

SERFF Tracking Number: HUMA-127067329 State: Arkansas  
 Filing Company: Humana Insurance Company State Tracking Number: 48178  
 Company Tracking Number: AR-03-2011  
 TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.012 Multi-Plan 2010  
 Standard Plans 2010  
 Product Name: 2010 Individual Medicare Supplement Plans  
 Project Name/Number: 2011 Direct Marketing Outer Envelope/AR-03-2011

## Filing at a Glance

Company: Humana Insurance Company  
 Product Name: 2010 Individual Medicare Supplement Plans SERFF Tr Num: HUMA-127067329 State: Arkansas  
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed State Tr Num: 48178  
 Sub-TOI: MS08I.012 Multi-Plan 2010 Co Tr Num: AR-03-2011 State Status: Filed-Closed  
 Filing Type: Advertisement Reviewer(s): Stephanie Fowler  
 Disposition Date: 03/09/2011  
 Authors: Michele Zabel, Paula Williamson, Bettina Ponds, Tammy House, Tiffany Turner, Seth Johnson  
 Date Submitted: 03/07/2011 Disposition Status: Filed  
 Implementation Date Requested: On Approval Implementation Date:  
 State Filing Description:

## General Information

Project Name: 2011 Direct Marketing Outer Envelope Status of Filing in Domicile: Not Filed  
 Project Number: AR-03-2011 Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 03/09/2011  
 State Status Changed: 03/09/2011  
 Deemer Date: Created By: Bettina Ponds  
 Submitted By: Bettina Ponds Corresponding Filing Tracking Number:  
 Filing Description:  
 RE: Humana Insurance Company; NAIC: 119 / 73288  
 2011 Direct Marketing - Earliest Coverage Outer Envelope

Humana Insurance Company is submitting the attached marketing material for your review and approval. The form is an envelope which will be used with direct marketing materials previously approved for Humana Medicare Supplement

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insurance plans. This is a new piece and has not previously been filed.

GHHH184HH – Earliest Coverage Outer Envelope

If you have any questions relative to this filing, I may be reached via SERFF, by phone at (502) 580-0964, or by e-mail at bponds@humana.com.

## 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	

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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	50.00 PER EACH FORM
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Humana Insurance Company	\$50.00	03/07/2011	45339799
Humana Insurance Company	\$100.00	03/09/2011	45404957

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	03/09/2011	03/09/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	Guaranteed Renewable Outer Envelope	Bettina Ponds	03/09/2011	03/09/2011
Form	20% Outer Envelope	Bettina Ponds	03/09/2011	03/09/2011
Supporting Document	Cover Letter	Bettina Ponds	03/09/2011	03/09/2011

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## **Disposition**

Disposition Date: 03/09/2011

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Cover Letter	Filed	Yes
<b>Form</b>	Earliest Coverage Outer Envelope	Filed	Yes
<b>Form</b>	Guaranteed Renewable Outer Envelope	Filed	Yes
<b>Form</b>	20% Outer Envelope	Filed	Yes

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**Amendment Letter**

Submitted Date: 03/09/2011

**Comments:**

To whom it may concern,

I am requesting two additional envelopes be reviewed with this filing. I have added the two outer envelopes to the forms schedule and a cover letter to supporting documents tab showing the revision.

Thanks,  
 Bettina Ponds  
 bponds@humana.com

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
GHHH182H	Advertising	Guaranteed Renewable Outer Envelope	Initial					GHHH182HH Guaranteed Renewable.pdf
GHHH183H	Advertising	20% Outer Envelope	Initial					GHHH183HH 20%.pdf

**Supporting Document Schedule Item Changes:**

**User Added -Name: Cover Letter**

Comment: Cover letter to show revision of filing description. Added two additional outer envelopes to be reviewed.  
 AR COVER LETTER.pdf

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## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 03/09/2011	GHHH184 HH	Advertising	Earliest Coverage Outer Envelope	Initial		0.000	GHHH184HH Earliest Coverage.pdf
Filed 03/09/2011	GHHH182 HH	Advertising	Guaranteed Renewable Outer Envelope	Initial			GHHH182HH Guaranteed Renewable.p df
Filed 03/09/2011	GHHH183 HH	Advertising	20% Outer Envelope	Initial			GHHH183HH 20%.pdf

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

**For earliest coverage, respond now**

Humana Inc.  
P O Box 70209  
Louisville, KY 40270-0209

Samantha A. Sample  
123 Any Street  
Anytown, USA 12345

**[Act now for  
coverage starting  
next month]  
[Apply today for  
coverage starting  
next month]**

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

**Insured by Humana Insurance Company. Not connected with or  
endorsed by the U.S. government or the federal Medicare program.**



10% Post-Consumer Material

GHHH184HH

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

**Guaranteed Renewable**

Humana Inc.  
P O Box 70209  
Louisville, KY 40270-0209

Samantha A. Sample  
123 Any Street  
Anytown, USA 12345

**One decision can give  
you coverage for a  
lifetime**

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

**Insured by Humana Insurance Company. Not connected with or  
endorsed by the U.S. government or the federal Medicare program. Coverage is guaranteed renewable  
And can only be canceled for non-payment of premiums or material misrepresentation.**

 10% Post-Consumer Material

GHHH182HH

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

**Medicare doesn't cover all healthcare cost.**

Humana Inc.  
P O Box 70209  
Louisville, KY 40270-0209

Samantha A. Sample  
123 Any Street  
Anytown, USA 12345

**20%**  
**or more**  
**is up to you**

**We can help.**

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

**Insured by Humana Insurance Company. Not connected with or endorsed by the U.S. government or the federal Medicare program.**



10% Post-Consumer Material

**[Don't get caught by surprise.  
Get the coverage you need today.]**

GHHH183HH

[TO OPEN - FOLD AND TEAR ON DOTTED LINE]

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## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Cover Letter	Filed	<b>Date:</b> 03/09/2011
<b>Comments:</b> Cover letter to show revision of filing description. Added two additional outer envelopes to be reviewed.		
<b>Attachment:</b> AR COVER LETTER.pdf		



March 09, 2011

Arkansas Department of Insurance  
Life & Health Division  
1200 West Third Street  
Little Rock, AR 72201

RE: Humana Insurance Company; NAIC: 119 / 73288  
2011 Direct Marketing - Earliest Coverage Outer Envelope

Humana Insurance Company is submitting the attached marketing material for your review and approval. The form is an envelope which will be used with direct marketing materials previously approved for Humana Medicare Supplement insurance plans. This is a new piece and has not previously been filed.

GHHH184HH – Earliest Coverage Outer Envelope  
GHHH182HH – Guaranteed Renewable Outer Envelope  
GHHH183HH– 20% Outer Envelope

If you have any questions relative to this filing, I may be reached via SERFF, by phone at (502) 580-0964, or by e-mail at [bponds@humana.com](mailto:bponds@humana.com).

Sincerely,

A handwritten signature in black ink that reads "Bettina Ponds". The signature is written in a cursive, flowing style.

Bettina Ponds  
Compliance Analyst  
Humana Inc.