

SERFF Tracking Number: MEAM-126945091 State: Arkansas
 Filing Company: MedAmerica Insurance Company State Tracking Number: 47518
 Company Tracking Number: AIMS MED FC 135 1
 TOI: LTC05I Individual Long Term Care - Nursing Sub-TOI: LTC05I.001 Qualified
 Home & Home Health Care
 Product Name: AIMS MED FC 135 1
 Project Name/Number: AIMS MED FC 135 1/AIMS MED FC 135 1

Filing at a Glance

Company: MedAmerica Insurance Company

Product Name: AIMS MED FC 135 1

TOI: LTC05I Individual Long Term Care -
 Nursing Home & Home Health Care

Sub-TOI: LTC05I.001 Qualified

Filing Type: Advertisement

SERFF Tr Num: MEAM-126945091 State: Arkansas

SERFF Status: Closed-Filed- State Tr Num: 47518
 Closed

Co Tr Num: AIMS MED FC 135 1 State Status: Filed-Closed

Reviewer(s): Harris Shearer,
 Stephanie Fowler

Author: Lorie Heimbeck

Disposition Date: 01/06/2011

Date Submitted: 12/13/2010

Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: AIMS MED FC 135 1

Project Number: AIMS MED FC 135 1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 01/06/2011

State Status Changed: 01/06/2011

Created By: Lorie Heimbeck

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Lorie Heimbeck

Filing Description:

We wish to submit the enclosed advertisement filing for use in your state. Please see the cover letter for further details.

Company and Contact

Filing Contact Information

Lorie Heimbeck, LTC Compliance Analyst

lorie.heimbeck@medamericaltc.com

165 Court Street

585-238-4692 [Phone]

Rochester , NY 14647

585-238-3642 [FAX]

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Filing Company Information

MedAmerica Insurance Company CoCode: 69515 State of Domicile: Pennsylvania
 165 Court Street Group Code: Company Type: Long Term Care
 Insurance
 Rochester, NY 14647 Group Name: State ID Number:
 (585) 327-6522 ext. [Phone] FEIN Number: 34-0977231

Filing Fees

Fee Required? Yes
 Fee Amount: \$350.00
 Retaliatory? No
 Fee Explanation: \$50 x 7 advertisements
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
MedAmerica Insurance Company	\$350.00	12/13/2010	42858016

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/06/2011	01/06/2011

SERFF Tracking Number: MEAM-126945091 *State:* Arkansas
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Disposition

Disposition Date: 01/06/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover letter	Filed	Yes
Supporting Document	Transmittal	Filed	Yes
Form	Benefit & Premium Summary Proposal	Filed	Yes
Form	Cover Page		
Form	Summary of Premiums and Benefits	Filed	Yes
Form	Alternative Benefit Options and Premiums	Filed	Yes
Form	Chosen Inflation Option Detail	Filed	Yes
Form	Exclusions Page A	Filed	Yes
Form	All Ages Benefit & Premium Rate Sheet	Filed	Yes
Form	Exclusions Page B	Filed	Yes

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Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 01/06/2011	AIMS MED FC 135 1	Advertising	Benefit & Premium Summary Proposal Cover Page	Initial		0.000	AIMS MED FC 135 1 [DOI].pdf
Filed 01/06/2011	AIMS MED FC 135 2	Advertising	Summary of Premiums and Benefits	Initial		0.000	AIMS MED FC 135 2 [DOI].pdf
Filed 01/06/2011	AIMS MED FC 135 3	Advertising	Alternative Benefit Options and Premiums	Initial		0.000	AIMS MED FC 135 3 [DOI].pdf
Filed 01/06/2011	AIMS MED FC 135 4	Advertising	Chosen Inflation Option Detail	Initial		0.000	AIMS MED FC 135 4 [DOI].pdf
Filed 01/06/2011	AIMS MED FC 135 5	Advertising	Exclusions Page A	Initial		0.000	AIMS MED FC 135 5 [DOI].pdf
Filed 01/06/2011	AIMS MED FC 135 6	Advertising	All Ages Benefit & Premium Rate Sheet	Initial		0.000	AIMS MED FC 135 6 [DOI].pdf
Filed 01/06/2011	AIMS MED FC 135 7	Advertising	Exclusions Page B	Initial		0.000	AIMS MED FC 135 7 [DOI].pdf

MEDAmerica INSURANCE COMPANY

An Excellus Company

Home Office: Pittsburgh, PA

Administrative Office: [165 Court Street, Rochester, NY 14647]

FlexCare Long Term Care Insurance

Benefit & Premium Summary Proposal [State]

Presented for:

[Client Name]

[Spouse/ Domestic Partner]

Presented by:

[Agent Name]

Agency Name

Agency Address

Agency City State Zip

Agency Phone]

[Date]

FlexCare Long Term Care Insurance

[Date]

Name	Age	Rate Class	Marital Status: [Individual]
[Client]	[99]	[Preferred]	State: [ST]
[Spouse/ Domestic Partner]	[99]	[Preferred]	

Long Term Care Insurance Coverage

Coverage Includes	Each Insured
Plan Type	[Comprehensive]
Benefit Period (days)	[999999]
Maximum Benefit	[\$9,999,999]
Elimination Period	[30 Calendar Day]
Benefit Increase Option	[Simple 5% – No Max]
Nursing Home (NH) Benefits	
[Daily Benefit]	[\$999]
[Assisted Living Facilities (ALF), Home Health Care (HHC), Adult Day Care (ADC)]	
[Daily Benefit]	[\$999]
[Optional ALF, HHC, ADC]	
[20 Day Calendar Wavier of Elimination]	[Yes]
[Monthly ALF, HHC, ADC]	[Yes]
[Monthly Cash Benefit Rider]	[\$99,999]
[Spouse/ Domestic Partner Benefits]	
[Shared Extended Benefit Rider]	[Yes]
[Shared Waiver of Premium Rider]	[Yes]
[Survivor Benefit Rider]	[Yes]
[Options]	
[Premium Payment Option]	[Lifetime]
[Extended Benefit Rider]	[1095]
[Return of Premium Upon Death]	
[Graded]	[Yes]
[to Age 80]	[Yes]
[Restoration of Benefits]	[Yes]
[Non-forfeiture]	[Yes]

PREMIUMS

	Client	[Spouse/ Domestic Partner]	Total
Annual Premium for Base Coverage	\$[99,999.99]	\$[99,999.99]	\$[99,999.99]
[Annual Premium for Optional Benefits]	\$[99,999.99]	\$[99,999.99]	\$[99,999.99]
[Total Annual Premium]	\$[99,999.99]	\$[99,999.99]	\$[99,999.99]
[Semi-Annual]	\$[99,999.99]	\$[99,999.99]	\$[99,999.99]
[Quarterly Premium]	\$[99,999.99]	\$[99,999.99]	\$[99,999.99]
[Monthly Premium]	\$[99,999.99]	\$[99,999.99]	\$[99,999.99]

This is an illustration only. Exact rates are determined upon policy issue. Policyholders have 30 days to examine their policy and return it or a full refund. Not to be used without the Outline of Coverage for the state listed above.

FlexCare Long Term Care Insurance

[Date]

Name [Client] **Age** [99] **Rate Class** [Preferred] **Marital Status:** [Individual]
State: [ST]
 [Spouse/ Domestic Partner] [99] [Preferred]

Alternate Benefit Options and Premiums

These charts display a premium comparison when changing various options. These amounts are based on your initial benefit selections. When a couple is quoted, premiums shown below are combined premiums for both spouses/ domestic partners.

Selected Benefits: [Elimination Period:] [100]
 [NH Daily Benefit:] \$[100]
 [Max Lifetime:] \$[9,999,999]

[Elimination Period]	[Monthly Premium]
[99]	\$[9,999]
[99]	\$[9,999]
[99]	\$[9,999]
[99]	\$[9,999]

[Daily Benefit]	[Monthly Premium]
\$[99]	\$[9,999]
\$[99]	\$[9,999]
\$[99]	\$[9,999]
\$[99]	\$[9,999]

[Maximum Benefit Period / Amount]	[Monthly Premium]
[Days] \$[99,999]	\$[9,999]

Selected Benefits: [Assisted Living, Home Health Care, Adult Day Care:] [999]

[Daily Benefit]	[Monthly Premium]
[50%]	\$[9,999]
[75%]	\$[9,999]
[100%]	\$[9,999]
[125%]	\$[9,999]

Selected Benefits: [5 Simple – No Max:]

[Benefit Increase Option]	[Monthly Premium]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]
[5 Simple – No Max]	\$[9,999.99]

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FlexCare Long Term Care Insurance

[Date]

Name	Age	Rate Class	Marital Status: [Individual]
[Client]	[99]	[Preferred]	State: [ST]
[Spouse/ Domestic Partner]	[99]	[Preferred]	

Growth in Benefits

Growth of policy Maximum benefits, based on the benefit increase option selected,
 [5% Simple – No Max].

Each Insured

Policy Year	Age	Max Daily Benefit	Max Benefit Total	[Monthly Cash Benefit]
1	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
2	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
3	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
4	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
5	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
6	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
7	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
8	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
9	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
10	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
11	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
12	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
13	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
14	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
15	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
16	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
17	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
18	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
19	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
20	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
25	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
30	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
35	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]
40	[99]	[\$9,999]	[\$9,999,999]	[\$999,999]

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FlexCare Long Term Care Insurance

[Date]

Name	Age	Rate Class	Marital Status: [Individual]
[Client]	[99]	[Preferred]	State: [ST]
[Spouse/ Domestic Partner]	[99]	[Preferred]	

No Pre-Existing Condition Limitations

There is no exclusion for pre-existing conditions.

We will not cover expenses for the following under this policy:

1. Substance abuse treatment for alcohol or drug addiction.
2. Treatment for illness or medical condition arising out of war or any act of war, declared or undeclared.
3. Services for intentionally self-inflicted injury.
4. Treatment provided in a government facility except treatment provided to a Medicaid recipient or as otherwise required by state or federal law.
5. Services provided by an unlicensed caregiver who is a member of your immediate family, except for caregiver training benefits included in the benefits section of this policy.
6. Services for which no charge is normally made in the absence of insurance.
7. Expenses for medications, whether prescription or non-prescription.

The exclusion regarding a member of your immediate family will not apply to:

1. The Monthly Cash Benefit Rider.
2. A spouse/domestic partner or immediate family member who is a licensed healthcare practitioner or employed by a home health care agency.

We will provide coverage in accordance with the terms of this policy for mental conditions, including Alzheimer’s Disease, Parkinson’s Disease, and senile dementia.

FlexCare Long Term Care Insurance

[Date]

Presented by: [Agent]

Rate Class
[Preferred]

Marital Status: [Individual]
State: [ST]

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We will not cover expenses for the following under this policy:

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Administrative Office:
165 Court Street
Rochester, NY 14647

Product Filing/Contracts Management
Tel: (800) 544-0327 x 4692
Fax: (585) 238-3675
E-Mail Address: lorie.heimbuck@medamericaltc.com

December 13, 2010

Jay Bradford, Commissioner
Arkansas Department of Insurance
1200 West 3rd. Street
Little Rock, Arkansas 72201-1904

RE:	MedAmerica Insurance Company	NAIC #: 69515 00
	Long Term Care – Sales or Advertising Literature	FEIN #: 34-0977231
	Form #s	
	AIMS MED FC 135 1	AIMS MED FC 135 5
	AIMS MED FC 135 2	AIMS MED FC 135 6
	AIMS MED FC 135 3	AIMS MED FC 135 7
	AIMS MED FC 135 4	

Dear Commissioner Bradford:

We wish to submit the enclosed new advertisement filing for use in your state. The forms represent a screen view of rate proposal software and will be used as an educational tool for consumers and marketed by licensed agents to the general public or for use as a direct response piece for the general public.

Thank you for your review of the above referenced material. Please do not hesitate to contact me if I can be of any assistance to you as you complete your review.

Sincerely,

Lorie A. Heimbuck
Compliance Analyst

Marketing Materials Transmittal List



MedAmerica Insurance Company

ARKANSAS

Name	Description	Form #
Rate Proposal	Benefit & Premium Summary Proposal Cover Page	AIMS MED FC 135 1
Rate Proposal	Summary of Premiums and Benefits	AIMS MED FC 135 2
Rate Proposal	Alternative Benefit Options and Premiums	AIMS MED FC 135 3
Rate Proposal	Chosen Inflation Option Detail	AIMS MED FC 135 4
Rate Proposal	Exclusions Page A	AIMS MED FC 135 5
Rate Proposal	All Ages Benefit & Premium Rate Sheet	AIMS MED FC 135 6
Rate Proposal	Exclusions Page B	AIMS MED FC 135 7