

SERFF Tracking Number: MDIC-126093513 State: Arkansas  
Filing Company: Medico Insurance Company State Tracking Number: 42002  
Company Tracking Number: KHA12ADS033009  
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity  
Product Name: A12ads03302009  
Project Name/Number: /

## Filing at a Glance

Company: Medico Insurance Company

Product Name: A12ads03302009

SERFF Tr Num: MDIC-126093513 State: ArkansasLH

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed

State Tr Num: 42002

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: KHA12ADS033009

State Status: Filed-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Karl Hug

Disposition Date: 03/30/2009

Date Submitted: 03/30/2009

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 03/30/2009

Explanation for Other Group Market Type:

State Status Changed: 03/30/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

MEDICO INSURANCE COMPANY

NAIC # 31119

RE: Individual Indemnity Benefit Policy Advertising Material

Enclosed (new) Material, Invitation to Inquire:

MI9F-4347 – print advertisement

MI9F-4345 – print advertisement or flyer

ADVMIA12 – brochure

SERFF Tracking Number: MDIC-126093513 State: Arkansas  
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ADVMIA12(TRI) – brochure

For: filed policy form MI-HIA(AR)

Policy Form Approved on January 28, 2009

Pursuant to State requirements, the above referenced advertising material is intended for use in Arkansas and should be considered an invitation to inquire.

All ads are new and they do not replace any other advertising on file with your department. The print ads will appear in various periodicals, and be reproduced in various sizes. The bracketed areas will allow the various producers to include their own names, addresses and phone numbers.

The brochures are intended for use in your state, and will be used by our producer force when making face-to-face sales presentations.

We would like to request the ability to modify any pictures in these advertisements without re-filing the forms. We also request the right to reproduce any print ad, flyer or brochure, after approval, in electronic form on our website – with the understanding that each form's form number and version number will also be displayed on the website.

This filing does not contain any unusual or potentially controversial items.

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

## Company and Contact

### Filing Contact Information

Karl Hug, Compliance Analyst  
1515 S. 75th Street  
Omaha, NE 68124

khug@gomedico.com  
(800) 695-5976 [Phone]  
(402) 391-4858[FAX]

### Filing Company Information

Medico Insurance Company  
1515 S. 75th Street

CoCode: 31119  
Group Code: 364

State of Domicile: Nebraska  
Company Type: Life and Health

SERFF Tracking Number: MDIC-126093513 State: Arkansas  
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Product Name: A12ads03302009  
Project Name/Number: /

Omaha, NE 68124  
(800) 695-5976 ext. [Phone]

Group Name: Medico  
FEIN Number: 47-0122200  
-----

State ID Number:

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? No  
Fee Explanation: 4 ads at \$25.00 per ad = \$100.00  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$100.00	03/30/2009	26783407

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Product Name: A12ads03302009  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	03/30/2009	03/30/2009

*SERFF Tracking Number:* MDIC-126093513      *State:* Arkansas  
*Filing Company:* Medico Insurance Company      *State Tracking Number:* 42002  
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*TOI:* H14I Individual Health - Hospital Indemnity      *Sub-TOI:* H14I.000 Health - Hospital Indemnity  
*Product Name:* A12ads03302009  
*Project Name/Number:* /

## **Disposition**

Disposition Date: 03/30/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDIC-126093513 State: Arkansas  
 Filing Company: Medico Insurance Company State Tracking Number: 42002  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Filed-Closed	Yes
<b>Supporting Document</b>	Application	Filed-Closed	Yes
<b>Supporting Document</b>	Health - Actuarial Justification	Filed-Closed	Yes
<b>Supporting Document</b>	Outline of Coverage	Filed-Closed	Yes
<b>Supporting Document</b>	cover letter	Filed-Closed	Yes
<b>Form</b>	full size brochure for A12 policy	Filed-Closed	Yes
<b>Form</b>	tri-fold brochure for A12 policy	Filed-Closed	Yes
<b>Form</b>	Print Ad for A12 policy	Filed-Closed	Yes
<b>Form</b>	Print Ad/Flyer for A12 policy	Filed-Closed	Yes

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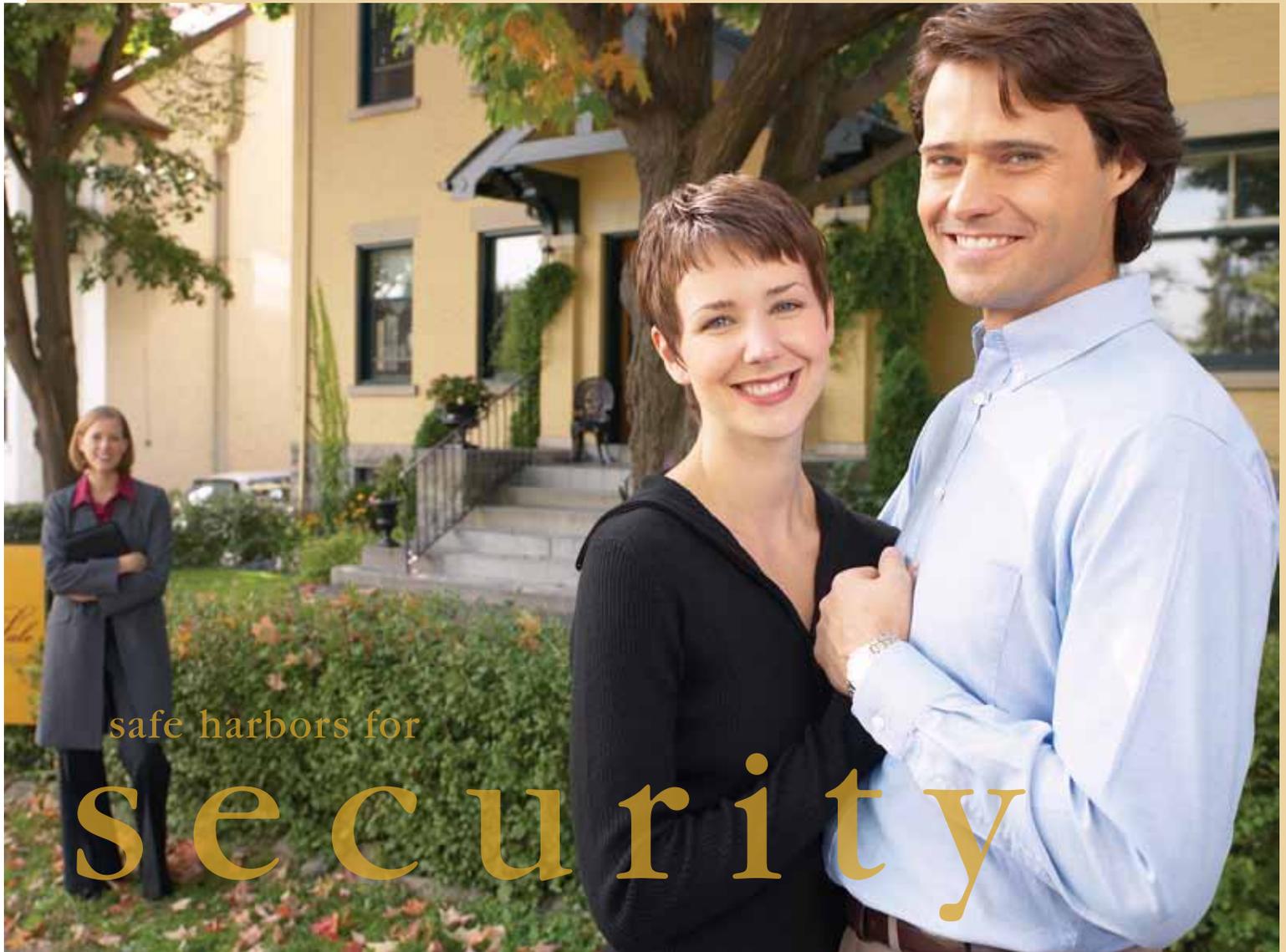
## Form Schedule

**Lead Form Number:** ADVMIA12

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	ADVMIA12	Advertising	full size brochure for A12 policy	Initial		40	ADVMIA12-12052008.pdf
Filed-Closed	ADVMIA12(TRI)	Advertising	tri-fold brochure for A12 policy	Initial		41	ADVMIA12(TRI)-12082008.pdf
Filed-Closed	MI9F-4347	Advertising	Print Ad for A12 policy	Initial		41	MI9F-4347-03122009.pdf
Filed-Closed	MI9F-4345	Advertising	Print Ad/Flyer for A12 policy	Initial		40	MI9F-4345-03112009.pdf

# Indemnity Benefit Insurance Policy

THIS IS A LIMITED POLICY



safe harbors for  
**security**

*Protecting Your Future Today<sup>®</sup>*



**MEDICO<sup>®</sup>**  
INSURANCE COMPANY

# Indemnity Benefit Insurance from Med

*Why Buy Indemnity Benefit Insurance?*

## **For your security...**

Because accidents or serious illness can happen at any time – and the high cost of recovery in these days of rising medical expenses can be overwhelming. Medico's Indemnity Benefit Insurance policy can help provide a safe harbor for you and your family.



### *Benefits*

**Hospital Confinement Benefit –**

We pay \$1,000 once per each period of care when you are confined in a hospital.

**Ambulance Benefit –**

We pay \$100 per calendar year if an ambulance takes you to or from a hospital where you are confined.

**Waiver of Premium –**

After four continuous weeks of your confinement, we will waive the premiums during your continued hospital stay.

**Save 10%**  
when you are approved with a co-applicant!

(A co-applicant is someone who lives at the same address as you. 10% discount is not available in all states.)

### *Customize Your Security With Additional Benefit Riders*

(Additional premium is required.)

You can design your policy to fit your individual needs & make every dollar count by choosing from these four optional benefit riders:

**Daily Hospital Indemnity Benefit Rider** – Pays for each day of confinement to a hospital for up to 14 days per period of care. Choose your Daily Hospital Benefit: \$50, \$100, \$150 or \$200 (MIRA13)

**Physician & Surgical Indemnity Benefit Rider** – Pays up to \$1,000 per calendar year, with no lifetime maximum, for medically necessary charges for covered care, as listed below:

1. Physician Indemnity Benefit – Pays \$20, not to exceed the incurred charge, for each Physician Office Visit.
2. Surgical Indemnity Benefit – Pays \$300, not to exceed the incurred charge, for all Surgery performed, in or out of the hospital, in any 24-hour period.

During any one calendar year, the combined benefits under 1 and 2 shall not exceed \$1,000. Routine physical examinations, immunizations or routine screening procedures are not covered. (MIRA17)

**Registered Nurse At-Home Indemnity Benefit Rider** – We pay the Registered Nurse Shift Amount per shift, up to 2 shifts per day, for up to 30 days following a hospital confinement for services of a nurse (R.N., L.P.N. or L.V.N.) in your home. Choose your Shift Amount Benefit: \$50 or \$100 (MIRA15)

**Daily Skilled Nursing Facility Indemnity Benefit Rider** – We pay a Daily Skilled Nursing Facility Indemnity Benefit for each day of confinement up to 90 days for each skilled nursing facility period of care when you are confined to a skilled nursing facility and receive skilled nursing care, subject to the elimination period. Choose your Daily Skilled Nursing Facility Indemnity Benefit: \$50, \$100, \$150 or \$200 (MIRA16)

*Why Should You Buy From Us?* The answer is refreshing.  
Our service is fast, simple and predictable.

**FAST:** Claim Payments - Fax, mail or email your claim form directly to our Client Services Department & get your claim paid in as little as one week.

**SIMPLE:** Application Process - All the necessary forms are in one easy-to-use booklet.

**PREDICTABLE:** Trusted Service - Get friendly service from a company whose roots have been planted in the Heartland of America for more than 80 years.

You will be doing business with a company trusted for nearly 80 years.

You will get peace of mind with a policy that will help provide security for you and your family.

You will get friendly and efficient service.



## *Who is Eligible To Apply?*

**Anyone age 18-84!**

### *Acceptance*

This policy is issued individually; however, dual applications are available to applicants and co-applicants provided that co-applicants from the same address apply at the same time. Premiums are determined according to the age of each applicant and the benefit selected.

### *Guaranteed Renewable*

Once approved, this insurance will remain in force as long as your premiums are paid on time, subject to our limited right to change the premium.

## *Other Important Benefits*

This policy provides you with the versatility to select various coverages and the ability to minimize the financial impact of a hospital stay.

### **30-Day Right to Examine**

You have 30 days after you receive the policy to examine it and return it to us or to the agent if you are dissatisfied. We will then refund the premium you paid and void the policy.

This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for details. For costs and further details of the coverage, including exclusions, any restrictions or limitations and the terms under which the policy may be continued in force, see your agent or write to the Company.

To be eligible for benefits, you must receive medically necessary covered care, as defined in the policy.

A hospital is an institution that is licensed or certified as a hospital by the state in which it is located. It does not include other facilities that provide institutional care, such as nursing facilities or extended care facilities.

# about the company

Medico Insurance Company began operations in 1930. We offer quality health and life insurance products to Americans nationwide.

Today, Medico Insurance Company continues a proud tradition of service to our customers.

Located in the heart of the U.S., in Omaha, Nebraska, all of our work is done in the Home Office, not outsourced to some other country. When you call our number, people answer the phone, people who understand your questions and are anxious to help you find solutions.

For more information about Medico Insurance Company and Medico Group, visit [gomedico.com](http://gomedico.com).



# Indemnity Benefit Insurance Policy

THIS IS A LIMITED POLICY

*Why Buy Indemnity Benefit Insurance from Medico?*

## **For your security...**

Because accidents or serious illness can happen at any time – and the high cost of recovery in these days of rising medical expenses can be overwhelming. Medico's Indemnity Benefit Insurance policy can help provide a safe harbor for you and your family.

## *Benefits*

### **Hospital Confinement Benefit –**

We pay \$1,000 once per each period of care when you are confined in a hospital.

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**MEDICO®**

**INSURANCE COMPANY**

1515 S. 75th St., Omaha, NE 68124  
1.800.228.6080 - [gomedico.com](http://gomedico.com)



*Protecting Your Future Today®*



**MEDICO®**  
**INSURANCE COMPANY**

ADVMIA12(TRI)

12052008

# Indemnity Benefit Insurance Policy

## Customize Your Security With Additional Benefit Riders

(Additional premium is required.)

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## MI-HIA12



## Acceptance

This policy is issued individually; however, dual applications are available to applicants and co-applicants provided that co-applicants from the same address apply at the same time. Premiums are determined according to the age of each applicant and the benefit selected.

## Guaranteed Renewable

Once approved, this insurance will remain in force as long as your premiums are paid on time, subject to our limited right to change the premium.

**Save 10%**  
when you are approved with a  
co-applicant!

(A co-applicant is someone who lives at the same address as you. 10% discount is not available in all states.)

## Other Important Benefits

This policy provides you with the versatility to select various coverages and the ability to minimize the financial impact of a hospital stay.

### 30-Day Right to Examine

You have 30 days after you receive the policy to examine it and return it to us or to the agent if you are dissatisfied. We will then refund the premium you paid and void the policy.



This brochure is intended to provide a general description of the policy benefits. Policy provisions and benefits may vary from state to state. Please see the policy and riders for details. For costs and further details of the coverage, including exclusions, any restrictions or limitations and the terms under which the policy may be continued in force, see your agent or write to the Company.

To be eligible for benefits, you must receive medically necessary covered care, as defined in the policy.

A hospital is an institution that is licensed or certified as a hospital by the state in which it is located. It does not include other facilities that provide institutional care, such as nursing facilities or extended care facilities.



Introducing the all new  
**Indemnity Benefit  
Insurance Policy**

MI-HIA12

from Medico® Insurance Company.

1515 S. 75th St., Omaha, Nebraska 68124

- Base Policy Can Be Customized By Adding Up To 4 Optional Riders (additional premium required)
- Reasonable Rates
- 10% Household Discount
- \$100 Ambulance Benefit
- Guaranteed Renewable
- Valuable Add-On To Other Coverage

May not be available in all states.

For costs and further details of the coverage, including exclusions, any reduction or limitations and the terms under which the policy may be continued in force, see your agent or write to the company. THIS IS A LIMITED POLICY.

**Contact [agent name],  
authorized agent, at  
[000-000-0000]  
[address].**

MI9F-4347

03122009

2.375 x 5.50

At a time when it is tough  
**to see what lies ahead...**



**let Medico<sup>®</sup> help you protect your future.**

THIS IS A LIMITED POLICY. (MI-HIA12)

## Indemnity Benefit Insurance from Medico Insurance Company.

### *Why buy indemnity insurance?*

Because accidents or serious illness can happen at any time –  
& the high cost of recovery in these days  
of rising medical expenses can be overwhelming.

Medico's Indemnity Benefit Insurance policy can help provide  
a safe harbor for you and your family.

Customize this policy to fit your individual needs by choosing from  
four optional riders.

*Additional premium required.*

**BASE POLICY**

**+**

**YOUR CHOICE OF RIDERS**

**=**

**YOUR OWN PERSONALIZED INSURANCE POLICY!**

For more information,  
contact [Agency Name] at  
[Agency number/email].



**MEDICO<sup>®</sup>**  
INSURANCE COMPANY  
*Protecting Your Future Today<sup>®</sup>*

Medico Insurance Company - 1515 S. 75th St., Omaha, NE 68124  
[www.gomedico.com](http://www.gomedico.com) - 1.800.228.6080

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## Rate Information

Rate data does NOT apply to filing.

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## Supporting Document Schedules

<b>Bypassed -Name:</b>	Flesch Certification	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A to this advertising filing.	Filed-Closed	03/30/2009
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Application	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	03/30/2009
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Health - Actuarial Justification	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	03/30/2009
<b>Comments:</b>			
<b>Bypassed -Name:</b>	Outline of Coverage	<b>Review Status:</b>	
<b>Bypass Reason:</b>	N/A	Filed-Closed	03/30/2009
<b>Comments:</b>			
<b>Satisfied -Name:</b>	cover letter	<b>Review Status:</b>	
<b>Comments:</b>		Filed-Closed	03/30/2009
<b>Attachment:</b>			
	AR A12 ADV 032009.pdf		



March 30, 2009

MEDICO INSURANCE COMPANY  
NAIC # 31119

Commissioner Jay Bradford  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Individual Indemnity Benefit Policy  
Advertising Material  
**Enclosed (new) Material, Invitation to Inquire:**  
MI9F-4347 – print advertisement  
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ADVMIA12 – brochure  
ADVMIA12(TRI) – brochure  
For: filed policy form MI-HIA12(AR)  
Policy Form Approved on January 28, 2009

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We would like to request the ability to modify any pictures in these advertisements without re-filing the forms. We also request the right to reproduce any print ad, flyer or brochure, after approval, in electronic form on our website – with the understanding that each form's form number and version number will also be displayed on the website.

This filing does not contain any unusual or potentially controversial items.

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

Sincerely,

A handwritten signature in black ink that reads "Karl Hug". The signature is written in a cursive style with a long, sweeping underline.

Karl Hug, Compliance Analyst  
(800) 695-5976, ext. 251  
Fax (402) 391-4858  
khug@gomedico.com

*Protecting Your Future Today®*