

SERFF Tracking Number: MUTM-127371155 State: Arkansas
Filing Company: Assured Life Association State Tracking Number: 49562
Company Tracking Number: ROBYN GONZALES
TOI: MS08I Individual Medicare Supplement - Sub-TOI: MS08I.001 Plan A 2010
Standard Plans 2010
Product Name: Outline Copays and Rate Adjustments-CP24 09-11
Project Name/Number: Outline Copays and Rate Adjustments/CP24 09-11

Filing at a Glance

Company: Assured Life Association

Product Name: Outline Copays and Rate Adjustments-CP24 09-11 SERFF Tr Num: MUTM-127371155 State: Arkansas

TOI: MS08I Individual Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Approved- Closed State Tr Num: 49562

Sub-TOI: MS08I.001 Plan A 2010

Co Tr Num: ROBYN GONZALES State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Authors: Jan Serafini, Jaime

Disposition Date: 08/25/2011

Mosqueda, Robyn Gonzales, Kristin Miller

Date Submitted: 08/16/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Outline Copays and Rate Adjustments

Status of Filing in Domicile:

Project Number: CP24 09-11

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: 08/25/2011

State Status Changed: 08/25/2011

Deemer Date:

Created By: Kristin Miller

Submitted By: Kristin Miller

Corresponding Filing Tracking Number:

Filing Description:

NAIC # 56499

Individual Medicare Supplement Insurance

Outline of Coverage Modules CP24 09-11, DP2.T01-AR 09-11, RP24.1.T01-AR 09-11

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Enclosed for your review and approval are copies of the above-captioned Medicare supplement outline of coverage modules. These modules are being filed in order to comply with a change in the rates contained in the previously approved outline and to remove language no longer required by regulation.

CP24 09-11 and DP2.T01-AR 09-11 are identical to CP24 00-11 and DP2.T01-AR, respectively, approved by your Department on November 23, 2010, and November 9, 2009, respectively. We removed the language pertaining to Plans E, H, I, and J, no longer offered by our company.

Rate Page RP24.1.T01-AR 09-11 is identical to previously approved rate page RP24.1.T01-AR, approved by your Department on September 9, 2010, except it contains the most recent rates approved by your Department on August 4, 2011. It will be used for all of our Medicare supplement plans sold through our agency and brokerage outlets.

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 - Admin, 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

Assured Life Association CoCode: 56499 State of Domicile: Colorado
9777 South Yosemite, Suite 200 Group Code: Company Type: Fraternal Benefit Society

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 Lone Tree, CO 80124 Group Name: State ID Number:
 (800) 995-5991 ext. [Phone] FEIN Number: 84-0356870

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Assured Life Association	\$150.00	08/16/2011	50655079

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Stephanie Fowler	08/25/2011	08/25/2011

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Disposition

Disposition Date: 08/25/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MUTM-127371155 State: Arkansas
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Outline of Coverage Cover Page	Approved-Closed	Yes
Form	Outline of Coverage Cover Page	Approved-Closed	Yes
Form	Outline of Coverage Cover Page	Approved-Closed	Yes

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Form Schedule

Lead Form Number: CP24 09-11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 08/25/2011	CP24 09-11	Other	Outline of Coverage Cover Page	Initial			CP24 09-11 (Outline Cover Page).pdf
Approved-Closed 08/25/2011	DP2.T01-AR 09-11	Other	Outline of Coverage Cover Page	Initial			DP2.T01-AR 09-11 (Outline Disclosure Page).pdf
Approved-Closed 08/25/2011	RP24.1.T01-AR 09-11	Other	Outline of Coverage Cover Page	Initial			RP24.1.T01-AR 09-11.pdf

ASSURED LIFE ASSOCIATION
A Legal Reserve Fraternal Benefit Society
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, B, C, D, F, G, AND N

These charts show the benefits included in each of the standard Medicare supplement plans. Every company must make available Plan "A." Some plans may not be available in your state. See Outlines of Coverage sections for details about ALL plans.

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.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance *		Basic, including 100% Part B co-insurance	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				
		Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Co-insurance		Skilled Nursing Facility Co-insurance	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Co-insurance	Skilled Nursing Facility Coinsurance
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	50% Part A Deductible	75% Part A Deductible	50% 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			Foreign Travel Emergency	Foreign Travel Emergency
							Out-of-pocket limit \$4,640; paid at 100% after limit reached	Out-of-pocket limit \$2,320; 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 \$[2,000] deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed \$[2,000]. 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 plans' separate foreign travel emergency deductible.

Disclosures

Use this outline to compare benefits and premiums among certificates or policies.

Premium Information

We, Assured Life Association, can only raise your premium if we raise the premium for all the certificates like yours in the same geographic area of the state where you live.

Premiums do not include dues.

Read Your Certificate Very Carefully

This is only an outline describing your certificate's most important features. The certificate is your insurance contract. You must read the certificate itself to understand all of the rights and duties of both you and your insurance company.

Right to Return Certificate

If you find that you are not satisfied with your certificate, you may return it to Assured Life Association at our administrative office, 3316 Farnam Street, Omaha, NE 68175. If you send the certificate back to us within 30 days after you receive it, we will treat the certificate as if it had never been issued and return all of your payments.

Certificate Replacement

If you are replacing another health insurance certificate, do NOT cancel it until you have actually received your new certificate and are sure you want to keep it.

Notice

The certificate may not fully cover all of your medical costs. Neither Assured Life Association nor its agents are connected with Medicare. This outline of coverage 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 certificate, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your certificate 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.

ZIP CODES: 716-717, 724-729

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	98.32	Attained Age 65 and Over	113.68	Attained Age 65 and Over	137.23	Attained Age 65 and Over	112.47	Attained Age 65 and Over	140.31	Attained Age 65 and Over	112.47	Attained Age 65 and Over	101.34

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	294.96	Attained Age 65 and Over	341.05	Attained Age 65 and Over	411.70	Attained Age 65 and Over	337.42	Attained Age 65 and Over	420.94	Attained Age 65 and Over	337.42	Attained Age 65 and Over	304.01

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	589.91	Attained Age 65 and Over	682.10	Attained Age 65 and Over	823.41	Attained Age 65 and Over	674.84	Attained Age 65 and Over	841.88	Attained Age 65 and Over	674.84	Attained Age 65 and Over	608.03

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,179.82	Attained Age 65 and Over	1,364.19	Attained Age 65 and Over	1,646.81	Attained Age 65 and Over	1,349.68	Attained Age 65 and Over	1,683.76	Attained Age 65 and Over	1,349.68	Attained Age 65 and Over	1,216.05

ZIP CODES: 716-717, 724-729

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

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Attained Age 65 and Over	113.01	Attained Age 65 and Over	130.67	Attained Age 65 and Over	157.74	Attained Age 65 and Over	129.28	Attained Age 65 and Over	161.28	Attained Age 65 and Over	129.28	Attained Age 65 and Over	116.48

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	339.03	Attained Age 65 and Over	392.01	Attained Age 65 and Over	473.22	Attained Age 65 and Over	387.84	Attained Age 65 and Over	483.84	Attained Age 65 and Over	387.84	Attained Age 65 and Over	349.44

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	678.06	Attained Age 65 and Over	784.02	Attained Age 65 and Over	946.44	Attained Age 65 and Over	775.68	Attained Age 65 and Over	967.68	Attained Age 65 and Over	775.68	Attained Age 65 and Over	698.88

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,356.12	Attained Age 65 and Over	1,568.04	Attained Age 65 and Over	1,892.88	Attained Age 65 and Over	1,551.36	Attained Age 65 and Over	1,935.36	Attained Age 65 and Over	1,551.36	Attained Age 65 and Over	1,397.76

ZIP CODES: 718-721

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	107.17	Attained Age 65 and Over	123.91	Attained Age 65 and Over	149.59	Attained Age 65 and Over	122.60	Attained Age 65 and Over	152.94	Attained Age 65 and Over	122.60	Attained Age 65 and Over	110.46

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	321.50	Attained Age 65 and Over	371.74	Attained Age 65 and Over	448.76	Attained Age 65 and Over	367.79	Attained Age 65 and Over	458.83	Attained Age 65 and Over	367.79	Attained Age 65 and Over	331.38

NON-TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	643.01	Attained Age 65 and Over	743.49	Attained Age 65 and Over	897.51	Attained Age 65 and Over	735.58	Attained Age 65 and Over	917.65	Attained Age 65 and Over	735.58	Attained Age 65 and Over	662.75

NON-TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,286.01	Attained Age 65 and Over	1,486.97	Attained Age 65 and Over	1,795.02	Attained Age 65 and Over	1,471.15	Attained Age 65 and Over	1,835.30	Attained Age 65 and Over	1,471.15	Attained Age 65 and Over	1,325.50

ZIP CODES: 718-721

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	123.18	Attained Age 65 and Over	142.43	Attained Age 65 and Over	171.94	Attained Age 65 and Over	140.92	Attained Age 65 and Over	175.80	Attained Age 65 and Over	140.92	Attained Age 65 and Over	126.96

TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	369.54	Attained Age 65 and Over	427.29	Attained Age 65 and Over	515.81	Attained Age 65 and Over	422.75	Attained Age 65 and Over	527.39	Attained Age 65 and Over	422.75	Attained Age 65 and Over	380.89

TOBACCO SEMIANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	739.09	Attained Age 65 and Over	854.58	Attained Age 65 and Over	1,031.62	Attained Age 65 and Over	845.49	Attained Age 65 and Over	1,054.77	Attained Age 65 and Over	845.49	Attained Age 65 and Over	761.78

TOBACCO ANNUAL RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	1,478.17	Attained Age 65 and Over	1,709.16	Attained Age 65 and Over	2,063.24	Attained Age 65 and Over	1,690.98	Attained Age 65 and Over	2,109.54	Attained Age 65 and Over	1,690.98	Attained Age 65 and Over	1,523.56

ZIP CODES: 722-723

NON-TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	115.03	Attained Age 65 and Over	133.01	Attained Age 65 and Over	160.56	Attained Age 65 and Over	131.59	Attained Age 65 and Over	164.17	Attained Age 65 and Over	131.59	Attained Age 65 and Over	118.57

NON-TOBACCO QUARTERLY RATES

Policy Form MTA20 (Plan A)		Policy Form MTA21 (Plan B)		Policy Form MTA22 (Plan C)		Policy Form MTA23 (Plan D)		Policy Form MTA24 (Plan F)		Policy Form MTA25 (Plan G)		Policy Form MTA31 (Plan N)	
Attained Age 65 and Over	345.10	Attained Age 65 and Over	399.03	Attained Age 65 and Over	481.69	Attained Age 65 and Over	394.78	Attained Age 65 and Over	492.50	Attained Age 65 and Over	394.78	Attained Age 65 and Over	355.70

NON-TOBACCO SEMIANNUAL RATES

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Attained Age 65 and Over	690.20	Attained Age 65 and Over	798.06	Attained Age 65 and Over	963.38	Attained Age 65 and Over	789.57	Attained Age 65 and Over	985.00	Attained Age 65 and Over	789.57	Attained Age 65 and Over	711.39

NON-TOBACCO ANNUAL RATES

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Attained Age 65 and Over	1,380.39	Attained Age 65 and Over	1,596.11	Attained Age 65 and Over	1,926.76	Attained Age 65 and Over	1,579.13	Attained Age 65 and Over	1,970.00	Attained Age 65 and Over	1,579.13	Attained Age 65 and Over	1,422.78

ZIP CODES: 722-723

TOBACCO MONTHLY RATES (BANK SERVICE PLAN)

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Attained Age 65 and Over	132.22	Attained Age 65 and Over	152.88	Attained Age 65 and Over	184.56	Attained Age 65 and Over	151.26	Attained Age 65 and Over	188.70	Attained Age 65 and Over	151.26	Attained Age 65 and Over	136.28

TOBACCO QUARTERLY RATES

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Attained Age 65 and Over	396.67	Attained Age 65 and Over	458.65	Attained Age 65 and Over	553.67	Attained Age 65 and Over	453.77	Attained Age 65 and Over	566.09	Attained Age 65 and Over	453.77	Attained Age 65 and Over	408.85

TOBACCO SEMIANNUAL RATES

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Attained Age 65 and Over	793.33	Attained Age 65 and Over	917.31	Attained Age 65 and Over	1,107.34	Attained Age 65 and Over	907.55	Attained Age 65 and Over	1,132.19	Attained Age 65 and Over	907.55	Attained Age 65 and Over	817.69

TOBACCO ANNUAL RATES

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Attained Age 65 and Over	1,586.66	Attained Age 65 and Over	1,834.61	Attained Age 65 and Over	2,214.67	Attained Age 65 and Over	1,815.09	Attained Age 65 and Over	2,264.37	Attained Age 65 and Over	1,815.09	Attained Age 65 and Over	1,635.38

SERFF Tracking Number: MUTM-127371155 State: Arkansas
 Filing Company: Assured Life Association State Tracking Number: 49562
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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification		
Bypass Reason: Not required for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not required for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Health - Actuarial Justification		
Bypass Reason: Not required for this filing.		
Comments:		

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage		
Bypass Reason: Not required for this filing.		
Comments:		