

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Enhanced Preventive Benefits Rider
Project Name/Number: /B421

Filing at a Glance

Company: Physicians Mutual Insurance Company
 Product Name: Enhanced Preventive Benefits Rider
 State: Arkansas
 TOI: MS08I Individual Medicare Supplement - Standard Plans 2010
 Sub-TOI: MS08I.012 Multi-Plan 2010
 Filing Type: Form/Rate
 Date Submitted: 01/10/2013
 SERFF Tr Num: PHYS-128780888
 SERFF Status: Closed-Disapproved
 State Tr Num:
 State Status: Disapproved-Closed
 Co Tr Num:

 Implementation: On Approval
 Date Requested:
 Author(s): John Devaney, Deb Knowlton, Lisa Struz
 Reviewer(s): Stephanie Fowler (primary)
 Disposition Date: 01/29/2013
 Disposition Status: Disapproved
 Implementation Date:

 State Filing Description:

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Enhanced Preventive Benefits Rider
Project Name/Number: /B421

General Information

Project Name: Status of Filing in Domicile: Authorized
Project Number: B421 Date Approved in Domicile: 12/12/2012
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: 01/29/2013
State Status Changed: 01/29/2013
Deemer Date: Created By: Lisa Struz
Submitted By: Deb Knowlton Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Mutual Insurance Company – NAIC No. 367-80578; FEIN: 47-0270450
Individual Medicare Supplement
B421 – Enhanced Preventive Benefits Rider
P020AR-1 – Plan A Revised Schedule Page with B421
P025AR-1 – Plan F Revised Schedule Page with B421
P026AR-1 – Plan G Revised Schedule Page with B421
P027AR-1 – High Deductible Plan F Schedule Page with B421
P029AR-1 – Plan N Revised Schedule Page with B421
C029-AR1 – Outline of Coverage Cover Page
OC020-UNI1 – Outline of Coverage Plan A
OC025-UNI1 – Outline of Coverage Plan F
OC025-HDR1 – Outline of Coverage Plan F with High Deductible Premium Discount Rider
OC026-UNI1 – Outline of Coverage Plan G
OC027-UNI1 – Outline of Coverage High Deductible Plan F
OC029-UNI1 – Outline of Coverage Plan N
Actuarial Memorandum
Rates: B421-AR-010913

The above captioned forms and rates are enclosed for your review and approval. To the best of my knowledge, these forms comply with all applicable state statutes and regulations.

As set forth in Rule and Regulation 27 s 9.1 F., Rider B421 is a new innovative benefit rider that will be attached with all of our currently marketed Medicare Supplement Plans. The rider provides benefits for Preventive Health Care, Vision Testing and Hearing Loss Testing if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of the policy.

The B421 will be marketed through our Agency sales force.

Copies of the revised Schedule Pages are enclosed showing the addition of the B421. The Outline of Coverage Cover Page and each of the Outlines of Coverage have also been revised to reflect the addition of the B421.

The forms were approved in our state of domicile, Nebraska, on November 6, 2012. The rates were approved on December 12, 2012.

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We reserve the right to alter the format of the forms submitted without re-filing due to future technology changes, e.g. paper size, font, font type, line ending or page ending changes. Be assured that any minimum font-sized requirements will be met. Any changes to wording or content would be filed for approval.

Your early review and approval of this filing is greatly appreciated. If there is anything I can do to facilitate the review and approval, please contact me via SERFF, or at the e-mail address or phone number listed below.

Sincerely,

Lisa Struz
 Product Approval and Compliance Coordinator
 Voice: (402) 633-1658
 Fax: (402) 633-1096
 E-mail: lisa.struz@physiciansmutual.com

Company and Contact

Filing Contact Information

Lisa Struz, Compliance Coordinator lisa.struz@physiciansmutual.com
 2600 Dodge Street 402-633-1658 [Phone]
 Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska
 2600 Dodge Street Group Code: 367 Company Type:
 Omaha, NE 68131 Group Name: State ID Number:
 (402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: 1 Rider Form @ \$50.00 per form.
 Per Company: No

Company	Amount	Date Processed	Transaction #
Physicians Mutual Insurance Company	\$50.00	01/10/2013	66421450
Physicians Mutual Insurance Company	\$650.00	01/15/2013	66547839

SERFF Tracking #:

PHYS-128780888

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Physicians Mutual Insurance Company

TOI/Sub-TOI:

MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010

Product Name:

Enhanced Preventive Benefits Rider

Project Name/Number:

/B421

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	01/29/2013	01/29/2013

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	01/16/2013	01/16/2013

Response Letters

Responded By	Created On	Date Submitted
John Devaney	01/16/2013	01/16/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Additional Fees submitted	Note To Reviewer	Deb Knowlton	01/15/2013	01/15/2013
Additional Fees?	Note To Reviewer	Deb Knowlton	01/10/2013	01/10/2013

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010
Product Name: Enhanced Preventive Benefits Rider
Project Name/Number: /B421

Disposition

Disposition Date: 01/29/2013

Implementation Date:

Status: Disapproved

Comment: Due to the fact that these benefits would disrupt the standardization of the medicare supplement plans in Arkansas, we are unable to approve these forms for use.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Physicians Mutual Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		Yes
Form	ENHANCED PREVENTIVE BENEFITS RIDER		Yes
Form	PLAN A SCHEDULE PAGE		Yes
Form	PLAN F SCHEDULE PAGE		Yes
Form	PLAN G SCHEDULE PAGE		Yes
Form	HIGH DEDUCTIBLE PLAN F SCHEDULE PAGE		Yes
Form	PLAN N SCHEDULE PAGE		Yes
Form	OUTLINE OF COVERAGE COVER PAGE		Yes
Form	OUTLINE OF COVERAGE PLAN A		Yes
Form	OUTLINE OF COVERAGE PLAN F		Yes

SERFF Tracking #:

PHYS-128780888

State Tracking #:

Company Tracking #:

State:

Arkansas

Filing Company:

Physicians Mutual Insurance Company

TOI/Sub-TOI:

MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010

Product Name:

Enhanced Preventive Benefits Rider

Project Name/Number:

/B421

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	OUTLINE OF COVERAGE PLAN F WITH HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER		Yes
Form	OUTLINE OF COVERAGE PLAN G		Yes
Form	OUTLINE OF COVERAGE HIGH DEDUCTIBLE PLAN F		Yes
Form	OUTLINE OF COVERAGE PLAN N		Yes

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Enhanced Preventive Benefits Rider
Project Name/Number: /B421

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/16/2013
Submitted Date	01/16/2013
Respond By Date	02/18/2013

Dear Lisa Struz,

Introduction:

This will acknowledge receipt of the captioned filing.

Thank you for submitting the additional filing fees. I apologize that you did not receive a response to your initial question.

To aid in my review of this form, please advise of the status of this form in all states where filed. If disapproved, please advise the basis for such decision.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Stephanie Fowler

State: Arkansas **Filing Company:** Physicians Mutual Insurance Company
TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010
Product Name: Enhanced Preventive Benefits Rider
Project Name/Number: /B421

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/16/2013
Submitted Date	01/16/2013

Dear Stephanie Fowler,

Introduction:

This is in response to your Objection Letter. The information you requested is provided as follows:

Response 1

Comments:

1) After receipt of approval of the forms and rates from our domicile state of Nebraska, filings have been submitted in the following states: AL, AR, AZ, CA, CO, IL, IN, LA, MO, MS, NC, OH, OK, SC, SD, TX & WY.

2) The filing has been approved in AL & NE.

3) The filing was rejected in the following states:

- South Dakota disapproved the filing saying that they want to keep Medicare Supplement plans standardized. We are currently researching the South Dakota Medicare Supplement regulations regarding new or innovative benefits, and plan to contact the Insurance Department with the intention of resubmitting the filing.

- California withdrew our submission telling us that the filing isn't approvable because it compromises standardization in the plans. As with South Dakota, we are researching applicable CA regulations and plan to present a case to them in support of the rider being allowed as an approvable "new or innovative" benefit as stipulated the Medicare Supplement regulations.

4) Unless noted in 3), all other filings are pending with the other states listed above.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

John Devaney

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

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

Product Name: Enhanced Preventive Benefits Rider

Project Name/Number: /B421

Note To Reviewer

Created By:

Deb Knowlton on 01/15/2013 03:27 PM

Last Edited By:

Stephanie Fowler

Submitted On:

01/29/2013 04:00 PM

Subject:

Additional Fees submitted

Comments:

I didn't receive a response to my 1/10/13 Note to Reviewer, so I submitted \$50 for each form listed on the Form Schedule tab. I look forward to hearing from you soon.

State: Arkansas

Filing Company: Physicians Mutual Insurance Company

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

Product Name: Enhanced Preventive Benefits Rider

Project Name/Number: /B421

Note To Reviewer

Created By:

Deb Knowlton on 01/10/2013 12:06 PM

Last Edited By:

Stephanie Fowler

Submitted On:

01/29/2013 04:00 PM

Subject:

Additional Fees?

Comments:

Jennifer, I received a message that this filing is pending additional fees. Could you please clarify how much I need to submit in additional fees? I sent \$50 for the rider. Thanks!

State: Arkansas

Filing Company:

Physicians Mutual Insurance Company

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

Product Name: Enhanced Preventive Benefits Rider

Project Name/Number: /B421

Form Schedule

Lead Form Number: B421

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		ENHANCED PREVENTIVE BENEFITS RIDER	B421	POLA	Initial		46.400	B421.pdf
2		PLAN A SCHEDULE PAGE	P020AR-1	SCH	Initial		0.000	P020AR-1 Schedule.pdf
3		PLAN F SCHEDULE PAGE	P025AR-1	SCH	Initial		0.000	P025AR-1 Schedule.pdf
4		PLAN G SCHEDULE PAGE	P026AR-1	SCH	Initial		0.000	P026AR-1 Schedule.pdf
5		HIGH DEDUCTIBLE PLAN F SCHEDULE PAGE	P027AR-1	SCH	Initial		0.000	P027AR-1 Schedule.pdf
6		PLAN N SCHEDULE PAGE	P029AR-1	SCH	Initial		0.000	P029AR-1 Schedule.pdf
7		OUTLINE OF COVERAGE COVER PAGE	C029-AR1	OUT	Initial		0.000	C029-AR1.pdf
8		OUTLINE OF COVERAGE PLAN A	OC020-UNI1	OUT	Initial		0.000	OC020-UNI1.pdf
9		OUTLINE OF COVERAGE PLAN F	OC025-UNI1	OUT	Initial		0.000	OC025-UNI1.pdf

State: Arkansas

Filing Company:

Physicians Mutual Insurance Company

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

Product Name: Enhanced Preventive Benefits Rider

Project Name/Number: /B421

Lead Form Number: B421

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
10		OUTLINE OF COVERAGE PLAN F WITH HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER	OC025-HDR1	OUT	Initial		0.000	OC025-HDR1.pdf
11		OUTLINE OF COVERAGE PLAN G	OC026-UNI1	OUT	Initial		0.000	OC026-UNI1.pdf
12		OUTLINE OF COVERAGE HIGH DEDUCTIBLE PLAN F	OC027-UNI1	OUT	Initial		0.000	OC027-UNI1.pdf
13		OUTLINE OF COVERAGE PLAN N	OC029-UNI1	OUT	Initial		0.000	OC029-UNI1.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

ENHANCED PREVENTIVE BENEFITS RIDER

This Rider is made a part of the Policy to which it is attached. It is subject to all Policy provisions not in conflict with the provisions of this Rider. This Rider is effective on the effective date of Your Policy.

BENEFITS

We will pay the expenses incurred by You for Preventive Health Care services, Vision Testing, and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by You for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by You for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by You for Hearing Loss Testing are covered expenses.

If Your Policy has a High Deductible, benefits for Preventive Health Care, Vision Testing, and Hearing Loss Testing will not be subject to the High Deductible.

TERMINATION

This Rider can only be terminated upon termination of the Policy.

Physicians Mutual Insurance Company



President

SCHEDULE

PLAN A

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN A PAYS:

PART A BENEFITS -

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was
paying when benefits exhausted
(Maximum of 365 days)

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan A Medicare Supplement Policy.
See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

First three pints of blood

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and
hearing loss testing, subject to plan limitations]

SCHEDULE

PLAN F

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-Annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN F PAYS:

PART A BENEFITS -

Part A deductible amount per Medicare
Benefit Period

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was
paying when benefits exhausted
(Maximum of 365 days)

Co-insurance for Skilled Nursing
Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan F Medicare Supplement Policy.
See your Policy for complete descriptions of benefits.

PART B BENEFITS -

Part B deductible

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –
80% to a lifetime maximum of \$50,000

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and
hearing loss testing, subject to plan limitations but
not subject to any deductible]

HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER (B345):

Standard Plan F benefits are subject to the High Deductible

High Deductible for [2013]: [\$2,110.00] (Subject to change annually)

High Deductible Elimination Date: [01/01/2017]

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

SCHEDULE

PLAN G

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN G PAYS:

PART A BENEFITS -

Part A deductible amount per Medicare Benefit Period

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was paying when benefits exhausted
(Maximum of 365 days)

Co-insurance for Skilled Nursing Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan G Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –
80% to a lifetime maximum of \$50,000

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and hearing loss testing, subject to plan limitations]

SCHEDULE

HIGH DEDUCTIBLE PLAN F

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-Annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

The High Deductible amount for the year [2013] is [\$2,110.00]
This amount will be adjusted annually.

[Preventive health care services, vision testing, and hearing loss testing as covered under
Rider B421 are not subject to the High Deductible.]

High Deductible Plan F pays the following benefits after the High
Deductible has been met for the Calendar Year.

PART A BENEFITS -

Part A deductible amount per Medicare
Benefit Period

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was
paying when benefits exhausted
(Maximum of 365 days)

Co-insurance for Skilled Nursing
Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the High Deductible Plan F
Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Part B deductible

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –
80% to a lifetime maximum of \$50,000

SCHEDULE

PLAN N

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN N PAYS:

PART A BENEFITS -

Part A deductible amount per Medicare Benefit Period

Coinsurance – 61st to 90th day

Coinsurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was paying when benefits exhausted
(Maximum of 365 days)

Coinsurance for Skilled Nursing Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan N Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [the effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses, Subject to Medicare Part B deductible and Co-payments for:
office visits – up to [\$20.00]
emergency room visits – up to [\$50.00]

First three pints of blood

Foreign Travel Emergency medical benefits – 80% to a lifetime maximum of \$50,000

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and hearing loss testing, subject to plan limitations]

Physicians Mutual Insurance Company

Benefit Chart of Medicare Supplement Plans Sold For Effective Dates on or After June 1, 2010.

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan “A” available. Some plans may not be available in your state.

Basic Benefits:

- **Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood** - First three pints of blood each year. ● **Hospice** - Part A coinsurance.

[All Physicians Mutual Medicare Supplement plans provide innovative benefits not contained in standardized Medicare Supplement plans, including Preventive Health Care, Vision Testing and Hearing Loss Testing, subject to plan limitations.]

A	B	C	D	F	F*	F**	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*			Basic, including 100% Part B coinsurance	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, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$[20] copayment for office visit, and up to \$[50] copayment for ER			
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance			Skilled Nursing Facility Coinsurance				
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible			Part A Deductible				
		Part B Deductible		Part B Deductible							
				Part B Excess (100%)			Part B Excess (100%)	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
										Foreign Travel Emergency	Foreign Travel Emergency
								Out-of-Pocket limit \$[4,800]; paid at 100% after limit reached	Out-of-Pocket limit \$[2,400]; paid at 100% after limit reached		

*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,110] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses exceed \$[2,110]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan’s separate Foreign Travel Emergency deductible.

**A High Deductible Premium Discount Rider is also available to add to Plan F. The addition of this Rider will provide the same benefits as a standard High Deductible Plan F from the effective date of the policy until the Deductible Elimination Date as defined on the Policy Schedule. On or after the Deductible Elimination Date, the benefits provided will be standard Plan F benefits. If you terminate the rider prior to the Deductible Elimination Date, the benefits revert to standard Plan F benefits.

Automatic Rate Withdrawal Rates*
Zip Codes: 716-718, 723-729

Non-Tobacco Rates							Tobacco Rates						
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N
65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

Automatic Rate Withdrawal Rates*
Zip Codes: 719-721

Non-Tobacco Rates							Tobacco Rates						
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N
65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

Automatic Rate Withdrawal Rates*
Zip Code: 722

Non-Tobacco Rates							Tobacco Rates						
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N
65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

To calculate monthly premiums, first apply all discounts and then add \$5.00 to the A.B.W. premium. For other modes, first apply all discounts and then multiply the A.B.W. premium by the following factors: Annual-12, Semi-annual-6, Quarterly-3.

* See Premium Information regarding Discounts for LTC, Annuity and Household discounts.

** Rider is the High Deductible Premium Discount Rider, an optional rider only available with Plan F.

PREMIUM INFORMATION

We, Physicians Mutual Insurance Company, can only raise your premium if we raise the premium for all policies of this form and class in your state, or if you no longer qualify for a premium discount. Premiums never increase because of age, but can receive increases to cover changes in Medicare benefits and inflation.

LTC, ANNUITY, AND HOUSEHOLD DISCOUNTS

We provide a discount off your Medicare Supplement premium if you own a Long-Term Care policy or an Annuity from Physicians Mutual or Physicians Life Insurance Company that meets our requirements. The discount for your Medicare Supplement policy is 10% for Long-Term Care and 5% for an Annuity. If you reside with another person who owns a Medicare Supplement policy with Physicians Mutual or Physicians Life, we will provide you a \$5.00 per month Household discount off your Medicare Supplement premium. All discounts are applied prior to adding \$5.00 for monthly direct premiums if you select this mode. All these discounts may be used in conjunction with each other. The discounts will be removed if you no longer meet our requirements.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Physicians Mutual, 2600 Dodge Street, Omaha, NE 68131. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither Physicians Mutual nor its insurance producers are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

**PHYSICIANS MUTUAL INSURANCE COMPANY
MEDICARE SUPPLEMENT
OUTLINE OF COVERAGE**

P-020 Series

PLAN A

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\$1,156]	\$0	[\$1,156] (Part A Deductible)
61st thru 90th day	All but [\$289] a day	[\$289] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but [\$578] a day	[\$578] a day	\$0
Once lifetime reserve days are used:		100% of Medicare	
- Additional 365 days	\$0	Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\$144.50] a day	\$0	Up to [\$144.50] a day
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints	\$0	All Costs	\$0
Next [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN A

[PREVENTIVE HEALTH CARE, VISION TESTING, HEARING LOSS TESTING

We will pay the expenses incurred by you for Preventive Health Care services, Vision Testing and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by you for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by you for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by you for Hearing Loss Testing are covered expenses.]

PLAN F

PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\$1,156]	[\$1,156] (Part A Deductible)	\$0
61st thru 90th day	All but [\$289] a day	[\$289] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but [\$578] a day	[\$578] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\$144.50] a day	Up to [\$144.50] a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.			
	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All Costs	\$0
Next [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN F

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

[PREVENTIVE HEALTH CARE, VISION TESTING, HEARING LOSS TESTING

We will pay the expenses incurred by you for Preventive Health Care services, Vision Testing and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by you for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by you for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by you for Hearing Loss Testing are covered expenses.]

**PLAN F WITH HIGH
DEDUCTIBLE PREMIUM
DISCOUNT RIDER**

**PHYSICIANS MUTUAL INSURANCE COMPANY
MEDICARE SUPPLEMENT
OUTLINE OF COVERAGE**

P-020 Series

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

****This Plan F with the High Deductible Premium Discount Rider pays the same benefits as standard Plan F after one has first paid a calendar year deductible ([\\$2,070] in [2012], subject to change annually). Benefits will not begin until out-of-pocket expenses meet the deductible. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible. On or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero. Also, if you terminate the rider prior to the Deductible Elimination Date, the calendar year deductible is zero.**

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\\$1,156]	[\$1,156] (Part A Deductible)	\$0
61st thru 90th day	All but [\\$289] a day	[\$289] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but [\\$578] a day	[\$578] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
- Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\\$144.50] a day	Up to [\\$144.50] a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0

*****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

**PLAN F WITH HIGH
DEDUCTIBLE PREMIUM
DISCOUNT RIDER**

PART A Continued

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**This Plan F with the High Deductible Premium Discount Rider pays the same benefits as standard Plan F after one has first paid a calendar year deductible ([\$2,070] in [2012], subject to change annually). Benefits will not begin until out-of-pocket expenses meet the deductible. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible. On or after the Deductible Elimination Date as defined on the Policy Schedule, the calendar year deductible is zero. Also, if you terminate the rider prior to the Deductible Elimination Date, the calendar year deductible is zero.

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge (Above Medicare Approved Amounts)	\$0	100%	\$0

**PLAN F WITH HIGH
DEDUCTIBLE PREMIUM
DISCOUNT RIDER**

PART B Continued

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
BLOOD First 3 pints	\$0	All Costs	\$0
Next [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

**PLAN F WITH HIGH
DEDUCTIBLE PREMIUM
DISCOUNT RIDER**

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY CALENDAR YEAR DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO CALENDAR YEAR DEDUCTIBLE,** YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

[PREVENTIVE HEALTH CARE, VISION TESTING, HEARING LOSS TESTING

We will pay the expenses incurred by you for Preventive Health Care services, Vision Testing and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by you for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by you for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by you for Hearing Loss Testing are covered expenses.

Benefits for Preventive Health Care, Vision Testing and Hearing Loss Test will not be subject to the High Deductible.]

PLAN G

PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\$1,156]	[\$1,156] (Part A Deductible)	\$0
61st thru 90th day	All but [\$289] a day	[\$289] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but [\$578] a day	[\$578] a day	\$0
Once lifetime reserve days are used:		100% of Medicare	
- Additional 365 days	\$0	Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\$144.50] a day	Up to [\$144.50] a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All Costs	\$0
Next [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

PLAN G

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

[PREVENTIVE HEALTH CARE, VISION TESTING, HEARING LOSS TESTING

We will pay the expenses incurred by you for Preventive Health Care services, Vision Testing and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by you for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by you for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by you for Hearing Loss Testing are covered expenses.]

**HIGH DEDUCTIBLE
PLAN F**

**PHYSICIANS MUTUAL INSURANCE COMPANY
MEDICARE SUPPLEMENT
OUTLINE OF COVERAGE**

P-020 Series

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**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]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO [\$2,070] DEDUCTIBLE,** YOU PAY
HOSPITALIZATION* Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\$1,156]	[\$1,156] (Part A Deductible)	\$0
61st thru 90th day	All but [\$289] a day	[\$289] a day	\$0
91st day and after - While using 60 lifetime reserve days	All but [\$578] a day	[\$578] a day	\$0
Once lifetime reserve days are used: - Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
- Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE* You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\$144.50] a day	Up to [\$144.50] a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

HIGH DEDUCTIBLE PLAN F

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**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]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO [\$2,070] DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment, First [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	Generally 80%	Generally 20%	\$0
Part B Excess Charge (Above Medicare Approved Amounts)	\$0	100%	\$0
BLOOD First 3 pints	\$0	All Costs	\$0
Next [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

**HIGH DEDUCTIBLE
PLAN F**

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO [\$2,070] DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	[\$140] (Part B Deductible)	\$0
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	AFTER YOU PAY [\$2,070] DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO [\$2,070] DEDUCTIBLE,** YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

HIGH DEDUCTIBLE PLAN F

[PREVENTIVE HEALTH CARE, VISION TESTING, HEARING LOSS TESTING

We will pay the expenses incurred by you for Preventive Health Care services, Vision Testing and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by you for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by you for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by you for Hearing Loss Testing are covered expenses.

Benefits for Preventive Health Care, Vision Testing and Hearing Loss Test will not be subject to the High Deductible.]

PLAN N

PHYSICIANS MUTUAL INSURANCE COMPANY MEDICARE SUPPLEMENT OUTLINE OF COVERAGE

P-020 Series

MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but [\$1,156]	[\$1,156] (Part A Deductible)	\$0
61st thru 90th day	All but [\$289] a day	[\$289] a day	\$0
91st day and after			
- While using 60 lifetime reserve days	All but [\$578] a day	[\$578] a day	\$0
Once lifetime reserve days are used:		100% of Medicare	
- Additional 365 days	\$0	Eligible Expenses	\$0**
- Beyond the Additional 365 days	\$0	\$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but [\$144.50] a day	Up to [\$144.50] a day	\$0
101st day and after	\$0	\$0	All Costs
BLOOD			
First 3 pints	\$0	3 pints	\$0
Additional Amounts	100%	\$0	\$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	\$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN N

MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed [\$140] of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT , such as Physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	Generally 80%	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.	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.
Part B Excess Charges (Above Medicare Approved Amounts)	\$0	\$0	All Costs
BLOOD First 3 pints	\$0	All Costs	\$0
Next [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

PLAN N

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE APPROVED SERVICES -Medically necessary skilled care services and medical supplies	100%	\$0	\$0
-Durable medical equipment First [\$140] of Medicare Approved Amounts*	\$0	\$0	[\$140] (Part B Deductible)
Remainder of Medicare Approved Amounts	80%	20%	\$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE Medically necessary emergency care services beginning during the first 60 days of each trip outside the U.S.A. First \$250 each calendar year	\$0	\$0	\$250
Remainder of Charges	\$0	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

PLAN N

[PREVENTIVE HEALTH CARE, VISION TESTING, HEARING LOSS TESTING

We will pay the expenses incurred by you for Preventive Health Care services, Vision Testing and Hearing Loss Testing as defined below, if such expenses are determined to be medically appropriate by an attending physician and such expenses are not paid for by Medicare or any other provision of this policy.

Preventive Health Care: Expenses incurred by you for health care services to prevent or detect illness at an early stage, prior to the development of any symptoms, and subject to the following exclusions:

1. Dental services defined by American Dental Association Current Dental Terminology (CDT) codes;
2. Chiropractic services, acupuncture and acupressure services;
3. Weight loss treatment of any type;
4. Prescription drugs or over-the-counter drugs or supplements;
5. Experimental preventive services.

Vision Testing: Expenses incurred by you for Vision Testing listed below are covered expenses:

1. Routine eye examinations, including determination of refractive state;
2. Routine glaucoma screenings, including visual field examinations.

Hearing Loss Testing: Expenses incurred by you for Hearing Loss Testing are covered expenses.]

SERFF Tracking #:

PHYS-128780888

State Tracking #:

Company Tracking #:

State: Arkansas

Filing Company:

Physicians Mutual Insurance Company

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

Product Name: Enhanced Preventive Benefits Rider

Project Name/Number: /B421

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing: N/A

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Physicians Mutual Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

PHYS-128780888

State Tracking #:**Company Tracking #:****State:**

Arkansas

Filing Company:

Physicians Mutual Insurance Company

TOI/Sub-TOI:

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

Product Name:

Enhanced Preventive Benefits Rider

Project Name/Number:

/B421

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
B421 ReadCert.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Application		
Comments:	A2010T-AR, Medicare Supplement Application approved 8/12/2009, SERFF Tracking #PHYS-126220183.		

		Item Status:	Status Date:
Satisfied - Item:	Outline of Coverage		
Comments:	The Cover Page and Outlines of Coverage are attached here, as well as on the Forms Schedule tab.		
Attachment(s):			
C029-AR1.pdf			
P020AR-1 Schedule.pdf			
P025AR-1 Schedule.pdf			
P026AR-1 Schedule.pdf			
P027AR-1 Schedule.pdf			
P029AR-1 Schedule.pdf			

PHYSICIANS MUTUAL INSURANCE COMPANY

OMAHA, NEBRASKA

Certification of Flesch

These form(s) have the following Flesch Readability Scores:

<u>Form</u>	<u>Flesch Score</u>
B421	46.4

The entire form was analyzed.

The following was excluded in the text: name and address of the insurer; name, number and title of the form; captions and subcaptions; medical terminology; defined terms.



David P. Woods
Assistant Vice President, Compliance Officer
Government & Industry

December 27, 2012
Date

Physicians Mutual Insurance Company

Benefit Chart of Medicare Supplement Plans Sold For Effective Dates on or After June 1, 2010.

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan "A" available. Some plans may not be available in your state.

Basic Benefits:

- **Hospitalization** - Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.
- **Medical Expenses** - Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L, and N require insureds to pay a portion of Part B coinsurance or copayments.
- **Blood** - First three pints of blood each year. ● **Hospice** - Part A coinsurance.

[All Physicians Mutual Medicare Supplement plans provide innovative benefits not contained in standardized Medicare Supplement plans, including Preventive Health Care, Vision Testing and Hearing Loss Testing, subject to plan limitations.]

A	B	C	D	F	F*	F**	G	K	L	M	N
Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance*			Basic, including 100% Part B coinsurance	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, including 100% Part B coinsurance	Basic, including 100% Part B coinsurance, except up to \$[20] copayment for office visit, and up to \$[50] copayment for ER
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance					
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
		Part B Deductible		Part B Deductible		Part B Excess (100%)	Part B Excess (100%)				
				Part B Excess (100%)		Part B Excess (100%)	Part B Excess (100%)	50% Part A Deductible	75% Part A Deductible	50% Part A Deductible	Part A Deductible
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency			Foreign Travel Emergency	Foreign Travel Emergency
<p>*Plan F also has an option called a high deductible plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year \$[2,110] deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses exceed \$[2,110]. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate Foreign Travel Emergency deductible.</p>								Out-of-Pocket limit \$[4,800]; paid at 100% after limit reached	Out-of-Pocket limit \$[2,400]; paid at 100% after limit reached		

****A High Deductible Premium Discount Rider is also available to add to Plan F. The addition of this Rider will provide the same benefits as a standard High Deductible Plan F from the effective date of the policy until the Deductible Elimination Date as defined on the Policy Schedule. On or after the Deductible Elimination Date, the benefits provided will be standard Plan F benefits. If you terminate the rider prior to the Deductible Elimination Date, the benefits revert to standard Plan F benefits.**

Automatic Rate Withdrawal Rates*
Zip Codes: 716-718, 723-729

Non-Tobacco Rates							Tobacco Rates						
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N
65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

Automatic Rate Withdrawal Rates*
Zip Codes: 719-721

Non-Tobacco Rates							Tobacco Rates						
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N
65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

Automatic Rate Withdrawal Rates*
Zip Code: 722

Non-Tobacco Rates							Tobacco Rates						
Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N	Age	Plan A	Plan F	Plan F w/Rider**	High Ded. Plan F	Plan G	Plan N
65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	65-99	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]	[\$XX.XX]

To calculate monthly premiums, first apply all discounts and then add \$5.00 to the A.B.W. premium. For other modes, first apply all discounts and then multiply the A.B.W. premium by the following factors: Annual-12, Semi-annual-6, Quarterly-3.

* See Premium Information regarding Discounts for LTC, Annuity and Household discounts.

** Rider is the High Deductible Premium Discount Rider, an optional rider only available with Plan F.

PREMIUM INFORMATION

We, Physicians Mutual Insurance Company, can only raise your premium if we raise the premium for all policies of this form and class in your state, or if you no longer qualify for a premium discount. Premiums never increase because of age, but can receive increases to cover changes in Medicare benefits and inflation.

LTC, ANNUITY, AND HOUSEHOLD DISCOUNTS

We provide a discount off your Medicare Supplement premium if you own a Long-Term Care policy or an Annuity from Physicians Mutual or Physicians Life Insurance Company that meets our requirements. The discount for your Medicare Supplement policy is 10% for Long-Term Care and 5% for an Annuity. If you reside with another person who owns a Medicare Supplement policy with Physicians Mutual or Physicians Life, we will provide you a \$5.00 per month Household discount off your Medicare Supplement premium. All discounts are applied prior to adding \$5.00 for monthly direct premiums if you select this mode. All these discounts may be used in conjunction with each other. The discounts will be removed if you no longer meet our requirements.

DISCLOSURES

Use this outline to compare benefits and premiums among policies.

READ YOUR POLICY VERY CAREFULLY

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

If you find that you are not satisfied with your policy, you may return it to Physicians Mutual, 2600 Dodge Street, Omaha, NE 68131. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

This policy may not fully cover all of your medical costs. Neither Physicians Mutual nor its insurance producers are connected with Medicare. This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult *Medicare and You* for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The Company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. Review the application carefully before you sign it. Be certain that all information has been properly recorded.

SCHEDULE

PLAN A

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN A PAYS:

PART A BENEFITS -

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was
paying when benefits exhausted
(Maximum of 365 days)

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan A Medicare Supplement Policy.
See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

First three pints of blood

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and
hearing loss testing, subject to plan limitations]

SCHEDULE

PLAN F

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-Annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN F PAYS:

PART A BENEFITS -

Part A deductible amount per Medicare
Benefit Period

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was
paying when benefits exhausted
(Maximum of 365 days)

Co-insurance for Skilled Nursing
Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan F Medicare Supplement Policy.
See your Policy for complete descriptions of benefits.

PART B BENEFITS -

Part B deductible

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –
80% to a lifetime maximum of \$50,000

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and
hearing loss testing, subject to plan limitations but
not subject to any deductible]

HIGH DEDUCTIBLE PREMIUM DISCOUNT RIDER (B345):

Standard Plan F benefits are subject to the High Deductible

High Deductible for [2013]: [\$2,110.00] (Subject to change annually)

High Deductible Elimination Date: [01/01/2017]

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

SCHEDULE

PLAN G

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN G PAYS:

PART A BENEFITS -

Part A deductible amount per Medicare Benefit Period

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was paying when benefits exhausted
(Maximum of 365 days)

Co-insurance for Skilled Nursing Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan G Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –
80% to a lifetime maximum of \$50,000

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and hearing loss testing, subject to plan limitations]

SCHEDULE

HIGH DEDUCTIBLE PLAN F

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-Annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

The High Deductible amount for the year [2013] is [\$2,110.00]
This amount will be adjusted annually.

[Preventive health care services, vision testing, and hearing loss testing as covered under Rider B421 are not subject to the High Deductible.]

High Deductible Plan F pays the following benefits after the High Deductible has been met for the Calendar Year.

PART A BENEFITS -

Part A deductible amount per Medicare
Benefit Period

Co-insurance – 61st to 90th day

Co-insurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was
paying when benefits exhausted
(Maximum of 365 days)

Co-insurance for Skilled Nursing
Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the High Deductible Plan F Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [The effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Part B deductible

Generally 20% of Medicare Eligible Expenses
(Subject to Medicare Part B deductible)

100% of the Medicare Part B Excess Charges

First three pints of blood

Foreign Travel Emergency medical benefits –
80% to a lifetime maximum of \$50,000

SCHEDULE

PLAN N

999-9999-99999-99999

Policy Number	XXX-XXX-XXX-X	Insured – John	Age XX
Effective Date	02/01/2013		
First Renewal Date	03/01/2013		
First Premium	\$X,XXX.XX		

		Renewal Premium
Name of Insured:	*ABW	\$XXX.XX
	*Monthly	\$XXX.XX
	*Quarterly	\$X,XXX.XX
John Q. Doe	*Semi-annual	\$X,XXX.XX
	*Annual	\$X,XXX.XX

PLAN N PAYS:

PART A BENEFITS -

Part A deductible amount per Medicare Benefit Period

Coinsurance – 61st to 90th day

Coinsurance – 91st to 150th day
(Lifetime reserve days)

Pays the same benefits that Medicare was paying when benefits exhausted
(Maximum of 365 days)

Coinsurance for Skilled Nursing Facility Care – 21st to 100th day

First three pints of blood

Hospice Care cost sharing

These are just brief descriptions of the benefits payable under the Plan N Medicare Supplement Policy. See your Policy for complete descriptions of benefits.

The information shown on this schedule is current as of [the effective date shown above.]

*Subject to premium changes provision.

PART B BENEFITS -

Generally 20% of Medicare Eligible Expenses, Subject to Medicare Part B deductible and Co-payments for:
office visits – up to [\$20.00]
emergency room visits – up to [\$50.00]

First three pints of blood

Foreign Travel Emergency medical benefits – 80% to a lifetime maximum of \$50,000

[OTHER BENEFITS – B421

Preventive health care services, vision testing, and hearing loss testing, subject to plan limitations]