

SERFF Tracking Number: MUTM-126198090 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 42735
Company Tracking Number: VERONICA BOOTH
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Medicare Supplement Advertising - UC7169_AR
Project Name/Number: Medicare Supplement Advertising /UC7169_AR

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: Medicare Supplement Advertising - UC7169_AR SERFF Tr Num: MUTM-126198090 State: ArkansasLH

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 42735

Sub-TOI: MS051.001 Plan A

Co Tr Num: VERONICA BOOTH State Status: Under Review

Filing Type: Advertisement

Co Status: Reviewer(s): Stephanie Fowler

Author: Veronica Booth

Disposition Date: 07/21/2009

Date Submitted: 06/22/2009

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Status of Filing in Domicile:

Project Number: UC7169_AR

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 07/21/2009

Explanation for Other Group Market Type:

State Status Changed: 07/21/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Please see the description in the cover letter under the supporting documentation tab.

Company and Contact

Filing Contact Information

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Veronica Booth, Senior Policy Drafting & veronica.booth@mutualofomaha.com
Regulatory Assistant
Regulatory Affairs (402) 351-4737 [Phone]
Omaha, NE 68175 (402) 351-5298[FAX]

Filing Company Information

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

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: 25.00 per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$25.00	06/22/2009	28729414

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	07/21/2009	07/21/2009

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Disposition

Disposition Date: 07/21/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Form Schedule

Lead Form Number: UC7169_AR

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	UC7169_A R	Advertising Brochure		Initial			UC7169_AR.pdf

2010 Medicare Supplement Insurance Plans



**Spontaneous.
Fun. Fearless.**

Whether you're six or sixty-something, playing keeps you young-at-heart. The difference now, of course, is that you have adult responsibilities, including making sound financial decisions.

You'll probably enjoy playing, however you define it, even more when you feel you've got your bases covered.

A Medicare supplement insurance policy from United of Omaha Life Insurance Company can help you attain that secure feeling. You can be confident that your Medicare supplement benefits will be paid as promised.

Add our friendly personal customer service and affordable premiums – including a discount for your eligible spouse or household resident – and you have the financial value and security you seek.

**We've got you
covered.**

Go play!

Medicare supplement insurance is underwritten by

**UNITED OF OMAHA LIFE
INSURANCE COMPANY**

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza

Omaha, NE 68175

mutualofomaha.com

Choose the Medicare Supplement Plan That Meets Your Needs

Services and Supplies	Medicare Pays	Medicare Supplement Plan A Pays	Medicare Supplement Plan F Pays	Medicare Supplement Plan G Pays
MEDICARE PART A HOSPITAL COVERAGE				
Deductible	Nothing		[\$1,068]	[\$1,068]
First 60 days	100%			
Coinsurance 61-90 days	All but [\$267] a day	[\$267] a day	[\$267] a day	[\$267] a day
Coinsurance 91-150 days (Lifetime Reserve)	All but [\$534] a day	[\$534] a day	[\$534] a day	[\$534] a day
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	Nothing	Eligible Expenses	Eligible Expenses	Eligible Expenses
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
SKILLED NURSING FACILITY CARE				
First 20 days	100%			
Coinsurance 21-100 days	All but [\$133.50] a day		Up to [\$133.50] a day	Up to [\$133.50] a day
MEDICARE PART B PHYSICIAN'S SERVICES AND SUPPLIES				
Deductible	Nothing		[\$135]	
Coinsurance	80%	20%	20%	20%
Excess Benefits			100% up to Medicare's limit	80% up to Medicare's limit
Benefit for Blood	All but three pints	Three pints	Three pints	Three pints
ADDITIONAL BENEFITS*				
Emergency Care Received Outside the U.S.	Nothing		80% to lifetime max of \$50,000	80% to lifetime max of \$50,000
At-home Recovery Visits	Nothing			\$1,600

Your Premium

Your Premium

Your Premium

* Refer to the next page and your outline of coverage for more information.

\$ _____

\$ _____

\$ _____

Your Medicare Supplement Benefits

MEDICARE PART A HOSPITAL COVERAGE

Deductible – Plans F and G pay the [\$1,068] inpatient hospital deductible for each benefit period.

First 60 Days – After the Medicare Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Coinsurance – Plans A, F and G pay [\$267] a day when you are hospitalized from the 61st through the 90th day. And, when you are in the hospital from the 91st day through the 150th day, you receive [\$534] a day for each Lifetime Reserve day used.

Extended Hospital Coverage – When you are in the hospital longer than 150 days during a benefit period, and you have exhausted your 60 days of Medicare Lifetime Reserve, Plans A, F and G pay the Medicare Part A eligible expenses for hospitalization, at the rate Medicare would have paid, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood – Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

SKILLED NURSING FACILITY CARE

First 20 Days – Medicare pays all eligible expenses.

Coinsurance – Plans F and G pay up to [\$133.50] a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

MEDICARE PART B PHYSICIAN'S SERVICES AND SUPPLIES

Deductible – Plan F pays the [\$135] calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, Plans A, F and G pay 20% of eligible expenses for physician's services and supplies, physical and speech therapy, and ambulance service.

For hospital outpatient services, the copayment amount will be paid under a prospective payment system. If this system is not used, then 20% of eligible expenses will be paid.

Excess Benefits – Your bill for Medicare Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plan F pays 100% and Plan G pays 80% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood – Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. Plans A, F and G pay this deductible.

ADDITIONAL BENEFITS

Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans F and G pay you 80% of eligible expenses incurred during the first 60 days of a trip up to a lifetime maximum of \$50,000. Benefits are payable for health care you need because of a covered injury or illness.

At-home Recovery Visits – Plan G pays for seven visits a week, up to \$40 a visit up to a maximum of \$1,600 a year for assistance with activities of daily living. Benefits are payable for services necessary for your continuing recovery from an illness, injury or surgery.

The Facts About Your Plan

Your United of Omaha Medicare supplement insurance policy helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and United of Omaha pay.**

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physicians' services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the eligible expense not paid by Medicare and paid by United of Omaha.

As Medicare deductibles and coinsurance increase, your Medicare supplement benefits will automatically increase. Benefits are not paid for any expense paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

Your policy is guaranteed renewable. Your policy cannot be canceled. It will be renewed as long as the premiums are paid on time and the information is correct on the application.

You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes when the same premium change is made on all in-force Medicare supplement policies of the same form issued to persons of your classification in the same geographic area of your state. Your policy's two-person household premium discount ends if the person you live with terminates his or her policy or moves to a different residence.

You are covered immediately. There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

Your United of Omaha Medicare supplement insurance policy will not pay for:

- any expense incurred before your Policy Date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force
- expense paid for by Medicare
- services for non-Medicare eligible expenses
- services for which no charge is made when there is no insurance
- loss or expense that is payable under any other Medicare supplement insurance policy or certificate

This is a brief description of your coverage. The outline of coverage must accompany this brochure. For complete information on benefits, exceptions, limitations and reductions, **please read your outline of coverage and your policy.**

This is a solicitation of insurance and an insurance agent will contact you by telephone.

Neither United of Omaha Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program. United of Omaha Life Insurance Company is licensed nationwide except in NY.

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Cover Letter **Review Status:** Accepted for Informational Purposes 07/21/2009

Comments:

Attachment:

AR Letter - App.pdf

UNITED of OMAHA

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



June 22, 2009

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

NAIC #261-69868
FEIN #47-0322111
United of Omaha Life Insurance Company
Medicare Supplement Advertising
UC7169_AR

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

Although the cover page of the brochure says 2010, the actual plans mentioned are the "standardized" plans that will only be marketed until June 1, 2010. The only difference between our 2009 brochure and this brochure is a different print layout. This brochure will not be released until December, 2009 after the new co-pays and deductibles have been released by Medicare.

We request that any wording printed in brackets be considered variable. We would like to file them in this variable format so we would not have to file them year after year due to changes in the amounts. These variables will change each year when the new co-payments and deductibles go into effect. Other than those variables, there will not be any other changes to the advertisements in the following year(s). If there is a change to the verbiage, we will re-file the advertisement when needed.

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

Sincerely,

Carly Cole
Product and Advertising Compliance Consultant
Regulatory Affairs

Phone: 402-351-2476
Fax: 402-351-5298
E-mail: advfilings@mutualofomaha.com

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