

SERFF Tracking Number: AMLC-128327409 State: Arkansas  
Filing Company: United American Insurance Company State Tracking Number:  
Company Tracking Number: ARUPBICP  
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other  
Product Name: MEDICARE PART B DEDUCTIBLE BENEFIT RIDER  
Project Name/Number: MEDICARE PART B DEDUCTIBLE BENEFIT RIDER/ARUPBICP

## Filing at a Glance

Company: United American Insurance Company

Product Name: MEDICARE PART B SERFF Tr Num: AMLC-128327409 State: Arkansas

DEDUCTIBLE BENEFIT RIDER

TOI: H21 Health - Other

SERFF Status: Closed-Approved

State Tr Num:

Sub-TOI: H21.000 Health - Other

Co Tr Num: ARUPBICP

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Stephanie Fowler

Author: Tom Cao

Disposition Date: 05/08/2012

Date Submitted: 05/03/2012

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: MEDICARE PART B DEDUCTIBLE BENEFIT RIDER

Status of Filing in Domicile: Pending

Project Number: ARUPBICP

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer, Trust, Other

Explanation for Other Group Market Type:

Unions

Overall Rate Impact:

Filing Status Changed: 05/08/2012

State Status Changed: 05/08/2012

Deemer Date:

Created By: Tom Cao

Submitted By: Tom Cao

Corresponding Filing Tracking Number:

ARUPBICP

PPACA: Not PPACA-Related

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

We intend on using this rider to provide an additional package option with Group Insurance Policy Form ARUERHP/Certificate Forms ARUERHPC and ARUERHPKLC, which was approved by your department on 02/12/2010. Compliance with Chapter 79, of Arkansas Insurance Laws, is not required as the group policyholder and the group is exempt from such requirements according to §23-79-402(b) of Chapter 79. The benefit packages are experienced rated and will be fully negotiated with each group.

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I hereby certify that I have carefully reviewed this form and determined:

1. The form conforms to all insurance statutes and Department requirements of your jurisdiction.
2. The form contains no provisions previously disapproved by your department.
3. The form does not contain any unusual or unorthodox provisions and wording.

State Narrative:

## Company and Contact

### Filing Contact Information

Tom Cao, Compliance Analyst tcao@torchmarkcorp.com  
 3700 S. Stonebridge Drive 214-544-5389 [Phone]  
 McKinney, TX 75070 972-569-3728 [FAX]

### Filing Company Information

United American Insurance Company CoCode: 92916 State of Domicile: Nebraska  
 P.O. Box 8080 Group Code: 290 Company Type: Life and Health  
 McKinney, TX 75070-8080 Group Name: Liberty National State ID Number:  
 (972) 529-5085 ext. [Phone] FEIN Number: 73-1128555

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per filing x 1 filing = \$50.00.  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United American Insurance Company	\$50.00	05/03/2012	58908846

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	05/08/2012	05/08/2012

*SERFF Tracking Number:*      *AMLC-128327409*                      *State:*                      *Arkansas*  
*Filing Company:*              *United American Insurance Company*              *State Tracking Number:*  
*Company Tracking Number:*      *ARUPBICP*  
*TOI:*                      *H21 Health - Other*                      *Sub-TOI:*                      *H21.000 Health - Other*  
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## **Disposition**

Disposition Date: 05/08/2012

Implementation Date:

Status: Approved

HHS Status: Not Reported

State Review:

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Accepted for Informational Purposes	Yes
Supporting Document	Application	Accepted for Informational Purposes	Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	PPACA Uniform Compliance Summary		No
Form	MEDICARE PART B DEDUCTIBLE BENEFIT RIDER	Approved	Yes

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## Form Schedule

Lead Form Number: ARUPBICP

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved 05/08/2012	ARUPBICP	Policy/Cont ract/Fratern al	MEDICARE PART B DEDUCTIBLE BENEFIT RIDER	Initial		56.500	ARUPBICP.p df
		Certificate: Amendmen t, Insert Page, Endorseme nt or Rider					

# UNITED AMERICAN INSURANCE COMPANY

ADMINISTRATIVE OFFICES: P.O. BOX 8080 \* MCKINNEY, TEXAS 75070

## [\$20.00] Copay - MEDICARE PART B DEDUCTIBLE BENEFIT RIDER

This rider is made a part of the certificate to which it is attached. It is subject to all provisions, conditions, limitations and exclusions of the certificate, which are not in conflict with those of this rider.

Please keep this rider with Your certificate.

Effective Date: (If other than the Date of Issue of the certificate):

This rider is issued [in consideration of the payment of the required premium and] in reliance on the statements contained in the application.

PART 3 - BENEFITS FOR MEDICAL EXPENSE – MEDICARE PART B, of your Certificate is deleted and replaced by the following:

### PART 3 BENEFITS FOR MEDICAL EXPENSE - MEDICARE PART B

If You incur a medical expense that is eligible under Medicare Part B, We will pay the following benefit for the Medicare approved charge, subject to the copayment amount:

Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

Under this PART 3 of this Certificate, We will not pay benefits for (a) the Medicare Part B blood deductible for which benefits are paid under PART 2 of this Certificate, or (b) any portion of the Medicare Part B Calendar Year deductible.

Under this PART 3 of this certificate, Your copayment will be:

- (a) the lesser of twenty dollars (\$20.00) or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and
- (b) the lesser of fifty dollars (\$50.00) or the Medicare Part B coinsurance or copayment for each covered emergency room visit, however, this copayment shall be waived if the Insured is admitted to any hospital and the emergency visit is subsequently covered by Medicare Part A.

This rider will remain in force while the certificate is in force unless You ask Us in writing to cancel this rider earlier.

IN WITNESS WHEREOF, United American Insurance Company has issued this rider at its Home Office in McKinney, Texas.

*Sandy M. [Signature]*  
SPECIMEN

Secretary

*[Signature]*  
SPECIMEN

President

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Accepted for Informational Purposes	05/08/2012
<b>Comments:</b>		
<b>Attachment:</b> AR Readability Certification.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Accepted for Informational Purposes	05/08/2012
<b>Comments:</b>		
<b>Attachment:</b> ARUEGRUAP.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Health - Actuarial Justification		
<b>Bypass Reason:</b> N/A, this is a rider filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Outline of Coverage		
<b>Bypass Reason:</b> N/A, this is a rider filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> PPACA Uniform Compliance Summary		

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**Bypass Reason:** N/A, this is not a major medical filing.  
**Comments:**

UNITED AMERICAN INSURANCE COMPANY  
McKinney, Texas

READABILITY CERTIFICATION

We hereby certify we have carefully reviewed the form(s) listed below and to the best of our knowledge and ability determine the Flesch scale analysis readability test score to be as shown:

<u>FORM</u>	<u>SCORE</u>
Annual Medicare Part B Deductible Benefit Rider – ARUPBICP	56.50

Date: May 3, 2012



Michael J. Gaisbauer, Vice President

FORM S-1351

# UNITED AMERICAN INSURANCE COMPANY

P. O. BOX 8080, MCKINNEY, TEXAS 75070 (972) 529-5085  
A Legal Reserve Stock Company \* Administrative Offices: McKinney, Texas

## APPLICATION

1. a. Group Policy Number: [1234]  
b. Policyholder: [ABC Corporation]
2. Group Effective Date: [January 25, 2010]
3. Eligible Member of the Group: [Members of ABC Corporation]
4. Eligible Dependents: [The spouse or surviving spouse of a Group Member,] [the spouse of an active employee of the Policyholder,] [the spouse of an early retiree of the Policyholder,] [the widow or widower of a Group Member whose rights are continued under the Policyholder's retirement plan,] or [the divorced spouse of a Group Member whose rights are continued under the Policyholder's retirement plan].

The Applicant hereby applies for Group Insurance and understands and agrees that insurance applied for shall not become effective until the application for Group Insurance is approved by United American Insurance Company at its Administrative Office.

This application, as it may be amended, will become a part of the Group Policy if issued.

FOR THE POLICYHOLDER:

Signed by \_\_\_\_\_ Title \_\_\_\_\_

Signed at \_\_\_\_\_ Date \_\_\_\_\_

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.

ARUEGRUAP