

SERFF Tracking Number:	AMLC-127178763	State:	Arkansas
Filing Company:	United American Insurance Company	State Tracking Number:	48869
Company Tracking Number:	ARUPBDCPA, ET AL		
TOI:	H21 Health - Other	Sub-TOI:	H21.000 Health - Other
Product Name:	ARUPBDCPA, et al		
Project Name/Number:	ARUPBDCPA, et al /ARUPBDCPA, et al		

Filing at a Glance

Company: United American Insurance Company

Product Name: ARUPBDCPA, et al

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: AMLC-127178763 State: Arkansas

SERFF Status: Closed-Approved-Closed State Tr Num: 48869

Co Tr Num: ARUPBDCPA, ET AL State Status: Waiting Industry Response

Author: Tom Cao

Date Submitted: 05/24/2011

Reviewer(s): Rosalind Minor

Disposition Date: 06/10/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ARUPBDCPA, et al

Project Number: ARUPBDCPA, et al

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer, Trust, Other

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Explanation for Other Group Market Type: Union

Overall Rate Impact:

Filing Status Changed: 06/10/2011

State Status Changed: 06/07/2011

Deemer Date:

Created By: Tom Cao

Submitted By: Tom Cao

Corresponding Filing Tracking Number: ARUPBDCPA, et al

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

We intend on using these riders to provide additional package options with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated

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 Project Name/Number: ARUPBDCPA, et al /ARUPBDCPA, et al

and will be fully negotiated with each group.

Company and Contact

Filing Contact Information

Tom Cao, Compliance Analyst tcao@torchmarkcorp.com
 3700 S. Stonebridge Drive 214-544-5389 [Phone]
 McKinney, TX 75070 972-569-3728 [FAX]

Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$450.00
Retaliatory?	No
Fee Explanation:	\$50 PER FORM X 9 FORMS = \$450.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$450.00	05/24/2011	47964096

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/10/2011	06/10/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/07/2011	06/07/2011	Tom Cao	06/09/2011	06/09/2011

<i>SERFF Tracking Number:</i>	<i>AMLC-127178763</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>ARUPBDCPA, ET AL</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>ARUPBDCPA, et al</i>		
<i>Project Name/Number:</i>	<i>ARUPBDCPA, et al /ARUPBDCPA, et al</i>		

Disposition

Disposition Date: 06/10/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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 Product Name: ARUPBDCPA, et al
 Project Name/Number: ARUPBDCPA, et al /ARUPBDCPA, et al

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Medicare Part B Annual Deductible Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Deductible Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Deductible Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Coinsurance Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Coinsurance Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Coinsurance Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Deductible/Coinsurance Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Deductible/Coinsurance Rider	Approved-Closed	Yes
Form	Medicare Part B Annual Deductible/Coinsurance Rider	Approved-Closed	Yes

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Project Name/Number: ARUPBDCPA, et al /ARUPBDCPA, et al

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/07/2011

Submitted Date 06/07/2011

Respond By Date

Dear Tom Cao,

This will acknowledge receipt of the captioned filing.

Objection 1

- Medicare Part B Annual Deductible Rider, ARUPBDCPA (Form)
- Medicare Part B Annual Deductible Rider, ARUPBDCPF1 (Form)
- Medicare Part B Annual Deductible Rider, ARUPBDCPF8 (Form)
- Medicare Part B Annual Coinsurance Rider, ARUPBCCPA (Form)
- Medicare Part B Annual Coinsurance Rider, ARUPBCCPF1 (Form)
- Medicare Part B Annual Coinsurance Rider, ARUPBCCPF8 (Form)

Comment:

I need more clarification on these riders. Are these actually part of a Medicare Supplement Policy? If not, what type of product will these benefits be used? Will they be marketed as a Medicare Supplement?

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: ARUPBDCPA, et al
Project Name/Number: ARUPBDCPA, et al /ARUPBDCPA, et al

Response Letter

Response Letter Status Submitted to State
Response Letter Date 06/09/2011
Submitted Date 06/09/2011

Dear Rosalind Minor,

Comments:

This is in response to your request.

Response 1

Comments: These riders are to be used with policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC. Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC pays benefits as a secondary payor for services covered by Medicare. Please note that although this coverage is designed to coordinate with Medicare benefits, it is not Medicare Supplement insurance. Ins Code §23-79-402(b) of Chapter 79, provides an exception to the Medicare Supplement requirements for “a policy of one or more employers . . . for employees or former employees . . .”

Related Objection 1

Applies To:

- Medicare Part B Annual Deductible Rider, ARUPBDCPA (Form)
- Medicare Part B Annual Deductible Rider, ARUPBDCPF1 (Form)
- Medicare Part B Annual Deductible Rider, ARUPBDCPF8 (Form)
- Medicare Part B Annual Coinsurance Rider, ARUPBCCPA (Form)
- Medicare Part B Annual Coinsurance Rider, ARUPBCCPF1 (Form)
- Medicare Part B Annual Coinsurance Rider, ARUPBCCPF8 (Form)

Comment:

I need more clarification on these riders. Are these actually part of a Medicare Supplement Policy? If not, what type of product will these benefits be used? Will they be marketed as a Medicare Supplement?

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

SERFF Tracking Number: *AMLC-127178763* *State:* *Arkansas*
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TOI: *H21 Health - Other* *Sub-TOI:* *H21.000 Health - Other*
Product Name: *ARUPBDCPA, et al*
Project Name/Number: *ARUPBDCPA, et al /ARUPBDCPA, et al*

No Rate/Rule Schedule items changed.

If you have any additional questions, please let me know.

Sincerely,
Tom Cao

SERFF Tracking Number: AMLC-127178763 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 48869
 Company Tracking Number: ARUPBDCPA, ET AL
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: ARUPBDCPA, et al
 Project Name/Number: ARUPBDCPA, et al /ARUPBDCPA, et al

Form Schedule

Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/10/2011	ARUPBDC PA	Certificate	Medicare Part B Annual Deductible Rider	Initial		54.360	ARUPBDCPA.pdf
Approved-Closed 06/10/2011	ARUPBDC PF1	Certificate	Medicare Part B Annual Deductible Rider	Initial		54.460	ARUPBDCPF1.pdf
Approved-Closed 06/10/2011	ARUPBDC PF8	Certificate	Medicare Part B Annual Deductible Rider	Initial		54.460	ARUPBDCPF8.pdf
Approved-Closed 06/10/2011	ARUPBCC PA	Certificate	Medicare Part B Annual Coinsurance Rider	Initial		54.930	ARUPBCCPA.pdf
Approved-Closed 06/10/2011	ARUPBCC PF1	Certificate	Medicare Part B Annual Coinsurance Rider	Initial		55.050	ARUPBCCPF1.pdf
Approved-	ARUPBCC	Certificate	Medicare Part B	Initial		55.120	ARUPBCCPF

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Closed	PF8	Amendmen Annual Coinsurance				8.pdf
06/10/2011		t, Insert Rider Page, Endorseme nt or Rider				
Approved- Closed	ARUPBDC CPC	Certificate Medicare Part B Amendmen Annual	Initial		59.270	ARUPBDCCP C.pdf
06/10/2011		t, Insert Deductible/Coinsuran Page, ce Rider Endorseme nt or Rider				
Approved- Closed	ARUPBDC CPF1	Certificate Medicare Part B Amendmen Annual	Initial		54.340	ARUPBDCCP F1.pdf
06/10/2011		t, Insert Deductible/Coinsuran Page, ce Rider Endorseme nt or Rider				
Approved- Closed	ARUPBDC CPF8	Certificate Medicare Part B Amendmen Annual	Initial		54.340	ARUPBDCCP F8.pdf
06/10/2011		t, Insert Deductible/Coinsuran Page, ce Rider Endorseme nt or Rider				

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

MEDICARE PART B \$[250] ANNUAL DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER DEDUCTIBLE means the first [\$250] of Your Medicare Part B Shared Costs that must be incurred each calendar year prior to benefits being payable by Us under this rider. The Annual Rider Deductible shall be in addition to any other specific Medicare benefit deductible(s) excluding the Medicare Part B deductible. Expenses incurred prior to the effective date of Your certificate will not be applied to the Annual Rider Deductible.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance and copayment amounts.

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

[100%] of Your Medicare Part B Shared Costs after You pay Your [\$250] Annual Rider Deductible.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Johnson
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
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MEDICARE PART B \$[250] ANNUAL DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER DEDUCTIBLE means the first [\$250] of Your Medicare Part B Shared Costs that must be incurred each calendar year prior to benefits being payable by Us under this rider. The Annual Rider Deductible shall be in addition to any other specific Medicare benefit deductible(s) excluding the Medicare Part B deductible. Expenses incurred prior to the effective date of Your certificate will not be applied to the Annual Rider Deductible.

EXCESS CHARGE means the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance, copayment amounts and Excess Charge(s).

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

[100%] of Your Medicare Part B Shared Costs after You pay Your [\$250] Annual Rider Deductible.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Hutchinson
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
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MEDICARE PART B \$[250] ANNUAL DEDUCTIBLE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER DEDUCTIBLE means the first [\$250] of Your Medicare Part B Shared Costs that must be incurred each calendar year prior to benefits being payable by Us under this rider. The Annual Rider Deductible shall be in addition to any other specific Medicare benefit deductible(s) excluding the Medicare Part B deductible. Expenses incurred prior to the effective date of Your certificate will not be applied to the Annual Rider Deductible.

EXCESS CHARGE means 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance, copayment amounts and Excess Charge(s).

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

[100%] of Your Medicare Part B Shared Costs after You pay Your [\$250] Annual Rider Deductible.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sally M. Hutchinson
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

MEDICARE PART B [\$500] ANNUAL COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER COINSURANCE MAXIMUM means the [50%] of the [\$1,000] that is not payable under PART 3 below and for which You are responsible to pay; not to exceed a maximum of [\$500] per calendar year.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance and copayment amounts.

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

[50%] of the first [\$1,000] of Your Medicare Part B Shared Costs.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. [unclear]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
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MEDICARE PART B [\$500] ANNUAL COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER COINSURANCE MAXIMUM means the [50%] of the [\$1,000] that is not payable under PART 3 below and for which You are responsible to pay; not to exceed a maximum of [\$500] per calendar year.

EXCESS CHARGE means the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance, copayment amounts and Excess Charge(s).

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

[50%] of the first [\$1,000] of Your Medicare Part B Shared Costs.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. [unclear]
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
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MEDICARE PART B [\$500] ANNUAL COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER COINSURANCE MAXIMUM means the [50%] of the [\$1,000] that is not payable under PART 3 below and for which You are responsible to pay; not to exceed a maximum of [\$500] per calendar year.

EXCESS CHARGE means 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance, copayment amounts and Excess Charge(s).

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

[50%] of the first [\$1,000] of Your Medicare Part B Shared Costs.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Johnson
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

MEDICARE PART B \$[250] ANNUAL DEDUCTIBLE AND MEDICARE PART B [\$500] ANNUAL COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER COINSURANCE MAXIMUM means the [50%] of the [\$1,000] that is not payable under PART 3 (1) below and for which You are responsible to pay; not to exceed a maximum of [\$500] per calendar year.

ANNUAL RIDER DEDUCTIBLE means the first [\$250] of Your Medicare Part B Shared Costs that must be incurred each calendar year prior to benefits being payable by Us under this rider. The Annual Rider Deductible shall be in addition to any other specific Medicare benefit deductible(s) excluding the Medicare Part B deductible. Expenses incurred prior to the effective date of Your certificate will not be applied to the Annual Rider Deductible.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance and copayment amounts.

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

- 1) [50%] of the first [\$1,000] of Your Medicare Part B Shared Costs after You pay the \$[250] Annual Rider Deductible; and
- 2) [100%] of Your Medicare Part B Shared Costs after You pay Your [250] Annual Rider Deductible and Your [\$500] Annual Rider Coinsurance Maximum.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Harrison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

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MEDICARE PART B \$[250] ANNUAL DEDUCTIBLE AND MEDICARE PART B [\$500] ANNUAL COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER COINSURANCE MAXIMUM means the [50%] of the [\$1,000] that is not payable under PART 3 (1) below and for which You are responsible to pay; not to exceed a maximum of [\$500] per calendar year.

ANNUAL RIDER DEDUCTIBLE means the first [\$250] of Your Medicare Part B Shared Costs that must be incurred each calendar year prior to benefits being payable by Us under this rider. The Annual Rider Deductible shall be in addition to any other specific Medicare benefit deductible(s) excluding the Medicare Part B deductible. Expenses incurred prior to the effective date of Your certificate will not be applied to the Annual Rider Deductible.

EXCESS CHARGE means the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance, copayment amounts and Excess Charge(s).

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

- 1) [50%] of the first [\$1,000] of Your Medicare Part B Shared Costs after You pay the \$[250] Annual Rider Deductible; and
- 2) [100%] of Your Medicare Part B Shared Costs after You pay Your [250] Annual Rider Deductible and Your [\$500] Annual Rider Coinsurance Maximum.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Harrison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

MEDICARE PART B \$[250] ANNUAL DEDUCTIBLE AND MEDICARE PART B [\$500] ANNUAL COINSURANCE RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider. Please keep this rider with Your certificate. This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

ADDITIONAL DEFINITIONS

ANNUAL RIDER COINSURANCE MAXIMUM means the [50%] of the [\$1,000] that is not payable under PART 3 (1) below and for which You are responsible to pay; not to exceed a maximum of [\$500] per calendar year.

ANNUAL RIDER DEDUCTIBLE means the first [\$250] of Your Medicare Part B Shared Costs that must be incurred each calendar year prior to benefits being payable by Us under this rider. The Annual Rider Deductible shall be in addition to any other specific Medicare benefit deductible(s) excluding the Medicare Part B deductible. Expenses incurred prior to the effective date of Your certificate will not be applied to the Annual Rider Deductible.

EXCESS CHARGE means 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare approved Part B charge.

MEDICARE PART B SHARED COSTS means expenses, other than premium and Your Rider Copayment, for medical expenses eligible under Medicare Part B that are incurred by You and that You are otherwise responsible for paying under Medicare Part B, but does not include any Rider Copayment that You are responsible for paying under this rider. Medicare Part B Shared Costs can include the Medicare Part B deductible(s), coinsurance, copayment amounts and Excess Charge(s).

RIDER COPAYMENT means the amount of expenses that You are responsible to pay for each covered health care provider office visit and each covered emergency room visit. Under this rider, Your Rider Copayment will be:

- (a) the lesser of [twenty dollars (\$20.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered health care provider office visit (including office visits to medical specialists); and
- (b) the lesser of [fifty dollars (\$50.00)] or the Medicare Part B coinsurance or Medicare Part B copayment amount for each covered emergency room visit, however this Rider Copayment will be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

Part 3, BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

PART 3 BENEFITS FOR MEDICAL EXPENSE-MEDICARE PART B

Subject to Your payment of any applicable Rider Copayment, We will pay the following benefit if you incur a medical expense that is eligible under Medicare Part B:

- 1) [50%] of the first [\$1,000] of Your Medicare Part B Shared Costs after You pay the \$[250] Annual Rider Deductible; and
- 2) [100%] of Your Medicare Part B Shared Costs after You pay Your [250] Annual Rider Deductible and Your [\$500] Annual Rider Coinsurance Maximum.

Under this Rider, We will not pay benefits for the Medicare Part B blood deductible for which benefits are paid under Part 2 of this Certificate.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Administrative Office in McKinney, Texas.

Sandy M. Harrison
SPECIMEN

Secretary

[Signature]
SPECIMEN

President

SPECIMEN

SERFF Tracking Number: AMLC-127178763 State: Arkansas
 Filing Company: United American Insurance Company State Tracking Number: 48869
 Company Tracking Number: ARUPBDCPA, ET AL
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: ARUPBDCPA, et al
 Project Name/Number: ARUPBDCPA, et al /ARUPBDCPA, et al

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/10/2011
Comments:		
Attachment: AR Readability Certification.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	06/10/2011
Comments:		
Attachment: ARUEGRUAP.pdf		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification	Approved-Closed	06/10/2011
Bypass Reason: N/A - This is a rider filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage	Approved-Closed	06/10/2011
Bypass Reason: N/A - This is a rider filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/10/2011
Bypass Reason: N/A - This is not a major medical filing.		
Comments:		

UNITED AMERICAN INSURANCE COMPANY
McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
ARUPBDCPA - Medicare Part B Annual Deductible Rider	54.36
ARUPBDCPF1 - Medicare Part B Annual Deductible Rider	54.46
ARUPBDCPF8 - Medicare Part B Annual Deductible Rider	54.46
ARUPBCCPA - Medicare Part B Annual Coinsurance Rider	54.93
ARUPBCCPF1 - Medicare Part B Annual Coinsurance Rider	55.05
ARUPBCCPF8 - Medicare Part B Annual Coinsurance Rider	55.12
ARUPBDCCPC - Medicare Part B Annual Deductible/Coinsurance Rider	59.27
ARUPBDCCPF1 - Medicare Part B Annual Deductible/Coinsurance Rider	54.34
ARUPBDCCPF8 - Medicare Part B Annual Deductible/Coinsurance Rider	54.34

Date: May 24 2011



Michael J. Gaisbauer, Vice President

UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085
A Legal Reserve Stock Company * Administrative Offices: McKinney, Texas

APPLICATION

1. a. Group Policy Number: [1234]
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [January 25, 2010]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by United American Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by _____ Title _____

Signed at _____ Date _____

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ARUEGRUAP