

SERFF Tracking Number: MUTM-126079348 State: Arkansas  
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 41848  
Company Tracking Number: JAMIE LUCY  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A  
Standard Plans  
Product Name: Medicare Supplement Advertising - UC7057  
Project Name/Number: Medicare Supplement Advertising/UC7057

## Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7057 SERFF Tr Num: MUTM-126079348 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 41848

Sub-TOI: MS051.001 Plan A

Co Tr Num: JAMIE LUCY

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Jamie Lucy

Disposition Date: 03/23/2009

Date Submitted: 03/18/2009

Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UC7057

Date Approved in Domicile:

Requested Filing Mode:

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: 03/23/2009

Explanation for Other Group Market Type:

State Status Changed: 03/23/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under the supporting documentation tab.

## Company and Contact

### Filing Contact Information

SERFF Tracking Number: MUTM-126079348 State: Arkansas  
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(402) 351-2654 [Phone]  
(402) 351-5298[FAX]

**Filing Company Information**

United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
(402) 351-6420 ext. [Phone]  
CoCode: 69868  
Group Code: 261  
Group Name:  
FEIN Number: 47-0322111  
State of Domicile: Nebraska  
Company Type: Life Insurance  
State ID Number:  
-----

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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 #
United of Omaha Life Insurance Company	\$25.00	03/18/2009	26497161

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	03/23/2009	03/23/2009



*SERFF Tracking Number:* MUTM-126079348      *State:* Arkansas  
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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Memorandum of Variability	Accepted for Informational Purposes	Yes
<b>Supporting Document</b>	Cover Letter	Accepted for Informational Purposes	Yes
<b>Form</b>	Brochure	Filed	Yes

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## Form Schedule

Lead Form Number: UC7057

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UC7057	Advertising Brochure		Initial			UC7057.pdf



# Your Guide to Medicare Supplement Insurance



**SMART CHOICE** ..... 1  
Meet United of Omaha Life  
Insurance Company

**FACTS** ..... 2  
Understand Medicare  
Supplement Insurance (Medigap)

**ANSWERS** ..... 4  
Get Answers to Common Questions

**TERMS** ..... 5  
Understand Medicare  
Supplement Terms

**EVALUATE** ..... 7  
Decide What's Best for You

**CHECKLIST** ..... 8  
Important Steps to  
Follow When You Apply

**SWITCHING** ..... 9  
Change Your Policy if Necessary

**RESOURCES** ..... 10  
Your Personal Reference Materials

[[WWW.MUTUALOFOMAHA.COM](http://WWW.MUTUALOFOMAHA.COM)]

[Toll Free [1-800-865-2674]]

Compliments of



**UNITED OF OMAHA LIFE  
INSURANCE COMPANY**  
A MUTUAL of OMAHA COMPANY

## A Mutual of Omaha Company

A Mutual of Omaha company since 1926, United of Omaha Life Insurance Company offers Medicare supplement insurance policies. When you own a United of Omaha Life Insurance Company Medicare supplement insurance policy, you get the reputation of Mutual of Omaha, which has been providing quality services for over 100 years.

You can depend on us to be there when you need us. With first-class customer service we pledge to meet or exceed your expectations and get the job done right the first time, every time.

### *Save money with competitive rates.*

We work diligently to ensure that our Medicare supplement insurance rates remain competitive.

### *Choose your own health care providers – no referrals needed.*

Choose the doctors, hospitals and specialists you want without having to get referrals. Enjoy greater flexibility and independence with this coverage.

### *Get paid regardless of other insurance you may have.*

Benefits are payable regardless of any hospital, travel, accident or cancer insurance you may have. If you currently have a Medicare supplement insurance policy with another provider, you can replace it with United of Omaha Life Insurance Company's Medicare supplement coverage.

### *Depend on coverage that grows as Medicare changes.*

Your benefit dollar amounts will automatically increase to cover any increases in Medicare deductibles and copayments.

### *Rely on premiums that cannot be changed because of claims or changes in your health.*

Premiums or rates may increase only when the increase is applicable to all persons covered under this type of policy and class in your state or geographic area where the policy was issued – not because of claims or changes in your health.

### *Save time and effort with virtually no paperwork and get quick payment of claims.*

With our automated claims processing, there's virtually no paperwork, and we process claims quickly so you have the money you need when you need it.

### *Know your protection can never be canceled – except by you.*

As long as your premiums are paid on time, you can keep your coverage for life. Your coverage can never be canceled due to age, health or number of claims as long as there has been no fraud or material misrepresentation.

### *Choose from convenient payment options.*

When you apply, you can take advantage of our convenient payment methods and select the option that best fits your individual needs.

## The Medicare Program

Medicare is the Federal health insurance program available to qualifying individuals age 65 or older, under age 65 with certain disabilities and any age with End-Stage Renal Disease. It covers many health care services and supplies, but there are costs (“gaps”) it does not cover. Medicare Parts A and B are commonly referred to as “The Original Medicare” plan.

[Coverage is also available to persons under age 65 who are eligible for Medicare due to a disability. In TX, Plan A coverage is available to persons under age 65 who are eligible for Medicare due to a disability.]

The Medicare program consists of four parts:

- 1. Part A (hospital insurance)** – Helps cover your inpatient care in hospitals, skilled nursing facilities, hospice care and some home health care if you meet certain conditions.
- 2. Part B (medical insurance)** – Helps cover medically necessary services like doctors’ services and outpatient care, other medical services that Part A doesn’t cover (like physical and occupational therapy) and some home health care. Also helps cover some preventive services to help maintain your health and keep certain illnesses from getting worse.
- 3. Part C (Medicare Advantage plans)** – Private insurers like HMOs and PPOs provide Part A, Part B and sometimes Part D coverage to people who enroll.
- 4. Part D (Medicare prescription drug coverage)** – Helps cover prescription drug costs.

## Medicare Supplement Insurance

Medicare supplement insurance (Medigap) is private health insurance specifically designed to supplement the Medicare program. Medicare supplement insurance helps pay some of the health care costs that the Medicare program may not cover.

Without a supplemental policy to help pay bills that may not be paid by Medicare, your expenses could really add up. While you can budget for your insurance premium, paying for emergencies or other unexpected medical conditions could be far more costly. A Medicare supplement insurance policy keeps your costs under control and brings you these other benefits:

- Stay with your own doctors and hospitals
- Choose specialists and other health care providers without needing referrals
- Be assured that your benefits will increase as Medicare deductibles and copayments increase
- Get coverage anywhere in the U.S. while traveling
- Avoid the paperwork of filing claims
- Have a policy with guaranteed renewals as long as premiums are paid on time

[Premiums are based on attained age rating, which means premiums increase as your age increases each year until you reach age 90.]

## Types of Policies Available

Benefits offered in all the Medicare supplement policies have been standardized so they can be easily compared between insurance carriers. Twelve plans are available identified as Medigap Plans A - L (except in MA, MN and WI)\* and carriers choose which plans they will offer. Every insurance company must make Plan A available.

This chart gives you a quick look at Medigap Plans A through L and their benefits. Not all plans may be available in your state.

\*For more information on benefits offered in MA, MN and WI, please refer to the *Buyers Guide* offered by CMS and NAIC.

MEDIGAP BENEFITS	MEDIGAP PLANS A THROUGH L											
	A	B	C	D	E	F	G	H	I	J	K	L
Medicare Part A Coinsurance and Medigap Coverage for Hospital Benefits	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Medicare Part B Coinsurance or Copayment	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Blood (First 3 Pints)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Hospice Care Coinsurance or Copayment											50%	75%
Skilled Nursing Facility Care Coinsurance			✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Medicare Part A Deductible		✓	✓	✓	✓	✓	✓	✓	✓	✓	50%	75%
Medicare Part B Deductible			✓			✓				✓		
Medicare Part B Excess Charges						✓	80%		✓	✓		
Foreign Travel Emergency (Up to Plan Limits)			✓	✓	✓	✓	✓	✓	✓	✓		
At-Home Recovery (Up to Plan Limits)				✓			✓		✓	✓		
Preventive Care Coinsurance (Included in Part B Coinsurance)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Preventive Care Not Covered by Medicare (up to \$120)					✓					✓		

## When to Choose Your Medicare Supplement Policy

The best time to buy a Medicare supplement insurance policy is during your open enrollment period. This period lasts for six months and begins on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B (some states may have additional open enrollment rights under state law). During this period, an insurance company cannot use medical underwriting. This means it cannot refuse to sell you any Medicare supplement insurance policy it sells, make you wait for coverage to start (except in limited circumstances) or charge you more for a Medicare supplement insurance policy because of any past or present health conditions.

Here are answers to some common questions about Medicare supplement insurance.

**Q. Why should I enroll in Medicare Part B when I am first eligible?**

**A.** If you don't enroll in Medicare Part B when you are first eligible (or during the special enrollment period), you may have to pay a higher monthly premium for Medicare Part B for as long as you have it.

**Q. What if I have health insurance through an employer?**

**A.** It is best to apply for a Medicare supplement insurance policy before your current health coverage ends. You can apply for a supplement policy while you are in your health plan and choose to start your coverage the day after your health plan coverage ends. This will prevent breaks in your health coverage.

**Q. Are there things that Medicare supplement insurance does not cover?**

**A.** Yes. Medicare supplement insurance policies do not cover long-term care (such as nursing home care), vision or dental care, hearing aids, eyeglasses and private-duty nursing.

**Q. Do I need more than one Medicare supplement insurance policy?**

**A.** No. Once you have a Medicare supplement insurance policy, it is illegal for an insurance company to sell you a second policy unless you tell them in writing that you plan to cancel the first policy. However, do not cancel your old policy until the new one is in place and you decide to keep it.



**Q. Can my policy be canceled for filing too many claims?**

**A.** No. As long as your premiums are paid on time and there is no fraud or material misrepresentation, your Medicare supplement insurance policy can remain in place for life.

**Q. How do I file claims for Medicare supplement insurance?**

**A.** In most policies, when you sign the insurance contract, you agree to have the supplement insurance company get your Medicare Part B claim information directly from Medicare and then pay the doctor directly. If your Medicare supplement insurance company does not provide this service, ask your doctors if they participate in Medicare. (This means that they accept "assignment" for all of their Medicare patients.) If your doctor does participate, the insurance company is required to pay the doctor directly at your request.

## The Language of Medicare and Medicare Supplement Insurance

You will need to understand the important terms used when reviewing Medicare supplement insurance policies. This is a list of common terms and what they mean.

**Benefit Period** – The period of time that begins when you enter a hospital or skilled nursing facility and ends when you haven't received any inpatient hospital care or care in a skilled nursing facility for 60 days in a row. You must pay the inpatient hospital deductible for each benefit period and there's no limit to the number of benefit periods.

**Coinsurance** – The percentage of the Medicare-approved payment amount that you have to pay for a medical service. For example, if your coinsurance is 20 percent and Medicare approves a \$100 doctor's office visit, Medicare will pay \$80 and you will pay \$20.

**Custodial Care (Non-Skilled Care)** – The care that helps you with activities of daily living. It may also include care that most people do for themselves (e.g., diabetes monitoring).

**Deductible** – The amount you must pay for health care or prescriptions before Medicare, your prescription drug plan or other health care insurance will begin to pay incurred costs.

**Durable Medical Equipment** – Equipment needed for medical reasons that is sturdy enough to be used many times without wearing out. Examples include wheelchairs, hospital beds and equipment that supplies a person with oxygen.

**Excess Charges** – If you're enrolled in the Original Medicare Plan, this is the difference between a doctor's or other health care provider's actual charge (which may be limited by Medicare) and the Medicare-approved payment amount.

**Guarantee Issue** – A right you have in certain situations when insurance companies are required

by law to sell or offer you a Medicare supplement policy. During these situations, an insurance company cannot deny you a Medicare supplement policy, place conditions on a policy or charge you more for a policy because of past or present health conditions.

**Guaranteed Renewable** – Requires an insurance company to automatically renew or continue your Medicare supplement policy unless you make untrue statement, commit fraud or fail to pay your premiums on time.

**Hospital Insurance (Medicare Part A)** – The part of Medicare that pays for inpatient hospital stays, care in a skilled nursing facility, home health care and hospice care.

**Lifetime Reserve Days** – With Medicare Part A, these are the additional days that Medicare will pay for when you are in a hospital more than 90 days. You have a total of 60 reserve days that can be used during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance.

**Medical Insurance (Medicare Part B)** – The part of Medicare that covers doctors' services, outpatient hospital care and some other services that Part A doesn't cover, such as physical and occupational therapy.

**Medicare Advantage Plans (Medicare Part C – like an HMO or PPO)** – Provides your Part A and Part B coverage, but can charge different amounts for certain services. May offer extra coverage and prescription drug coverage for an extra cost. Cost for items and services vary by plan.

**Medical Underwriting** – The process that an insurance company uses to decide, based on your medical history, whether or not to take your application for insurance, to add a waiting period for pre-existing conditions (if your state law allows it) and how much to charge you for that insurance.

**Pre-Existing Condition** – A health problem you had before the date that a new insurance policy starts.

**Medically Necessary** – Services or supplies that are needed for the diagnosis or treatment of your medical condition and that meet accepted standards of medical practice.

**Medicare-Approved Amount** – In Original Medicare, this is the amount a doctor or supplier that accepts assignment can be paid. It includes what Medicare pays and any deductible, coinsurance or copayment you pay. It may be less than the doctor or supplier charges.

**Medicare Supplement or Medigap** – Health insurance policies that typically have standardized benefits and are sold by private insurance companies. Medigap policies work in tandem with your Medicare Part A and B coverage. They allow you to use any doctor or hospital that accepts Medicare.

**Open Enrollment** – The best time to buy a Medicare supplement policy is during your Medicare supplement open enrollment period. This period lasts for six months and begins on the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B (some states may have additional open enrollment periods). During this period, an insurance company can't use medical underwriting.

**Prescription Drug Plan (Medicare Part D)** –

A stand-alone prescription drug plan that adds prescription drug coverage to the Original Medicare Plan. These plans are offered by insurance companies. [For enrollment information, call toll free [1-800-847-9814].]

**Preventive Care** – Health care that emphasizes prevention, early detection and early treatment of conditions, such as routine women's exams and immunizations.

**Skilled Nursing Facility** – A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare, or is qualified to receive such approval if so requested. Custodial care does not qualify as an eligible expense.



It's important for you to compare Medicare supplement insurance policies because costs can vary widely from one insurer to another. Your choices should be made based on your current health care needs, as well as in preparation for future health care needs. Medicare supplement insurance policies can pay all or part of these expenses. Before you begin any policy evaluation, review these benefits and ***check those that are important to you.***

#### BASIC BENEFITS

- Hospitalization: Medicare Part A coinsurance, plus coverage for 365 additional days after Medicare benefits end
- Medical Expenses: Medicare Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
- Blood: First 3 pints of blood each year
- Preventive care

#### OTHER BENEFITS

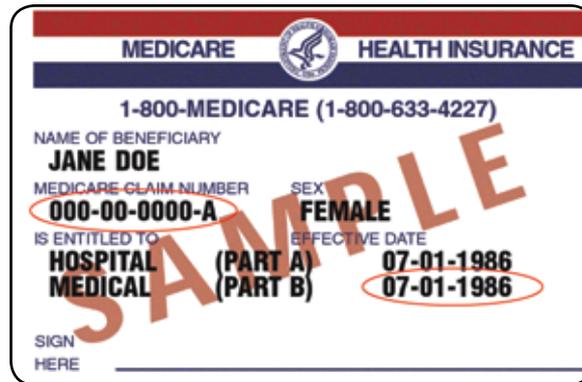
- Medicare Part A hospital expenses
- Medicare Part B physician services and supplies
- Medicare Part B excess charges (includes services such as hospital stays exceeding 90 days)
- Emergencies when traveling out of the country
- At-home recovery
- Medicare-approved skilled nursing facility copayment

This year, the bills not paid by Medicare are at their highest ever. It's important that you're protected with an affordable Medicare supplement insurance policy.



Once you decide on the insurance company and the Medicare supplement insurance policy you want, it's time to apply. Remember the following:

- Choose the plan that's best for you.** Complete the plan information box on the application. Refer to the Outline of Coverage for policy and premium rate information.
- Have your Medicare claim number and effective date available.** This information is found on your Medicare ID card. If you don't have your card yet, leave these questions blank. Note: You must be enrolled in Medicare Part A and Part B prior to this coverage being effective.



- Answer ALL questions on the application in full.** Sign and date in ALL places indicated.
- Don't forget to include your first month's premium.** All future premiums will be billed according to the method you indicate on your application.]
- If applicable, sign and return any additional forms included in your application packet.**
- Return your application in the postage-paid envelope provided.**

Please note: Your policy cannot be issued unless all of the above items are received.

## SWITCHING

## Change Your Policy if Necessary

There are a number of reasons why you might want to switch from one Medicare supplement insurance policy to another. These include:

- You are paying for benefits you do not need
- You need more benefits than you needed before
- Your current policy has the right benefits, but you're looking for better service
- Your current policy has the right benefits, but you would like to find one that is less expensive

If you decide to switch, don't cancel your first Medicare supplement policy until you apply, are accepted by the insurance company, review and decide to keep the second Medicare supplement policy



In order to help you make a well-informed Medicare supplement insurance decision, we encourage you to contact Medicare and ask questions about your current coverage.

**Medicare**

www.medicare.gov • Toll Free 1-800-MEDICARE (1-800-633-4227)

United of Omaha Life Insurance Company • Toll Free [1-800-865-2674]

United of Omaha Life Insurance Company Medicare Supplement Rate Information • [www.mutualofomaha.com]

**MY INFORMATION SECTION**

My Med Supp Plan: \_\_\_\_\_

Monthly Premium Amount: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Doctor Names: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Doctor Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Pharmacy Phone Number: \_\_\_\_\_

**OTHER IMPORTANT NUMBERS TO REMEMBER**

In Case of Emergency, call:

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

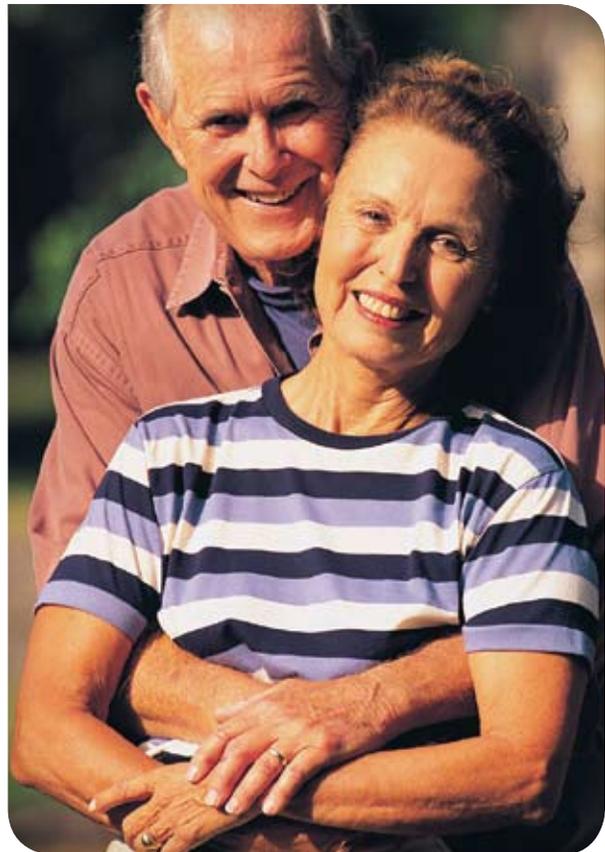
Phone Number: \_\_\_\_\_

Relationship to Me: \_\_\_\_\_

Poison Control: \_\_\_\_\_

Power Outage: \_\_\_\_\_

Gas Leak: \_\_\_\_\_





## *Apply Today.*

Now that you have been introduced to the importance of Medicare supplement insurance, we invite you to apply for United of Omaha Life Insurance Company's Medicare supplement insurance today.

**An insurance agent dedicated to helping Medicare beneficiaries will be glad to help you. Call toll free at:**

**[1-800-865-2674]**

**[For more information, visit:**

**[[www.mutualofomaha.com](http://www.mutualofomaha.com)]**

Policy Form Numbers: UM1, UM2, UM3 and UM4 or state equivalent. Not all policy forms may be available in every state. In ID: UM1-21504, UM4-21505 and UM5-21506. In OK: UM1-21398, UM4-21399 and UM5-21400. In OR, UM1R-21513, UM4R-21514 and UM5R-21515. In TX: UM1-21189, UM4-21192 and UM5-21193.

This is a solicitation of insurance. An insurance agent may contact you by telephone. See enclosed materials for complete information on benefits, exceptions, reductions and limitations. Coverage underwritten by United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. United of Omaha Life Insurance Company is solely responsible for its contractual obligation. United of Omaha Life Insurance Company is licensed nationwide, except in NY.

**Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.**



Mutual of Omaha

**UNITED OF OMAHA LIFE  
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Medicare supplement insurance underwritten by:  
**UNITED OF OMAHA LIFE INSURANCE COMPANY**  
A MUTUAL of OMAHA COMPANY

[[mutualofomaha.com](http://mutualofomaha.com)]

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## Supporting Document Schedules

**Satisfied -Name:** Memorandum of Variability **Review Status:** Accepted for Informational Purposes 03/23/2009

**Comments:**

**Attachment:**

UC7057 Memo of Var.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Accepted for Informational Purposes 03/23/2009

**Comments:**

**Attachment:**

AR Letter-App.pdf

## VARIABLE MATERIAL FOR ADVERTISING FORM

### Form Number: UC7057

*The following information in the aforementioned advertisement is bracketed to denote variable fields.*

1) Web Address on lower right portion of Cover.

One of the following will be selected for this field:

- 1) A current and active Medicare Supplement web address will be used, or
- 2) This field will be left blank

2) "Toll Free..." – lower right area of cover.

This field will be:

- 1) Left in or
- 2) Removed completely

3) "Coverage is also available to persons under age 65..." – 2<sup>nd</sup> paragraph on page 2

This variable field is to notify of eligibility for Medicare Supplement insurance for persons under the age of 65 in states that this would apply, currently IL, KY, LA, MO, TX.

- 1) This notice will be on ads when mailing in IL, KY, LA, MO, TX.
- 2) This notice will not be included when mailing in all other United of Omaha states.

4) "Premiums are based on attained age rating..." – bottom of page 2

This variable field is to define, "Attained Age Rating" when advertising in states that require this language, currently NC.

- 1) This statement will be included on ad when mailing in NC.
- 2) This statement will not be included in states that do not require this language.

5) "For enrollment information, call..." – last sentence under 'Prescription Drug Plan' term – page 6

This information will either be:

- 1) Left in to offer the Medicare Part D prescription program or
- 2) OUT if the state does not allow us to offer the Part D program, currently ID.

6) "Don't forget to include your..." – 4<sup>th</sup> check box copy on page 8.

This entire check box and the copy that follows will either be:

- 1) left in or
- 2) removed completely

7) Web Address in upper portion of page 10.

A current and active Medicare Supplement web address will be used

8) "For more information, visit [www.xxx.com]" – middle of page on back cover.

One of the following will be used in this field:

- 1) "For more information, visit [www.xxx.com]"
- 2) "Fill out and return the enclosed application today."

9) The web address in option 1) in variable field # 8.

A current and active Medicare Supplement web site address will be used.

10) The web address in lower left of back cover with underwriting information.

One of the following will be used in this field:

- 1) A current and active company web site address will be used.
- 2) Or, this area will be left blank without copy

# UNITED of OMAHA

UNITED of OMAHA LIFE INSURANCE COMPANY  
Mutual of Omaha Plaza  
Omaha, NE 68175  
402 342 7600



March 18, 2009

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

NAIC #261-69868  
FEIN #47-0322111  
United of Omaha Life Insurance Company  
Direct Response Mail Advertising  
Medicare Supplement Advertising  
UC7057

Enclosed for review by your Department is a copy of the above-captioned advertising. The form is new and is not intended to replace any previously approved form. It will be used with appropriate approved forms in your state.

The above advertisement will be used in a package with the following forms:

<u>Form Number</u>	<u>Date Approved With Your Department</u>
UL4776 (Letter)	07-11-2008
UC6771 (Brochure)	07-11-2008
UC6772 (Brochure)	07-11-2008
UA5910-03 (Application)	04-25-2008
UE1239 (Carrier)	07-11-2008
UCPNA, URPAN, UDPNS2 & UBCPNA (Outline of Coverage)	04-25-2008

We request that any information in brackets be considered variable. A Memorandum of Variable Material describing the variable items is attached.

Your notice of acceptance of this filing will be greatly appreciated.

Sincerely,

Mike Trebold  
Product and Advertising Compliance Consultant  
Regulatory Affairs

Phone: 402-351-2654  
Fax: 402-351-5298  
E-mail: [advfilings@mutualofomaha.com](mailto:advfilings@mutualofomaha.com)

jl