

SERFF Tracking Number: MUTM-126448287 State: Arkansas  
Filing Company: Assured Life Association State Tracking Number: 44515  
Company Tracking Number: KAREN HOWLAND  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010  
Standard Plans 2010  
Product Name: Medicare Supplement Advertising - T01\_206\_AR  
Project Name/Number: Medicare Supplement Advertising/T01\_206\_AR

## Filing at a Glance

Company: Assured Life Association

Product Name: Medicare Supplement Advertising - T01\_206\_AR SERFF Tr Num: MUTM-126448287 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 44515

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: KAREN HOWLAND State Status: Filed-Closed  
Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
Author: Karen Howland Disposition Date: 01/27/2010  
Date Submitted: 01/08/2010 Disposition Status: Filed-Closed

Implementation Date Requested:

Implementation Date:

State Filing Description:

## General Information

Project Name: Medicare Supplement Advertising

Project Number: T01\_206\_AR

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 01/27/2010

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 01/27/2010

Created By: Karen Howland

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Karen Howland

Filing Description:

NAIC #614-56499

FEIN #84-0356870

Assured Life Association

Medicare Supplement Advertising

T01\_206\_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.

SERFF Tracking Number: MUTM-126448287 State: Arkansas  
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Standard Plans 2010  
Product Name: Medicare Supplement Advertising - T01\_206\_AR  
Project Name/Number: Medicare Supplement Advertising/T01\_206\_AR

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

kh

## Company and Contact

### Filing Contact Information

Carly Cole, Product & Advertising Compliance carly.cole@mutualofomaha.com  
Consultant  
Regulatory Affairs 402-351-2476 [Phone]  
Mutual of Omaha Plaza 402-351-5298 [FAX]  
Omaha, NE 68175

### Filing Company Information

Assured Life Association CoCode: 56499 State of Domicile: Colorado  
9777 South Yosemite, Suite 200 Group Code: Company Type: Fraternal Benefit  
Society  
Lone Tree, CO 80124 Group Name: State ID Number:  
(800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation:

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Per Company: No

| COMPANY                  | AMOUNT  | DATE PROCESSED | TRANSACTION # |
|--------------------------|---------|----------------|---------------|
| Assured Life Association | \$50.00 | 01/08/2010     | 33385319      |

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## Correspondence Summary

### Dispositions

| Status       | Created By       | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 01/27/2010 | 01/27/2010     |

*SERFF Tracking Number:* MUTM-126448287      *State:* Arkansas  
*Filing Company:* Assured Life Association      *State Tracking Number:* 44515  
*Company Tracking Number:* KAREN HOWLAND  
*TOI:* MS08I Individual Medicare Supplement -      *Sub-TOI:* MS08I.001 Plan A 2010  
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## **Disposition**

Disposition Date: 01/27/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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| <b>Schedule Form</b> | <b>Schedule Item</b> | <b>Schedule Item Status</b> | <b>Public Access</b> |
|----------------------|----------------------|-----------------------------|----------------------|
|                      | Brochure             | Filed-Closed                | Yes                  |

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## Form Schedule

**Lead Form Number: T01\_206\_AR**

| Schedule Item              | Form Number | Form Type | Form Name            | Action  | Action Specific Data | Readability | Attachment     |
|----------------------------|-------------|-----------|----------------------|---------|----------------------|-------------|----------------|
| Filed-Closed<br>01/27/2010 | T01_206_A   | R         | Advertising Brochure | Initial |                      |             | T01_206_AR.pdf |



## 2010 Medicare Supplement Insurance Plans

*Plans with coverage effective dates on and after June 1.*



on your team

You can rely on an Assured Life Association Medicare supplement plan to help you protect your savings from ever-rising health care expenses. Each plan can help pay your Medicare Parts A and B charges Medicare doesn't cover.

***What's more, you have:***

- Six plans from which to select the coverage that best meets your needs
- Your choice of physicians and specialists for your personalized care
- The option to use any hospital or medical facility
- Virtually no claims paperwork to file

***Put an Assured Life Association plan on your team, today.***

# SUPPLEMENT Your

Your Assured Life Association Medicare supplement insurance certificate 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 certificate pay.**

## Medicare Part A Hospital Coverage

**Deductible** – Plans B, C, D, F and G pay the \$1,100 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, B, C, D, F and G pay \$275 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 \$550 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, B, C, D, 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, B, C, D, F and G pay this deductible.

## Skilled Nursing Facility Care

**First 20 Days** – Medicare pays all eligible expenses.

**Coinsurance** – Plans C, D, F and G pay up to \$137.50 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.

## Hospice Care Benefit

**Outpatient Prescription Drugs** – Plans A, B, C, D, F and G pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

**Inpatient Respite Care** – Plans A, B, C, D, F and G pay 5% of the Medicare-approved amount for inpatient respite care (short-term care given by another caregiver, so the usual caregiver can rest).

## Medicare Part B Physician's Services & Supplies

**Deductible** – Plans C and F pay the \$155 calendar-year deductible.

**Coinsurance** – After the Medicare Part B deductible, Plans A, B, C, D, 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, Plans F and G pay 100% 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, B, C, D, F and G pay this deductible.

# Medicare Coverage

## **Additional Benefit**

**Emergency Care Received Outside the U.S.** – After you pay a \$250 calendar-year deductible, Plans C, D, 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.

## **Plan Highlights**

**Your certificate 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 certificate 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 certificates 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 certificate 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 Assured Life Association.

## **Exclusions and Limitations**

**Your Medicare supplement insurance certificate will not pay for:**

- any expense incurred before your Certificate Date
- hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this certificate 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 Assured Life Association 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
- Hospice Care: Outpatient prescription drug co-payment and inpatient respite care coinsurance
- Medical Expenses: Medicare Part B coinsurance (generally 20%)
- Three pints of blood each year

|                             | Plan A | Plan B | Plan C | Plan D | Plan F | Plan G |
|-----------------------------|--------|--------|--------|--------|--------|--------|
| Basic Benefits              | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| Skilled Nursing Coinsurance |        | ✓      | ✓      | ✓      | ✓      | ✓      |
| Medicare Part A Deductible  |        | ✓      | ✓      | ✓      | ✓      | ✓      |
| Medicare Part B Deductible  |        |        | ✓      |        | ✓      |        |
| Medicare Part B Excess      |        |        |        |        | ✓      | ✓      |
| Foreign Travel Emergency    |        |        | ✓      | ✓      | ✓      | ✓      |

**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 certificate.

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

Neither Assured Life Association nor its Medicare supplement insurance certificates are connected with or endorsed by the U.S. government or the federal Medicare program.



ASSURED LIFE  
ASSOCIATION

**Assured Life Association** is a fraternal benefit society that exists solely for the well being of its members and their beneficiaries. The certificateholders are the company.

Our Fraternal Program is built on a foundation of community service and volunteerism that offers all members opportunities to make friends, become involved in their community and make connections that will truly last a lifetime. To learn more about what we're doing to make lives better and how you can be involved, please visit us on the Web.

Medicare supplement insurance is underwritten by:  
ASSURED LIFE ASSOCIATION • A Fraternal Benefit Society • 8000 E. Maplewood Ave., Ste. 105 •  
Greenwood Village, CO 80111 • [www.DenverWoodmen.com](http://www.DenverWoodmen.com)

*Insuring Life, Ensuring Quality of Life*