

State: Arkansas **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Individual Medicare Supplement Insurance - CP51 00-13
Project Name/Number: Individual Medicare Supplement Insurance/CP51 00-13

Filing at a Glance

Company: United of Omaha Life Insurance Company
 Product Name: Individual Medicare Supplement Insurance - CP51 00-13
 State: Arkansas
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
 Sub-TOI: MS08I.012 Multi-Plan 2010
 Filing Type: Form
 Date Submitted: 11/26/2012
 SERFF Tr Num: MUTM-128783106
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: LUTHER MARDOCK

 Implementation: On Approval
 Date Requested:
 Author(s): Shelly Kaipust, Sofia Kuehn, Jan Serafini, Mary Gregg, Gilbert Burket, Krysia Gannon, Ellen Cochrane, Robyn Gonzales, Joanne Najdzin, Kristin Miller, Luther Mardock
 Reviewer(s): Stephanie Fowler (primary)
 Disposition Date: 12/05/2012
 Disposition Status: Approved-Closed
 Implementation Date:

 State Filing Description:

State: Arkansas **Filing Company:** United of Omaha Life Insurance Company
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General Information

Project Name: Individual Medicare Supplement Insurance Status of Filing in Domicile:
 Project Number: CP51 00-13 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type:
 Submission Type: New Submission Overall Rate Impact:
 Filing Status Changed: 12/05/2012
 State Status Changed: 12/05/2012 Deemer Date:
 Created By: Mary Gregg Submitted By: Mary Gregg
 Corresponding Filing Tracking Number:

Filing Description:
 NAIC # 69868

Individual Medicare Supplement Insurance
 Outline of Coverage Modules CP51 00-13 and BC51 00-13

Enclosed for your review and approval are the above-captioned Medicare supplement outline of coverage module forms. This filing is being made to comply with the changes in the Federal Medicare coinsurance and deductible amounts. The only changes in these modules from the previously approved modules are the coinsurance and deductible amounts effective January 1, 2013.

Outline of coverage module forms CP51 00-13 and BC51 00-13 will replace forms CP51 00-12 and BC51 00-12, which were approved by your Department on November 8, 2011.

Your review and approval of this submission will be most appreciated. If you have any questions, please do not hesitate to contact me.

Sincerely,

Luther Mardock
 Senior Product and Advertising Compliance Analyst
 Corporate Compliance and Ethics
 Phone: 402-351-6919
 Fax: 402-351-5298
 Email: luther.mardock@mutualofomaha.com

Company and Contact

Filing Contact Information

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 Mutual of Omaha 402-351-6919 [Phone]
 Mutual of Omaha Plaza 402-351-5298 [FAX]
 Omaha, NE 68175

State: Arkansas **Filing Company:** United of Omaha Life Insurance Company
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Filing Company Information

| | | |
|----------------------------------------|-------------------------|------------------------------|
| United of Omaha Life Insurance Company | CoCode: 69868 | State of Domicile: Nebraska |
| Mutual of Omaha Plaza | Group Code: 261 | Company Type: Life Insurance |
| Omaha, NE 68175 | Group Name: | State ID Number: |
| (402) 351-6910 ext. [Phone] | FEIN Number: 47-0322111 | |

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| Company | Amount | Date Processed | Transaction # |
|----------------------------------------|----------|----------------|---------------|
| United of Omaha Life Insurance Company | \$100.00 | 11/26/2012 | 65182378 |

SERFF Tracking #:

MUTM-128783106

State Tracking #:

Company Tracking #:

LUTHER MARDOCK

State:

Arkansas

Filing Company:

United of Omaha Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Individual Medicare Supplement Insurance - CP51 00-13

Project Name/Number:

Individual Medicare Supplement Insurance/CP51 00-13

Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|-----------------|------------------|------------|----------------|
| Approved-Closed | Stephanie Fowler | 12/05/2012 | 12/05/2012 |

State: Arkansas **Filing Company:** United of Omaha Life Insurance Company
TOI/Sub-TOI: MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010
Product Name: Individual Medicare Supplement Insurance - CP51 00-13
Project Name/Number: Individual Medicare Supplement Insurance/CP51 00-13

Disposition

Disposition Date: 12/05/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

| 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 | Approved-Closed | Yes |
| Form | Individual Medicare Supplement Insurance Outline of Coverage - Cover Page | Approved-Closed | Yes |
| Form | Individual Medicare Supplement Insurance Outline of Coverage - Benefit Charts | Approved-Closed | Yes |

State: Arkansas **Filing Company:** United of Omaha Life Insurance Company
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Form Schedule

Lead Form Number:

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|----------|-------------------------------|-------------------------------------------------------------------------------|-------------|-----------|-------------|----------------------|-------------------|------------------------------------|
| 1 | Approved-Closed 12/05/2012 | Individual Medicare Supplement Insurance Outline of Coverage - Cover Page | CP51 00-13 | OUT | Initial | | | CP51 00-13 _Cover Page_.pdf |
| 2 | Approved-Closed 12/05/2012 | Individual Medicare Supplement Insurance Outline of Coverage - Benefit Charts | BC51 00-13 | OUT | Initial | | | BC51 00-13 _Benefit Charts_.pdf |

Form Type Legend:

| | | | |
|-------------|-------------------------------------------------------------------------------------|-------------|----------------------------------------------------------|
| ADV | Advertising | AEF | Application/Enrollment Form |
| CER | Certificate | CERA | Certificate Amendment, Insert Page, Endorsement or Rider |
| DDP | Data/Declaration Pages | FND | Funding Agreement (Annuity, Individual and Group) |
| MTX | Matrix | NOC | Notice of Coverage |
| OTH | Other | OUT | Outline of Coverage |
| PJK | Policy Jacket | POL | Policy/Contract/Fraternal Certificate |
| POLA | Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider | SCH | Schedule Pages |

UNITED OF OMAHA LIFE INSURANCE COMPANY
A Mutual of Omaha Company
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, G, and M

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available. Some plans may not be available in your state.

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.

| Plan A | Plan B | Plan C | Plan D | Plan F | F* | Plan G |
|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|---------------------------------------------|----|-------------------------------------------|
| Basic, including 100% Part B Co-insurance * | | Basic, including 100% Part B Co-insurance |
| | | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | | Skilled Nursing Facility Co-insurance |
| | Part A Deductible | Part A Deductible | Part A Deductible | 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 |
| | | | | | | |

| Plan K | Plan L | Plan M | Plan N |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 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 |
| 50% Skilled Nursing Facility Co-insurance | 75% Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance | Skilled Nursing Facility Co-insurance |
| 50% Part A Deductible | 75% Part A Deductible | 50% Part A Deductible | Part A Deductible |
| | | | |
| | | | |
| | | Foreign Travel Emergency | Foreign Travel Emergency |
| Out-of-pocket limit \$4,800; paid at 100% after limit reached | Out-of-pocket limit \$2,400; 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 \$2,110 deductible. Benefits from high deductible Plan F will not begin until out of pocket expenses exceed \$2,110. 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 plan's separate foreign travel emergency deductible.

PLANS A AND F
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services | Medicare Pays | Plan A Pays | You Pay | Plan F Pays | You Pay |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|-----------------------------|------------------------------------|-----------|
| HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days | All but \$1,184 | \$0 | \$1,184 (Part A deductible) | \$1,184 (Part A deductible) | \$0 |
| 61 st through 90 th day | All but \$296 a day | \$296 a day | \$0 | \$296 a day | \$0 |
| 91 st day and after: While using 60 lifetime reserve days | All but \$592 a day | \$592 a day | \$0 | \$592 a day | \$0 |
| Once lifetime reserve days are used: Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** | 100% of Medicare-eligible expenses | \$0** |
| Beyond the additional 365 days | \$0 | \$0 | All costs | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | | | |
| First 20 days | All approved amounts | \$0 | \$0 | \$0 | \$0 |
| 21 st through 100 th day | All but \$148 a day | \$0 | Up to \$148 a day | Up to \$148 a day | \$0 |
| 101 st day and after | \$0 | \$0 | All costs | \$0 | All costs |
| BLOOD | | | | | |
| First 3 pints | \$0 | 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 | \$0 | \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 | Medicare copayment/coinsurance | \$0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS A AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan A Pays | You Pay | Plan F Pays | You Pay |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------------------|---------------------------|---------|
| MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | | | |
| First \$147 of Medicare-approved amounts* | \$0 | \$0 | \$147 (Part B deductible) | \$147 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | \$0 | All costs | 100% | \$0 |
| BLOOD | | | | | |
| First 3 pints | \$0 | All costs | \$0 | All costs | \$0 |
| Next \$147 of Medicare-approved amounts* | \$0 | \$0 | \$147 (Part B deductible) | \$147 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 | 20% | \$0 |
| CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 | \$0 | \$0 |

PARTS A AND B

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------|------|-----|---------------------------|---------------------------|-----|
| HOME HEALTH CARE—MEDICARE-APPROVED SERVICES Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 | \$0 | \$0 |
| Durable medical equipment | | | | | |
| First \$147 of Medicare-approved amounts* | \$0 | \$0 | \$147 (Part B deductible) | \$147 (Part B deductible) | \$0 |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 | 20% | \$0 |

**PLANS A AND F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare Pays | Plan A Pays | You Pay | Plan F Pays | You Pay |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------------------|----------------|-----------------------------------------------|------------------------------------------------------------|
| FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | | | |
| First \$250 each calendar year | \$0 | N/A | All costs | \$0 | \$250 |
| Remainder of charges | \$0 | N/A | All costs | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit |

PLANS G AND M
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

| Services | Medicare Pays | Plan G Pays | You Pay | Plan M Pays | You Pay |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|------------------------------------|-----------|------------------------------------|----------------------------------|
| HOSPITALIZATION* Semiprivate room and board, general nursing, and miscellaneous services and supplies First 60 days | All but \$1,184 | \$1,184 (Part A deductible) | \$0 | \$592 (50% of Part A deductible) | \$592 (50% of Part A deductible) |
| 61 st through 90 th day | All but \$296 a day | \$296 a day | \$0 | \$296 a day | \$0 |
| 91 st day and after: While using 60 lifetime reserve days | All but \$592 a day | \$592 a day | \$0 | \$592 a day | \$0 |
| Once lifetime reserve days are used: Additional 365 days | \$0 | 100% of Medicare-eligible expenses | \$0** | 100% of Medicare-eligible expenses | \$0** |
| Beyond the additional 365 days | \$0 | \$0 | All costs | \$0 | All costs |
| SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital. | | | | | |
| First 20 days | All approved amounts | \$0 | \$0 | \$0 | \$0 |
| 21 st through 100 th day | All but \$148 a day | Up to \$148 a day | \$0 | Up to \$148 a day | \$0 |
| 101 st day and after | \$0 | \$0 | All costs | \$0 | All costs |
| BLOOD | | | | | |
| First 3 pints | \$0 | 3 pints | \$0 | 3 pints | \$0 |
| Additional amounts | 100% | \$0 | \$0 | \$0 | \$0 |
| HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness. | All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care | Medicare copayment/coinsurance | \$0 | Medicare copayment/coinsurance | \$0 |

**NOTICE: When your Medicare Part A hospital benefits are exhausted, we stand in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's/certificate's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLANS G AND M
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed \$147 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

| Services | Medicare Pays | Plan G Pays | You Pay | Plan M Pays | You Pay |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------|---------------------------|---------------|---------------------------|
| MEDICAL EXPENSES—IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment | | | | | |
| First \$147 of Medicare-approved amounts* | \$0 | \$0 | \$147 (Part B deductible) | \$0 | \$147 (Part B deductible) |
| Remainder of Medicare-approved amounts | Generally 80% | Generally 20% | \$0 | Generally 20% | \$0 |
| Part B Excess Charges (above Medicare-approved amounts) | \$0 | 100% | \$0 | \$0 | All costs |
| BLOOD | | | | | |
| First 3 pints | \$0 | All costs | \$0 | All costs | \$0 |
| Next \$147 of Medicare-approved amounts* | \$0 | \$0 | \$147 (Part B deductible) | \$0 | \$147 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 | 20% | \$0 |
| CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES | 100% | \$0 | \$0 | \$0 | \$0 |

PARTS A AND B

| | | | | | |
|----------------------------------------------------------------|------|-----|---------------------------|-----|---------------------------|
| HOME HEALTH CARE—MEDICARE-APPROVED SERVICES | | | | | |
| Medically necessary skilled care services and medical supplies | 100% | \$0 | \$0 | \$0 | \$0 |
| Durable medical equipment | | | | | |
| First \$147 of Medicare-approved amounts* | \$0 | \$0 | \$147 (Part B deductible) | \$0 | \$147 (Part B deductible) |
| Remainder of Medicare-approved amounts | 80% | 20% | \$0 | 20% | \$0 |

**PLANS G AND M
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

| Services | Medicare Pays | Plan G Pays | You Pay | Plan M Pays | You Pay |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------|------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------|
| FOREIGN TRAVEL—NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA | | | | | |
| First \$250 each calendar year | \$0 | \$0 | \$250 | \$0 | \$250 |
| Remainder of charges | \$0 | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit | 80% to a lifetime maximum benefit of \$50,000 | 20% and amounts over the \$50,000 lifetime maximum benefit |

SERFF Tracking #:

MUTM-128783106

State Tracking #:

Company Tracking #:

LUTHER MARDOCK

State:

Arkansas

Filing Company:

United of Omaha Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Individual Medicare Supplement Insurance - CP51 00-13

Project Name/Number:

Individual Medicare Supplement Insurance/CP51 00-13

Supporting Document Schedules

| | | Item Status: | Status Date: |
|-------------------|--------------------------------------------------------------------------------|-----------------|--------------|
| Bypassed - Item: | Flesch Certification | | |
| Bypass Reason: | Not applicable for this filing. | | |
| | | Item Status: | Status Date: |
| Bypassed - Item: | Application | | |
| Bypass Reason: | Not applicable for this filing. | | |
| | | Item Status: | Status Date: |
| Satisfied - Item: | Outline of Coverage | Approved-Closed | 12/05/2012 |
| Comments: | Please see the Outline of Coverage forms attached under the Form Schedule Tab. | | |