

SERFF Tracking Number: MUTM-126281513 State: Arkansas  
Filing Company: Gerber Life Insurance Company State Tracking Number: 43343  
Company Tracking Number: JAMIE LUCY  
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.002 Plan B  
Standard Plans  
Product Name: Medicare Supplement Advertising - T03\_204\_AR  
Project Name/Number: Medicare Supplement Advertising/T03\_204\_AR

## Filing at a Glance

Company: Gerber Life Insurance Company

Product Name: Medicare Supplement Advertising - T03\_204\_AR SERFF Tr Num: MUTM-126281513 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Filed State Tr Num: 43343

Sub-TOI: MS051.002 Plan B

Co Tr Num: JAMIE LUCY

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Jamie Lucy

Disposition Date: 09/28/2009

Date Submitted: 08/26/2009

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: T03\_204\_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: 09/28/2009

Explanation for Other Group Market Type:

State Status Changed: 09/28/2009

Deemer Date:

Created By: Jamie Lucy

Submitted By: Jamie Lucy

Corresponding Filing Tracking Number:

Filing Description:

Please see cover letter under the supporting documentation tab.

## Company and Contact

### Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com

Consultant

Regulatory Affairs

402-351-2476 [Phone]

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Mutual of Omaha Plaza 402-351-5298 [FAX]  
 Omaha, NE 68175

**Filing Company Information**

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code: 4483	Company Type: Life & Health
White Plains, NY 10605	Group Name:	State ID Number:
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Gerber Life Insurance Company	\$25.00	08/26/2009	30125283

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	09/28/2009	09/28/2009

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## **Disposition**

Disposition Date: 09/28/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.



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## Form Schedule

**Lead Form Number: T03\_204\_AR**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 09/28/2009 R	T03_204_A	Advertising	Brochure	Initial			T03_204_AR.pdf



Gerber Life  
Insurance Company

## [2009] Medicare Supplement Insurance Plans



### Your Choice

Medicare pays some of your hospital and medical expenses, but not all of them. A Medicare supplement insurance plan from Gerber Life Insurance Company may help lower your share of the costs. Plus it can pay for additional benefits that Medicare doesn't cover at all.

***You Choose:***

- Your doctors and specialists
- Where you want to receive care or treatment anywhere in the U.S.
- The plan that provides the benefits you need

***Choose Gerber Life Today***

# SUPPLEMENT Your

Your Gerber Life Insurance Company 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 your policy pay.**

## 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, paid 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 & 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 for care beginning during the first 60 days of each 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.

# Medicare Coverage

## Plan Highlights

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

**Your Medicare supplement benefits will automatically increase** as Medicare deductibles and coinsurance 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.

**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 coverage begins immediately.** There is no waiting period for preexisting conditions. Benefits will be paid from the time your policy is in force.

## Definitions

**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** are 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 Gerber Life.

## Exclusions and Limitations

**Your 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

Your Gerber Life  
**Medicare Supplement Choices** *At a Glance*

**Your Plan Choices**

Whether you need a little or a lot of coverage, we have a Medicare supplement that meets your needs and budget. Please refer to the previous pages and your outline of coverage for details.

**Every plan includes these basic benefits:**

- Hospitalization: Medicare Part A coinsurance and coverage for 365 additional days after Medicare benefits end
- Medical Expenses: Medicare Part B coinsurance (generally 20%)
- Three pints of blood each year

	Plan A	Plan F	Plan G
Basic Benefits	✓	✓	✓
Skilled Nursing Coinsurance		✓	✓
Medicare Part A Deductible		✓	✓
Medicare Part B Deductible		✓	
Medicare Part B Excess		✓	✓
Foreign Travel Emergency		✓	✓
At-home Recovery			✓

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

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

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

**Meet Gerber Life Insurance Company**

**Since 1967, Gerber Life Insurance Company has provided quality life insurance,** especially for young families on a limited budget. As an affiliate of the Gerber Products Company, “the baby food people,” the two companies share a common goal: to help parents raise happy, healthy children.

**It is also our mission to be the company parents and grandparents trust** to help them achieve financial security and protection at every stage of life. By providing affordable, industry-leading juvenile life insurance, and life, accident and Medicare supplement insurance for adults, we strive to give our customers the comfort and peace of mind they deserve.



Medicare supplement insurance is underwritten by:  
 Gerber Life Insurance Company • 1311 Mamaroneck Avenue • White Plains, NY 10605

*“We’re with you every step of the way.”*

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## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Cover Letter	Accepted for Informational Purposes	09/28/2009
<b>Comments:</b>			
<b>Attachment:</b>			
AR Letter App.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b>	Memorandum of Variability	Accepted for Informational Purposes	09/28/2009
<b>Comments:</b>			
<b>Attachment:</b>			
T03_204_AR (MoV).pdf			



## Gerber Life Insurance Company

GERBER LIFE  
WHITE PLAINS, NEW YORK  
ADMINISTRATIVE OFFICE  
3316 FARNAM STREET  
OMAHA, NE 68175  
1-800-995-5991

August 26, 2009

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

NAIC # 4483-70939  
FEIN # 13-2611847  
Gerber Life Insurance Company  
Medicare Supplement Advertising  
T03\_204\_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.

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

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

Sincerely,

A handwritten signature in black ink, reading "Carly Cole". The signature is written in a cursive, flowing style with large, elegant loops.

Carly Cole  
Product and Advertising Compliance Consultant  
Regulatory Affairs

Phone: 402-351-2476  
Fax: 402-351-5298  
E-mail: [advfilings@mutualofomaha.com](mailto:advfilings@mutualofomaha.com)

jl

**VARIABLE MATERIAL FOR ADVERTISING FORM  
T03\_204\_AR**

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

Section

Front Cover

**[2009]**

Explanation

The current year corresponding to the copays and deductibles will be inserted