

SERFF Tracking Number: MUTM-127786154 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Filing at a Glance

Company: United of Omaha Life Insurance Company

Product Name: 2012 Copay Deductible Filing- CP51 00-12 (United) SERFF Tr Num: MUTM-127786154 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved State Tr Num: 50145

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: ROBYN GONZALES

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler,
Donna Lambert

Authors: Shelly Kaipust, Jan

Disposition Date: 11/08/2011

Serafini, Jaime Mosqueda, Ellen

Cochrane, Melanie Worth, Robyn

Gonzales, Neil Sandhoefner

Date Submitted: 11/01/2011

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 12/08/2011

State Filing Description:

General Information

Project Name: 2012 Copay Deductible Filing

Project Number: CP51 00-12

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: 11/08/2011

State Status Changed: 11/08/2011

Created By: Ellen Cochrane

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Ellen Cochrane

Filing Description:

NAIC # 261-69868

Individual Medicare Supplement Insurance

Outline of Coverage Modules CP51 00-12, DP2B 00-12, and BC51 00-12

SERFF Tracking Number: MUTM-127786154 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Enclosed for your review and approval are the above-captioned Medicare supplement outline of coverage module forms. This filing is being made to comply with the changes in the Federal Medicare coinsurance and deductible amounts. The only changes in these modules from the previously approved modules are the coinsurance and deductible amounts effective January 1, 2012.

Outline of coverage module forms CP51 00-12 and BC51 00-12 will replace forms CP51 08-11 and BC51, approved by your Department on August 2, 2011, and April 14, 2011, respectively. Outline of coverage module form DP2B 00-12 is also included with minor grammatical changes. This form will replace form DP2B 08-11 approved on August 2, 2011.

Your review and approval of this submission will be most appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Robyn Gonzales
Senior Product and Advertising Compliance Analyst
Corporate Compliance and Ethics Division
Phone: 402-351-6748
Fax: 402-351-5298
E-mail: Robyn.Gonzales@mutualofomaha.com

Company and Contact

Filing Contact Information

Robyn Gonzales, Product & Advertising Compliance Analyst
robyn.gonzales@mutualofomaha.com
Mutual of Omaha 402-351-6748 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

United of Omaha Life Insurance Company CoCode: 69868 State of Domicile: Nebraska
Mutual of Omaha Plaza Group Code: 261 Company Type: Life Insurance
Omaha, NE 68175 Group Name: State ID Number:
(402) 351-6910 ext. [Phone] FEIN Number: 47-0322111

SERFF Tracking Number: MUTM-127786154 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
Company Tracking Number: ROBYN GONZALES
TOI: MS081 Individual Medicare Supplement - Sub-TOI: MS081.001 Plan A 2010
Standard Plans 2010
Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Filing Fees

Fee Required? Yes
Fee Amount: \$150.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	\$150.00	11/01/2011	53365119

SERFF Tracking Number: MUTM-127786154 State: Arkansas
Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	11/08/2011	11/08/2011

SERFF Tracking Number: MUTM-127786154 *State:* Arkansas
Filing Company: United of Omaha Life Insurance Company *State Tracking Number:* 50145
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - *Sub-TOI:* MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Disposition

Disposition Date: 11/08/2011

Implementation Date: 12/08/2011

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-127786154 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
 Company Tracking Number: ROBYN GONZALES
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
 Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

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
Form	Individual Medicare Supplement	Approved	Yes
	Insurance Outline of Coverage - Cover Page		
Form	Individual Medicare Supplement	Approved	Yes
	Insurance Outline of Coverage - Benefit Charts		
Form	Individual Medicare Supplement	Approved	Yes
	Insurance Outline of Coverage-Disclosure Page		

SERFF Tracking Number: MUTM-127786154 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
 Company Tracking Number: ROBYN GONZALES
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
 Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Form Schedule

Lead Form Number: CP51 00-12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 11/08/2011	CP51 00-12	Outline of Coverage	Individual Medicare Supplement Insurance Outline of Coverage - Cover Page	Initial			CP51 00-12 (Outline Cover Page).pdf
Approved 11/08/2011	BC51 00-12	Outline of Coverage	Individual Medicare Supplement Insurance Outline of Coverage - Benefit Charts	Initial			BC51 00-12 (Outline Benefit Charts).pdf
Approved 11/08/2011	DP2B 00-12	Outline of Coverage	Individual Medicare Supplement Insurance Outline of Coverage-Disclosure Page	Initial			DP2B 00-12 (Outline Disclosure Page).pdf

UNITED OF OMAHA LIFE INSURANCE COMPANY
A Mutual of Omaha Company
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, G, and M

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.

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 copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood: First 3 pints of blood each year.

Hospice: Part A coinsurance.

Plan A	Plan B	Plan C	Plan D	Plan F	F*	Plan G
Basic, including 100% Part B Co-insurance *		Basic, including 100% Part B Co-insurance				
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance
	Part A Deductible	Part A Deductible	Part A Deductible	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

Plan K	Plan L	Plan M	Plan N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B Co-insurance	Basic, including 100% Part B Co-insurance, except up to \$20 copayment for office visit, and up to \$50 copayment for ER
50% Skilled Nursing Facility Co-insurance	75% Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance
50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-pocket limit \$4,660; paid at 100% after limit reached	Out-of-pocket limit \$2,330; paid at 100% after limit reached		

*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 \$2,070 deductible. Benefits from high deductible Plan F will not begin until out of pocket expenses exceed \$2,070. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy/certificate. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

PLANS A AND F
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 A Pays	You Pay	Plan F Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days	All but \$1,156	\$0	\$1,156 (Part A deductible)	\$1,156 (Part A deductible)	\$0
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0	\$578 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$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	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	\$0	Up to \$144.50 a day	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$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 outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate'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.

PLANS A AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$140 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 A Pays	You Pay	Plan F 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 \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$140 (Part B deductible)	\$0
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

**PLANS A AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan A Pays	You Pay	Plan F Pays	You Pay
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	N/A	All costs	\$0	\$250
Remainder of charges	\$0	N/A	All costs	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum benefit

PLANS G AND M
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 G Pays	You Pay	Plan M Pays	You Pay
HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days	All but \$1,156	\$1,156 (Part A deductible)	\$0	\$578 (50% of Part A deductible)	\$578 (50% of Part A deductible)
61 st through 90 th day	All but \$289 a day	\$289 a day	\$0	\$289 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$578 a day	\$578 a day	\$0	\$578 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**	100% of Medicare-eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$0	All costs	\$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	All approved amounts	\$0	\$0	\$0	\$0
21 st through 100 th day	All but \$144.50 a day	Up to \$144.50 a day	\$0	Up to \$144.50 a day	\$0
101 st day and after	\$0	\$0	All costs	\$0	All costs
BLOOD					
First 3 pints	\$0	3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$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 outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0	Medicare copayment/coinsurance	\$0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate'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.

PLANS G AND M
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$140 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 G Pays	You Pay	Plan M 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 \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	100%	\$0	\$0	All costs
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0	\$0	\$0

PARTS A AND B

HOME HEALTH CARE—MEDICARE-APPROVED SERVICES					
Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0
Durable medical equipment					
First \$140 of Medicare-approved amounts*	\$0	\$0	\$140 (Part B deductible)	\$0	\$140 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

**PLANS G AND M
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan G Pays	You Pay	Plan M Pays	You Pay
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	\$0	\$250
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum benefit	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum benefit

Disclosures

Use this outline to compare benefits and premiums among policies.

Premium Information

We, United of Omaha, can only raise your premium if we raise the premium for all policies like yours in the same geographic area of the state where you live.

Risk Class Rating

If, according to our underwriting standards, you are overweight or underweight for your height, you will be considered to be a greater insurable risk. In such a case, your premium will be priced either as Class I - 10% or Class II - 20% higher than the rates illustrated, based on your Body Mass Index (BMI) reading. Risk class rating will not be applicable when you apply for coverage during an open enrollment or guaranteed issue period.

Household Premium Discount

If you resided with at least one, but no more than three, other Medicare-eligible adults for the past year, or you are married, and at least one of these other adults or your spouse also owns or is issued a Medicare supplement policy underwritten by United of Omaha or its affiliates, you will be eligible for a household premium discount. The discounted premium will be priced 7% lower than the rates illustrated. Your policy's household premium discount will be removed if your spouse or the other Medicare supplement policyholder chooses to terminate their Medicare supplement policy or he or she no longer resides with you (other than in the case of their death).

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 us.

Right to Return Policy

If you find that you are not satisfied with your policy, you may return it to us at Mutual of Omaha Plaza, Omaha, NE 68175. 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

The policy may not fully cover all of your medical costs. Neither we nor our agents are connected with Medicare. This outline does not give all the details of Medicare coverage. Contact your local Social Security office or consult "Medicare & 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. We 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.

SERFF Tracking Number: MUTM-127786154 State: Arkansas
 Filing Company: United of Omaha Life Insurance Company State Tracking Number: 50145
 Company Tracking Number: ROBYN GONZALES
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
 Standard Plans 2010
 Product Name: 2012 Copay Deductible Filing-CP51 00-12 (United)
 Project Name/Number: 2012 Copay Deductible Filing/CP51 00-12

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved	11/08/2011
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved	11/08/2011
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	Approved	11/08/2011
Bypass Reason:	Not required for this filing.		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage	Approved	11/08/2011
Comments:	Please see the Outline of Coverages attached under the Forms Schedule Tab.		