

SERFF Tracking Number: IASL-126730891 State: Arkansas
Filing Company: State Mutual Insurance Company State Tracking Number: 46259
Company Tracking Number: SMBRI 6-10
TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010
Product Name: MS AR 2010 Brochure
Project Name/Number: MS AR 2010 Brochure/

Filing at a Glance

Company: State Mutual Insurance Company

Product Name: MS AR 2010 Brochure

SERFF Tr Num: IASL-126730891

State: Arkansas

TOI: MS09 Medicare Supplement - Other 2010

SERFF Status: Closed-Filed

State Tr Num: 46259

Sub-TOI: MS09.000 Medicare Supplement

Co Tr Num: SMBRI 6-10

State Status: Filed-Closed

Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Author: Beth Clark

Disposition Date: 07/23/2010

Date Submitted: 07/20/2010

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: MS AR 2010 Brochure

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

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: 07/23/2010

Explanation for Other Group Market Type:

State Status Changed: 07/23/2010

Deemer Date:

Created By: Beth Clark

Submitted By: Beth Clark

Corresponding Filing Tracking Number:

Filing Description:

This is a new filing to submit an advertising brochure for Sterling Investors Life Insurance Company's Medicare Supplement 2010 Standard Plans.

Forms A, B, C, D, F, HF, G, M and N have been approved for use and will be sold by independent agents and issued to persons eligible for Medicare.

Company and Contact

Filing Contact Information

Beth Clark, Compliance Analyst

beth.clark@iasadmin.com

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8545 126th Avenue North 727-584-0007 [Phone] 2169 [Ext]
 Suite 200 727-584-5613 [FAX]
 Largo, FL 33773-1502

Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
One State Mutual Drive	Group Code: 986	Company Type:
Rome, GA 30165	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$50.00	07/20/2010	38163069

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	07/23/2010	07/23/2010

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Disposition

Disposition Date: 07/23/2010

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	Letter of Authorization	Accepted for Informational Purposes	Yes
Form	Medicare Supplement Brochure	Filed	Yes

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Form Schedule

Lead Form Number: SMBRI 6-10

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 07/23/2010	SMBRI 6-10	Advertising Medicare Supplement Brochure	Initial			SMBRI 6-10.pdf



State Mutual Insurance Company

2010 Medicare Supplement Insurance Plans

State Mutual Medicare Supplements

Protection from the Bills Medicare Doesn't Pay

Medicare was never meant to cover all of your doctor and hospital bills. Many people do not realize this and expect them to pay all. Reliance on Medicare in this situation can mean financial difficulty with out-of-pocket expenses.

State Mutual Offers 9 Standardized Insurance Plans

State Mutual insurance plans are designed to give you choices. Choices you need to help cover health care costs today! Our plans allow you to choose a Medicare Supplement to suit your life's situation, budget and needs. All plans may not be available in all states.



State Mutual
Insurance Company

Initial Hospital Deductible

Medicare Part A hospital deductibles have risen \$[XXXXX] since 1968 - just [XX] years!

\$ 40
1 9 6 8

\$[XXXXX]

[X X X X]

All Medicare Supplement Plans Offer These Benefits:

Part A Co-Insurance pays if you are confined to a hospital. Should you require more than 60 continuous days hospitalization, State Mutual will pay the co-insurance amounts up to the 150th day of confinement and also for the first 3 pints of blood each year. Additionally, if you use your lifetime reserve days, State Mutual will provide coverage for up to an additional 365 days.

Part B Co-Insurance pays the Medicare Part B coinsurance amount, reducing your out-of-pocket expenses when you require medical services. Plan N requires a copayment of up to \$20 for an office visit, and up to \$50 copayment for the emergency room.

Your State Mutual Benefits

Medicare Part A Hospital Coverage

Deductible - State Mutual Plans B, C, D, F, High Deductible F*, G and N all pay the \$[XXXX] inpatient hospital deductible for each benefit period. Plan M pays 50% of the Part A Deductible.

First 60 Days - After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing and miscellaneous hospital services and supplies.

Coinsurance - All State Mutual Plans pay up to \$[XXX] a day when you're hospitalized from the 61st through the 90th day. And when you're in the hospital from the 91st through 150th day, State Mutual Plans pay you up to \$[XXX] a day for each Lifetime Reserve day used.

Extended Hospital Coverage - When you're in the hospital longer than 150 days during a Benefit Period, and you've exhausted your 60 Medicare Lifetime Reserve days, all State Mutual Plans pay the Part A Medicare eligible expenses for hospitalization, paid at the Prospective Payment System (PPS) rate or other appropriate standard of payment, subject to a lifetime maximum benefit of an additional 365 days.

Benefit for Blood - Medicare has one calendar-year deductible for blood that is the cost of the first three pints needed. All State Mutual Plans pay this deductible.

Skilled Nursing Facility Care

First 20 Days - Medicare pays all eligible expenses.

Coinsurance - State Mutual Plans C, D, F, High Deductible F*, G, M and N pay up to \$[XXX] a day from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-certified skilled nursing facility within 30 days of being hospitalized for at least three days.

Hospice Care - After you meet Medicare's requirements, including a doctor's certification of terminal illness, Medicare pays all but very limited co-payment or coinsurance for outpatient drugs and inpatient respite care. State Mutual Plans pay the Medicare co-payment or coinsurance.



Medicare Part B

Physician's Services and Supplies

Deductible - State Mutual Plans C, F and High Deductible F pay the \$[XXX] calendar year deductible.

Coinsurance - After the Part B deductible, All State Mutual plans generally pay 20% of Medicare Eligible Expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service. Plan N requires the insured to pay a portion of Part B coinsurance or co-payments: up to \$20 copayment for each covered office visit, including specialists, and up to \$50 copayment for each covered Emergency Room visit. Emergency Room co-payment will be waived if admitted to any Hospital and the ER visit is covered as a Part A Expense.

Excess Benefits - Your bill for Part B services and supplies may exceed the Medicare Eligible Expense. When that occurs, State Mutual Plans F, High Deductible F* and G pay 100% of the difference, up to the charge limitation established by Medicare.

Benefit for Blood - Medicare has one calendar year deductible for blood that is the cost of the first three pints needed. All State Mutual Plans pay this deductible.

Additional Benefits

Emergency Care Received Outside the U.S. - After you pay a \$250 calendar-year deductible, State Mutual Plans C, D, F, High Deductible F*, G, M and N pay you 80% of eligible expenses incurred during the first 60 days for emergency care received outside the U.S. up to a lifetime maximum of \$50,000. Benefits are payable for emergency health care you need immediately because of a covered injury or illness of sudden and unexpected onset.

*Insureds must first pay the calendar year deductible before the High Deductible F plan pays.

Your Plan; The Facts

State Mutual helps pay some eligible expenses not paid for by Medicare Part A and Medicare Part B. **There may be charges above what Medicare and State Mutual pay.**

Medicare Part A Eligible Expenses for Hospital/Skilled Nursing Facility Care include expenses for semiprivate room and board, general nursing, miscellaneous services and supplies.

Medicare Part B Eligible Expenses for Medical Services include expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, and ambulance service.

"Medicare Eligible Expenses" means expenses of the kinds covered by Medicare, to the extent recognized as reasonable and medically necessary by Medicare.

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 days in a row.

Coinsurance is the portion of the Medicare Eligible Expense you have to pay. It does not include Part A and B deductible amounts not paid by Medicare.

As Medicare deductibles and coinsurance increase, your State Mutual benefits will automatically increase. State Mutual benefits will not duplicate benefits paid by Medicare.

Benefits are paid to you or to your hospital or doctor.

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31 day grace period.

Your policy is guaranteed renewable. Your policy cannot be cancelled. It will be renewed as long as the premiums are paid on time.

Rates are based on your age at the time of issue. Premium rate adjustments may also be made based on current health care cost experience for benefits paid. State Mutual reserves the right to establish new premium rates for all insureds based on a class basis, but only after giving you advance notice. **However, we will not increase premiums based on your own claims.**

You're covered immediately. There is no waiting period for pre-existing conditions. Benefits will be paid from the time your policy is in force.

State Mutual Medicare Supplements will not pay for:

- Expenses incurred while the policy is not in force except as provided in the Extension of Benefits section;
- Hospital or Skilled Nursing Facility confinement incurred during a Medicare Part A Benefit Period that begins while the policy is not in force;
- That portion of any expense incurred which is paid for by Medicare;
- Services for non-Medicare Eligible Expenses unless specifically covered in the policy, including, but not limited to, routine exams, take-home drugs and eye refractions;
- Services for which a charge is not normally made in the absence of insurance; or
- Loss or expense that is payable under any other Medicare Supplement insurance policy or certificate.

THIS IS A BRIEF DESCRIPTION of your coverage. For complete information on benefits, exceptions and limitations, **PLEASE READ YOUR ACCOMPANYING OUTLINE OF COVERAGE.**

Neither State Mutual nor its agents are connected in any way with the Federal or state Government or Medicare.

A Plan to Meet Your Every Need

	Medicare Pays	Plan A Pays	Plan B Pays	Plan C Pays	Plan D Pays	Plan F* Pays	Plan G Pays	Plan M Pays	Plan N Pays
Medicare Part A Hospital Coverage									
Deductible	All but \$[XXXX]	-	\$[XXXX]	\$[XXXX]	\$[XXXX]	\$[XXXX]	\$[XXXX]	50% of Deductible	\$[XXXX]
First 60 days	100%	-	-	-	-	-	-	-	-
Coinsurance 61-90 days	All but \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]
Coinsurance 91-150 days	All but \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]	Up to \$[XXX]
Extended Hospital Coverage (up to an additional 365 days in your lifetime)	-	Eligible Expenses							
Benefit for Blood First Three Pints	\$0	Three pints							
Addtl. Amounts	100%	-	-	-	-	-	-	-	-
Hospice Care	All but very limited co-payment / coinsurance for outpatient drugs & inpatient respite care	Medicare Co-payment / coinsurance							
Skilled Nursing Facility Care									
First 20 days	100%	-	-	-	-	-	-	-	-
Coinsurance 21-100 days	All but \$[XXX] A day	-	-	Up to \$[XXX] A day					
Medicare Part B Physician's Services And Supplies									
Deductible	-	-	-	\$[XXX]	-	\$[XXX]	-	-	-
Coinsurance	Generally 80%	Generally 20%	- Except up to \$20 copayment for office visit - Except up to \$50 copayment for ER						
Excess Benefits	-	-	-	-	-	100% up to Medicare's Limit	100% up to Medicare's Limit	-	-
Benefit for Blood First Three Pints	\$0	Three pints							
Addtl. Amounts	80%	20%	20%	20%	20%	20%	20%	20%	20%
Additional Benefits									
Emergency Care Received Outside The U.S.	-	-	-	80% up to \$50,000					

*Plan F also offered as a "High Deductible Plan F": same benefits as standard Plan F after a calendar year deductible is met. See Outline of Coverage for complete information.

**FOR CLAIMS, PLEASE CALL:
1-800-780-3724**

This brochure is an illustration, not a contract. Consult your outline of coverage for a complete description of benefits available to you.

RECEIPT

Received of _____

this _____ day of _____ the sum of \$ _____

being the payment of _____ Premium.

This insurance applied for shall not take effect until the effective date of the policy and the payment of the first premium. In the event the application is declined, any payments made by the Applicant will be returned.

Agent's Signature

Make checks payable to State Mutual Insurance Company.
Do not make payable to agent or leave payee blank.

Underwritten by:
**State Mutual
Insurance Company**
P.O. Box 153
Rome, Georgia 30162-0153
1-800-241-7598

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Letter of Authorization	Accepted for Informational Purposes	Date: 07/23/2010

Comments:

Attachment:

2010 03 SM IAS Authorization Letter.pdf



OFFICE: 1-877-872-5500 (TOLL-FREE)
FAX: 1-727-373-4575

March 5, 2010

Ms. Darcey Shaffer, FLMI, ACS
Compliance Manager
Insurance Administrative Solutions, L.L.C.
8545 126th Avenue North, Suite 200
Largo, Florida 33773-1502

Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for
State Mutual Insurance Company

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company, rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments. Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

A handwritten signature in blue ink that reads 'Rick A. Gordon'.

Rick A. Gordon
Executive Vice President