

SERFF Tracking Number: AMRP-126777833 State: Arkansas  
Filing Company: American Republic Corp Insurance Company State Tracking Number: 46555  
Company Tracking Number: 09AR0582  
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.008 Plan K 2010  
Standard Plans 2010  
Product Name: Plan K Sales Sheet  
Project Name/Number: Plan K Sales Sheet/09AR0582

## Filing at a Glance

Company: American Republic Corp Insurance Company

Product Name: Plan K Sales Sheet SERFF Tr Num: AMRP-126777833 State: Arkansas  
TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Filed- State Tr Num: 46555  
Standard Plans 2010 Closed  
Sub-TOI: MS08I.008 Plan K 2010 Co Tr Num: 09AR0582 State Status: Filed-Closed  
Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
Authors: Andrea Davey, Patricia Corrigan Disposition Date: 08/31/2010  
Date Submitted: 08/19/2010 Disposition Status: Filed-Closed  
Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

## General Information

Project Name: Plan K Sales Sheet Status of Filing in Domicile: Authorized  
Project Number: 09AR0582 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: 08/31/2010 Explanation for Other Group Market Type:  
State Status Changed: 08/31/2010  
Deemer Date: Created By: Andrea Davey  
Submitted By: Andrea Davey Corresponding Filing Tracking Number:  
Filing Description:  
Re Individual Medicare Supplement Advertising

Z-2620

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

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## 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	08/19/2010	38889376



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## **Disposition**

Disposition Date: 08/31/2010

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.



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**Amendment Letter**

Submitted Date: 08/26/2010

**Comments:**

I have attached a revised ad under the 'Form Schedule' tab. On our previous piece the policy form # indicated on the bottom of the 2nd page was incorrect. I apologize for any confusion.

Thank you!

Andrea Davey

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
Z-2620	Advertising	Plan K Sales Initial Sheet						Z-2620 Bracketed.pdf

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## Form Schedule

**Lead Form Number: Z-2620**

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Filed 08/31/2010	Z-2620	Advertising Plan K Sales Sheet	Initial			Z-2620 Bracketed.pdf

# Freedom Solutions Plan K

## Plan Highlights



Freedom Solutions Medicare Supplement<sup>®</sup> 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 K** 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 <sup>1</sup>
<b>Hospital Confinement</b>			
[First 60 days	All but \$1,100 ( <i>Part A deductible</i> )	\$550 (50%)	\$550 (50%)
Days 61-90	All but \$275 per day ( <i>Part A coinsurance</i> )	\$275 per day	<b>Nothing</b>
Days 91-150 ( <i>lifetime reserve days</i> )	All but \$550 per day	\$550 per day	<b>Nothing</b>
After lifetime reserve days are used:			
<ul style="list-style-type: none"> <li>• Additional 365 days lifetime</li> <li>• Beyond the additional 365 days</li> </ul>	Nothing Nothing	All costs Nothing	<b>Nothing<sup>2</sup></b> All costs]
<b>Blood</b>			
[First 3 pints ( <i>blood deductible</i> )	Nothing	50% of the first 3 pints	50% of the first 3 pints]
<b>Skilled Nursing Facility<sup>3</sup></b>			
[First 20 days	100% of costs	Nothing	<b>Nothing</b>
Days 21-100	All but \$137.50 per day ( <i>skilled nursing coinsurance</i> )	\$68.75 (50%)	\$68.75 (50%)
Beyond 100 days	Nothing	Nothing	All costs]
<b>Hospice Care</b>			
Available for the terminally ill who elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	[50% of the Medicare copayment/coinsurance	50% of the Medicare copayment/coinsurance]

#### Medicare Part B—Medical Expenses (*per calendar year*)

BENEFITS	MEDICARE PAYS	FREEDOM PLAN PAYS	YOU PAY <sup>1</sup>
<b>Physician Services and Other Medical Expenses In or Out of the Hospital</b>			
[First \$155 of Medicare-approved expenses each calendar year	Nothing	Nothing	\$155 ( <i>Part B deductible</i> )
Remainder of Medicare-approved amounts	Generally 80% ( <i>Part B coinsurance</i> )	Generally 10%*	10%
Covered charges in excess of Medicare approved amounts, up to any charge limitations established by state or federal law <sup>4</sup>	Nothing	Nothing	All Costs]
<b>Blood</b>			
[First 3 pints ( <i>blood deductible</i> )	Nothing	50% of the first 3 pints	50% of the first 3 pints]

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

Cont. ►►►

# Medicare Parts A and B

BENEFITS	MEDICARE PAYS	FREEDOM PLAN PAYS	YOU PAY <sup>1</sup>
<b>Home Health Care Medicare-Approved Services</b>			
Covered home care visits and medical supplies	[100%]	Nothing	<b>Nothing</b>
<b>[Durable medical equipment]</b> • First \$155 of Medicare-approved amounts ( <i>Part B deductible</i> )	Nothing	Nothing	\$155] ( <i>Part B deductible</i> )
• Remainder of Medicare-approved amounts	[80%] ( <i>Part B deductible</i> )	10%	10%]

## 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 life<sup>5</sup>** - No matter what your health, as long as you pay premiums on time, your coverage will never be canceled.

### With Freedom Solutions Plan K, 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 more<sup>6</sup>** - 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 Service<sup>SM</sup>, 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 Medicare supplement insurance coverage with us. The couples discount is no longer applicable if the couple's status changes.

**PREMIUMS AND RENEWABILITY.** Your coverage may be renewed for life so long as the policy remains in force and your premiums are paid on time. Your benefits and premiums will vary depending on the plan selected. Your premium could change if you move to a different area. Should a necessary premium change be made, it will only be made on a renewal date and only if it is made on all policies in the same class as determined by us. Premiums will increase because a person is one year older (except in AZ, AR, GA and MO).

**READ YOUR POLICY CAREFULLY.** This booklet provides a very brief description of the important policy features; it is not the insurance contract. Your policy contains all of the provisions with which both you and the Company must comply. It sets forth in detail the rights and obligations of both you and your insurance company. **THIS IS A LIMITED POLICY DESIGNED TO COVER ONLY THOSE EXPENSES WHICH MEDICARE APPROVES BUT DOES NOT PAY.** You will have a 30-day free-look period to review your policy. If you decide to send the policy back to us within this period, we will return all premiums.

Colorado law requires carriers to make available a Colorado Health Plan Description Form, which is intended to facilitate comparison of health plans. For Medicare Supplement plans, the Outline of Medicare Supplement Coverage form is provided.

**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, GA, IL, KS, KY, LA, MN, MO, MS, NC, NH, OK, OR, PA, SD, TN, TX and WI 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-3104AC, A3104AC-MO, A3104AC-NC, A3104AC-OK, A3104AC-OR, A3104AC-PA, A3104AC-TN, A3104AC-TX

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## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
08/19/2010	Form	Plan K Sales Sheet	08/26/2010	Z-2620 Bracketed.pdf (Superseded)

# Freedom Solutions Plan K

## Plan Highlights



Freedom Solutions Medicare Supplement<sup>®</sup> 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 K** 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 <sup>1</sup>
<b>Hospital Confinement</b>			
First 60 days	All but [\$1,100] (Part A deductible)	[\$550] (50%)	[\$550] (50%)
Days 61-90	All but [\$275] per day (Part A coinsurance)	[\$275] per day	<b>Nothing</b>
Days 91-150 (lifetime reserve days)	All but [\$550] per day	[\$550] per day	<b>Nothing</b>
After lifetime reserve days are used: <ul style="list-style-type: none"> <li>• Additional 365 days lifetime</li> <li>• Beyond the additional 365 days</li> </ul>	Nothing Nothing	All costs Nothing	<b>Nothing<sup>2</sup></b> All costs
<b>Blood</b>			
First 3 pints (blood deductible)	Nothing	[50%] of the first 3 pints	[50%] of the first 3 pints
<b>Skilled Nursing Facility<sup>3</sup></b>			
First 20 days	[100%] of costs	Nothing	<b>Nothing</b>
Days 21-100	All but [\$137.50] per day (skilled nursing coinsurance)	[\$68.75] (50%)	[\$68.75] (50%)
Beyond 100 days	Nothing	Nothing	All costs
<b>Hospice Care</b>			
Available for the terminally ill who elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	[50%] of the Medicare copayment/coinsurance	[50%] of the Medicare copayment/coinsurance

#### Medicare Part B—Medical Expenses (per calendar year)

BENEFITS	MEDICARE PAYS	FREEDOM PLAN PAYS	YOU PAY <sup>1</sup>
<b>Physician Services and Other Medical Expenses In or Out of the Hospital</b>			
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 [10%]*	[10%]
Covered charges in excess of Medicare approved amounts, up to any charge limitations established by state or federal law <sup>4</sup>	Nothing	Nothing	All Costs
<b>Blood</b>			
First 3 pints (blood deductible)	Nothing	[50%] of the first 3 pints	[50%] 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 <sup>1</sup>
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• Remainder of Medicare-approved amounts	[80%] ( <i>Part B deductible</i> )	[10%]	[10%]

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