

SERFF Tracking Number: MDIC-126205553 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 42792
 Company Tracking Number: KH994LIST062009
 TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.001 Plan A
 Medicare Select
 Product Name: 994list06252009
 Project Name/Number: /

Filing at a Glance

Company: Medico Insurance Company

Product Name: 994list06252009

TOI: MS04I Individual Medicare Supplement -
 Medicare Select

Sub-TOI: MS04I.001 Plan A

Filing Type: Form

SERFF Tr Num: MDIC-126205553

SERFF Status: Closed

Co Tr Num: KH994LIST062009

Co Status:

Author: Karl Hug

Date Submitted: 06/25/2009

State: ArkansasLH

State Tr Num: 42792

State Status: Filed-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 06/30/2009

Disposition Status: Accepted For
 Informational Purposes

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Informational

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 06/30/2009

Deemer Date:

Filing Description:

MEDICO INSURANCE COMPANY

NAIC #31119

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: We did not market
 the Medicare Select Plans in our domicile state
 of Nebraska.

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 06/30/2009

Corresponding Filing Tracking Number:

RE: Medicare Select 2nd Quarter in 2009

SERFF Tracking Number: MDIC-126205553 State: Arkansas
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Medicare Select
Product Name: 994list06252009
Project Name/Number: /

Update of Hospitals - Provider Listing

Form numbers: MP-MS994 Series Policies

Date Policies Approved: 11/23/98

Enclosed is the Medico Insurance Company Medicare Select network filing for the 2nd quarter of 2009, for the state of Arkansas.

There are currently two hospitals within the Medicare Select network statewide to provide access for our policyholders who have chosen to enroll in Select.

It is our belief that this is to be considered as an informational filing, and we appreciate your accepting it as such. If you have any questions or concerns, please contact the undersigned.

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

CoCode: 31119
Group Code:
Group Name: Medico
FEIN Number: 47-0122200

State of Domicile: Nebraska
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation: one "form" = \$20.00 fee
Per Company: No

SERFF Tracking Number: MDIC-126205553 State: Arkansas
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TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A
Medicare Select
Product Name: 994list06252009
Project Name/Number: /

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$20.00	06/25/2009	28808163

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Medicare Select
Product Name: 994list06252009
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/30/2009	06/30/2009

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Medicare Select
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Disposition

Disposition Date: 06/30/2009

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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 Medicare Select
 Product Name: 994list06252009
 Project Name/Number: /

Item Type	Item Name	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	cover letter	Accepted for Informational Purposes	Yes
Form	2nd quarter in 2009, update	Accepted for Informational Purposes	Yes

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Form Schedule

Lead Form Number:

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Accepted for Information al Purposes	Medicare Select Provider Listing	Other	2nd quarter in 2009, Initial update	Initial			AR Provider Listing 06252009.pdf

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Eff = Effective

Ina = Inactive

Central Arkansas Hospital

75-2540617

Kevin Sander

Eff: 02/16/1999

1200 South Main Searcy, AR 72143

(501)278-3135

Hot Springs National Park Hospital

aka National Park Medical Center

62-1769635

1910 Malvern Ave Hot Springs, AR 71901

Eff: 09/14/1998

(501)620-1476

National Park Medical Center

aka Hot Springs National Park Hospital

62-1769635

Debra Crowley

Eff: 09/14/1998

1910 Malvern Ave Hot Springs, AR 71901

(501)620-1476

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Rate Information

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Supporting Document Schedules

<p>Bypassed -Name: Flesch Certification Bypass Reason: N/A. Comments:</p>	<p>Review Status: 06/25/2009</p>
<p>Bypassed -Name: Application Bypass Reason: N/A. Comments:</p>	<p>Review Status: 06/25/2009</p>
<p>Bypassed -Name: Health - Actuarial Justification Bypass Reason: N/A. Comments:</p>	<p>Review Status: 06/25/2009</p>
<p>Bypassed -Name: Outline of Coverage Bypass Reason: N/A. Comments:</p>	<p>Review Status: 06/25/2009</p>
<p>Satisfied -Name: cover letter Comments: Attachment: AR Qtrr Update ltr 062009.pdf</p>	<p>Review Status: Accepted for Informational Purposes 06/30/2009</p>



June 25, 2009

MEDICO INSURANCE COMPANY
NAIC #31119

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

RE: Medicare Select 2nd Quarter in 2009
Update of Hospitals - Provider Listing
Form numbers: MP-MS994 Series Policies
Date Policies Approved: 11/23/98

Dear Commissioner Bradford:

Enclosed is the Medico Insurance Company Medicare Select network filing for the 2nd quarter of 2009, for the state of Arkansas. There are currently two hospitals within the Medicare Select network statewide to provide access for our policyholders who have chosen to enroll in Select.

It is our belief that this is to be considered as an informational filing, and we appreciate your accepting it as such. If you have any questions or concerns, please contact the undersigned.

Cordially,

A handwritten signature in black ink that reads "Karl Hug". The signature is fluid and cursive, with a long horizontal stroke at the end.

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

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