Filing at a Glance

Company: United of Omaha Life Insurance Company
Product Name: United of Omaha Outline Filing - URPAR 05-10R
SERFF Tr Num: MUTM-126586680
State: Arkansas
TOI: MS05I Individual Medicare Supplement - Standard Plans
SERFF Status: Closed-Approved-Closed
State Tr Num: 45434
Sub-TOI: MS05I.001 Plan A
Co Tr Num: NEIL SANDHOEFNER
State Status: Approved-Closed
Filing Type: Form
Reviewer(s): Stephanie Fowler
Authors: Jan Serafini, Krysia Gannon, Melanie Schultz, Neil Sandhoefner
Disposition Date: 04/19/2010
Date Submitted: 04/15/2010
Disposition Status: Approved-Closed
Implementation Date Requested: On Approval
Implementation Date:
State Filing Description:

General Information

Project Name: URPAR et al Re-file
Project Number: URPAR 05-10R
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 04/19/2010

Deemer Date:
Submitted By: Krysia Gannon
Filing Description:
April 15, 2010

Arkansas Department of Insurance
Attn: Compliance - Life & Health
1200 West Third Street

Status of Filing in Domicile: Not Filed
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: 04/19/2010
Created By: Krysia Gannon
Corresponding Filing Tracking Number:

Little Rock, AR 72201-1904

RE: NAIC # 261-69868 FEIN 47-0322111
United of Omaha Life Insurance Company
Individual Medicare Supplement Insurance
Outline of Coverage Module Forms: URPAR 05-10R
URPARD 05-10R

Enclosed for your review and approval are the above-captioned Medicare Supplement Outline of Coverage module forms. Please note these rate page modules were previously filed with the incorrect rates. This filing is being made with the correct rates, which were approved by your Department on February 24, 2010 under SERFF # MUTM-126454683.

The only change made to these outline modules is that we have updated the rates.

Rate page module URPAR 05-10R will replace previously approved module URPAR 05-10, approved by your Department on March 22, 2010 under SERFF # MUTM-126524200. URPAR 05-10R will be used for all Medicare supplement plans sold through our agency and brokerage outlets.

Rate page module URPARD 05-10R will replace previously approved module URPARD 05-10, approved by your Department on March 22, 2010 under SERFF # MUTM-126524200. URPARD 05-10R will be used for all Medicare supplement plans sold through direct response solicitation.

For your reference, previously approved Outline of Coverage modules UCPAR, approved by your Department on October 29, 2008, UDPNS2, approved by your Department on April 25, 2008 and UBCAR 00-10, approved by your Department on November 19, 2009, are also enclosed. These forms will be bundled with URPAR 05-10 and URPARD 05-10 to comprise the entire Outline of Coverage to be used in your state.

Your consideration and approval of this filing will be most appreciated. If I may be of additional assistance as you complete your review, please do not hesitate to contact me. Thank you.

Sincerely,

Neil Sandhoefner
Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-6969
Fax: 402-351-5298

E-mail: Neil.Sandhoefner@mutualofomaha.com

Company and Contact

Filing Contact Information

Neil Sandhoefner, Product & Advertising Compliance Analyst	neil.sandhoefner@mutualofomaha.com
Mutual of Omaha	402-351-6969 [Phone]
Mutual of Omaha Plaza	402-351-5298 [FAX]
Omaha, NE 68175	

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6420 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

Fee Required?	Yes
Fee Amount:	$100.00
Retaliatory?	No
Fee Explanation:	2 Outlines x $50 = $100
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	$100.00	04/15/2010	35692636

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	04/19/2010	04/19/2010

Disposition

Disposition Date: 04/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MUTM-126586680*	*State:*	*Arkansas*
Filing Company:	*United of Omaha Life Insurance Company*	*State Tracking Number:*	*45434*
Company Tracking Number:	*NEIL SANDHOEFNER*		
TOI:	*MS05I Individual Medicare Supplement - Standard Plans*	*Sub-TOI:*	*MS05I.001 Plan A*
Product Name:	*United of Omaha Outline Filing - URPAR 05-10R*		
Project Name/Number:	*URPAR et al Re-file/URPAR 05-10R*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	AR Fee Schedule Cert	Accepted for Informational Purposes	Yes
Form	Outline of Coverage Rate Page (Agency)	Approved	Yes
Form	Outline of Coverage Rate Page (DTC)	Approved	Yes

Form Schedule

Lead Form Number: URPAR 05-10R

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 04/19/2010	URPAR 05-10R	Outline of Coverage	Outline of Coverage Rate Page (Agency)	Initial			AR U AGY 05-10(1990 Plans 15%).pdf
Approved 04/19/2010	URPARD 05-10R	Outline of Coverage	Outline of Coverage Rate Page (DTC)	Initial			AR U DTC 05-10 (1990 Plans)(15%).pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$97.50	Attained Age 65 & Over	$141.29	Attained Age 65 & Over	$120.10

NON-TOBACCO QUARTERLY RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$292.49	Attained Age 65 & Over	$423.88	Attained Age 65 & Over	$360.30

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$584.99	Attained Age 65 & Over	$847.77	Attained Age 65 & Over	$720.61

NON-TOBACCO ANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,169.97	Attained Age 65 & Over	$1,695.53	Attained Age 65 & Over	$1,441.21

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$105.40	Attained Age 65 & Over	$152.75	Attained Age 65 & Over	$129.84

TOBACCO QUARTERLY RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$316.21	Attained Age 65 & Over	$458.25	Attained Age 65 & Over	$389.52

TOBACCO SEMIANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$632.42	Attained Age 65 & Over	$916.50	Attained Age 65 & Over	$779.04

TOBACCO ANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,264.83	Attained Age 65 & Over	$1,833.00	Attained Age 65 & Over	$1,558.07

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$102.25	Attained Age 65 & Over	$148.19	Attained Age 65 & Over	$125.96

NON-TOBACCO QUARTERLY RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$306.76	Attained Age 65 & Over	$444.56	Attained Age 65 & Over	$377.88

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$613.52	Attained Age 65 & Over	$889.12	Attained Age 65 & Over	$755.76

NON-TOBACCO ANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,227.04	Attained Age 65 & Over	$1,778.23	Attained Age 65 & Over	$1,511.51

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$110.54	Attained Age 65 & Over	$160.20	Attained Age 65 & Over	$136.17

TOBACCO QUARTERLY RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$331.63	Attained Age 65 & Over	$480.60	Attained Age 65 & Over	$408.52

TOBACCO SEMIANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$663.27	Attained Age 65 & Over	$961.21	Attained Age 65 & Over	$817.04

TOBACCO ANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,326.53	Attained Age 65 & Over	$1,922.41	Attained Age 65 & Over	$1,634.07

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 721, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$116.52	Attained Age 65 & Over	$168.86	Attained Age 65 & Over	$143.54

NON-TOBACCO QUARTERLY RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$349.57	Attained Age 65 & Over	$506.59	Attained Age 65 & Over	$430.61

NON-TOBACCO SEMIANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$699.13	Attained Age 65 & Over	$1,013.18	Attained Age 65 & Over	$861.21

NON-TOBACCO ANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,398.26	Attained Age 65 & Over	$2,026.35	Attained Age 65 & Over	$1,722.42

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 721, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN) *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$125.97	Attained Age 65 & Over	$182.55	Attained Age 65 & Over	$155.17

TOBACCO QUARTERLY RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$377.91	Attained Age 65 & Over	$547.66	Attained Age 65 & Over	$465.52

TOBACCO SEMIANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$755.82	Attained Age 65 & Over	$1,095.33	Attained Age 65 & Over	$931.04

TOBACCO ANNUAL RATES *

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,511.63	Attained Age 65 & Over	$2,190.65	Attained Age 65 & Over	$1,862.08

* See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount Rating.

UNITED OF OMAHA LIFE INSURANCE COMPANY

These rates only apply for the address indicated on the enrollment application.
If this is not your address, please call our toll-free number 1-800-865-2674 for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 97.50	Attained Age 65 & Over	$ 141.29	Attained Age 65 & Over	$ 120.10

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 99.50	Attained Age 65 & Over	$ 143.29	Attained Age 65 & Over	$ 122.10

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 292.49	Attained Age 65 & Over	$ 423.88	Attained Age 65 & Over	$ 360.30

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 584.99	Attained Age 65 & Over	$ 847.77	Attained Age 65 & Over	$ 720.61

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$ 1,169.97	Attained Age 65 & Over	$ 1,695.53	Attained Age 65 & Over	$ 1,441.21

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.
When you select a Monthly Direct Premium Amount, a $2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

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RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$105.40	Attained Age 65 & Over	$152.75	Attained Age 65 & Over	$129.84

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$107.40	Attained Age 65 & Over	$154.75	Attained Age 65 & Over	$131.84

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$316.21	Attained Age 65 & Over	$458.25	Attained Age 65 & Over	$389.52

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$632.42	Attained Age 65 & Over	$916.50	Attained Age 65 & Over	$779.04

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,264.83	Attained Age 65 & Over	$1.833.00	Attained Age 65 & Over	$1558.07

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.
When you select a Monthly Direct Premium Amount, a $2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

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RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72001, 72003-72007,72010-72048,72051,72052,72055, 72057-72061,72063,72064,72066-72075,72079-72089, 72101,72102, 72104-72108,72110-72112,72121-72123,72125-72134,72136,72137, 72139-72141,72143,72145,72149,72150,72152,72153, 72156-72158, 72160,72165-72170,72173,72175,72176,72178,72179,72181,72182, 72189

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$102.25	Attained Age 65 & Over	$148.19	Attained Age 65 & Over	$125.96

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$104.25	Attained Age 65 & Over	$150.19	Attained Age 65 & Over	$127.96

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$306.76	Attained Age 65 & Over	$444.56	Attained Age 65 & Over	$377.88

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$613.52	Attained Age 65 & Over	$889.12	Attained Age 65 & Over	$755.76

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,227.04	Attained Age 65 & Over	$1,778.23	Attained Age 65 & Over	$1,511.51

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.
When you select a Monthly Direct Premium Amount, a $2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

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If this is not your address, please call our toll-free number 1-800-865-2674 for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72001,72003-72007,72010-72048,72051,72052,72055, 72057-72061,72063,72064,72066-72075,72079-72089, 72101,72102, 72104-72108,72110-72112,72121-72123,72125-72134,72136,72137, 72139-72141,72143,72145,72149,72150,72152,72153, 72156-72158, 72160,72165-72170,72173,72175,72176,72178,72179,72181,72182, 72189

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$110.54	Attained Age 65 & Over	$160.20	Attained Age 65 & Over	$136.17

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$112.54	Attained Age 65 & Over	$162.20	Attained Age 65 & Over	$138.17

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$331.63	Attained Age 65 & Over	$480.60	Attained Age 65 & Over	$408.52

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$663.27	Attained Age 65 & Over	$961.21	Attained Age 65 & Over	$817.04

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,326.53	Attained Age 65 & Over	$1,922.41	Attained Age 65 & Over	$1,634.07

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.
When you select a Monthly Direct Premium Amount, a $2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

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If this is not your address, please call our toll-free number 1-800-865-2674 for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72002,72053,72065,72076,72078,72099,72103,72113-72120,72124,72135,72142,72164,72180,72183,72190,72198,72199,722

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$116.52	Attained Age 65 & Over	$168.86	Attained Age 65 & Over	$143.54

NON-TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$118.52	Attained Age 65 & Over	$170.86	Attained Age 65 & Over	$145.54

NON-TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$349.57	Attained Age 65 & Over	$506.59	Attained Age 65 & Over	$430.61

NON-TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$699.13	Attained Age 65 & Over	$1,013.18	Attained Age 65 & Over	$861.21

NON-TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,398.26	Attained Age 65 & Over	$2,026.35	Attained Age 65 & Over	$1,722.42

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.
When you select a Monthly Direct Premium Amount, a $2.00 monthly service fee will be added.

UNITED OF OMAHA LIFE INSURANCE COMPANY

These rates only apply for the address indicated on the enrollment application.
If this is not your address, please call our toll-free number 1-800-865-2674 for a free quote.

RATES BELOW ONLY APPLY TO PERSONS LIVING IN
ZIP CODES: 72002,72053,72065,72076,72078,72099,72103,72113-72120,72124, 72135,72142,72164,72180,72183,72190,72198,72199,722

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$125.97	Attained Age 65 & Over	$182.55	Attained Age 65 & Over	$155.17

TOBACCO MONTHLY RATES (DIRECT PAY)*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$127.97	Attained Age 65 & Over	$184.55	Attained Age 65 & Over	$157.17

TOBACCO QUARTERLY RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$377.91	Attained Age 65 & Over	$547.66	Attained Age 65 & Over	$465.52

TOBACCO SEMIANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$755.82	Attained Age 65 & Over	$1,095.33	Attained Age 65 & Over	$931.04

TOBACCO ANNUAL RATES*

Policy Form UM1 (Plan A)		Policy Form UM4 (Plan F)		Policy Form UM5 (Plan G)	
Attained Age 65 & Over	$1,511.63	Attained Age 65 & Over	$2,190.65	Attained Age 65 & Over	$1,862.08

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.
When you select a Monthly Direct Premium Amount, a $2.00 monthly service fee will be added.

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Accepted for Informational Purposes	04/19/2010

Comments:

Attachment:

AR Read Cert.pdf

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable with this filing.		

Comments:

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not applicable with this filing.		

Comments:

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	04/19/2010

Comments:

Attachments:

UBCPAR 00-10 (Outline Benefit Charts).pdf

UCPAR (Outline Cover Page).pdf

UDPNS2 (Outline Disclosure Page).pdf

		Item Status:	Status Date:

Satisfied - Item:	AR Fee Schedule Cert	Accepted for Informational Purposes	04/19/2010

Comments:

Attachment:

AR Fee Schedule Cert .pdf

ARKANSAS

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

Form	Description	Score
URPAR 05-10R	Outline of Coverage Rate Page (Agency)	N/A*
URPARD 05-10R	Outline of Coverage Rate Page (DTC)	N/A*

*This form is for an outline of coverage and should not be subject to the readability requirements.

United of Omaha Life Insurance Company

Date: April 15, 2010

Daniel J. Kennelly
Vice President & Chief Compliance Officer

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan A Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,100	$0	$1,100 (Part A Deductible)
61st through 90th day	All but $275 a day	$275 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $550 a day	$550 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st through 100th day	All but $137.50 a day	$0	Up to $137.50 a day
101st day and after	$0	$0	All costs
BLOOD First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan A Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $155 of Medicare Approved Amounts*	$0	$0	$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0
Part B Excess Charges (above Medicare Approved Amounts)	$0	$0	All costs
BLOOD First 3 pints	$0	All costs	$0
Next $155 of Medicare Approved Amounts*	$0	$0	$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment First $155 of Medicare Approved Amounts*	$0	$0	$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0

PLANS F and G

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days	All but $1,100	$1,100 (Part A Deductible)	$0	$1,100 (Part A Deductible)	$0
61st through 90th day	All but $275 a day	$275 a day	$0	$275 a day	$0
91st day and after: While using 60 lifetime reserve days	All but $550 a day	$550 a day	$0	$550 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**	100% of Medicare Eligible Expenses	$0**
Beyond the additional 365 days	$0	$0	All costs	$0	All costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare approved facility within 30 days after leaving the hospital First 20 days	All approved amounts	$0	$0	$0	$0
21st through 100th day	All but $137.50 a day	Up to $137.50 a day	$0	Up to $137.50 a day	$0
101st day and after	$0	$0	All costs	$0	All costs
BLOOD First 3 pints	$0	3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0	$0	$0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance	$0	Balance

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS F AND G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $155 of Medicare Approved Amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $155 of Medicare Approved Amounts*	$0	$155 (Part B Deductible)	$0	$0	$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	$0	Generally 20%	$0
Part B Excess Charges (above Medicare Approved Amounts)	$0	100%	$0	80%	20%
BLOOD First 3 pints	$0	All costs	$0	All costs	$0
Next $155 of Medicare Approved Amounts*	$0	$155 (Part B Deductible)	$0	$0	$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0	20%	$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0	$0	$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	$0	$0	$0	$0
Durable medical equipment First $155 of Medicare Approved Amounts*	$0	$155 (Part B Deductible)	$0	$0	$155 (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	$0	20%	$0

PLANS F and G

PARTS A and B (continued)

Services	Medicare Pays	Plan F Pays	You Pay	Plan G Pays	You Pay
HOME HEALTH CARE—AT HOME RECOVERY SERVICES NOT COVERED BY MEDICARE Home care certified by your doctor for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan Benefit for each visit	$0	N/A	All costs	Actual charges to $40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare approved visit)	$0	N/A	All costs	Up to the number of Medicare approved visits, not to exceed 7 each week	Balance
Calendar year maximum	$0	N/A	All costs	$1,600	Balance

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First $250 each calendar year	$0	$0	$250	$0	$250
Remainder of charges	$0	80% to a lifetime Maximum Benefit of $50,000	20% and amounts over the $50,000 lifetime Maximum Benefit	80% to a lifetime Maximum Benefit of $50,000	20% and amounts over the $50,000 lifetime Maximum Benefit

UNITED OF OMAHA LIFE INSURANCE COMPANY

A Mutual of Omaha Company

OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE

BENEFIT PLANS A, F AND G

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

Basic Benefits for Plans A through L:

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end
Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services
Blood: First 3 pints of blood each year

	A	B	C	D	E	**F**	F*	**G**	H	I	J	J*	K**	L**
Basic Benefits	**X**	X	X	X	X	**X**		**X**	X	X	X		X	X
Skilled Nursing Facility Coinsurance			X	X	X	**X**		**X**	X	X	X		50%	75%
Part A Deductible		X	X	X	X	**X**		**X**	X	X	X		50%	75%
Part B Deductible			X			**X**					X			
Part B Excess						**100%**		**80%**		100%	100%			
Foreign Travel Emergency			X	X	X	**X**		**X**	X	X	X			
At-Home Recovery				X				**X**		X	X			
Preventive Care NOT Covered By Medicare					X						X			
Out-of-Pocket Annual Limit													$4,620***	$2,310***

* Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plan F and J after one has paid a calendar year $2,000 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed $2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

** Plans K and L provide for different cost-sharing for items and services than Plans A through J. Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.

*** The out-of-pocket annual limit will increase each year for inflation.

Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

We, United of Omaha, can only raise your premium if we raise the premium for all the policies like yours in the same geographic area of the state where you live.

Risk Class Rating

If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as [Class I - 10%] or [Class II - 20%] higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

Household Premium Discount

If you have resided with at least one, but no more than three, other Medicare eligible adults for the past year, or you are married, and at least one of these other adults or your spouse also owns or is issued a Medicare Supplement policy underwritten by United of Omaha or its affiliates, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if your spouse or the other Medicare Supplement policyholder chooses to terminate their Medicare Supplement policy or he or she no longer resides with you (other than in the case of their death).

Read Your Policy Very Carefully

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to United of Omaha Life Insurance Company, Mutual of Omaha Plaza, Omaha, NE 68175. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

Policy Replacement

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

Notice

The policy may not fully cover all of your medical costs. [Neither United of Omaha nor its agents are connected with Medicare.] [United of Omaha is not connected with Medicare.] This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & You" for more details.

Complete Answers Are Very Important

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: United of Omaha Life Insurance Company

Company NAIC Code: 261-69868
Company Contact Person & Phone: Neil Sandhoefner 402-351-6969

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE 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.	*2 X $50 = $ 100.00 **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.	*_____ X $25 = $_____ **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. SEC. 23-61-401.**