

State: Arkansas **Filing Company:** Government Personnel Mutual Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Individual Medicare Supplement Outline of Coverage - CP25 00-13
Project Name/Number: Individual Medicare Supplement Outline of Coverage/CP25 00-13

Filing at a Glance

Company: Government Personnel Mutual Life Insurance Company
Product Name: Individual Medicare Supplement Outline of Coverage - CP25 00-13
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Form
Date Submitted: 11/27/2012
SERFF Tr Num: MUTM-128783356
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: LUTHER MARDOCK

Implementation
Date Requested:
Author(s): Shelly Kaipust, Jan Serafini, 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: Individual Medicare Supplement Outline of Coverage
Project Number: CP25 00-13
Requested Filing Mode:
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Deemer Date:
Submitted By: Shelly Kaipust

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/05/2012
State Status Changed: 12/05/2012
Created By: Shelly Kaipust
Corresponding Filing Tracking Number:

Filing Description:
NAIC # 63967

Individual Medicare Supplement Insurance
Outline of Coverage Modules CP25 00-13 and BC25 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 CP25 00-13 and BC25 00-13 will replace forms CP25 00-12 and BC25 00-12, which were approved by your Department on November 7, 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

Luther Mardock - Admin, luther.mardock@mutualofomaha.com
Mutual of Omaha 402-351-6919 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

State: Arkansas **Filing Company:** Government Personnel Mutual Life Insurance Company
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Filing Company Information

Government Personnel Mutual Life Insurance Company	CoCode: 63967	State of Domicile: Texas
PO Box 659567	Group Code: 4712	Company Type: Life & Health
San Antonio, TX 99999	Group Name:	State ID Number:
(800) 929-4765 ext. [Phone]	FEIN Number: 74-0651020	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Government Personnel Mutual Life Insurance Company	\$100.00	11/27/2012	65190629

SERFF Tracking #:

MUTM-128783356

State Tracking #:

Company Tracking #:

LUTHER MARDOCK

State:

Arkansas

Filing Company:

Government Personnel Mutual Life Insurance Company

TOI/Sub-TOI:

MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010

Product Name:

Individual Medicare Supplement Outline of Coverage - CP25 00-13

Project Name/Number:

Individual Medicare Supplement Outline of Coverage/CP25 00-13

Correspondence Summary

Dispositions

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

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Outline Filings	Note To Reviewer	Luther Mardock	12/05/2012	12/05/2012

State: Arkansas **Filing Company:** Government Personnel Mutual Life Insurance Company
TOI/Sub-TOI: MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010
Product Name: Individual Medicare Supplement Outline of Coverage - CP25 00-13
Project Name/Number: Individual Medicare Supplement Outline of Coverage/CP25 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	Outline of Coverage - Cover Page	Approved-Closed	Yes
Form	Outline of Coverage - Benefit Charts	Approved-Closed	Yes

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Note To Reviewer

Created By:

Luther Mardock on 12/05/2012 09:30 AM

Last Edited By:

Stephanie Fowler

Submitted On:

12/05/2012 11:02 AM

Subject:

Outline Filings

Comments:

Ms. Fowler:

Per our conversation on today's date, note that we have substantially similar 2013 copay and deductible filings pending under the following SERFF Tracking #'s:

- MUTM-128783592
- MUTM-128783356
- MUTM-128783198
- MUTM-128783106

Per our conversation, we would appreciate any efforts on your behalf to expedite review and approval of these filings. Note that these forms are identical to the previously approved forms except for the 2013 copay and deductible amounts.

Thank you for your consideration in this matter.

If you have any questions or concerns, please contact Luther Mardock at 402-351-6919 or luther.mardock@mutualofomaha.com.

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Form Schedule

Lead Form Number: CP25 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	CP25 00-13	OUT	Initial			CP25 00-13 (Cover Page).pdf
2	Approved-Closed 12/05/2012	Outline of Coverage - Benefit Charts	BC25 00-13	OUT	Initial			BC25 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

GOVERNMENT PERSONNEL MUTUAL LIFE INSURANCE COMPANY
OUTLINE OF MEDICARE SUPPLEMENT COVERAGE – COVER PAGE
BENEFIT PLANS A, C, F, G, AND N

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 Coinsurance	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 Co-insurance	75% 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	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.

PLANS A AND C
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 C 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 C
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 C 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	\$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)	\$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 C
 MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan A Pays	You Pay	Plan C 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 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

PLAN N
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 N 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
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	Up to \$148 a day	\$0
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 N
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 N 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%	Balance, other than up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to \$20 per office visit and up to \$50 per emergency room visit. The copayment of up to \$50 is waived if you are admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.
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

**PLAN N
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR**

OTHER BENEFITS – NOT COVERED BY MEDICARE

Services	Medicare Pays	Plan N 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
Remainder of charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum benefit

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

LUTHER MARDOCK

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Arkansas

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Government Personnel Mutual Life Insurance Company

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MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010

Product Name:

Individual Medicare Supplement Outline of Coverage - CP25 00-13

Project Name/Number:

Individual Medicare Supplement Outline of Coverage/CP25 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:	See Outlines attached under the Form Schedule tab.		