

SERFF Tracking Number: HUMA-126979253 State: Arkansas
Filing Company: Humana Insurance Company State Tracking Number: 47674
Company Tracking Number: AR-01-2011
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2010 Individual Medicare Supplement Plans
Project Name/Number: Local Marketing-GHA0CGXHH/

Filing at a Glance

Company: Humana Insurance Company

Product Name: 2010 Individual Medicare Supplement Plans SERFF Tr Num: HUMA-126979253 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed State Tr Num: 47674

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: AR-01-2011

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michele Zabel, Paula

Disposition Date: 01/27/2011

Williamson, Bettina Ponds, Tammy

House, Tiffany Turner, Seth

Johnson

Date Submitted: 01/11/2011

Disposition Status: Filed

Implementation Date Requested:

Implementation Date:

State Filing Description:

General Information

Project Name: Local Marketing-GHA0CGXHH

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 01/27/2011

State Status Changed: 01/27/2011

Deemer Date:

Created By: Bettina Ponds

Submitted By: Bettina Ponds

Corresponding Filing Tracking Number:

Filing Description:

RE: Humana Insurance Company

NAIC: 119, 73288

FEIN: 39-1263473

Humana Insurance Company is submitting the attached marketing materials for your review and approval. The form is an ad/postcard which will be used in local marketing campaigns for Humana Medicare Supplement insurance plans.

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Form: GHA0CGXHH

Policy forms ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, ARMESM10L, and ARMESM10N.

I can be reached in addition to SERFF by phone at (502) 580-0964 or by e-mail at bponds@humana.com if you have any questions or require further information relative to this filing.

Company and Contact

Filing Contact Information

Bettina Ponds, Medicare Supplement Product bponds@humana.com
 Compliance Analyst
 500 W. Main St. 502-580-0964 [Phone]
 Louisville, KY 40202

Filing Company Information

| | | |
|-----------------------------|-------------------------|------------------------------|
| Humana Insurance Company | CoCode: 73288 | State of Domicile: Wisconsin |
| 1100 Employers Boulevard | Group Code: 119 | Company Type: Life & Health |
| Green Bay, WI 54344 | Group Name: | State ID Number: |
| (800) 558-4444 ext. [Phone] | FEIN Number: 39-1263473 | |

Filing Fees

| | |
|------------------|-----------------------------------|
| Fee Required? | Yes |
| Fee Amount: | \$50.00 |
| Retaliatory? | No |
| Fee Explanation: | \$50 per each advertisement filed |
| Per Company: | No |

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|--------------------------|---------|----------------|---------------|
| Humana Insurance Company | \$50.00 | 01/11/2011 | 43641738 |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|------------------|------------|----------------|
| Filed | Stephanie Fowler | 01/27/2011 | 01/27/2011 |

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Disposition

Disposition Date: 01/27/2011

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Post Submission Update Request Processed On 01/27/2011

Status: Allowed
Created By: Bettina Ponds
Processed By: Stephanie Fowler
Comments:

General Information:

| Field Name | Requested Change | Prior Value |
|-------------------|---|---|
| Product Name | 2010 Individual Medicare Supplement Plans | 2011 Individual Medicare Supplement Plans |

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Form Schedule

Lead Form Number:

| Schedule Item Status | Form Number | Form Type Form Name | Action | Action Specific Data | Readability | Attachment |
|------------------------|-------------|-------------------------|---------|----------------------|-------------|----------------------------|
| Filed 01/27/2011 HH | GHA0CGX | Advertising Ad/Postcard | Initial | | | GHA0CGXHH - Generic.pdf |

Medicare Supplement Ad/Postcard

[HEADER]

Where you go, we go
With coverage in all 50 states

[COPY]

With a Medicare Supplement insurance plan, like those offered by Humana, you can enjoy coverage anywhere in the U.S.:

- Coverage when you travel anywhere in all 50 states plus D.C. and Puerto Rico
- Freedom to choose any doctor, hospital, or other provider that accepts Medicare
- You don't have to pay for some of the out-of-pocket expenses found with Medicare
- No referrals required to see a specialist!
- Coverage that's guaranteed renewable as long as you pay your monthly premiums

Plus, it's backed by Humana – a company with over 50 years in the healthcare business.

All with plans in [State] starting [at/under] \$[xx.xx] per month.*

[Call today for information and a free, no-obligation quote:]

[Agent Name] [1-000-000-0000] [Hours of operation]

[Or]

[Call now to reserve your seat at a meeting near you.] *[or]*

[Find out more about your options at a local seminar and receive a free Medicare Basics for Dummies booklet.**] [Insert photo of Dummies booklet]

[City/location/Address/Date/Time]

[Agent Name] [1-000-000-0000] [Hours of operation]

[Don't forget to ask us about our Medicare prescription drug plans as low as \$14.80 a month!]

[Humana Logo]

Insured by Humana Insurance Company. This is a solicitation of Medicare Supplement insurance and you may be contacted by a licensed agent. Not connected with or endorsed by the U.S. government or the federal Medicare program.

Medicare Supplement insurance is available to those enrolled in Parts A and B of Medicare due to age and is also available in some states to under age 65 disabled Medicare recipients.

Coverage is limited to Medicare-eligible expenses. These policies have exclusions and limitations; please call your agent or Humana for complete details of coverage and costs. Policy form series MESM10 or state equivalent. Humana can cancel your policy only for nonpayment of premium or material misrepresentation.

*Premiums may vary. Price referenced is for High Deductible Plan F, age 65 who qualifies for the preferred premium rate where applicable. This premium may vary by county in some states. A sales person will be present with information and applications. [**No obligation to enroll.][A stand-alone prescription drug plan with a Medicare contract. You must continue to pay your Medicare Part B premiums. This is an advertisement.]

Y0040_GHA0CGXHH [file and use MMDDYYYY] or [CMS approved MMDDYYYY]

GHA0CGXHH

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Supporting Document Schedules

| | Item Status: | Status |
|---|--------------|-------------------------|
| Satisfied - Item: Statement of Variability | Filed | Date: 01/27/2011 |
| Comments: | | |
| Attachment: | | |
| Statement of Variability.pdf | | |

Statement of Variability

Form: GHA0CGXHH

- [HEADER]: this is informational for the filing only and will not appear on the piece.
- [COPY]: this is informational for the filing only and will not appear on the piece.
- [State] starting [at/under] \$ [xx.xx] per month is bracketed to show specific state, at or under and the current monthly plan premium.
- [Call today for information and a free, no obligation quote:]
[Agent Name] [1-000-000-0000] [Hours of operation]
[or]
[Call now to reserve your seat at a meeting near you.]
[or] [Find out more about your options at a local seminar and receive a free Medicare Basics for Dummies booklet.**]
[Insert photo of Dummies booklet.] is bracketed depending on the availability of meetings in the member's area. Only one of these statements will be used, not both. Toll-free numbers and hours of operation are bracketed should it become necessary, based on the days and times of agent availability in the call centers. Insert photo is bracketed as it will only be displayed if the statement regarding the booklet offering is used.
- [City/location/Address/Date/Time][Agent Name] [1-000-000-0000][Hours of operation] is bracketed should it become necessary, based on the days and times of agent availability in the call centers.
- [Don't forget to ask us about our Medicare prescription drug plans as low as \$14.80 a month!] is bracketed to be used only in areas where PDP plans are available.
- [Humana logo]is bracketed to insert Humana's current logo.

- [**No obligation to enroll.] is bracketed as it will only be displayed if the Medicare for Dummies book is referenced.
- [A stand-alone prescription drug plan with a Medicare contract. You must continue to pay your Medicare Part B premiums. This is an advertisement.] is bracketed for use in locations where PDP plans are available.
- [file and use MMDDYYYY] or [CMS approved MMDDYYYY] is bracketed to allow for the addition of the CMS approval date once approved as required by CMS.