

SERFF Tracking Number: MDIC-125905861 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 41022
 Company Tracking Number: CR-AR-MI-MSA10A
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: AR-MI-MSA10A
 Project Name/Number: CR-AR-MI-MSA10A/CR-AR-MI-MSA10A

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/01/2009	07/01/2009
Disapproved	Stephanie Fowler	01/07/2009	01/07/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	06/05/2009	06/05/2009	Cathy Richter	06/17/2009	06/17/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Clarification	Note To Filer	Stephanie Fowler	06/16/2009	06/16/2009
Objection of June 5, 2009	Note To Reviewer	Cathy Richter	06/15/2009	06/15/2009

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Disposition

Disposition Date: 07/01/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Certification/Notice	Accepted for Informational Purposes	Yes
Supporting Document (revised)	Outline of Coverage	Approved	Yes
Supporting Document	Application		Yes
Supporting Document	Plan A Cover Letter	Accepted for Informational Purposes	Yes
Supporting Document	Guaranty Assoc Notice	Approved	Yes
Supporting Document	Health - Actuarial Justification	Disapproved	No
Supporting Document	Outline of Coverage	Disapproved	Yes
Form (revised)	Plan A Policy	Approved	Yes
Form	Plan A Policy	Disapproved	Yes
Form	Plan A Schedule Page	Approved	Yes
Form	Application	Approved	Yes
Form	Replacement Notice	Approved	Yes
Form	Plan A Benefit Change Notice	Approved	Yes
Rate	Plan A A10 rates	Approved	Yes

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Disposition

Disposition Date: 01/07/2009

Implementation Date:

Status: Disapproved

Comment: Please see the attached letter for further information regarding this decision.

Rate data does NOT apply to filing.

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Form	Application	Approved	Yes
Form	Replacement Notice	Approved	Yes
Form	Plan A Benefit Change Notice	Approved	Yes
Rate	Plan A A10 rates	Approved	Yes

Arkansas Insurance Department

Mike Beebe
Governor



Lenita Blasingame
Commissioner

January 7, 2009

Ms. Cathy Richter
Medico Insurance Company
1515 South 75th Street
Omaha, NE 68124

RE: Individual Medicare Supplement Insurance
MI-MSA10A(AR) – Plan A Policy Filing
MI-MSA10D(AR) – Plan D Policy Filing
MI-MSA10F(AR) – Plan F Policy Filing

Dear Ms. Richter:

Thank you for your recent request for Medico Insurance Company to re-enter the Medicare Supplement business in the State of Arkansas. I have been asked to reply to your request on the behalf of the Commissioner.

We are unable to grant your request at this time. We would be willing to reconsider your re-entry to this market contingent on your company filing a comprehensive marketing plan demonstrating Medico's commitment to the citizens of Arkansas and on Medico's willingness to transfer the current insureds to the newer product without underwriting, once such product is approved.

If you have any questions, please contact Dan Honey or myself at (501) 371-2800.

Sincerely,

Stephanie Fowler

Stephanie Fowler000000
Rate and Form Analyst
Life and Health Division
Arkansas Insurance Department

Cc: Dan Honey

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 06/05/2009
Submitted Date 06/05/2009
Respond By Date 07/03/2009

Dear Cathy Richter,

This will acknowledge receipt of the captioned filing.

Objection 1

- Outline of Coverage (Supporting Document)
- Plan A Policy (Form)

Comment: AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise these forms to comply.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/17/2009
Submitted Date 06/17/2009

Dear Stephanie Fowler,

Comments:

Ms. Fowler, thanks for the further clarification. It was extremely helpful.

Response 1

Comments: I am enclosing a revised policy, outline and an updated Actuarial Memorandum.

Related Objection 1

Applies To:

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- Plan A Policy (Form)

Comment:

AR Code Ann. 23-79-109(a)(4) states, "all Medicare supplement rates shall be based on a composite age basis only, and shall not be based on any age banding or other groupings." Gender based rates are not allowed." With that being stated, please revise these forms to comply.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification
 Comment: I have attached a more current actuarial memorandum.
 Satisfied -Name: Outline of Coverage
 Comment:

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Plan A Policy	MI-MSA10A(AR)		Policy/Contract/Fraternal Certificate	Initial			MI-MSA10A(AR)-06172009.pdf

Previous Version

Plan A Policy	MI-MSA10A(AR)		Policy/Contract/Fraternal Certificate	Initial			MI-MSA10A(AR)-11182008.pdf
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No Rate/Rule Schedule items changed.

Sincerely,

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Cathy Richter

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Note To Filer

Created By:

Stephanie Fowler on 06/16/2009 02:54 PM

Last Edited By:

Stephanie Fowler

Submitted On:

06/16/2009 02:55 PM

Subject:

Clarification

Comments:

On page 1 of Form MI-MSA10A(AR) - Premium Changes - please remove references of age and gender from the list of examples for "Class". Also, please remove the last sentence of this paragraph, as this sentence does not apply to the citizens of Arkansas.

Page 4 of Form MI9F-4295(AR) - Premium Information - Please remove the last sentence of this paragraph as well.

These revisions also need to be made to any other area of these forms that have similar language.

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Note To Reviewer

Created By:

Cathy Richter on 06/15/2009 09:45 AM

Last Edited By:

Cathy Richter

Submitted On:

06/15/2009 09:46 AM

Subject:

Objection of June 5, 2009

Comments:

Dear Ms. Fowler,

I have been asked to get further clarification from you from our Actuarial Department. I forwarded your objection to our Actuary Department as it pertained to rates. We looked up the cited regulation and our Actuary isn't clear what changes are needed. We don't think you were referring to the Preferred/Standard breakdown of our rates, and since they are not gender based we are confused what needs to be done. Also, you state we need to fix the Outline and policy, but I think we will also need to send a new actuarial memorandum and rate pages.

In the policy, I think you want us to change Part B, Premium Change paragraph. Is this correct?

Thanks for your response.

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Form Schedule

Lead Form Number: MI-MSA10A(AR)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved	MI-MSA10A(AR)	Policy/Cont	Plan A Policy ract/Fratern al Certificate	Initial			MI-MSA10A(AR)-06172009.pdf
Approved	A10	Schedule	Plan A Schedule Pages Page	Initial			A10[A] rev 09302008.pdf
Approved	MIHAA10(AR)-1	Application/Enrollment Form	Application	Initial			MIHAA10(AR)-1-11182008.pdf
Approved	MI9F-4196	Other	Replacement Notice	Initial			MI9F-4196-02062007.pdf
Approved	MI9F-4300A	Other	Plan A Benefit Change Notice	Initial			MI9F-4300A-01012008.pdf



MEDICO™
INSURANCE COMPANY

A STOCK INSURANCE COMPANY

1515 South 75th Street • Omaha, Nebraska 68124 • 1-800-228-6080

MEDICARE SUPPLEMENT INSURANCE POLICY

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** Also, read the copy of your application and the policy Schedule. If there is any error or omission, tell us. We will make any needed change.

The first premium you, the Insured, paid before the Policy Date (and the copy of your attached application), put this policy in force as of the Policy Date. That date is shown in the Schedule. The Schedule is attached and is a part of this policy.

PART A PLEASE READ — 30-DAY RIGHT TO RETURN

Please read your policy. If you are not satisfied, send it back to us, or to the Producer who sold it to you, within 30 days after you receive it. We will return your money. That will mean your policy was never in force. Any refund made pursuant to this section will be paid directly to you in a timely manner.

PART B GUARANTEED RENEWABLE SUBJECT TO OUR LIMITED RIGHT TO CHANGE PREMIUMS

We guarantee to renew your policy for life as long as the premium is paid within the allowable time. We cannot make a change in your policy without your consent. We do have the right to change your premium as stated below.

Premium Change: We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can change your premium only if we do the same to all policies of this form issued to persons of your class. "Class" means the factors of 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 this policy. If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

PART C COVERAGE CHANGE

Automatic Change In Coverage: Policy benefits that are designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible and copayment percentage factors. Premiums may change to correspond with these changes.

Insuring Clause: We agree to provide the benefits set out in this policy for any insured loss. This agreement is subject to all of the provisions of the policy. A "loss" is an expense you incur for care or services this policy covers and that you receive after the Policy Date and while the policy is in force.

Notice to buyer: This policy may not cover all of your medical expenses.

MEDICARE SUPPLEMENT POLICY BENEFIT PLAN A

ALPHABETICAL GUIDE TO YOUR POLICY

	Part		Part
Benefits	F	Payment Of Claims	K
Coverage Change	C	Renewal Agreement And Premium Change	B
Definitions	E	Right To Return.....	A
Exceptions	D	Schedule	Last Page
Extension Of Benefits	G	Suspension Of Premiums And Coverage	H
How To File A Claim	J	Termination	I
Other Important Provisions	L		

PART D EXCEPTIONS

We will NOT pay benefits for:

1. any expense incurred for outpatient prescription drugs, other than drugs covered by Medicare Parts A and B;
2. non-Medicare Eligible Expenses, including, but not limited to: routine exams, take-home drugs and eye refractions;
3. services for which you are not liable or for which no charge normally is made in the absence of insurance; and
4. loss that occurs while this policy is not in force.

Nonduplication: This policy will not duplicate any benefit paid by Medicare.

PART E DEFINITIONS

Benefit Period: The period of time defined by Medicare as a Benefit Period.

Calendar Year: Begins on January 1 and ends on December 31.

Injury: Accidental bodily Injury that results in loss, independent of Sickness or other causes.

Medicare: The "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses: Expenses eligible for coverage by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician: A licensed practitioner of the healing arts acting within the scope of his/her license.

Policy Date: The date on which this policy first became effective. That date is shown on the Schedule.

Policy Renewal Date: The month and day your policy's premium is due. The frequency of the Policy Renewal Date can vary depending on the premium payment option you selected. This is shown on the Schedule.

Producer: A person required to be licensed under the laws of the state to sell, solicit or negotiate insurance.

Schedule: Is attached to and is a part of this policy.

Sickness: An illness or disease that you have or acquire.

We, Us or Our: Medico™ Insurance Company.

You or Your: The Insured named in the Schedule.

PART F

BASIC BENEFITS

We will pay benefits for the following expenses you incur. If you are not enrolled in Part B of Medicare, the benefits that supplement Part B of Medicare will be paid as if you were enrolled and Medicare paid benefits.

1. Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st through 90th day in any Medicare Benefit Period.
2. Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, 100% of the Medicare Part A Eligible Expenses for hospitalization paid at the applicable Prospective Payment System (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept our payment as payment in full and may not bill you for any balance.
4. Under Medicare Parts A and B, the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells as defined under federal regulations) unless replaced in accordance with federal regulations.
5. The coinsurance amount, or in the case of hospital outpatient department services paid under a Prospective Payment System, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

PART G

EXTENSION OF BENEFITS

Termination of coverage shall be without prejudice to a continuous loss which commenced while your policy was in force. Extension of benefits beyond the period this policy was in force is:

1. subject to your continuous total disability;
2. limited to those conditions which caused the continuous loss beginning while this policy was in force; and
3. limited to the duration benefits would have been paid had your policy continued in force or payment of the maximum benefits.

Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

PART H

SUSPENSION OF PREMIUMS AND COVERAGE

The benefits and premiums of this policy will be suspended at your request for the period, not to exceed 24 months, in which you have applied for and are determined to be entitled to medical assistance under the Medicaid program. We must receive your written notice within 90 days after the date you become entitled to this assistance. Upon our receipt of timely notice, we will return that portion of the premium paid for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period.

If you lose entitlement to this medical assistance after suspension occurs, your policy will be reinstated automatically, effective as of the date the entitlement to medical assistance terminated. We must receive your written notice of the loss of the entitlement within 90 days after the date you lose the entitlement. Your notice and payment of the required premium will put the policy back in force.

The benefits and premiums of this policy will also be suspended at your request for a period provided by federal regulation if you are entitled to benefits under Section 226(b) of the Social Security Act and are covered under a group health plan. We must receive your written notice within 90 days after the date you become covered under the group health plan. Upon our receipt of timely notice, we will return that portion of the premium paid for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period.

If you lose coverage under the group health plan after suspension occurs, your policy will be reinstated automatically, effective as of the date the coverage ended. We must receive your written notice of the loss of coverage within 90 days after the coverage ends. Your notice and payment of the required premium will put the policy back in force.

Reinstitution of your policy after either suspension will:

1. not provide an additional waiting period with regard to pre-existing conditions;
2. be substantially equivalent to what it was before the date of suspension; and
3. provide for a premium class that is as favorable to you as it would have been if the coverage had not been suspended.

PART I TERMINATION

Your policy will terminate on the earliest of:

1. the Policy Renewal Date following the date we receive your written or verbal request to cancel the policy, unless you request a later termination date (the grace period will not apply);
2. the Policy Renewal Date if sufficient premium has not been paid before the end of the grace period; or
3. the date of your death.

In the event of your death, we will promptly return the unearned portion of any premium paid beyond the date of death.

Termination of coverage will not affect any claim originating while your policy was in force.

PART J HOW TO FILE A CLAIM

Notice of Claim: You must give us written notice of a claim within 20 days after loss starts or as soon as reasonably possible. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to our Home Office in Omaha, Nebraska, or to one of our Producers.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and passes your claim electronically to us for consideration of benefits under your Medicare supplement policy. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf. If your claim is submitted electronically the requirements for claim forms and proof of loss will be met.

Claim Forms: When we receive your notice of claim, we will send you forms for filing proof of loss. If these forms are not sent to you within 15 days, you will have met the proof of loss rule below if you give us a written statement within 90 days after the loss began.

Proof of Loss: You must give us written proof of your loss within 90 days or as soon as reasonably possible. Proof must be furnished within 15 months after loss began, except in the absence of legal capacity.

PART K PAYMENT OF CLAIMS

Time of Payment of Claims: All benefits will be paid immediately upon receipt of due written proof of loss.

Payment of Claims: Subject to your written direction in the application or otherwise, all or a portion of any benefits provided by this policy due to hospital, nursing, medical or surgical services may, at our option and unless you request otherwise in writing not later than the time of filing proof of such loss, be paid directly to the hospital or person rendering such services. It is not required that the services be rendered by a particular hospital or person.

Benefits unpaid at your death will be paid to your beneficiary or your estate. If any benefit is payable to your estate, to a minor or to any person not able to give a valid release, we may pay up to \$1,000 (\$5,000 in Nebraska) to any relative of yours by blood or connection by marriage, or any beneficiary that we find entitled to the payment. Any payment we make in good faith will fully discharge us to the extent of the payment.

PART L OTHER IMPORTANT PROVISIONS

Entire Contract; Changes: This policy, with any attachments (and the copy of your application), is the entire contract of insurance. No Producer may make contracts, determine insurability or change the application or policy in any way. Only an executive officer of ours can approve a change. That change must be shown in the policy.

Time Limit on Certain Defenses: After three years from the Policy Date, no misstatements, except fraudulent misstatements in the application for the policy, can be used to void the policy or to deny a claim for loss incurred or disability commencing after the expiration of such three-year period.

Pre-Existing Conditions: We will not reduce or deny a claim under this policy because a Sickness or Injury existed before the Policy Date.

Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.

Reinstatement: Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement and, as may be needed, issue a conditional receipt, this policy will be put back in force when we approve it. If we fail to notify you of disapproval within 45 days of the date of application (or the date of the conditional receipt, where that is required), your policy will be put back in force on that 45th day.

Your reinstated policy will cover only loss due to Injuries received or Sickness that begins after the date your policy was put back in force.

In all other respects, you and we will have the same rights under this policy that we had before it lapsed. The premium we accept to reinstate this policy may be used for a period for which premiums had not been paid, but it will not be used for any period more than 60 days before the reinstatement date.

Physical Examination: We, at our expense, can have you examined as often as reasonably needed while a claim is pending.

Legal Action: You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date written proof of loss is required.

Change of Beneficiary; Assignment: Only you have the right to change the beneficiary. This right is yours unless you make a beneficiary designation that may not be changed. Consent of the beneficiary is not required to make a change in this policy. Also, such consent is not required to surrender this policy or to assign the benefits.

Refund of Unearned Premium: In the event of your death, we will promptly return the unearned portion of any premium paid beyond the end of the policy month in which your death occurred.

Other Insurance with Us: You may have only one policy like this one with us at any one time. If you have more than one such policy, the one you, your beneficiary or your estate selects will remain in force. We will return all premiums paid for all other such policies.

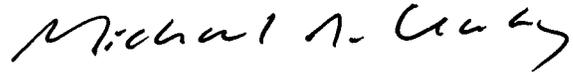
Term of Coverage: Your coverage starts on the Policy Date at 12:01 a.m. standard time where you live. It ends at 12:01 a.m. on the same standard time on the first Policy Renewal Date. Each time you renew your policy, the new term begins when the old term ends.

Conformity With State Statutes: The provisions of the policy must conform with the laws of the state in which you reside on the Policy Date. If any do not, this clause amends them so that they do conform.

Our President and Secretary sign this policy in our behalf.



President



Secretary

Countersigned By _____

Licensed Resident Producer

MEDICO INSURANCE COMPANY
1515 SOUTH 75TH STREET
OMAHA, NEBRASKA 68124

SCHEDULE

POLICY NO. - [0000000]

POLICY TYPE – A10[A]

INSURED - [JOHN E. DOE]
[1234 ANY STREET]
[ANYTOWN, USA 00000]

----- POLICY PREMIUMS -----
[MODE\$ [XXX.XX]

POLICY DATE [11/01/07]
FIRST RENEWAL DATE [11/01/08]
TOTAL FIRST PREMIUM \$ [XXXX.XX]
AGE AT ISSUE [65]

POLICY A10[A]

Part B: Insurance Information (continued)

3. (a) If you had coverage from any Medicare plan other than original Medicare within the past 63 days (for example, a Medicare Advantage plan, or a Medicare HMO or PPO), fill in your start and end dates below. If you are still covered under this plan, leave "END" blank.

Applicant
 START _____ END _____

Spouse
 START _____ END _____

Applicant		Spouse	
Yes	No	Yes	No

(b) If you are still covered under the Medicare plan, do you intend to replace your current coverage with this new Medicare supplement policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Was this your first time in this type of Medicare plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Did you drop a Medicare supplement policy to enroll in this Medicare plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. (a) Do you have another Medicare supplement policy in force? Yes No

(b) If "Yes," for Applicant, with which company? _____
 what plan? _____

If "Yes," for Spouse, with which Company? _____
 what plan? _____

(c) If so, do you intend to replace your current Medicare supplement policy with this policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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PRODUCER: If the answer to this question is yes, please complete and submit NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE.

5. Have you had coverage under any other health insurance within the past 63 days? (For example, an employer, union or individual plan.) Yes No

(a) If "Yes," for Applicant, with which company? _____
 what kind of policy? _____

If "Yes," for Spouse, with which company? _____
 what kind of policy? _____

(b) What are your dates of coverage under the other policy? (If you are still covered under the other policy, leave "END" blank.)

Applicant
 START _____ END _____

Spouse
 START _____ END _____

6. If you have lost or are losing other health insurance coverage, have you provided a copy of the notice from your prior insurer? Yes No

If "No," please provide an explanation. _____

Part C: Medical Information

NOTE: These questions should not be answered if you apply during "Open Enrollment" or if you are eligible for a guaranteed issue. If you answer "Yes," to any of questions 1 through 4 you are not eligible for coverage.

	Applicant		Spouse	
	Yes	No	Yes	No
1. Have you ever:				
(a) had any fractures due to osteoporosis or amputation due to disease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) had kidney disease requiring dialysis; diabetes requiring insulin; Parkinson's disease; liver disease; or multiple or lateral sclerosis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) been diagnosed with emphysema; chronic obstructive pulmonary disorder (COPD); or any other chronic pulmonary disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) been treated for Alzheimer's disease; senile dementia; or organic brain disorder?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) had an organ transplant or been advised by a physician to have an organ transplant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) had or been treated for Acquired Immune Deficiency Syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Within the past 24 months have you:				
(a) been hospitalized 3 or more times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) had a stroke or transient ischemic attack (TIA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) been treated for or been diagnosed as having internal cancer; leukemia; or malignant melanoma?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) had heart trouble or disease that required treatment by a physician (not including high blood pressure)? Taking prescription medication is not considered treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) been treated for alcohol or drug abuse; degenerative bone disease; crippling or rheumatoid arthritis; or been advised by a physician to have a joint replacement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Within the past 12 months have you been advised that surgery for cataracts may be required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Currently:				
(a) are you bedridden; confined (or has any doctor recommended that you be confined) to a hospital or nursing facility; or do you need the assistance of a walker or wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) do you have surgery pending or have you been advised to have surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. List all medications taken within the past 12 months (if none, indicate none).

Applicant, please provide the following information:

Medication				
Date originally prescribed				
Frequency and dosage				
Diagnosis/condition				

Spouse, please provide the following information:

Medication				
Date originally prescribed				
Frequency and dosage				
Diagnosis/condition				

Part D: Preferred Rate Information

NOTE: This question should not be answered if you apply during "Open Enrollment" or if you are eligible for a guaranteed issue.

To qualify for preferred rates you must be able to answer "No" to the following question:

	Applicant		Spouse	
	Yes	No	Yes	No
Have you used tobacco in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part E: Notices

You do not need more than one Medicare supplement policy.

If you purchase this policy, you may want to evaluate your existing health coverage and decide if you need multiple coverages.

You may be eligible for benefits under Medicaid and may not need a Medicare supplement policy.

If, after purchasing this policy, you become eligible for Medicaid, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, during your entitlement to benefits under Medicaid for 24 months. You must request this suspension within 90 days of becoming eligible for Medicaid. If you are no longer entitled to Medicaid, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing Medicaid eligibility.

If you are eligible for, and have enrolled in, a Medicare supplement policy by reason of disability and you later become covered by an employer or union-based group health plan, the benefits and premiums under your Medicare supplement policy can be suspended, if requested, while you are covered under the employer or union-based group health plan. If you suspend your Medicare supplement policy under these circumstances, and later lose your employer or union-based group health plan, your suspended Medicare supplement policy (or, if that is no longer available, a substantially equivalent policy) will be reinstated if requested within 90 days of losing your employer or union-based group health plan.

Counseling services may be available in your state to provide advice concerning your purchase of Medicare supplement insurance and concerning medical assistance through the state Medicaid program, including benefits as a Qualified Medicare Beneficiary (QMB) and a Specified Low-Income Medicare Beneficiary (SLMB).

Part F: Benefit Options

Applicant: Check the Plan you prefer:

Policy Form MSA10A – Plan A Policy Form MSA10D – Plan D Policy Form MSA10F – Plan F

Make all checks payable to: Medico™ Insurance Company (do not make checks payable to the producer or leave payee line blank).

Mode of Payment: _____ Automatic Bank Withdrawal Direct Bill

Frequency of Payment: Monthly* Bi-Monthly Quarterly Semi-Annually Annually
*Monthly is not a payment option for Direct Bill.

Amount Received with Application \$ _____ Renewal Premium \$ _____

Effective Date of Policy _____
(Day after applicant signs the application or expiration date of current policy)

If you currently have health insurance in force, on what date does it end? _____

Spouse: Check the Plan you prefer:

Policy Form MSA10A – Plan A Policy Form MSA10D – Plan D Policy Form MSA10F – Plan F

Make all checks payable to: Medico™ Insurance Company (do not make checks payable to the producer or leave payee line blank).

Mode of Payment: _____ Automatic Bank Withdrawal Direct Bill

Frequency of Payment: Monthly* Bi-Monthly Quarterly Semi-Annually Annually
*Monthly is not a payment option for Direct Bill.

Amount Received with Application \$ _____ Renewal Premium \$ _____

Effective Date of Policy _____
(Day after applicant signs the application or expiration date of current policy)

If you currently have health insurance in force, on what date does it end? _____

Part G: Application Agreement

I hereby apply for insurance to be issued solely and entirely upon the answers and statements in the Parts above that I adopt as my own and represent to be true, full and complete. I understand and agree that no insurance will be in force until coverage has been issued. If I am not applying during "Open Enrollment" or not eligible for a guaranteed issue, I do not have a right to have this policy issued to me if I have answered "Yes" to any of questions 1 through 4 in the Medical Information Part above. I have read, or had read to me, the complete application.

I authorize any licensed physician, medical practitioner, hospital, clinic, or other medical or medically-related facility, insurance company, the Medical Information Bureau or other organization, institution or person, or prescription/pharmaceutical database that has any record or knowledge of me or my health, to give to Medico™ Insurance Company any such information. A photocopy of this authorization will be as valid as the original. This authorization is valid for 24 months from this date.

I have received the Notice of Privacy Practices and the Outline of Coverage for the policy.

Check one of the following if "A Guide to Health Insurance for People With Medicare" is required in the applicants' state:

- | | | |
|--------------------------|--------------------------|---|
| Applicant | Spouse | |
| <input type="checkbox"/> | <input type="checkbox"/> | 1. I have agreed to accept a link to the Medicare Buyers Guide on the Company website at www.gomedico.com/products . |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. I have received a hard copy of the Medicare Buyers Guide. |

I understand that it may be necessary to phone me to verify the answers to the questions in this application.

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or if the misrepresentation was material to our acceptance of the risk, rescind your policy.

I acknowledge that the producer met with me on this date, made the necessary inquiries concerning my insurance needs and proposed a program of insurance which is suitable for my needs. I am applying for this Medicare supplement insurance.

Applicant's Signature _____ Date _____

Spouse-Applicant's Signature _____ Dated at _____
City State

Producer's Name _____
(Please print)

Producer's Signature _____ Date _____

Part H: Producer Certification/Suitability

On this date, I personally met with the applicant(s) for the purpose of insurance solicitation. I made specific inquiries regarding his/her (their) circumstances, including income, financial needs, and the benefits and cost of any existing insurance policy to determine the suitability of the insurance policy which I propose. It has been determined by the applicant(s) and me that the proposed insurance policy is suitable for his/her (their) insurance needs.

Producer shall list any other health insurance policies he/she has sold to the applicant(s).

1) List policies you sold to the applicant/spouse that are still in force: None – Applicant None – Spouse

Name of Insurer	Type	Policy #	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse

2) List policies you sold to the applicant/spouse in the past five (5) years that are no longer in force: None – Applicant None – Spouse

Name of Insurer	Type	Policy #	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse
_____	_____	_____	<input type="checkbox"/> Applicant <input type="checkbox"/> Spouse

3) I certify that: a) I saw the applicant(s); b) I asked the applicant(s) the questions in the application and correctly recorded the answers; c) the answers did not conflict with my observations and knowledge of the applicant(s); and d) I witnessed the applicant(s) sign this application.

Date _____ Producer's Signature _____

Producer No. _____



Replacement Notice

**NOTICE TO APPLICANT REGARDING REPLACEMENT OF MEDICARE SUPPLEMENT INSURANCE OR
MEDICARE ADVANTAGE**

SAVE THIS NOTICE! IT MAY BE IMPORTANT TO YOU IN THE FUTURE.

According to your application or information you have furnished, you intend to terminate existing Medicare Supplement or Medicare Advantage insurance and replace it with a policy to be issued by Medico™ Insurance Company. Your new policy will provide 30 days within which you may decide without cost whether you desire to keep the policy.

You should review this new coverage carefully. Compare it with all accident and sickness coverage you now have. If, after due consideration, you find that the purchase of this Medicare Supplement coverage is a wise decision, you should terminate your present Medicare Supplement or Medicare Advantage coverage. You should evaluate the need for other accident and sickness coverage you have that may duplicate this policy.

STATEMENT TO APPLICANT BY ISSUER OR PRODUCER:

I have reviewed your current medical or health insurance coverage. To the best of my knowledge, this Medicare Supplement policy will not duplicate your existing Medicare Supplement or, if applicable, Medicare Advantage coverage because you intend to terminate your existing Medicare Supplement coverage or leave your Medicare Advantage plan. The replacement policy is being purchased for the following reason. (Check One):

- Additional benefits.
- No change in benefits, but lower premiums.
- Fewer benefits and lower premiums.
- My plan has outpatient prescription drug coverage and I am enrolling in Part D.
- Disenrollment from a Medicare Advantage plan. Please explain reason for disenrollment below.
- Other. (please specify)

1. **Note:** If the issuer of the Medicare Supplement policy being applied for does not, or is otherwise prohibited from imposing pre-existing condition limitations, please skip to statement 2 below. Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
2. State law provides that your replacement policy or certificate may not contain new pre-existing conditions, waiting periods, elimination periods or probationary periods. The insurer will waive any time periods applicable to pre-existing conditions, waiting periods, elimination periods or probationary periods in the new policy for similar benefits to the extent such time was spent (depleted) under the original policy.
3. If you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical and health history. Failure to include all material medical information on an application may provide a basis for the Company to deny any future claims and to refund your premium as though your policy had never been in force. After the application has been completed and before you sign it, review it carefully to be certain that all information has been properly recorded.

Do not cancel your present policy until you have received your new policy and are sure that you want to keep it.

Signature of Producer

Typed Name and Address of Issuer or Producer

Applicant's Signature

Date

Medicare Supplement Notice

NOTICE ON CHANGES IN MEDICARE AND YOUR MEDICARE SUPPLEMENT INSURANCE

The following outline briefly describes the modifications in Medicare and in your Medicare supplement coverage. Please read carefully!

Services	Medicare Benefits - Effective 20[08] Medicare will pay	Your Medicare Supplement Coverage - Effective 20[08] MSA10A will pay
MEDICARE PART A SERVICES AND SUPPLIES		
Inpatient Hospital Benefits		
First 60 Days	All but \$[1,024]	\$[0]
61 st to 90 th Day	All but \$[256] a day	\$[256] a day
91 st to 150 th Day	All but \$[512] a day	\$[512] a day
151 st Day for an Additional 365 Days	\$[0]	100% of Medicare eligible expenses
Skilled Nursing Facility Care (if Medicare-Approved)		
First 20 Days	All approved amounts	\$[0]
21 st to 100 th Day	All but \$[128] a day	\$[0]
After 100 Days	\$[0]	\$[0]
MEDICARE PART B SERVICES AND SUPPLIES		
Medical Expenses		
*First \$[135] of Medicare-Approved Amounts	\$[0]	\$[0]
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%
Blood		
First 3 Pints	\$[0]	All costs
*Next \$[135] of Medicare-Approved Amounts	\$[0]	\$[0]
Remainder of Medicare-Approved Amounts	80%	20%
MEDICARE PARTS A AND B SERVICES AND SUPPLIES		
Home Health Care – Durable Medical Equipment		
*First \$[135] of Medicare-Approved Amounts	\$[0]	\$[0]
Remainder of Medicare-Approved Amounts	80%	20%

* This is the Part B deductible, and only needs to be met once per calendar year.

If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

THIS CHART SUMMARIZING THE CHANGES IN YOUR MEDICARE BENEFITS AND IN YOUR MEDICARE SUPPLEMENT PROVIDED BY MEDICO™ INSURANCE COMPANY ONLY BRIEFLY DESCRIBES SUCH BENEFITS. FOR INFORMATION ON YOUR MEDICARE BENEFITS CONTACT YOUR SOCIAL SECURITY OFFICE OR THE CENTERS FOR MEDICARE & MEDICAID SERVICES. FOR INFORMATION ON YOUR MEDICARE SUPPLEMENT POLICY CONTACT MEDICO™ INSURANCE COMPANY AT 1515 SOUTH 75TH STREET, OMAHA, NE 68124, OR CONTACT THE PRODUCER WHO SOLD YOU THE POLICY.

SERFF Tracking Number: MDIC-125905861 *State:* Arkansas
Filing Company: Medico Insurance Company *State Tracking Number:* 41022
Company Tracking Number: CR-AR-MI-MSA10A
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: AR-MI-MSA10A
Project Name/Number: CR-AR-MI-MSA10A/CR-AR-MI-MSA10A

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MDIC-125905861 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 41022
 Company Tracking Number: CR-AR-MI-MSA10A
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: AR-MI-MSA10A
 Project Name/Number: CR-AR-MI-MSA10A/CR-AR-MI-MSA10A

Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	Plan A A10 rates	MI-MSA10A(AR)	New		AR_A10_rates as filed.pdf

Medico™ Insurance Company
Omaha, Nebraska
MI-MSA10A
Gross Premium Code: A10AH - Rate Group: A10
Standardized Medicare Supplement Plan A - Community Rated

RATE SCHEDULE - Arkansas

Issue Age	Plan A	Plan A
	Standard Premium	Preferred Premium
65 & OV	1,649.28	1,434.96

AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

MODAL FACTORS

Direct-Billed

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Bi-Monthly = 2/11

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Bi-Monthly = 2/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10A(AR) 11/08

Medico™ Insurance Company
Omaha, Nebraska
MI-MSA10D
Gross Premium Code: A10DH - Rate Group: A10
Standardized Medicare Supplement Plan D - Community Rated

RATE SCHEDULE - Arkansas

Issue Age	Plan D	Plan D
	Standard Premium	Preferred Premium
65 & OV	2,288.88	1,991.28

AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

MODAL FACTORS

Direct-Billed

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Bi-Monthly = 2/11

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Bi-Monthly = 2/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10D(AR) 11/08

Medico™ Insurance Company
Omaha, Nebraska
MI-MSA10F
Gross Premium Code: A10FH - Rate Group: A10
Standardized Medicare Supplement Plan F - Community Rated

RATE SCHEDULE - Arkansas

Issue Age	Plan F	Plan F
	Standard Premium	Preferred Premium
65 & OV	2,462.64	2,142.48

AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

MODAL FACTORS

Direct-Billed

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Bi-Monthly = 2/11

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Bi-Monthly = 2/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10F(AR) 11/08

SERFF Tracking Number: MDIC-125905861 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number: 41022
 Company Tracking Number: CR-AR-MI-MSA10A
 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: AR-MI-MSA10A
 Project Name/Number: CR-AR-MI-MSA10A/CR-AR-MI-MSA10A

Supporting Document Schedules

Satisfied -Name: Health - Actuarial Justification **Review Status:** Approved 07/01/2009
Comments:
 I have attached a more current actuarial memorandum.
Attachment:
 AR_A10 ActuarialMemo_05292009.pdf

Satisfied -Name: Certification/Notice **Review Status:** Accepted for Informational Purposes 07/01/2009
Comments:
Attachments:
 AR-Certification.pdf
 AR-Flesch Certificate Plan A.pdf

Satisfied -Name: Outline of Coverage **Review Status:** Approved 07/01/2009
Comments:
Attachment:
 MI9F-4295(AR)-06172009.pdf

Bypassed -Name: Application **Review Status:** 07/01/2009
Bypass Reason: I am attaching the application under the Forms tab for approval
Comments:

Satisfied -Name: Plan A Cover Letter **Review Status:** Accepted for Informational Purposes 07/01/2009
Comments:
Attachment:

SERFF Tracking Number: MDIC-125905861 *State:* Arkansas
Filing Company: Medico Insurance Company *State Tracking Number:* 41022
Company Tracking Number: CR-AR-MI-MSA10A
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: AR-MI-MSA10A
Project Name/Number: CR-AR-MI-MSA10A/CR-AR-MI-MSA10A

AR-A10 Cover Letter Plan A, 122008.pdf

SERFF Tracking Number: MDIC-125905861 *State:* Arkansas
Filing Company: Medico Insurance Company *State Tracking Number:* 41022
Company Tracking Number: CR-AR-MI-MSA10A
TOI: MS051 Individual Medicare Supplement - *Sub-TOI:* MS051.001 Plan A
Standard Plans
Product Name: AR-MI-MSA10A
Project Name/Number: CR-AR-MI-MSA10A/CR-AR-MI-MSA10A

Review Status:

Satisfied -Name: Guaranty Assoc Notice

Approved

07/01/2009

Comments:

This form was previously approved.

Attachment:

MI9F-2701(AR)-07012007.pdf

Medico™ Insurance Company
Omaha, Nebraska
Actuarial Memorandum - Individual A&H Rate Filing
Medicare Supplement Standardized Plans A, D and F
Arkansas

1. Purpose of Filing

The purpose of this filing is to provide pricing information for new Medicare Supplement plans, and to demonstrate that the anticipated lifetime loss ratio of these plans meets the minimum state requirements. It is not intended for use for any other purpose.

2. Benefits

The Standardized Medicare Supplement forms include the MSA10A, MSA10D, and MSA10F. These plans meet the benefit requirements of Plans A, D, and F Medicare Standardized Plans, respectively.

Basic Benefits:

- a) Hospitalization: Part A co-payments plus coverage for 365 additional days after Medicare benefits end.
- b) Medical expenses: Part B coinsurance (20% of Medicare-approved expenses).
- c) Blood: First three pints of blood each year.

The Part A inpatient hospital deductible is payable on Plans D and F.

The Part B deductible is payable on Plan F.

Skilled Nursing coinsurance: The benefit for Medicare skilled nursing care covers the 21st to the 100th day with the co-payment rate of one-eighth of the Part A Deductible. This benefit is payable on Plans D and F.

Part B Excess Coverage (100%): 100% of the Part B charges in excess of the Medicare allowed Part B charge. This coverage is subject to all caps imposed by federal or state law. This benefit is payable on Plan F.

Foreign Travel Emergency: 80% of the billed charges for emergency hospital, physician and medical expenses that would have been covered by Medicare if provided in the U.S. There is a \$250 calendar year deductible and a lifetime maximum of \$50,000. This benefit is payable on Plans D and F.

At-Home Recovery: Certain services to provide at-home assistance with activities of daily living for those recovering from illness, injury or surgery. This benefit is payable on Plan D.

3. Policy Type, Marketing Method, Issue ages, Underwriting, Renewability

These are individual policy forms and will be sold by independent agents. They are for applicants ages 65 and over who are eligible for Medicare. They will be issued to all open enrollees and to qualified, individually underwritten applicants. These forms are guaranteed renewable.

4. Projection Assumptions

The following assumptions were used to calculate expected loss ratios:

Interest - An effective annual rate of interest of 4.0% has been assumed for accumulating past experience and discounting projected future experience.

Terminations - Lapses were assumed to be 17% first year and 15% each year thereafter. Mortality is based on 100% of the 2000 US Life Tables.

Claim Costs – Claim costs were developed based on information from the American Academy of Actuaries' "Report on Medicare Supplement Experience, Years 1996-2000", company studies and other research. Selection factors for underwritten applicants are 0.97 duration 1, and 1.00 thereafter.

Claim Cost Trend - A claim cost trend of 8.0% has been assumed for projecting the claims experience at the beginning of each policy year, with corresponding future premium increases assumed at the same rate.

Active Life Reserves – Calculated on a two-year preliminary term basis at 4.0%, with assumptions based on pricing morbidity and mortality.

Medico™ Insurance Company
 Omaha, Nebraska
 Actuarial Memorandum - Individual A&H Rate Filing
 Medicare Supplement Standardized Plans A, D and F
 Arkansas

5. Premium Rates

The premium rates vary by Plan, preferred status, and zip code. Rate pages are attached.

Previously, Medico Insurance Company had Medicare Supplement Standardized policy forms 992A, 992C, 992F, and 992G available for sale from 8/26/1992 to 12/31/2005. These rates varied by Plan and area. Medico Insurance Company currently has 2 policies in force: one 992C (Plan C) and one 992F (Plan F). The difference in rates between the existing policyholders and the proposed rates can be attributed primarily to the following:

- Loss Ratio (74% versus 65%)
- Plan Benefits (Plan C is not available)
- Rate Structure (preferred/standard, and zip)
- Underwriting Selection and Aging

6. Rate Justification Standard - Minimum Loss Ratio

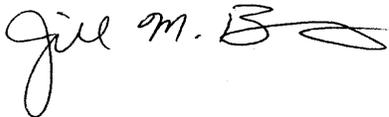
This filing demonstrates that the anticipated lifetime loss ratio is higher than the 65% minimum loss ratio for Medicare Supplement Standardized Plans.

Policy Duration	Loss Ratio	Policy Duration	Loss Ratio
1	65.4%	16	90.3%
2	69.0%	17	91.5%
3	70.8%	18	92.6%
4	72.6%	19	93.8%
5	74.4%	20	94.8%
6	76.1%	21	95.9%
7	77.8%	22	97.0%
8	79.4%	23	98.1%
9	80.9%	24	99.1%
10	82.4%	25	99.9%
11	83.9%	26	100.7%
12	85.3%	27	101.4%
13	86.6%	28	102.2%
14	87.9%	29	102.8%
15	89.1%	30	103.2%

Lifetime loss ratio: 74.4%

7. Actuarial Certification

I hereby certify that, to the best of my knowledge and judgment, the assumptions presented are based on generally accepted actuarial principles; the anticipated lifetime loss ratio, future loss ratio, and the third year ratio all exceed the applicable ratio; and the filing was prepared based on the current standards as promulgated by the Actuarial Standards Board including Standard No. 8 'Regulatory Filings for Health Plan Entities' and Standard No 23, the 'Data Quality' standard of practice.



Jill M. Burns, FSA, MAAA
 Chief Actuary

May 29, 2009

ARKANSAS CERTIFICATION

_____ hereby
Insurer

certifies that this filing complies with the requirements of Arkansas Insurance Rule and Regulation 19 as well as all other requirements of the Arkansas Insurance Department.

Nesiree Buckley

Signature

Officer's name and title

Date

FLESCH READABILITY CERTIFICATION

Form Number MI-MSA11A(AR) has been Flesch tested.
The Flesch Readability Score was computed to be 49.6.

Form Number MI9F-4295(AR) has been Flesch tested.
The Flesch Readability Score was computed to be 48.1.

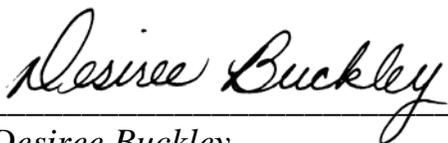
Form Number MI9F-4196 has been Flesch tested.
The Flesch Readability Score was computed to be 42.5.

Form Number MI9F-4300A has been Flesch tested.
The Flesch Readability Score was computed to be 42.2.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ have been Flesch tested.
The Flesch Readability Score was computed to be _____.

MEDICO INSURANCE COMPANY



Desiree Buckley

Vice President / Director of Compliance



These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state.

See Outlines of Coverage sections for details about ALL plans.

Basic Benefits for Plans A-J:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance				
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care NOT Covered by Medicare						Preventive Care NOT Covered by Medicare	

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plans F and J after you have paid a calendar year \$(1,900) deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$(1,900). Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.



Outline of Medicare Supplement Coverage – Cover Page 2

Basic Benefits for Plans K and L include similar services as Plans A-J, but cost sharing for the Basic Benefits is at different levels.

J	K**	L**
Basic Benefits	100% Of Part A Hospitalization Coinsurance Plus Coverage For 365 Days After Medicare Benefits End 50% Hospice Cost-Sharing 50% Of Medicare-Eligible Expenses For The First Three Pints Of Blood 50% Part B Coinsurance, Except 100% Coinsurance For Part B Preventive Services	100% Of Part A Hospitalization Coinsurance Plus Coverage For 365 Days After Medicare Benefits End 75% Hospice Cost-Sharing 75% Of Medicare-Eligible Expenses For The First Three Pints Of Blood 75% Part B Coinsurance, Except 100% Coinsurance For Part B Preventive Services
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT Covered By Medicare		
	\$[4,440] Out-Of-Pocket Annual Limit***	\$[2,220] Out-Of-Pocket Annual Limit***

**Plans K and L provide for different cost-sharing for items and services than Plans A-J.

Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions

PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICY SERIES A10 – PLANS A, D AND F

Zip Codes: 716, 720, 721, 722 and 723

Attained Age	Preferred			Standard		
	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F
65 & Over	\$1,147.97	\$1,593.02	\$1,713.98	\$1,319.42	\$1,831.10	\$1,970.11

Zip Codes: 717, 718, 719, 724, 725, 726, 727, 728 and 729

Attained Age	Preferred			Standard		
	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F
65 & Over	\$1,018.82	\$1,413.81	\$1,521.16	\$1,170.99	\$1,625.10	\$1,748.47

Premiums payable other than annual may be determined by the following factors:

	<u>Monthly</u>	<u>Bi-Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>
Automatic Bank Withdrawal:	1/12	2/12	0.25	0.52
Direct-Billed:	1/11	2/11	0.27	0.52

Premium Information

We, Medico™ Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right To Return Policy

If you find that you are not satisfied with your policy, you may return it to 1515 South 75th Street, Omaha, NE 68124. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Medico™ Insurance Company nor its producers are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

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 Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional lifetime maximum of 365 days -Beyond the additional 365 days	All but \$[1,024] All but \$[256] a day All but \$[512] a day \$[0] \$[0]	\$[0] \$[256] a day \$[512] a day 100% of Medicare eligible expense \$[0]	\$[1,024] (Part A Deductible) \$[0] \$[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 21st thru 100th day 101st day and after	All approved amounts All but \$[128] a day \$[0]	\$[0] \$[0] \$[0]	\$[0] Up to \$[128] a day All costs
Blood First 3 pints Additional amounts	\$[0] 100%	3 pints \$[0]	\$[0] \$[0]
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$[0]	Balance

**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'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 \$[135] 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 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 \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] Generally 80%	\$[0] Generally 20%	\$[135] (Part B Deductible) \$[0]
Part B Excess Charges – Above Medicare-Approved Amounts	\$[0]	\$[0]	All costs
Blood First 3 Pints Next \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] \$[0] 80%	All costs \$[0] 20%	\$[0] \$[135] (Part B Deductible) \$[0]
Clinical Laboratory Services – Tests For Diagnostic Services	100%	\$[0]	\$[0]

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care – Medicare-Approved Services -Medically necessary skilled care services and medical supplies -Durable medical equipment: -First \$[135] of Medicare-Approved Amounts* -Remainder of Medicare-Approved Amounts	100% \$[0] 80%	\$[0] \$[0] 20%	\$[0] \$[135] (Part B Deductible) \$[0]

Plan D

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 Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional lifetime maximum of 365 days -Beyond the additional 365 days	All but \$[1,024] All but \$[256] a day All but \$[512] a day \$[0] \$[0]	\$[1,024] (Part A Deductible) \$[256] a day \$[512] a day 100% of Medicare eligible expense \$[0]	\$[0] \$[0] \$[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 21st thru 100th day 101st day and after	All approved amounts All but \$[128] a day \$[0]	\$[0] Up to \$[128] a day \$[0]	\$[0] \$[0] All costs
Blood First 3 pints Additional amounts	\$[0] 100%	3 pints \$[0]	\$[0] \$[0]
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$[0]	Balance

**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'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 D

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$[135] 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 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 \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] Generally 80%	\$[0] Generally 20%	\$[135] (Part B Deductible) \$[0]
Part B Excess Charges – Above Medicare-Approved Amounts	\$[0]	\$[0]	All costs
Blood First 3 Pints Next \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] \$[0] 80%	All costs \$[0] 20%	\$[0] \$[135] (Part B Deductible) \$[0]
Clinical Laboratory Services – Tests For Diagnostic Services	100%	\$[0]	\$[0]

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
<p>Home Health Care – Medicare-Approved Services</p> <p>-Medically necessary skilled care services and medical supplies</p> <p>-Durable medical equipment:</p> <p>-First \$[135] of Medicare-Approved Amounts*</p> <p>-Remainder of Medicare-Approved Amounts</p>	<p>100%</p> <p>\$[0]</p> <p>80%</p>	<p>\$[0]</p> <p>\$[0]</p> <p>20%</p>	<p>\$[0]</p> <p>\$[135] (Part B Deductible)</p> <p>\$[0]</p>
<p>At-Home Recovery Services – Not Covered By Medicare</p> <p>Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan</p> <p>-Benefit for each visit</p> <p>-Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)</p> <p>Calendar year maximum</p>	<p>\$[0]</p> <p>0</p> <p>\$[0]</p>	<p>Actual charges to \$40 a visit</p> <p>Up to the number of Medicare-approved visits, not to exceed 7 each week</p> <p>\$[1,600]</p>	<p>Balance</p>

Other Benefits – Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
<p>Foreign Travel – Not Covered By Medicare</p> <p>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>-First \$[250] each calendar year</p> <p>-Remainder of charges</p>	<p>\$[0]</p> <p>\$[0]</p>	<p>\$[0]</p> <p>80% to a lifetime maximum benefit of \$[50,000]</p>	<p>\$[250]</p> <p>20% and amounts over the \$[50,000] lifetime maximum</p>

Plan F

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 Pays	You Pay
<p>Hospitalization*</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> -While using 60 lifetime reserve days -Once lifetime reserve days are used: <ul style="list-style-type: none"> -Additional lifetime maximum of 365 days -Beyond the additional 365 days 	<p>All but \$[1,024]</p> <p>All but \$[256] a day</p> <p>All but \$[512] a day</p> <p>\$[0]</p> <p>\$[0]</p>	<p>\$[1,024] (Part A Deductible)</p> <p>\$[256] a day</p> <p>\$[512] a day</p> <p>100% of Medicare eligible expense</p> <p>\$[0]</p>	<p>\$[0]</p> <p>\$[0]</p> <p>\$[0]</p> <p>\$[0]**</p> <p>All costs</p>
<p>Skilled Nursing Facility Care*</p> <p>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.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[128] a day</p> <p>\$[0]</p>	<p>\$[0]</p> <p>Up to \$[128] a day</p> <p>\$[0]</p>	<p>\$[0]</p> <p>\$[0]</p> <p>All costs</p>
<p>Blood</p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$[0]</p> <p>100%</p>	<p>3 pints</p> <p>\$[0]</p>	<p>\$[0]</p> <p>\$[0]</p>
<p>Hospice Care</p> <p>Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$[0]</p>	<p>Balance</p>

**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'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 F

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$[135] 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 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 \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] Generally 80%	\$[135] (Part B Deductible) Generally 20%	\$[0] \$[0]
Part B Excess Charges – Above Medicare-Approved Amounts	\$[0]	100%	\$[0]
Blood First 3 Pints Next \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] \$[0] 80%	All costs \$[135] (Part B Deductible) 20%	\$[0] \$[0] \$[0]
Clinical Laboratory Services – Tests For Diagnostic Services	100%	\$[0]	\$[0]

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care – Medicare-Approved Services -Medically necessary skilled care services and medical supplies -Durable medical equipment: -First \$[135] of Medicare-Approved Amounts* -Remainder of Medicare-Approved Amounts	100% \$[0] 80%	\$[0] \$[135] (Part B Deductible) 20%	\$[0] \$[0] \$[0]

Other Benefits – Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
<p>Foreign Travel – Not Covered By Medicare</p> <p>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <ul style="list-style-type: none"> -First \$[250] each calendar year -Remainder of charges 	<p>\$[0]</p> <p>\$[0]</p>	<p>\$[0]</p> <p>80% to a lifetime maximum benefit of \$[50,000]</p>	<p>\$[250]</p> <p>20% and amounts over the \$[50,000] lifetime maximum</p>

Printed Name of Producer, if any: _____
First
Middle Initial
Last

Address: _____
Street Address, Rural Route or Box Number

City
State
Zip

Phone Number
Date
Producer/Home Office Employee Signature



MEDICO™ GROUP

Medico™ Insurance Company • Medico™ Life Insurance Company

December 4, 2008

MEDICO INSURANCE COMPANY
NAIC # 31119

Commissioner Julie Benafield Bowman
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Individual Medicare Supplement Insurance
MI-MSA10A(AR) – Plan A Policy
MI-MSA10D(AR) – Plan D Policy
MI-MSA10F(AR) – Plan F Policy
MI9F-4295(AR) – Outline of Coverage
MIHAA10(AR)-1 – Application
MI9F-4196 – Replacement Notice
MI9F-4300A – Plan A Benefit Change Notice
MI9F-4300D – Plan D Benefit Change Notice
MI9F-4300F – Plan F Benefit Change Notice
Actuarial Memorandum and Rates
Certification and Flesch Certification
PREVIOUSLY APPROVED FORMS:
MI9F-2701(AR) – Guaranty Association Notice

I am submitting three Medicare Supplement Policies and accompanying forms for your approval. These new forms will not replace any forms currently on file with your Department. Due to financial restraints, we ceased actively marketing Medicare Supplement insurance less than five years ago, and notified the Commissioner of your Department as required by AR ADC INS 27. We respectfully request that the discontinuation period be reduced as part of this approval. Please note that we only have 3 Medicare supplement policyholders residing in the state of Arkansas.

We intend to offer Plans A, D and F through our producers to Medicare eligible individuals. A sample schedule is attached to each policy. Any information contained in the brackets will vary to fit each policyholder. The outline of coverage will be furnished to each applicant as required by state law. The enclosed application will be used to apply for any of the three Plans.

The replacement notice will be used when required by state law, and the guaranty association notice will be delivered with each policy. The appropriate benefit change notice will be sent annually to each policyholder residing in the state, no later than 30 days prior to deductible/co-payment changes. I request that the deductible and co-payment amounts found in the outline and benefit change notices be approved as variable to allow updates each year without refiling. I also request that the premium amounts in the outline (although not in brackets due to the vast number of premiums) be approved as variable with the understanding that we will only change these premiums after approval of the rates by your Department.

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,

Cathy Richter
Compliance Assistant II
800-695-5976 Ext. 236
Fax (402) 391-4858
cathyrichter@gomedico.com

Protecting Your Future Today®

**MEDICO™ INSURANCE COMPANY
Omaha, Nebraska**

**LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities, or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
425 W. Capitol Ave.
Suite 3700
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 – no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values – again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.



MEDICO™
INSURANCE COMPANY

A STOCK INSURANCE COMPANY

1515 South 75th Street • Omaha, Nebraska 68124 • 1-800-228-6080

MEDICARE SUPPLEMENT INSURANCE POLICY

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** Also, read the copy of your application and the policy Schedule. If there is any error or omission, tell us. We will make any needed change.

The first premium you, the Insured, paid before the Policy Date (and the copy of your attached application), put this policy in force as of the Policy Date. That date is shown in the Schedule. The Schedule is attached and is a part of this policy.

PART A PLEASE READ — 30-DAY RIGHT TO RETURN

Please read your policy. If you are not satisfied, send it back to us, or to the Producer who sold it to you, within 30 days after you receive it. We will return your money. That will mean your policy was never in force. Any refund made pursuant to this section will be paid directly to you in a timely manner.

PART B GUARANTEED RENEWABLE SUBJECT TO OUR LIMITED RIGHT TO CHANGE PREMIUMS

We guarantee to renew your policy for life as long as the premium is paid within the allowable time. We cannot make a change in your policy without your consent. We do have the right to change your premium as stated below.

Premium Change: We may change the premium rates for this policy. The change may be due to a change in policy coverage or a new table of rates. We can change your premium only if we do the same to all policies of this form 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 this policy. If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium. Your rate changes automatically on the Policy Renewal Date that follows the date you turn a new age.

PART C COVERAGE CHANGE

Automatic Change In Coverage: Policy benefits that are designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible and copayment percentage factors. Premiums may change to correspond with these changes.

Insuring Clause: We agree to provide the benefits set out in this policy for any insured loss. This agreement is subject to all of the provisions of the policy. A "loss" is an expense you incur for care or services this policy covers and that you receive after the Policy Date and while the policy is in force.

Notice to buyer: This policy may not cover all of your medical expenses.

MEDICARE SUPPLEMENT POLICY BENEFIT PLAN A

ALPHABETICAL GUIDE TO YOUR POLICY

	Part		Part
Benefits	F	Payment Of Claims	K
Coverage Change	C	Renewal Agreement And Premium Change	B
Definitions	E	Right To Return.....	A
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Extension Of Benefits	G	Suspension Of Premiums And Coverage	H
How To File A Claim	J	Termination	I
Other Important Provisions	L		

PART D EXCEPTIONS

We will NOT pay benefits for:

1. any expense incurred for outpatient prescription drugs, other than drugs covered by Medicare Parts A and B;
2. non-Medicare Eligible Expenses, including, but not limited to: routine exams, take-home drugs and eye refractions;
3. services for which you are not liable or for which no charge normally is made in the absence of insurance; and
4. loss that occurs while this policy is not in force.

Nonduplication: This policy will not duplicate any benefit paid by Medicare.

PART E DEFINITIONS

Benefit Period: The period of time defined by Medicare as a Benefit Period.

Calendar Year: Begins on January 1 and ends on December 31.

Injury: Accidental bodily Injury that results in loss, independent of Sickness or other causes.

Medicare: The "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses: Expenses eligible for coverage by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

Physician: A licensed practitioner of the healing arts acting within the scope of his/her license.

Policy Date: The date on which this policy first became effective. That date is shown on the Schedule.

Policy Renewal Date: The month and day your policy's premium is due. The frequency of the Policy Renewal Date can vary depending on the premium payment option you selected. This is shown on the Schedule.

Producer: A person required to be licensed under the laws of the state to sell, solicit or negotiate insurance.

Schedule: Is attached to and is a part of this policy.

Sickness: An illness or disease that you have or acquire.

We, Us or Our: Medico™ Insurance Company.

You or Your: The Insured named in the Schedule.

PART F

BASIC BENEFITS

We will pay benefits for the following expenses you incur. If you are not enrolled in Part B of Medicare, the benefits that supplement Part B of Medicare will be paid as if you were enrolled and Medicare paid benefits.

1. Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st through 90th day in any Medicare Benefit Period.
2. Medicare Part A Eligible Expenses for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used.
3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, 100% of the Medicare Part A Eligible Expenses for hospitalization paid at the applicable Prospective Payment System (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider must accept our payment as payment in full and may not bill you for any balance.
4. Under Medicare Parts A and B, the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells as defined under federal regulations) unless replaced in accordance with federal regulations.
5. The coinsurance amount, or in the case of hospital outpatient department services paid under a Prospective Payment System, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

PART G

EXTENSION OF BENEFITS

Termination of coverage shall be without prejudice to a continuous loss which commenced while your policy was in force. Extension of benefits beyond the period this policy was in force is:

1. subject to your continuous total disability;
2. limited to those conditions which caused the continuous loss beginning while this policy was in force; and
3. limited to the duration benefits would have been paid had your policy continued in force or payment of the maximum benefits.

Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

PART H

SUSPENSION OF PREMIUMS AND COVERAGE

The benefits and premiums of this policy will be suspended at your request for the period, not to exceed 24 months, in which you have applied for and are determined to be entitled to medical assistance under the Medicaid program. We must receive your written notice within 90 days after the date you become entitled to this assistance. Upon our receipt of timely notice, we will return that portion of the premium paid for the period of time you are eligible for Medicaid. Your refunded premium will be reduced by the amount of any claims paid for the period.

If you lose entitlement to this medical assistance after suspension occurs, your policy will be reinstated automatically, effective as of the date the entitlement to medical assistance terminated. We must receive your written notice of the loss of the entitlement within 90 days after the date you lose the entitlement. Your notice and payment of the required premium will put the policy back in force.

The benefits and premiums of this policy will also be suspended at your request for a period provided by federal regulation if you are entitled to benefits under Section 226(b) of the Social Security Act and are covered under a group health plan. We must receive your written notice within 90 days after the date you become covered under the group health plan. Upon our receipt of timely notice, we will return that portion of the premium paid for the period of time you are covered under the group health plan. Your refunded premium will be reduced by the amount of any claims paid for the period.

If you lose coverage under the group health plan after suspension occurs, your policy will be reinstated automatically, effective as of the date the coverage ended. We must receive your written notice of the loss of coverage within 90 days after the coverage ends. Your notice and payment of the required premium will put the policy back in force.

Reinstitution of your policy after either suspension will:

1. not provide an additional waiting period with regard to pre-existing conditions;
2. be substantially equivalent to what it was before the date of suspension; and
3. provide for a premium class that is as favorable to you as it would have been if the coverage had not been suspended.

PART I TERMINATION

Your policy will terminate on the earliest of:

1. the Policy Renewal Date following the date we receive your written or verbal request to cancel the policy, unless you request a later termination date (the grace period will not apply);
2. the Policy Renewal Date if sufficient premium has not been paid before the end of the grace period; or
3. the date of your death.

In the event of your death, we will promptly return the unearned portion of any premium paid beyond the date of death.

Termination of coverage will not affect any claim originating while your policy was in force.

PART J HOW TO FILE A CLAIM

Notice of Claim: You must give us written notice of a claim within 20 days after loss starts or as soon as reasonably possible. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to our Home Office in Omaha, Nebraska, or to one of our Producers.

Electronic Claim Filing Process: Your health care providers will usually submit electronically to Medicare the billed charges for any medical and hospital expenses you incur. Medicare then processes benefits for expenses eligible under Part A and/or Part B of Medicare, and passes your claim electronically to us for consideration of benefits under your Medicare supplement policy. We will accept Medicare's electronic submission of your claim to us as your notice of claim. For consideration of expenses that are not submitted electronically to us, a paper copy of your Medicare Summary Notice or Medicare Benefit Notice can serve as your notice of claim. This Medicare statement shows your Medicare Eligible Expenses and the amount approved and paid by Medicare. You may submit a paper copy of your Medicare statement to us or your health care provider may submit it to us on your behalf. If your claim is submitted electronically the requirements for claim forms and proof of loss will be met.

Claim Forms: When we receive your notice of claim, we will send you forms for filing proof of loss. If these forms are not sent to you within 15 days, you will have met the proof of loss rule below if you give us a written statement within 90 days after the loss began.

Proof of Loss: You must give us written proof of your loss within 90 days or as soon as reasonably possible. Proof must be furnished within 15 months after loss began, except in the absence of legal capacity.

PART K PAYMENT OF CLAIMS

Time of Payment of Claims: All benefits will be paid immediately upon receipt of due written proof of loss.

Payment of Claims: Subject to your written direction in the application or otherwise, all or a portion of any benefits provided by this policy due to hospital, nursing, medical or surgical services may, at our option and unless you request otherwise in writing not later than the time of filing proof of such loss, be paid directly to the hospital or person rendering such services. It is not required that the services be rendered by a particular hospital or person.

Benefits unpaid at your death will be paid to your beneficiary or your estate. If any benefit is payable to your estate, to a minor or to any person not able to give a valid release, we may pay up to \$1,000 (\$5,000 in Nebraska) to any relative of yours by blood or connection by marriage, or any beneficiary that we find entitled to the payment. Any payment we make in good faith will fully discharge us to the extent of the payment.

PART L OTHER IMPORTANT PROVISIONS

Entire Contract; Changes: This policy, with any attachments (and the copy of your application), is the entire contract of insurance. No Producer may make contracts, determine insurability or change the application or policy in any way. Only an executive officer of ours can approve a change. That change must be shown in the policy.

Time Limit on Certain Defenses: After three years from the Policy Date, no misstatements, except fraudulent misstatements in the application for the policy, can be used to void the policy or to deny a claim for loss incurred or disability commencing after the expiration of such three-year period.

Pre-Existing Conditions: We will not reduce or deny a claim under this policy because a Sickness or Injury existed before the Policy Date.

Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.

Reinstatement: Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement and, as may be needed, issue a conditional receipt, this policy will be put back in force when we approve it. If we fail to notify you of disapproval within 45 days of the date of application (or the date of the conditional receipt, where that is required), your policy will be put back in force on that 45th day.

Your reinstated policy will cover only loss due to Injuries received or Sickness that begins after the date your policy was put back in force.

In all other respects, you and we will have the same rights under this policy that we had before it lapsed. The premium we accept to reinstate this policy may be used for a period for which premiums had not been paid, but it will not be used for any period more than 60 days before the reinstatement date.

Physical Examination: We, at our expense, can have you examined as often as reasonably needed while a claim is pending.

Legal Action: You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date written proof of loss is required.

Change of Beneficiary; Assignment: Only you have the right to change the beneficiary. This right is yours unless you make a beneficiary designation that may not be changed. Consent of the beneficiary is not required to make a change in this policy. Also, such consent is not required to surrender this policy or to assign the benefits.

Refund of Unearned Premium: In the event of your death, we will promptly return the unearned portion of any premium paid beyond the end of the policy month in which your death occurred.

Other Insurance with Us: You may have only one policy like this one with us at any one time. If you have more than one such policy, the one you, your beneficiary or your estate selects will remain in force. We will return all premiums paid for all other such policies.

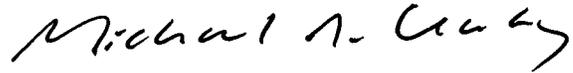
Term of Coverage: Your coverage starts on the Policy Date at 12:01 a.m. standard time where you live. It ends at 12:01 a.m. on the same standard time on the first Policy Renewal Date. Each time you renew your policy, the new term begins when the old term ends.

Conformity With State Statutes: The provisions of the policy must conform with the laws of the state in which you reside on the Policy Date. If any do not, this clause amends them so that they do conform.

Our President and Secretary sign this policy in our behalf.



President



Secretary

Countersigned By _____

Licensed Resident Producer



These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state.

See Outlines of Coverage sections for details about ALL plans.

Basic Benefits for Plans A-J:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits		Basic Benefits	Basic Benefits	Basic Benefits	Basic Benefits	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance				
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care NOT Covered by Medicare						Preventive Care NOT Covered by Medicare	

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plans F and J after you have paid a calendar year \$(1,900) deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed \$(1,900). Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.



Outline of Medicare Supplement Coverage – Cover Page 2

Basic Benefits for Plans K and L include similar services as Plans A-J, but cost sharing for the Basic Benefits is at different levels.

J	K**	L**
Basic Benefits	100% Of Part A Hospitalization Coinsurance Plus Coverage For 365 Days After Medicare Benefits End 50% Hospice Cost-Sharing 50% Of Medicare-Eligible Expenses For The First Three Pints Of Blood 50% Part B Coinsurance, Except 100% Coinsurance For Part B Preventive Services	100% Of Part A Hospitalization Coinsurance Plus Coverage For 365 Days After Medicare Benefits End 75% Hospice Cost-Sharing 75% Of Medicare-Eligible Expenses For The First Three Pints Of Blood 75% Part B Coinsurance, Except 100% Coinsurance For Part B Preventive Services
Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance
Part A Deductible	50% Part A Deductible	75% Part A Deductible
Part B Deductible		
Part B Excess (100%)		
Foreign Travel Emergency		
At-Home Recovery		
Preventive Care NOT Covered By Medicare		
	\$[4,440] Out-Of-Pocket Annual Limit***	\$[2,220] Out-Of-Pocket Annual Limit***

**Plans K and L provide for different cost-sharing for items and services than Plans A-J.

Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

***The out-of-pocket annual limit will increase each year for inflation.

See Outlines of Coverage for details and exceptions

PREMIUMS FOR MEDICARE SUPPLEMENT INSURANCE POLICY SERIES A10 – PLANS A, D AND F

Zip Codes: 716, 720, 721, 722 and 723

Attained Age	Preferred			Standard		
	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F
65 & Over	\$1,147.97	\$1,593.02	\$1,713.98	\$1,319.42	\$1,831.10	\$1,970.11

Zip Codes: 717, 718, 719, 724, 725, 726, 727, 728 and 729

Attained Age	Preferred			Standard		
	Plan A	Plan D	Plan F	Plan A	Plan D	Plan F
65 & Over	\$1,018.82	\$1,413.81	\$1,521.16	\$1,170.99	\$1,625.10	\$1,748.47

Premiums payable other than annual may be determined by the following factors:

	<u>Monthly</u>	<u>Bi-Monthly</u>	<u>Quarterly</u>	<u>Semi-Annual</u>
Automatic Bank Withdrawal:	1/12	2/12	0.25	0.52
Direct-Billed:	1/11	2/11	0.27	0.52

Premium Information

We, Medico™ Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this state. The premiums change automatically on the policy renewal date that follows the date you turn a new age.

Disclosures

Use this outline to compare benefits and premiums among policies.

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right To Return Policy

If you find that you are not satisfied with your policy, you may return it to 1515 South 75th Street, Omaha, NE 68124. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

This policy may not fully cover all of your medical costs.

Neither Medico™ Insurance Company nor its producers are connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "The Medicare Handbook" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information.

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

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 Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional lifetime maximum of 365 days -Beyond the additional 365 days	All but \$[1,024] All but \$[256] a day All but \$[512] a day \$[0] \$[0]	\$[0] \$[256] a day \$[512] a day 100% of Medicare eligible expense \$[0]	\$[1,024] (Part A Deductible) \$[0] \$[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 21st thru 100th day 101st day and after	All approved amounts All but \$[128] a day \$[0]	\$[0] \$[0] \$[0]	\$[0] Up to \$[128] a day All costs
Blood First 3 pints Additional amounts	\$[0] 100%	3 pints \$[0]	\$[0] \$[0]
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$[0]	Balance

**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'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 \$[135] 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 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 \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] Generally 80%	\$[0] Generally 20%	\$[135] (Part B Deductible) \$[0]
Part B Excess Charges – Above Medicare-Approved Amounts	\$[0]	\$[0]	All costs
Blood First 3 Pints Next \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] \$[0] 80%	All costs \$[0] 20%	\$[0] \$[135] (Part B Deductible) \$[0]
Clinical Laboratory Services – Tests For Diagnostic Services	100%	\$[0]	\$[0]

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care – Medicare-Approved Services -Medically necessary skilled care services and medical supplies -Durable medical equipment: -First \$[135] of Medicare-Approved Amounts* -Remainder of Medicare-Approved Amounts	100% \$[0] 80%	\$[0] \$[0] 20%	\$[0] \$[135] (Part B Deductible) \$[0]

Plan D

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 Pays	You Pay
Hospitalization* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61st thru 90th day 91st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional lifetime maximum of 365 days -Beyond the additional 365 days	All but \$[1,024] All but \$[256] a day All but \$[512] a day \$[0] \$[0]	\$[1,024] (Part A Deductible) \$[256] a day \$[512] a day 100% of Medicare eligible expense \$[0]	\$[0] \$[0] \$[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 21st thru 100th day 101st day and after	All approved amounts All but \$[128] a day \$[0]	\$[0] Up to \$[128] a day \$[0]	\$[0] \$[0] All costs
Blood First 3 pints Additional amounts	\$[0] 100%	3 pints \$[0]	\$[0] \$[0]
Hospice Care Available as long as your doctor certifies you are terminally ill and you elect to receive these services.	All but very limited coinsurance for outpatient drugs and inpatient respite care	\$[0]	Balance

**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'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 D

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$[135] 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 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 \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] Generally 80%	\$[0] Generally 20%	\$[135] (Part B Deductible) \$[0]
Part B Excess Charges – Above Medicare-Approved Amounts	\$[0]	\$[0]	All costs
Blood First 3 Pints Next \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] \$[0] 80%	All costs \$[0] 20%	\$[0] \$[135] (Part B Deductible) \$[0]
Clinical Laboratory Services – Tests For Diagnostic Services	100%	\$[0]	\$[0]

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
<p>Home Health Care – Medicare-Approved Services</p> <p>-Medically necessary skilled care services and medical supplies</p> <p>-Durable medical equipment:</p> <p>-First \$[135] of Medicare-Approved Amounts*</p> <p>-Remainder of Medicare-Approved Amounts</p>	<p>100%</p> <p>\$[0]</p> <p>80%</p>	<p>\$[0]</p> <p>\$[0]</p> <p>20%</p>	<p>\$[0]</p> <p>\$[135] (Part B Deductible)</p> <p>\$[0]</p>
<p>At-Home Recovery Services – Not Covered By Medicare</p> <p>Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan</p> <p>-Benefit for each visit</p> <p>-Number of visits covered (must be received within 8 weeks of last Medicare-approved visit)</p> <p>Calendar year maximum</p>	<p>\$[0]</p> <p>0</p> <p>\$[0]</p>	<p>Actual charges to \$40 a visit</p> <p>Up to the number of Medicare-approved visits, not to exceed 7 each week</p> <p>\$[1,600]</p>	<p>Balance</p>

Other Benefits – Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
<p>Foreign Travel – Not Covered By Medicare</p> <p>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <p>-First \$[250] each calendar year</p> <p>-Remainder of charges</p>	<p>\$[0]</p> <p>\$[0]</p>	<p>\$[0]</p> <p>80% to a lifetime maximum benefit of \$[50,000]</p>	<p>\$[250]</p> <p>20% and amounts over the \$[50,000] lifetime maximum</p>

Plan F

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 Pays	You Pay
<p>Hospitalization*</p> <p>Semiprivate room and board, general nursing and miscellaneous services and supplies</p> <p>First 60 days</p> <p>61st thru 90th day</p> <p>91st day and after:</p> <ul style="list-style-type: none"> -While using 60 lifetime reserve days -Once lifetime reserve days are used: <ul style="list-style-type: none"> -Additional lifetime maximum of 365 days -Beyond the additional 365 days 	<p>All but \$[1,024]</p> <p>All but \$[256] a day</p> <p>All but \$[512] a day</p> <p>\$[0]</p> <p>\$[0]</p>	<p>\$[1,024] (Part A Deductible)</p> <p>\$[256] a day</p> <p>\$[512] a day</p> <p>100% of Medicare eligible expense</p> <p>\$[0]</p>	<p>\$[0]</p> <p>\$[0]</p> <p>\$[0]</p> <p>\$[0]**</p> <p>All costs</p>
<p>Skilled Nursing Facility Care*</p> <p>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.</p> <p>First 20 days</p> <p>21st thru 100th day</p> <p>101st day and after</p>	<p>All approved amounts</p> <p>All but \$[128] a day</p> <p>\$[0]</p>	<p>\$[0]</p> <p>Up to \$[128] a day</p> <p>\$[0]</p>	<p>\$[0]</p> <p>\$[0]</p> <p>All costs</p>
<p>Blood</p> <p>First 3 pints</p> <p>Additional amounts</p>	<p>\$[0]</p> <p>100%</p>	<p>3 pints</p> <p>\$[0]</p>	<p>\$[0]</p> <p>\$[0]</p>
<p>Hospice Care</p> <p>Available as long as your doctor certifies you are terminally ill and you elect to receive these services.</p>	<p>All but very limited coinsurance for outpatient drugs and inpatient respite care</p>	<p>\$[0]</p>	<p>Balance</p>

**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'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 F

Medicare (Part B) - Medical Services - Per Calendar Year

*Once you have been billed \$[135] 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 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 \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] Generally 80%	\$[135] (Part B Deductible) Generally 20%	\$[0] \$[0]
Part B Excess Charges – Above Medicare-Approved Amounts	\$[0]	100%	\$[0]
Blood First 3 Pints Next \$[135] of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	\$[0] \$[0] 80%	All costs \$[135] (Part B Deductible) 20%	\$[0] \$[0] \$[0]
Clinical Laboratory Services – Tests For Diagnostic Services	100%	\$[0]	\$[0]

Parts A & B

Services	Medicare Pays	Plan Pays	You Pay
Home Health Care – Medicare-Approved Services -Medically necessary skilled care services and medical supplies -Durable medical equipment: -First \$[135] of Medicare-Approved Amounts* -Remainder of Medicare-Approved Amounts	100% \$[0] 80%	\$[0] \$[135] (Part B Deductible) 20%	\$[0] \$[0] \$[0]

Other Benefits – Not Covered By Medicare

Services	Medicare Pays	Plan Pays	You Pay
<p>Foreign Travel – Not Covered By Medicare</p> <p>Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA</p> <ul style="list-style-type: none"> -First \$[250] each calendar year -Remainder of charges 	<p>\$[0]</p> <p>\$[0]</p>	<p>\$[0]</p> <p>80% to a lifetime maximum benefit of \$[50,000]</p>	<p>\$[250]</p> <p>20% and amounts over the \$[50,000] lifetime maximum</p>

Printed Name of Producer, if any: _____
First
Middle Initial
Last

Address: _____
Street Address, Rural Route or Box Number

City
State
Zip

Phone Number
Date
Producer/Home Office Employee Signature