

State: Arkansas **Filing Company:** Loyal American Life Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.001 Plan A 2010
Product Name: 2010 Medicare Supplement Brochure - Cigna
Project Name/Number: 2010 Medicare Supplement Brochure - Cigna/LOYAL-1-0003-BRO-C-GN

Filing at a Glance

Company: Loyal American Life Insurance Company
Product Name: 2010 Medicare Supplement Brochure - Cigna
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.001 Plan A 2010
Filing Type: Advertisement
Date Submitted: 08/06/2012
SERFF Tr Num: UTAC-128606372
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: LOYAL-1-0003-BRO-C-GN

Implementation: On Approval
Date Requested:
Author(s): Joyce Kostakis, Melissa Garza, Melissa MacLaurin, Mary Barrett
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 08/10/2012
Disposition Status: Filed-Closed
Implementation Date:

State Filing Description:

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General Information

Project Name: 2010 Medicare Supplement Brochure - Cigna Status of Filing in Domicile: Not Filed
 Project Number: LOYAL-1-0003-BRO-C-GN Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 08/10/2012
 State Status Changed: 08/10/2012
 Deemer Date: Created By: Melissa MacLaurin
 Submitted By: Melissa Garza Corresponding Filing Tracking Number:

Filing Description:
 Requesting Approval for Medicare Supplement Brochure:
 Form: Form Number:
 Cigna Medicare Supplemental Solutions Brochure LOYAL-1-0003-BRO-C-GN

Previously Approved Medicare Supplement Forms Approval

Form Number:	Form:	Tracking ID:	Date
LOYAL-1-0003-BRO-GN	Medicare Supplement Brochure -2010	UTAC-126440903	1/27/2010
Loyal-MS-CR-A-AR	Medicare Supplement Plan A	UTAC-126397388	1/27/2010
Loyal-MS-CR-B-AR	Medicare Supplement Plan B	UTAC-126631994	5/25/2010
Loyal-MS-CR-C-AR	Medicare Supplement Plan C	UTAC-126631994	5/25/2010
Loyal-MS-CR-D-AR	Medicare Supplement Plan D	UTAC-126631994	5/25/2010
Loyal-MS-CR-F-AR	Medicare Supplement Plan F	UTAC-126397388	1/27/2010
Loyal-MS-CR-G-AR	Medicare Supplement Plan G	UTAC-126397388	1/27/2010
Loyal-MS-CR-N-AR	Medicare Supplement Plan N	UTAC-126397388	1/27/2010

Dear Analyst:

Great American Supplemental Benefits has entered into an Acquisition Agreement with Cigna for Cigna to purchase the Loyal American Life Insurance Company® (Loyal American) Medicare Supplemental health insurance products. The Acquisition is still in process and expected to close late in the third quarter of 2012. In preparation of the final Acquisition, Loyal American has rebranded all of its Medicare Supplement products including the Loyal American Medicare Supplemental Brochure and is submitting to you for your review and approval. This Brochure will be used with the Medicare Supplement Policies described above and will replace the previously approved Loyal American Medicare Supplement Brochure described above.

This Brochure will not be released to the Market until (1) we receive approval from your department; and (2) the Acquisition has been finalized.

The Medicare Supplement policies will be sold through licensed agents.

Should you have any questions, please feel free to contact me at 800-633-6752, ext. 4773 or by email at MGarza@gafri.com.

Sincerely,

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Melissa Garza,
 Compliance Filing Specialist
 800-633-6752, ext. 4773
 E-mail: MGarza@gafri.com

Company and Contact

Filing Contact Information

Melissa MacLaurin, Compliance Analyst mmaclaurin@gafri.com
 11200 Lakeline Blvd Ste 100 512-807-4794 [Phone]
 Austin, TX 78717

Filing Company Information

Loyal American Life Insurance Company	CoCode: 65722	State of Domicile: Ohio
11200 Lakeline Blvd., Suite 100	Group Code: 84	Company Type: Insurance Company
P.O. Box 559004	Group Name:	State ID Number:
Austin, TX 78755-9004	FEIN Number: 63-0343428	
(800) 633-6752 ext. [Phone]		

Filing Fees

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

Company	Amount	Date Processed	Transaction #
Loyal American Life Insurance Company	\$50.00	08/06/2012	61455618

SERFF Tracking #:

UTAC-128606372

State Tracking #:

Company Tracking #:

LOYAL-1-0003-BRO-C-GN

State:

Arkansas

Filing Company:

Loyal American Life Insurance Company

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	08/10/2012	08/10/2012

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Disposition

Disposition Date: 08/10/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statement of Variability	Filed-Closed	Yes
Form	Insurance Policies for Medicare Supplement	Filed-Closed	Yes

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Form Schedule

Lead Form Number: LOYAL-1-0003-BRO-C-GN

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Filed-Closed 08/10/2012	LOYAL-1-0003-BRO-C-GN	ADV	Insurance Policies for Medicare Supplement	Initial:	0.000	LOYAL-1-0003-BRO-C-GN_Brackets (8-6-12).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

[Cigna Medicare Supplement Solutions]
Insured by Loyal American Life Insurance Company®

Insurance Policies for
MEDICARE SUPPLEMENT



**ENJOY
RETIREMENT
THE WAY**

**YOU WERE
BORN TO.**

THIS IS A LIMITED POLICY which should be used to supplement your Medicare coverage.

This is a solicitation for insurance. An insurance agent will contact you. No Insurance Company or its agents are connected with or endorsed by Medicare, Social Security or any other governmental agency. Premium and benefits vary by plan selected. Plan availability varies by state.

[GO YOUSM]



STANDING OUT FROM THE CROWD

The benefits of each Medicare Supplement insurance policy are standardized, no matter what company sells you the policy. Each type of standardized Medicare Supplement policy (Plans [A - N])* will offer the same basic benefits. At [Cigna], our added value is our commitment to exceptional customer service.



Value

We strive to maintain competitive premiums over the life of a policy. At the same time, we will not compromise the financial well-being and quality service you require.

Service

We aim to provide fast, friendly and efficient customer service. To administer our business, we try to bring together two vital components: Tools and People.

Having efficient tools means little without the personal care administered by dedicated professionals. When you contact us, we will do

our best to service your concerns with effective, friendly and prompt service.

Guaranteed Renewable

All Medicare Supplement policies are guaranteed renewable. Your policy cannot be canceled. We guarantee to renew the policy each time the premium is received within 31 days of its due date.

Our Right to Adjust Future Premiums

You can't be singled out for a rate increase based on your health, no matter how many times you receive benefits. The policy's rate structure is based on attained age**. Other than increases due to your age**, your premium will only change when the same premium change is made on the same form issued to persons of your classification in the same geographic area of your state, if coverage under Medicare changes, or if you move to a different zip code location.

Paperless Electronic Claim Filing

Medicare Part A & Part B claims are processed electronically, eliminating paperwork for both the insured and the provider in the majority of claims.

By effectively adopting the latest technology, we strive to achieve fast claims processing times. In fact, most of our Medicare Supplement claims are processed automatically within one working day of submission.

Choice of Physicians and Hospitals

Policyholders can use the health care providers of their choice. All of our Medicare Supplement policies may be used anywhere Medicare is accepted.

Payment Flexibility

We offer a choice of premium modes. Premiums may be paid by direct bill or bank draft [annually,] [semi-annually] or [quarterly.] [Monthly mode is available for bank draft only.]

* When comparing policies you must compare identical policies, such as a Medicare Select Plan or a High Deductible Plan.

** Except in AZ, AR, FL, GA, ID & MO where the policy rate structure is based on issue age, and premiums can only be increased by class.

Medicare Part A Hospital Coverage

- **Part A Deductible** – Medicare Supplement Insurance Plans* [B, C, D, F, G & N] pay all of the inpatient hospital deductible for each benefit period.
- **100% Part A Co-Payments** – After the Part A deductible, Medicare pays all eligible expenses for services from your first through 60th day of hospital confinement. Services include semiprivate room and board, general nursing, and miscellaneous hospital services and supplies.

Plans [A, B, C, D, F, G & N] pay the Medicare coinsurance days when you are hospitalized for the 61st day through the 90th day. And, when you're in the hospital from the 91st day through the 150th day, plans pay for each Lifetime Reserve day used.

If you are in the hospital longer than 150 days during a benefit period, and you've exhausted your 60 days of Medicare Lifetime Reserve, Plans [A, B, C, D, F, G & N] pay the Part A Medicare eligible expenses for hospitalization, subject to a lifetime maximum benefit of an additional 365 days.

- **Hospice** – Medicare pays all but very limited co-payment/coinsurance for outpatient drugs and inpatient respite care. Plans [A, B, C, D, F, G & N] pay Medicare co-payment/coinsurance.
- **Skilled Nursing Facility Care** – For the first 20 days Medicare pays all eligible expenses. Plans [C, D, F, G & N] pay the daily coinsurance from the 21st through the 100th day during which you receive skilled nursing care. You must enter a Medicare-approved skilled nursing facility within thirty (30) days of being hospitalized for at least three (3) days.

Exclusions & Limitations

These policies will not pay benefits for:

1. The Medicare Part B Deductible (not applicable in Plans C & F);
2. Any expense which You are not legally obligated to pay; or services for which no charge is normally made in the absence of insurance;
3. Any services that are not medically necessary as determined by Medicare;
4. Any portion of any expense for which payment is made by Medicare or other government programs (except Medicaid); or for which payment would have been made by Medicare if You were enrolled in Parts A & B of Medicare;
5. Any type of expense not a Medicare Eligible Expense except as provided for in the policy;
6. Any deductible, coinsurance or co-payment not covered by Medicare, unless such coverage is listed as a benefit in the policy; and

Medicare Part B Physician's Services & Supplies

- **Deductible** – Plans [C & F] pay the Part B calendar year deductible.
- **Coinsurance** – After the Part B deductible, Plans [A, B, C, D, F, G & N]** generally pay 20% of eligible expenses for physician's services, supplies, physical and speech therapy. For hospital outpatient services paid under a prospective payment system, the co-payment amount will be paid after the Part B deductible has been met.
- **Excess Benefits** – Your bill for Part B services and supplies may exceed the Medicare eligible expense. When that occurs, Plans [F & G] pay 100% of the difference, not to exceed the charge limitation established by Medicare.

Blood

- **Blood Part A** – Plans [A, B, C, D, F, G & N] will pay for the first three (3) pints of blood in each calendar year. Medicare pays for any additional blood you may need.
- **Blood Part B** – After meeting the Part B deductible, Medicare will pay 80% of approved amounts. Plans [A, B, C, D, F, G & N] will pay 20% of those costs.

Additional Benefits

- **Emergency Care Received Outside of the U.S.** – After you pay a \$250 calendar-year deductible, Plans [C, D, F, G & N] pay 80% of eligible expenses incurred during the first 60 days of each trip, outside the U. S. not to exceed a lifetime maximum of \$50,000.

7. Confinement that begins or expenses incurred while your policy is not in force.

Preexisting Conditions - We will not pay for any expenses incurred for care or treatment of a Preexisting Condition for the first six (6) months from the effective date of coverage (*in WY, 90 days*). However, if you have continuous creditable coverage or are replacing an existing Medicare supplement policy, you will get credit for the time you were covered toward meeting this six (6) month exclusionary period. This provision does not apply if your policy was issued under Guaranteed Issue status.

A **Preexisting Condition** is a condition for which medical advice was given or treatment was recommended by or received from a Physician within six (6) months (*in WY, 90 days*) prior to the policy effective date

* Not all plans are available in all states. Check your state's outline of coverage for availability.

** Except co-payments not in excess of [\$20] per office visit and [\$50] per emergency room visit for Plan N.

**TO APPLY FOR A
MEDICARE SUPPLEMENT
INSURANCE POLICY,**

**contact your licensed
insurance agent today.**

[At Cigna, we believe that being true to yourself is the first step to being truly healthy. As a global health service company with a history that spans over 125 years, we are dedicated to helping the people we serve improve their health, well-being and sense of security.]



Full terms and conditions of coverage are defined by and governed by an issued Medicare supplement policy. Please refer to the policy for the full terms and conditions of coverage. This brochure is designed as a marketing aid and is not to be construed as a contract for insurance. It provides a brief description of the important features of policy form series: [Generic Plan A: LOYAL-MS-AA-A-GN, LOYAL-MS-IA-A-GN, Arkansas Plan A: LOYAL-MS-CR-A-AR; Generic Plan B: LOYAL-MS-AA-B-GN, LOYAL-MS-IA-B-GN, Arkansas Plan B: LOYAL-MS-CR-B-AR ; Generic Plan C: LOYAL-MS-AA-C-GN, LOYAL-MS-IA-C-GN, Arkansas Plan C: LOYAL-MS-CR-C-AR; Generic Plan D: LOYAL-MS-AA-D-GN, LOYAL-MS-IA-D-GN, Arkansas Plan D: LOYAL-MS-CR-D-AR ; Generic Plan F: LOYAL-MS-AA-F-GN, LOYAL-MS-IA-F-GN, Arkansas; Plan F: LOYAL-MS-CR-F-AR; Generic Plan G: LOYAL-MS-AA-G-GN, LOYAL-MS-IA-G-GN, Arkansas Plan G: LOYAL-MS-CR-G-AR ; Generic Plan N: LOYAL-MS-AA-N-GN, LOYAL-MS-IA-N-GN, Arkansas Plan N: LOYAL-MS-CR-N-AR]

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Loyal American Life Insurance Company®, [P.O. Box 26580, Austin, TX 78755-0580], [(866) 459-4272].

SERFF Tracking #:

UTAC-128606372

State Tracking #:

Company Tracking #:

LOYAL-1-0003-BRO-C-GN

State:

Arkansas

Filing Company:

Loyal American Life Insurance Company

TOI/Sub-TOI:

MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.001 Plan A 2010

Product Name:

2010 Medicare Supplement Brochure - Cigna

Project Name/Number:

2010 Medicare Supplement Brochure - Cigna/LOYAL-1-0003-BRO-C-GN

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Filed-Closed	08/10/2012
Comments:			
Attachment(s):			
SOV for Cigna-Loyal Med Supp Brochure.pdf			

Statement of Variability

Cigna Medicare Supplement SolutionsSM

Loyal American Life Insurance Company[®]

The following items are indicated as variable items in Form Number **LOYAL-1-0003-BRO-C-GN** "Cigna Medicare Supplement Solutions - Insured by Loyal American Life Insurance Company[®]."

Page	Variable Items	Justification
Cover Page	Cigna Medicare Supplement Solutions Go You SM Cigna [®] Tree of Life	The Marketing Names and Logos are marked as variable should the marketing names changed or removed in the future.
Page 2	[Plans A – N] Cigna Under Payment Flexibility [annually], [semi-annually] or [quarterly] [Monthly mode is available for bank draft only]	<p>The Medicare Supplement Plans are marked as variable in the main paragraph so the Company, at its own discretion, will be able to show only the plans that are applicable to benefits being described. Only state approved Medicare Supplement Plans will be described.</p> <p>The Parent Company Name is marked as variable should the marketing names changed back to Loyal in the future.</p> <p>The payment modes are marked as variable so the Company, at its own discretion, will be able to show only the modes that are available.</p>
Page 3	[A, B, C, D, F, G, K, L, M, N]	The Medicare Supplement Plans are marked as variable under Part A Deductible, 100% Part A Co-insurance, Hospice, and Skilled Nursing Facility Care; Part B Deductible, Coinsurance, and Excess Benefits; Blood Part A and B; and Emergency Care Received Outside of the U.S. so the Company, at its own discretion, will be able to show only the plans that are applicable to benefits being described. Only state approved Medicare Supplement Plans will be described.
Page 3	[\$20], [\$50]	The co-payment amounts are marked as variable in the footnote so the Company, at its own discretion, will be able to update the amounts as necessary without re-filing. Only Federal mandated amounts will be described.
Page 4	[Medicare Supplement Plan Form Numbers] Parent Company Information P. O. Box 26580, Austin, TX 78755-0580, (866) 459-4272	<p>The Medicare supplement plan form numbers are marked as variable so the Company, at its own discretion, will be able to show only the plans that are available. Only approved Medicare supplement policy plans will be described.</p> <p>The Parent Company Name is marked as variable should the Company name changed back to Loyal in the future.</p> <p>The address and phone number have been marked as variable so the insurance company can revise if necessary in the future.</p>