

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 Individual Medicare Supplement Plans
Project Name/Number: 2013 SEP Test/AR-24-2012

Filing at a Glance

Company: Humana Insurance Company
Product Name: 2010 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: 12/19/2012
SERFF Tr Num: HUMA-128820643
SERFF Status: Closed-Filed-Closed
State Tr Num:
State Status: Filed-Closed
Co Tr Num: AR-24-2012
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: 01/10/2013
Disposition Status: Filed-Closed
Implementation Date:
State Filing Description:

State: Arkansas **Filing Company:** Humana Insurance Company
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General Information

Project Name: 2013 SEP Test	Status of Filing in Domicile: Not Filed
Project Number: AR-24-2012	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: 01/10/2013
	State Status Changed: 01/10/2013
Deemer Date:	Created By: Tiffany Turner
Submitted By: Tiffany Turner	Corresponding Filing Tracking Number:

Filing Description:
 RE: Humana Insurance Company; NAIC: 119 / 73288
 2013 Direct Marketing – 2013 SEP Test

Humana Insurance Company is submitting the attached marketing material for your review and approval. The forms are an outer envelope and insert which will be used with direct marketing materials previously approved for Humana Medicare Supplement insurance plans. These are new pieces and have not previously been filed.

GHHHFALHH - DR Outer Envelope
 GHHHFB2HH - DR Insert

Policy form series affected by this filing: ARMESM10, ARMESRD and ARMESHL

If you have any questions relative to this filing, I may be reached via SERFF, by phone at (502) 580-1570, or by e-mail at tturner2@humana.com.

Company and Contact

Filing Contact Information

Tiffany Turner, Compliance Analyst	tturner2@humana.com
500 W Main	502-580-1570 [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:	\$100.00
Retaliatory?	No

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Fee Explanation: \$50 per advertisement piece X 2 = \$100

Per Company: No

Company	Amount	Date Processed	Transaction #
Humana Insurance Company	\$100.00	12/19/2012	65912251

SERFF Tracking #:

HUMA-128820643

State Tracking #:

Company Tracking #:

AR-24-2012

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	01/10/2013	01/10/2013

SERFF Tracking #:

HUMA-128820643

State Tracking #:

Company Tracking #:

AR-24-2012

State:

Arkansas

Filing Company:

Humana Insurance Company

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Disposition

Disposition Date: 01/10/2013

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	DR Outer Envelope	Filed-Closed	Yes
Form	DR Insert	Filed-Closed	Yes

State: Arkansas

Filing Company:

Humana Insurance Company

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Form Schedule

Lead Form Number:

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Filed-Closed 01/10/2013	DR Outer Envelope	GHHHFALH H	ADV	Initial			GHHHFALHH - DR Outer Envelope.pdf
2	Filed-Closed 01/10/2013	DR Insert	GHHHFB2H H	ADV	Initial			GHHHFB2HH - DR Insert.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

OUTER ENVELOPE

(front side)

(headline)

Tell us if you want a FREE booklet with important news about Medicare supplement insurance coverage.

GHHHFALHH (bottom left-hand corner)

(back side)

(on flap)

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

(headline)

We'll help you make sense of Medicare supplement insurance.
Send for your FREE booklet now – with no obligation.

GHHHFALHH

OFFER INSERT

(front side)

// Yes

Send me my FREE booklet – with no obligation

[graphic of FREE booklet]

CALL [1-800-XXX-XXXX] Licensed agents are standing by [Monday through Friday, 8 a.m. – 8 p.m.]

Humana (logo)

GHHHFB2HH (bottom left-hand corner)

(back side)

(headline)

Trust Humana to take good care of you.

(copy)

- Over 50 years of healthcare experience
- Serving more than 3.5 million members
- Second largest Medicare Advantage organization in America
- Reputation for delivering high quality service and money-saving value

[graphic of Free booklet]

Call now for your FREE booklet ***Seven Things Every Medicare Supplement Should Have.***

[1-800-XXX-XXXX (TTY: 711)]

[Monday through Friday, 8 a.m. to 8 p.m.]

(legal disclaimer)

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

GHHHFB2HH

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 premium or material misrepresentation. 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 and coverage may be limited to Medicare-eligible expenses. These policies have exclusions and limitations; please call your agent or Humana for complete details of coverage or costs. Policy form series MESM10, MESRD, MESH or state equivalent.