

SERFF Tracking Number: USLX-125621779 State: Arkansas  
 Filing Company: USAA Life Insurance Company State Tracking Number: 38779  
 Company Tracking Number: HM AR0006001A01  
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other  
 Product Name: Advertising/Marketing  
 Project Name/Number: Medicare Supplement - New Age In Mailing 2008/HM AR0006001A01

## Filing at a Glance

Company: USAA Life Insurance Company

Product Name: Advertising/Marketing

TOI: MS06 Medicare Supplement - Other

Sub-TOI: MS06.000 Medicare Supplement - Other

Filing Type: Advertisement

SERFF Tr Num: USLX-125621779 State: ArkansasLH

SERFF Status: Closed State Tr Num: 38779

Co Tr Num: HM AR0006001A01 State Status: Filed-Closed

Co Status:

Author: SPI USAALH

Date Submitted: 04/24/2008

Reviewer(s): Stephanie Fowler

Disposition Date: 06/06/2008

Disposition Status: Filed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: Medicare Supplement - New Age In Mailing 2008

Project Number: HM AR0006001A01

Requested Filing Mode: File & Use

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/06/2008

State Status Changed: 06/06/2008

Corresponding Filing Tracking Number:

Filing Description:

RE: Individual Medicare Supplement - Advertising Material

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type:

Group Market Size:

Group Market Type:

Deemer Date:

Form Number	Description of Form	Status of Form Filing
69768-0408	Medicare Solutions, Invite to Inquire Advertisement	New

Dear Director of Insurance:

SERFF Tracking Number: USLX-125621779 State: Arkansas  
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Per your department's requirements for Medicare Supplement, we submit for your review, a new Invite-to-Inquire advertisement for use in connection with USAA Life Insurance Company's Medicare Supplement product (Medsupp).

## DESCRIPTION OF THE FORM

This is an invitation to inquire that will be sent by direct-response mail method to members three months prior to their turning age 65.

## NOTES TO AID IN YOUR REVIEW:

1. USAA Life Insurance Company markets Medicare Supplement insurance on a direct-response basis in 46 states .
2. The letter reflects our Brand Marketing Template, showing by "highlighting a tab", that this advertisement reflects insurance vs. our other types of services (tabs are shown along the top of the letter). It also reflects on the bottom right hand corner that USAA Life Insurance information is available for review on our internet website bottom (though at this time, Medsupp is not). This is a mailing piece and both the tabs and the reference to the internet are non-active without any functionality.
3. We have an alliance with Humana (who offers Part C & Part D plans, i.e. Medicare Advantage & Prescription Drugs) so that our members can have choices other than our Medsupp insurance.
4. While we (USAA Life Insurance Company) are filing our advertising with you for our product, MedSupp, due to our alliance as stated in #3, other plans are mentioned.
5. For the Humana products mentioned, this marketing piece has been filed with and approved by the regulatory agencies as required by Humana.

For any questions or concerns, please contact me; toll free at, 1-800-531-8000 extension 87015. You may dial direct at 210-498-7015. Fax is available at 210-498-5081 and my email account is susan.markey@usaa.com.

## Company and Contact

### Filing Contact Information

Susan Markey, Compliance Analyst

susan.markey@usaa.com

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9800 Fredericksburg Road (210) 498-7015 [Phone]  
San Antonio, TX 78288 (210) 498-5081[FAX]

**Filing Company Information**

USAA Life Insurance Company CoCode: 69663 State of Domicile: Texas  
9800 Fredericksburg Road Group Code: 200 Company Type:  
San Antonio, TX 78288 Group Name: State ID Number:  
(210) 498-8000 ext. [Phone] FEIN Number: 74-1472662  
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SERFF Tracking Number: USLX-125621779 State: Arkansas  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$25.00  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
USAA Life Insurance Company	\$25.00	04/24/2008	19874662

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	06/06/2008	06/06/2008

### 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	05/02/2008	05/02/2008	SPI USAALH	06/05/2008	06/05/2008

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## **Disposition**

Disposition Date: 06/06/2008

Implementation Date:

Status: Filed

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>	NAIC Transmittal	Filed	Yes
<b>Form (revised)</b>	Medicare Solutions	Filed	Yes
<b>Form</b>	Medicare Solutions		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 05/02/2008  
Submitted Date 05/02/2008  
Respond By Date 06/03/2008

Dear Susan Markey,

This will acknowledge receipt of the captioned filing.

### Objection 1

- Medicare Solutions (Form)

Comment: Rule 41 s. 6(C) state that "An insurer must clearly identify its Medicare Supplement Insurance policy as an insurance policy" With that being said, please add the phrase "insurance policy" the first bulleted item of this form.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/05/2008  
Submitted Date 06/05/2008

Dear Stephanie Fowler,

### Comments:

Regarding objection received 05/02/08.

### Response 1

Comments: Please note that due to the change required, the form number has changed. The new form number 83320-0608 is attached.

### Related Objection 1

Applies To:

- Medicare Solutions (Form)

Comment:

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Rule 41 s. 6(C) state that "An insurer must clearly identify its Medicare Supplement Insurance policy as an insurance policy" With that being said, please add the phrase "insurance policy" the first bulleted item of this form.

**Changed Items:**

No Supporting Documents changed.

**Form Schedule Item Changes**

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Medicare Solutions	83320-0608		Advertising	Initial			83320-0608.PDF
<b>Previous Version</b>							
Medicare Solutions	69768-0408		Advertising	Initial			69768-0408.PDF

No Rate/Rule Schedule items changed.

Please accept my apologies for the late response. Due to the creation of a new form, the delay was unavoidable.  
 Sincerely, Susan Markey

Sincerely,  
 SPI USAALH

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 Project Name/Number: Medicare Supplement - New Age In Mailing 2008/HM AR0006001A01

## Form Schedule

### Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	83320-0608	Advertising	Medicare Solutions	Initial			83320-0608.PDF

1\*\*\*\*\*SNNGLP

JOHN Q. SAMPLE  
 Apt 123  
 1234 ANY STREET BLVD.  
 1234 ANY STREET BLVD.  
 1234 ANY STREET BLVD.  
 ANY PLACE, XX 99999-9999  
 23233323335



## MEDICARE SOLUTIONS YOU CAN COUNT ON.

Get the right advice from us.

Dear John Sample:

Making decisions about your health care can be difficult. We're here to help with reliable advice and affordable Medicare solutions.

Our Financial Services professionals will take the time to explain your options and help you choose the one that best suits your needs:

- **Medicare Supplement Insurance Policy:** Help to supplement the cost in Original Medicare by paying most, if not all, of the deductibles, co-insurance and co-payments under the Original Medicare plan. This coverage is offered through USAA Life Insurance Company.
- **Medicare Advantage Insurance Policy:** A Medicare-approved plan that gives you more benefits than Original Medicare including annual routine physical exams, emergency coverage when traveling anywhere in the world, and health and wellness programs. Prescription drug coverage can be included, so you get a full range of benefits in a single plan. This coverage is offered through a partnership with Humana.
- **Medicare Prescription Drug Plans:** A drug plan that offers affordable co-pays on generic and brand-name drugs and includes a monthly statement with tips on how to lower your prescription drug expenses and protect against higher costs in the future.

Just give us a call and we'll help find the plan that's right for you. Because serving your best interests is our priority. Contact may also be made by us.

» **CALL 800.515.8687**

**If you use a TTY device, dial 711**

**Monday through Friday, 7:00 a.m. to 8:00 p.m., Central Time**

Not connected with or endorsed by the United States government or the federal Medicare program. See reverse side for more information including information about offering companies.



**USAA.COM**



**This advertised policy includes exclusions, limitations and reductions. Medicare Supplement Insurance issued by USAA Life Insurance Company, San Antonio, TX. Not available in MA, MN, NJ, WI or NY. USAA Life Insurance Company and Medicare Supplement Insurance are not connected with, or endorsed by, the U.S. Government or the Federal Government Medicare Program. In Louisiana, Medicare Supplement Insurance is offered to people who are entitled to Medicare benefits because of disability, regardless of age. In Colorado, Medicare Supplement plans are also offered to those qualified consumers under the age of 65. Medicare-approved PPO, PDP and PFFS plans available to anyone entitled to Part A or enrolled in Part B of Medicare through age or disability (for Medicare Advantage plans, individuals must have both Part A and Part B). Enrollment period restrictions apply, call for details. Plans may be renewed annually. Co-payment service area and benefit limitations may apply. Humana is financially responsible for these products. USAA Life General Agency, Inc. (LGA), known in CA and NY as USAA Health and Life Insurance Agency, acts as an agent for Humana to provide Medicare Advantage and Medicare Prescription Drug Plans to USAA members. LGA representatives are salaried and receive no commissions. However, LGA receives commissions from Humana, which can include compensation based on the total quantity and quality of insurance coverage purchased through LGA. No Humana company is an affiliate of USAA and no USAA company is financially responsible for these products. © USAA, 2008.**

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## **Rate Information**

Rate data does NOT apply to filing.

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## Supporting Document Schedules

**Satisfied -Name:** NAIC Transmittal

**Review Status:**

Filed

06/06/2008

**Comments:**

**Attachments:**

NAIC Transmittal.PDF

AR - NAIC FORM FILING ATTACHMENT.PDF

**Life, Accident & Health, Annuity, Credit Transmittal Document**

<b>1.</b>	<b>Prepared for the State of</b>	Arkansas
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<b>2.</b>	<b>Department Use Only</b>	
	<b>State Tracking ID</b>	

3. Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
USAA Life Insurance Company 9800 Fredericksburg Road San Antonio TX 78288	TX		200	69663	74-1472662	

4. Contact Name & Address	Telephone #	Fax #	E-mail Address
Susan E. Markey, ASC 9800 Fredericksburg Road, A-3-W, #00582 San Antonio TX 78288	800-531-8000	210-498-5081	susan.markey@usaa.com

<b>5. Requested Filing Mode</b>	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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<b>6. Company Tracking Number</b>	HM AR0006001A01
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<b>7.</b>	<input type="checkbox"/> New Submission <input type="checkbox"/> Resubmission      Previous file # _____
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<b>8. Market</b>	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <table style="display: inline-table; vertical-align: top; margin-left: 20px;"> <tr> <td><input type="checkbox"/> Small</td> <td><input type="checkbox"/> Large</td> <td><input type="checkbox"/> Small and Large</td> </tr> <tr> <td><input type="checkbox"/> Employer</td> <td><input type="checkbox"/> Association</td> <td><input type="checkbox"/> Blanket</td> </tr> <tr> <td><input type="checkbox"/> Discretionary</td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other: _____</td> </tr> </table>	<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large	<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket	<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust		<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Small	<input type="checkbox"/> Large	<input type="checkbox"/> Small and Large											
<input type="checkbox"/> Employer	<input type="checkbox"/> Association	<input type="checkbox"/> Blanket											
<input type="checkbox"/> Discretionary	<input type="checkbox"/> Trust												
<input type="checkbox"/> Other: _____													

<b>9. Type of Insurance</b>	MS06 Medicare Supplement - Other
-----------------------------	----------------------------------

<b>10. Product Coding Matrix Filing Code</b>	MS06.000 Medicare Supplement - Other
--	--------------------------------------

<b>11. Submitted Documents</b>	<input checked="" type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other: _____  <input type="checkbox"/> <b>RATES</b> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <b>SUPPORTING DOCUMENTATION</b> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreement <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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<b>12.</b>	<b>Filing Submission Date</b>	04/24/2008						
<b>13.</b>	<b>Filing Fee (If required)</b>	Amount <u>\$25.00</u> Check Date <u>EFT</u> Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____						
<b>14.</b>	<b>Date of Domiciliary Approval</b>	n/a						
<b>15.</b>	<b>Filing Description:</b>							
	<p>RE: Individual Medicare Supplement - Advertising Material</p> <table border="0"> <tr> <td>Form Number</td> <td>Description of Form</td> <td>Status of Form Filing</td> </tr> <tr> <td>69768-0408</td> <td>Medicare Solutions, Invite to Inquire Advertisement</td> <td>New</td> </tr> </table> <p>Dear Director of Insurance:</p> <p>Per your department's requirements for Medicare Supplement, we submit for your review, a new Invite-to-Inquire advertisement for use in connection with USAA Life Insurance Company's Medicare Supplement product (Medsupp).</p> <p><b>DESCRIPTION OF THE FORM</b> This is an invitation to inquire that will be sent by direct-response mail method to members three months prior to their turning age 65.</p> <p><b>NOTES TO AID IN YOUR REVIEW:</b></p> <ol style="list-style-type: none"> <li>1. USAA Life Insurance Company markets Medicare Supplement insurance on a direct-response basis in 46 states.</li> <li>2. The letter reflects our Brand Marketing Template, showing by "highlighting a tab", that this advertisement reflects insurance vs. our other types of services (tabs are shown along the top of the letter). It also reflects on the bottom right hand corner that USAA Life Insurance information is available for review on our internet website bottom (though at this time, Medsupp is not). This is a mailing piece and both the tabs and the reference to the internet are non-active without any functionality.</li> <li>3. We have an alliance with Humana (who offers Part C &amp; Part D plans, i.e. Medicare Advantage &amp; Prescription Drugs) so that our members can have choices other than our Medsupp insurance.</li> <li>4. While we (USAA Life Insurance Company) are filing our advertising with you for our product, MedSupp, due to our alliance as stated in #3, other plans are mentioned.</li> <li>5. For the Humana products mentioned, this marketing piece has been filed with and approved by the regulatory agencies as required by Humana.</li> </ol> <p>For any questions or concerns, please contact me; toll free at, 1-800-531-8000 extension 87015. You may dial direct at 210-498-7015. Fax is available at 210-498-5081 and my email account is susan.markey@usaa.com.</p>		Form Number	Description of Form	Status of Form Filing	69768-0408	Medicare Solutions, Invite to Inquire Advertisement	New
Form Number	Description of Form	Status of Form Filing						
69768-0408	Medicare Solutions, Invite to Inquire Advertisement	New						

<b>16.</b>	<b>Certification (If required)</b>	
	<p><b>I HEREBY CERTIFY</b> that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p> <p>Print Name <u>Susan E. Markey, ASC</u> Title <u>Compliance Analyst</u></p> <p>Signature <u><i>Susan E. Markey</i></u> Date <u>04/24/2008</u></p>	

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>	HM AR0006001A01	
<b>This filing corresponds to rate filing company tracking number</b>		

	<b>Document Name</b>	<b>Form Number</b>		<b>Replaced Form Number</b>
	<b>Description</b>			<b>Previous State Filing Number</b>
01	Medicare Solutions	69768-0408	<input checked="" type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
02			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
03			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
04			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
05			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
06			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
07			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
08			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
09			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
10			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	
11			<input type="checkbox"/> <b>Initial</b> <input type="checkbox"/> <b>Revised</b> <input type="checkbox"/> <b>Other</b> _____	

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## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Medicare Solutions	04/24/2008	69768-0408.PDF

1\*\*\*\*\*SNNGLP

JOHN Q. SAMPLE  
Apt 123  
1234 ANY STREET BLVD.  
1234 ANY STREET BLVD.  
1234 ANY STREET BLVD.  
ANY PLACE, XX 99999-9999  
23233323335



## MEDICARE SOLUTIONS YOU CAN COUNT ON.

Get the right advice from us.

Dear John Sample:

Making decisions about your health care can be difficult. We're here to help with reliable advice and affordable Medicare solutions.

Our Financial Services professionals will take the time to explain your options and help you choose the one that best suits your needs:

- **Medicare Supplement:** Help fill the gaps in Original Medicare by paying most, if not all, of the deductibles, coinsurance and co-payments under the Original Medicare plan.
- **Medicare Advantage:** A Medicare-approved plan that gives you more benefits than Original Medicare including annual routine physical exams, emergency coverage when traveling anywhere in the world, and health and wellness programs. Prescription drug coverage can be included so you get a full range of benefits in a single plan.
- **Medicare Prescription Drug Plans:** A drug plan that offers affordable co-pays on generic and brand-name drugs and includes a monthly statement with tips on how to lower your prescription drug expenses and protect against higher costs in the future.

Just give us a call and we'll help find the plan that's right for you. Because serving your best interests is our priority.

» **CALL 800.515.8687**

**If you use a TTY device, dial 711.**

**Monday through Friday, 7:00 a.m. to 8:00 p.m., Central time**

See reverse side for more information including information about offering companies.



**Medicare Supplement Insurance issued by USAA Life Insurance Company, San Antonio, TX. Not available in MA, MN, NJ, WI or NY. USAA Life Insurance Company and Medicare Supplement Insurance are not connected with or endorsed by the U.S. Government or the Federal Government Medicare Program. In Maine, Medicare Supplement Insurance is offered to people who are entitled to Medicare benefits because of disability, regardless of age. In Colorado, Medicare Supplement plans are also offered to those qualified consumers under the age of 65. Medicare-approved PPO, PDP and PFFS plans available to anyone entitled to Part A or enrolled in Part B of Medicare through age or disability (for Medicare Advantage plans, individuals must have both Part A and Part B). Enrollment period restrictions apply, call for details. Plans may be renewed annually. Co-payment service area, and benefit limitations may apply. Humana is financially responsible for these products. USAA Life General Agency, Inc. (LGA), known in CA and NY as USAA Health and Life Insurance Agency, acts as an agent for Humana to provide Medicare Advantage and Medicare Prescription Drug Plans to USAA members. LGA representatives are salaried and receive no commissions. However, LGA receives commissions from Humana, which can include compensation based on the total quantity and quality of insurance coverage purchased through LGA. No Humana company is an affiliate of USAA and no USAA company is financially responsible for these products. © USAA, 2008.**