

SERFF Tracking Number: MDIC-126114152 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 42147
Company Tracking Number: AR A12-1 INDEMNITY POLICY-OUTLINE
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: AR A12-1 Indemnity Policy-Outline
Project Name/Number: AR A12-1 Indemnity Policy-Outline/LM AR A12-1 Indemnity Policy-Outline

Filing at a Glance

Company: Medico Insurance Company

Product Name: AR A12-1 Indemnity Policy-Outline SERFF Tr Num: MDIC-126114152 State: ArkansasLH

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed State Tr Num: 42147

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: AR A12-1 INDEMNITY POLICY-OUTLINE State Status: Approved-Closed

Filing Type: Form

Co Status:

Reviewer(s): Rosalind Minor

Author: Luanne Melies

Disposition Date: 05/07/2009

Date Submitted: 04/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AR A12-1 Indemnity Policy-Outline

Project Number: LM AR A12-1 Indemnity Policy-Outline

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: We have filed in Nebraska, our state of domicile, and are awaiting approval.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 05/07/2009

Explanation for Other Group Market Type:

State Status Changed: 05/07/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The Outline of Coverage for our A12 Individual Indemnity Benefit Policy has been updated.

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Company and Contact

Filing Contact Information

Luanne Melies, Compliance Analyst Imelies@gomedico.com
 1515 S. 75th Street (800) 695-5976 [Phone]
 Omaha, NE 68124 (402) 391-4858[FAX]

Filing Company Information

Medico Insurance Company CoCode: 31119 State of Domicile: Nebraska
 1515 S. 75th Street Group Code: 364 Company Type: Life and Health
 Omaha, NE 68124 Group Name: Medico State ID Number:
 (800) 695-5976 ext. [Phone] FEIN Number: 47-0122200

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: One Policy Revision Filing for the Outline of Coverage Form @ \$50.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$50.00	04/15/2009	27177469

SERFF Tracking Number: MDIC-126114152 State: Arkansas
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Company Tracking Number: AR A12-1 INDEMNITY POLICY-OUTLINE
TOI: H141 Individual Health - Hospital Indemnity Sub-TOI: H141.000 Health - Hospital Indemnity
Product Name: AR A12-1 Indemnity Policy-Outline
Project Name/Number: AR A12-1 Indemnity Policy-Outline/LM AR A12-1 Indemnity Policy-Outline

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/07/2009	05/07/2009

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Disposition

Disposition Date: 05/07/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MDIC-126114152 State: Arkansas
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	AR Cover Letter MI9F-4340-1	Approved-Closed	Yes
Supporting Document	AR Filing Fee Certification Outline	Approved-Closed	Yes

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Rate Information

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Supporting Document Schedules

Review Status:
Bypassed -Name: Flesch Certification Approved-Closed 05/07/2009
Bypass Reason: N/A
Comments:

Review Status:
Bypassed -Name: Application Approved-Closed 05/07/2009
Bypass Reason: On March 17, 2009 Application MIHAA12(AR)-1 03122009 and MIHAA12(AR)-1A 03122009 were approved by your department. Serff Filing MDIC-126072438
Comments:

Review Status:
Bypassed -Name: Health - Actuarial Justification Approved-Closed 05/07/2009
Bypass Reason: On March 17, 2009 Actuarial Memorandum and Rates were approved for this product. Serff Filing MDIC-126072438

This is a Outline of Coverage Form revision filing only.
Comments:

Review Status:
Satisfied -Name: Outline of Coverage Approved-Closed 05/07/2009
Comments:
On March 17, 2009, Outline of Coverage MI9F-4340-1 03052009 was approved (SERFF #MDIC-126072438). We are enclosing a new Outline MI9F-4340-1 04072009 which will replace previously approved form MI9F-4340-1 03052009.
Attachment:
MI9F-4340-1-04072009.pdf

Review Status:
Satisfied -Name: AR Cover Letter MI9F-4340-1 Approved-Closed 05/07/2009
Comments:
Attachment:
AR Cover Letter MI9F-4340-1.pdf

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Satisfied -Name: AR Filing Fee Certification Outline **Review Status:** Approved-Closed 05/07/2009

Comments:

Attachment:

AR Filing Fee Certification Outline.pdf

LIMITED BENEFIT POLICY
FOR HOSPITAL CONFINEMENT AND AMBULANCE BENEFITS

RETAIN THIS OUTLINE FOR YOUR RECORDS
THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

READ YOUR POLICY CAREFULLY: This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY**.

Limited Benefit Coverage: Policies of this type are designed to provide, to persons insured, limited or supplemental coverage. This policy does not provide any benefits other than the coverage described below.

BENEFITS PROVIDED BY THE POLICY

Hospital Confinement Indemnity Benefit: We will pay a \$1,000 benefit once per each Period of Care when you are Confined in a Hospital as an inpatient and receive Covered Care.

Ambulance Benefit: We will pay \$100 per calendar year if a licensed Ambulance or rescue service transports you to or from a Hospital where you are Confined as an inpatient for Covered Care.

Waiver of Premium Benefit: After four continuous weeks of your Confinement for Covered Care, we will waive the monthly premiums that come due thereafter during the continued Confinement.

Period of Care begins with the first day of Confinement as an inpatient in a Hospital and ends when you have been out of the Hospital 60 continuous days.

OPTIONAL BENEFITS (Available for an Additional Premium)

Daily Hospital Indemnity Benefit Rider (Rider Form MIRA13): We will pay the Daily Hospital Benefit for each day you are Confined to a Hospital for Medically Necessary Covered Care, up to 14 days per Period of Care, beginning with the first day of Confinement. Benefits are payable only when the Hospital Confinement is covered under the policy.

Daily Hospital Benefit selected: \$50 \$100 \$150 \$200

Registered Nurse At-Home Indemnity Benefit Rider (Rider Form MIRA15): We will pay the Registered Nurse Shift Amount per shift, up to 2 shifts per day, for up to 30 days following a Hospital Confinement for each Period of Care when a Physician certifies that services of a Registered Nurse (R.N.), Licensed Practical Nurse (L.P.N.) or Licensed Vocational Nurse (L.V.N.) are Medically Necessary for the treatment of Covered Care in your home. Continuous periods of service within the same day which total eight hours or less will be considered as one shift. These services must begin within one week following discharge from the Hospital.

Registered Nurse Shift Amount selected: \$50 \$100

Daily Skilled Nursing Facility Indemnity Benefit Rider (Rider Form MIRA16): When you are confined to a Skilled Nursing Facility and receive Skilled Nursing Care that is Medically Necessary, we will pay the Daily Skilled Nursing Facility Indemnity Benefit for each day of confinement up to 90 days for each Skilled Nursing Facility Period of Care, subject to a 20-day Elimination Period. Only one Elimination Period will be applied to any one Skilled Nursing Facility Period of Care.

Daily Skilled Nursing Facility Indemnity Benefit selected: \$50 \$100 \$150 \$200

Skilled Nursing Facility Period of Care begins with the first day you are confined to a Skilled Nursing Facility. It ends when you have been out of any Skilled Nursing Facility for 180 continuous days.

Physician and Surgical Indemnity Benefit Rider (Rider Form MIRA17): We will pay up to \$1,000 each calendar year for Medically Necessary charges for Covered Care, as listed below.

1. Physician Indemnity Benefit: We will pay \$20, not to exceed your incurred charge, for each Physician Office Visit.
2. Surgical Indemnity Benefit: We will pay \$300, not to exceed your 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.

In addition to the exclusions shown in the policy, we will not pay benefits for routine physical examinations, immunizations or routine screening procedures.

EXCEPTIONS AND LIMITATIONS

We will NOT pay benefits for: (1) any loss that occurs while this policy is not in force; (2) suicide or any suicide attempt while sane or insane (in Missouri, while sane) or any intentionally self-inflicted injury; (3) Mental or Nervous Disorders without demonstrable organic disease (**subject to the other policy provisions, we will cover Mental or Nervous Disorders, such as Alzheimer's and related dementias, that have a demonstrable organic cause first diagnosed after the effective date of the policy**); (4) alcoholism, drug addiction or their complications, unless addiction resulted from narcotics prescribed by a Physician; (5) Injuries received or caused directly or indirectly while under the influence of a controlled substance, unless prescribed by a Physician, or by intoxication as defined by the laws and jurisdiction of the geographical area in which the loss or cause of loss was incurred; (6) loss to which a contributing cause was your commission of or attempt to commit a felony or being engaged in an illegal occupation; (7) service rendered by any agency of the federal or state government unless the Insured is legally obligated to pay for such service (Medicare and Medicaid are not excluded); (8) service for which benefits are available for you under state or federal workers' compensation; (9) loss that occurs outside the territorial limits of the United States; (10) any loss resulting from war, declared or undeclared, or actively serving in the armed forces or their auxiliary units, including any country's National Guard or Army Reserve or their equivalent; (11) durable medical equipment (D.M.E.), prosthetics or orthopedic shoes; (12) drugs and self-administered drugs; (13) physical therapy, occupational therapy or speech therapy; (14) dental operations or dental treatment (except expenses otherwise covered due to Injury to sound natural teeth); ordinary dental care, dentures and dental implants; eyeglasses and hearing aids (and examinations for them); and cosmetic surgery, except for reconstructive surgery which is incidental to or follows surgery; (15) any loss resulting from aviation as other than a fare-paying passenger; (16) pregnancy, unless due to Complications of Pregnancy; (17) elective procedures that are not Medically Necessary, including, but not limited to organ donation, elective sterilization and fertility treatments; or (18) Hospital Confinement primarily for rest care, convalescent care or for rehabilitation.

Pre-Existing Conditions Limitation: We will NOT pay benefits for any loss for Pre-Existing Conditions during the first three months after the Policy Date.

THIS POLICY MAY NOT COVER ALL OF THE COSTS INCURRED BY THE BUYER DURING THE PERIOD OF COVERAGE.

RENEWABILITY AND PREMIUM CHANGES

Renewability – Guaranteed Renewable – This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums before the end of the grace period.

Terms Under Which We May Change Premiums – We can change premiums only if we do the same to all policies of this form, or optional riders attached to the policy, which are issued to persons of your class. “Class” means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claims you have incurred under the policy. If it is necessary to change the premium for your policy or any rider, we will notify you in advance of the change in premium.

PREMIUMS

Automatic Bank Withdrawal:

Monthly	Bi-Monthly	Quarterly

Direct Bill:

Bi-Monthly	Quarterly	Semi-Annually	Annually

Premiums are subject to change on a limited basis, as stated above. You have a 31-day grace period in which to pay your premium. Your policy stays in force during your grace period.



April 15, 2009

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

MEDICO® INSURANCE COMPANY
NAIC #31119

RE: Revised forms for previously approved
Individual Indemnity Benefit Policy MI-HIA12(AR)

Enclosed Forms:

MI9F-4340-1 04072009– Outline of Coverage
Filing Forms

**Previously approved forms associated
with this filing:**

Policy MI-HIA12(AR)
A12-1 Policy Schedule
MI9F-4340-1 Outline of Coverage 03052009
MIHIAA12(AR)-1 – Application
MIHIAA1(AR)-1A – Association Application
Riders: MIRA13, MIRA15, MIRA16 & MIRA17
MI9F-4185HI–Medicare Duplication Notice
MI9F-2701(AR) Guaranty Association Notice
UR-AR-763 – Toll-Free Customer Service Notice
MI9F-1060 Replacement Notice

Previous Serff Form Tracking Numbers:

MDIC-125998949
MDIC-126072438

Enclosed you will find forms relating to our A12 Individual Indemnity Benefit Policy that was previously approved by your Department

On March 17, 2009, Outline of Coverage MI9F-4340-1 03052009 was approved (SERFF #MDIC-126072438). We are enclosing a new Outline MI9F-4340-1 04072009 which will replace previously approved form MI9F-4340-1 03052009.

The new Outline of Coverage now shows the specific elimination period of 20 days for Rider MIRA16. It also now shows the specific dollar amounts payable for Rider MIRA17 instead of referencing the policy Schedule. These changes are located under the captions Daily Skilled Nursing Facility Indemnity Benefit Rider (Rider Form MIRA16) and Physician and Surgical Indemnity Benefit Rider (Rider Form MIRA17).

I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

Sincerely,

Luanne Melies
Compliance Analyst
1-800-695-5976 Ext. 249
Fax (402) 391-4858
lmelies@gomedico.com

Protecting Your Future Today®

**ARKANSAS
INSURANCE
DEPARTMENT**

Lee Douglass
Insurance Commissioner

400 University Tower Bldg.
1123 South University Avenue
Little Rock, AR 72204
(501) 686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME _____

COMPANY NAIC CODE: _____

COMPANY CONTACT PERSON & NUMER: _____

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____ **AMOUNT:** _____ **ROUTE SLIP:** _____

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE 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. * _____ x \$20 = _____
** Retaliatory _____

Policy and contract forms, all lines, filing
corrections in previously filed policy and contract
forms. * _____ x \$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 §23-61-401.