

**State:** Arkansas **Filing Company:** Medico Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** A10A20rates092012  
**Project Name/Number:** A10A20rates092012/A10A20rates092012

## Filing at a Glance

Company: Medico Insurance Company  
Product Name: A10A20rates092012  
State: Arkansas  
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
Sub-TOI: MS08I.012 Multi-Plan 2010  
Filing Type: Rate  
Date Submitted: 09/20/2012  
SERFF Tr Num: MDIC-128694021  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: A10A20RATES092012  
  
Implementation: 02/01/2013  
Date Requested:  
Author(s): Karl Hug  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 10/17/2012  
Disposition Status: Approved-Closed  
Implementation Date: 02/01/2013

State Filing Description:

**State:** Arkansas **Filing Company:** Medico Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** A10A20rates092012  
**Project Name/Number:** A10A20rates092012/A10A20rates092012

## General Information

Project Name: A10A20rates092012	Status of Filing in Domicile: Authorized
Project Number: A10A20rates092012	Date Approved in Domicile: 09/14/2012
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: 14%	Filing Status Changed: 10/17/2012
	State Status Changed: 10/17/2012
Deemer Date:	Created By: Karl Hug
Submitted By: Karl Hug	Corresponding Filing Tracking Number:

### Filing Description:

RE: Annual Filing of Medicare Experience & Rates  
 Rate Schedules for Standardized Individual Medicare Supplement Policy Forms MI-MSA10A(AR), MI-MSA10D(AR), MI-MSA10F(AR), MI-MSA20A(AR), MI-MSA20D(AR), MI-MSA20F(AR), MI-MSA20G(AR), MI-MSA20N(AR).

This filing includes the experience of the company and the supporting actuarial memorandum. Current and proposed rate schedules are attached.

The submission includes a request for a 14% rate increase. Subject to your approval, the increase would be implemented after proper notification of the insureds.

Thank you for your review and approval of this filing. If you have any questions, please feel free to contact me.

## Company and Contact

### Filing Contact Information

Karl Hug, Compliance Analyst	khug@gomedico.com
1515 S. 75th Street	800-695-5976 [Phone] 251 [Ext]
Omaha, NE 68124	402-391-4858 [FAX]

### Filing Company Information

Medico Insurance Company	CoCode: 31119	State of Domicile: Nebraska
1515 S. 75th Street	Group Code:	Company Type: Life and Health
Omaha, NE 68124	Group Name: Medico	State ID Number:
(800) 695-5976 ext. [Phone]	FEIN Number: 47-0122200	

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	one rate filing = \$50.00
Per Company:	No

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**Product Name:** A10A20rates092012  
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Company	Amount	Date Processed	Transaction #
Medico Insurance Company	\$50.00	09/20/2012	62873670

**SERFF Tracking #:**

MDIC-128694021

**State Tracking #:****Company Tracking #:**

A10A20RATES092012

**State:**

Arkansas

**Filing Company:**

Medico Insurance Company

**TOI/Sub-TOI:**

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

**Product Name:**

A10A20rates092012

**Project Name/Number:**

A10A20rates092012/A10A20rates092012

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/17/2012	10/17/2012

### Objection Letters and Response Letters

#### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	09/28/2012	09/28/2012

#### Response Letters

Responded By	Created On	Date Submitted
Karl Hug	10/17/2012	10/17/2012

**State:** Arkansas **Filing Company:** Medico Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** A10A20rates092012  
**Project Name/Number:** A10A20rates092012/A10A20rates092012

## Disposition

Disposition Date: 10/17/2012

Implementation Date: 02/01/2013

Status: Approved-Closed

Comment: The negotiated rate increase of 6% has been approved to be implemented on or after February 1, 2013. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- The insured shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Medico Insurance Company	14.000%	14.000%	\$198,393	865	\$1,417,090	14.000%	14.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Rate (revised)</b>	Rate Sheets for Med Supp STD Plans A, D, F, G and N	Approved-Closed	No
<b>Rate</b>	Rate Sheets for Med Supp STD Plans A, D, F, G and N	Disapproved	No

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**State:** Arkansas **Filing Company:** Medico Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** A10A20rates092012  
**Project Name/Number:** A10A20rates092012/A10A20rates092012

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/28/2012
Submitted Date	09/28/2012
Respond By Date	10/29/2012

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Dear Karl Hug,

**Introduction:**

After further review of this request, we would be willing to approve a 6% rate increase on this block of business; this offer is made in lieu of disapproval.

**Conclusion:**

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,  
Stephanie Fowler

**State:** Arkansas **Filing Company:** Medico Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010  
**Product Name:** A10A20rates092012  
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## Response Letter

Response Letter Status Submitted to State  
 Response Letter Date 10/17/2012  
 Submitted Date 10/17/2012

Dear Stephanie Fowler,

**Introduction:**

Good morning Stephanie.

**Response 1**

**Comments:**

We agree to accept a 6% rate increase on all forms in this rate filing. I have attached the revised rate sheets.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
Rate Sheets for Med Supp STD Plans A, D, F, G and N	MI-MSA10A(AR), MI-MSA10D(AR), MI-MSA10F(AR), MI-MSA20A(AR), MI-MSA20D(AR), MI-MSA20F(AR), MI-MSA20G(AR), MI-MSA20N(AR)	Revised	Previous State Filing Number 49832 Percent Rate Change Request 6	
<i>Previous Version</i>				
Rate Sheets for Med Supp STD Plans A, D, F, G and N	MI-MSA10A(AR), MI-MSA10D(AR), MI-MSA10F(AR), MI-MSA20A(AR), MI-MSA20D(AR), MI-MSA20F(AR), MI-MSA20G(AR), MI-MSA20N(AR)	Revised	Previous State Filing Number 49832 Percent Rate Change Request 14	

**Conclusion:**

Thank you for your approval of this filing.

Sincerely,  
Karl Hug

SERFF Tracking #:

MDIC-128694021

State Tracking #:

Company Tracking #:

A10A20RATES092012

State: Arkansas

Filing Company:

Medico Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: A10A20rates092012

Project Name/Number: A10A20rates092012/A10A20rates092012

### Rate Information

Rate data applies to filing.

Filing Method: Serff

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 4.000%

Effective Date of Last Rate Revision: 02/01/2012

Filing Method of Last Filing: Serff

### Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Medico Insurance Company	14.000%	14.000%	\$198,393	865	\$1,417,090	14.000%	14.000%

State: Arkansas

Filing Company:

Medico Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: A10A20rates092012

Project Name/Number: A10A20rates092012/A10A20rates092012

### Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
					Previous State Filing Number:	Percent Rate Change Request:	
1	Approved-Closed 10/17/2012	Rate Sheets for Med Supp STD Plans A, D, F, G and N	MI-MSA10A(AR), MI-MSA10D(AR), MI-MSA10F(AR), MI-MSA20A(AR), MI-MSA20D(AR), MI-MSA20F(AR), MI-MSA20G(AR), MI-MSA20N(AR)	Revised	49832	6.000	MS AR A10_A20 2013 Rates as refiled 6%.pdf

# Rate Schedules

## Current Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA10A

Gross Premium Code: A10AH - Rate Group: A10  
Standardized Medicare Supplement Plan A - Community Rated

### RATE SCHEDULE - Arkansas

For Forms Issued From 07/01/2009 Through 05/31/2010

Issue Age	Plan A	Plan A
	Standard Premium	Preferred Premium
65 & OV	1,783.86	1,552.05

### AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10A(AR) 8/12

## Proposed Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA10A

Gross Premium Code: A10AH - Rate Group: A10  
Standardized Medicare Supplement Plan A - Community Rated

### RATE SCHEDULE - Arkansas

For Forms Issued From 07/01/2009 Through 05/31/2010

Issue Age	Plan A	Plan A
	Standard Premium	Preferred Premium
65 & OV	1,890.89	1,645.17

### AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10A(AR) 8/12

# Rate Schedules

## Current Rates

Medico® Insurance Company  
 Omaha, Nebraska  
 MI-MSA10D  
 Gross Premium Code: A10DH - Rate Group: A10  
 Standardized Medicare Supplement Plan D - Community Rated

RATE SCHEDULE - Arkansas  
 For Forms Issued From 07/01/2009 Through 05/31/2010

Issue Age	Plan D	Plan D
	Standard Premium	Preferred Premium
65 & OV	2,475.65	2,153.76

AREA FACTORS  
 by Zip Code (First three positions)  
 716, 720, 721, 722, 723 = 0.80  
 717, 718, 719, 724 = 0.71  
 725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 0.27  
 Monthly = 1/11

Automatic Bank Withdrawal  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 3/12  
 Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10D(AR) 8/12

## Proposed Rates

Medico® Insurance Company  
 Omaha, Nebraska  
 MI-MSA10D  
 Gross Premium Code: A10DH - Rate Group: A10  
 Standardized Medicare Supplement Plan D - Community Rated

RATE SCHEDULE - Arkansas  
 For Forms Issued From 07/01/2009 Through 05/31/2010

Issue Age	Plan D	Plan D
	Standard Premium	Preferred Premium
65 & OV	2,624.19	2,282.99

AREA FACTORS  
 by Zip Code (First three positions)  
 716, 720, 721, 722, 723 = 0.80  
 717, 718, 719, 724 = 0.71  
 725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 0.27  
 Monthly = 1/11

Automatic Bank Withdrawal  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 3/12  
 Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10D(AR) 8/12

# Rate Schedules

## Current Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA10F

Gross Premium Code: A10FH - Rate Group: A10  
Standardized Medicare Supplement Plan F - Community Rated

RATE SCHEDULE - Arkansas

For Forms Issued From 07/01/2009 Through 05/31/2010

Issue Age	Plan F	Plan F
	Standard Premium	Preferred Premium
65 & OV	2,663.59	2,317.30

### AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10F(AR) 8/12

## Proposed Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA10F

Gross Premium Code: A10FH - Rate Group: A10  
Standardized Medicare Supplement Plan F - Community Rated

RATE SCHEDULE - Arkansas

For Forms Issued From 07/01/2009 Through 05/31/2010

Issue Age	Plan F	Plan F
	Standard Premium	Preferred Premium
65 & OV	2,823.40	2,456.34

### AREA FACTORS

by Zip Code (First three positions)

716, 720, 721, 722, 723 = 0.80

717, 718, 719, 724 = 0.71

725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 0.27

Monthly = 1/11

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 0.52

Quarterly = 3/12

Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA10F(AR) 8/12

# Rate Schedules

## Current Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA20A

Gross Premium Code: A10AH - Rate Group: A20  
Standardized Medicare Supplement Plan A - Community Rated

RATE SCHEDULE - Arkansas  
For Issues Beginning 06/01/2010

Issue Age	Plan A	Plan A
	Standard Premium	Preferred Premium
65 & OV	1,783.86	1,552.05

AREA FACTORS  
by Zip Code (First three positions)  
716, 720, 721, 722, 723 = 0.80  
717, 718, 719, 724 = 0.71  
725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA20A(AR) 10/11

## Proposed Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA20A

Gross Premium Code: A10AH - Rate Group: A20  
Standardized Medicare Supplement Plan A - Community Rated

RATE SCHEDULE - Arkansas  
For Issues Beginning 06/01/2010

Issue Age	Plan A	Plan A
	Standard Premium	Preferred Premium
65 & OV	1,890.89	1,645.17

AREA FACTORS  
by Zip Code (First three positions)  
716, 720, 721, 722, 723 = 0.80  
717, 718, 719, 724 = 0.71  
725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA20A(AR) 10/11

# Rate Schedules

## Current Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA20D

Gross Premium Code: A10DH - Rate Group: A20  
Standardized Medicare Supplement Plan D - Community Rated

RATE SCHEDULE - Arkansas  
For Issues Beginning 06/01/2010

Issue Age	Plan D	Plan D
	Standard Premium	Preferred Premium
65 & OV	2,475.65	2,153.76

AREA FACTORS  
by Zip Code (First three positions)  
716, 720, 721, 722, 723 = 0.80  
717, 718, 719, 724 = 0.71  
725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA20D(AR) 10/11

## Proposed Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA20D

Gross Premium Code: A10DH - Rate Group: A20  
Standardized Medicare Supplement Plan D - Community Rated

RATE SCHEDULE - Arkansas  
For Issues Beginning 06/01/2010

Issue Age	Plan D	Plan D
	Standard Premium	Preferred Premium
65 & OV	2,624.19	2,282.99

AREA FACTORS  
by Zip Code (First three positions)  
716, 720, 721, 722, 723 = 0.80  
717, 718, 719, 724 = 0.71  
725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA20D(AR) 10/11

# Rate Schedules

## Current Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA20F

Gross Premium Code: A10FH - Rate Group: A20  
Standardized Medicare Supplement Plan F - Community Rated

RATE SCHEDULE - Arkansas  
For Issues Beginning 06/01/2010

Issue Age	Plan F	Plan F
	Standard Premium	Preferred Premium
65 & OV	2,663.59	2,317.30

AREA FACTORS  
by Zip Code (First three positions)  
716, 720, 721, 722, 723 = 0.80  
717, 718, 719, 724 = 0.71  
725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA20F(AR) 10/11

## Proposed Rates

Medico® Insurance Company  
Omaha, Nebraska  
MI-MSA20F

Gross Premium Code: A10FH - Rate Group: A20  
Standardized Medicare Supplement Plan F - Community Rated

RATE SCHEDULE - Arkansas  
For Issues Beginning 06/01/2010

Issue Age	Plan F	Plan F
	Standard Premium	Preferred Premium
65 & OV	2,823.40	2,456.34

AREA FACTORS  
by Zip Code (First three positions)  
716, 720, 721, 722, 723 = 0.80  
717, 718, 719, 724 = 0.71  
725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Monthly = 1/12

Rates certify to a 74.4% anticipated loss ratio.

MIRSA20F(AR) 10/11

# Rate Schedules

## Current Rates

Medico® Insurance Company  
 Omaha, Nebraska  
 MI-MSA20G  
 Gross Premium Code: A10GH - Rate Group: A20  
 Standardized Medicare Supplement Plan G - Community Rated

RATE SCHEDULE - Arkansas  
 For Issues Beginning 04/20/2011

Issue Age	Plan G	Plan G
	Standard Premium	Preferred Premium
65 & OV	2,322.77	2,019.80

AREA FACTORS  
 by Zip Code (First three positions)  
 716, 720, 721, 722, 723 = 0.80  
 717, 718, 719, 724 = 0.71  
 725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 0.27  
 Monthly = 1/11

Automatic Bank Withdrawal  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 3/12  
 Monthly = 1/12

Rates certify to a 77% anticipated loss ratio.

MIRSA20G(AR) 10/11

## Proposed Rates

Medico® Insurance Company  
 Omaha, Nebraska  
 MI-MSA20G  
 Gross Premium Code: A10GH - Rate Group: A20  
 Standardized Medicare Supplement Plan G - Community Rated

RATE SCHEDULE - Arkansas  
 For Issues Beginning 04/20/2011

Issue Age	Plan G	Plan G
	Standard Premium	Preferred Premium
65 & OV	2,462.14	2,140.99

AREA FACTORS  
 by Zip Code (First three positions)  
 716, 720, 721, 722, 723 = 0.80  
 717, 718, 719, 724 = 0.71  
 725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 0.27  
 Monthly = 1/11

Automatic Bank Withdrawal  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 3/12  
 Monthly = 1/12

Rates certify to a 77% anticipated loss ratio.

MIRSA20G(AR) 10/11

# Rate Schedules

## Current Rates

Medico® Insurance Company  
 Omaha, Nebraska  
 MI-MSA20N  
 Gross Premium Code: A10NH - Rate Group: A20  
 Standardized Medicare Supplement Plan N - Community Rated

RATE SCHEDULE - Arkansas  
 For Issues Beginning 04/20/2011

Issue Age	Plan N	Plan N
	Standard Premium	Preferred Premium
65 & OV	1,994.92	1,734.72

AREA FACTORS  
 by Zip Code (First three positions)  
 716, 720, 721, 722, 723 = 0.80  
 717, 718, 719, 724 = 0.71  
 725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 0.27  
 Monthly = 1/11

Automatic Bank Withdrawal  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 3/12  
 Monthly = 1/12

Rates certify to a 73% anticipated loss ratio.

MIRSA20N(AR) 10/11

## Proposed Rates

Medico® Insurance Company  
 Omaha, Nebraska  
 MI-MSA20N  
 Gross Premium Code: A10NH - Rate Group: A20  
 Standardized Medicare Supplement Plan N - Community Rated

RATE SCHEDULE - Arkansas  
 For Issues Beginning 04/20/2011

Issue Age	Plan N	Plan N
	Standard Premium	Preferred Premium
65 & OV	2,114.62	1,838.80

AREA FACTORS  
 by Zip Code (First three positions)  
 716, 720, 721, 722, 723 = 0.80  
 717, 718, 719, 724 = 0.71  
 725, 726, 727, 728, 729 = 0.71

### MODAL FACTORS

Direct-Billed or Credit Card  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 0.27  
 Monthly = 1/11

Automatic Bank Withdrawal  
 Annual = 1.00  
 Semi-Annual = 0.52  
 Quarterly = 3/12  
 Monthly = 1/12

Rates certify to a 73% anticipated loss ratio.

MIRSA20N(AR) 10/11

Medico® Insurance Company  
Omaha, Nebraska

MSA10 / MSA11 / MSA20 / MSA21 Area Factors

State	Zip	Factor
AK	All	0.83
AL	350-352, 354-355	0.83
	356-369	0.79
AR	716, 720-723	0.80
	717-719, 724-729	0.71
AZ	850	0.81
	851-853, 855-857, 859-860, 863-865	0.69
CA	All	0.92
CO	800-802, 804, 806	0.82
	803, 805, 807-816	0.78
CT	060-069	0.91
DC	200-205, 569	0.92
DE	All	0.84
FL	All	1.04
GA	300-304, 310-315, 398-399	0.79
	305-309, 316-319	0.74
HI	All	0.57
IA	500-505, 508-514, 520-528	0.66
	506-507, 515-516	0.75
ID	832-838	0.69
IL	600-608	0.89
	609-620, 622-629	0.71
IN	460-462, 465-479	0.76
	463-464	0.88
KS	660, 664-674	0.74
	661-662, 675-679	0.83
KY	400-401, 403-404, 406-407, 409-414, 419-427	0.77
	402, 405, 408	0.81
	415-418	0.96
LA	700-701, 704, 710-714	0.93
	703, 705-708	0.78
MA	All	0.93
MD	All	1.00
ME	All	0.71
MI	480-485	0.99
	486-489	0.89
	490-499	0.83
MN	All	0.71
MO	630-631, 633, 640-641	0.88
	634, 648-658	0.72
	635-639, 644-647	0.81
MS	388, 393, 397	0.77
	386-387, 389-392, 394-396	0.83

State	Zip	Factor
MT	All	0.65
NC	270-289	0.74
ND	All	0.67
NE	680-681, 685	0.75
	683-684, 686-693	0.68
NH	All	0.73
NJ	All	0.98
NM	870, 873, 875, 877-878, 880	0.66
	871, 874, 879, 881-884	0.74
NV	889, 893-895, 897-898	0.76
	890-891	0.95
NY	063	0.91
	All Other	0.98
OH	430-431, 433-435, 437-438, 446, 448-449, 453, 457-459	0.72
	432, 436, 439-445, 447, 450-452, 454-456	0.87
OK	730, 735-741, 743-744, 746, 748, 749	0.81
	731, 734, 745, 747	0.89
OR	970-975	0.69
	976-979	0.65
PA	150-154, 156	0.96
	155, 157-188, 195-196	0.78
	189-194	1.01
RI	All	0.85
SC	290-293, 296-299	0.75
	294-295	0.79
SD	570-577	0.67
TN	All	0.75
TX	750, 752, 753, 761, 770, 772, 775	0.96
	773, 774, 776, 777, 794	0.91
	751, 754, 757, 760, 762, 765, 779, 782-787, 793	0.86
	733, 755, 756, 758, 759, 763, 764, 766-769, 778, 780-781, 788- 792, 795-799, 885	0.80
UT	840-847	0.73
VA	201, 221, 224-232, 236, 238-241, 243-245	0.69
	220, 222-223, 233-235, 237, 242, 246	0.80
VT	All	0.69
WA	All	0.75
WI	531, 532, 534	0.82
	539-540, 542-543, 546	0.66
	530, 535, 537-538, 541, 544-545, 547-549	0.72
WV	247-268	0.73
WY	820-831, 834	0.69