

SERFF Tracking Number: NELLI-126372431 State: Arkansas  
 Filing Company: Central States Health & Life Co. of Omaha State Tracking Number: 44359  
 Company Tracking Number: CSO GROUP  
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
 Plans  
 Product Name: Group Medicare Supplement  
 Project Name/Number: CSO Group MedSup/

## Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Group Medicare Supplement SERFF Tr Num: NELLI-126372431 State: Arkansas  
 TOI: MS05G Group Medicare Supplement - Standard Plans SERFF Status: Closed-Approved-Closed State Tr Num: 44359  
 Sub-TOI: MS05G.001 Plan A Co Tr Num: CSO GROUP 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 Group MedSup  
 Project Number:  
 Requested Filing Mode: Review & Approval  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 4.5%  
 Filing Status Changed: 01/21/2010

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments:  
 Market Type: Group  
 Group Market Size: Large  
 Group Market Type: Trust  
 Explanation for Other Group Market Type:  
 State Status Changed: 01/21/2010  
 Created By: Ken Beckman  
 Corresponding Filing Tracking Number:

Deemer Date:  
 Submitted By: Ken Beckman  
 Filing Description:

The purpose of this filing is to request a rate increase and demonstrate loss ratio compliance as required annually for all the Group 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



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## Correspondence Summary

### Dispositions

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

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## 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	4.500%	4.500%	\$488	5	\$10,840	%	%

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Accepted for Informational Purposes	No
<b>Rate</b>	rate schedule	Approved	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:** Increase

**Overall Percentage of Last Rate Revision:** 14.000%

**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	4.500%	4.500%	\$488	5	\$10,840	%	%

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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	S48, S49, S50, S51, S53	Revised	Previous State Filing Number: Percent Rate Change Request:	41024 4.500 AR Group 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 POLICY FORM S47 MP CERT. OF INS. FORMS: S48C PLAN A\*  
S49C PLAN B\*S50C PLAN C\*S51C PLAN D\*S53C PLAN 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.

ZIP CODE	ARKANSAS	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 S47MP MEDICARE SUPPLEMENT  
PLAN A CERTIFICATE OF INSURANCE FORM S48C  
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----- ALL AGES	----- 2,076.29	----- 2,442.69

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

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

FORM R-967 AR 14TH REV.

05/2010

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

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT  
PLAN B CERTIFICATE OF INSURANCE FORM S49C  
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----- ALL AGES	----- 2,388.42	----- 2,809.90

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 S47MP MEDICARE SUPPLEMENT  
PLAN C CERTIFICATE OF INSURANCE FORM S50C  
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,668.19	3,139.05

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

FORM R-969 AR 14TH REV.

05/2010

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

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT  
PLAN D CERTIFICATE OF INSURANCE FORM S51C  
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----- ALL AGES	----- 2,157.90	----- 2,538.70

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

FORM R-970 AR 14TH REV.

05/2010

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

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT  
PLAN F CERTIFICATE OF INSURANCE FORM S53C  
ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----- ALL AGES	----- 2,401.78	----- 2,825.62

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

FORM R-971 AR 14TH REV.

05/2010

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

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT  
PLAN A CERTIFICATE OF INSURANCE FORM S48C  
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----- ALL AGES	----- 2,051.38	----- 2,413.39

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 S47MP MEDICARE SUPPLEMENT  
PLAN B CERTIFICATE OF INSURANCE FORM S49C  
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,359.77	2,776.20

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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OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT  
PLAN C CERTIFICATE OF INSURANCE FORM S50C  
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,636.17	3,101.38

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 S47MP MEDICARE SUPPLEMENT  
PLAN D CERTIFICATE OF INSURANCE FORM S51C  
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,132.00	2,508.24

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 S47MP MEDICARE SUPPLEMENT  
PLAN F CERTIFICATE OF INSURANCE FORM S53C  
NON TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,372.95	2,791.70

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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OMAHA, NEBRASKA 68134-0350

RATE SCHEDULE FOR POLICY FORM S47MP MEDICARE SUPPLEMENT  
PLAN A CERTIFICATE OF INSURANCE FORM S48C  
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,297.54	2,702.99

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 S47MP MEDICARE SUPPLEMENT  
PLAN B CERTIFICATE OF INSURANCE FORM S49C  
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,642.94	3,109.34

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 S47MP MEDICARE SUPPLEMENT  
PLAN C CERTIFICATE OF INSURANCE FORM S50C  
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
----- ALL AGES	----- 2,952.51	----- 3,473.54

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 S47MP MEDICARE SUPPLEMENT  
PLAN D CERTIFICATE OF INSURANCE FORM S51C  
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,387.85	2,809.23

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 S47MP MEDICARE SUPPLEMENT  
PLAN F CERTIFICATE OF INSURANCE FORM S53C  
TOBACCO USER ANNUAL RATES

ATTAINED AGE	AREA FACTOR 0.85	AREA FACTOR 1.00
-----	-----	-----
ALL AGES	2,657.70	3,126.71

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