

**State:** Arkansas **Filing Company:** Colonial Penn Life Insurance Company  
**TOI/Sub-TOI:** MS09 Medicare Supplement - Other 2010/MS09.000 Medicare Supplement Other 2010  
**Product Name:** CPL-18617  
**Project Name/Number:** CPL-18617/CPL-18617

## Filing at a Glance

Company: Colonial Penn Life Insurance Company  
Product Name: CPL-18617  
State: Arkansas  
TOI: MS09 Medicare Supplement - Other 2010  
Sub-TOI: MS09.000 Medicare Supplement Other 2010  
Filing Type: Advertisement  
Date Submitted: 09/06/2012  
SERFF Tr Num: BNLA-128671958  
SERFF Status: Closed-Filed-Closed  
State Tr Num:  
State Status: Filed-Closed  
Co Tr Num: CPL-18617  
Implementation: On Approval  
Date Requested:  
Author(s): Lucy Sutton, Linda Young, Sue Novotny  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 09/07/2012  
Disposition Status: Filed-Closed  
Implementation Date:

State Filing Description:

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## General Information

Project Name: CPL-18617 Status of Filing in Domicile: Authorized  
Project Number: CPL-18617 Date Approved in Domicile: 09/06/2012  
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: 09/07/2012  
State Status Changed: 09/07/2012  
Deemer Date: Created By: Lucy Sutton  
Submitted By: Linda Young Corresponding Filing Tracking Number:

### Filing Description:

RE: MEDICARE SUPPLEMENT ADVERTISING  
Advertisement Form CPL-18617

Dear Insurance Department Personnel:

We are submitting the above-referenced advertisement as required by your state for your review and approval. This is a new ad and is not intended to replace any other form.

This consumer worksheet is intended to be use by our agents during the time of sale to help the consumers decide which policy and their options will best suit their insurance needs. Because the consumer will have already expressed interest in applying, this form is not a lead generation form, but more of a sales material form, so the "agent may contact you" and "insurance solicitation language" is not required.

This form will be use to help the consumer decide which of our previously approved Medicare Supplement insurance policies, (Policy Forms CPL-GR-A80A; CPL-GR-A80B; CPL-GR-A80F; CPL-GR-A80FH; CPL-GR-A80G;CPL-GR-A80K; CPL-GR-A80L; CPL- GR-A80M; CPL-GR-A80N) will best suit their insurance needs.

Information bracketed as "variable" on the form includes dollar amounts which are subject to change based on annual Medicare supplement rate increases.

Your consideration and approval of this filing is appreciated.

## Company and Contact

### Filing Contact Information

Lucy Sutton, Information Coordinator l.sutton@banklife.com  
111 East Wacker Drive Suite 2100 312-396-6122 [Phone]  
(20-F35) 312-396-5907 [FAX]  
Chicago, IL 60601-4508

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**Filing Company Information**

|  |                         |                                 |
|--|-------------------------|---------------------------------|
| Colonial Penn Life Insurance Company             | CoCode: 62065           | State of Domicile: Pennsylvania |
| Adm. Address: 111 East Wacker Drive • Suite 2100 | Group Code: 233         | Company Type:                   |
| Chicago, IL 60601-4508                           | Group Name:             | State ID Number:                |
| (312) 396-6000 ext. [Phone]                      | FEIN Number: 23-1628836 |                                 |

**Filing Fees**

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: Arkansas charges \$50.00 per form x 1 = \$50.00  
 Per Company: No

| Company                              | Amount  | Date Processed | Transaction # |
|--------------------------------------|---------|----------------|---------------|
| Colonial Penn Life Insurance Company | \$50.00 | 09/06/2012     | 62330943      |

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## Correspondence Summary

### Dispositions

| Status       | Created By       | Created On | Date Submitted |
|--------------|------------------|------------|----------------|
| Filed-Closed | Stephanie Fowler | 09/07/2012 | 09/07/2012     |

SERFF Tracking #:

BNLA-128671958

State Tracking #:

Company Tracking #:

CPL-18617

State:

Arkansas

Filing Company:

Colonial Penn Life Insurance Company

TOI/Sub-TOI:

MS09 Medicare Supplement - Other 2010/MS09.000 Medicare Supplement Other 2010

Product Name:

CPL-18617

Project Name/Number:

CPL-18617/CPL-18617

## Disposition

Disposition Date: 09/07/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item                          | Schedule Item Status | Public Access |
|----------|--|----------------------|---------------|
| Form     | Medicare Supplement Consumer Worksheet | Filed-Closed         | Yes           |

SERFF Tracking #:

BNLA-128671958

State Tracking #:

Company Tracking #:

CPL-18617

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## Form Schedule

Lead Form Number: CPL-18617

| Item No. | Schedule Item Status       | Form Number | Form Type | Form Name                              | Action/ Action Specific Data | Readability Score | Attachments                    |
|----------|----------------------------|-------------|-----------|--|------------------------------|-------------------|--------------------------------|
| 1        | Filed-Closed<br>09/07/2012 | CPL-18617   | ADV       | Medicare Supplement Consumer Worksheet | Initial:                     | 0.000             | CPL-18617 (8-12)_bracketed.pdf |

### Form Type Legend:

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

Applicant's Name \_\_\_\_\_

## Medicare

This worksheet is to be completed and presented with the outline of coverage.  
These figures are for [2012] and are subject to change each year.

### Part A

#### Hospital Room and Board

|  | You Pay                               | Medicare Pays |
|--|---------------------------------------|---------------|
| Days 1–60                                    | \$_____ deductible per benefit period | [Remainder]   |
| May be paid multiple times per calendar year |                                       |               |
| Days 61–90                                   | \$_____ per day                       | [Remainder]   |
| Total potential cost                         | \$_____                               |               |
| Days 91–150                                  | \$_____ per day                       | [Remainder]   |
| (Lifetime Reserve Days)                      |                                       |               |
| Total potential cost                         | \$_____                               |               |
| Days 151+                                    | [ All costs ]                         | [ Nothing ]   |

#### Skilled Nursing Facility (SNF)

|             | You Pay         | Medicare Pays |
|-------------|-----------------|---------------|
| Days 1–20   | [ Nothing ]     | [ All costs ] |
| Days 21–100 | \$_____ per day | [Remainder]   |
| Days 101+   | [ All costs ]   | [ Nothing ]   |

#### Requirements for Medicare Benefits

1. Must be doctor prescribed
2. Must be admitted to hospital for [three] days prior to SNF entry
3. Must enter SNF within [30] days of hospital discharge

### Part B

#### Doctor, Outpatient Services, ER, Ambulance

|  | You Pay         | Medicare Pays   |
|--|-----------------|-----------------|
| Annual Deductible  | \$_____         | [ Nothing ]     |
| Approved Expenses  | [Generally 20%] | [Generally 80%] |
| After the Deductible is Met No Out-of-Pocket Maximum   |                 |                 |
| Excess Charges   | [All costs]     | [\$0]           |
| Not automatically charged. If provider does not accept Medicare Assignment. Cannot exceed [15%] of Medicare approved amount. |                 |                 |

### Scenario

|   |                                |                      |
|---|--------------------------------|----------------------|
|   | Billed Amount                  | [ \$1,150 ]          |
|   | Total Medicare Approved Amount | [ \$1,000 ]          |
|   | <b>You Pay</b>                 | <b>Medicare Pays</b> |
| Medicare Approved Amount  | [ \$200 ]                      | [ \$800 ]            |
| Possible Part B Excess Charge   | [ \$150 ]                      | [ \$0 ]              |
| If provider does not accept Medicare Assignment. Cannot exceed [15%] of Medicare approved amount. |                                |                      |
| Total   | [ \$350 ]                      | [ \$800 ]            |

*Colonial Penn Life Insurance Company and Bankers Life and Casualty Company are separate legal entities.  
All policies are underwritten by Colonial Penn Life Insurance Company, Philadelphia, PA.*

## Colonial Penn Life Insurance Company Medicare Supplement Options

Age \_\_\_\_\_ State \_\_\_\_\_ Rate Class \_\_\_\_\_  
(if applicable)

| Option A   | Option B                       |
|--|--------------------------------|
| Plan _____   | Plan _____                     |
| Annual Premium \$ _____  | Annual Premium \$ _____        |
| Co-Pays (If Plan N) _____  | Co-Pays (If Plan N) _____      |
| Out-Of-Pocket Maximum \$ _____   | Out-Of-Pocket Maximum \$ _____ |
| Please note that Plan N has a[\$20]maximum co-pay for office visits and a[\$50]maximum co-pay for ER visits. |                                |

### Medicare Supplement Insurance

All Medicare Supplement insurance policies cover Part A co-pays and coinsurance

Choice of several standardized plans\*

No Provider networks  
No specialist referrals

Reduces out-of-pocket costs

No prescription drug coverage

### Part C\*\* Medicare Advantage

#### Medicare “Replacement” Program

Although still enrolled in original Medicare, Medicare Advantage program takes over responsibility for meeting medical costs.

Premiums vary

HMOs, PPOs, PFFS Programs  
Subject to potential network and referral requirements

Not all programs accepted by all doctors  
Programs can vary from county to county

Many plans include Rx coverage (MAPD)

Can’t change programs mid-year  
Some exceptions may apply

Annual enrollment:[October 15 – December 7]

### Part D\*\* Prescription Drug Coverage

Over[1,000]plans available nationwide

Premiums vary depending on plan choice

Deductibles vary depending on plan choice

Can’t change programs mid-year  
Some exceptions may apply.

Annual enrollment:[October 15 – December 7]

\*Medicare Supplement insurance is issued on Form Number[GR-A80]by Colonial Penn Life Insurance Company, Philadelphia, PA. This product, and its features, are subject to state availability and may vary by state.

\*\*Offered through one of our non-affiliated carriers.

Medicare Supplement Insurance policies are underwritten by Colonial Penn Life Insurance Company, an affiliate of Bankers Life and Casualty Company. Colonial Penn, Bankers and their licensed agents are not connected with or endorsed by the U.S. Government or the Federal Medicare Program.