

SERFF Tracking Number: BNLA-126777576 State: Arkansas  
 Filing Company: Colonial Penn Life Insurance Company State Tracking Number: 46559  
 Company Tracking Number: CPL-14926C  
 TOI: MS09 Medicare Supplement - Other 2010 Sub-TOI: MS09.000 Medicare Supplement Other 2010  
 Product Name: CPL-14926C  
 Project Name/Number: CPL-14926C/CPL-14926C

## Filing at a Glance

Company: Colonial Penn Life Insurance Company

Product Name: CPL-14926C SERFF Tr Num: BNLA-126777576 State: Arkansas  
 TOI: MS09 Medicare Supplement - Other 2010 SERFF Status: Closed-Filed- State Tr Num: 46559  
 Closed

Sub-TOI: MS09.000 Medicare Supplement Co Tr Num: CPL-14926C State Status: Filed-Closed  
 Other 2010

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler  
 Authors: Janice Fron, Sue Novotny Disposition Date: 08/31/2010  
 Date Submitted: 08/20/2010 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: CPL-14926C  
 Project Number: CPL-14926C  
 Requested Filing Mode: File & Use  
 Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact:  
 Filing Status Changed: 08/31/2010

Status of Filing in Domicile: Authorized  
 Date Approved in Domicile: 08/20/2010  
 Domicile Status Comments:  
 Market Type: Individual  
 Group Market Size:  
 Group Market Type:  
 Explanation for Other Group Market Type:  
 State Status Changed: 08/31/2010  
 Created By: Sue Novotny  
 Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Sue Novotny

Filing Description:

RE: MEDICARE SUPPLEMENT ADVERTISING

Lead Generating Device

Form CPL-14926C

Dear Insurance Department Personnel:

As required by your state's advertising rules, we are filing the above referenced form for your review and approval.

This booklet will be sent out as fulfillment for prospects who respond to a mailing, or provided on a general basis to

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 prospects at seminars or at appointments with our agents.

Your consideration and approval of the above forms would be appreciated.

Sincerely,

Sue Novotny

## Company and Contact

### Filing Contact Information

Sue Novotny, Product Filing Analyst s.novotny@banklife.com  
 600 West Chicago Ave 800-621-3724 [Phone] 66059 [Ext]  
 Location: CH-4B038 312-396-5907 [FAX]  
 Chicago, IL 60654-2800

### Filing Company Information

Colonial Penn Life Insurance Company CoCode: 62065 State of Domicile: Pennsylvania  
 Adm. Address: 600 West Chicago Ave Group Code: 233 Company Type:  
 Chicago, IL 60654-2800 Group Name: State ID Number:  
 (312) 396-6000 ext. [Phone] FEIN Number: 23-1628836

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50 x 1 form  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Colonial Penn Life Insurance Company	\$50.00	08/20/2010	38905460

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/31/2010	08/31/2010

*SERFF Tracking Number:*      *BNLA-126777576*                      *State:*                      *Arkansas*  
*Filing Company:*              *Colonial Penn Life Insurance Company*              *State Tracking Number:*      *46559*  
*Company Tracking Number:*      *CPL-14926C*  
*TOI:*                      *MS09 Medicare Supplement - Other 2010*              *Sub-TOI:*                      *MS09.000 Medicare Supplement Other 2010*  
*Product Name:*              *CPL-14926C*  
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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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<b>Schedule Form</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
	Consumer Guide	Filed-Closed	Yes

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## Form Schedule

**Lead Form Number: CPL-14926C**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 08/31/2010	CPL-14926C	Advertising	Consumer Guide	Initial		0.000	CPL-14926C.pdf

PRSRST STD  
U.S. Postage  
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Bankers Life  
and Casualty Co.

BANKERS LIFE AND CASUALTY COMPANY  
600 WEST CHICAGO AVE  
CHICAGO, IL 60654-2800

## Answers to Your Questions

- Am I automatically enrolled in Medicare when I'm 65?
- What services does Medicare cover?
- Will Medicare pay for my prescription drugs?
- Is Medicare my only healthcare option or are there others?

**[46 million]**  
People in the U.S.  
covered by Medicare

Source: Kaiser Family Foundation,  
Medicare Fact Sheet, [1/2010].

*Medicare Supplement Plans are available through Colonial Penn Life Insurance Company. Colonial Penn Life Insurance Company, Bankers Life and Casualty Company and their licensed agents are not affiliated with or sponsored by the Federal Medicare Program. Colonial Penn Life Insurance Company and Bankers Life and Casualty Company are separate legal entities. All policies are underwritten by Colonial Penn Life Insurance Company, Philadelphia, PA.*

*This is a solicitation for insurance. An agent may contact you.*

**COLONIAL PENN  
LIFE INSURANCE COMPANY**  
*An affiliate of Bankers Life and Casualty Company*

**BANKERS**  
LIFE AND CASUALTY COMPANY | For the life of  
your retirement

## Medicare and Active Americans

*A consumer's guide to understanding Medicare*



- Am I automatically enrolled in Medicare when I'm 65?
- What services does Medicare cover?
- Will Medicare pay for my prescription drugs?
- Is Medicare my only healthcare option or are there others?

# Welcome to Medicare and Active Americans!

We're pleased you requested this informational booklet.

Medicare provides good coverage, but it was **never intended to cover all of your healthcare expenses**. This booklet describes what Medicare does cover and shares some options for **filling in the gaps** for what it doesn't cover.

But before getting into coverage details, let's take a look at Medicare enrollment.

## When am I eligible for Medicare?

- When you turn age 65
- If you are under age 65, but are disabled
- At any age, if you have End-Stage Renal Disease (ESRD)

## Am I automatically enrolled in Medicare when I'm 65?

Yes, if you already receive benefits from the Social Security Administration or the Railroad Retirement Board, the Centers for Medicare & Medicaid services will automatically enroll you in Parts A and B.

You do not need to do anything. The government will send you your Medicare card in the mail about three months before you turn 65.

## When would someone not be automatically enrolled?

If you don't already receive Social Security or Railroad Retirement Board benefits, the government gives you an initial enrollment period to sign up.

The initial enrollment period runs from three months prior to your 65th birthday to three months afterwards.

# What are the four Parts of Medicare?

Medicare Parts A and B are known as "Original Medicare." Parts C and D are voluntary coverages.

## Medicare Part A Hospital Coverage



## Medicare Part B Medical Coverage



## Medicare Part C Medicare Advantage Plans



## Medicare Part D Prescription Drug Coverage



# What else should I know?

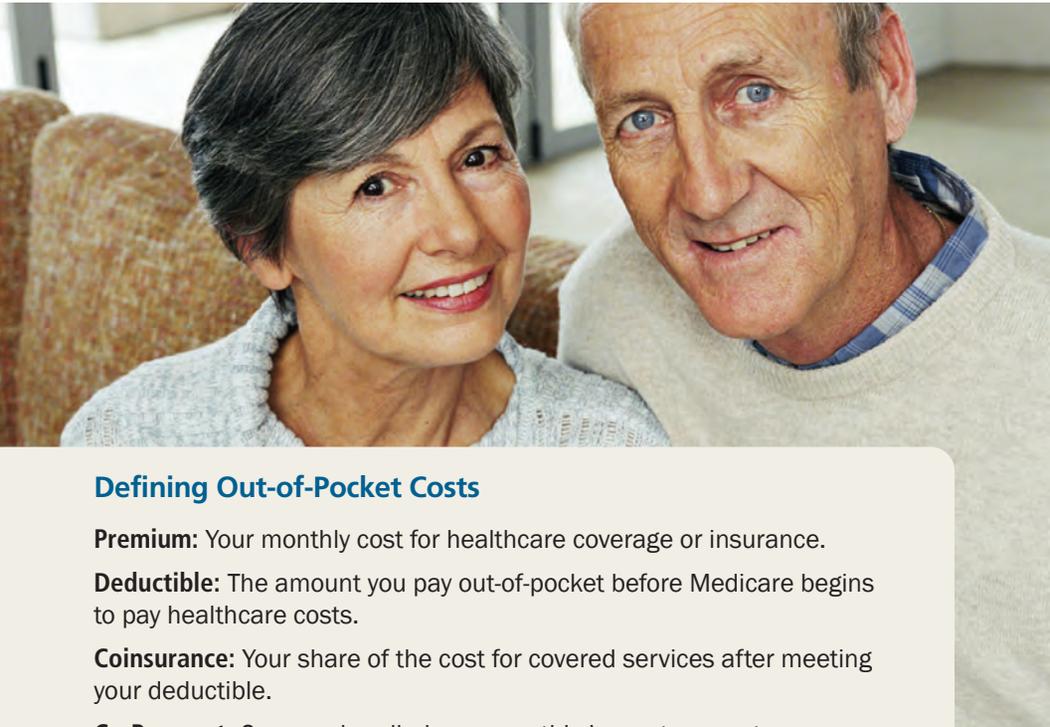
In order for Medicare to cover your healthcare services, **your providers must meet certain requirements**, such as:

- **The hospital** participates in the Medicare program.
- **Your doctor** accepts Medicare assignments.
- **At-home and hospice providers** are Medicare-approved.
- **Services and supplies** are covered by Medicare.

## What do I pay under Medicare?

Medicare provides good coverage, but **does not pay** for all healthcare costs. Certain expenses will **still be your responsibility**:

- Monthly premiums
- Annual deductibles
- Coinsurance
- Co-payments
- Services or supplies not approved by Medicare
- Charges above the Medicare-approved amount
- Dental care
- Vision care and eyeglasses
- Long-term care
- Ongoing home healthcare



### Defining Out-of-Pocket Costs

**Premium:** Your monthly cost for healthcare coverage or insurance.

**Deductible:** The amount you pay out-of-pocket before Medicare begins to pay healthcare costs.

**Coinsurance:** Your share of the cost for covered services after meeting your deductible.

**Co-Payment:** Commonly called a co-pay, this is a set amount you pay to the hospital, doctor or pharmacy at the time you use its service.

## How do I cover the costs that Medicare doesn't?

There are two ways to help cover the costs Medicare doesn't by using a combination of private insurance and Medicare Part C and Part D.

### Original Medicare

#### Medicare Part A Medicare Part B

- Provides your basic hospital and medical coverage

#### Medicare Supplement Insurance

- Offers standardized benefits to help fill coverage gaps in Original Medicare
- Provided by private insurance companies

#### Medicare Part D Prescription Drug Coverage

- Provided by private insurance companies approved by Medicare

OR

### Medicare Advantage (MA) Plan

#### Medicare Part C

- Includes benefits equal to Part A and Part B
- Offers additional benefits that vary depending on the company and plan you choose

#### Medicare Part D Prescription Drug Coverage

- Available only if you do not select an MA-PD



# What is Medicare Part A?

Medicare Part A is **the hospital insurance portion of your plan**. It pays benefits for:

- Inpatient hospital stays
- Inpatient skilled nursing facility care, except for custodial or long-term care
- Home health services for part-time care, including:
  - Skilled nursing care
  - Physical therapy
  - Speech therapy
- Hospice care

## When Does Part A Pay Benefits?

SERVICE	MEDICARE PAYS FOR CARE ONLY IF
<b>Hospital Stay</b>	<ul style="list-style-type: none"> <li>• Your doctor prescribes the hospital stay</li> <li>• Hospital agrees with your doctor that you need the care</li> </ul>
<b>Skilled Nursing Facility Care</b>	<ul style="list-style-type: none"> <li>• Your doctor certifies that you need daily care</li> <li>• Skilled care follows a three-day hospital stay for a related illness</li> <li>• You require skilled nursing care for up to 100 days</li> </ul>
<b>Home Health Services</b>	<ul style="list-style-type: none"> <li>• You are confined to your home</li> <li>• Services are limited to part-time skilled nursing care or approved therapies</li> </ul>
<b>Hospice Care</b>	<ul style="list-style-type: none"> <li>• Your doctor certifies that you have six months or less to live</li> </ul>

Your Out-of-Pocket Part A Costs in [2010]	
	YOU PAY
Monthly Premium	<b>[\$0]</b> Most people paid Medicare taxes while working
Part A Deductible (per Benefit Period)	<b>[\$1,100]</b>
Coinsurance and Co-Pays	Amounts vary per service
HOSPITAL STAY CO-PAYS	
Up to 60 Days	<b>[Nothing]</b>
Day 61 to 90	<b>[\$275]</b> per day
Day 91 to 150	<b>[\$550]</b> or more per day
After 150 Days	<b>[100%]</b>
SKILLED NURSING STAY CO-PAYS	
Day 1 to 20	<b>[Nothing]</b>
Day 21 to 100	<b>[\$137.50]</b> per day
After 100 Days	<b>[100%]</b>



# What is Medicare Part B?

Medicare Part B is the medical insurance portion of your plan. It pays benefits for:

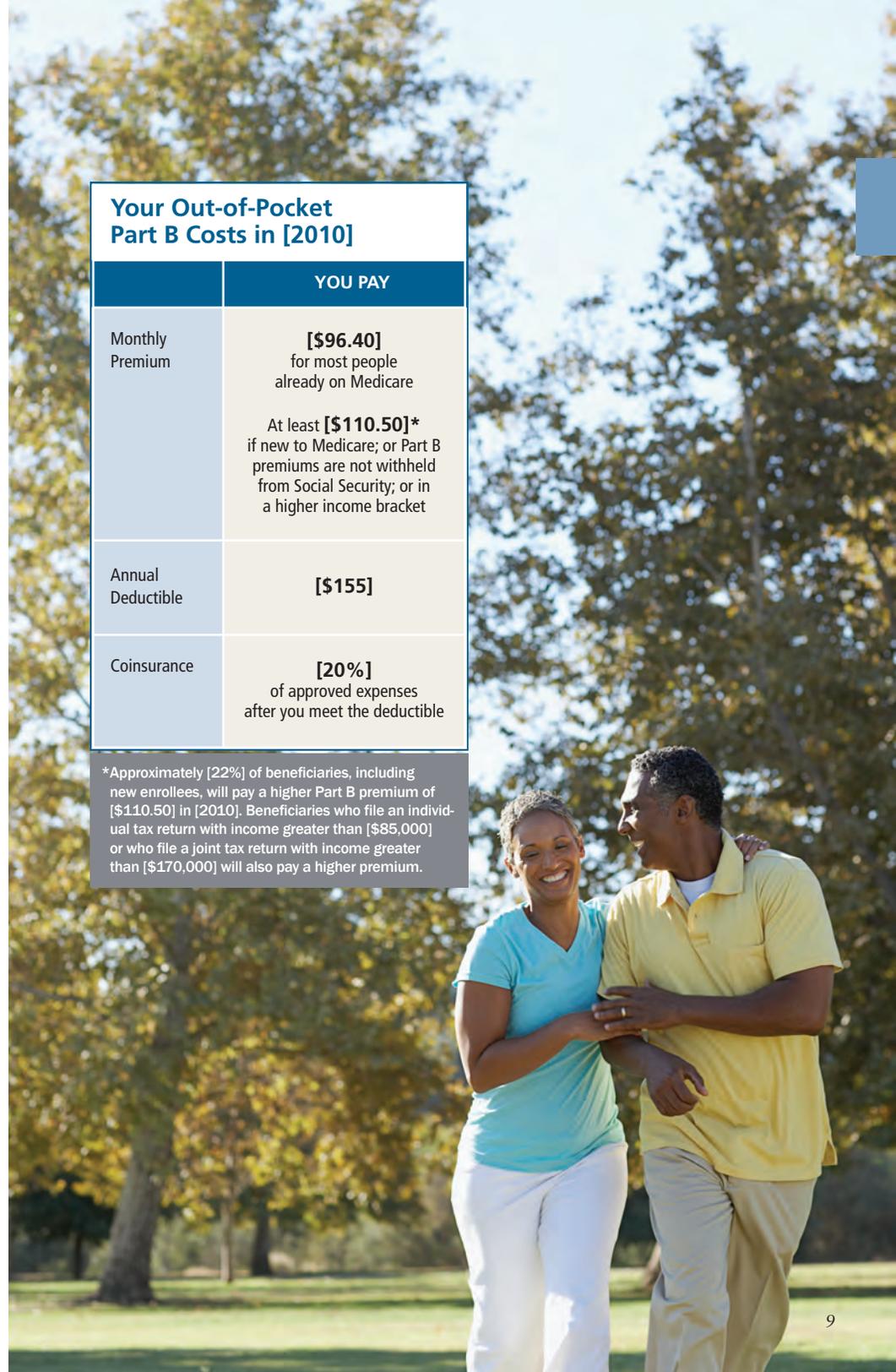
- Doctors' services
- Outpatient hospital services
- Medical services and supplies
- Home health services
- Certain preventive care

## Examples of Common Part B Expenses

	USUALLY COVERED	USUALLY NOT COVERED
<b>Doctors' Services</b>	<ul style="list-style-type: none"> <li>• Medically-necessary doctors' services or covered preventive services</li> <li>• Physician assistant services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Routine physical exams</b>, except a one-time exam when you first join Medicare</li> <li>• <b>Dental care, routine vision care and eyeglasses</b></li> </ul>
<b>Outpatient Hospital Services</b>	<ul style="list-style-type: none"> <li>• Emergency room</li> <li>• Immediate care clinics</li> <li>• Physician-ordered tests and procedures</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Cosmetic surgery</b></li> <li>• <b>Non-emergency healthcare outside the United States</b></li> </ul>
<b>Medical Services &amp; Supplies</b>	<ul style="list-style-type: none"> <li>• Ambulance services</li> <li>• Wheelchairs and walkers</li> <li>• Diabetes supplies</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Prescription medications</b></li> <li>• <b>Hearing aids</b></li> <li>• <b>Dentures</b></li> </ul>
<b>Home Health Services</b>	<ul style="list-style-type: none"> <li>• Intermittent skilled nursing care</li> <li>• Medically-necessary physical therapy and speech therapy</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Home health services not prescribed by a doctor</b></li> <li>• <b>Long-term care and custodial care</b></li> </ul>

Your Out-of-Pocket Part B Costs in [2010]	
	YOU PAY
Monthly Premium	<p><b>[\$96.40]</b> for most people already on Medicare</p> <p>At least <b>[\$110.50]*</b> if new to Medicare; or Part B premiums are not withheld from Social Security; or in a higher income bracket</p>
Annual Deductible	<b>[\$155]</b>
Coinsurance	<p><b>[20%]</b> of approved expenses after you meet the deductible</p>

\*Approximately [22%] of beneficiaries, including new enrollees, will pay a higher Part B premium of [\$110.50] in [2010]. Beneficiaries who file an individual tax return with income greater than [\$85,000] or who file a joint tax return with income greater than [\$170,000] will also pay a higher premium.



# Will Medicare pay for my prescription drugs?

Medicare Part D is **your prescription drug coverage** which:

- Provides savings on the most widely used prescription drugs, including insulin
- Covers both brand-name and generic medications
- Is accepted by pharmacies nationwide

Part D is a **voluntary program**. That means Medicare doesn't automatically sign you up—you must enroll.

If you don't sign up when you are first eligible, Medicare will charge a **late-enrollment penalty for every month you delay**. This penalty will be waived if you are covered under an insurance plan that provides drug benefits determined to be at least equivalent to Part D benefits.

## Out-of-Pocket Part D Costs in [2010]

Drug Costs		
[Over \$6,440]	[5%]* You pay	[95%] Covered by Medicare prescription drug plan
-----	<b>Coverage Gap</b> [No drug coverage] [ \$250 rebate for enrollees who hit the Coverage Gap in 2010 ]	
-----		
-----		
-----		
[Over \$6,440]	[5%]* You pay	[95%] Covered by Medicare prescription drug plan
-----	<b>Coverage Gap</b> [No drug coverage] [ \$250 rebate for enrollees who hit the Coverage Gap in 2010 ]	
-----		
[Over \$6,440]	[25%] You pay	[75%] Covered by Medicare prescription drug plan
-----	<b>Annual Deductible</b> [No drug coverage]	
-----	<b>Monthly Premium: [\$32]</b> National average	

\*Payment is percentage of the Medicare-approved amount or [\$2.50] for generic drugs and [\$6.30] for brand-name drugs, whichever is greater.

# What is a Medicare Supplement?

Private insurance companies sell Medicare Supplement policies. Federal and state law limits the policies to a set of standardized plans, labeled A through N (including High Deductible Plan F). Plans E, H, I and J are no longer available for sale.

These plans are the same in all states, except Massachusetts, Minnesota and Wisconsin. The chart on page 12 and 13 provides more details.

## Features and Benefits

- Choice of several standardized plans\*
- **No provider networks**
- **No specialist referrals**
- All plans pay for:
  - **Part A co-pays and coinsurance**
  - **365 additional days** hospital coverage
  - **Part B co-pays and coinsurance**
  - Hospice care coinsurance
- Certain plans pay for:
  - Skilled nursing facility coinsurance
  - **Part A deductible**
  - **Part B deductible**
  - Part B charges over the Medicare-approved amount
  - Foreign travel emergency care
- Prescription drug coverage available under Medicare Part D



## To Keep in Mind

Medicare Supplement plans are the same, but insurance companies are not. Choosing a quality carrier is just as important as selecting the right policy.

\*Plans not available in all states.

## Medicare Supplement Plans in [2010]

This chart shows the benefits included in each of the standard Medicare Supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state. Plans E, H, I and J are no longer available for sale.

### Basic Benefits

- **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 co-payments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or co-payments.
- **Blood:** First three pints of blood each year.
- **Hospice:** Part A coinsurance.

A	B	C	D	F, F <sup>†</sup>	G	K	L	M	N
Basic, including 100% Part B coinsurance	Hospitalization and preventative care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventative care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$[20] copayment for office visit, and up to \$[50] copayment for ER					
		Skilled Nursing Facility Coinsurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			
	Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible				
		Part B Deductible		Part B Deductible					
				Part B Excess (100%)	Part B Excess (100%)				
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
						Out-of-pocket limit \$[4620]; paid at 100% after limit reached	Out-of-pocket limit \$[2310]; paid at 100% after limit reached		

<sup>†</sup>Plan F also has an option called a High Deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2000] deductible. Benefits from High Deductible Plan F will not begin until out-of-pocket expenses exceed \$[2000]. Out-of-pocket expenses for this deductible are expenses that would originally 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.

## What is a Medicare Advantage Plan?

Medicare Advantage (MA) Plans are health plans provided by private companies approved by Medicare. They are offered as **managed care plans**, such as:

- Health Maintenance Organizations (HMOs)
- Preferred Provider Organizations (PPOs)
- Private Fee-for-Service (PFFS)

### Features and Benefits

- May have provider networks
- May require specialist referrals
- Usually charge co-pays for services
- May offer **additional coverage benefits**, such as:
  - Low or no deductible
  - Lower coinsurance
  - Vision or dental care
- Plan benefits vary by company and the county you live in
- Often **includes prescription drug coverage** (MA-PD)
- Usually **less expensive** than supplemental insurance
- **Reduced or zero** monthly premiums

### To Keep in Mind

Medicare Advantage Plans can be a cost-effective alternative to Original Medicare. However, consider your health, how often you visit the doctor and your financial situation when choosing a plan.



## What is long-term care?

Long-term care (LTC) is **personal assistance** provided to people who are unable to perform the activities of daily living on their own **for an extended period**. Long-term care is also provided when a person needs supervision due to a cognitive impairment, such as Alzheimer's disease.

You can receive long-term care services in a variety of settings such as an assisted living facility, a nursing home or even in your own home.

### Do the plans in this booklet pay for long-term care?

Medicare is designed to cover doctor visits, hospital stays and rehabilitative care, commonly called acute care. Long-term care—including custodial care—is **generally not covered by Medicare**.

Long-term care services are a unique healthcare expense also **not covered by most government or private health insurance plans**, such as Medicare Advantage Plans and Medicare Supplement insurance.

Paying for services out-of-pocket or purchasing a long-term care insurance plan are common ways of funding care costs.

### Paying for Long-Term Care

	YES	NO
Medicare	Only for short-term recovery	
Health Insurance		✓
Disability Insurance		✓
Medicare Supplement Insurance		✓
Medicaid	In limited circumstances	
Individual, Out-of-Pocket	✓	
Long-Term Care Insurance	✓	