

SERFF Tracking Number: MDIC-128060718 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number:
Company Tracking Number: AR A48 DVH POLICY
TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental
Product Name: AR A48 DVH Policy
Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy

Filing at a Glance

Company: Medico Insurance Company

Product Name: AR A48 DVH Policy

TOI: H10I Individual Health - Dental

Sub-TOI: H10I.000 Health - Dental

Filing Type: Form/Rate

SERFF Tr Num: MDIC-128060718 State: Arkansas

SERFF Status: Closed-Approved State Tr Num:

Co Tr Num: AR A48 DVH POLICY State Status: Approved-Closed

Reviewer(s): Donna Lambert

Author: Luanne Melies

Disposition Date: 02/06/2012

Date Submitted: 02/02/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date: 03/06/2012

State Filing Description:

General Information

Project Name: AR A48 DVH Policy

Project Number: AR A48 DVH Policy

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 01/23/2012

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 02/06/2012

State Status Changed: 02/06/2012

Created By: Luanne Melies

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Luanne Melies

Filing Description:

Filing of new Dental, Vision and Hearing Policy A48, with associated forms. Please see cover letter attached to the Supporting Documents Tab for additional information.

Company and Contact

Filing Contact Information

Luanne Melies, Compliance Analyst

1515 S. 75th Street

Omaha, NE 68124

lmelies@gomedico.com

800-695-5976 [Phone] 249 [Ext]

402-391-4858 [FAX]

Filing Company Information

Medico Insurance Company

1515 S. 75th Street

CoCode: 31119

Group Code:

State of Domicile: Nebraska

Company Type: Life and Health

SERFF Tracking Number: MDIC-128060718 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number:
 Company Tracking Number: AR A48 DVH POLICY
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: AR A48 DVH Policy
 Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy
 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: \$50.00 Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$50.00	02/02/2012	56045862
Medico Insurance Company	\$100.00	02/03/2012	56055513

SERFF Tracking Number: MDIC-128060718 State: Arkansas
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	02/06/2012	02/06/2012

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	02/06/2012	02/06/2012	Luanne Melies	02/06/2012	02/06/2012
Pending Industry Response	Donna Lambert	02/03/2012	02/03/2012	Luanne Melies	02/06/2012	02/06/2012

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Disposition

Disposition Date: 02/06/2012
 Implementation Date: 03/06/2012
 Status: Approved
 Comment: Thank you for your clarifications.

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 required):	Minimum % Change (where required):
Medico Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved	Yes
Supporting Document	Application	Approved	Yes
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	Outline of Coverage	Approved	Yes
Supporting Document	Electronic Application Process	Approved	Yes
Supporting Document	Previously Filed forms	Approved	Yes
Supporting Document	AR Cover Letter	Approved	Yes
Supporting Document	AR Filing Fee Certification	Approved	Yes
Form	A48 Dental, Vision and Hearing Policy	Approved	Yes
Form	A48 Policy Schedule	Approved	Yes
Form	Replacement Notice	Approved	Yes
Rate	A48 Policy Rates Individual	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/06/2012
Submitted Date 02/06/2012
Respond By Date 03/06/2012

Dear Luanne Melies,

I did not see the fraud warning on the application. In which step is it included?

Objection 1

- A48 Dental, Vision and Hearing Policy, DVA48(AR) (Form)

Comment: Please add the information required by 23-79-138. See Bulletin 15-2009.

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,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/06/2012
Submitted Date 02/06/2012

Dear Donna Lambert,

Comments:

Response 1

Comments: Form Application HAA48(AR) has the Fraud Warning directly above Part A. The application was submitted under Supporting Documents Tab per Serff instructions.

Form MIR-AR-763 will accompany every issued policy per 23-79-138. This form is on Supporting Documents Tab because it was previously approved under Serff Filings MDIC-126340784 & MDIC-126618366.

Related Objection 1

Applies To:

- A48 Dental, Vision and Hearing Policy, DVA48(AR) (Form)

Comment:

Please add the information required by 23-79-138. See Bulletin 15-2009.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Please let me know if you have any further questions or problems with the review and possible approval of this filing .

Thank you for your time and help with this filing.

Sincerely,
Luanne Melies

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 02/03/2012
Submitted Date 02/03/2012
Respond By Date 03/05/2012

Dear Luanne Melies,

This will acknowledge receipt of the captioned filing.

Our filing fees under Rule and Regulation 57 have been updated. Please review the General Instructions for ArkansasLH or Rule and Regulation 57. The fee for this submission is \$50 per form for a total of \$150. Please submit an additional \$100.

We will begin our review of this filing upon receipt of the additional filing fee.

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,

Donna Lambert

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 02/06/2012
Submitted Date 02/06/2012

Dear Donna Lambert,

Comments:

Response 1

Comments: Additional \$100.00 filing fee has been added to the Filing Fees Tab.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sorry for the filing fee error. Please let me know if you have any further questions or problems with the review and possible approval of this filing. Thank you for your time and help with this filing.

Sincerely,
Luanne Melies

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Form Schedule

Lead Form Number: DVA48(AR)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 02/06/2012	DVA48(AR)	Policy/Cont	A48 Dental, Vision ract/Fratern and Hearing Policy al Certificate	Initial			DVA48(AR)- 01292012.pdf
Approved 02/06/2012	POLICY A48	Schedule	A48 Policy Schedule Pages	Initial			A48 Schedule.pdf
Approved 02/06/2012	9F-1061	Other	Replacement Notice	Initial			9F-1061- 01052012.pdf



MEDICO®
INSURANCE COMPANY

A STOCK INSURANCE COMPANY

[1515 South 75th Street • Omaha, Nebraska 68124 • 1-800-228-6080]

DENTAL, VISION AND HEARING EXPENSE POLICY

CAUTION: The issuance of this policy is based upon your responses to the questions on your application. A copy of your application is attached to the policy. If your answers are incorrect or untrue, we may have the right to deny benefits or rescind your policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of your answers are incorrect, contact us at the address shown above.

THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If you are eligible for Medicare, review the Medicare Supplement Buyer's Guide available from us.

This policy is a legal contract between you and us. **READ YOUR POLICY CAREFULLY.** Also, read the copy of your application and the policy Schedule. If there is any error or omission, tell us. We will make any needed change.

The first premium you, the Insured, paid before the Policy Date (and the copy of your attached application), put this policy in force as of the Policy Date. That date is shown in the Schedule. The Schedule is attached and is a part of this policy.

Insuring Clause: We agree to provide the benefits set out in this policy for any insured loss. This agreement is subject to all of the provisions of the policy. A "loss" is an expense you incur for care or services this policy covers and that you receive after the Policy Date and while the policy is in force.

PART A PLEASE READ — 30-DAY RIGHT TO RETURN

Please read your policy. If you are not satisfied, send it back to us, or to the Producer who sold it to you, within 30 days after you receive it. We will return your money. That will mean your policy was never in force.

PART B GUARANTEED RENEWABLE SUBJECT TO OUR LIMITED RIGHT TO CHANGE PREMIUMS

We guarantee to renew your policy for life as long as the premium is paid within the allowable time. We do have the right to change your premium as stated below.

Premium Change: We can change your premium only if we do the same to all policies of this form issued to persons of your class. "Class" means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claims you have incurred under this policy. If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

NOTICE TO BUYER: This policy may not cover all of the costs incurred by you during the period of coverage. You are advised to carefully review all policy limitations.

LIMITED BENEFIT INSURANCE POLICY FOR DENTAL, VISION AND HEARING EXPENSES

ALPHABETICAL GUIDE TO YOUR POLICY

	Part		Part
Benefits.....	F	Policy Year Deductible And Maximum Benefit.....	D
Definitions.....	E	Renewal Agreement And Premium Change.....	B
Exceptions And Limitations.....	C	Right To Return.....	A
How To File A Claim.....	H	Schedule.....	Last Page
Other Important Provisions.....	J	Termination.....	G
Payment Of Claims.....	I		

PART C

EXCEPTIONS AND LIMITATIONS

We will NOT pay benefits for the following items and/or services during the first six months following the Policy Date:

1. Eyeglasses or contact lenses.

We will NOT pay benefits for the following items and/or services during the first Policy Year:

1. endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, "full mouth" extractions, fluoride treatments or outpatient dental surgery; or
2. hearing aids.

We will NOT pay benefits for:

1. any loss resulting from war, declared or undeclared;
2. any intentionally self-inflicted Injury;
3. any loss to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was your being engaged in an illegal occupation;
4. any services that are not recommended by a Physician;
5. any Experimental or Investigational procedure or treatment;
6. orthodontic treatment or dental implants;
7. any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state;
8. expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts);
9. charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures;
10. impacted wisdom teeth;
11. occlusal guards;
12. prescription drugs;
13. charges in excess of Reasonable and Customary Charges;
14. treatment or diagnosis received while outside the territorial limits of the United States;
15. services for which you are not liable or for which no charge normally is made in the absence of insurance; and
16. loss that occurs while this policy is not in force.

PART D

POLICY YEAR DEDUCTIBLE AND MAXIMUM BENEFIT

There is a Policy Year Deductible which is shown in the Schedule. After the Policy Year Deductible has been met, benefits are limited to the Policy Year Maximum Benefit shown in the Schedule.

Audiologist: A person duly licensed and legally entitled to practice audiology at the time and in the state or jurisdiction in which services are performed, other than a member of the insured person's Immediate Family.

Covered Expenses: Expenses for necessary medical and dental services or supplies prescribed by a Physician. They may not be more than the Reasonable and Customary Charges for such services or supplies. Covered Expenses for services or supplies will be deemed to be incurred on the date or dates such services or supplies are received by you. Covered Expenses must be incurred while this policy is in force.

Dentist: A person duly licensed and legally entitled to practice dentistry at the time and in the state or jurisdiction in which services are performed, other than a member of the insured person's Immediate Family.

Experimental or Investigational: The use of a treatment (drugs, devices or procedures) for a specific condition when all of the following are true:

1. the safety and effectiveness of a device is not proven; that is, pre-market approval has not been granted (devices only);
2. benefits to at least one-third of subjects are not documented in controlled clinical trials published in peer-reviewed English language medical journals; and
3. the treatment is not generally accepted medical practice as determined by review of peer-reviewed English language medical literature or authoritative medical journals or publications.

Immediate Family: Your spouse, parent, child, brother or sister, or any person living with you.

Injury: A bodily Injury caused directly by an accident, independent of sickness, disease, bodily infirmity or any other cause, occurring on or after the Policy Date and while coverage is in force. See the Exceptions and Limitations Section for Injuries not covered by this policy.

Medically Necessary: A service or care:

1. required for the treatment or management of a medical symptom or condition;
2. which is the most efficient and economical care or service which can be safely provided in keeping with current medical practices;
3. not administered solely for the convenience of an insured person or any provider; and
4. which is prescribed by a Physician.

Medicare: The "Health Insurance for the Aged Act," Title XVIII of the Social Security Amendments of 1965, as then constituted or later amended.

Ophthalmologist: A Physician duly licensed and legally entitled to practice ophthalmology at the time and in the state or jurisdiction in which services are performed, other than a member of the insured person's Immediate Family.

Optometrist: A Physician duly licensed and legally entitled to practice optometry at the time and in the state or jurisdiction in which services are performed, other than a member of the insured person's Immediate Family.

Physician: A licensed practitioner of the healing arts acting within the scope of his/her license, other than a member of the insured person's Immediate Family. Physician includes a licensed Dentist, Optometrist, Ophthalmologist, or Audiologist.

Policy Date: The date on which this policy first became effective. That date is shown on the Schedule.

Policy Renewal Date: The month and day your policy's premium is due. The frequency of the Policy Renewal Date can vary depending on the premium payment option you selected. This is shown on the Schedule.

Policy Year: The year beginning on the Policy Date and on each following policy anniversary of the Policy Date.

Policy Year Deductible: The dollar amount for which you are responsible during each Policy Year. The amount of the Policy Year Deductible is shown in the Schedule.

Policy Year Maximum Benefit: The maximum benefit we will pay during any Policy Year. This amount is shown in the Schedule.

Producer: A person required to be licensed under the laws of the state to sell, solicit or negotiate insurance.

Reasonable and Customary Charge: The normal and prevailing charge, fee or expense for the service rendered or for the material furnished in the geographic area where rendered or furnished.

Schedule: Is attached to and is a part of this policy.

We, Us or Our: Medico Insurance Company.

You or Your: The Insured named in the Schedule.

PART F BENEFITS

After the Policy Year Deductible is satisfied, the policy pays the following percentages of actual charges, not to exceed Reasonable and Customary Charges for Covered Expenses up to the Policy Year Maximum Benefit:

1. 60% - First Policy Year;
2. 70% - Second Policy Year; and
3. 80% - Third Policy Year and thereafter.

Covered Expenses, subject to the Exceptions and Limitations, are:

1. Dental services, performed by a licensed Dentist, including semi-annual examinations and cleanings (prophylaxis), semi-annual periodontal maintenance, biennial periodontal surgery (once every two years), x-rays, the cost of fillings, bridges, crowns, dentures and outpatient dental surgery prescribed as Medically Necessary.
2. Visits to a Physician for a basic eye examination or eye refraction, including the cost of eyeglasses or contact lenses prescribed by the Physician, up to a maximum benefit of \$200 in any one Policy Year.
3. Hearing examinations performed by a Physician or Audiologist, the purchase of hearing aids prescribed as Medically Necessary by a Physician or Audiologist, including the cost of the hearing aid and any necessary repairs or supplies.

PART G TERMINATION

Your policy will terminate on the earliest of:

1. the Policy Renewal Date following the date we receive your written or verbal request to cancel the policy, unless you request a later termination date (the grace period will not apply);
2. the Policy Renewal Date if sufficient premium has not been paid before the end of the grace period; or
3. the date of your death. In the event of your death, we will promptly return the unused premium. The amount of premium refund will be prorated from the date following the date of death to the end of the contract period for which the premium has been paid.

Except in the case of your death, if the termination date occurs within a period for which we have accepted a premium, or if we accept a premium after such date, this policy will continue in effect until the end of the period for which premiums have been accepted. This does not apply where the acceptance of premium was a result of misstatement of age by you. In that case, the Misstatement of Age Provision controls.

PART H

HOW TO FILE A CLAIM

Notice of Claim: You must give us written notice of a claim within 20 days after loss starts or as soon as reasonably possible. You may give the notice or you may have someone do it for you. The notice should give your name and policy number. Notice should be mailed to our Home Office in [Omaha, Nebraska], or to one of our Producers.

Claim Forms: When we receive your notice of claim, we will send you forms for filing proof of loss. If these forms are not sent to you within 15 days, you will have met the proof of loss rule below if you give us a written statement within 90 days after the loss began.

Proof of Loss: You must give us written proof of your loss within 90 days or as soon as reasonably possible. Proof must be furnished within 15 months after loss began, except in the absence of legal capacity.

PART I

PAYMENT OF CLAIMS

Time of Payment of Claims: All benefits will be paid immediately upon receipt of due written proof of loss.

Payment of Claims: Benefits will be paid directly to you. Benefits unpaid at your death will be paid to your beneficiary or your estate.

If any benefit is payable to your estate, to a minor or to any person not able to give a valid release, we may pay up to \$1,000.00 (\$5,000 in Nebraska) to any relative of yours by blood or connection by marriage, or any beneficiary that we find entitled to the payment. Any payment we make in good faith will fully discharge us to the extent of the payment.

Claim Review and Appeal Procedure: In the event of any claim denial with which you do not agree, you have the right to submit a written request to us at our Home Office asking for a review of the denial of benefits. That request may include documents from your Physician or care provider that support your basis for the requested review. Within 30 days after we receive that written request, we will notify you or your representative of the results of the review.

PART J

OTHER IMPORTANT PROVISIONS

Entire Contract; Changes: This policy, with any attachments (and the copy of your application), is the entire contract of insurance. No Producer may make contracts, determine insurability or change the application or policy in any way. Only an executive officer of ours can approve a change. That change must be shown in the policy.

Time Limit On Certain Defenses: For a policy or certificate that has been in force for less than six months, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that is material to the acceptance of coverage.

For a policy or certificate that has been in force for at least six months, but less than two years, we may rescind the policy or deny an otherwise valid claim upon a showing of misrepresentation that:

1. is material to the acceptance for coverage; and
2. pertains to the condition for which benefits are sought.

After a policy or certificate has been in force for two years, it is not contestable upon grounds of misrepresentation alone. The policy may be contested only upon a showing that you knowingly and intentionally misrepresented relevant facts relating to your health.

Grace Period: Your premium must be paid on or before the date it is due or during the 31-day grace period that follows. Your policy stays in force during your grace period.

Reinstatement: Your policy will lapse if you do not pay your premium before the end of the grace period. If we later accept a premium and do not require an application for reinstatement, that payment will put this policy back in force. If we require an application for reinstatement and, as may be needed, issue a conditional receipt, this policy will be put back in force when we approve it. If we fail to notify you of disapproval within 45 days of the date of application (or the date of the conditional receipt, where that is required), your policy will be put back in force on that 45th day.

The reinstated policy shall cover only loss resulting from such accidental Injury as may be sustained after the date of reinstatement and loss due to such sickness as may begin more than 10 days after that date. In all other respects, you and we will have the same rights under this policy that we had before it lapsed, unless there are special conditions that apply to the reinstatement. If there are, they will be endorsed on or attached to the policy. The premium we accept to reinstate this policy will be used for a period for which premiums had not been paid. We must receive all back premiums for the policy to be reinstated.

Physical Examination: We, at our expense, can have you examined as often as reasonably needed while a claim is pending.

Misstatement Of Age: If your age has been misstated, a premium adjustment will be made so that we receive the premiums that would have been due at the correct age.

Legal Action: You cannot bring a legal action to recover under your policy for at least 60 days after you have given us written proof of loss. You cannot start such an action more than three years after the date written proof of loss is required.

Change Of Beneficiary; Assignment: Only you have the right to change the beneficiary. This right is yours unless you make a beneficiary designation that may not be changed. Consent of the beneficiary is not required to make a change in this policy. Also, such consent is not required to surrender this policy or to assign the benefits.

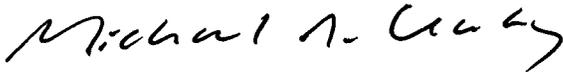
Other Insurance With Us: You may have only one policy like this one with us at any one time. If you have more than one such policy, the one you, your beneficiary or your estate selects will remain in force. We will return all premiums paid for all other such policies.

Term Of Coverage: Your coverage starts on the Policy Date at 12:01 a.m. standard time where you live. It ends at 12:01 a.m. on the same standard time on the first Policy Renewal Date. Each time you renew your policy, the new term begins when the old term ends.

Conformity With State Statutes: The provisions of the policy must conform with the laws of the state in which you reside on the Policy Date. If any do not, this clause amends them so that they do conform.

Our [President and Secretary] sign this policy in our behalf.

[]
[President]

[]
[Secretary]

MEDICO INSURANCE COMPANY
[1515 SOUTH 75TH STREET]
[OMAHA, NEBRASKA 68124]

SCHEDULE

POLICY NO. - [0000000]

POLICY TYPE – A48

INSURED - [JOHN E. DOE]
[1234 ANY STREET]
[ANYTOWN, USA 00000]

POLICY DATE [11/01/05]
FIRST RENEWAL DATE [11/01/06]
TOTAL FIRST PREMIUM \$ [XXXX.XX]
AGE AT ISSUE [62]

--- POLICY PREMIUMS---
[MODE] \$ [XXX.XX]

---- ANNUAL ----

POLICY YEAR DEDUCTIBLE\$100.00

POLICY YEAR MAXIMUM BENEFIT \$ [1,500.00]

POLICY A48

NOTICE TO APPLICANT

REGARDING REPLACEMENT OF ACCIDENT AND SICKNESS INSURANCE

According to your application or information you have furnished, you intend to lapse or otherwise terminate existing accident and health insurance and replace it with a policy to be issued by Medico Insurance Company. Your new policy provides 30 days after receipt of the policy within which you may decide whether you desire to keep the policy. For your own information and protection, you should be aware of and seriously consider certain factors which may affect the insurance protection available to you under the new policy.

- (1) Health conditions which you may presently have (pre-existing conditions) may not be immediately or fully covered under the new policy. This could result in denial or delay of a claim for benefits under the new policy, whereas a similar claim might have been payable under your present policy.
- (2) You may wish to secure the advice of your present insurer or its agent regarding the proposed replacement of your present policy. This is not only your right, but it is also in your best interest to make sure you understand all the relevant factors involved in replacing your present coverage.
- (3) If, after due consideration, you still wish to terminate your present policy and replace it with new coverage, be certain to truthfully and completely answer all questions on the application concerning your medical/health history. **FAILURE TO INCLUDE ALL MATERIAL MEDICAL INFORMATION ON AN APPLICATION MAY PROVIDE A BASIS FOR THE COMPANY TO DENY ANY FUTURE CLAIMS.** After the application has been completed and before you sign it, reread it carefully to be certain that all information has been properly recorded.

The above "Notice to Applicant" was delivered to me on:

(Date)

(Applicant's Signature)
(If applying online, type your name and click 'Continue')

(Agent's Signature)

SERFF Tracking Number: MDIC-128060718 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number:
 Company Tracking Number: AR A48 DVH POLICY
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: AR A48 DVH Policy
 Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy

Rate Information

Rate data applies to filing.

Filing Method: Serff
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision:
Filing Method of Last Filing: 0

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 required):	Minimum % Change (where required):
Medico Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: MDIC-128060718 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number:
 Company Tracking Number: AR A48 DVH POLICY
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: AR A48 DVH Policy
 Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 02/06/2012	A48 Policy Rates Individual	DVA48(AR)	New		AR_A48_Rates2 0110109.pdf

Rate Schedules

Medico® Insurance Company
Omaha, Nebraska
MI-DVA48

Gross Premium Code: A48 - Rate Group: A18
Dental/Vision/Hearing
\$1,000 Annual Maximum Benefit

RATE SCHEDULE - Arkansas

Issue Age	Premium
-----------	---------

18 - 39	300.00
40 - 54	324.00
55 - 64	348.00
65 - 79	372.00
80 - 89	396.00

MODAL FACTORS

Direct-Billed or Credit Card

Annual = 1.00

Semi-Annual = 0.52000

Quarterly = 0.27000

Monthly = 0.09091

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 6/12

Quarterly = 3/12

Monthly = 1/12

Rates certify to a 50% anticipated loss ratio.

MIRSA48(AR) 1/12

Rate Schedules

Medico® Insurance Company
Omaha, Nebraska
MI-DVA48

Gross Premium Code: A48 - Rate Group: A18
Dental/Vision/Hearing
\$1,500 Annual Maximum Benefit

RATE SCHEDULE - Arkansas

Issue Age	Premium
-----------	---------

18 - 39	396.00
40 - 54	420.00
55 - 64	456.00
65 - 79	492.00
80 - 89	516.00

MODAL FACTORS

Direct-Billed or Credit Card

Annual = 1.00

Semi-Annual = 0.52000

Quarterly = 0.27000

Monthly = 0.09091

Automatic Bank Withdrawal

Annual = 1.00

Semi-Annual = 6/12

Quarterly = 3/12

Monthly = 1/12

Rates certify to a 50% anticipated loss ratio.

MIRSA48(AR) 1/12

SERFF Tracking Number: MDIC-128060718 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number:
 Company Tracking Number: AR A48 DVH POLICY
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: AR A48 DVH Policy
 Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved	02/06/2012
Comments:		
Attachment: AR A48 Flesch Certificate.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved	02/06/2012
Comments:		
Attachment: HAA48(AR)-01252012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification	Approved	02/06/2012
Comments:		
Attachment: AR_A48_ActlMemo20120103.pdf		

	Item Status:	Status Date:
Satisfied - Item: Outline of Coverage	Approved	02/06/2012
Comments:		
Attachment: 9F-4434(AR)-01252012.pdf		

	Item Status:	Status Date:
Satisfied - Item: Electronic Application Process	Approved	02/06/2012
Comments:		

SERFF Tracking Number: MDIC-128060718 State: Arkansas
 Filing Company: Medico Insurance Company State Tracking Number:
 Company Tracking Number: AR A48 DVH POLICY
 TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
 Product Name: AR A48 DVH Policy
 Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy

Attached is a hard copy of the electronic process itself. Basically, an agent accesses a link to the Electronic Application Process. The process takes the agent and/or applicant through a series of steps, giving them a choice of continuing or stopping the application process. After the application process is completed, the agent/applicant will be able to print and/or save all the documents for the applicant's records, and the applicant will receive an email (if he/she provides us with an e-mail address) acknowledging the transaction. Instructions are given to either print or save the record at the end of the application process. We ask for the ability to make minor page content and graphics changes, as needed, without re-filing this website – with the understanding that we would still file any forms that were amended.

Attachments:

- DVH Online App-01052011-Step 1.pdf
- DVH Online App-01052011-Step 2.pdf
- DVH Online App-01052011-Step 3.pdf
- DVH Online App-01052011-Step 4.pdf
- DVH Online App-01052011-Step 4a.pdf
- DVH Online App-01052011-Step 4b.pdf
- DVH Online App-01052011-Step 5.pdf
- DVH Online App-01052011-Step 6.pdf
- DVH Online App-01052011-Step 7.pdf

	Item Status:	Status
		Date:
Satisfied - Item: Previously Filed forms	Approved	02/06/2012

Comments:

The Guaranty Association Notice MI9F-2701(AR) will be delivered with the policy. This form received approval by your division on April 21, 2008 under Serff Filing MDIC-125606274 & MDIC-126618366. This form is enclosed here for informational purposes, only

The Toll-Free Customer Service Notice, MIR-AR-763 will be delivered with the policy, as required by law. Form MIR-AR-763 was previously approved by your Department on October 27, 2009 under Serff Filing MDIC-126340784 & MDIC-126618366. This form is enclosed here for informational purposes only.

Attachments:

- MI9F-2701(AR)-03122010.pdf
- MIR-AR-763-09162010.pdf

	Item Status:	Status
		Date:
Satisfied - Item: AR Cover Letter	Approved	02/06/2012

SERFF Tracking Number: MDIC-128060718 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number:
Company Tracking Number: AR A48 DVH POLICY
TOI: H101 Individual Health - Dental Sub-TOI: H101.000 Health - Dental
Product Name: AR A48 DVH Policy
Project Name/Number: AR A48 DVH Policy /AR A48 DVH Policy

Comments:

Attachment:

AR A48 Cover Letter 02022012.pdf

	Item Status:	Status
Satisfied - Item: AR Filing Fee Certification	Approved	Date: 02/06/2012
Comments:		
Attachment:		
AR A48 Filing Fee.pdf		

FLESCH READABILITY CERTIFICATION

Form Number DVA48(AR) has been Flesch tested.
The Flesch Readability Score was computed to be 51.6.

Form Number HAA48(AR) & 9F-4434(AR) has been Flesch tested.
The Flesch Readability Score was computed to be 47.0.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

Form Number _____ has been Flesch tested.
The Flesch Readability Score was computed to be _____.

MEDICO INSURANCE COMPANY



Desiree Buckley
Vice President, Director of Compliance



[1515 South 75th Street]
[Omaha, Nebraska 68124]
[www.gomedico.com]
[Toll-Free 1-800-228-6080]

Application for Dental, Vision and Hearing Insurance DVA48(AR)

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Part A: General Information – Please Print

Name (First, MI, Last, Date of Birth, Age, Sex), Address (Street, City, State, Zip), Social Security #, Phone #, E-mail Address, Beneficiary (Relationship, Address)

Part B: Applicant Information

- 1. (a) Do you have any dental, vision or hearing insurance currently in force?
(b) Is the insurance applied for intended to replace any existing insurance with this or any other company?
(c) If replacement is involved, have you received a replacement form (in states where required by law)?

Part C: Benefit Option – Check the Desired Benefit: Policy Year Maximum: \$1,000 or \$1,500

Part D: Payment Options

Make all checks payable to: Medico Insurance Company (do not make checks payable to the Producer or leave payee line blank).

Method of Payment: [] Automatic Bank Withdrawal, [] Direct Bill, [] Credit/Debit Card; Frequency of Payment: [] Monthly, [] Quarterly, [] Semi-Annually, [] Annually

Note: If you select the Automatic Bank Withdrawal [or Credit/Debit] method of payment and we receive no money with your application, your first premium will be withdrawn from your account [on the day we issue your policy].

Amount Received with Application \$, Renewal Premium \$, Requested Effective Date of Policy (optional)

Part E: Application Agreement

I hereby apply to Medico Insurance Company for a Dental, Vision and Hearing Insurance Policy to be issued solely and entirely in reliance on my written answers to the above questions.

- Check one of the following regarding your eligibility for Medicare and "A Guide to Health Insurance for People With Medicare."
1. I have agreed to accept a link to the Medicare Buyers Guide on the Company website at [gomedico.com/products].
2. I have received a hard copy of the Medicare Buyers Guide.
3. I am not eligible for Medicare.

Policy Delivery Options: Upon approval of this application, the policy will be mailed to: [] Applicant [] Producer
Note: Policy will be mailed to Producer in states where a policy delivery receipt is required by law.

CAUTION: If your answers on this application are incorrect or untrue, the Company may have the right to deny benefits or if the misrepresentation was material to our acceptance of the risk, rescind your policy.

I am applying for this Dental, Vision and Hearing Insurance (if applying online, typing your name and clicking "Continue" is an electronic signature).

Applicant's Signature, Dated at (City, State), Producer's Name (Please print), Producer's License Number, Producer's Signature, Date



[1515 South 75th Street]
[Omaha, Nebraska 68124]

Outline of Coverage for
Dental, Vision and Hearing Policy DVA48(AR)

[www.gomedico.com]
[Toll-Free 1-800-228-6080]

DENTAL, VISION AND HEARING COVERAGE
LIMITED BENEFIT POLICY

RETAIN THIS OUTLINE FOR YOUR RECORDS
THE POLICY IS NOT A MEDICARE SUPPLEMENT POLICY

READ YOUR POLICY CAREFULLY: This Outline of Coverage provides a very brief description of the important features of your policy. This is not the insurance contract. Only the actual policy provisions will control. The policy sets forth in detail the rights and obligations of both you and your insurance company. It is therefore important that you **READ YOUR POLICY CAREFULLY**.

Limited Benefit Coverage: Policies of this type are designed to provide, to persons insured, limited or supplemental coverage. This policy does not provide any benefits other than the coverage described below.

BENEFITS PROVIDED BY THE POLICY

Policy Year Maximum Benefit: The maximum benefit we will pay during any one Policy Year. You may choose from:

- \$1,000 \$1,500

Policy Year Deductible: You are responsible for the first \$100 of Covered Expenses during each Policy Year.

After satisfaction of the \$100 Policy Year Deductible, the policy will pay the following percentages of actual charges, not to exceed Reasonable and Customary Charges for Covered Expenses up to the Policy Year Maximum Benefit based on the Policy Year:

- 60% – First Policy Year
- 70% – Second Policy Year
- 80% – Third Policy Year and thereafter

Covered Expenses, subject to the limitations described in the Exceptions and Limitations Section, are:

- (1) Dental services, performed by a licensed Dentist, including semi-annual examinations and cleanings (prophylaxis), semi-annual periodontal maintenance, biennial periodontal surgery (once every two years), x-rays, the cost of fillings, bridges, crowns, dentures and outpatient dental surgery prescribed as Medically Necessary.
- (2) Visits to a Physician for a basic eye examination or eye refraction, including the cost of eyeglasses or contact lenses prescribed by the Physician, up to a maximum benefit of \$200 in any one Policy Year.
- (3) Hearing examinations performed by a Physician or Audiologist, the purchase of hearing aids prescribed as Medically Necessary by a Physician or Audiologist, including the cost of the hearing aid and any necessary repairs or supplies.

Reasonable and Customary Charges are the normal and prevailing charges, fees or expenses for the service rendered or for the material furnished in the geographic area where rendered or furnished.

EXCEPTIONS AND LIMITATIONS

Benefits will not be payable for the following items and/or services **during the first six months following the Policy Date:**

- (1) Eyeglasses or contact lenses.

Benefits will not be payable for the following items and/or services **during the first Policy Year:**

- (1) Endodontics (including root canals), periodontal surgery, bridges, crowns, full dentures or partials, any work relating to replacement of natural teeth which were missing at the time coverage becomes effective, “full mouth” extractions, fluoride treatments or outpatient dental surgery; or
- (2) Hearing aids.

Benefits will not be paid under this policy for: (1) any loss resulting from war, declared or undeclared; (2) any intentionally self-inflicted Injury; (3) any loss to which a contributing cause was your commission of or attempt to commit a felony or to which a contributing cause was your being engaged in an illegal occupation; (4) any services that are not recommended by a Physician; (5) any Experimental or Investigational procedure or treatment; (6) orthodontic treatment or dental implants; (7) any expenses incurred for the diagnosis or treatment of temporomandibular joint disorder (TMJ), unless benefits are otherwise required by your state; (8) expenses incurred for surgical procedures (other than Medically Necessary outpatient dental surgery following the first Policy Year) performed on an inpatient or outpatient basis (including any surgical procedure performed in the treatment of cataracts); (9) charges for radial keratotomy (RK), automated lamellar keratoplasty (ALK), conductive keratoplasty (CK) or other cosmetic procedures; (10) impacted wisdom teeth; (11) occlusal guards; (12) prescription drugs; (13) charges in excess of Reasonable and Customary Charges; (14) treatment or diagnosis received while outside the territorial limits of the United States; (15) services for which you are not liable or for which no charge normally is made in the absence of insurance; and (16) loss that occurs while the policy is not in force.

THE POLICY MAY NOT COVER ALL THE EXPENSES ASSOCIATED WITH YOUR DENTAL, VISION AND HEARING NEEDS.

RENEWABILITY AND PREMIUM CHANGES

Renewability – Guaranteed Renewable – This means you have the right, subject to the terms of your policy, to continue the policy as long as you pay your premiums before the end of the grace period.

Terms Under Which We May Change Premiums – We can change premiums only if we do the same to all policies of this form issued to persons of your class in your state, and we notify you in advance of the due date. “Class” means the factors of age, gender, underwriting class and geographic area of your state of residence that determined your premium rate when coverage was issued. If we make a change, it will not be based on any physical impairment you might have or any claims you have incurred under the policy. If it is necessary to change the premium for your policy, we will notify you in advance of the change in premium.

PREMIUMS

[PAYMENT METHOD]	[MONTHLY]	[QUARTERLY]	[SEMI-ANNUALLY]	[ANNUALLY]
[BANK DRAFT]	[]	[]	[N/A]	[N/A]
[DIRECT BILL]	[N/A]	[]	[]	[]
[DEBIT/CREDIT CARD]	[]	[]	[]	[]

Premiums are subject to change on a limited basis, as stated above. You have a 31-day grace period in which to pay your premium. Your policy stays in force during your grace period.



On-Line Application Tutorial



On-Line Application Tutorial
Click here for a tutorial on the on-line application process.

Acrobat Reader is Required
You must have the Adobe Acrobat Reader Version 7 or higher installed on your computer and configured to be used with your web browser. If you do not currently have Adobe Acrobat Reader, it can be downloaded at no charge by clicking on the following link: [Get Adobe Acrobat Reader](#)

Check your version here:
[Acrobat Version Check](#)

Dental, Vision and Hearing Application

- 1 Welcome
- 2 Personal Info
- 3 Benefit
- 4 Other Insurance
- 5 Review
- 6 Payment Auth.
- 7 Submit

Welcome to the Secure On-Line Application Website for Medico Insurance Company.

You have been directed to this website by our agent/producer: NANCY J FRIESEN

If this is not correct, please contact your agent/producer or Medico Insurance Company. Our contact information can be found by clicking here.

To complete your application, please supply the information requested on the following pages, read any disclosures, and click "Continue" to proceed to the next page. At the end of the application process, you will be provided an opportunity to print and/or save all forms. You must be able to print or store a copy of the application and other forms. (Note: If you elect to stop the electronic transaction, click on a "Stop" button or close this browser session. If you choose to stop, the information you have entered will be lost and your application will not be submitted to Medico Insurance Company.)

Use the following link if you are unable to save or print a copy of this application and wish to complete this application and submit it by mail or fax, or wish to have your agent/producer upload the completed application to the MIC website: [Submit Application by Mail/Fax/Upload](#)

Select your state of residence from the drop-down list below.

To review the details of this policy, click on the "Show Brochure" link.

Select State of Residence to Begin

Show Brochure

If your state is not listed, please call Medico at (800) 228-6080.

Continue

Stop



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Dental, Vision and Hearing Application

1 Welcome / 2 Personal Info / 3 Benefit / 4 Other Insurance / 5 Review / 6 Payment Auth. / 7 Submit

Dental, Vision and Hearing Application - Benefit Request

Part A: General Information

Name (First, MI, Last): * *

Date of Birth: * / / *
Month Date Year

Sex: * Social Security Number: *

* Indicates a required field

Part B: Applicant Information

Address (Line 1): *

Address (Line 2):

City: * State: Zip Code: *

Phone #: * () E-mail Address:
(To confirm the receipt of application)

Beneficiary Information

Name (First, MI, Last):

Relationship:

Address (Line 1):

Address (Line 2):

City: State: Zip Code:

A48-010

Continue

Stop

12192011



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Dental, Vision and Hearing Application

- 1 Welcome
- 2 Personal Info
- 3 Benefit
- 4 Other Insurance
- 5 Review
- 6 Payment Auth.
- 7 Submit

Dental, Vision and Hearing Application - Benefit Request

Part C: Benefit Options

Please check the desired benefit amount below.

Policy Year Maximum:

\$1,000

\$1,500

Policy Effective Date: 1/1/2011

Method of Payment:

Automatic Bank Withdrawal

Credit/Debit Card]

Outline of Coverage or Rate Quote Information will be shown here

A48-020

Continue

Stop

12192011



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Dental, Vision and Hearing Application

- 1 Welcome
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- 5 Review
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- 7 Submit

Dental, Vision and Hearing Application - Medicare & Replacement Questions

Are you eligible for Medicare?

Yes No

If you are eligible for Medicare, we must provide you with a Medicare Buyers Guide. If you live in Wisconsin and are eligible for Medicare, we must provide you with the Wisconsin Guide To Health Insurance For People With Medicare.

If you would like to access the Medicare Buyers Guide electronically, you may do so by clicking on the following link:
<http://www.medicare.gov/Publications/Pubs/pdf/02110.pdf>.

The Wisconsin Guide to Health Insurance For People With Medicare is available electronically by clicking on the following link:
http://ocf.wi.gov/pub_list/pl-002.pdf.

You can also find these links on the Medico website: <http://gomedico.com>

If you would like a paper copy, ask your agent/producer and he/she will give one to you.

1. (a) Do you have any dental, vision or hearing insurance currently in force?

Yes No

(b) Is the insurance applied for intended to replace any existing insurance with this or any other company?

Yes No

If "Yes," provide type of contract or policy number, and name of company:



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Dental, Vision and Hearing Application

- 1 Welcome
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- 3 Benefit
- 4 Other Insurance
- 5 Review
- 6 Payment Auth.
- 7 Submit

Dental, Vision and Hearing Application - Medicare Notice

The information below is a notice we are required to show you if you are eligible for Medicare. Read the notice, scroll down to the bottom of the form and click the "Continue" button to proceed.

If you wish to change the information entered previously, click on any of the previous steps to return to that portion of the application process.

"Important Notice to Persons On Medicare"
will be displayed here, in states that require the Notice.

Continue

Stop



On-Line Application Tutorial



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Click here for a tutorial on the on-line application process.

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Dental, Vision and Hearing Application

- 1 Welcome
- 2 Personal Info
- 3 Benefit
- 4 Other Insurance
- 5 Review
- 6 Payment Auth.
- 7 Submit

Dental, Vision and Hearing Application - Replacement Notice

The information below is a notice we are required to show you if you are replacing other medical or health insurance. Read the notice, scroll down to the bottom of the form, sign it, and click the "Continue" button to proceed.

If you wish to change the information entered previously, click on any of the previous steps to return to that portion of the application process.

"Notice to Applicant Regarding Replacement of Accident and Sickness Insurance" will be displayed here, in states that require the Notice.

Continue

Stop



On-Line Application Tutorial



On-Line Application Tutorial
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Check your version here:
Acrobat Version Check

Dental, Vision and Hearing Application

- 1 Welcome
- 2 Personal Info
- 3 Benefit
- 4 Other Insurance
- 5 Review
- 6 Payment Auth.
- 7 Submit

Dental, Vision and Hearing Application - Payment Authorization

The form shown here is a Payment Authorization form. This form is required when applying for insurance using this electronic process. Please fill in the data that is requested.

Click here for a diagram that will help you find the Routing # and Account # on a check for the account you will be using. Your account number may have a different number of digits than the one shown. Do not use the numbers on a deposit slip.

If payor is different than applicant, please provide payor's name, address and phone number:

Payor's Name:

Address (Line 1):

Address (Line 2):

City: State: Zip Code:

Phone #: ()

By signing the authorization below, we will start you on your Bank Draft Service.

Checking Account Savings Account

Bank Name:

Routing #: Account #:

Optional date for premiums to be withdrawn (select a day of the month): Date: Monthly - or - Quarterly

I (We) give permission to my (our) financial institution to automatically make payments to Medico Insurance Company in Omaha, Nebraska. This authorization will remain in force unless I (we) cancel it, or the insurance policy/certificate is cancelled or my (our) bank account is closed.

Typing your name and selecting "Continue" shall constitute an electronic signature, which has the same force and effect as a signature affixed by hand.

Payor's Signature: Date: 11/15/2011
(As it appears on bank records)

Signature: Date: 11/15/2011
(If a joint account)



On-Line Application Tutorial



On-Line Application Tutorial
Click here for a tutorial on the on-line application process.

Acrobat Reader is Required
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Dental, Vision and Hearing Application

- 1 Welcome
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- 5 Review
- 6 Payment Auth.
- 7 Submit

Dental, Vision and Hearing Application - Submit Application

You are now ready to submit your application for a Dental, Vision and Hearing Policy from Medico Insurance Company. If necessary, please make any changes by selecting any of the steps at the top to return to that portion of the application.

After you submit the application, you will have the opportunity to print and/or save your entire application.

Consent to Electronic Transactions

I agree to complete an application for a Dental, Vision and Hearing Insurance Policy with Medico Insurance Company through this electronic application process and I have the ability to access electronic records. I agree to accept an electronic record of all forms that are required to be furnished to me by Medico Insurance Company as part of the application process.

I understand that I may withdraw my consent at any time and request paper copies of all application forms. To request paper copies, please contact us and we will mail any requested forms to you at no cost.

This consent to conduct electronic transactions only applies to the application process.

By checking this box, you acknowledge that you have read and understand the above information.

I understand that by clicking the "Submit" button, I am electronically submitting an application for a Dental, Vision and Hearing Insurance Policy to Medico Insurance Company.

Submit

Stop

MEDICO INSURANCE COMPANY
[Omaha, Nebraska]

LIMITATIONS AND EXCLUSIONS UNDER THE
ARKANSAS LIFE AND HEALTH INSURANCE
GUARANTY ASSOCIATION ACT

Residents of this state who purchase life insurance, annuities, or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted in the box below, this protection is not a substitute for consumers' care in selecting insurance companies that are well-managed and financially stable.

DISCLAIMER

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association
425 W. Capitol Ave.
Suite 3700
Little Rock, Arkansas 72201

Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

COVERAGE

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

EXCLUSIONS FROM COVERAGE

However, persons owning such policies are **NOT** protected by the Guaranty Association if:

- they are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- the insurer was not authorized to do business in this state;
- their policy was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does **NOT** provide coverage for:

- any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields that exceed an average rate;
- dividends and voting rights and experience rating credits;
- credits given in connection with the administration of a policy by a group contract holder;
- employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- unallocated annuity contracts (which give rights to group contractholders, not individuals);
- unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC") (whether the FPBC is yet liable or not);
- portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution;
- portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a nonaffiliate benefit plan or its trustees).

LIMITS ON AMOUNT OF COVERAGE

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 — no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values — again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

«**CoName**»
«CoAddress1»
«CoAddress2»
«CoAddress3»
«CoAddress4»

POLICY NUMBER - «PolicyNo»

RIDER PAGE 1 OF 1

TOLL-FREE CLIENT SERVICES

If you have any questions about your policy, you can call this Company's Toll-Free Client Services Line at 1-800-228-6080 between 7:30 a.m. and 4:45 p.m., Monday through Thursday; and 7:30 a.m. and 11:30 a.m. on Friday, Central Time.

If you prefer to write to us, please direct your letter to the Client Services Department using the Company's name and address shown above.

Questions can also be directed to your Producer:

Name of Producer: «PolChgs1»

Address: «PolChgs2»
«PolChgs3»
«PolChgs4»

Telephone Number: «TeleNo»

If we at Medico Insurance Company do not provide you with reasonable and adequate service, you may contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
Little Rock, Arkansas 72201-1904
(800) 852-5494 or (501) 371-2640



February 2, 2012

MEDICO INSURANCE COMPANY
NAIC # 31119
Serff Filing – MDIC-128060718

Arkansas Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Individual Dental, Vision and Hearing Policy

Enclosed Material:

DVA48(AR) – Policy
POLICY A48 – Policy Schedule Page
HAA48(AR) – Application
9F-4434(AR) - Outline of Coverage
9F-1061 – Replacement Notice
Actuarial Memorandum & Rates

Informational

MI9F-2701(AR) – Guaranty Association Notice
MIR-AR-763 – Toll-Free Customer Service Notice
Website Pages

Enclosed, you will find a new Individual Dental, Vision and Hearing product with accompanying forms for your review and approval. This product filing is intended to replace our MI-DVA18-3 policy that was previously approved by your department under Serff Filing MDIC-126618366 on May 21, 2010.

We intend to market this product through our producers, an internet-based electronic application process and direct marketing.

DVA48(AR) is a limited benefit policy form. This form will be used to provide benefits for dental, vision and hearing. The applicant may select a policy year maximum amount of \$1,000 or \$1,500.

Application form HAA48(AR) will be used by individual applicants to apply for the DVA48(AR) policy.

The Outline of Coverage form 9F-4434(AR) will be furnished to each applicant as required by state law.

Replacement form 9F-1061 will be used when required by state law. I would like to request approval of this form so it can be used with any similar products the company may have approved in the future. This form will replace form MI9F-1060.

The Guaranty Association Notice MI9F-2701(AR) will be delivered with the policy. This form received approval by your division on April 21, 2008 under Serff Filing MDIC-125606274 & MDIC-126618366. This form is enclosed here for informational purposes, only.

The Toll-Free Customer Service Notice, MIR-AR-763 will be delivered with the policy, as required by law. Form MIR-AR-763 was previously approved by your Department on October 27, 2009 under Serff Filing MDIC-126340784 & MDIC-126618366. This form is enclosed here for informational purposes only.

Protecting Your Future Today®

1515 South 75th Street • Omaha, NE 68124 • (402) 391-6900 • fax (402) 391-6489 • claim fax (402) 398-0898 • www.gomedico.com



Page 2

Any bracketed material on the forms represents variable information. Variability is also requested for bracketed text concerning our contact information that is subject to change (i.e., Home Office physical address, website address and telephone number) as well as potential changes in payment methods or payment modes. No such items will be contradictory to any applicable state or federal law.

Rates and an Actuarial Memorandum have been submitted as part of this product filing.

At this time, I am providing a hard copy of the electronic application process itself on the Supporting Documents Tab. Basically, an agent accesses a link to the Electronic Application Process. The process takes the agent and/or applicant through a series of steps, giving them a choice of continuing or stopping the application process. After the application process is completed, the agent/applicant will be able to print and/or save all the documents for the applicant's records, and the applicant will receive an email (if he/she provides us with an e-mail address), acknowledging the transaction. The confirmation page will contain a temporary Identification Number until an actual policy number is assigned. We ask for the ability to make minor page content and graphics changes, as needed, without re-filing this website – with the understanding that we would still file any forms that are amended.

We will not attach any elimination waivers or riders to exclude, limit or reduce coverage or benefits for named pre-existing conditions or physical conditions beyond any stated waiting period.

I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink that reads 'Luanne Melies'.

Luanne Melies

Compliance Analyst

1-800-695-5976 Ext. 249

Fax (402) 391-4858

lmelies@gomedico.com

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1515 South 75th Street • Omaha, NE 68124 • (402) 391-6900 • fax (402) 391-6489 • claim fax (402) 398-0898 • www.gomedico.com

**ARKANSAS
INSURANCE
DEPARTMENT**

Lee Douglass
Insurance Commissioner

400 University Tower Bldg.
1123 South University Avenue
Little Rock, AR 72204
(501) 686-2900

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

COMPANY NAME Medico Insurance Company

COMPANY NAIC CODE: 31119

COMPANY CONTACT PERSON & NUMER: Luanne Melies 1-800-695-5976 ext. 249

INSURANCE DEPARTMENT USE ONLY

ANALYST: _____

AMOUNT: _____

ROUTE SLIP: _____

**ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,
UNLESS OTHERWISE INDICATED.**

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review,
per each policy, contract, annuity form, per each
insurer, per each filing.

* 1 x \$50 = \$50.00

** Retaliatory _____

Life and/or Disability - Filing and review of
each rate filing or loss ratio guarantee filing,
per each insurer.

* _____ x \$50 = _____

** Retaliatory _____

Life and/or Disability Policy, Contract, or Annuity
Forms: Filing and review of each certificate, rider,
endorsement or application if each is filed
separately from the basic form.

* _____ x \$20 = _____

** Retaliatory _____

Policy and contract forms, all lines, filing
corrections in previously filed policy and contract
forms.

* _____ x \$20 = _____

** Retaliatory _____

Life and/or Disability: Filing and review of Insurer's
advertisements, per advertisement, per each insurer.

* _____ x \$25 = _____

** Retaliatory _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an
Insurer's Certificate of Authority.

* _____ x \$400 = _____

Filing to amend Certificate of Authority.

*** _____ x \$100 = _____

*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND
REGULATION 57.

** THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE
ANN. 23-63-102, RETALIATORY TAX.

*** THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN §23-61-401.