

SERFF Tracking Number: MUTM-126929329 State: Arkansas
Filing Company: Government Personnel Mutual Life Insurance Company State Tracking Number: 47433
Company Tracking Number: JAMIE LUCY
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Advertising - T04_429_AR_0111
Project Name/Number: Medicare Supplement Advertising /T04_429_AR_0111

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company

Product Name: Medicare Supplement Advertising - T04_429_AR_0111 SERFF Tr Num: MUTM-126929329 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num: 47433

Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: JAMIE LUCY State Status: Filed-Closed

Filing Type: Advertisement Author: Jamie Lucy Reviewer(s): Stephanie Fowler
Disposition Date: 12/16/2010
Date Submitted: 12/02/2010 Disposition Status: Filed-Closed
Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Medicare Supplement Advertising

Project Number: T04_429_AR_0111

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 12/16/2010

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: 12/16/2010

Created By: Jamie Lucy

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Jamie Lucy

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

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Mutual of Omaha 402-351-2476 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

Filing Company Information

Government Personnel Mutual Life Insurance CoCode: 63967 State of Domicile: Texas
 Company
 PO Box 659567 Group Code: Company Type: Life & Health
 San Antonio, TX 99999 Group Name: State ID Number:
 (800) 929-4765 ext. [Phone] FEIN Number: 74-0651020

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Government Personnel Mutual Life Insurance Company	\$50.00	12/02/2010	42551116

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	12/16/2010	12/16/2010

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Disposition

Disposition Date: 12/16/2010

Implementation Date:

Status: Filed-Closed

Comment:

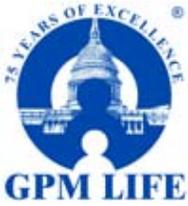
Rate data does NOT apply to filing.

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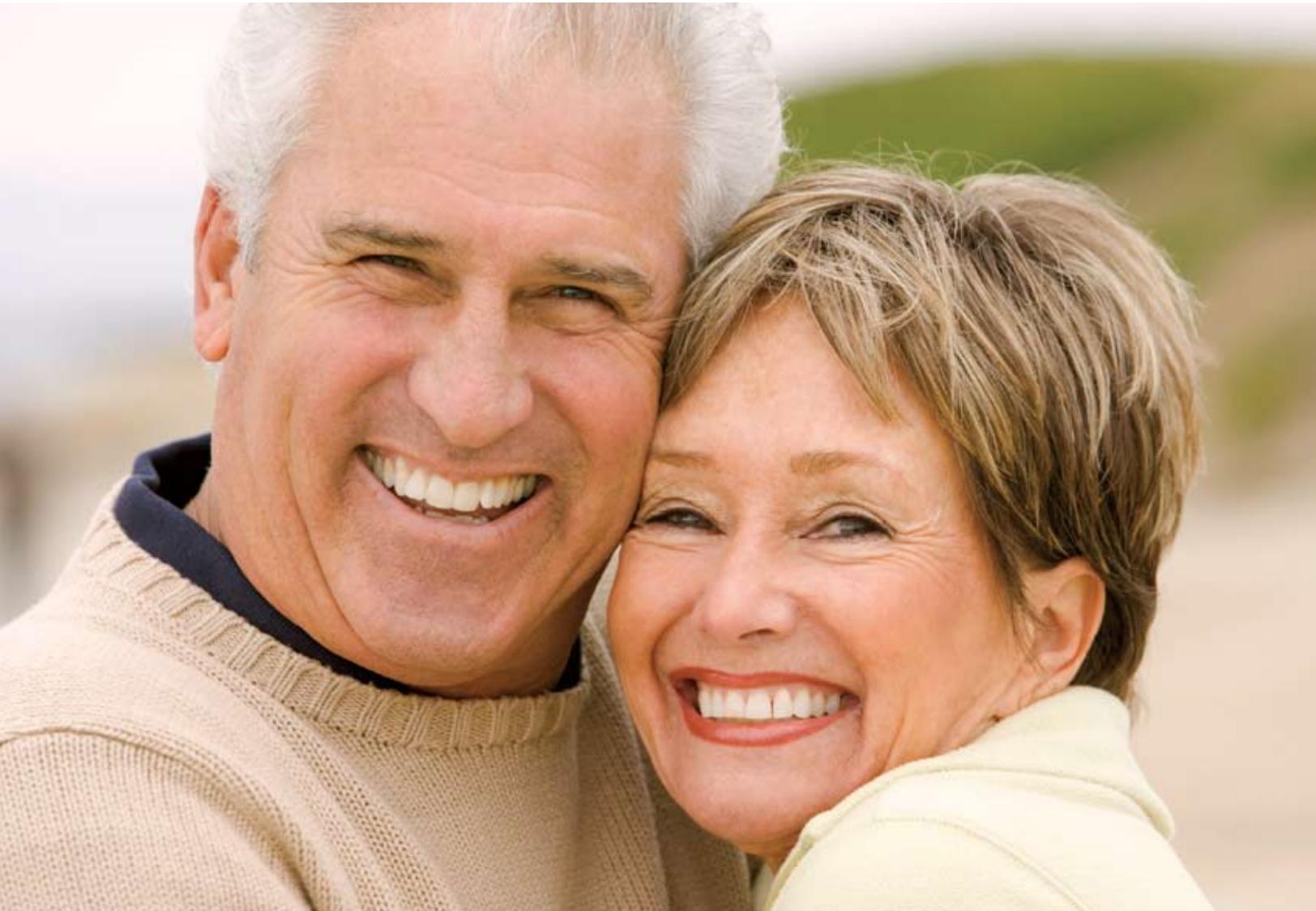
Form Schedule

Lead Form Number: T04_429_AR_0111

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	T04_429_A	Advertising	Brochure	Initial			T04_429_AR_0111.pdf
Filed 12/16/2010	R_0111						



2011 Medicare Supplement Insurance Plans



Freedom

Although Medicare pays a lot of your health care expenses, you must pay deductibles, copayments and coinsurance. You might want more coverage than Medicare alone. A Government Personnel Mutual Life Insurance Company (GPM Life) Medicare supplement policy may help liberate you from many of those charges.

Plus you're free to:

- Select your health care providers
- Choose the best plan for your situation
- Travel the USA confident that your health care coverage goes with you

Let GPM Life help release you from the high cost of health care.

SUPPLEMENT YOUR MEDICARE

Your **GPM Life 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 C, F, G and N pay the \$1,132 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, C, F, G and N pay \$283 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 \$566 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, C, F, G and N 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 a deductible for blood each year that is the cost of the first three pints needed. Plans A, C, F, G and N pay this deductible.

Skilled Nursing Facility Care

First 20 Days – Medicare pays all eligible expenses.

Coinsurance – Plans C, F, G and N pay up to \$141.50 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, C, F, G and N pay \$5 per prescription for outpatient prescription drugs for pain and symptom management.

Inpatient Respite Care – Plans A, C, F, G and N 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 \$162 calendar-year deductible.

Coinsurance – After the Medicare Part B deductible, Plans A, C, F, G and N pay 20% of eligible expenses for physician's services and supplies, physical and speech therapy, and ambulance service. With Plan N, you pay up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

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 a deductible for blood each year that is the cost of the first three pints needed. Plans A, C, F, G and N pay this deductible.

MEDICARE COVERAGE

Additional Benefit

Emergency Care Received Outside the U.S. – After you pay a \$250 calendar-year deductible, Plans C, F, G and N 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 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 GPM 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 GPM 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 policy 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 copayment and inpatient respite care coinsurance
- Medical Expenses: Medicare Part B coinsurance (generally 20%)*
- Three pints of blood each year

	Plan A	Plan C	Plan F	Plan G	Plan N
Basic Benefits	✓	✓	✓	✓	✓*
Skilled Nursing Coinsurance		✓	✓	✓	✓
Medicare Part A Deductible		✓	✓	✓	✓
Medicare Part B Deductible		✓	✓		
Medicare Part B Excess			✓	✓	
Foreign Travel Emergency		✓	✓	✓	✓

*Plan N requires up to a \$20 copayment for an office visit and up to a \$50 copayment for an emergency room visit.

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 Government Personnel Mutual Life Insurance Company nor its Medicare supplement insurance policies are connected with or endorsed by the U.S. government or the federal Medicare program.



In 1934, retired Army Colonel P. J. Hennessey set out to establish a new life insurance company. Government Personnel Mutual Life Insurance Company was the result of his desire to serve the life insurance needs of military personnel.

GPM Life now stands ready to provide competitive life insurance, annuity and Medicare supplement products to Military Service members, Federal Employees and civilians, alike.

Owned and operated for the benefit of its policyowners, GPM Life is dedicated to helping people solve those financial problems arising from the uncertainties of life by providing quality products, prompt and understanding service and sound company growth with adequate margins for safety.

Medicare supplement insurance is underwritten by:
Government Personnel Mutual Life Insurance Company (GPM Life)
2211 NE Loop 410 • San Antonio, Texas 78217 • www.gpmlife.com

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: cover letter	Filed	12/16/2010
Comments:		
Attachment: AR Letter - Use.pdf		



GPM LIFE

Government Personnel Mutual Life Insurance Company
San Antonio, TX

Administrative Office
3316 Farnam Street
Omaha, NE 68175
1-800-995-5991

December 2, 2010

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

NAIC #63967
FEIN #74-0651020
Government Personnel Mutual Life Insurance Company
Medicare Supplement Advertising
T04_429_AR_0111

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.

Sincerely,

For questions, please contact Carly Cole
Phone: 402-351-2476; Fax: 402-351-5298
Email: advfilings@mutualofomaha.com

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