

State: Arkansas **Filing Company:** Gerber Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Medicare Supplement Outlines - GERBER
Project Name/Number: 2013 Gerber Copay Deductible Filing/CP12 00-13

Filing at a Glance

Company: Gerber Life Insurance Company
 Product Name: Medicare Supplement Outlines - GERBER
 State: Arkansas
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
 Sub-TOI: MS08I.012 Multi-Plan 2010
 Filing Type: Form
 Date Submitted: 11/27/2012
 SERFF Tr Num: MUTM-128783198
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: LUTHER MARDOCK

 Implementation: On Approval
 Date Requested:
 Author(s): Sofia Kuehn, Jan Serafini, Kurt Vangreen, Gilbert Burket, Krysia Gannon, Robyn Gonzales, Joanne Najdzin, Luther Mardock
 Reviewer(s): Stephanie Fowler (primary)
 Disposition Date: 12/05/2012
 Disposition Status: Approved-Closed
 Implementation Date:

 State Filing Description:

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General Information

Project Name: 2013 Gerber Copay Deductible Filing

Project Number: CP12 00-13

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Krysia Gannon

Filing Description:

NAIC # 70939

Individual Medicare Supplement Insurance

Outline of Coverage Modules CP12 00-13 and BC12 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 CP12 00-13 and BC12 00-13 will replace forms CP12 00-12 and BC12 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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luther.mardock@mutualofomaha.com

402-351-6919 [Phone]

402-351-5298 [FAX]

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Filing Company Information

Gerber Life Insurance Company	CoCode: 70939	State of Domicile: New York
1311 Mamaroneck Avenue	Group Code: 4483	Company Type: Life & Health
White Plains, NY 10605	Group Name:	State ID Number:
(914) 272-4000 ext. [Phone]	FEIN Number: 13-2611847	

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? No
 Fee Explanation: \$50 per form
 Per Company: No

Company	Amount	Date Processed	Transaction #
Gerber Life Insurance Company	\$100.00	11/27/2012	65192857

SERFF Tracking #:

MUTM-128783198

State Tracking #:

Company Tracking #:

LUTHER MARDOCK

State:

Arkansas

Filing Company:

Gerber Life Insurance Company

TOI/Sub-TOI:

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

Product Name:

Medicare Supplement Outlines - GERBER

Project Name/Number:

2013 Gerber Copay Deductible Filing/CP12 00-13

Correspondence Summary

Dispositions

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

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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	Outline of Coverage - Cover Page	Approved-Closed	Yes
Form	Outline of Coverage - Benefit Chart	Approved-Closed	Yes

State: Arkansas **Filing Company:** Gerber Life Insurance Company
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Form Schedule

Lead Form Number: CP12 00-13								
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	Outline of Coverage - Cover Page	CP12 00-13	OUT	Initial			CP12 00-13 _Cover Page_.pdf
2	Approved-Closed 12/05/2012	Outline of Coverage - Benefit Chart	BC12 00-13	OUT	Initial			BC12 00-13 _Benefit Chart_.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

GERBER LIFE INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, F, AND G

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.

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 Coinsurance, 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 \$4,800; 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.

PLAN A
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
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)
61 st through 90 th day	All but \$296 a day	\$296 a day	\$0
91 st day and after: While using 60 lifetime reserve days	All but \$592 a day	\$592 a day	\$0
Once lifetime reserve days are used: Additional 365 days	\$0	100% of Medicare-eligible expenses	\$0**
Beyond the additional 365 days	\$0	\$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
21 st through 100 th day	All but \$148 a day	\$0	Up to \$148 a day
101 st day and after	\$0	\$0	All costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$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

**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.

PLAN A
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
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)
Remainder of Medicare-approved amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (above Medicare-approved amounts)	\$0	\$0	All costs
BLOOD First 3 pints	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES—TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A AND B

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

PLANS F AND G
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 F Pays	You Pay	Plan G 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	\$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	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 F AND G
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 F Pays	You Pay	Plan G 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	\$147 (Part B deductible)	\$0	\$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	100%	\$0
BLOOD					
First 3 pints	\$0	All costs	\$0	All costs	\$0
Next \$147 of Medicare-approved amounts*	\$0	\$147 (Part B deductible)	\$0	\$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	\$147 (Part B deductible)	\$0	\$0	\$147 (Part B deductible)
Remainder of Medicare-approved amounts	80%	20%	\$0	20%	\$0

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

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan F Pays	You Pay	Plan G 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-128783198

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

LUTHER MARDOCK

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Arkansas

Filing Company:

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Supporting Document Schedules

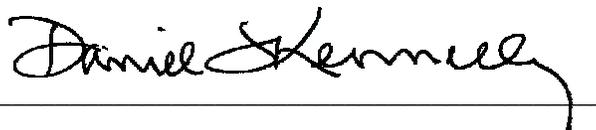
		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
AR Read Cert.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not applicable with this filing.		
		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	12/05/2012
Bypass Reason:	Please see Outlines of Coverage on the Form Schedule tab.		

CERTIFICATION

This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
BC12 00-13	Outline of Coverage - Benefit Chart	N/A
CP12 00-13	Outline of Coverage - Cover Page	N/A

Date: November 27, 2012



Daniel J. Kennelly
Vice President , Chief Compliance and Ethics Officer
As Administrator for Gerber Life Insurance Company