

SERFF Tracking Number: MUTM-126358068 State: Arkansas
Filing Company: Gerber Life Insurance Company State Tracking Number: 43898
Company Tracking Number: NEIL SANDHOEFNER
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Medicare Supplement Outline of Coverage - BC12 00-10
Project Name/Number: Medicare Supplement Outline of Coverage/BC12 0-10

Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Medicare Supplement Outline of SERFF Tr Num: MUTM-126358068 State: Arkansas

Coverage - BC12 00-10

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Approved- State Tr Num: 43898
Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: NEIL SANDHOEFNER State Status: Approved-Closed
Other 2010

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Mary Cleasby, Shelly Disposition Date: 12/01/2009

Kaipust, Jan Serafini, Mary Gregg,

Kryisia Gannon, Ellen Cochrane,

Melanie Schultz, Kristin Miller, Neil

Sandhoefner

Date Submitted: 10/26/2009

Disposition Status: Approved-
Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Outline of Coverage

Project Number: BC12 0-10

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/01/2009

Deemer Date:

Submitted By: Shelly Kaipust

Filing Description:

October 23, 2009

Status of Filing in Domicile:

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: 12/01/2009

Created By: Shelly Kaipust

Corresponding Filing Tracking Number:

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Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street
Little Rock, AR 72201-1904

RE: Gerber Life Insurance Company
NAIC # 4483-70939 FEIN 13-2611847
Individual Medicare Supplement Insurance
Outline of Coverage BC12 00-10

Enclosed for your review and approval is the above-captioned Medicare Supplement Outline of Coverage module form. This filing is being made to comply with the changes in the Federal Medicare coinsurance and deductible amounts in the previously approved outline module. The only change in this module is the coinsurance and deductible amounts effective January 1, 2010.

Outline of Coverage module form BC12 00-10 will replace form BC12, which was filed with your Department on September 3, 2009.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me.

Sincerely,

Neil Sandhoefner
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6969
Fax: 402-351-5298
E-mail: Neil.Sandhoefner@mutualofomaha.com

Company and Contact

Filing Contact Information

Neil Sandhoefner, Product & Advertising Compliance Analyst neil.sandhoefner@mutualofomaha.com

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Mutual of Omaha 402-351-6969 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

Gerber Life Insurance Company CoCode: 70939 State of Domicile: New York
 1311 Mamaroneck Avenue Group Code: 4483 Company Type: Life & Health
 White Plains, NY 10605 Group Name: State ID Number:
 (914) 272-4000 ext. [Phone] FEIN Number: 13-2611847

Filing Fees

Fee Required? Yes
 Fee Amount: \$20.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$20.00	10/26/2009	31552231

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/01/2009	12/01/2009

SERFF Tracking Number: MUTM-126358068 *State:* Arkansas
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Disposition

Disposition Date: 12/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-126358068 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	AR Fee Schedule Cert	Accepted for Informational Purposes	Yes
Form	Outline of Coverage	Approved	Yes

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Form Schedule

Lead Form Number: BC12 00-10

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	BC12 00-12/01/2009 10	Outline of Coverage	Outline of Coverage	Initial			BC12 00-10.pdf

PLAN A
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$0	\$1,100 (Part A Deductible)
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital. First 20 days	All approved amounts	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	\$0	Up to \$137.50 a day
101 st day and after	\$0	\$0	All costs
BLOOD First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician’s services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0
Durable medical equipment First \$155 of Medicare Approved Amounts*	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLANS F AND G
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but \$1,100	\$1,100 (Part A Deductible)	\$0	\$1,100 (Part A Deductible)	\$0
61 st through 90 th day	All but \$275 a day	\$275 a day	\$0	\$275 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$550 a day	\$550 a day	\$0	\$550 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**	100% of Medicare Eligible Expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital.					
First 20 days	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$137.50 a day	Up to \$137.50 a day	\$0	Up to \$137.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy/certificate's "Core Benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare Approved Amounts)	\$0	100%	\$0	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$155 of Medicare Approved Amounts*	\$0	\$155 (Part B Deductible)	\$0	\$0	\$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0	20%	\$0

PLANS F AND G
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA					
First \$250 each calendar year	\$0	\$0	\$250	\$0	\$250
Remainder of charges	\$0	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of \$50,000	20% and amounts over the \$50,000 lifetime Maximum Benefit

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: AR Read Cert.pdf		
Bypassed - Item: Application Bypass Reason: Not applicable for this Medicare Supplement Outline of Coverage. Comments:	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification Bypass Reason: Not applicable for this Medicare Supplement Outline of Coverage. Comments:	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: See the Form Schedule tab for this outline of coverage.	Item Status:	Status Date:
Satisfied - Item: AR Fee Schedule Cert Comments: Attachment: AR Fee Schedule Cert .pdf	Accepted for Informational Purposes	12/01/2009

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

	<u>Form</u>	<u>Description</u>	<u>Score</u>
BC12 00-10		Outline of Coverage Benefit Charts	N/A

Gerber Life Insurance Company

Date: October 26, 2009



Daniel J. Kennelly
Vice President & Chief Compliance Officer
Mutual of Omaha Insurance Company as
Administrator for Gerber Life Insurance Company

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Gerber Life Insurance Company

Company NAIC Code: 4483-70939

Company Contact Person & Phone: Neil Sandhoefner

402-351-6969

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ X \$50 = \$ _____

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* 1 X \$20 = \$20

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**