

SERFF Tracking Number: AMRP-126740688 State: Arkansas
Filing Company: American Republic Corp Insurance Company State Tracking Number: 46322
Company Tracking Number: 09AR0575
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.009 Plan L 2010
Standard Plans 2010
Product Name: Plan L Sales Sheet
Project Name/Number: Plan L Sales Sheet/09AR0575

Filing at a Glance

Company: American Republic Corp Insurance Company

Product Name: Plan L Sales Sheet SERFF Tr Num: AMRP-126740688 State: Arkansas
TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 46322
Standard Plans 2010 Closed
Sub-TOI: MS08I.009 Plan L 2010 Co Tr Num: 09AR0575 State Status: Filed-Closed
Filing Type: Advertisement Reviewer(s): Stephanie Fowler
Authors: Andrea Davey, Patricia Corrigan Disposition Date: 08/03/2010
Date Submitted: 07/27/2010 Disposition Status: Filed-Closed
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Plan L Sales Sheet
Project Number: 09AR0575
Requested Filing Mode: File & Use
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 08/03/2010

Status of Filing in Domicile: Authorized
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: 08/03/2010
Created By: Andrea Davey
Corresponding Filing Tracking Number:

Deemer Date:
Submitted By: Andrea Davey
Filing Description:
Re Individual Medicare Supplement Advertising

Z-2626

We are enclosing the above referenced form for your review and approval. This form is new and is not intended to replace any form currently in use. This letter is a lead generating device and will be used in the solicitation of our Individual Medicare Supplement plans.

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We hope you will find this form satisfactory. If you have any questions, or if I can be of assistance during the review process, please feel free to contact me at 1-800-247-2190, ext. 2006.

Thank you.

Company and Contact

Filing Contact Information

Andrea Davey, andrea.davey@americanenterprise.com
 601 6th Ave 515-245-2006 [Phone]
 Des Moines, IA 50334 515-245-2391 [FAX]

Filing Company Information

American Republic Corp Insurance Company CoCode: 67679 State of Domicile: Nebraska
 P O Box 2780 Group Code: 3527 Company Type: Life and Health
 Omaha, NE 68103-2780 Group Name: American Enterprise State ID Number:
 (800) 987-8988 ext. [Phone] FEIN Number: 23-1609793

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? Yes
 Fee Explanation: \$50/ad = \$50
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Republic Corp Insurance Company	\$50.00	07/27/2010	38304638

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/03/2010	08/03/2010

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Disposition

Disposition Date: 08/03/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule Form	Schedule Item	Schedule Item Status	Public Access
	Plan L Sales Sheet	Filed	Yes

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Form Schedule

Lead Form Number: Z-2626

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 08/03/2010	Z-2626	Advertising Plan L Sales Sheet	Initial			Z-2626 Bracketed.pdf

Freedom Solutions Plan L

Plan Highlights



Freedom Solutions Medicare Supplement[®] insurance offers you the choice of cost-sharing protection to help pay hospital and medical expenses not paid by Medicare. If you are willing to accept small co-pays and deductibles for your health care expenses in exchange for lower premiums, a cost-sharing plan may be right for you.

Here's how Freedom Solutions Medicare Supplement insurance PLAN L works with Medicare to help pay hospital and medical expenses Medicare approves but does not pay:

Medicare Part A—Hospital Expenses (per benefit period)

BENEFITS	MEDICARE PAYS	FREEDOM PLAN PAYS	YOU PAY ¹
Hospital Confinement			
First 60 days	All but [\$1,100] (Part A deductible)	[\$825] (75%)	[\$275] (25%)
Days 61-90	All but [\$275] per day (Part A coinsurance)	[\$275] per day	Nothing
Days 91-150 (lifetime reserve days)	All but [\$550] per day	[\$550] per day	Nothing
After lifetime reserve days are used: <ul style="list-style-type: none"> • Additional 365 days lifetime • Beyond the additional 365 days 	Nothing Nothing	All costs Nothing	Nothing² All costs
Blood			
First 3 pints (blood deductible)	Nothing	[75% of the first 3 pints]	[25% of the first 3 pints]
Skilled Nursing Facility³			
First 20 days	100% of costs	Nothing	Nothing
Days 21-100	All but [\$137.50] per day (skilled nursing coinsurance)	[\$103.13] (75%)	[\$34.37] (25%)
Beyond 100 days	Nothing	Nothing	All costs
Hospice Care			
Available for the terminally ill who elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	[75%] of the hospice coinsurance	Balance

Medicare Part B—Medical Expenses (per calendar year)

BENEFITS	MEDICARE PAYS	FREEDOM PLAN PAYS	YOU PAY ¹
Physician Services and Other Medical Expenses In or Out of the Hospital			
First \$155 of Medicare-approved expenses each calendar year	Nothing	Nothing	[\$155] (Part B deductible)
Remainder of Medicare-approved amounts	Generally [80%] (Part B coinsurance)	Generally [15%]*	[5%]
Covered charges in excess of Medicare approved amounts, up to any charge limitations established by state or federal law ⁴	Nothing	Nothing	All Costs
Blood			
First 3 pints (blood deductible)	Nothing	[75% of the first 3 pints]	[25% of the first 3 pints]

* Freedom pays the full coinsurance for Medicare-approved preventive care expenses. You pay nothing.

Medicare Parts A and B

BENEFITS	MEDICARE PAYS	FREEDOM PLAN PAYS	YOU PAY ¹
Home Health Care Medicare-Approved Services			
Covered home care visits and medical supplies	[100%]	Nothing	Nothing
Durable medical equipment <ul style="list-style-type: none"> • First [\$155] of Medicare-approved amounts (<i>Part B deductible</i>) 	Nothing	Nothing	[\$155] (<i>Part B deductible</i>)
<ul style="list-style-type: none"> • Remainder of Medicare-approved amounts 	[80%] (<i>Part B deductible</i>)	[15%]	[5%]

PLAN FEATURES

You'll get these features with all Medicare Supplement insurance plans

- **Freedom to choose** - You're free to visit the doctors and hospitals of your choice – even when you travel.
 - No referrals required
 - Includes specialists
- **No waiting period for health conditions you have now** - Any health conditions you have now are covered immediately once your policy is issued — no waiting period.
- **Guaranteed renewable for life⁵** - No matter what your health, as long as you pay premiums on time, your coverage will never be canceled.

With Freedom Solutions Plan L, you'll also get these additional features

- **Preferred rates** - Preferred rating is for applicants that do not use tobacco, open enrollees and guarantee issue applicants. Plus, once you're approved for our preferred rate discount, you'll automatically keep that discount for however long you have your policy ... even if your health changes.
- **Couples discount to save even more⁶** - Additional savings simply for being part of a couple ... regardless of whether both of you request coverage.
- **Fast, accurate claims service** - Thanks to our ExpressLane Automatic Claim ServiceSM, there are virtually no claim forms.

1 This is your liability for covered charges. You are responsible for all other noncovered charges.

2 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 the balance based on any difference between its billed charges and the amount Medicare would have paid for Medicare-covered items or services.

3 Medicare only covers approved skilled nursing care in a Medicare approved facility. Facility licensing terminology may vary by state and may not use "skilled nursing facility" terminology (i.e. nursing facility in IA). Freedom Medicare Supplement pays the skilled nursing coinsurance for Medicare-approved stays in facilities that are certified to provide Medicare skilled care.

4 Under federal law, doctors who do not accept assignment can charge up to 115% of the fee schedule amount for nonparticipating physicians. The patient does not have to pay charges that exceed that amount. Laws in OH prohibit medical providers from balance billing for charges above the Medicare-approved amount. Therefore, OH policies provide benefits for Part B excess charges only when services are rendered in another state.

5 In NV, the policy may remain in force as long as premiums are paid on time and there are no material misrepresentations.

6 A couple is defined as two people living in the same household, regardless of sex, who are recognized as being legally married, married under common law, or having a legally recognized civil union or domestic partnership. In MT, household discount is when two people have been living in the same household for at least 12 consecutive months. In OH, both people must have in force CareAssist coverage with us. The couples discount is no longer applicable if the couple's status changes.

Not connected with or endorsed by the United States government or the federal Medicare program.

This is a solicitation of insurance and an agent may contact you. In CO, IL, KS, MO, MS, NC, OK, OR, PA, SD, and TX, coverage is available to qualified Medicare beneficiaries under age 65. In ND, please ask for details about Medicare Supplement plans A, F, K and L. Call today for more information about the benefits, costs, and limits. Plan availability varies by state.

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Policy Form: A-3105AC, A3105AC-MO, A3105AC-NC, A3105AC-OK, A3105AC-OR, A3105AC-PA, A3105AC-TN, A3105AC-TX

Z-2626

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