

SERFF Tracking Number: GRTT-126814430 State: Arkansas
Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 46830
Company Tracking Number: G1041A
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Medicare Supplement Plan A
Project Name/Number: /G1041A

Filing at a Glance

Company: Guarantee Trust Life Insurance Company

Product Name: Medicare Supplement Plan A SERFF Tr Num: GRTT-126814430 State: Arkansas
TOI: MS08I Individual Medicare Supplement - SERFF Status: Closed-Approved- State Tr Num: 46830
Standard Plans 2010 Closed
Sub-TOI: MS08I.001 Plan A 2010 Co Tr Num: G1041A State Status: Approved-Closed
Filing Type: Form/Rate Reviewer(s): Stephanie Fowler
Authors: Joan Jannotta, Ann Ryan Disposition Date: 09/24/2010
Date Submitted: 09/18/2010 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date: 09/24/2010
State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: G1041A Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments: submitting concurrently
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Group Market Size:
Overall Rate Impact: Group Market Type:
Filing Status Changed: 09/24/2010 Explanation for Other Group Market Type:
State Status Changed: 09/24/2010
Deemer Date: Created By: Joan Jannotta
Submitted By: Joan Jannotta Corresponding Filing Tracking Number: GRTT-126814515, GRTT-126814589
Filing Description:
Re: Individual Medicare Supplement Insurance
2010 Standardized Medicare Supplement Plan A
Policy Form G1041A
Outline of Coverage OC1041
Actuarial Memorandum and Rates

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NAIC #64211 687

Dear Sir or Madam:

We are submitting the above referenced forms for your review and approval.

Form G1041A is our 2010 standardized Medicare Supplement Plan A policy. It will replace policy form 9240A, which was approved by your Department on October 8, 1997

We are also submitting policy forms G1041C and G1041N under separate serff filings. The corresponding serff filing numbers are shown on the General Information tab.

Outline of Coverage form OC1041 replaces previously approved outline OC9840A. Our approved premium rates will be enclosed as page 2 of the outline. The deductibles and coinsurance amounts are shown in brackets to indicate that they are variable and will change every year due to changes in Medicare. Our intent is to update these forms every year without refiling them.

We will use application form APPH3-06-AR, which was approved by your Department on March 26, 2007 with these forms.

We will also use previously approved "Notice To Applicant Regarding Replacement Of Medicare Supplement Insurance Or Medicare Advantage" form UMS-HRF96 in the case of a replacement. Form UMS-HRF96 will be printed in 3 part NCR so that a signed copy may be left with the applicant and we will retain the remaining copies in the applicant's file.

These forms have been printed by our computer and laser printer. We reserve the right to change the font (typeset) when and if a new font becomes available. We are filing these forms concurrently in Illinois, our state of domicile.

We would appreciate any consideration you could extend toward the prompt approval of this submission. If I can be of further assistance in the approval process, please contact me directly by E-mail or at our toll-free number shown below.

Sincerely,

Joan Jannotta

Product Manager

Product Approval and Compliance (PAC)

Direct Phone: 1-847-904-5730

Toll-Free: 1-800-338-7452, extension #5730

E-mail: jjannotta@gtlic.com

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 Fax: 847-699-0093

Company and Contact

Filing Contact Information

Joan Jannotta, jjannotta@gtlic.com
 1275 Milwaukee Ave. 847-904-5730 [Phone]
 Glenview, IL 60025 847-699-0093 [FAX]

Filing Company Information

Guarantee Trust Life Insurance Company CoCode: 64211 State of Domicile: Illinois
 1275 Milwaukee Avenue Group Code: 687 Company Type: Mutual
 1275 Milwaukee Avenue Group Name: State ID Number:
 Glenview, IL 60025 FEIN Number: 36-1174500
 (847) 460-4772 ext. [Phone]

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: 1 policy = \$50
 1 rates = \$50
 Total \$100.00
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Guarantee Trust Life Insurance Company	\$100.00	09/18/2010	39632978

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/24/2010	09/24/2010

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Disposition

Disposition Date: 09/24/2010

Implementation Date: 09/24/2010

Status: Approved-Closed

Comment: This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Durational Loss ratio	Approved	No
Form	Policy	Approved	Yes
Form	Outline	Approved	Yes
Rate	Rates	Approved	Yes

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Form Schedule

Lead Form Number: G1041A

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 09/24/2010	G1041A	Policy/Cont ract/Fratern al Certificate	Policy	Initial		48.340	G1041A (AR).pdf
Approved 09/24/2010	OC1041	Outline of Coverage	Outline	Initial			OC1041.pdf

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company – 1275 Milwaukee Avenue - Glenview, Illinois 60025 - (847) 699-0600

We, **Guarantee Trust Life Insurance Company**, promise to pay You, the benefits described in this Policy for loss which results from Injury or Sickness while this Policy is in force. All benefits are subject to its definitions, provisions, limitations and exceptions. We make this promise in consideration of the application for this Policy and the payment of the Premium. Your application is attached to and made a part of this Policy.

Important Notice About Statements in the Application – Please read the copy of the application which is a part of this Policy. Check to see if any medical history requested has been left out. Write Us if any information shown isn't right or complete. We issued this Policy on the basis that the answers to all the questions are right and complete. Any wrong or left out statements could cause an otherwise valid claim to be denied.

Right To Examine Policy For 30 Days – If You are not satisfied with this Policy, You may return it to Us within 30 days after You get it. You may return it to Us by mail or to the agent who sold it. Then We will refund to You any premium paid and this Policy will be void.

Effective Date – This Policy begins at 12:01 a.m. Standard Time where You live on the Issue Date shown in the Schedule. It ends, subject to the grace period, at 12:01 a.m. on the date any renewal premium is due.

Guaranteed Renewable for Life - You may keep this Policy in force during Your entire lifetime by paying premiums when due or within the grace period. We can't cancel or refuse to renew this Policy because of a change in Your health. This Policy may be cancelled for nonpayment of premium or material misrepresentation in Your application.

Renewal Premium – We will change the premium rates for this Policy, but only if they are changed for all policies like Yours in Your state on a class basis. The change may be due to a change in Your benefits or a new table or rates. As Your Policy benefits are tied to Medicare's benefits, Your Policy benefits and premiums are expected to change each year due to a change in Medicare's benefits. We will tell You in advance of any change in premium.

Notice to Buyer: This Policy may not cover all of Your medical expenses.

Signed at Guarantee Trust Life Insurance Company in Glenview, Illinois by



Secretary



President

Licensed Resident Agent (If Required): _____

MEDICARE SUPPLEMENT INSURANCE POLICY – PLAN A

This Policy is a legal contract between You and Us.

Read Your Policy carefully.

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SUSPENSION OF BENEFITS

If You become entitled to medical assistance from Medicaid and, within ninety (90) days after entitlement, notify us and request a suspension, we'll suspend Your benefits and premiums for the period of Medicaid eligibility, not to exceed twenty-four (24) months (suspension period).

If You are eligible for, and have purchased this Policy by reason of disability and You later become covered by an employer or union-based group health plan, the benefits and premiums under Your Policy can be suspended, if requested, while You are covered under the employer or union-based group health plan.

Suspension of policy benefits and premiums will begin from the date of Your Medicaid eligibility or the effective date of Your employer or union-based group health plan. When We get the timely notice, to the extent permitted by applicable law or regulation, We'll refund any premium paid covering a period beyond the date of eligibility for Medicaid or effective date of Your employer or union-based group health plan. Any refund will be subject to adjustment for paid claims.

If you lose entitlement to Medicaid benefits or Your employer or union-based group health plan during the suspension period and notify Us so within ninety (90) days, then, effective the date Medicaid entitlement or employer or union-based group health plan terminated, We'll (a) automatically reinstitute this Medicare Supplement coverage or substantially equivalent coverage which was in effect before the date of suspension, upon payment of the required premium; and (b) charge a premium at least as favorable as if the coverage had not been suspended.

DEFINITIONS

Benefit Period means the time used to measure in-hospital benefits for expenses covered by Medicare. A Benefit Period begins after the effective date of coverage with the first day You receive Medicare covered services in a Hospital. The date it ends is determined by Medicare.

Doctor means a legally qualified practitioner of the healing arts, other than You or a Family Member, approved by Medicare to treat the type of condition for which claim is made.

Family Member means a person who is related to You in any of the following ways: spouse, brother-in-law, sister-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), or child (includes legally adopted or stepchild). A Family Member includes an individual who normally lives in Your household.

Hospice Care means a program of palliative care that provides for the physical, emotional, and spiritual care needs of a terminally ill patient and his or her family. The goal of such care is to achieve the highest quality of life as defined by the patient and his or her family through the relief of suffering and control of symptoms.

Hospital means a Hospital that is either approved for payment of Medicare benefits or could receive such approval if so requested.

Injury means an accidental bodily Injury which occurs while this Policy is in force and causing loss which commences while this Policy is in force.

Medicare means the Health Insurance for the Aged Act, Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Medicare Eligible Expenses means expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as medically necessary and reasonable by Medicare. These expenses may or may not be fully covered by Medicare.

Medicare Part A Deductible means the initial fixed amount Medicare does not pay for Part A inpatient Hospital services during a Benefit Period. This amount is determined by Medicare.

Medicare Part B Annual Deductible means the initial fixed amount Medicare does not pay under Part B for expenses covered by Medicare in each Calendar Year. This amount is determined by Medicare.

Policy or Contract means this legal agreement between You and Us.

Respite Care means professional care given to You in order to temporarily relieve unpaid Informal Caregivers.

Sickness means an illness or disease of an insured person which first manifests itself after the effective date of coverage and causes loss which commences while this Policy is in force.

You or Your means the person who is insured under this Policy and named in the Schedule.

We, Our or Us means Guarantee Trust Life Insurance Company.

BENEFIT PROVISIONS

MEDICARE SUPPLEMENT BENEFITS

We'll pay benefits for covered Medicare Eligible Expenses You incur due to Injury or Sickness. Covered expenses and Policy benefits and limits are explained below. To be covered, the Medicare Eligible Expense must be incurred while coverage under this Policy is in force.

Any claim for a continuous loss that begins while this Policy is in force won't be affected by the ending of this Policy. But, benefits for such continuous loss may be conditioned upon Your continuous total disability, and are limited to the duration of the Medicare Benefit Period, if any, or the maximum benefits payable.

We'll pay benefits listed below as though You have coverage under both Medicare hospital and medical insurance, and as though Medicare paid its share of the covered expense. We won't impose any limitations on benefits that are more restrictive than Medicare's limitations and restrictions.

Explanation of Medicare Benefits Form - before We can pay any benefits for expenses covered under Medicare Part B, You or Your health care provider must file a claim with Medicare. We must then get the Explanation of Medicare Benefits form. It's a form sent by Medicare's Benefit Department. It shows the Medicare Eligible Expenses.

We'll pay as follows:

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare Benefit Period;
2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;
3. Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept Our payment in full and may not bill You for any balance;
4. Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;
5. Coverage for the Coinsurance amount, or in the case of Hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare Eligible Expenses under Part B regardless of Hospital confinement, subject to the Medicare Part B deductible;
6. Hospice Care: Coverage of the cost sharing for all Part A Medicare eligible Hospice Care and Respite Care expenses.

Before Part A and Part B Policy benefits are payable, benefits must be payable under Part A and Part B of Medicare for its part of the expenses.

Benefit and Premium Change

The risk We assumed on this Policy's Issue Date was based on Medicare's benefit structure at that time. Medicare benefits change from time to time. When Medicare changes its deductible or co-payment amounts, or limits under its benefit structure that was in effect on the Effective Date, We'll change benefits to handle such changes.

Medicare's benefit structure may change to the extent that the nature of the risk We assumed at issue changes. If it does, We may have to change this Policy's coverage. We will make such a change by adding an endorsement or new schedule page to the Policy or both. Before We make any such change, We'll get approval from the government agency in the state that regulates Your insurance. Until the effective date of any coverage change, benefits will be based upon the risk we assumed on this Policy's Issue Date.

Any premium change needed because of such a benefit or structure change may be made only after We give You the advance notice Your state requires.

LIMITATIONS AND EXCLUSIONS

Exclusions

This Policy does not cover or consider for payment any service or supply, or any portion of a service or supply that is not a Medicare Eligible Expense, nor will this Policy duplicate any benefit paid by Medicare.

UNIFORM PROVISIONS

Entire Contract; Changes:

This Policy, a copy of the application, and any attached papers, is the Entire Contract between You and Us. No change in this Policy will be effective until approved by two of Our executive officers. This approval must be noted on or attached to this Policy. No agent may change this Policy or waive any of its provisions.

Time Limit On Certain Defenses

After 2 years from the Effective Date only fraudulent misstatements in the application may be used to void this Policy or deny any claims for loss which starts after the 2 year period.

Grace Period

This policy has a 31 day Grace Period. This means that if a premium is not paid on or before the date it is due, it may be paid during the following 31 days. During the Grace Period, this Policy will stay in force. If a premium is not paid during the Grace Period, this Policy will terminate as of the due date of the unpaid premium. If You send written notice to Us that You are not renewing Your coverage, then the Grace Period will not apply after the date the non-renewal is to be effective.

Reinstatement

If the premium isn't paid before the Grace Period ends, this Policy will lapse. Later acceptance of premium by Us or by Your agent without requiring an application for reinstatement, will reinstate this Policy.

If You were asked to complete an application, You'll be given a conditional receipt for the premium. If the application is approved, this Policy will be reinstated as of the approval date. Lacking such approval, this Policy will be reinstated on the 45th day after the date of the conditional receipt unless We previously notified You, in writing, of Our disapproval.

The reinstated Policy will cover loss which results from an Injury sustained after the date of reinstatement or sickness that starts after such date. In all other aspects Your rights and Our rights will remain the same, subject to any provisions noted on or attached to the reinstated Policy.

Premium Refund at Death

We will refund within 30 days after we receive proof of Your death, that portion of the premium paid covering the period beyond the month of death.

Notice of Claim

You must give Us written notice of claim within 20 days after a covered loss starts or as soon as possible. The notice can be given to Us at Our home office in Glenview, Illinois, or to Your agent. Notice should include Your name and Policy number.

Claim Forms

When we get notice of claim, We'll send You forms for filing proof of loss. If these forms aren't given to You within 15 days, You'll meet the proof of loss requirements by giving Us a written statement of the nature and extent of the loss. We must get this statement within the time limit stated in the Proofs of Loss section.

Proofs of Loss

Written proof of loss must be given to Us within ninety (90) days of such loss. If it was not reasonably possible to give Us written proof in the time required, we won't reduce or deny the claim for this reason if the proof is filed as soon as possible. In any event, the proof required must be given no later than one (1) year from the time specified unless You were legally unable to act.

Time of Payment of Claims

We will pay all benefits then due under this Policy as soon as we get proper written proof of loss.

Payment of Claims

We will pay the benefits to You or to the health care provider. Any unassigned benefits due and unpaid at Your death may be paid, at our choice, either to Your estate or beneficiary.

If benefits are payable to Your estate or Your beneficiary who can't give valid release, We may pay up to \$1,000 to anyone related to You by blood or marriage, whom We consider to be entitled to the benefits. We'll be discharged to the extent of any such payment made in good faith.

Physical Examinations

We, at Our own expense, have the right to have You examined as often as reasonably necessary while a claim is pending.

Legal Action

A legal action may not be brought to recover on this Policy within sixty (60) days after written proof of loss has been given as required by this Policy. No such action may be brought after three (3) years from the time written proof of loss is required to be given.

Other Insurance With Us

You may have only one Policy like this one with us. If through error, We issue more than one like Policy to You, only one Policy chosen by You, or if necessary Your beneficiary or estate, will stay in force. We'll return the money You paid for the other Policies.

Conformity With State Statutes

Any provision of this Policy which, on its Effective Date, is in conflict with the laws of the state in which You live on that date is amended to conform to the minimum requirements of such laws.

Annual Meeting

The annual meeting of our policyholders will be held in our home office. It will start at 10:00 a.m. on the first Monday of July. It will be held on Tuesday if Monday is a legal holiday. We will elect directors and transact other business that is brought before the meeting.

GUARANTEE TRUST LIFE INSURANCE COMPANY

A Mutual Company

1275 Milwaukee Avenue

Glenview, Illinois 60025

(847) 699-0600

**MEDICARE SUPPLEMENT
INSURANCE**

PREMIUM INFORMATION

We, Guarantee Trust Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State on a class basis.

DISCLOSURES

Use this outline to compare benefits and premium among policies.

[This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010 have different benefits and premiums. Plans E, H, I and J are no longer available for sale.]

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 1275 Milwaukee Avenue, Glenview, Illinois 60025. 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

This policy may not fully cover all of your medical costs.

Neither Guarantee Trust Life Insurance Company nor its agents are 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 and 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.

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the additional 365 days	All but \$[1,100] All but \$[275] a day All but \$[550] a day \$0 \$0	\$0 \$[275] a day \$[550] a day 100% of Medicare eligible expenses \$0	\$[1,100] (Part A Deductible) \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 \$0 \$0	\$0 Up to \$[137.50] a day All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-payment/coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **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 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* Remainder of Medicare Approved Amounts	 \$0 Generally 80%	 \$0 Generally 20%	 \$[155] (Part B Deductible) \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	 \$0 \$0 80%	 All costs \$0 20%	 \$0 \$[155] (Part B Deductible) \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

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

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the additional 365 days	All but \$[1,100] All but \$[275] a day All but \$[550] a day \$0 \$0	\$[1,100] (Part A Deductible) \$[275] a day \$[550] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited co-ayment/coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **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 C

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 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* Remainder of Medicare Approved Amounts	\$0 Generally 80%	\$[155] (Part B Deductible) Generally 20%	\$0 \$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All costs
BLOOD First 3 pints Next \$[155] of Medicare Approved Amounts* Remainder of Medicare Approved Amounts	\$0 \$0 80%	All costs \$[155] (Part B Deductible) 20%	\$0 \$0 \$0
CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

(continued)

**PLAN C
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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	\$[155] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

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
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN N

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 PAYS	YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days 61 st thru 90 th day 91 st day and after: -While using 60 lifetime reserve days -Once lifetime reserve days are used: -Additional 365 days -Beyond the additional 365 days	All but \$[1,100] All but \$[275] a day All but \$[550] a day \$0 \$0	\$[1,100] (Part A Deductible) \$[275] a day \$[550] a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$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 21 st thru 100 th day 101 st day and after	All approved amounts All but \$[137.50] a day \$0	\$0 Up to \$[137.50] a day \$0	\$0 \$0 All costs
BLOOD First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for out-patient drugs and inpatient respite care	Medicare co-payment/coinsurance	\$0

** **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 N

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 PAYS	YOU PAY
<p>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.</p> <p>First \$[155] of Medicare Approved Amounts*</p> <p>Remainder of Medicare Approved Amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>	<p>\$[155] (Part B Deductible)</p> <p>Up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.</p>
<p>Part B Excess Charges (Above Medicare Approved Amounts)</p>	<p>0%</p>	<p>0%</p>	<p>All costs</p>
<p>BLOOD</p> <p>First 3 pints</p> <p>Next \$[155] of Medicare Approved Amounts*</p> <p>Remainder of Medicare Approved Amounts</p>	<p>\$0</p> <p>\$0</p> <p>80%</p>	<p>All costs</p> <p>\$0</p> <p>20%</p>	<p>\$0</p> <p>\$[155] (Part B Deductible)</p> <p>\$0</p>
<p>CLINICAL LABORATORY SERVICES – TESTS FOR DIAGNOSTIC SERVICES</p>	<p>100%</p>	<p>\$0</p>	<p>\$0</p>

(continued)

**PLAN N
PARTS A & B**

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
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

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
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

SERFF Tracking Number: GRTT-126814430 State: Arkansas
 Filing Company: Guarantee Trust Life Insurance Company State Tracking Number: 46830
 Company Tracking Number: G1041A
 TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
 Standard Plans 2010
 Product Name: Medicare Supplement Plan A
 Project Name/Number: /G1041A

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved Rates 09/24/2010		G1041A, G1041C, G1041N	New		GTL_MedSupp_RateSheets_2010_Filing_Rev1.pdf

Guarantee Trust Life Insurance Company
Standardized Medicare Supplement Premium Rates
Annual Rates - Effective 12/1/2010

ARKANSAS - Annual

	Non-Tobacco				Tobacco		
Age	Plan A	Plan C	Plan N		Plan A	Plan C	Plan N
All Ages	1,303.20	1,897.20	1,340.40		1,448.40	2,107.20	1,489.20

ARKANSAS - Monthly

	Non-Tobacco				Tobacco		
Age	Plan A	Plan C	Plan N		Plan A	Plan C	Plan N
All Ages	108.60	158.10	111.70		120.70	175.60	124.10

Zip Codes

Area Factors

720-722	1.00
716-719, 723-729	0.90

Modal Loads:

Annual	1.0000
Semi-Annual	0.5200
Quarterly	0.2600
Monthly Direct	0.0870
Monthly Bank Draft	1/12th

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 Standard Plans 2010
 Product Name: Medicare Supplement Plan A
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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification Comments: Attachment: readcert Plan A.pdf	Approved	09/24/2010

	Item Status:	Status Date:
Satisfied - Item: Application Comments: Application APPH3-06-AR approved March 26, 2007.	Approved	09/24/2010

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage Comments: Please see the outline in the forms tab.	Approved	09/24/2010

CERTIFICATE OF READABILITY

Form Number(s): G1041A

Flesch Test Score(s): 48.34

I hereby certify that to the best of my knowledge and belief, the above form(s) meet the minimum reading ease requirements of your Department. The Flesch Reading Ease Test score(s) are listed above.

GUARANTEE TRUST LIFE INSURANCE COMPANY



Allan J. Heindl, FLMI, HIA, AIRC
Vice President – Product Approval & Compliance

Date September 14, 2010