

SERFF Tracking Number: AMLC-126572383 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 45356
Company Tracking Number: TMK1498
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Individual Medicare Supplement
Project Name/Number: Lap-Top Slide Presentation Advertising/TMK1498

Filing at a Glance

Company: United American Insurance Company

Product Name: Individual Medicare Supplement SERFF Tr Num: AMLC-126572383 State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed State Tr Num: 45356

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: TMK1498 State Status: Filed-Closed
Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Diane Breeding

Disposition Date: 04/09/2010

Date Submitted: 04/05/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Lap-Top Slide Presentation Advertising

Status of Filing in Domicile: Authorized

Project Number: TMK1498

Date Approved in Domicile: 04/05/2010

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:

Group Market Type:

Filing Status Changed: 04/09/2010

Explanation for Other Group Market Type:

State Status Changed: 04/09/2010

Deemer Date:

Created By: Diane Breeding

Submitted By: Diane Breeding

Corresponding Filing Tracking Number:

Filing Description:

NAIC #290-92916

FEIN # 73-1128555

RE: Form TMK1498 Medicare Supplement Lap-Top Slide Presentation

NAIC Transmittal

Attached for your review and approval please find a copy of the above noted Advertising Lap-Top Slide Presentation that is being filed as an institutional filing. This is a new submission which has never been filed and does not replace any previous filing submissions. This form will be used by our agents as a tool to provide information to potential insured about the Medicare policies

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Company and Contact

Filing Contact Information

Diane Breeding, Assistant Analyst dbreeding@torchmarkcorp.com
 3700 S. Stonebridge Drive 972-569-3295 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

Filing Fees

Fee Required? Yes
 Fee Amount: \$25.00
 Retaliatory? No
 Fee Explanation: Your filing fee per form.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$25.00	04/05/2010	35404693

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	04/09/2010	04/09/2010

SERFF Tracking Number: *AMLC-126572383* *State:* *Arkansas*
Filing Company: *United American Insurance Company* *State Tracking Number:* *45356*
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Disposition

Disposition Date: 04/09/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Filing Fee Form	Accepted for Informational Purposes	Yes
Supporting Document	NAIC Transmittal	Accepted for Informational Purposes	Yes
Form	Lap Top Slide Presentation	Filed	Yes

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Form Schedule

Lead Form Number: TMK1498

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 04/09/2010	TMK1498	Advertising	Lap Top Slide Presentation	Initial		0.000	TMK1498 ProCare 2010.pdf

PR1

Medicare is the federal government's health insurance program for Seniors age sixty-five and older, and for disabled individuals under age sixty-five.

Seniors are eligible to enroll in Medicare at age sixty-five.

Medicare consists of two parts – Medicare Part A and Medicare Part B.

**Medicare:
Government-
operated Health
Insurance Program
for Seniors**

Seniors are eligible to enroll in Medicare at 65

Medicare consists of two parts – Medicare Part A and Medicare Part B

United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement Policy Forms [MSA10, MSB10, MSC10, MSD10, MSG10, MSF10, MSHDF10, MSK10, MSL10, and MSN10, MC4810 in WI] are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company.

<p>PR2</p>	<p>Let's take a look at Medicare today.</p> <p>Enrollment in Medicare Part A is automatic through Social Security and premium-free for most people.</p> <p>Medicare Part A covers hospital room and board, other costs associated with confinement, care in a skilled nursing facility, and some home health and hospice care.</p>	<p>Medicare Part A</p> <p>Medicare Part A Hospital</p> <ul style="list-style-type: none"> • Enrollment is automatic • Premium free for most people • Covers expenses related to hospital or care in a skilled nursing facility, some home health, and hospice and respite care <p><i>Note: If you do not meet Medicare Part A eligibility requirements (you or your spouse having at least 40 or more quarters of Medicare-covered employment), you may be able to enroll in Medicare Part A hospital insurance by paying a monthly premium.</i></p>
<p>PR3</p>	<p>Although most hospital stays are fewer than sixty days, it is important to understand how Medicare works and the expenses for which <i>you</i> may be responsible.</p> <p>When you enter the hospital, you <i>must</i> pay the required initial Medicare Part A deductible. This deductible is incurred the very first day and must be paid before Medicare pays any charges. Medicare then covers most confinement costs for up to sixty days.</p> <p>For example, if you have three hospital stays separated by sixty days or more, you would have to pay the initial Medicare Part A deductible three separate times.</p>	<p>Medicare Part A Hospital [2010] Deductible</p> <p>You Pay [\$1,100]</p> <p>[\$1,100] Part A Deductible <u>x 3 Hospital Stays</u> [\$3,300] Potential Liability</p>

<p>PR4</p>	<p>From the sixty-first to the ninetieth day, Medicare Part A pays all eligible expenses <i>after</i> you pay a daily copayment.</p> <p>This could result in a liability of thousands of dollars.</p>	<p>Medicare Part A Hospital</p> <p>Days 61-90 [\$275] Daily Copayment <u>x 30 Days</u> [\$8,250] Potential Liability</p>
<p>PR5</p>	<p>From the ninety-first day to the one hundred fiftieth day, Medicare Part A pays all eligible expenses <i>after</i> you pay a higher daily copayment.</p> <p>This could result in a liability of thousands of dollars.</p>	<p>Medicare Part A Hospital</p> <p>Days 91-150 [\$550] Daily Copayment <u>x 60 Days</u> [\$33,000] Potential Liability</p>
<p>PR6</p>	<p>Beginning on the one hundred fifty-first day, Medicare Part A pays nothing, and you must pay <i>ALL</i> hospital charges.</p> <p>Can you afford that kind of liability?</p>	<p>Medicare Part A Hospital</p> <p>From day 151 on, Medicare pays nothing and you pay <i>all</i> hospital charges</p> <p>Can you afford that kind of liability?</p>
<p>PR7</p>	<p>Medicare Part A also pays for the first twenty days of skilled care in a skilled nursing facility after a hospital stay of at least three days and within thirty days of release from the hospital.</p>	<p>Medicare Part A Skilled Nursing Facility</p> <ul style="list-style-type: none"> • Medicare pays for first 20 days of skilled care in a skilled nursing facility • Hospital stay of at least three days

		<ul style="list-style-type: none"> •Within 30 days of release from hospital
<p>PR8</p>	<p>For days twenty-one to one hundred, Medicare Part A pays all eligible expenses <i>after</i> you pay a daily copayment.</p> <p>This could result in a liability of thousands of dollars.</p>	<p>Medicare Part A Skilled Nursing Facility</p> <p>Days 21-100 [\$137.50] Daily Copayment \times 80 Days [\$11,000] Potential Liability</p>
<p>PR9</p>	<p>After day one hundred, Medicare Part A pays nothing, and you pay <i>all</i> skilled nursing facility charges.</p> <p>Can you afford that kind of liability?</p>	<p>Medicare Part A Skilled Nursing Facility</p> <p>After day 100, Medicare pays nothing and you pay <i>all</i> skilled nursing facility charges</p> <p>Can you afford that kind of liability?</p>
<p>PR10</p>	<p>Medicare Part A covers only a portion of the expenses patients incur. Medicare Part B can also generate out-of-pocket costs for patients.</p> <p>Enrollment in Medicare Part B is optional. The federal government requires a monthly premium, which is subtracted from your Social Security check. Most people pay a standard amount, but your premium can be higher depending on your marital status and gross annual income</p> <p>Medicare Part B covers doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment.</p>	<p>Medicare Part B Medical</p> <ul style="list-style-type: none"> • Medicare Part B can also generate out-of-pocket costs for patients • Enrollment in Medicare Part B is optional • Federal government requires a [\$110.50] monthly premium that

Visual

		<p>is subtracted from your Social Security check</p> <ul style="list-style-type: none"> • Premium may be higher depending on your marital status and gross annual income • Medicare Part B covers doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment
<p>PR11</p>	<p>Medicare Part B generally pays eighty percent of all Medicare-approved charges <i>after</i> you pay an annual deductible.</p>	<p>Medicare Part B Medical</p> <p>Medicare generally pays 80% of all Medicare approved charges after you pay the [\$155] annual deductible for [2010]</p>
<p>PR12</p>	<p>But, what exactly are approved charges?</p> <p>Approved charges are expenses Medicare deems to be reasonable fees for medical services provided to you.</p> <p>After Medicare generally pays its eighty percent, you generally are responsible for the other twenty percent of approved charges, plus <i>all</i> charges above the amount approved by Medicare.</p>	<p>Medicare Part B Medical</p> <ul style="list-style-type: none"> • Approved charges are determined by Medicare • Medicare generally pays 80% • You generally pay remaining 20% • You also pay all charges above the amount approved by Medicare

<p>PR13</p>	<p>Some doctors agree to charge a patient no more than Medicare's approved charge. This is called accepting Medicare assignment.</p> <p>Others, however, do not accept Medicare assignment and charge up to fifteen percent more than the Medicare-approved charges. This can be of particular concern when you see specialists.</p> <p>And these charges are in addition to the Medicare Part B annual deductible and coinsurance you must pay.</p>	<p>Medicare Part B Medical</p> <ul style="list-style-type: none"> • Some doctors accept Medicare assignment • Doctors who do not can charge up to 15% above Medicare-approved charges • You are responsible for all such excess charges, plus the Medicare Part B annual deductible and coinsurance
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<p>PR14</p>	<p>Consider this example:</p> <p>You've been ill and required surgery, and you've paid the Medicare Part B annual deductible. Your doctor's bill is eleven thousand five hundred dollars.</p> <p>Medicare approves ten thousand dollars.</p> <p>Medicare generally pays eighty percent of the approved charge, which comes to eight thousand dollars.</p>	<p>Medicare Part B Medical</p> <ul style="list-style-type: none"> • Doctor's bill = \$11,500 • Medicare approves \$10,000 • Medicare pays 80% of the \$10,000 – \$8,000 <p><i>Example for illustrative purposes</i></p>
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<p>PR15</p>	<p>You pay the other twenty percent of the approved charge, which comes to two thousand dollars ... plus the additional fifteen hundred dollars that Medicare did not approve.</p> <p>Medicare pays a total of eight thousand dollars.</p> <p>You pay a total of thirty-five hundred dollars.</p> <p>Can you afford that kind of liability?</p>	<p>Medicare Part B Medical</p> <ul style="list-style-type: none"> • You pay 20% of the \$10,000 – \$2,000 • PLUS you pay the \$1,500 that Medicare did not approve for a total of \$3,500 <p><i>Example for illustrative purposes</i></p>
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<p>PR16</p>	<p>Why do you need a Medicare Supplement?</p> <p>Medicare is an essential part of every Senior’s health planning, but it is not intended to cover all healthcare costs. That’s why supplemental protection is so important.</p> <p>Medicare doesn’t cover <i>all</i> your hospital and medical-related expenses.</p> <p>You are responsible for certain deductibles, coinsurance, and out-of-pocket expenses under both Medicare Part A <i>and</i> Medicare Part B.</p>	<p>Why Do You Need a Medicare Supplement?</p> <ul style="list-style-type: none"> • Medicare does not cover all healthcare costs • You are responsible for certain deductibles, coinsurance, and out-of-pocket expenses under both Medicare Part A and Medicare Part B
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<p>PR17</p>	<p>But, how do you decide which Medicare Supplement plan is best for you?</p> <p>All Medicare Supplement policies are standardized. For example, all Plan Fs have the same basic or core benefit structure, regardless of which company offers them.</p> <p>Regardless of the plan you select, the quality of the Company and Agent service is important.</p>	<p>Which Plan is Best for YOU?</p> <ul style="list-style-type: none"> • Plans are standardized • All Plan Fs sold by all Medicare Supplement providers offer the same basic or core benefit structure
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		<ul style="list-style-type: none"> • Quality of Company and Agent service is important
<p>PR18</p>	<p>Why is Agent service important?</p> <p>If you've been ill, or if you live alone without a trusted spouse, friend, or companion to advise you, you need someone you can trust.</p> <p>Your local Agent is there to help.</p>	<p>Why is Agent Service Important?</p> <ul style="list-style-type: none"> • If you've been ill or live alone, you need someone you can trust • Your local Agent is there to help
<p>PR19</p>	<p>Plans are standardized, but Medicare Supplement pricing is not. Medicare Supplements are priced in one of three ways: issue age, attained age, or community rated.</p> <p>Premiums may increase on a class basis by state.</p> <p>Class is determined by male/female, tobacco/nontobacco user, area, etc.</p>	<p>Three Types of Pricing:</p> <ul style="list-style-type: none"> • Issue Age • Attained Age • Community Rated • Premiums may increase on a class basis by state • Class determined by male/female, tobacco/nontobacco user, area, etc.
<p>PR20</p>	<p>When a policy is issue-age priced, the premium is determined by your age when you purchase the policy. For example, if you purchase the policy at age sixty-five, you pay the same premium the Company charges other sixty-five year olds in your class who purchase policies at the same time.</p>	<p>Issue-Age Pricing</p> <ul style="list-style-type: none"> • Premium is determined by your age when you purchase the policy • You pay the same premiums as other 65-year-olds in your class who purchase at the same time <p><i>Note: Premiums may only increase on a class basis by state.</i></p>

<p>PR21</p>	<p>When a policy is attained-age, the premium increases each year based on your age. For example, if you purchase the policy at age sixty-five, your premium increases the next year on the policy anniversary date when you turn sixty-six, and each year thereafter, usually up to age eighty.</p>	<p>Attained-Age Pricing</p> <ul style="list-style-type: none"> • Premium increases each year based on your age • If you purchase the policy at 65, the premium increases when you turn 66 and each year thereafter until age 80 <p><i>Note: Premiums may also increase on a class basis by state.</i></p>
<p>PR22</p>	<p>When a plan is community rated, the premium is the same for all customers who buy that policy regardless of their age or health.</p>	<p>Community-Rated Pricing</p> <ul style="list-style-type: none"> • Premium is the same for all customers who buy the policy – regardless of their age or health <p><i>Note: Premiums may only increase on a class basis by state.</i></p>

<p>PR23</p>	<p>Your Agent can tell you which type of pricing applies in your state or region.</p>	<p>Your Agent can tell you which type of pricing applies in your state or region</p>
<p>PR24</p>	<p>Individual needs <i>and</i> your financial situation will play a large part in which Medicare Supplement policy you choose.</p> <p>But, choosing the <i>right</i> insurer is just as important as choosing the right plan.</p> <p>Let's look at what you should consider when choosing the right Medicare Supplement insurer.</p>	<p>The Right Insurer Can Make the Difference!</p>
<p>PR25</p>	<p>Our Company has been one of the leaders in providing Medicare Supplement insurance protection since Medicare began in nineteen sixty-six.</p> <p>According to the <i>National Association of Insurance Commissioners</i>, we rank among the top ten Agent-sold writers of individual Medicare Supplements in the nation.</p> <p>We know what Seniors need and have the expertise to offer quality Medicare Supplements.</p>	<p>We are a Longtime Leader!</p> <ul style="list-style-type: none"> • Selling Medicare Supplements since Medicare began in 1966 • Among the top 10 Agent-sold writers of individual Medicare Supplements nationwide • We know what Seniors need and have the expertise to offer quality Medicare Supplements <p><i>Source: [2008] Medicare Experience Report by Direct Premium Earned for Total Individual Policies, [August 2009]</i></p>

<p>PR26</p>	<p>What do we offer Seniors?</p> <p>First and foremost, we offer financial strength and proven stability.</p> <p>We have been rated A plus (Superior) for financial strength for more than thirty consecutive years by A.M. Best Company. We also are rated AA minus “Very Strong” for financial strength by Standard and Poor’s.</p> <p>Our customers know we will be there when they need us.</p>	<p>We offer outstanding financial strength and proven stability</p> <ul style="list-style-type: none"> • [A+ (Superior)] by A.M. Best Company as of [6/09] • [AA- “Very Strong”] by Standard & Poor’s as of [12/08] • Our customers know we will be there when they need us
<p>PR27</p>	<p>We stand out with Seniors for several reasons:</p> <p>Because of our stability and outstanding industry ratings, our customers know they can depend on us.</p> <p>Our Medicare Supplement policies are guaranteed renewable as long as premiums are paid on time – regardless of health or advancing age. That’s the kind of security everyone needs as they get older.</p> <p>With more than forty years of Medicare Supplement experience, we have the knowledge to continue a longstanding leadership role in the Medicare market.</p>	<p>We Stand Out!</p> <ul style="list-style-type: none"> • Stability • Outstanding Financial Strength ratings • Dependability • Guaranteed Renewable as long as premiums are paid on time • 40 + years experience
<p>PR28</p>	<p>You are completely free to choose which doctors you see and which hospitals you use. You never worry about being <i>‘in the network’</i> or <i>‘out of the network’</i> because with Medicare Supplements there are no networks. <i>You</i> decide where you go and whom you see.</p> <p>If you’ve had the same doctor for many years and feel comfortable with him, stay with him. We’ll never ask you to change!</p>	<p>Freedom of Choice</p> <ul style="list-style-type: none"> • Choose your doctor • Choose your hospital • We’ll never ask you to change
<p>PR29</p>	<p>The Medicare Supplement plan you select will determine the specific benefits you receive. So carefully consider which plan may be best for you before you make your decision.</p>	<p>Which Medicare Supplement Plan is Best for You?</p> <p>The Medicare Supplement plan you</p>

		<p>select will determine the specific benefits you receive. Carefully consider which plan may be best for you before you make your decision</p>
<p>PR30</p>	<p>All Medicare Supplement plans include certain core benefits:</p> <p>Hospital benefits cover Medicare Part A coinsurance, plus coverage for three hundred sixty-five additional days of hospitalization after Medicare benefits end. Hospice and respite care also are included.</p> <p>Medical expense benefits cover Medicare Part B coinsurance that is generally twenty percent of Medicare-approved expenses for hospital outpatient services.</p> <p>Core benefits also include the first three pints of blood annually.</p>	<p>Core Medicare Supplement Benefits</p> <ul style="list-style-type: none"> • Hospital benefits cover Medicare Part A coinsurance plus coverage for 365 additional days of hospitalization after Medicare benefits end; hospice and respite care also are included • Medical Expense benefits cover Medicare Part B coinsurance that is generally 20 percent of Medicare-approved expenses for hospital outpatient services • First three pints of blood annually
<p>PR31</p>	<p>Although all Medicare Supplement plans include required core coverage, additional benefits are added to different plans.</p> <p>Depending on your health and lifestyle, certain benefits may be more important to you than others.</p>	<p>Medicare Supplement Insurance Plans</p> <ul style="list-style-type: none"> • Additional coverage on different plans • Based on your health and lifestyle, consider what benefits are important to you

PR32

We offer these Medicare Supplement plans, including the High Deductible Plan F, known as HDF.

Choose a plan to learn more.

Medicare Supplement Insurance Plans

We offer these Medicare Supplement plans –
A, B, C, D, F, HDF, G, K, L, and N*

United American Insurance Company is not connected with or endorsed by the U.S. Government or federal Medicare program. Policies and benefits may vary by state and have some limitations and exclusions. Individual Medicare Supplement Policy Forms [MSA10, MSB10, MSC10, MSD10, MSG10, MSF10, MSHDF10, MSK10, MSL10, and MSN10, MC4810 in WI] are available from our Company where state approved. Some states require these plans be available to persons eligible for Medicare due to disability. This is a solicitation for insurance. You may be contacted by an Agent representing United American Insurance Company.

<p>PR33</p>	<p>Medicare Supplement Plan A is the most basic plan.</p> <p>It supplements the standard benefits provided by Medicare Part A – those relating to hospital care, some home health, and hospice and respite care.</p> <p>Plan A also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p>	<p>Medicare Supplement Plan A Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care, some home health, and hospice and respite care • Supplements Medicare Part B Basic Benefits – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment
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<p>PR34</p>	<p>Medicare Supplement Plan B supplements the standard benefits provided by Medicare Part A – those relating to hospital care, some home health, and hospice and respite care.</p> <p>Plan B also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p>	<p>Medicare Supplement Plan B Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care, some home health, and hospice and respite care • Supplements Medicare Part B Basic Benefits – those related to doctor
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		<p>and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment</p>
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<p>PR35</p>	<p>In addition, Medicare Supplement Plan B covers the Medicare Part A deductible that is required <i>each</i> time you are hospitalized.</p> <p>Consider a plan with this benefit if you anticipate multiple hospital stays.</p>	<p>Medicare Supplement Plan B Benefits</p> <ul style="list-style-type: none"> • Medicare Supplement Plan B covers the Medicare Part A deductible of [\$1,100] • Consider a plan with this benefit if you anticipate multiple hospital stays. <p><i>Note: Part A deductible required if hospital stays separated by 60 days or more</i></p>
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<p>PR36</p>	<p>Medicare Supplement Plan C supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.</p> <p>Plan C also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p> <p>It also covers the Medicare Part A deductible that is required each time you are hospitalized.</p>	<p>Medicare Supplement Plan C Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care or care in a skilled nursing facility, some home health, and hospice and respite care • Supplements Medicare Part B Basic Benefits – those related to doctor
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		<p>and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment</p> <ul style="list-style-type: none"> • Covers the Medicare Part A deductible of [\$1,100] <p><i>Note: Part A deductible required if hospital stays separated by 60 days or more</i></p>
<p>PR37</p>	<p>In addition, Medicare Supplement Plan C covers your annual Medicare Part B deductible and skilled nursing facility coinsurance. It also pays eighty percent of foreign travel emergency expense.</p> <p>Consider a plan with this benefit if you frequently travel outside the United States.</p>	<p>Medicare Supplement Plan C Benefits</p> <ul style="list-style-type: none"> • Medicare Supplement Plan C also covers the Medicare Part B annual deductible of [\$155] • Covers Skilled Nursing Facility Coinsurance • Covers 80% Foreign Travel Emergency Expense* • Consider a plan with this benefit if you frequently travel outside the United States <p><i>*Subject to \$250 deductible and \$50,000 lifetime maximum</i></p>

<p>PR38</p>	<p>Medicare Supplement Plan D supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.</p> <p>Plan D also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p> <p>It also covers the Medicare Part A deductible that is required each time you are hospitalized.</p>	<p>Medicare Supplement Plan D Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care or care in a skilled nursing facility, some home health, and hospice and respite care • Supplements Medicare Part B Basic Benefits – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment • Covers the Medicare Part A deductible of [\$1,100] <p><i>Note: Part A deductible required if hospital stays separated by 60 days or more</i></p>
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<p>PR39</p>	<p>Medicare Supplement Plan D covers skilled nursing facility coinsurance. It also pays eighty percent of foreign travel emergency expense.</p>	<p>Medicare Supplement Plan D Benefits</p> <ul style="list-style-type: none"> • Covers Skilled Nursing Facility Coinsurance • Covers 80% Foreign Travel Emergency Expense* <p><i>*Subject to \$250 deductible and \$50,000 lifetime maximum</i></p>
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<p>PR40</p>	<p>Medicare Supplement Plan F supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.</p> <p>Plan F also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p> <p>It also covers the Medicare Part A deductible that is required each time you are hospitalized.</p>	<p>Medicare Supplement Plan F Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care or care in a skilled nursing facility, some home health, and hospice and respite care • Supplements Medicare Part B Basic Benefits – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment • Covers Medicare Part A deductible of [\$1,100] <p><i>Note: Part A deductible required if hospital stays separated by 60 days or more</i></p>

<p>PR41</p>	<p>Plan F covers Medicare’s annual Part B deductible as well as skilled nursing facility coinsurance.</p> <p>It also pays eighty percent of foreign travel emergency expense and adds one hundred percent coverage of doctor charges that are in excess of what Medicare allows.</p>	<p>Medicare Supplement Plan F Benefits</p> <ul style="list-style-type: none"> • Covers Medicare Part B annual deductible – [\$155] • Covers Skilled Nursing Facility Coinsurance • Covers 80% Foreign Travel Emergency Expense* • Pays 100% Excess Doctor Charges <p><i>*Subject to \$250 deductible and \$50,000 lifetime maximum</i></p>
<p>PR42</p>	<p>Medicare Supplement Plan F is a good choice if you anticipate frequent hospitalizations or travel frequently outside the United States.</p> <p>You also should consider a plan with this benefit if you anticipate seeing doctors who specialize in higher-cost treatments and charge in excess of Medicare-approved charges. This plan may give you more choices among a wider variety of top specialists.</p>	<p>Medicare Supplement Plan F Benefits</p> <p>Medicare Supplement Plan F is a good choice if you:</p> <ul style="list-style-type: none"> • Anticipate frequent hospitalizations • Travel frequently outside the United States • See specialists
<p>PR43</p>	<p>Have you ever considered a high deductible Medicare Supplement plan to help lower your premiums?</p>	<p>Have you ever considered a high deductible Medicare Supplement plan to help lower your premiums*?</p>

		<i>*Payment of a calendar-year deductible of [\$2,000] is required before benefits take effect</i>
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PR44	<p>Medicare Supplement Plan HDF is the high-deductible version of Medicare Supplement Plan F. HDF benefits are the <i>same</i> as for the standard Medicare Supplement Plan F.</p> <p>The difference is the deductible. The HDF plan deductible must be paid before benefits kick in.</p> <p>The HDF deductible amount is determined by Medicare each year and subject to change annually.</p> <p>High Deductible Plan F provides the solid protection of Medicare Supplement Plan F and helps to provide a great solution to Seniors' budget concerns with a reduced premium.</p>	<p>Medicare Supplement Plan HDF Benefits (High Deductible Plan F)</p> <p>Provides same coverage as standard Medicare Supplement Plan F:</p> <ul style="list-style-type: none"> • Deductible paid before benefit kick in • Deductible determined by Medicare each year • Deductible in [2010] is [\$2,000] • Provides the solid protection of Medicare Supplement Plan F with a reduced premium
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PR45	<p>HDF supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.</p> <p>It also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p> <p>It also covers the Medicare Part A deductible that is required each time you are hospitalized.</p>	<p>Medicare Supplement Plan HDF Benefits (High Deductible Plan F)</p> <p>Provides same coverage as standard Medicare Supplement Plan F:</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care or care in a skilled nursing
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		<p>facility, some home health, and hospice and respite care</p> <ul style="list-style-type: none"> • Supplements Medicare Part B Basic Benefits – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment • Covers Medicare Part A deductible of [\$1,100] <p><i>Note: Part A deductible required if hospital stays separated by 60 days or more</i></p>
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<p>PR46</p>	<p>HDF covers Medicare’s annual Part B deductible, as well as skilled nursing facility coinsurance.</p> <p>Medicare Supplement Plan HDF also covers eighty percent of foreign travel emergency expense and pays one hundred percent of doctor charges that are in excess of what Medicare allows.</p>	<p>Medicare Supplement Plan HDF Benefits</p> <ul style="list-style-type: none"> • Covers Medicare Part B Annual Deductible – [\$155] • Covers Skilled Nursing Facility Coinsurance • Covers 80% Foreign Travel Emergency Expense* • Pays 100% Excess Doctor Charges <p><i>*Subject to \$250 deductible and \$50,000 lifetime maximum</i></p>
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<p>PR47</p>	<p>A high deductible policy is a good choice if you are relatively healthy and do not anticipate high medical expenses, and have the financial resources to cover the deductible.</p>	<p>Medicare Supplement Plan HDF is a good choice for:</p> <ul style="list-style-type: none"> • Healthy Seniors • Seniors who can cover the out-of-pocket deductible
<p>PR48</p>	<p>Is Plan HDF the right one for you?</p> <p>In a recent review of claims for Medicare Supplement Plan F, our Company records indicate that eighty-one percent of Seniors ages sixty-five to sixty-seven had claims averaging five hundred dollars or less.</p> <p>Seventy-eight percent of Seniors ages sixty-eight to seventy-two had claims averaging five hundred ninety-eight dollars or less.</p> <p>Seventy percent of Seniors ages seventy-three and above had claims averaging six hundred seventy-seven dollars or less.</p>	<p>Medicare Supplement Plan HDF</p> <p>Is Plan HDF right for you?</p> <ul style="list-style-type: none"> • [81%] of Seniors ages 65-67 had claims averaging [\$500] or less • [78%] of Seniors ages 68-72 had claims averaging [\$598] or less • [70%] of Seniors ages 73 and above had claims averaging [\$677] or less <p><i>Source: [2008] Company records for the time period [Jan. 1, 2008 through Dec. 31, 2008]</i></p>
<p>PR49</p>	<p>Why is it significant that a large percentage of our Senior policyholders in all age groups paid less than seven hundred dollars in claims? Because that amount is far below the calendar-year Plan HDF deductible amount.</p> <p>If your claims are below the HDF annual deductible, it may make sense for you to pay the claims yourself to take advantage of the substantial premium savings offered with an HDF policy.</p> <p>If you are healthy and your claims are low, you should consider an</p>	<p>Medicare Supplement Plan HDF</p> <ul style="list-style-type: none"> • Average claim for most of our Senior policyholders is far below [\$2,000]* • Achieve premium savings

	<p>HDF policy.</p>	<p><i>Source: [2008] Company records for the time period [Jan. 1, 2008 through Dec. 31, 2008]</i></p>
<p>PR50</p>	<p>If you purchase an HDF policy, how will you pay claims before the Plan F benefits kick in?</p> <p>We have developed an optional, no-hassle way to fund your out-of-pocket expenses before your Medicare Supplement benefits take effect.</p> <p>You can open a Reserve Fund Annuity.</p>	<p>How Will You Pay Claims Before Plan F Benefits Kick In?</p> <p>Fund your out-of-pocket expenses with a Reserve Fund Annuity</p> <p><i>Form F4546R06</i></p>
<p>PR51</p>	<p>This no-load annuity allows you to deposit funds in one lump sum, monthly, or any way you choose. The Company withdraws available funds and pays your provider claims for you up to the amount of your calendar-year deductible. Of course, if the annuity funds are insufficient, you are responsible for paying any difference owed to the provider.</p> <p>There are no fees or penalty charges for withdrawal of funds, and the interest rate is guaranteed never to be less than three percent.</p>	<p>Reserve Fund Annuity</p> <ul style="list-style-type: none"> • Open a Reserve Fund Annuity • Deposit funds lump-sum or monthly (\$50 minimum) • Company pays providers from annuity • If annuity funds are insufficient, you are responsible for paying the difference • No penalty for withdrawal of funds, and interest is guaranteed at [3%]

PR52

Why is a Reserve Fund Annuity valuable? For a couple of reasons.

A Reserve Fund Annuity is a convenient way to fund your claims *before* you meet the deductible. You deposit the money in the way that is best for you, and we pay your claims using those funds.

It's also a savings tool. For instance, if you deposit money monthly, but have no claims or few claims during the year, you have money left at the end of the year. That money is yours to keep. You can use it however you choose. You can spend it, or leave it in the annuity and watch it grow – and there is no penalty for withdrawing funds.

Earning money while covering potential claims ... that's a winning combination.

Why is a Reserve Fund Annuity Valuable?

- It's a convenient way to fund your claims before you meet the deductible
- It's a savings tool to use however you choose
- You can spend it or leave it in the annuity and watch it grow
- Remember, no penalty for withdrawing funds

PR53

Medicare Supplement Plan G supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.

Plan G also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.

It also covers the Medicare Part A deductible that is required each time you are hospitalized.

Medicare Supplement Plan G Benefits

- **Supplements Medicare Part A Basic Benefits** – those related to hospital care or care in a skilled nursing facility, some home health, and hospice and respite care
- **Supplements Medicare Part B Basic Benefits** – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment
- Covers Medicare Part A deductible of [\$1,100]

Note: Part A deductible required if hospital stays

Visual

separated by 60 days or more

PR54

Medicare Supplement Plan G covers skilled nursing facility coinsurance as well as eighty percent of foreign travel emergency expense.

Plan G also provides one hundred percent coverage for doctor's charges in excess of what Medicare allows.

Medicare Supplement Plan G Benefits

- Covers Skilled Nursing Facility Coinsurance
- Covers 80% Foreign Travel Emergency Expense*
- Covers 100% Excess Doctor Charges

**Subject to \$250 deductible and \$50,000 lifetime maximum*

<p>PR55</p>	<p>Medicare Supplement Plan K supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.</p> <p>Plan K also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p> <p>The difference is that Medicare Supplement Plan K takes a cost-sharing approach to supplementing Medicare expenses, which is different from other Medicare Supplement plans.</p>	<p>Medicare Supplement Plan K Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital or care in a skilled nursing facility, some home health and hospice care • Supplements Medicare Part B Basic Benefits – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment • Takes a cost-sharing approach to supplementing expenses • Is different from other Medicare Supplement plans
<p>PR56</p>	<p>Medicare Supplement Plan K provides one hundred percent coverage for what Medicare does not cover for Medicare Part A hospital coinsurance and an additional three hundred sixty-five days of hospital coverage.</p> <p>Plan K also provides one hundred percent coverage for Medicare Part B preventive services like annual exams.</p>	<p>Medicare Supplement Plan K Benefits</p> <ul style="list-style-type: none"> • 100% coverage for Medicare Part A hospital coinsurance • 100% coverage for Medicare Part B preventive services

PR57

Medicare Supplement Plan K covers fifty percent of the Medicare Part A deductible that is required each time you are hospitalized.

It also covers fifty percent of expenses not covered by Medicare Part B and fifty percent of skilled nursing facility coinsurance.

When you reach out-of-pocket annual expenses of a certain amount, full Plan K coverage takes effect.

Annual out-of-pocket limits are determined by Medicare and subject to change annually.

Medicare Supplement Plan K Benefits

- Covers 50% of Part A Deductible of [\$1,100] (\$550)
- Covers 50% of expenses not covered by Medicare Part B
- Covers 50% of Skilled Nursing Facility Coinsurance
- You pay [\$4,620] out-of-pocket annual limit in [2010] before full Plan K coverage takes effect

Note: Part A deductible required if hospital stays separated by 60 days or more

PR58

If you purchase a Medicare Supplement Plan K, how will you pay claims before the Plan K benefits kick in?

We have developed an optional, no-hassle way to fund your out-of-pocket expenses before your Medicare Supplement benefits take effect.

You can open a Reserve Fund Annuity.

How Will You Pay Claims Before Plan K Benefits Kick In?

Fund your out-of-pocket expenses with a Reserve Fund Annuity

Form F4546R06

<p>PR59</p>	<p>This no-load annuity allows you to deposit funds in one lump sum, monthly, or any way you choose. The Company withdraws available funds and pays your provider claims for you up to the amount of the required out-of-pocket expenses. Of course, if the annuity funds are insufficient, you are responsible for paying any difference owed to the provider.</p> <p>There are no fees or penalty charges for withdrawal of funds, and the interest rate is guaranteed never to be less than three percent.</p>	<p>Reserve Fund Annuity</p> <ul style="list-style-type: none"> • Open a Reserve Fund Annuity • Deposit funds lump-sum or monthly (\$50 minimum) • Company pays providers from annuity • If annuity funds are insufficient, you are responsible for paying the difference • No penalty for withdrawal of funds, and interest is guaranteed at [3%]
<p>PR60</p>	<p>Why is a Reserve Fund Annuity valuable? For a couple of reasons.</p> <p>A Reserve Fund Annuity is a convenient way to fund your claims <i>before</i> you meet the required out-of-pocket expense. You deposit the money in the way that is best for you, and we pay your claims using those funds.</p> <p>It's also a savings tool. For instance, if you deposit money monthly, but have no claims or few claims during the year, you have money left at the end of the year. That money is yours to keep. You can use it however you choose. You can spend it, or leave it in the annuity and watch it grow.</p> <p>Earning money while covering potential claims ... that's a winning combination.</p>	<p>Why is a Reserve Fund Annuity Valuable?</p> <ul style="list-style-type: none"> • It's a convenient way to fund your claims before you meet the required out-of-pocket expense • It's a savings tool to use however you choose • You can spend it or leave it in the annuity and watch it grow • Remember, no penalty for withdrawing funds

PR61

Medicare Supplement Plan L supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.

Plan L also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.

The difference is that Medicare Supplement Plan L takes a cost-sharing approach to supplementing Medicare expenses, which is different from other Medicare Supplement plans.

Medicare Supplement Plan L Benefits

- **Supplements Medicare Part A Basic Benefits** – those related to hospital care or care in a skilled nursing facility, some home health, and hospice and respite care

- **Supplements Medicare Part B Basic Benefits** – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment

- Takes a cost-sharing approach to supplementing expenses

- Is different from other Medicare Supplement plans

PR62

Medicare Supplement Plan L provides one hundred percent coverage for what Medicare does not cover for Medicare Part A hospital coinsurance and an additional three hundred sixty-five days of hospital coverage.

Plan L also provides one hundred percent coverage for Medicare Part B preventive services like annual exams.

Medicare Supplement Plan L Benefits

- 100% coverage for Medicare Part A hospital coinsurance
- 100% coverage for Medicare Part B preventive services

PR63

Medicare Supplement Plan L covers seventy-five percent of the Medicare Part A deductible required each time you are hospitalized.

It also covers seventy-five percent of expenses not covered by Medicare Part B and seventy-five percent of skilled nursing facility coinsurance.

When you reach the annual out-of-pocket expense limit, full Plan L coverage takes effect.

Annual out-of-pocket limits are determined by Medicare and subject to change annually.

Medicare Supplement Plan L Benefits

- Covers 75% of Part A deductible of [\$1,100] (\$825)
- Covers 75% of most expenses not covered by Medicare Part B
- Covers 75% of Skilled Nursing Facility Coinsurance
- You pay [\$2,310] out-of-pocket annual limit in [2010] before full coverage takes effect

Note: Part A deductible required if hospital stays separated by 60 days or more

<p>PR64</p>	<p>If you purchase a Medicare Supplement Plan L, how will you pay claims before the Plan L benefits kick in?</p> <p>We have developed an optional, no-hassle way to fund your out-of-pocket expenses before your Medicare Supplement benefits take effect.</p> <p>You can open a Reserve Fund Annuity.</p>	<p>How Will You Pay Claims Before Plan L Benefits Kick In?</p> <p>Fund your out-of-pocket expenses with a Reserve Fund Annuity</p> <p><i>Form F4546R06</i></p>
<p>PR65</p>	<p>This no-load annuity allows you to deposit funds in one lump sum, monthly, or any way you choose. The Company withdraws available funds and pays your provider claims for you up to the amount of the required out-of-pocket expenses. Of course, if the annuity funds are insufficient, you are responsible for paying any difference owed to the provider.</p> <p>There are no fees or penalty charges for withdrawal of funds, and the interest rate is guaranteed never to be less than three percent.</p>	<p>Reserve Fund Annuity</p> <ul style="list-style-type: none"> • Open a Reserve Fund Annuity • Deposit funds lump-sum or monthly (\$50 minimum) • Company pays providers from annuity • If annuity funds are insufficient, you are responsible for paying the difference • No penalty for withdrawal of funds and interest is guaranteed at [3%]

<p>PR66</p>	<p>Why is a Reserve Fund Annuity valuable? For a couple of reasons.</p> <p>A Reserve Fund Annuity is a convenient way to fund your claims <i>before</i> you meet the required out-of-pocket expense. You deposit the money in the way that is best for you, and we pay your claims using those funds.</p> <p>It's also a savings tool. For instance, if you deposit money monthly, but have no claims or few claims during the year, you have money left at the end of the year. That money is yours to keep. You can use it however you choose. You can spend it, or leave it in the annuity and watch it grow.</p> <p>Earning money while covering potential claims – that's a winning combination.</p>	<p>Why is a Reserve Fund Annuity Valuable?</p> <ul style="list-style-type: none"> • It's a convenient way to fund your claims before you meet the required out-of-pocket expense • It's a savings tool to use however you choose • You can spend it or leave it in the annuity and watch it grow • Remember, no penalty for withdrawing funds
<p>PR67</p>	<p>Medicare Supplement Plan N supplements the standard benefits provided by Medicare Part A – those relating to hospital care, skilled nursing facility care, some home health, and hospice and respite care.</p> <p>Plan N also supplements the standard benefits provided by Medicare Part B – those relating to doctor and surgeon fees, most lab tests, X-rays performed outside the hospital, and outpatient treatment.</p>	<p>Medicare Supplement Plan N Benefits</p> <ul style="list-style-type: none"> • Supplements Medicare Part A Basic Benefits – those related to hospital care or care in a skilled nursing facility, some home health, and hospice and respite care • Supplements Medicare Part B Basic Benefits – those related to doctor and surgeon fees, most lab tests and X-rays performed outside the hospital, and outpatient treatment

<p>PR68</p>	<p>Plan N covers the Medicare Part A deductible that is required each time you are hospitalized. It also covers skilled nursing facility coinsurance and pays eighty percent of foreign travel emergency expense.</p>	<p>Medicare Supplement Plan N Benefits</p> <ul style="list-style-type: none"> • Covers Medicare Part A Deductible of [\$1,100] • Covers Skilled Nursing Facility Coinsurance • Covers 80% Foreign Travel Emergency Expense* <p><i>*Subject to \$250 deductible and \$50,000 lifetime maximum</i></p> <p><i>Note: Part A deductible required if hospital stays separated by 60 days or more</i></p>
<p>PR69</p>	<p>Plan N is subject to a copay structure and gives you higher cost-sharing and lower premiums.</p> <p>You pay up to twenty dollars for an office visit and up to fifty dollars for an emergency room visit before Plan N benefits take effect.</p> <p>The emergency room copay is waived if you are admitted to the hospital.</p>	<p>Medicare Supplement Plan N Benefits</p> <ul style="list-style-type: none"> • Higher cost-sharing and lower premiums • Pays up to \$20 for office visit and \$50 for emergency room visit • Emergency room copay waived if you are admitted to the hospital

SERFF Tracking Number: AMLC-126572383 State: Arkansas
Filing Company: United American Insurance Company State Tracking Number: 45356
Company Tracking Number: TMK1498
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: Individual Medicare Supplement
Project Name/Number: Lap-Top Slide Presentation Advertising/TMK1498

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Filing Fee Form	Accepted for Informational Purposes	04/09/2010
Comments:		
Attachment: AR TMK1498 FILING FEE FORM.pdf		

	Item Status:	Status Date:
Satisfied - Item: NAIC Transmittal	Accepted for Informational Purposes	04/09/2010
Comments:		
Attachment: AR TMK1498 NAIC 2009 Transmittal.pdf		

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME: United American Insurance Company

COMPANY NAIC CODE: 290-92916

COMPANY CONTACT PERSON & TELEPHONE # Diane M. Breeding – (972) 569-3295

<u>INSURANCE DEPARTMENT USE ONLY</u>		
ANALYST: _____	AMOUNT: _____	ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER. PER ANNUAL STATEMENT LINE OF BUSINESS. UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* _____ x \$ 50 = _____
**Retaliatory _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ x \$ 50 = _____
**Retaliatory _____

Life and/or Disability Policy, contract or Annuity Forms: Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* _____ x \$ 20 = _____
**Retaliatory _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* 1 x \$ 25 = \$25.00
**Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority.

* _____ x \$400 = _____

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

* THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.
** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.
*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	United American Insurance P.O. Box 8080 McKinney, TX 75070	Nebraska	Life & Health	290	92916	73-1128555	75801

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Diane M. Breeding	(972) 569-3295	(972) 569-3728	dbreeding@torchmarkcorp.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	TMK1498
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise	
		Group	<input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance (TOI)	MS09
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10.	Sub-Type of Insurance (Sub-TOI)	MS09.000
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11.	Submitted Documents	<div style="margin-bottom: 10px;"> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input checked="" type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-bottom: 10px;"> Rates <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div> SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other _____ </div>
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12.	Filing Submission Date	April 5, 2010
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description: Individual Medicare Supplement Lap Top Slide Presentation	
	NAIC #290-92916 FEIN # 73-1128555 RE: Form TMK1498 Medicare Supplement Lap-Top Slide Presentation Filing Certification Filing Fee: \$25.00 Attached for your review and approval please find a copy of the above noted Advertising Lap-Top Presentation that is being filed as an institutional filing. This is a new submission which has never been filed and does not replace any previous filing submissions. This form will be used by our agents as a tool to provide information to potential insured about the Medicare policies form numbers, MSA10, MSB10, MSC10, MSD10, MSF10, MSG10, MSHDF10, MSN10, which have been previously approved in your state on March 4, 2010, SERFF File Number AMLC-126459963.	

16.	Certification (If required)	
	I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u> .	
	Print Name <u>Diane M. Breeding</u>	Title <u>Analyst</u>
	Signature <u><i>Diane M. Breeding</i></u>	Date: <u>April 5, 2010</u>

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		TMK1498
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01	Individual Medicare Supplement	TMK1498	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	N/A
	Lap Top Slide Presentation			
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1