Filing at a Glance

Company: United of Omaha Life Insurance Company
Product Name: 2012 AR Rate-up Outline Filing-RP51.9.B-AR 08-12
SERFF Tr Num: MUTM-128536019
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
SERFF Status: Closed-Approved-Closed
State Tr Num:
Sub-TOI: MS08I.012 Multi-Plan 2010
Co Tr Num: LUTHER MARDOCK
State Status: Approved-Closed
Filing Type: Form
Reviewer(s): Stephanie Fowler
Authors: Mary Cleasby, Shelly Kaipust, Mary Gregg, Krysia Gannon, Ellen Cochrane, Kristin Miller, Luther Mardock
Disposition Date: 07/11/2012
Date Submitted: 07/02/2012
Disposition Status: Approved-Closed
Implementation Date Requested: On Approval
Implementation Date:
State Filing Description:

General Information

Project Name: 2012 AR Rate-up Outline Filing
Project Number: RP51.9.B-AR 08-12
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Mary Cleasby
Filing Description:
NAIC # 261-69868

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 07/11/2012
State Status Changed: 07/11/2012
Created By: Mary Cleasby
Corresponding Filing Tracking Number:

Individual Medicare Supplement Insurance
Outline of Coverage Modules RP51.9.B-AR 08-12, RP51.25.B-AR 08-12

Enclosed for your review and approval are the above-captioned Medicare supplement outline of coverage module forms. This filing is being made to due to the approval of our rate filing on June 20, 2012, under SERFF # MUTA-128478276.

Outline of coverage module forms RP51.9.B-AR 08-12 and RP51.25.B-AR 08-12 will replace forms RP51.9.B-AR 08-11and RP51.25.B-AR 08-11, which were approved by your Department on August 2, 2011, under SERFF Tracking # MUTM-127332049. The new forms are identical to the previously approved versions, except for the updated rate data.

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 Division
Phone: 402-351-6919
Fax: 402-351-5298
Email: luther.mardock@mutualofomaha.com

State Narrative:

Company and Contact

Filing Contact Information

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

Filing Company Information

United of Omaha Life Insurance Company	CoCode: 69868	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Life Insurance
Omaha, NE 68175	Group Name:	State ID Number:
(402) 351-6910 ext. [Phone]	FEIN Number: 47-0322111	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United of Omaha Life Insurance Company	$50.00	07/02/2012	60605693
United of Omaha Life Insurance Company	$50.00	07/03/2012	60625804

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	07/11/2012	07/11/2012

Disposition

Disposition Date: 07/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*MUTM-128536019*	*State:*	*Arkansas*
Filing Company:	*United of Omaha Life Insurance Company*	*State Tracking Number:*	
Company Tracking Number:	*LUTHER MARDOCK*		
TOI:	*MS08I Individual Medicare Supplement - Standard Plans 2010*	*Sub-TOI:*	*MS08I.012 Multi-Plan 2010*
Product Name:	*2012 AR Rate-up Outline Filing-RP51.9.B-AR 08-12*		
Project Name/Number:	*2012 AR Rate-up Outline Filing/RP51.9.B-AR 08-12*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		No
Supporting Document	Application		No
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Form	Rate Page	Approved-Closed	Yes
Form	Rate Page	Approved-Closed	Yes

Form Schedule

Lead Form Number: RP51.9.B-AR 08-12

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 07/11/2012	RP51.9.B-AR 08-12	Outline of Coverage	Rate Page	Initial			RP51.9.B-AR 08-12.pdf
Approved-Closed 07/11/2012	RP51.25.B-AR 08-12	Outline of Coverage	Rate Page	Initial			RP51.25.B-AR 08-12.pdf

ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 124.02	Attained Age 65+	$ 179.73	Attained Age 65+	$ 152.77	Attained Age 65+	$ 140.39

NON-TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 372.05	Attained Age 65+	$ 539.18	Attained Age 65+	$ 458.31	Attained Age 65+	$ 421.17

NON-TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 744.09	Attained Age 65+	$ 1,078.36	Attained Age 65+	$ 916.62	Attained Age 65+	$ 842.35

NON-TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,488.18	Attained Age 65+	$ 2,156.72	Attained Age 65+	$ 1,833.23	Attained Age 65+	$ 1,684.69

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

ZIP CODES: 716-719, 723-729

TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 134.07	**Attained Age 65+**	$ 194.30	**Attained Age 65+**	$ 165.16	**Attained Age 65+**	$ 151.77

TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 402.21	**Attained Age 65+**	$ 582.90	**Attained Age 65+**	$ 495.47	**Attained Age 65+**	$ 455.32

TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 804.42	**Attained Age 65+**	$ 1,165.80	**Attained Age 65+**	$ 990.94	**Attained Age 65+**	$ 910.65

TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,608.84	**Attained Age 65+**	$ 2,331.59	**Attained Age 65+**	$ 1,981.87	**Attained Age 65+**	$ 1,821.29

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 130.06	**Attained Age 65+**	$ 188.49	**Attained Age 65+**	$ 160.22	**Attained Age 65+**	$ 147.24

NON-TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 390.19	**Attained Age 65+**	$ 565.48	**Attained Age 65+**	$ 480.67	**Attained Age 65+**	$ 441.72

NON-TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 780.39	**Attained Age 65+**	$ 1,130.96	**Attained Age 65+**	$ 961.33	**Attained Age 65+**	$ 883.44

NON-TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,560.77	**Attained Age 65+**	$ 2,261.92	**Attained Age 65+**	$ 1,922.66	**Attained Age 65+**	$ 1,766.87

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 140.61	**Attained Age 65+**	$ 203.78	**Attained Age 65+**	$ 173.21	**Attained Age 65+**	$ 159.18

TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 421.83	**Attained Age 65+**	$ 611.33	**Attained Age 65+**	$ 519.64	**Attained Age 65+**	$ 477.53

TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 843.66	**Attained Age 65+**	$ 1,222.66	**Attained Age 65+**	$ 1,039.28	**Attained Age 65+**	$ 955.07

TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,687.32	**Attained Age 65+**	$ 2,445.32	**Attained Age 65+**	$ 2,078.55	**Attained Age 65+**	$ 1,910.13

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 148.21	Attained Age 65+	$ 214.80	Attained Age 65+	$ 182.58	Attained Age 65+	$ 167.78

NON-TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 444.64	Attained Age 65+	$ 644.39	Attained Age 65+	$ 547.74	Attained Age 65+	$ 503.35

NON-TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 889.28	Attained Age 65+	$ 1,288.77	Attained Age 65+	$ 1,095.47	Attained Age 65+	$ 1,006.71

NON-TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,778.55	Attained Age 65+	$ 2,577.54	Attained Age 65+	$ 2,190.94	Attained Age 65+	$ 2,013.41

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 160.23	Attained Age 65+	$ 232.21	Attained Age 65+	$ 197.38	Attained Age 65+	$ 181.39

TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 480.69	Attained Age 65+	$ 696.63	Attained Age 65+	$ 592.15	Attained Age 65+	$ 544.17

TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 961.38	Attained Age 65+	$ 1,393.27	Attained Age 65+	$ 1,184.29	Attained Age 65+	$ 1,088.33

TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,922.76	Attained Age 65+	$ 2,786.53	Attained Age 65+	$ 2,368.58	Attained Age 65+	$ 2,176.66

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

These premiums only apply for the address indicated on the enrollment application. If this is not your address, please call Our toll-free number 1-800-865-2674 for a free quote.
PREMIUMS BELOW APPLY TO PERSONS LIVING IN ZIP CODES: 716-719, 723-729

NON-TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 124.02	Attained Age 65+	$ 179.73	Attained Age 65+	$ 152.77	Attained Age 65+	$ 140.39

NON-TOBACCO MONTHLY PREMIUMS (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 126.02	Attained Age 65+	$ 181.73	Attained Age 65+	$ 154.77	Attained Age 65+	$ 142.39

NON-TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 372.05	Attained Age 65+	$ 539.18	Attained Age 65+	$ 458.31	Attained Age 65+	$ 421.17

NON-TOBACCO SEMIANNUAL PREMIUMS *

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PREMIUMS BELOW APPLY TO PERSONS LIVING IN ZIP CODES: 72001, 72003-007, 72010-048, 72051-052, 72055, 72057-061, 72063-064, 72066-075, 72079-089, 72101-102, 72104-108, 72110-112, 72121-123, 72125-134, 72136-137, 72139-141, 72143, 72145, 72149-150, 72152-153, 72156-158, 72160, 72165-170, 72173, 72175-176, 72178-179, 72181-182, 72189

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Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
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NON-TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,560.77	Attained Age 65+	$ 2,261.92	Attained Age 65+	$ 1,922.66	Attained Age 65+	$ 1,766.87

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TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

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Attained Age 65+	$ 140.61	Attained Age 65+	$ 203.78	Attained Age 65+	$ 173.21	Attained Age 65+	$ 159.18

TOBACCO MONTHLY PREMIUMS (DIRECT PAY)*

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Attained Age 65+	$ 142.61	Attained Age 65+	$ 205.78	Attained Age 65+	$ 175.21	Attained Age 65+	$ 161.18

TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
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TOBACCO ANNUAL PREMIUMS *

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Attained Age 65+	$ 148.21	Attained Age 65+	$ 214.80	Attained Age 65+	$ 182.58	Attained Age 65+	$ 167.78

NON-TOBACCO MONTHLY PREMIUMS (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 150.21	Attained Age 65+	$ 216.80	Attained Age 65+	$ 184.58	Attained Age 65+	$ 169.78

NON-TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 444.64	Attained Age 65+	$ 644.39	Attained Age 65+	$ 547.74	Attained Age 65+	$ 503.35

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*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.

These premiums only apply for the address indicated on the enrollment application. If this is not your address, please call Our toll-free number 1-800-865-2674 for a free quote.

PREMIUMS BELOW APPLY TO PERSONS LIVING IN ZIP CODES: 72002, 72053, 72065, 72076, 72078, 72099, 72103, 72113-120, 72124, 72135, 72142, 72164, 72180, 72183, 72190, 72198-199, 722

TOBACCO MONTHLY PREMIUMS (BANK SERVICE PLAN)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 160.23	Attained Age 65+	$ 232.21	Attained Age 65+	$ 197.38	Attained Age 65+	$ 181.39

TOBACCO MONTHLY PREMIUMS (DIRECT PAY)*

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 162.23	Attained Age 65+	$ 234.21	Attained Age 65+	$ 199.38	Attained Age 65+	$ 183.39

TOBACCO QUARTERLY PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 480.69	Attained Age 65+	$ 696.63	Attained Age 65+	$ 592.15	Attained Age 65+	$ 544.17

TOBACCO SEMIANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 961.38	Attained Age 65+	$ 1,393.27	Attained Age 65+	$ 1,184.29	Attained Age 65+	$ 1,088.33

TOBACCO ANNUAL PREMIUMS *

Policy Form UM20 (Plan A)		Policy Form UM23 (Plan F)		Policy Form UM24 (Plan G)		Policy Form UM30 (Plan M)	
Attained Age 65+	$ 1,922.76	Attained Age 65+	$ 2,786.53	Attained Age 65+	$ 2,368.58	Attained Age 65+	$ 2,176.66

*See PREMIUM INFORMATION regarding Risk Class and Household Premium Discount rating.