

SERFF Tracking Number: PHYS-125988711 State: Arkansas  
Filing Company: Physicians Life Insurance Company State Tracking Number: 41337  
Company Tracking Number: PMA3090  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Med Sup  
Project Name/Number: PMA3090AR/PMA3090AR

## Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Med Sup

SERFF Tr Num: PHYS-125988711 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement -  
Standard Plans

SERFF Status: Closed

State Tr Num: 41337

Sub-TOI: MS051.001 Plan A

Co Tr Num: PMA3090

State Status: Waiting Industry  
Response

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Authors: Sonya Dickey, Sara  
Magee-Garcia

Disposition Date: 01/22/2009

Date Submitted: 01/14/2009

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: PMA3090AR

Status of Filing in Domicile: Pending

Project Number: PMA3090AR

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Filed in Nebraska  
on 1/14/09.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 01/22/2009

State Status Changed: 01/22/2009

Deemer Date:

Corresponding Filing Tracking Number: PMA3090AR

Filing Description:

RE: Medicare Supplement Advertisement

Invitation to Inquire w/Reply Card: PMA3090AR & PMA3090AAR

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

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licensed agents in your State to create an interest the following Medicare Supplement Policies/Rider:

**POLICIES/RIDER MEDICARE PLAN APPROVAL DATE**

- L260AR A 7-14-03
- L261AR B 7-14-03
- L265AR F 7-14-03
- L266AR G 7-14-03
- L267AR High Deductible F 10-01-08
- LR143 High Deductible Premium Discount Rider 9-29-08

If you have any questions concerning material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633. You may also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance in getting the material approved for use in your State is greatly appreciated.

**Company and Contact**

**Filing Contact Information**

Sara Magee-Garcia, [sara.magee-garcia@physiciansmutual.com](mailto:sara.magee-garcia@physiciansmutual.com)  
 2600 Dodge Street (800) 228-9100 [Phone]  
 Omaha, NE 68131 (402) 633-1096[FAX]

**Filing Company Information**

Physicians Life Insurance Company CoCode: 72125 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: 47-0529583  
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**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$80.00  
 Retaliatory? No  
 Fee Explanation: \$40 per form, 2 forms  
 Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$80.00	01/14/2009	25032770

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	01/22/2009	01/22/2009

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Clarification	Note To Filer	Stephanie Fowler	01/22/2009	01/22/2009



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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Form</b>	PMA3090AR	Filed	Yes
<b>Form</b>	PMA3090AAR	Filed	Yes



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## Form Schedule

Lead Form Number: PMA3090

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	PMA3090A	Advertising	PMA3090AR	Initial			PMA3090AR PMA3090AA R.pdf
Filed	PMA3090A	Advertising	PMA3090AAR	Initial			PMA3090AR PMA3090AA R.pdf

**YES! ...** I want to receive more information and personal service from a Physicians Life Insurance Company agent. I understand there's no cost or obligation for this service.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

[Agent #: XXXXXXX]

PMA3090AAR

An agent will contact you.

Lead ID #: [XXXXXXX]

**You're eligible for Medicare Supplement coverage — make sure you know your rights! For more insurance information, call: [Agent Name, insurance agent, at 999-999-9999]**



**[Agent signature]**

Physicians Life Insurance Company®  
[2600 Dodge Street]  
[Omaha, NE 68131]

Sample A. Sample  
Address  
Address  
Anytown, XX 99999-9999

**[FIRST NAME],**

**It's Almost Time To Celebrate!**

**Don't Miss Out!**



PMA3090AR

# Congratulations on your upcoming birthday. You have an important decision to make ...

## Think all Medicare Supplement insurance policies are the same? Think again!

You owe it to yourself to learn more about Medicare Supplement protection from Physicians Life. We have an **ALL-NEW Innovative Option** designed to help **save you money** on your premiums for life\* ... and it's available only from us! Plus, you may be able to get guaranteed coverage — no matter what your existing health conditions are! Make sure you know your Guaranteed Issue Rights. We can help you understand them.

### We can also offer you:

- The security of a financially sound company that consistently receives some of the highest financial ratings in the nation
- Claims paid quickly — on average, within 3 days for electronic claims
- Customer satisfaction — [98.6%] of our Medicare Supplement customers are satisfied with their coverage according to our latest customer satisfaction survey\*\*

\*If you drop the Innovative Discount Rider before year four, your premium amount becomes the Plan F premium amount.

\*\*2006 Physicians Mutual® Customer Satisfaction Survey

## The Icing on the Cake ... You'll Enjoy These Features

### You Choose Your Own Doctor or Hospital

You'll always have the freedom to choose your own doctors and Medicare-approved hospital.

### Lifetime Coverage

You can feel secure with lifetime coverage that's guaranteed renewable as long as you make timely premium payments.

### No Claims Forms

Our automatic processing system handles Medicare Part A and Part B claims electronically to eliminate the paperwork many people dread!

Return the attached postcard for free, no obligation information.

Get all the facts about our Medicare Supplement insurance.

Learn about our All-New Innovative Option designed to help save you money.

We are not connected with, nor endorsed by, the U.S. Government or the Federal Medicare Program. Insurance Policy Limitations: We will not pay for: a) confinement that begins or expenses incurred while your insurance policy is not in force nor, b) services of the type not covered by Medicare, unless specifically provided by the insurance policy. For more details, including costs and limitations, please return the attached card. Insurance policy/rider form numbers: L260, L261, L265, L266, L267; LR143.



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IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**

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POSTAGE WILL BE PAID BY ADDRESSEE

PHYSICIANS LIFE  
INSURANCE COMPANY  
PO BOX 2540  
OMAHA NE 68172-9706



**YES! ...** I want to receive more information and personal service from a Physicians Life Insurance Company agent. I understand there's no cost or obligation for this service.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: (       ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

[Agent #: XXXXXXXX]

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**[Agent signature]**

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[Omaha, NE 68131]

Sample A. Sample  
Address  
Address  
Anytown, XX 99999-9999

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