

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: HRDHL Individual Medicare Supplement Plans
Project Name/Number: HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

Filing at a Glance

Company: Humana Insurance Company
Product Name: HRDHL Individual Medicare Supplement Plans
State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
Sub-TOI: MS08I.012 Multi-Plan 2010
Filing Type: Form
Date Submitted: 09/04/2012
SERFF Tr Num: HUMA-128670507
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Under Review
Co Tr Num: AR-19-2012
Implementation: On Approval
Date Requested:
Author(s): Michele Zabel, Paula Williamson, Bettina Ponds, Tiffany Turner, Susan Levie, Chi Dang, Shawn Farnsley
Reviewer(s): Stephanie Fowler (primary)
Disposition Date: 09/06/2012
Disposition Status: Approved-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: HRDHL Individual Medicare Supplement Plans
Project Name/Number: HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

General Information

Project Name: HRDHL Policy Amendemnt w/HH Discounting	Status of Filing in Domicile: Not Filed
Project Number: AR-19-2012	Date Approved in Domicile:
Requested Filing Mode: Informational	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: 09/06/2012
	State Status Changed: 09/06/2012
Deemer Date:	Created By: Tiffany Turner
Submitted By: Tiffany Turner	Corresponding Filing Tracking Number: HUMA-128552919

Filing Description:

Re: Humana Insurance Company/NAIC 119, 73288
 Humana Reader's Digest Healthy Living Individual Medicare Supplement Plans -

Please find attached a corrected version of a previously approved Policy Amendment Form. Previous SERFF filing approved on 7/27/2012, HUMA-128552919. It has come to our attention that the form number on the form schedule was correct but the form number of the pdf was incorrect. The form has not been used as of yet and we are merely submitting the corrected copy for your records.

Policy form series impacted: ARMESRDA, ARMESRDF, ARMESRDF(HD), ARMESRDK, ARMESRDL, and ARMESRDN

1) ARGHHH40IHHRD - Policy Form Amendment

Please contact me via SERFF, at (502) 580-1570 or by email at tturner2@humana.com, if you have questions or require additional 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

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: HRDHL Individual Medicare Supplement Plans
Project Name/Number: HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

Fee Explanation: \$50 per form

Per Company: No

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$50.00	09/04/2012	62253339

SERFF Tracking #:

HUMA-128670507

State Tracking #:

Company Tracking #:

AR-19-2012

State:

Arkansas

Filing Company:

Humana Insurance Company

TOI/Sub-TOI:

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

Product Name:

HRDHL Individual Medicare Supplement Plans

Project Name/Number:

HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	09/06/2012	09/06/2012

SERFF Tracking #:

HUMA-128670507

State Tracking #:

Company Tracking #:

AR-19-2012

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: HRDHL Individual Medicare Supplement Plans
Project Name/Number: HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

Disposition

Disposition Date: 09/06/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Form	Policy Form Amendment	Approved-Closed	Yes

State: Arkansas **Filing Company:** Humana Insurance Company
TOI/Sub-TOI: MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010
Product Name: HRDHL Individual Medicare Supplement Plans
Project Name/Number: HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved-Closed 09/06/2012	ARGHHH40IHH RD	POL	Policy Form Amendment	Initial:	45.700	ARGHHH40IHHRD.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 INSURANCE COMPANY
Administrative Office: 1100 Employers Boulevard, DePere, WI 54115

AMENDMENT TO
HUMANA READER'S DIGEST HEALTHY LIVING
MEDICARE SUPPLEMENT POLICIES
PLANS A, F, HIGH DEDUCTIBLE F, K & N

This amendment is attached to and made a part of Your Policy. Except as modified below, all Policy terms, conditions, and limitations apply.

The following section is amended in its entirety to read as follows:

PREMIUM RATES SUBJECT TO CHANGE

We can change the renewal premium for Your Policy but only if We also change the renewal premium for all policies that We issue like Yours on a Class basis. We will give You a written notice before any premium increase becomes effective. No change in premium will be made because of the number of claims You file, or because of a change in Your health or Your type of work. For premium changes related to the household premium discount, refer to that section in this Policy.

The following section is added to Your Policy:

HOUSEHOLD PREMIUM DISCOUNT

You are eligible for a premium discount if in Your household You have resided with at least one other Medicare-eligible person for the past year and that person owns or is issued a Medicare Supplement insurance Policy by Us. The discount will be effective the billing cycle following notice to Us of Your eligibility.

Household is defined as a condominium unit, a single family home, or an apartment unit within an apartment complex.

We reserve the right to make changes to the premium discount structure. If a change to the discount structure occurs to Your Policy, it will affect all Policies We issue like Yours.

The household premium discount will be removed if the other Medicare Supplement insurance policyholder whose Policy status entitles You to the discount no longer resides with You. However, if that person becomes deceased, Your discount will still apply. This premium change will occur on the billing cycle following the date We learn Your eligibility has ended.



[Michael B. McCallister, President]

SERFF Tracking #:

HUMA-128670507

State Tracking #:

Company Tracking #:

AR-19-2012

State: Arkansas

Filing Company:

Humana Insurance Company

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

Product Name: HRDHL Individual Medicare Supplement Plans

Project Name/Number: HRDHL Policy Amendemnt w/HH Discounting /AR-19-2012

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	09/06/2012
Comments:			
Attachment(s):			
FleschCert.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	N/A		
Comments:			

Certification of Flesch Reading Ease Test

Humana Insurance Company

This is to certify that the form listed below is in compliance with the readability requirements of the Flesch Reading ease test. The Flesch test was applied to this form in its entirety. The Flesch reading ease test score is:

Medicare Supplement Policy

Form Number:
ARGHHH40IHHRD
Flesch Score: 45.7

A handwritten signature in cursive script that reads "Turner". The signature is written in black ink and is positioned to the left of the printed name.

Tiffany Turner
Compliance Analyst

Date: June 18, 2012