

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: 2010 & HRDHL Individual Medicare Supplement Plans
Project Name/Number: Sales Presentation/AR-18-2012

Filing at a Glance

Company: Humana Insurance Company
Product Name: 2010 & HRDHL Individual Medicare Supplement Plans
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Advertisement
Date Submitted: 08/22/2012
SERFF Tr Num: HUMA-128655565
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: AR-18-2012
Implementation: On Approval
Date Requested:
Author(s): Michele Zabel, Paula Williamson, Bettina Ponds, Tiffany Turner, Chi Dang, Shawn Farnsley
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 08/24/2012
Disposition Status: Filed-Closed
Implementation Date:
State Filing Description:

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General Information

Project Name: Sales Presentation Status of Filing in Domicile: Not Filed
 Project Number: AR-18-2012 Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments: WI is the state of domicile.
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 08/24/2012
 State Status Changed: 08/24/2012
 Deemer Date: Created By: Tiffany Turner
 Submitted By: Tiffany Turner Corresponding Filing Tracking Number:

Filing Description:

Re: Humana Insurance Company
 NAIC: 119, 73288, FEIN: 39-1263473

Humana Insurance Company is submitting the attached sales presentation for your review and approval. The presentation will be used by licensed agents during the sale of Medicare Supplement insurance plans issued by Humana Insurance Company.

Form: GHHHBXTHH (Sales Presentation)

Policy forms: ARMESM10A, ARMESM10B, ARMESM10C, ARMESM10F, ARMESM10F(HD), ARMESM10K, and ARMESM10L, ARMESM10N and ARMESRDA, ARMESRDF, ARMESRDF(HD), ARMESREK, ARMESRDN

Please contact me via SERFF, at tturner2@humana.com, or at (502)580-1570 if you have any questions or require further information relative to this filing.

Company and Contact

Filing Contact Information

Tiffany Turner, Compliance Analyst tturner2@humana.com
 500 W Main 502-580-0837 [Phone]
 NCT 29
 Louisville, KY 40202

Filing Company Information

Humana Insurance Company	CoCode: 73288	State of Domicile: Wisconsin
1100 Employers Boulevard	Group Code: 119	Company Type: Life & Health
Green Bay, WI 54344	Group Name:	State ID Number:
(800) 558-4444 ext. [Phone]	FEIN Number: 39-1263473	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 per form

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Per Company: No

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$50.00	08/22/2012	61919240

SERFF Tracking #:

HUMA-128655565

State Tracking #:

Company Tracking #:

AR-18-2012

State:

Arkansas

Filing Company:

Humana Insurance Company

TOI/Sub-TOI:

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/24/2012	08/24/2012

SERFF Tracking #:

HUMA-128655565

State Tracking #:

Company Tracking #:

AR-18-2012

State:

Arkansas

Filing Company:

Humana Insurance Company

TOI/Sub-TOI:

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

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2010 & HRDHL Individual Medicare Supplement Plans

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Disposition

Disposition Date: 08/24/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	Sales Presentation	Filed-Closed	Yes

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Form Schedule

Lead Form Number:							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 08/24/2012	GHHHBXTHH	ADV	Sales Presentation	Initial:	0.000	GHHHBXTHH.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages



Humana Medicare Supplement Insurance Plans

To fit your
needs!



Humana

GHHHBXTHH

The purpose of this communication is the solicitation of insurance.
Contact will be made by an insurance agent/producer or insurance company.



Experience behind the coverage

Humana is a leading health care company that offers a wide range of insurance products and health and wellness services that incorporate an integrated approach to lifelong well-being.

Dedication to the Community

- Over 50 years of helping people during their pre-retirement and retirement years.

Financial Stability

- Fortune 100 company*

National Coverage

- Providing Medicare Supplement plans in 50 states, Puerto Rico, and the District of Columbia.

What we plan to talk about today

- What Humana has to offer
- Choosing a healthcare plan
- Medicare Supplement plans
- Humana Medicare Supplement Plans
- How to enroll

What to consider when choosing a plan

- What type of plan do I have now?
- What do I like about my current coverage?
- What would I change about my current coverage?
- Does my current plan include a prescription drug plan?
- Do I need a Part D prescription drug plan?

What are my needs?

- Coverage when I travel anywhere in all 50 states, Puerto Rico, and D.C.
- Freedom to choose any doctor, hospital, or other provider that accepts Medicare patients
- Not having to pay for some out-of-pocket expenses found with Medicare Parts A & B
- Do I need referrals to see a specialist?
- What premium and out-of-pocket expenses make sense to me?
- Do I rely on anyone to assist me in making these types of decisions?
- Do I want a plan that is guaranteed not to be cancelled as long as I pay my premium?

Medicare Supplement Plans

- Health insurance sold by private insurance companies to help you pay a portion of the costs not covered by Parts A and B of Medicare
- Depending on the plan you choose, Medicare Supplement plans pay most, if not all, of the deductibles, coinsurance, and copayments under Medicare Parts A and B
- Several standardized benefit plans are available with different levels of coverage and premiums



With Medicare Supplement Plans

- Choose any doctor or hospital that accepts Medicare patients
- Easy to use with little or no paperwork
- Guaranteed renewable plan as long as premium is paid, even if you move
- Several premium levels based on coverage are available

Benefits - Standardized Plans

A	B	C	D	F/F*	G
Basic Benefits, including 100% Part B coinsurance	Basic Benefits, including 100% Part B coinsurance				
		Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance
	Medicare Part A Deductible	Medicare Part A Deductible			
		Medicare Part B Deductible		Medicare Part B Deductible	
				Medicare Part B Excess Charge (100%)	Medicare Part B Excess Charge (100%)
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency
				*Out-of-Pocket Annual Deductible of [\$2,070] before plan pays	

Benefits - Standardized Plans continued

K	L	M	N
Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic Benefits, including 100% Part B coinsurance	Basic Benefits, including 100% Part B coinsurance, except up to [\$20] copayment for office visit, and up to [\$50] for ER
50% Skilled Nursing Facility coinsurance	75% Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance	Skilled Nursing Facility coinsurance
50% Medicare Part A Deductible	75% Medicare Part A Deductible	50% Medicare Part A Deductible	Medicare Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency
Out-of-Pocket Annual Limit [\$4,660]; paid at 100% after limit reached	Out-of-Pocket Annual Limit [\$2,330]; paid at 100% after limit reached		

Benefits- Example Plan F

Services	Medicare Pays	Med Supp Plan Pays	Policyholder Pays
Hospitalization – first 60 days	All but Part A Deductible	Part A Deductible	\$0
Skilled Nursing Facility – 21 st - 100 th days	All but [\$144.50] per day	Up to [\$144.50] per day	\$0
Blood – Medicare Part A	\$0	Three Pints	\$0
Medical Expenses (including outpatient hospital treatment) – First [\$140.00] of Medicare approved amounts	\$0	[\$140.00 (Part B Deductible)]	\$0
Medical Expenses – remainder of Medicare amounts	80%	20%	\$0
Blood - Medicare Part B (three pints)	\$0	100%	\$0
Blood – Medicare Part B – remainder amounts	80%	20%	\$0
Home Health Care Durable Medical Equipment (after Part B Deductible)	80%	20%	\$0
Foreign Travel – emergency care (after you pay \$250 deductible)	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max
Medicare Part B excess charges*	\$0	100%	\$0



*Difference between Medicare’s approved payment amount and a provider’s actual charge subject to Medicare limiting charge.

Benefits- Example High Deductible Plan F

Services	Medicare Pays	After Policyholder Pays [\$2,070] Deductible, * Med Supp Plan Pays	In Addition to [\$2,070] Deductible,* Policyholder Pays
Hospitalization – first 60 days	All but Part A Deductible	Part A Deductible	\$0
Skilled Nursing Facility – 21 st - 100 th days	All but [\$144.50] per day	Up to [\$144.50] per day	\$0
Blood – Medicare Part A	\$0	Three Pints	\$0
Medical Expenses (including outpatient hospital treatment) – First [\$140.00] of Medicare approved amounts	\$0	[\$140.00 (Part B Deductible)]	\$0
Medical Expenses – remainder of Medicare amounts	80%	20%	\$0
Blood - Medicare Part B (three pints)	\$0	100%	\$0
Blood – Medicare Part B – remainder amounts	80%	20%	\$0
Home Health Care Durable Medical Equipment (after Part B Deductible)	80%	20%	\$0
Foreign Travel – emergency care (after you pay \$250 deductible)	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max
Medicare Part B excess charges**	\$0	100%	\$0



*This high deductible plan pays the same benefits as Plan F after one has paid a calendar year [\$2,070] deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are [\$2,070].

** Difference Between Medicare’s approved payment and a provider’s actual charge subject to Medicare limiting charge.

Benefits- Example Plan N

Services	Medicare Pays	Med Supp Plan Pays	Policyholder Pays
Hospitalization – first 60 days	All but Part A Deductible	Part A Deductible	\$0
Skilled Nursing Facility – 21 st - 100 th days	All but [\$144.50] per day	Up to [\$144.50] per day	\$0
Blood – Medicare Part A	\$0	Three Pints	\$0
Medical Expenses (including outpatient hospital treatment) – First [\$140.00] of Medicare approved amounts	\$0	\$0	[\$140 (Part B Deductible)]
Medical Expenses – remainder of Medicare amounts	80%	Balance*	Up to [\$20]/office visit and up to [\$50]/ER visit**
Blood - Medicare Part B (three pints)	\$0	100%	\$0
Blood – Medicare Part B – remainder amounts	80%	20%	\$0
Home Health Care Durable Medical Equipment (after Part B Deductible)	80%	20%	\$0
Foreign Travel – emergency care (after you pay \$250 deductible)	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime max
Medicare Part B excess charges***	\$0	\$0	100%

*The Plan will pay the balance, other than up to [\$20] per office visit and up to [\$50] per emergency room visit. The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.



The copayment of up to [\$50] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense. *Difference between Medicare’s approved payment amount and a provider’s actual Charge subject to Medicare Limiting charge.

Extra Value & Services

- [Fitness program – gym membership at no additional cost]
- [Pharmacy discount]
- [Vision discount]
- [Hearing discount]
- [24-hour nurse advise line]
- [Humana Active Outlook[®] (HAO)]
- [Quitnet Smoking Cessation Program]
- [Humana Vitality[®] Healthy Foods Discount Program]
- [Humana Vitality[®]]
- [WellDine[®] Meal Program]
- [Online tools on [Humana.com](https://www.humana.com)]

The programs and services described in this section are not insurance and are neither contractually offered nor guaranteed under our Medicare Supplement insurance policies. These programs and services may be provided by a third party, discontinued at any time, and are subject to geographic availability.

Additional Benefits

In some states the following dental and vision benefits may be included

[Dental Benefits – Covered Services

In Network

- 100% coverage on up to two routine exams per year
- 100% coverage on one set of X-rays per year
- 100% coverage on up to two routine cleanings per year
- 50% coverage on fillings*
- 75% coverage for extractions
- 100% coverage on annual oral cancer screening

Out of Network

- 50% coverage on up to two routine exams per year
- 50% coverage on one set of X-rays per year
- 50% coverage on up to two routine cleanings per year
- 45% coverage on fillings*
- 50% coverage for extractions
- 50% coverage on annual oral cancer screening

*Frequency limitations may apply]

[Vision Benefits – Covered Services

In Network

- \$0 copay for one annual routine eye exam
- \$100 toward your frame, lens and lens options or contact lenses annual benefit, plus discounts over benefit amount
- 15% off retail price or 5% off promotional price for laser vision repair

Out of Network

- Up to a \$75 allowance for one annual routine eye exam
- \$100 toward your frame, lens and lens options or contact lenses annual benefit.]

Next Steps

- Let's review the **Outline of Coverage** to find the plan that suits you best

Here are some key considerations:

- Coverage level desired
- Premium level
- Available discounts (examples: payment method, household). Availability varies by state.

[Not connected with or endorsed by the U.S. government or the federal Medicare program.]

Insured by Humana Insurance Company. Medicare Supplement insurance is available to those enrolled in Parts A and B of Medicare due to age and is also available in some states to under 65 disabled Medicare recipients. Coverage is guaranteed renewable and can only be cancelled for non-payment of premiums or material misrepresentation. Coverage is limited to Medicare-eligible expenses. Benefits vary by plan and the premium will vary with the amount of benefits selected. Depending on the plan chosen you may be responsible for deductibles and coinsurance before benefits are payable. These policies have exclusions and limitations; please call your agent/producer or Humana for complete details of coverage or costs. Policy form series MESM10, MESRD or state equivalent.]

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