

SERFF Tracking Number: IASL-128466450 State: Arkansas  
 Filing Company: State Mutual Insurance Company State Tracking Number:  
 Company Tracking Number: SM SEL HL AR 061512  
 TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.016 Multi-Plan  
 Medicare Select  
 Product Name: SM AR 1990 Network List 061512  
 Project Name/Number: SM SEL HL AR 061512/

## Filing at a Glance

Company: State Mutual Insurance Company

Product Name: SM AR 1990 Network List 061512 SERFF Tr Num: IASL-128466450 State: Arkansas

TOI: MS04I Individual Medicare Supplement - Medicare Select SERFF Status: Closed-Accepted State Tr Num:  
 For Informational Purposes

Sub-TOI: MS04I.016 Multi-Plan Co Tr Num: SM SEL HL AR 061512 State Status: Closed-Accepted for  
 Informational Purposes

Filing Type: Form

Author: Lauren Perley

Reviewer(s): Stephanie Fowler

Date Submitted: 06/11/2012

Disposition Date: 06/12/2012

Disposition Status: Accepted For  
 Informational Purposes

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: SM SEL HL AR 061512

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Informational

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 06/12/2012

State Status Changed: 06/12/2012

Deemer Date:

Created By: Lauren Perley

Submitted By: Lauren Perley

Corresponding Filing Tracking Number:

Filing Description:

Enclosed please find a letter authorizing Insurance Administrative Solutions, LLC to file the Medicare Select Network Hospital List (1990 Plans).

There have been no changes since the last quarterly list was filed in March.

We request acknowledgement that the submission of this list satisfies the quarterly reporting requirements, as stated in Rule and Regulation 27 §10 F(2).

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State Narrative:

## Company and Contact

### Filing Contact Information

Lauren Perley, Lauren.Perley@iasadmin.com  
 8545 126th Avenue North, Suite 200 727-584-0007 [Phone]  
 Largo, FL 33773-1502 727-584-5613 [FAX]

### Filing Company Information

(This filing was made by a third party - insuranceadministrativesolutions)

State Mutual Insurance Company	CoCode: 69132	State of Domicile: Georgia
210 East Second Avenue	Group Code:	Company Type:
Rome, GA 30162	Group Name:	State ID Number:
(706) 291-1054 ext. [Phone]	FEIN Number: 58-1449898	

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## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Mutual Insurance Company	\$0.00	06/11/2012	

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Stephanie Fowler	06/12/2012	06/12/2012

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## **Disposition**

Disposition Date: 06/12/2012

Implementation Date:

Status: Accepted For Informational Purposes

Comment:

Rate data does NOT apply to filing.

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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		Yes
Supporting Document	Third Party Authorization	Accepted for	Yes
		Informational Purposes	
Supporting Document	State Mutual Medicare Select Network Hospital List (1990 Plans)	Accepted for	Yes
		Informational Purposes	

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Bypassed - Item:</b> Flesch Certification <b>Bypass Reason:</b> Not Applicable - Filing Medicare Supplement Select Network Hospital List <b>Comments:</b>		
	Item Status:	Status Date:
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> Not Applicable - Filing Medicare Supplement Select Network Hospital List <b>Comments:</b>		
	Item Status:	Status Date:
<b>Bypassed - Item:</b> Health - Actuarial Justification <b>Bypass Reason:</b> Not Applicable - Filing Medicare Supplement Select Network Hospital List <b>Comments:</b>		
	Item Status:	Status Date:
<b>Bypassed - Item:</b> Outline of Coverage <b>Bypass Reason:</b> Not Applicable - Filing Medicare Supplement Select Network Hospital List <b>Comments:</b>		
	Item Status:	Status Date:
<b>Satisfied - Item:</b> Third Party Authorization <b>Comments:</b> <b>Attachment:</b> 2012 01 SM IAS Authorization Letter.pdf	Accepted for Informational Purposes	06/12/2012

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	<b>Item Status:</b>	<b>Status</b>
<b>Satisfied - Item:</b> State Mutual Medicare Select Network Hospital List (1990 Plans)	Accepted for Informational Purposes	<b>Date:</b> 06/12/2012
<b>Comments:</b>		
<b>Attachment:</b> SEL HL AR 061512.pdf		



January 24, 2012

Ms. Darcey Shaffer, FLMI, ACS  
Compliance Manager  
Insurance Administrative Solutions, L.L.C.  
8545 126<sup>th</sup> Avenue North, Suite 200  
Largo, Florida 33773-1502

**Re: Life and Health Filings for Rate Increases, Forms and Reporting Requirements for State Mutual Insurance Company**

Dear Ms. Shaffer:

This letter authorizes Insurance Administrative Solutions, L.L.C. to file on behalf of State Mutual Insurance Company rate increases, forms and reporting requirements for the Company's Life and Health Insurance Policies with the State Insurance Departments.

Insurance Administrative Solutions, L.L.C. may correspond with the State Insurance Departments regarding any questions they may have concerning the filings.

A copy of this letter is as valid as the original. This authorization will be valid for twelve months from the date of this letter.

Sincerely,

Richard Burton  
Vice President and Corporate Compliance Officer

**State Mutual Insurance Company**  
**Med-Care Advantage, Inc.**

***IMPORTANT INFORMATION – PLEASE READ***

Network Hospitals are subject to change. If you do not use a Network Hospital for scheduled admissions, you may be responsible for payment of the Part A Inpatient Deductible. You or your doctor should contact State Mutual **BEFORE** you are scheduled for admission to a hospital. Please call our Claim Department toll free at 1-877-872-5500.

If there is not a Network Hospital a reasonable distance from you, you should convert to a standard plan to cover the Part A Inpatient Deductible without a Network restriction. For information call Customer Service toll-free at 1-877-872-5500.

***Medicare SELECT Network Hospitals***

***Arkansas***

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**Craighead County**

**NEA Baptist Memorial Hospital**

3024 Stadium Boulevard

Jonesboro 72401

Telephone (870) 972-7000

Tax ID Number: 71-0791408

Effective: 9/14/98

**Garland County**

**National Park Medical Center**

1910 Malvern Avenue

Hot Springs 71901

Telephone (501) 321-1000

Tax ID Number: 62-1769635

Effective: 9/15/98