

SERFF Tracking Number: MDIC-126330826 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 43678
Company Tracking Number: CO MSCHG10052009
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: AR Med Sup Benefit Change Notice
Project Name/Number: BG AR Med Sup Benefit Change Notice /BG AR Med Sup Benefit Change Notice

Filing at a Glance

Company: Medico Insurance Company

Product Name: AR Med Sup Benefit Change Notice SERFF Tr Num: MDIC-126330826 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Filed-Closed State Tr Num: 43678

Sub-TOI: MS051.001 Plan A Co Tr Num: CO MSCHG10052009 State Status: Filed-Closed

Filing Type: Form Reviewer(s): Stephanie Fowler
Author: Gelecki Bryan Disposition Date: 11/09/2009
Date Submitted: 10/05/2009 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: BG AR Med Sup Benefit Change Notice
Project Number: BG AR Med Sup Benefit Change Notice
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 11/09/2009

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 11/09/2009
Created By: Gelecki Bryan
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Gelecki Bryan
Filing Description:
See Cover Letter

Company and Contact

Filing Contact Information

Bryan Gelecki, Compliance Research Analyst bgelecki@gomedico.com
1515 S. 75th Street 800-695-5976 [Phone] 238 [Ext]
Omaha, NE 68124 402-391-4858 [FAX]

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	11/09/2009	11/09/2009

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Disposition

Disposition Date: 11/09/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Plan A Notice	Approved	Yes
Form	Medicare Supplement Plan C Notice	Approved	Yes
Form	Medicare Supplement Plan F Notice	Approved	Yes
Form	Medicare Supplement Plan G Notice	Approved	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/09/2009	MA9F-4225A	Other	Medicare Supplement Plan A Notice	Initial			MA9F-4225A-09302009.pdf
Approved 11/09/2009	MA9F-4225C	Other	Medicare Supplement Plan C Notice	Initial			MA9F-4225C-09302009.pdf
Approved 11/09/2009	MA9F-4225F	Other	Medicare Supplement Plan F Notice	Initial			MA9F-4225F-09302009.pdf
Approved 11/09/2009	MA9F-4225G	Other	Medicare Supplement Plan G Notice	Initial			MA9F-4225G-09302009.pdf



Medicare Supplement Notice
 (Your insurance policy is administered by Medico Insurance Company on behalf of [Medico Life Insurance Company or Ability Insurance Company].)

1515 South 75th Street
 Omaha, Nebraska 68124

www.gomedico.com
 Toll-Free 1-800-228-6080

NOTICE ON CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE

The following outline briefly describes the modifications in Medicare and in your Medicare supplement coverage. Please read carefully!

Services	Medicare Benefits - Effective [2009] Medicare will pay	Your Medicare Supplement Coverage - Effective [2009] MS992A will pay
MEDICARE PART A SERVICES AND SUPPLIES		
Inpatient Hospital Benefits		
First 60 Days	All but \$[1,068]	\$0
61 st to 90 th Day	All but \$[267] a day	\$[267] a day
91 st to 150 th Day	All but \$[534] a day	\$[534] a day
151 st Day for an Additional 365 Days	\$0	100% of Medicare eligible expenses
Skilled Nursing Facility Care (if Medicare-Approved)		
First 20 Days	All approved amounts	\$0
21 st to 100 th Day	All but \$[133.50] a day	\$0
After 100 Days	\$0	\$0
MEDICARE PART B SERVICES AND SUPPLIES		
Medical Expenses		
*First \$[135] of Medicare-Approved Amounts	\$0	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%
Blood		
First 3 Pints	\$0	All costs
*Next \$[135] of Medicare-Approved Amounts	\$0	\$0
Remainder of Medicare-Approved Amounts	80%	20%
MEDICARE PARTS A AND B SERVICES AND SUPPLIES		
Home Health Care – Durable Medical Equipment		
*First \$[135] of Medicare-Approved Amounts	\$0	\$0
Remainder of Medicare-Approved Amounts	80%	20%

* This is the Part B deductible, and only needs to be met once per calendar year.

If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

THIS CHART SUMMARIZING THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SUPPLEMENT PROVIDED BY MEDICO INSURANCE COMPANY ONLY BRIEFLY DESCRIBES SUCH BENEFITS. FOR INFORMATION ON YOUR MEDICARE BENEFITS CONTACT YOUR SOCIAL SECURITY OFFICE OR THE CENTERS FOR MEDICARE & MEDICAID SERVICES. FOR INFORMATION ON YOUR MEDICARE SUPPLEMENT POLICY CONTACT MEDICO INSURANCE COMPANY AT 1515 SOUTH 75TH STREET, OMAHA, NE 68124, OR CONTACT THE PRODUCER WHO SOLD YOU THE POLICY.



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Services	Medicare Benefits - Effective [2009] Medicare will pay	Your Medicare Supplement Coverage - Effective [2009] MS992C will pay
MEDICARE PART A SERVICES AND SUPPLIES		
Inpatient Hospital Benefits		
First 60 Days	All but \$[1,068]	\$[1,068]
61 st to 90 th Day	All but \$[267] a day	\$[267] a day
91 st to 150 th Day	All but \$[534] a day	\$[534] a day
151 st Day for an Additional 365 Days	\$0	100% of Medicare eligible expenses
Skilled Nursing Facility Care (if Medicare-Approved)		
First 20 Days	All approved amounts	\$0
21 st to 100 th Day	All but \$[133.50] a day	Up to \$[133.50] a day
After 100 Days	\$0	\$0
MEDICARE PART B SERVICES AND SUPPLIES		
Medical Expenses		
*First \$[135] of Medicare-Approved Amounts	\$0	\$[135]
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%
Blood		
First 3 Pints	\$0	All costs
*Next \$[135] of Medicare-Approved Amounts	\$0	\$[135]
Remainder of Medicare-Approved Amounts	80%	20%
MEDICARE PARTS A AND B SERVICES AND SUPPLIES		
Home Health Care – Durable Medical Equipment		
*First \$[135] of Medicare-Approved Amounts	\$0	\$[135]
Remainder of Medicare-Approved Amounts	80%	20%

* This is the Part B deductible, and only needs to be met once per calendar year.

If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

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Services	Medicare Benefits - Effective [2009] Medicare will pay	Your Medicare Supplement Coverage - Effective [2009] MS992F will pay
MEDICARE PART A SERVICES AND SUPPLIES		
Inpatient Hospital Benefits		
First 60 Days	All but \$[1,068]	\$[1,068]
61 st to 90 th Day	All but \$[267] a day	\$[267] a day
91 st to 150 th Day	All but \$[534] a day	\$[534] a day
151 st Day for an Additional 365 Days	\$0	100% of Medicare eligible expenses
Skilled Nursing Facility Care (if Medicare-Approved)		
First 20 Days	All approved amounts	\$0
21 st to 100 th Day	All but \$[133.50] a day	Up to \$[133.50] a day
After 100 Days	\$0	\$0
MEDICARE PART B SERVICES AND SUPPLIES		
Medical Expenses		
*First \$[135] of Medicare-Approved Amounts	\$0	\$[135]
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	100%
Blood		
First 3 Pints	\$0	All costs
*Next \$[135] of Medicare-Approved Amounts	\$0	\$[135]
Remainder of Medicare-Approved Amounts	80%	20%

* This is the Part B deductible, and only needs to be met once per calendar year.

MEDICARE PARTS A AND B SERVICES AND SUPPLIES		
Home Health Care – Durable Medical Equipment		
*First \$[135] of Medicare-Approved Amounts	\$0	\$[135]
Remainder of Medicare-Approved Amounts	80%	20%

* This is the Part B deductible, and only needs to be met once per calendar year.

If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

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Services	Medicare Benefits - Effective [2009] Medicare will pay	Your Medicare Supplement Coverage – Effective [2009] MS992G will pay
MEDICARE PART A SERVICES AND SUPPLIES		
Inpatient Hospital Benefits		
First 60 Days	All but \$[1,068]	\$[1,068]
61 st to 90 th Day	All but \$[267] a day	\$[267] a day
91 st to 150 th Day	All but \$[534] a day	\$[534] a day
151 st Day for an Additional 365 Days	\$0	100% of Medicare eligible expenses
Skilled Nursing Facility Care (if Medicare-Approved)		
First 20 Days	All approved amounts	\$0
21 st to 100 th Day	All but \$[133.50] a day	Up to \$[133.50] a day
After 100 Days	\$0	\$0
MEDICARE PART B SERVICES AND SUPPLIES		
Medical Expenses		
*First \$[135] of Medicare-Approved Amounts	\$0	\$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%
Part B Excess Charges (Above Medicare-Approved Amounts)	\$0	80%
Blood		
First 3 Pints	\$0	All costs
*Next \$[135] of Medicare-Approved Amounts	\$0	\$0
Remainder of Medicare-Approved Amounts	80%	20%

* This is the Part B deductible, and only needs to be met once per calendar year.

MEDICARE PARTS A AND B SERVICES AND SUPPLIES		
Home Health Care – Durable Medical Equipment		
*First \$[135] of Medicare-Approved Amounts	\$0	\$0
Remainder of Medicare-Approved Amounts	80%	20%
At-Home Recovery Services		
Benefit for Each Visit	\$0	Actual charges to \$[40] a visit
Number of Visits Covered	0	Up to the number of Medicare-approved visits, not to exceed 7 each week
Calendar Year Maximum	\$0	\$[1,600]

* This is the Part B deductible, and only needs to be met once per calendar year.

If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Flesch Certification	Accepted for Informational Purposes	Date: 11/09/2009

Comments:

Attachment:

Flesch Certificate ACFG MIC.pdf

	Item Status:	Status
		Date:

Bypassed - Item: Application

Bypass Reason: N/A

Comments:

	Item Status:	Status
		Date:

Bypassed - Item: Health - Actuarial Justification

Bypass Reason: N/A

Comments:

	Item Status:	Status
		Date:

Bypassed - Item: Outline of Coverage

Bypass Reason: N/A

Comments:

	Item Status:	Status
		Date:

Satisfied - Item: Cover Letter

Accepted for Informational Purposes

11/09/2009

Comments:

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Attachment:

AR Cover Letter.pdf

FLESCH READABILITY CERTIFICATION

Form Number MA9F-4225A has been Flesch tested.
The Flesch Readability Score was computed to be 41.2.

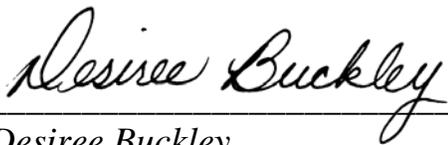
Form Number MA9F-4225C has been Flesch tested.
The Flesch Readability Score was computed to be 41.2.

Form Number MA9F-4225F has been Flesch tested.
The Flesch Readability Score was computed to be 41.2.

Form Number MA9F-4225G has been Flesch tested.
The Flesch Readability Score was computed to be 41.2.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

MEDICO INSURANCE COMPANY



Desiree Buckley
Vice President, Director of Compliance



October 5, 2009

MEDICO INSURANCE COMPANY
NAIC # 31119

Commissioner Julie Benafield Bowman
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Individual Medicare Supplement
Enclosed Material:
MA9F-4225A – annual notice
MA9F-4225C – annual notice
MA9F-4225F – annual notice
MA9F-4225G – annual notice

Enclosed, we are filing for approval, our revised annual Medicare supplement benefit change notices.

These forms were filed previously in your state. It is necessary for us to revise these forms. Our company, Medico, has assumed the closed block Medicare supplement business of Ability FKA Medico Life, and, as such, the Medico Life forms that were previously approved by your Department are no longer appropriate. The only changes to the previously approved forms are to the form numbers and to the statement at the top of the form, we have added: “(Your insurance policy is administered by Medico Insurance Company on behalf of [Medico Life Insurance Company or Ability Insurance Company].) The Company name listed on the form is being filed as variable, since the name change is in progress in the various states, and by doing so, we will be able to insert the correct name of the company at the time of mailing. We also have bracketed the Medicare co-pays and deductibles, to avoid the need to re-file these forms for this reason in the future.

Thank you for your review and approval of this filing. If you have any questions, please feel free to contact me.

Sincerely,

Bryan Gelecki
Compliance Research Analyst Assistant
Medico Insurance Company
1515 South 75th Street
Omaha, NE 68124
402-391-6900 Ext. 238
bgelecki@gomedico.com

Protecting Your Future Today®