

SERFF Tracking Number: AEGB-127306798 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 49253
 Company Tracking Number: MS9000
 TOI: MS06 Medicare Supplement - Other Sub-TOI: MS06.000 Medicare Supplement - Other
 Product Name: MS9000
 Project Name/Number: Medicare Supplement - USA Senior Care Network/MCO/H029-2

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: MS9000

SERFF Tr Num: AEGB-127306798 State: Arkansas

TOI: MS06 Medicare Supplement - Other

SERFF Status: Closed-Filed-Closed

State Tr Num: 49253

Sub-TOI: MS06.000 Medicare Supplement - Other

Co Tr Num: MS9000

State Status: Filed-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Author: Sharron Hawkins

Disposition Date: 09/01/2011

Date Submitted: 07/07/2011

Disposition Status: Filed-Closed

Implementation Date Requested: 08/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Medicare Supplement - USA Senior Care Network/MCO

Status of Filing in Domicile:

Project Number: H029-2

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Discretionary, Trust

Overall Rate Impact:

Filing Status Changed: 09/01/2011

State Status Changed: 09/01/2011

Deemer Date:

Created By: Sharron Hawkins

Submitted By: Sharron Hawkins

Corresponding Filing Tracking Number: 40943000

Filing Description:

For informational purposes, please be advised that effective August 1, 2011, we will begin passive utilization of a network in conjunction with our below referenced Medicare Supplement programs for all standardized plans that have a Part A deductible.

Monumental Life Insurance Company has contracted with USA Senior Care Network, Inc. to enter into an arrangement with an organized network of hospitals. Under this arrangement, the network hospitals agree to waive the Medicare Part A deductible for the Medigap issuer if the issuer's certificate holder uses the facility. Certificate holders who use a network hospital receive a credit in the form of a \$100 check, but receive no credit if they use an out-of-network hospital. Information about this arrangement will be provided only to insured individuals and not to applicants or potential

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applicants.

The below Medicare Supplement forms will be used as previously approved. There will be no changes to the forms due to this arrangement.

Group Policy Forms:
MS4000GPM-A et al approved on 6-30-92.

Individual Policy Forms:
MS4000IPM-A et al approved on 6-30-92.

Thank you for your time and consideration.

Company and Contact

Filing Contact Information

Sharron Hawkins, Sharron.Hawkins@transamerica.com
520 Park Avenue 410-209-5734 [Phone]
Baltimore, MD 21201

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
4333 Edgewood Road NE Group Code: 468 Company Type:
Cedar Rapids, IA 52499 Group Name: State ID Number:
(319) 355-7888 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 per submission
Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	07/07/2011	49527898

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	09/01/2011	09/01/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	MLIC AR deemer letter	Sharron Hawkins	08/09/2011	08/09/2011

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Deemer Letter	Note To Filer	Stephanie Fowler	08/08/2011	08/08/2011

SERFF Tracking Number: AEGB-127306798 *State:* Arkansas
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Disposition

Disposition Date: 09/01/2011

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	NAIC Transmittal	Filed-Closed	Yes
Supporting Document	MLIC AR deemer letter	Filed-Closed	Yes

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Amendment Letter

Submitted Date: 08/09/2011

Comments:

MLIC AR deemer letter

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: MLIC AR deemer letter

Comment: MLIC AR deemer letter

MLIC AR deemer letter.pdf

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Note To Filer

Created By:

Stephanie Fowler on 08/08/2011 03:48 PM

Last Edited By:

Stephanie Fowler

Submitted On:

09/01/2011 10:49 AM

Subject:

Deemer Letter

Comments:

Please see our attached letter.

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

Ms. Sharron Hawkins
Monumental Life Insurance Company
520 Park Avenue
Baltimore, MD 21201

RE: Medicare Supplement Filing
Your submission of July 7, 2011

Dear Ms. Hawkins:

Thank you for the rate increase filing which we received in our office on July 7, 2011.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until September 7, 2011.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Sincerely,

Stephanie Fowler

Stephanie Fowler
Compliance Officer
Life and Health Division

SRF

I, _____, representing _____, do hereby acknowledge receipt of this letter and waive all rights to deemer on this filing.

Dated

Signature and Title

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: N/A This submission is for informational purposes only. Comments:		
Bypassed - Item: Application Bypass Reason: N/A This submission is for informational purposes only. Comments:		
Bypassed - Item: Health - Actuarial Justification Bypass Reason: N/A This submission is for informational purposes only. Comments:		
Bypassed - Item: Outline of Coverage Bypass Reason: N/A This submission is for informational purposes only. Comments:		
Satisfied - Item: NAIC Transmittal Comments: Attachment: mlic naic form.pdf	Filed-Closed	09/01/2011

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Product Name: MS9000
Project Name/Number: Medicare Supplement - USA Senior Care Network/MCO/H029-2

Item Status:

Status

Date:

Satisfied - Item: MLIC AR deemer letter

Filed-Closed

09/01/2011

Comments:

MLIC AR deemer letter

Attachment:

MLIC AR deemer letter.pdf

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	ARKANSAS
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Monumental Life Insurance Company 4333 Edgewood Road, N.E. Cedar Rapids IA 52499	IA		468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Sharron Hawkins 520 Park Avenue Baltimore MD 21201	410-209-5734	410-209-5910	Sharron.Hawkins@Transamerica.com

5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input checked="" type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	MS9000
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input type="checkbox"/> Small <input type="checkbox"/> Large <input checked="" type="checkbox"/> Small and Large
		Group	<input checked="" type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input checked="" type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Other: _____

9.	Type of Insurance	MS06 Medicare Supplement-Other
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10.	Product Coding Matrix Filing Code	MS06.000 Medicare Supplement-Other
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11.	Submitted Documents	<p><input type="checkbox"/> FORMS</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p>Rates</p> <input type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate	<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising	<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other		
<input type="checkbox"/> Policy	<input type="checkbox"/> Outline of Coverage	<input type="checkbox"/> Certificate										
<input type="checkbox"/> Application/Enrollment	<input type="checkbox"/> Rider/Endorsement	<input type="checkbox"/> Advertising										
<input type="checkbox"/> Schedule of Benefits	<input type="checkbox"/> Other											
		<p><input checked="" type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: <u>Informational Letter</u></p> <p>SUPPORTING DOCUMENTATION</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input type="checkbox"/> Certifications</td> </tr> <tr> <td><input type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications	<input type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
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<input type="checkbox"/> Statement of Variability	<input type="checkbox"/> Certifications											
<input type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	Filing Submission Date	07/07/2011	
13	Filing Fee (If required)	Amount _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No	Check Date _____ Check Number _____
14.	Date of Domiciliary Approval		
15.	Filing Description:		
<p>For informational purposes, please be advised that effective August 1, 2011, we will begin passive utilization of a network in conjunction with our below referenced Medicare Supplement programs for all standardized plans that have a Part A deductible.</p> <p>Monumental Life Insurance Company has contracted with USA Senior Care Network, Inc. to enter into an arrangement with an organized network of hospitals. Under this arrangement, the network hospitals agree to waive the Medicare Part A deductible for the Medigap issuer if the issuer's certificate holder uses the facility. Certificate holders who use a network hospital receive a credit in the form of a \$100 check, but receive no credit if they use an out-of-network hospital. Information about this arrangement will be provided only to insured individuals and not to applicants or potential applicants.</p> <p>The below Medicare Supplement forms will be used as previously approved. There will be no changes to the forms due to this arrangement.</p> <p>Group Policy Forms: MS4000GPM-A et al approved on 6-30-92.</p> <p>Individual Policy Forms: MS4000IPM-A et al approved on 6-30-92.</p> <p>Thank you for your time and consideration.</p> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;">View Complete Filing Description</div> </div>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>ARKANSAS</u>.</p> <p>Print Name <u>SHARRON HAWKINS</u> Title <u>CONTRACT ANALYST</u></p> <p>Signature <u>SHARRON HAWKINS</u> Date: <u>7-7-11</u></p> <div style="text-align: center; font-size: small; margin-top: 5px;"> <small>Digitally signed by SHARRON HAWKINS DN: cn=SHARRON HAWKINS, o=TRANSAMERICA LIFE INSURANCE COMPANY, ou=SHARRON HAWKINS@TRANSAMERICA.COM, c=US Date: 2011.07.07 10:28:48 -0500</small> </div>			

17.	Form Filing Attachment	
This filing transmittal is part of company tracking number		n/a
This filing corresponds to rate filing company tracking number		

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		n/a		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
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09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

Ms. Sharron Hawkins
Monumental Life Insurance Company
520 Park Avenue
Baltimore, MD 21201

RE: Medicare Supplement Filing
Your submission of July 7, 2011

Dear Ms. Hawkins:

Thank you for the rate increase filing which we received in our office on July 7, 2011.

Pursuant to the provisions of Ark. Code Ann. 23-79-109(b), the period for review of this filing is being automatically extended an additional thirty (30) days until September 7, 2011.

We request that you sign and return this form letter in order to waive all rights to deemer on this filing.

Sincerely,

Stephanie Fowler

Stephanie Fowler
Compliance Officer
Life and Health Division

SRF

I, Sharron Hawkins, representing Monumental Life Insurance Company, do hereby acknowledge receipt of this letter and waive all rights to deemer on this filing.

8/9/11 _____, **SHARRON HAWKINS** _____
Dated Signature and Title

Digitally signed by SHARRON HAWKINS
DN: cn=SHARRON HAWKINS, o=TRANSAMERICA LIFE INSURANCE
COMPANY, ou=email=SHARRON HAWKINS@TRANSAMERICA.COM, c=US
Date: 2011.08.09 11:44:00 -0400