

SERFF Tracking Number: NELLI-126372410 State: Arkansas
Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 44360
Company Tracking Number: CSO INDIVIDUAL
TOI: MS05I Individual Medicare Supplement - Sub-TOI: MS05I.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement
Project Name/Number: CSO Ind MedSupp/

Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Individual Medicare Supplement SERFF Tr Num: NELLI-126372410 State: Arkansas

TOI: MS05I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 44360

Standard Plans Closed

Sub-TOI: MS05I.001 Plan A

Co Tr Num: CSO INDIVIDUAL

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Author: Ken Beckman

Disposition Date: 01/21/2010

Date Submitted: 12/15/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 05/01/2010

Implementation Date: 05/01/2010

State Filing Description:

General Information

Project Name: CSO Ind MedSupp

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 8%

Group Market Type:

Filing Status Changed: 01/21/2010

Explanation for Other Group Market Type:

State Status Changed: 01/21/2010

Deemer Date:

Created By: Ken Beckman

Submitted By: Ken Beckman

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to request a rate increase and demonstrate loss ratio compliance as required annually for all the Individual Standardized Medicare Supplement plans of Central States Health & Life Co. of Omaha. This filing is submitted by Philadelphia American Life Insurance Company on behalf of Central States and an authorization letter is attached.

Company and Contact

Filing Contact Information

SERFF Tracking Number: NELL-126372410 State: Arkansas
Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 44360
Company Tracking Number: CSO INDIVIDUAL
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Individual Medicare Supplement
Project Name/Number: CSO Ind MedSupp/

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/21/2010	01/21/2010

SERFF Tracking Number: NELI-126372410 State: Arkansas
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 Company Tracking Number: CSO INDIVIDUAL
 TOI: MS051 Individual Medicare Supplement - Standard Plans Sub-TOI: MS051.001 Plan A
 Product Name: Individual Medicare Supplement
 Project Name/Number: CSO Ind MedSupp/

Disposition

Disposition Date: 01/21/2010

Implementation Date: 05/01/2010

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after May 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central States Health & Life Co. of Omaha	8.000%	8.000%	\$3,770	20	\$47,125	%	%

SERFF Tracking Number: NELL-126372410 State: Arkansas
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 Standard Plans
 Product Name: Individual Medicare Supplement
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	rate schedule	Approved	Yes

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 Product Name: Individual Medicare Supplement
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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 9.000%

Effective Date of Last Rate Revision: 05/01/2009

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central States Health & Life Co. of Omaha	8.000%	8.000%	\$3,770	20	\$47,125	%	%

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 Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 44360
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 TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
 Standard Plans
 Product Name: Individual Medicare Supplement
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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/21/2010	rate schedule	S25, S26, S27, S28, S30	Revised	Previous State Filing Number: Percent Rate Change Request: 41048 8.000	AR Ind Med Supp rate sheets 2010.pdf

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

AREA FACTOR ADJUSTMENT OF PREMIUM RATES
FOR MEDICARE SUPPLEMENT PLAN FORMS: S25/A * S26/B * S27/C
* S28/D * S29/E * S30/F * S31/G * S81/ HIGH F

THESE FACTORS WILL BE REFILED ON AN ANNUAL BASIS AND ARE SUBJECT TO REVISION BETWEEN ANNUAL FILINGS. FACTOR REDUCTIONS OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE FILED. FACTOR INCREASES OCCURRING BETWEEN ANNUAL FILINGS WILL NOT BE IMPLEMENTED UNLESS FILED AND APPROVED.

ARIZONA	AREA FACTOR
71600-72199	0.85
72200-72399	1.00
72400-72999	0.85

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S25 AR PLAN A
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----	-----	-----
ALL AGES	2217.74	2609.11

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
 WESTERN AT 96TH STREET PO BOX 34350
 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S26 AR PLAN B
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
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ALL AGES	2382.53	2802.98

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S27 AR PLAN C
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----	-----	-----
ALL AGES	2643.25	3109.70

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S28 AR PLAN D
MEDICARE SUPPLEMENT POLICY
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2336.53	2748.86

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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 OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S30 AR PLAN F
 MEDICARE SUPPLEMENT POLICY
 ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----	-----	-----
ALL AGES	2670.16	3141.37

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 03	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.08333
	DEPOSITORS AUTHORIZATION	0.08333
MODERULE 23	SEMI-ANNUAL	0.50000 EFFECTIVE WITH '97 RATES FOR NEW ISSUES ONLY
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S25 AR PLAN A
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2191.13	2577.80

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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RATE SCHEDULE FOR POLICY FORM S26 AR PLAN B
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2353.95	2769.35

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
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OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S27 AR PLAN C
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2611.53	3072.39

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S28 AR PLAN D
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
ALL AGES	2308.49	2715.87

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S30 AR PLAN F
MEDICARE SUPPLEMENT POLICY
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2638.14	3103.69

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

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RATE SCHEDULE FOR POLICY FORM S25 AR PLAN A
 MEDICARE SUPPLEMENT POLICY
 TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2410.24	2835.58

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
 RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S26 AR PLAN B
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2589.34	3046.28

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S27 AR PLAN C
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2872.69	3379.63

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA
WESTERN AT 96TH STREET PO BOX 34350
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RATE SCHEDULE FOR POLICY FORM S28 AR PLAN D
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2539.35	2987.47

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333

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RATE SCHEDULE FOR POLICY FORM S30 AR PLAN F
MEDICARE SUPPLEMENT POLICY
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR	AREA FACTOR
-----	0.85	1.00
-----	-----	-----
ALL AGES	2901.95	3414.06

FOR MODES OTHER THAN ANNUAL, MULTIPLY THE ANNUAL
RATE BY THE CORRESPONDING MODE FACTOR.

	MODE	MODE FACTOR
MODERULE 23	SEMI-ANNUAL	0.50000
	QUARTERLY	0.25000
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08333