State: ArkansasLH
TOI: LTC03I Individual Long Term Care SERFF Status: Closed State Tr Num: 37710
Sub-TOI: LTC03I.003 Other Co Tr Num: PMA2146B-0108 State Status: Filed-Closed
Filing Type: Advertisement Co Status: Reviewer(s): Marie Bennett, Harris Shearer
Authors: Sonya Dickey, Sara Magee-Garcia Disposition Date: 05/22/2008
Date Submitted: 12/20/2007 Disposition Status: Filed
Implementation Date Requested: Implementation Date:

State Filing Description:

General Information

Project Name: PMA2146B-0108 Status of Filing in Domicile: Not Filed
Project Number: PMA2146B-0108 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: LTC Advertising is not required to be filed in Nebraska.
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 05/22/2008
State Status Changed: 05/22/2008 Deemer Date:
Corresponding Filing Tracking Number:
Filing Description:
RE: Long Term Care Advertisements
PMA2146B-0108 - Highlight Sheet for P145AR and P146AR
PMA2147B-0108 - Highlight Sheet for P147AR
PMA2148B-0108 - Highlight Sheet for P148AR

Attached are manuscript copies of the above referenced material for your review and approval. This material will be

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used by licensed agents along with the previously approved brochures and outlines of coverage to create an interest our Long Term Care Policies:

POLICY APPROVAL DATE:

- P145AR 8-11-04
- P146AR 8-11-04
- P147AR 8-11-04
- P148AR 8-11-04

These highlight sheets are similar to previously approved highlight sheets but it was necessary to revise them since these ads are no longer being used for the State of Oklahoma so the Oklahoma specific information has been deleted and it was necessary to revise the form numbers. If you have any questions concerning the enclosed material, please contact me at the above address or call me at 1-800-228-9100, option 1, option 6, extension 1663. You can also contact me via email at Sonya.Dickey@pmic.com. Your assistance in getting this material approved for use in your State is greatly appreciated.

Company and Contact

Filing Contact Information

Sonya Dickey, sonya.dickey@physiciansmutual.com
 2600 Dodge Street (800) 228-9100 [Phone]
 Omaha, NE 68131 (402) 633-1096[FAX]

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	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: 47-0270450	

Filing Fees

Fee Required? Yes
 Fee Amount: \$75.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$75.00	12/20/2007	17195899

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Marie Bennett	05/22/2008	05/22/2008

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Disposition

Disposition Date: 05/22/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *PHYS-125394844* State: *Arkansas*
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Item Type	Item Name	Item Status	Public Access
Form	PMA2146B-0108		Yes
Form	PMA2147B-0108		Yes
Form	PMA2148B-0108		Yes

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Form Schedule

Lead Form Number: PMA2146B-0108

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	PMA2146B-0108	Advertising	PMA2146B-0108	Initial		0	PMA2146B-0108.pdf
	PMA2147B-0108	Advertising	PMA2147B-0108	Initial		0	PMA2147B-0108.pdf
	PMA2148B-0108	Advertising	PMA2148B-0108	Initial		0	PMA2148B-0108.pdf

Coverage Highlights
VISTA Care™ Choices

Tax-Qualified and Non-Tax-Qualified Long-Term Care Insurance

General

Issue Ages: 18-84

Coverage Can Be Provided for the Following Services & Settings

Facility Care Benefits:

- Nursing Home (*skilled, intermediate and custodial*)
- Assisted Living Facility
- Hospice Facility

Home and Community Care Benefits:

- Home Health Care (*including homemaker services*)
- Hospice Care
- Adult Day Care Program
- Respite Care (*up to one month per year*)

Other Benefits

- First-Time Cash Benefit
- Home First Benefit
- Home Modification Benefit
- Informal Caregiver Training Benefit
- Alternate Plan of Care Benefit
- Resource Advisor
- Waiver of Premium Benefit
- Bed Reservation Benefit
- Restoration of Benefits
- Ambulance Service Benefit
- International Coverage Benefit
- Care Coordination Advisor

Maximum Benefit

Facility Care Benefit Amount:

Available from \$1,500 up to \$12,000 in monthly increments of \$100

Home and Community Care Benefit Amount:

Choice of: 50%, 75% or 100% of the Facility Care Benefit Amount

This insurance policy has limitations. Your insurance agent can provide you with complete details and costs. Please refer to your Outline of Coverage for complete information.
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Choices today for tomorrow's needs

Coverage Highlights Continued

Elimination Period

Choice of: 0, 30, 60, 90, 180 or 365 days

Satisfying the Elimination Period: Counts days of illness, not days of care, which provides quicker access to benefits. Needs to be satisfied only once per lifetime.

Benefit Multiplier

Choice of: 2 years, 3 years, 4 years, 5 years, 8 years or lifetime

Optional Benefit Riders

- Shared Care Benefit Rider
- Surviving Spouse Waiver of Premium Rider
- Joint Waiver of Premium Rider
- Home Cash Benefit Rider
- Return of Premium Rider
- Full Return of Premium Rider
- Waiver of the Elimination Period for Home and Community Care Rider
- Shortened Benefit Period Nonforfeiture Rider
- Inflation Protection Riders:
 - Automatic Simple Inflation Protection Benefit Rider
 - Automatic Compound Inflation Protection Benefit Rider
 - Automatic Compound Inflation Protection Benefit Rider - 2X Maximum
 - Guaranteed Purchase Option Rider

Discounts

Spouse Premium Discount Rider:

- **30%** discount on each spouse's total insurance policy premium if both spouses are issued

Married Premium Discount Rider:

- **10%** discount on total insurance policy premium when policy is issued if you are married

Family Member Premium Discount Rider:

- **10%** discount on each family member's total insurance policy premium if both family members are issued

Methods of Payment

- Annual, Semi-Annual or Quarterly
- Monthly Automatic Bank Withdrawal

Limited Pay Options

- 10-Year Payment Option (*Note: Available to ages 35 and above.*)
- 20-Year Payment Option (*Note: Available to age 35 and above.*)
- Paid-Up at Age 65 Payment Option (*Note: Available to ages 35 - 55.*)

Limitations

We will not pay for expenses you incur:

- (1) while your Policy is not in force; except as provided in the Extension of Benefits provision;
- (2) due to intentional, self-inflicted injury or attempted suicide;
- (3) that are payable by Medicare or any other Federal or State program, except Medicaid; (Except in MI)
- (4) outside the United States, its territories or possessions; except as described in the International Coverage Benefit;
- (5) that are payable under any workers' compensation or employer's liability laws; (Except in MI)
- (6) due to treatment for alcoholism or drug addiction;
- (7) for hospital or physician services, prescription drugs, x-rays and lab work; (Except in AZ and MI)
- (8) due to injuries or sickness resulting from an act of declared or undeclared war; or
- (9) for services provided by a Family Member, unless: (a) the Family Member is a Licensed Health Care Practitioner; (b) the Family Member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.
- (10) In MI: for any services for which you are not obligated to pay.

Coverage Highlights
VISTA Care™ Choices

Tax-Qualified Home Health Care Insurance

General

Issue Ages: 18-84

Coverage Can Be Provided for the Following Services & Settings

Home and Community Care Benefits:

- Home Health Care (*including homemaker services*)
- Hospice Care
- Adult Day Care Program
- Respite Care (*up to one month per year*)

Other Benefits

- First-Time Cash Benefit
- Home First Benefit
- Home Modification Benefit
- Informal Caregiver Training Benefit
- Resource Advisor
- Waiver of Premium Benefit
- Restoration of Benefits
- Ambulance Service Benefit
- Care Coordination Advisor

Maximum Benefit

Home and Community Care Benefit Amount:

Available from \$900 up to \$6,000 in monthly increments of \$100

Elimination Period

Choice of: 0, 15, 30, 60, 90, 180 or 365 days

Satisfying the Elimination Period: Counts days of illness, not days of care, which provides quicker access to benefits. Needs to be satisfied only once per lifetime.

This insurance policy has limitations. Your insurance agent can provide you with complete details and costs. Please refer to your Outline of Coverage for complete information.

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Choices today for tomorrow's needs

Coverage Highlights Continued

Benefit Multiplier*

Choice of: 1 year, 2 years, 3 years, 4 years, or 5 years

Optional Benefit Riders

- Surviving Spouse Waiver of Premium Rider
- Joint Waiver of Premium Rider
- Shortened Benefit Period Nonforfeiture Rider

Optional Inflation Protection Riders

- Automatic Simple Inflation Protection Benefit Rider
- Automatic Compound Inflation Protection Benefit Rider
- Automatic Compound Inflation Protection Benefit Rider - 2X Maximum
- Guaranteed Purchase Option Rider

Discounts

Spouse Premium Discount Rider:

- **30%** discount on each spouse's total insurance policy premium if both spouses are issued

Married Premium Discount Rider:

- **10%** discount on total insurance policy premium when policy is issued if you are married

Family Member Premium Discount Rider:

- **10%** discount on each family member's total insurance policy premium if both family members are issued

Methods of Payment

- Annual, Semi-Annual or Quarterly
- Monthly Automatic Bank Withdrawal

Limitations

We will not pay for expenses you incur:

- (1) while your Policy is not in force; except as provided in the Extension of Benefits provision;
- (2) due to intentional, self-inflicted injury or attempted suicide;
- (3) that are payable by Medicare or any other Federal or State program, except Medicaid; (Except in MI)
- (4) outside the United States, its territories or possessions;
- (5) that are payable under any workers' compensation or employer's liability laws; (Except in MI)
- (6) due to treatment for alcoholism or drug addiction;
- (7) for hospital or physician services, prescription drugs, x-rays and lab work; (Except in AZ and MI)
- (8) due to injuries or sickness resulting from an act of declared or undeclared war; or
- (9) for services provided by a Family Member, unless: (a) the Family Member is a Licensed Health Care Practitioner; (b) the Family Member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.
- (10) In MI: for any services for which you are not obligated to pay.

* May vary by state.

Coverage Highlights
VISTA Care™ Choices

Basic Tax-Qualified Long-Term Care Insurance

General

Issue Ages: 18-84

Coverage Can Be Provided for the Following Services & Settings

Facility Care Benefits:

- Nursing Home (*skilled, intermediate and custodial*)
- Assisted Living Facility
- Hospice Facility

Optional Coverage for Home & Community Care

The Daily and Monthly Home and Community Care Benefit Riders can be added to cover types of long-term care received in the home or community settings. Should you select one of these riders, your covered services would expand to include:

Home and Community Care Benefits:

- Home Health Care (*including homemaker services*)
- Hospice Care
- Adult Day Care Program
- Respite Care (*up to one month per year*)
- Alternative Plan of Care Benefit
- Home First Benefit

Other Benefits

- First-Time Cash Benefit
- Home Modification Benefit
- Informal Caregiver Training Benefit
- Resource Advisor
- Waiver of Premium Benefit
- Ambulance Service Benefit
- Care Coordination Advisor

This insurance policy has limitations. Your agent can provide you with complete details and costs. Please refer to your Outline of Coverage for complete information.

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Choices today for tomorrow's needs

Coverage Highlights Continued

Maximum Benefit

Facility Care Benefit Amount:

Available from \$1,500 up to \$9,000 in monthly increments of \$100

Home and Community Care Benefit Amount:

Choice of: 0%, 50%, 75% or 100% of the Facility Care Benefit Amount

Elimination Period

Choice of: 0, 30, 60, 90, 180 or 365 days

Satisfying the Elimination Period: Counts days covered services are received.

Needs to be satisfied only once per lifetime.

Benefit Multiplier¹

Choice of: 1 year, 2 years, 3 years, 4 years, 5 years, 8 years or lifetime

Optional Benefit Riders

- Shared Care Benefit Rider
- Surviving Spouse Waiver of Premium Rider
- Joint Waiver of Premium Rider
- Restoration of Benefits Rider
- Return of Premium Rider
- Full Return of Premium Rider
- Daily Home & Community Care Benefit Rider
- Monthly Home & Community Care Benefit Rider
- Calendar Day Elimination Period Rider
- Shortened Benefit Period Nonforfeiture Rider
- Inflation Protection Riders:
 - Automatic Simple Inflation Protection Benefit Rider
 - Automatic Compound Inflation Protection Benefit Rider
 - Automatic Compound Inflation Protection Benefit Rider - 2X Maximum
 - Guaranteed Purchase Option Rider

Discounts

Spouse Premium Discount Rider:

- 30% discount on each spouse's total insurance policy premium if both spouses are issued

Married Premium Discount Rider:

- 10% discount on total insurance policy premium when policy is issued if you are married

Family Member Premium Discount Rider:

- 10% discount on each family member's total insurance policy premium if both family members are issued

Methods of Payment

- Annual, Semi-Annual or Quarterly
- Monthly Automatic Bank Withdrawal

Limited Pay Option

- 10-Year Payment Option (*Note: Available to ages 35 and above.*)
- 20-Year Payment Option (*Note: Available to age 35 and above.*)
- Paid-Up at Age 65 Payment Option (*Note: Available to ages 35 - 55.*)

Limitations

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- (4) outside the United States, its territories or possessions;
- (5) that are payable under any workers' compensation or employer's liability laws; (Except in MI)
- (6) due to treatment for alcoholism or drug addiction;
- (7) for hospital or physician services, prescription drugs, x-rays and lab work; (Except in AZ and MI)
- (8) due to injuries or sickness resulting from an act of declared or undeclared war; or
- (9) for services provided by a Family Member, unless: (a) the Family Member is a Licensed Health Care Practitioner; (b) the Family Member is a regular employee of the organization furnishing the service of care; (c) the organization receives the payment for the services; and (d) the Family Member receives no compensation other than the normal compensation for employees in his or her job category.
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¹ May vary by state.

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Rate Information

Rate data does NOT apply to filing.