

*SERFF Tracking Number:* NELLI-126463900      *State:* Arkansas  
*Filing Company:* Central States Health & Life Co. of Omaha      *State Tracking Number:* 44661  
*Company Tracking Number:* CSO PRE-STANDARDIZED  
*TOI:* MS021 Individual Medicare Supplement - Pre-Standardized      *Sub-TOI:* MS021.000 Medicare Supplement - Pre-Standardized  
*Product Name:* Pre-standardized Medicare Supplement  
*Project Name/Number:* CSO Pre-std MedSup/

## Filing at a Glance

Company: Central States Health & Life Co. of Omaha

Product Name: Pre-standardized Medicare Supplement      SERFF Tr Num: NELLI-126463900      State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized      SERFF Status: Closed-Approved-Closed      State Tr Num: 44661

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized      Co Tr Num: CSO PRE-STANDARDIZED      State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler  
 Author: Ken Beckman      Disposition Date: 02/02/2010  
 Date Submitted: 01/22/2010      Disposition Status: Approved-Closed

Implementation Date Requested: On Approval  
 State Filing Description:

Implementation Date: 02/02/2010

## General Information

Project Name: CSO Pre-std MedSupp

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 02/02/2010

Status of Filing in Domicile: Pending

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: 02/02/2010

Created By: Ken Beckman

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ken Beckman

Filing Description:

The purpose of this filing is to make the annually required rate and loss ratio filing for the Individual Pre-Standardized Medicare Supplement business of Central States Health & Life Co. of Omaha. No rate changes are proposed. This filing is submitted by Philadelphia American Life Insurance Company on behalf of Central States and an authorization letter is included.

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## Company and Contact

### Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com  
 P. O. Box 34952 402-905-2170 [Phone]  
 Omaha, NE 68134-9832

### Filing Company Information

Central States Health & Life Co. of Omaha CoCode: 61751 State of Domicile: Nebraska  
 P. O. Box 34952 Group Code: 690 Company Type:  
 Omaha, NE 68134-9832 Group Name: State ID Number:  
 (402) 905-2170 ext. [Phone] FEIN Number: 47-0123035

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: closed pre-standardized block with combined experience  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central States Health & Life Co. of Omaha	\$50.00	01/22/2010	33717535

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	02/02/2010	02/02/2010

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## Disposition

Disposition Date: 02/02/2010

Implementation Date: 02/02/2010

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

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	0.000%	0.000%	\$0	11	\$26,347	%	%

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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	Approved	No
<b>Rate</b>	rate schedule	Approved	Yes

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**Rate Information**

Rate data applies to filing.

**Filing Method:**

**Rate Change Type:**

Neutral

**Overall Percentage of Last Rate Revision:**

3.000%

**Effective Date of Last Rate Revision:**

06/01/2007

**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	0.000%	0.000%	\$0	11	\$26,347	%	%

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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 02/02/2010	rate schedule	219, 279, 282, 286, 555	Other	Previous State Filing Number:  Rate Action Other Explanation:	NELI-126000852 AR Pre-Std Med Supp rate sheets 2007.pdf  no rate changes

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

FORM 219

	<u>ANNUAL PREMIUM</u>
FORM 890 (PART A) HOSPITAL & SKILLED NURSING FACILITY BENEFITS RIDER	\$1,285.95
FORM 891 (PART B) MEDICAL EXPENSE BENEFITS RIDER	\$411.39
FORM 898 (\$10 DAILY INDEMNITY) OPTIONAL HOSPITAL CONFINEMENT INDEMNITY RIDER	\$188.70

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

FORM 279

	<u>ANNUAL PREMIUM</u>
BASE PREMIUM	\$2,366.82
HOSPITAL CONFINEMENT RIDER 1516	\$188.70

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

FORM 282

	<u>ANNUAL PREMIUM</u>
BASE PREMIUM	\$1,747.47
HOSPITAL CONFINEMENT RIDER 1524	\$188.70

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

HOSPITAL SKILLED NURSING FACILITY  
BENEFITS ENDORSEMENT RIDER 177  
FOR USE WITH POLICY FORM 282

ANNUAL PREMIUM

\$53.68

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

<u>MODE</u>	<u>MODE FACTOR</u>
SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

AREA FACTOR ADJUSTMENT OF PREMIUM RATES  
MEDICARE SUPPLEMENT FORM 286

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.

ARKANSAS

ZIP CODE	AREA FACTOR
71600-75599	1.00

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

MEDICARE SUPPLEMENT POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	1,985.25

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

INITIAL IN-HOSPITAL DEDUCTIBLE RIDER 1546  
FOR USE WITH POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	853.90

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

SKILLED NURSING FACILITY RIDER 1547  
FOR USE WITH POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	204.48

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

MEDICARE PART B CALENDAR YEAR DEDUCTIBLE RIDER 1548  
FOR USE WITH POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	253.65

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

MEDICARE PART B EXTENDED BENEFITS RIDER 1549 (80%)  
FOR USE WITH POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	497.82

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

HOSPITAL CONFINEMENT RIDER FORM 1550  
FOR USE WITH POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	244.45

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

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

MEDICARE PART B EXTENDED BENEFITS RIDER 8016 (100%)  
FOR USE WITH POLICY FORM 286  
ANNUAL RATES

ISSUE AGE ----	AREA FACTOR 1.00 -----
ALL AGES	741.61

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

MODE	MODE FACTOR
MODERULE 10 SEMI-ANNUAL	0.52000
QUARTERLY	0.26500
MONTHLY	0.09000
DEPOSITORS AUTHORIZATION	0.08700

CENTRAL STATES HEALTH & LIFE CO. OF OMAHA  
WESTERN AT 97TH STREET PO BOX 34350  
OMAHA, NEBRASKA 68134-0350

AREA FACTOR ADJUSTMENT OF PREMIUM RATES  
POLICY FORM 555

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.

AREA FACTOR 1.00

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ARKANSAS

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8068 - HOSPITAL AND SKILLED NURSING FACILITY  
BENEFIT RIDER - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	1,148.79

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8069 - MEDICAL BENEFIT RIDER  
ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	977.48

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8070 - MEDICARE PART B EXTENDED BENEFITS RIDER (80%  
ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	667.77

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8071-MEDICARE PART B EXTENDED BENEFITS RIDER (100%  
ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	912.70

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8072 - BENEFITS OUTSIDE THE UNITED STATES RIDER  
\$100 DAILY BENEFIT - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	75.93

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8073 - HOSPITAL CONFINEMENT INDEMNITY RIDER  
PER \$10.00 DAILY BENEFIT - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	138.05

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700

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

POLICY FORM 555 AND RELATED RIDERS  
RIDER 8074 - SUPPLEMENTAL INDEMNITY RIDER  
\$25.00 DAILY BENEFIT - ANNUAL PREMIUM

ISSUE AGE	AREA FACTOR
-----	-----
00-99	727.73

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

	MODE	MODE FACTOR
MODERULE 10	SEMI-ANNUAL	0.52000
	QUARTERLY	0.26500
	MONTHLY	0.09000
	DEPOSITORS AUTHORIZATION	0.08700