

**State:** Arkansas **Filing Company:** USAA Life Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010  
**Product Name:** Medicare Supplement - Plan N  
**Project Name/Number:** Medicare Supplement - Plan N/

## Filing at a Glance

Company: USAA Life Insurance Company  
Product Name: Medicare Supplement - Plan N  
State: Arkansas  
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010  
Sub-TOI: MS08I.011 Plan N 2010  
Filing Type: Form/Rate  
Date Submitted: 12/06/2012  
SERFF Tr Num: UNSA-128664592  
SERFF Status: Closed-Approved-Closed  
State Tr Num:  
State Status: Approved-Closed  
Co Tr Num: AR1215633  
  
Implementation: 03/01/2013  
Date Requested:  
Author(s): Debbie Mann, Susan Markey, Rosanna Tenorio  
Reviewer(s): Stephanie Fowler (primary)  
Disposition Date: 01/03/2013  
Disposition Status: Approved-Closed  
Implementation Date:  
  
State Filing Description:

State: Arkansas Filing Company: USAA Life Insurance Company  
 TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010  
 Product Name: Medicare Supplement - Plan N  
 Project Name/Number: Medicare Supplement - Plan N/

**General Information**

Project Name: Medicare Supplement - Plan N Status of Filing in Domicile: Authorized  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments: Texas specific forms, rates approved 11/05/2012  
 Explanation for Combination/Other: Market Type: Individual  
 Submission Type: New Submission Individual Market Type:  
 Overall Rate Impact: Filing Status Changed: 01/03/2013  
 State Status Changed: 01/03/2013  
 Deemer Date: Created By: Debbie Mann  
 Submitted By: Susan Markey Corresponding Filing Tracking Number:

Filing Description:  
 RE: USAA Life Insurance Company / NAIC # 200-69663 / FEIN#74-147662  
 Individual Medicare Supplement Insurance – Plan N  
 Form/Rate Filing

Form Number	/	Description	/	New or Replaces
MSM97619AR 08-12	/	Medicare Supplement Insurance Policy – Plan N	/	New
MSM93738AR 08-12	/	Outline of Coverage	/	Replaces MSM93738AR 06-10 (approved 01/25/2010, under UNSA-126278099)

The above captioned forms are enclosed for your review and approval. USAA Life Insurance Company is submitting this filing package in order to expand our Medicare Supplement product line by adding Plan N. The Plan N contract is new and does not replace any previously approved contract. We currently offer Plans A and F in Arkansas.

We are also submitting rates, actuarial memorandum, and supporting documents for Plan N.

Plan N will be used with other current required and previously approved forms, such as application and replacement notice.

Summary of Forms

1. New: Plan N Policy, MSM97619AR 08-12
  - The policy provisions are identical to our Plan F policy previously approved by your department (approved 01/25/2010, under UNSA-126278099) except for the “BENEFITS” provision which is different for Plan N.
    - Under “Basic Benefits, 2. Benefits Supplementing Medicare Part B (Medical Insurance)” we have added text describing Plan N coverage.
    - The schedule pages, Contract Data Schedule and Premium Schedule, are modified only to show Plan N form number(s) and policy copayment amounts.
2. Revised: Outline of Coverage MSM93738AR 08-12
  - The modifications to the Outline of Coverage reflect only the addition of Plan N rates and benefits.

Variability

**State:** Arkansas **Filing Company:** USAA Life Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010  
**Product Name:** Medicare Supplement - Plan N  
**Project Name/Number:** Medicare Supplement - Plan N/

We have marked certain items on the submitted Plan N forms with brackets to show that the values or wording inside the brackets are subject to change. We have enclosed a Statement of Variability to explain those potential changes. All variable items previously approved by your department will continue to be used.

**Marketing Method**

We use captive, salaried and licensed agents who interact with consumers primarily by telephone, email or internet.

**Underwriting**

We use simplified underwriting where it is permissible. There is no underwriting for applicants who are in the open enrollment period, or eligible for guaranteed issue rights in accordance with federal law and South Dakota regulations. Our policies do not contain, and we do not apply any preexisting condition limitation on our Medicare supplement plans.

**Application**

We will be using application MSM93637AR 06-10, approved 01/25/2010, under UNSA-126278099.

**Company and Contact**

**Filing Contact Information**

Debbie Mann, Compliance Analyst                      debbie.mann@usaa.com  
 9800 Fredericksburg Road                              800-531-8000 [Phone] 86803 [Ext]  
 B-1-E, Operations Compliance                      210-498-6675 [FAX]  
 47195  
 San Antonio, TX 78288

**Filing Company Information**

USAA Life Insurance Company	CoCode: 69663	State of Domicile: Texas
9800 Fredericksburg Road	Group Code: 200	Company Type: Life
San Antonio, TX 78288	Group Name:	State ID Number:
(800) 531-8000 ext. [Phone]	FEIN Number: 74-1472662	

**Filing Fees**

Fee Required?                      Yes  
 Fee Amount:                      \$150.00  
 Retaliatory?                      No  
 Fee Explanation:                      1 contract \$50  
    1 rate \$50  
    1 form \$50  
 Per Company:                      No

Company	Amount	Date Processed	Transaction #
USAA Life Insurance Company	\$150.00	12/06/2012	65499847

SERFF Tracking #:

UNSA-128664592

State Tracking #:

Company Tracking #:

AR1215633

State:

Arkansas

Filing Company:

USAA Life Insurance Company

TOI/Sub-TOI:

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010

Product Name:

Medicare Supplement - Plan N

Project Name/Number:

Medicare Supplement - Plan N/

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	01/03/2013	01/03/2013

**State:** Arkansas **Filing Company:** USAA Life Insurance Company  
**TOI/Sub-TOI:** MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010  
**Product Name:** Medicare Supplement - Plan N  
**Project Name/Number:** Medicare Supplement - Plan N/

## Disposition

Disposition Date: 01/03/2013

Implementation Date:

Status: Approved-Closed

Comment:

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):
USAA Life 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	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	MEDICARE SUPPLEMENT INSURANCE -- PLAN N	Approved-Closed	Yes
Form	Outline of Medicare Supplement Coverage	Approved-Closed	Yes
Rate	Medicare Supplement Rates - Plan N	Approved-Closed	Yes

State: Arkansas

Filing Company:

USAA Life Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010

Product Name: Medicare Supplement - Plan N

Project Name/Number: Medicare Supplement - Plan N/

## 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	Approved-Closed 01/03/2013	MEDICARE SUPPLEMENT INSURANCE -- PLAN N	MSM97619 AR 08-12	POL	Initial			52.000	MSM97619AR 08-12.pdf
2	Approved-Closed 01/03/2013	Outline of Medicare Supplement Coverage	MSM93738 AR 08-12	OUT	Revised	Previous Filing Number: UNSA- 126278099	Replaced Form Number: MSM93738AR 06-10	48.000	MSM93738AR 08-12.pdf

### Form Type Legend:

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



9800 Fredericksburg Road  
San Antonio, Texas 78288

**USAA LIFE INSURANCE COMPANY**  
(A Stock Company)

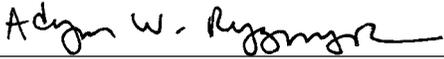
**MEDICARE SUPPLEMENT INSURANCE -- PLAN N**

This policy is issued in consideration of the application and payment of the premiums as provided.

This Medicare Supplement insurance policy is a legal contract between the Owner and the Company. **READ YOUR POLICY CAREFULLY.** Its terms are contained on this page and those which follow. **See INDEX on Page 2 and DEFINITIONS on Page 5.**

Signed for the Company.

  
\_\_\_\_\_  
Jeff Nordstrom  
President

  
\_\_\_\_\_  
Adym W. Rygmyr  
Secretary

**NOTICE:**  
This Notice is to advise you that should any questions arise regarding this insurance, you may contact the following:

Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 72201  
1-800-852-5494

OR  
USAA Life Insurance Company  
9800 Fredericksburg Road  
San Antonio, Texas 78288  
1-800-292-8556.

**IMPORTANT NOTICE**

You have 30 days to look over this policy. If you return it within 30 days of receipt, we will give your money back. The policy will then be void, as if it had never been issued.

**GUARANTEED RENEWABLE**

We guarantee to renew this policy during your lifetime. This renewal guarantee is subject to the payment of the renewal premium by the due date or within the 31-day grace period. Renewal premiums will be those premiums under our current table of premium rates in effect on the due date of the renewal premium.

THIS POLICY IS SUBJECT TO OUR RIGHT TO CHANGE PREMIUMS

We will not change the premium unless we change the premium for all Insureds in the same premium class. (See the **Adjustment of Premiums** provision in the **PREMIUMS** section for details.)

**NOTICE TO BUYER: THIS POLICY MAY NOT COVER ALL OF YOUR MEDICAL EXPENSES.**

---

## INDEX

	Page		Page
<b>BENEFITS</b> .....	<b>7-9</b>	<b>PREMIUM SCHEDULE</b> .....	<b>4</b>
Basic Benefits .....	7-8	<b>PREMIUMS</b> .....	<b>10-11</b>
Additional Benefits .....	8-9	Premium Payments .....	10
Changes to Benefits .....	9	Adjustment of Premiums .....	10
Exclusions .....	9	Frequency of Premium Payments .....	11
<b>CLAIMS</b> .....	<b>9-10</b>	Grace Period .....	11
Claim Forms .....	9	Refund of Unearned Premium .....	11
Claim Submission .....	9	<b>REINSTATEMENT</b> .....	<b>11</b>
Payment of Benefits .....	10	Reinstatement Requirements .....	11
Physical Examinations .....	10	Effective Date of Reinstatement .....	11
Time of Payment .....	10	Coverage After Reinstatement .....	11
Legal Actions .....	10	<b>SUSPENSION OF COVERAGE</b> .....	<b>12</b>
<b>CONTRACT DATA SCHEDULE</b> .....	<b>3</b>	Suspension Due to Medicaid Eligibility .....	12
<b>DEFINITIONS</b> .....	<b>5</b>	Suspension Due to Group Health Coverage .....	12
<b>GENERAL PROVISIONS</b> .....	<b>6-7</b>		
Assignment .....	6		
Choice of Law .....	6		
Eligibility .....	6		
Entire Contract .....	6		
Incontestability .....	6		
Misstatement of Age .....	6		
Notice and Waiver .....	6		
Payments .....	6		
Periods of Insurance .....	6		
Representations .....	7		
Termination of Policy .....	7		

Any endorsements, restrictions, riders, or additional benefits follow Page 12.

## CONTRACT DATA SCHEDULE

USAA NUMBER - [1234 56 78]

POLICY NUMBER - [W1234567890]

POLICY EFFECTIVE DATE - [AUGUST 1, 2013]

INSURED - [JOHN DOE]

DATE OF BIRTH - [MAY 15, 1948]

AGE - [65]

GENDER - [MALE,FEMALE]

SMOKER - [No, Yes, N/A]

POLICYOWNER - [JOHN M. DOE]

FORM NUMBERS	DESCRIPTION
[MSM97619AR 08-12]	[MEDICARE SUPPLEMENT PLAN N]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT PLAN ENDORSEMENT]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT PLAN ENDORSEMENT]
[MSMXXXXXX XXXX]	[MEDICARE SUPPLEMENT PLAN ENDORSEMENT]

# PREMIUM SCHEDULE

USAA NUMBER - [1234 56 78]

POLICY NUMBER - [W1234567890]

## INITIAL PREMIUM:

QUARTERLY

[ \$257.28]

MONTHLY  
(AUTOMATIC PAYMENT PLAN)

[\$85.97]

CURRENT FREQUENCY  
OF PAYMENT

[MONTHLY APP]

## POLICY COPAYMENT AMOUNTS:

Other Provider Part B Visits: [\$20]

Hospital Emergency Room Visits: [\$50]

## PREMIUM CLASS:

[Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form. ]

## PREMIUM AGE BRACKET:

[Premium Age Brackets for this insurance are: Age 65 and over.]

ADJUSTMENT OF PREMIUM NOTICE PERIOD – [30] DAYS

---

## DEFINITIONS

<b>Adjustment of Premium Notice Period</b>	The amount of notice we will provide for change in the premium. It is shown on the <b>PREMIUM SCHEDULE</b> page.
<b>Benefit Period</b>	A Benefit Period as determined by Medicare and described below. <ol style="list-style-type: none"><li>1. Medicare Part A Benefit Period - A Benefit Period that starts the first time the Insured enters a Hospital after the Insured's Medicare Part A insurance begins. That Benefit Period ends when, for 60 days in a row, the Insured has been out of a Hospital or other facility that primarily provides skilled nursing or rehabilitation services. A new Benefit Period would start the next time the Insured goes into a Hospital.</li><li>2. Medicare Part B Benefit Period - The calendar year (January 1 through December 31).</li></ol>
<b>Confined, Confinement</b>	Being a patient for at least one 24-hour day in a Hospital or Skilled Nursing Facility.
<b>Hospital</b>	An institution that provides care for which Medicare pays Hospital benefits.
<b>Insured</b>	The person insured under this policy, as shown on the <b>CONTRACT DATA SCHEDULE</b> page.
<b>Medicare</b>	The Health Insurance for the Aged Act, Title XVIII of the Social Security Act of 1965, as then passed and later amended, and any rules and regulations authorized by the Act.
<b>Medicare Approved Charges, Medicare Eligible Expenses</b>	Expenses of the kinds covered by Medicare Parts A and B, to the extent recognized as reasonable and medically necessary by Medicare, even if less than the actual charges.
<b>Medicare Part A Deductible</b>	The amount Medicare does not pay during the first 60 days of Confinement in a Medicare Part A Benefit Period.
<b>Medicare Part B Deductible</b>	The initial amount Medicare does not pay each calendar year for Part B expenses.
<b>Physician</b>	A physician or surgeon, or any other health care provider who is legally licensed and recognized by Medicare.
<b>Policy Effective Date</b>	The date the policy is first issued to you. It is also the date the Insured's insurance coverage starts. It is shown on the <b>CONTRACT DATA SCHEDULE</b> page.
<b>Owner</b>	The person shown on the <b>CONTRACT DATA SCHEDULE</b> page and entitled to ownership rights stated in this policy.
<b>Skilled Nursing Facility</b>	An institution that provides skilled nursing care for which Medicare pays benefits.
<b>United States</b>	All 50 states; the District of Columbia; Puerto Rico; the U.S. Virgin Islands; Guam; American Samoa; and the Northern Mariana Islands.
<b>We, Our, Us, Company</b>	USAA Life Insurance Company.
<b>Written Request</b>	A request written to us and received by us, including an electronic request. That request must be signed, dated, and notarized (if required by the form) on a form satisfactory to us or provided by us.
<b>You, Your</b>	The Owner.

---

## GENERAL PROVISIONS

- Assignment** Only you or the Insured may assign the benefits of this policy and then only to the Physician, care provider, or institution providing the care for which benefits are paid.
- We will not be responsible for the validity or sufficiency of any assignment. To be binding on us, an executed assignment must be by Written Request.
- Choice of Law** This policy will be governed by the laws of the state in which it is delivered.
- Eligibility** The Insured must be age 65 or over and must have both Parts A and B of Medicare. A person who is less than age 65 may be insured if the person is eligible for Medicare because of disability and we are required by law to provide coverage. This person must have both Parts A and B of Medicare to be an Insured.
- Coverage starts on the Policy Effective Date shown on the **CONTRACT DATA SCHEDULE** page.
- Entire Contract** The entire contract consists of:
1. This policy; and
  2. Any application (including supplemental or reinstatement applications), amendment, benefit schedule, rider, endorsement, or revised **CONTRACT DATA SCHEDULE or PREMIUM SCHEDULE** page(s) which are attached or mailed to your last known address.
- Only an officer of the Company can agree to change or waive any provisions which are part of the entire contract. The change or waiver must be in writing.
- Incontestability** We will not contest this policy based on statements made in an application after this policy has been in effect during the Insured's lifetime for 2 years from the Effective Date. We can contest its validity at any time for fraud or for failure to pay premiums. While this policy is contestable, the Company may rescind the policy or deny a claim on the basis of a material misstatement in the application.
- Misstatement of Age** If the Insured's birth date has been misstated, we will adjust the benefits that are paid. The premium that should have been paid will be subtracted from the benefits that are paid. Future premium notices will be changed to bill for the correct amount of premium.
- If, because of a misstatement of birth date, a person is insured prior to age 65, and we are not required by law to provide coverage prior to age 65, then coverage will not take effect until the Insured is age 65. We will refund to you any premium paid to us before the Insured reaches age 65.
- Notice and Waiver** Our acknowledgment of the receipt of any notice given under this policy, the furnishing of forms for filing a claim, the acceptance of such claim forms, or the investigation of any claim shall not operate as a waiver of any of our rights in defense of any claim under this policy.
- Payments** All payments we make will be by check or draft in United States currency and will be sent to the recipient's last known address.
- Periods of Insurance** All periods of insurance begin and end at 12:01 a.m. at your residence. Insurance is effective only for the period of time for which premium has been paid.

---

## GENERAL PROVISIONS (*Cont'd*)

**Representations** We will rely on all statements made in an application. We will consider such statements to be representations and not warranties. We will not use any statement in defense of a claim unless that statement is made in an application which is part of the entire contract.

**Termination of Policy** Coverage under this policy will end at the earliest of the following events:

1. The Insured dies.
2. The grace period ends without receipt of the required payment.
3. The date you tell us to cancel your insurance, but not earlier than the date we receive your request.

Termination of the policy will not affect any continuous loss which began while the policy was in force. We will pay benefits after the date of termination as long as the Insured continues to be totally disabled. We will not consider the receipt of Medicare Part D benefits in determining whether there is a continuous loss. Benefits will stop at the earliest of the following events:

1. The Insured is no longer totally disabled.
2. The Benefit Period in effect on the date of termination ends.
3. We have paid the maximum benefit amount under the policy.

---

## BENEFITS

### Basic Benefits

#### 1. Benefits Supplementing Medicare Part A (Hospital Insurance)

If the Insured is Confined in a Hospital and if the Confinement is covered by Medicare:

- a. We will pay the Medicare Part A copayment amount that applies to the 61st through the 90th day of the Insured's Confinement in a Hospital during each Benefit Period.
- b. We will pay the Medicare Part A copayment amount that applies to a day of the Insured's Medicare lifetime reserve of 60 days when each day is used. If the Insured chooses not to use his or her reserve days, we will pay the same amount that we would have paid had the reserve days been used.
- c. We will pay for all of the Medicare Eligible Expenses for each day the Insured is Confined in a Hospital up to a lifetime maximum benefit of an additional 365 days. We will make payment at the applicable prospective payment system rate, or other appropriate Medicare standard of payment. The Hospital and/or Physician shall accept our payment in full and may not bill you for any balance.

This benefit will start on the earliest of:

- 1) the Insured's 151st day of Confinement;
- 2) the day the Insured's Medicare 60-day lifetime reserve is exhausted;
- 3) the Insured's 91st day of Confinement if the Insured has exhausted the Medicare 60-day lifetime reserve;
- 4) the day the Insured would have exhausted the Medicare 60-day lifetime reserve had it been used.

- d. We will pay the cost for the first 3 pints of blood or equivalent quantities of packed red blood cells that the Insured receives each calendar year unless the blood is replaced in accordance with Medicare regulations. We will not pay for blood under this benefit if the Insured's annual Medicare blood deductible has already been paid for under Benefits Supplementing Medicare Part B (Medical Insurance).

Hospice Care: If the Insured meets Medicare's requirements including a doctor's certification of terminal illness, we will pay the copayment and coinsurance for all Part A Medicare eligible hospice care and respite care expenses.

---

## **BENEFITS (Cont'd)**

### **Basic Benefits (cont'd) 2. Benefits Supplementing Medicare Part B (Medical Insurance)**

Each calendar year, if the Insured receives health care of a kind covered by Part B of Medicare:

- a. We will pay the cost for the first 3 pints of blood or equivalent quantities of packed red blood cells that the Insured receives as an outpatient each calendar year unless the blood is replaced in accordance with Medicare regulations. We will not pay for blood under this benefit if the Insured's annual Medicare blood deductible has already been paid for under Benefits Supplementing Medicare Part A (Hospital Insurance).
- b. We will pay the coinsurance amount (or, in the case of hospital outpatient department services under a prospective payment system, the copayment amount) of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B Deductible and subject to policy copayment amounts as described below. We will not pay this benefit if Medicare has paid the entire Medicare Approved Charge.

You are responsible to pay the lesser of:

- 1) The policy copayment amount shown in the **Premium Schedule** page for each covered health care provider office visit (including visits to medical specialists), or
- 2) The Medicare Part B coinsurance or copayment;

And the lesser of:

- 1) The policy copayment amount shown in the **Premium Schedule** page for each covered emergency room visit, or
- 2) The Medicare Part B coinsurance or copayment.

The emergency room copayment will be waived if you are admitted to any Hospital and the emergency room visit is subsequently covered as a Medicare Part A expense.

### **Additional Benefits**

#### **1. Additional Benefits Supplementing Medicare Part A (Hospital Insurance)**

If the Insured is Confined in a Hospital or a Skilled Nursing Facility, and if the Confinement is covered by Part A of Medicare:

- a. We will pay the Medicare Part A Deductible that applies to the first 60 days of the Insured's Confinement in a Hospital during each Benefit Period.
- b. We will pay the Medicare Part A copayment amount that applies to the 21st through the 100th day of the Insured's Confinement in a Skilled Nursing Facility during each Benefit Period.

#### **2. Other Benefits**

##### **a. Emergency Care in a Foreign Country**

Medicare generally does not pay for Hospital or medical care outside the United States. When Medicare does not pay, this coverage may help.

We will pay 80% of the billed charge for Medicare Eligible Expenses for health care provided in a foreign country to the Insured only if all of the following conditions are met:

- 1) The care is not covered by Medicare because it was received outside the United States.
- 2) The care would have been covered by Medicare if provided in the United States.
- 3) The care is medically necessary.
- 4) The care is needed immediately because of an injury or an illness of sudden and unexpected onset.

---

## **BENEFITS (Cont'd)**

### **Additional Benefits (cont'd)**

- 5) The care begins during the first 60 consecutive days of each trip outside the United States.
- 6) The Insured has satisfied this policy's annual \$250.00 calendar year deductible for this benefit.
- 7) The Insured has not exceeded the \$50,000.00 lifetime maximum for this benefit.

Benefits for care in foreign countries are payable only in United States dollars. The amount of payment will be based on the bank transfer exchange rate in effect on the day we process the claim for payment.

### **Changes to Benefits**

We will change the benefits under this policy to coincide with any changes in the applicable Medicare deductible and copayment amounts. Changes to Medicare may affect your premium.

### **Exclusions**

This policy does not cover or pay for any of the following:

1. Any Hospital, Skilled Nursing Facility or other health care institution Confinement that is not covered under Medicare or for which Medicare makes no payment, except as may otherwise be provided in this policy.
2. Any health care treatment, service, or supply that is not covered under Medicare or for which Medicare makes no payment, except as may otherwise be provided in this policy.
3. Any benefits which duplicate benefits provided by Medicare.
4. Any charge that a person is not legally obligated to pay or that would not be made in the absence of insurance.

---

## **CLAIMS**

### **Claim Forms**

We will give you claim forms when this policy is issued. If more forms are needed, we will provide them upon request.

### **Claim Submission**

A written claim for benefits must be sent to us within 90 days after the date the Insured receives covered care. If it is not reasonably possible to submit the claim within this period, the claim must be filed as soon as it is possible. We will not pay any claim that we do not receive within 1 year and 90 days after the Insured receives covered care, unless you are legally incapacitated.

If we don't give you claim forms within 15 days after we receive your notice of a claim, we will consider that you have met the claim submission requirements stated above if you meet the following conditions:

1. You submit to us written proof covering the occurrence, the nature, and extent of the loss for which your claim is made; and
2. You submit such written proof within the time stated above for claim submission.

Your Physician, health care provider or institution providing the care for which benefits are paid will usually submit the billed charges for any medical or Hospital expenses you incur to Medicare electronically. Medicare then processes the benefits for expenses eligible under Medicare Part A and/or Medicare Part B, and then passes your claim electronically to us for consideration of benefits under this policy. We will accept Medicare's electronic submission of your claim to us as your claim for benefits.

We reserve the right to request any medical records that relate to a claim for benefits. If we ask for such records and do not receive them, we will not pay benefits. The claim will be processed for payment only when we have received and reviewed the requested records.

---

## CLAIMS (Cont'd)

### Payment of Benefits

Payment of benefits will be made at our Home Office.

We will require:

1. That the Insured receive covered care while this policy is in effect;
2. The Centers for Medicare & Medicaid Services' Summary Notice form, unless the claim is for health care covered by this policy but not covered by Medicare; and
3. A Written Request for the benefits.

Subject to any assignment, any benefits due will be paid to the next person living in the order which follows:

1. The Owner.
2. The Owner's spouse.
3. The Owner's estate if the Owner is no longer living.

We may, however, pay up to \$1,000 to any relative by blood or connection by marriage of the Insured if we find they are entitled to payment. Our obligation will be reduced by the amount of this payment.

### Physical Examinations

While a claim is pending, we have the right to have the Insured examined when and as often as we feel is reasonable and necessary. We will pay for any such examination.

### Time of Payment

We will pay all claims due as soon as we have valid written proof of the loss. For a continuing Confinement, we will not pay more often than monthly.

### Legal Actions

You must wait at least 60 days after filing a claim with us before you can bring a legal action to recover on this policy. You cannot bring a legal action to recover on this policy more than 3 years after the date a claim is filed with us.

---

## PREMIUMS

### Premium Payments

The Initial Premium is due on the Policy Effective Date and must be paid while the Insured is alive and before any insurance coverage becomes effective.

All premium payments:

1. Must be paid on or before their due date.
2. Must be paid to us at our Home Office or any administrative office that we maintain.
3. Must be in the currency of the United States of America.
4. May be made by currently dated check or money order made payable to USAA Life Insurance Company, or any other method we accept.

We will issue a receipt upon request.

If the check or other instrument provided for payment of the Initial Premium is not honored, this policy will be deemed void from the beginning. A check or other instrument provided for payment of any premium, which is not honored, will not be considered a payment.

### Adjustment of Premiums

The premium is determined by the Premium Class of the Insured as shown on the **PREMIUM SCHEDULE** page. The premium may change because we change the premium for all Insureds in the same Premium Class who are insured under the same policy form. We will give you notice of a change in premium prior to the date the premium is due. The Adjustment of Premium Notice Period is shown on the **PREMIUM SCHEDULE** page.

---

## PREMIUMS (*Cont'd*)

<b>Frequency of Premium Payments</b>	Premiums may be paid at quarterly or monthly intervals, or any other frequency we approve. The charge for different premium payment intervals is shown on the <b>PREMIUM SCHEDULE</b> page. We must consent to any change that results in a premium of less than \$25.
<b>Grace Period</b>	<p>We will allow a 31-day grace period after the premium due date to pay each premium after the Initial Premium. The policy remains in effect during any grace period unless terminated under another policy provision. If a premium is not paid by the end of the grace period, the policy will terminate as of the premium due date. As used here, "premium" means the premium actually billed in the premium notice.</p> <p>If the Insured receives covered care during the grace period, we will reduce any benefits paid for such care by the amount of the premium due.</p>
<b>Refund of Unearned Premium</b>	Upon receipt of written notice of the death of the Insured, we will refund to you the premium paid that applies to that person for any period beyond the end of the policy month in which such death occurred.

---

## REINSTATEMENT

<b>Reinstatement Requirements</b>	<p>If this policy terminates as provided in the <b>Grace Period</b> provision, it may be reinstated at our option. "Reinstatement" means to put this policy's coverage back into effect.</p> <p>We will require:</p> <ol style="list-style-type: none"><li>1. Written application for reinstatement;</li><li>2. Evidence satisfactory to us that the Insured is insurable; and</li><li>3. Payment of 2 months' premium.</li></ol>
<b>Effective Date of Reinstatement</b>	<p>Except as provided below, the effective date of reinstatement will be the later of:</p> <ol style="list-style-type: none"><li>1. The date we approve the application for reinstatement; or</li><li>2. The date we receive any required payment.</li></ol> <p>If you send your completed application, proof that the Insured is insurable, and the correct premium, and we fail to acknowledge your application for reinstatement, your insurance will be reinstated automatically on the 45th day after we receive the last of these requirements.</p> <p>When the reinstatement becomes effective, we will mail to you at your last known address:</p> <ol style="list-style-type: none"><li>1. A copy of the reinstatement application showing the effective date of reinstatement; and</li><li>2. A copy of any supplemental application which may have been required as evidence of insurability.</li></ol>
<b>Coverage After Reinstatement</b>	<p>If this policy is reinstated, the Insured will be covered only for:</p> <ol style="list-style-type: none"><li>1. accidental injury sustained after the date we approve reinstatement; and</li><li>2. sickness that begins more than 10 days after the date we approve reinstatement.</li></ol> <p>In all other respects the same rights shall exist as existed under the policy immediately before the due date of the defaulted premium. Any premium accepted in connection with a reinstatement shall be applied to a period for which premium has not been previously paid, but not to any period more than 60 days prior to the date of reinstatement.</p>

---

## SUSPENSION OF COVERAGE

### **Suspension Due to Medicaid Eligibility**

If the Insured becomes entitled to medical assistance under Title XIX of the Social Security Act, you may request that the policy be suspended. You must notify us in writing within 90 days after the date the Insured becomes entitled to such assistance. If we receive timely notice, we will suspend the benefits and premiums under the policy for up to 24 months. We will return to you the premium that applies to the period of Medicaid eligibility.

If the Insured loses the right to Medicaid while this policy is suspended, we will automatically reinstitute the policy. The effective date of the reinstated coverage will be the date the Insured lost the right to Medicaid. You must notify us in writing within 90 days after the date the Insured loses the right to Medicaid. You must also pay the premium due from the effective date of the reinstated coverage.

Preexisting conditions will be covered. The Insured's premium will be determined as if the policy had not been suspended.

### **Suspension Due to Group Health Coverage**

If the Insured is entitled to benefits under Section 226(b) of the Social Security Act and is covered under a group health plan (as defined in Section 1862(b)(1)(A)(v) of the Social Security Act), you may request that the policy be suspended. Upon receipt of your Written Request, we will suspend the benefits and premiums under the policy for the period provided by federal regulation.

If the Insured loses coverage under the group health plan while this policy is suspended, we will automatically reinstitute the policy. The effective date of the reinstated coverage will be the date the Insured lost coverage under the group health plan. You must notify us in writing within 90 days after the date the Insured loses group health plan coverage. You must also pay the premium due from the effective date of the reinstated coverage.

Preexisting conditions will be covered. The Insured's premium will be determined as if the policy had not been suspended.

THIS PAGE INTENTIONALLY LEFT BLANK



9800 Fredericksburg Road  
San Antonio, Texas 78288

## MEDICARE SUPPLEMENT INSURANCE -- PLAN N



**USAA LIFE INSURANCE COMPANY**  
**Outline of Medicare Supplement Coverage - Cover Page: 1 of 2**

**Benefit Plan(s) A, F, and N are being offered.**

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. The plans offered are highlighted.

**See Outlines of Coverage sections for details about ALL plans**

**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.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>F</b>	<b>F*</b>	<b>G</b>
Basic, including 100% Part B coinsurance						
		Skilled Nursing Facility Coinsurance				
	Part A Deductible					
		Part B Deductible		Part B Deductible		
				Part B Excess(100%)	Part B Excess(100%)	
		Foreign Travel Emergency				

**SEE PAGES 3 AND 4 FOR PREMIUM INFORMATION**

**USAA LIFE INSURANCE COMPANY**  
**Outline of Medicare Supplement Coverage - Cover Page: 2**

<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>
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
50% Skilled Nursing Facility Coinsurance	75% Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance
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 [\$4660]; paid at 100% after limit reached	Out-of-pocket limit [\$2330]; 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 [\$2070] deductible. Benefits from high deductible plan F will not begin until out-of-pocket expenses exceed [\$2070]. 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.

**SEE PAGES 3 AND 4 FOR PREMIUM INFORMATION**

## Premium Information

We, the USAA Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. A person's premium is based on the insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker.\* Rates are reviewed periodically and are subject to change.

### NON-CIGARETTE SMOKERS

<b>PLAN A</b> Initial Premiums Per Person Non-Cigarette Smokers			<b>PLAN F</b> Initial Premiums Per Person Non-Cigarette Smokers			<b>PLAN N</b> Initial Premiums Per Person Non-Cigarette Smokers		
<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>
	(Automatic Payment Plan)			(Automatic Payment Plan)			(Automatic Payment Plan)	
65+	\$XXX.XX	\$XXX.XX	65+	\$XXX.XX	\$XXX.XX	65+	\$XXX.XX	\$XXX.XX

**\*IF YOU ARE A SMOKER AND IT HAS BEEN SIX MONTHS OR LESS SINCE YOU ENROLLED IN MEDICARE PART B OR YOU ARE IN A GUARANTEED ISSUE PERIOD, THEN NON-SMOKER RATES APPLY TO YOU.**

## Premium Information

We, the USAA Life Insurance Company, can only raise your premium if we raise the premium for all policies like yours in this State. A person's premium is based on the insured's residence at the time of issue, as shown in the Premium Age Brackets, and whether or not a smoker.\* Rates are reviewed periodically and are subject to change.

### CIGARETTE SMOKERS

<b>PLAN A</b> Initial Premiums Per Person Cigarette Smokers			<b>PLAN F</b> Initial Premiums Per Person Cigarette Smokers			<b>PLAN N</b> Initial Premiums Per Person Cigarette Smokers		
<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>	<u>AGE</u>	<u>MONTHLY</u>	<u>QUARTERLY</u>
	(Automatic Payment Plan)			(Automatic Payment Plan)			(Automatic Payment Plan)	
65+	\$XXX.XX	\$XXX.XX	65+	\$XXX.XX	\$XXX.XX	65+	\$XXX.XX	\$XXX.XX

**\*IF YOU ARE A SMOKER AND IT HAS BEEN SIX MONTHS OR LESS SINCE YOU ENROLLED IN MEDICARE PART B OR YOU ARE IN A GUARANTEED ISSUE PERIOD, THEN NON-SMOKER RATES APPLY TO YOU.**

## **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 **USAA Life Insurance Company, 9800 Fredericksburg Road, San Antonio, Texas 78288**. 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.

### **Limitations/Exclusions**

Unless specifically stated otherwise, the policy does not cover or pay for any health care, treatment, service, or supply that is not covered under Medicare or for which Medicare makes no payment, nor will the policy duplicate any benefit paid by Medicare.

### **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 USAA Life Insurance Company nor its agents 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 & You" for more details.

### **Termination**

Coverage under this policy will end the date you tell us to cancel your insurance, but not earlier than the date we receive your request.

### **Complete Answers Are Very Important**

When you fill out the application for the new policy, be sure to answer truthfully and completely any required 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.

### **Renewability**

This policy is guaranteed renewable for life. We have the right to change the renewal premiums for this policy in accordance with our table of premium rates applicable to all policies of this form and class.

## 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 A		PLAN F		PLAN N	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>HOSPITALIZATION*</b> Semiprivate room and board, general nursing and miscellaneous services and supplies First 60 days  61st through 90th day 91st day and after: While using 60 lifetime reserve days Once lifetime reserve days are used: --Additional 365 days  --Beyond the additional 365 days	All but $[\$1156]$  All but $[\$289]$ a day  All but $[\$578]$ a day  \$0  \$0	\$0  $[\$289]$ a day  $[\$578]$ a day  100% of Medicare eligible expenses  \$0	$[\$1156]$ (Part A Deductible) \$0 \$0 \$0** All costs	$[\$1156]$ (Part A Deductible) $[\$289]$ a day $[\$578]$ a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs	$[\$1156]$ (Part A Deductible) $[\$289]$ a day $[\$578]$ a day 100% of Medicare eligible expenses \$0	\$0 \$0 \$0 \$0** All costs
<b>SKILLED NURSING FACILITY CARE*</b> 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  21st through 100th day  101st day and after	All approved amounts  All but $[\$144.50]$ a day  \$0	\$0 \$0 \$0	\$0 Up to $[\$144.50]$ a day All costs	\$0 Up to $[\$144.50]$ a day \$0	\$0 \$0 All costs	\$0 Up to $[\$144.50]$ a day \$0	\$0 \$0 All costs
<b>BLOOD</b> First 3 pints Additional amounts	\$0 100%	3 pints \$0	\$0 \$0	3 pints \$0	\$0 \$0	3 pints \$0	\$0 \$0
<b>HOSPICE CARE</b> 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 copayment/coinsurance	\$0	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.

## 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 A		PLAN F		PLAN N	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as:</b> physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic test, durable medical equipment --First \$140 of Medicare approved amounts* --Remainder of Medicare approved amounts	\$0  Generally 80%	\$0  Generally 20%	\$140 (Part B Deductible)  \$0	\$140 (Part B Deductible)  Generally 20%	\$0  \$0	\$0  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.	\$140 (Part B Deductible)  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	100%	\$0	\$0	All costs
<b>BLOOD</b> First 3 pints Next \$140 of Medicare approved amounts* Remainder of Medicare approved amounts	\$0 \$0 80%	All costs \$0 20%	\$0 \$140 (Part B Deductible) \$0	All costs \$140 (Part B Deductible) 20%	\$0 \$0 \$0	All costs \$0 20%	\$0 \$140 (Part B Deductible) \$0
<b>CLINICAL LABORATORY SERVICES- TESTS FOR DIAGNOSTIC SERVICES</b>	100%	\$0	\$0	\$0	\$0	\$0	\$0

**PART A and B**

SERVICES	MEDICARE PAYS	PLAN A		PLAN F		PLAN N	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>HOME HEALTH CARE</b>							
MEDICARE APPROVED SERVICES							
--Medically necessary skilled care services and medical supplies	100%	\$0	\$0	\$0	\$0	\$0	\$0
--Durable medical equipment							
First \$140 of Medicare approved amounts*	\$0	\$0	\$140 (Part B Deductible)	\$140 (Part B Deductible)	\$0	\$0	\$140 (Part B Deductible)
Remainder of Medicare approved amounts	80%	20%	\$0	20%	\$0	20%	\$0

**OTHER BENEFITS - NOT COVERED BY MEDICARE**

SERVICES	MEDICARE PAYS	PLAN A		PLAN F		PLAN N	
		Plan Pays	You Pay	Plan Pays	You Pay	Plan Pays	You Pay
<b>FOREIGN TRAVEL-NOT COVERED BY MEDICARE</b>							
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA							
--First \$250 each calendar year	\$0	\$0	All costs	\$0	\$250	\$0	\$250
--Remainder of charges	\$0	\$0		80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum	80% to a lifetime maximum benefit of \$50,000	20% and amounts over the \$50,000 lifetime maximum

SERFF Tracking #:

UNSA-128664592

State Tracking #:

Company Tracking #:

AR1215633

State: Arkansas

Filing Company: USAA Life Insurance Company

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010

Product Name: Medicare Supplement - Plan N

Project Name/Number: Medicare Supplement - Plan N/

### Rate Information

Rate data applies to filing.

Filing Method: Review and Approve

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

### 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):
USAA Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

**SERFF Tracking #:**

UNSA-128664592

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

AR1215633

**State:**

Arkansas

**Filing Company:**

USAA Life Insurance Company

**TOI/Sub-TOI:**

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.011 Plan N 2010

**Product Name:**

Medicare Supplement - Plan N

**Project Name/Number:**

Medicare Supplement - Plan N/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1	Approved-Closed 01/03/2013	Medicare Supplement Rates - Plan N	MSM97619AR 08-12	New		Appendix A AR Plan N Rates.pdf

**USAA LIFE INSURANCE COMPANY  
APPENDIX A  
RATE SHEET  
State of Arkansas**

**MEDICARE STANDARDIZED PLAN N  
MSM97619AR 08-12**

PROPOSED RATES EFFECTIVE 3/1/2013

	Non-Smoker		Smoker	
Age	Monthly APP	Quarterly	Monthly APP	Quarterly
UNI	113.05	345.80	124.10	379.60

Non smoker rates apply during open enrollment and guaranteed issue.

**SERFF Tracking #:**

UNSA-128664592

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

AR1215633

**State:**

Arkansas

**Filing Company:**

USAA Life Insurance Company

**TOI/Sub-TOI:**

MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.011 Plan N 2010

**Product Name:**

Medicare Supplement - Plan N

**Project Name/Number:**

Medicare Supplement - Plan N/

## Supporting Document Schedules

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Flesch Certification	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
Certificate of Readability.pdf			

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Application	Approved-Closed	01/03/2013
Comments:	We will be using application MSM93637AR 06-10, approved 01/25/2010, under UNSA-126278099.		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Outline of Coverage	Approved-Closed	01/03/2013
Comments:	Outline is attached under Forms Tab.		

		<b>Item Status:</b>	<b>Status Date:</b>
Satisfied - Item:	Statement of Variability	Approved-Closed	01/03/2013
Comments:			
Attachment(s):			
Statement of Variability.pdf			

CERTIFICATE OF READABILITY  
Arkansas

FORM NAME	FORM NUMBER	FLESH SCORE
Medicare Supplement Insurance - Plan N	MSM97619AR 08-12	52
Outline of Medicare Supplement Coverage	MSM93738AR 08-12	48

The print is twelve point type one point leaded.

The text was Flesch scored by computer.

I certify that to the best of my knowledge and belief, the above referenced forms meet or exceed the readability, legibility, and format requirements of any applicable laws and regulations in the state of Texas.



Michael Foley  
AVP Insurance Compliance  
USAA Life Insurance Company

USAA LIFE INSURANCE COMPANY  
MEDICARE SUPPLEMENT  
Statement of Variability

**Medicare Supplement Insurance Plan N  
MSM97619AR 08-12**

- Signatures are bracketed, indicating a variable field that allows for signature changes should USAA Life Insurance Company change the President of the Company and/or the Secretary of the Company.
- The phone number on page one is bracketed to allow a change of phone number should USAA Life Insurance Company change the phone number.

**Contract Data Schedule (page 3)  
MSM97619AR 08-12 Variability changes in the Contract Data Schedule**

USAA NUMBER - [1234 56 78]

- The number will change as each insured is assigned a number for identification purposes.

POLICY NUMBER - [W1234567890]

- The number will change as each insured receives a policy number.

POLICY EFFECTIVE DATE - [AUGUST 1, 2013]

- The effective date will change as each insured has a different policy effective date.

INSURED - [JOHN DOE]

- The name will change to reflect each insured's name.

DATE OF BIRTH - [MAY 15, 1948]

- The date of birth will change to reflect each insured's date of birth.

AGE - [65]

- The age will change to reflect each insured's age.

GENDER - [MALE, Female]

- The gender will change to reflect each insured's gender.

SMOKER - [Yes, No, NA]

- The response for smoker will change as to whether an insured is a smoker or not will. NA will be used when a smoker does not apply such as MGI or open enrollment.

OWNER - [JOHN M. DOE]

- The Owner of the policy will change to reflect the Owner's name

<u>FORM NUMBERS</u>	<u>DESCRIPTION</u>
[MSM97619AR 08-12]	[MEDICARE SUPPLEMENT PLAN N]
[MSMXXXXXST XX-XX]	[MEDICARE SUPPLEMENT PLAN ENDORSEMENT]
[MSMXXXXXST XX-XX]	[MEDICARE SUPPLEMENT PLAN ENDORSEMENT]
[MSMXXXXXST XX-XX]	[MEDICARE SUPPLEMENT PLAN ENDORSEMENT]

- The bracketed area for form numbers and description are for future use. If a new endorsement is required by the Department the form numbers and description will reflect the change.

USAA Life Insurance Company  
Statement of Variability

Premium Schedule (page 4)  
MSM97619AR 08-12 Variability changes in the Premium Schedule

USAA NUMBER - [1234 56 78]

- The number will change as each insured is assigned a number for identification purposes.

POLICY NUMBER - [W1234567890]

- The number will change as each insured receives a policy number.

INITIAL PREMIUM:

QUARTERLY	MONTHLY	CURRENT FREQUENCY
	(AUTOMATIC PAYMENT PLAN)	OF PAYMENT
[\$257.28]	[\$85.97]	[MONTHLY APP]

- The premium will change as each insured chooses a method of payment and due to any possible rate change.

**POLICY COPAYMENT AMOUNTS:**

[\$20] for Other Provider Part B Visits

[\$50] for Hospital Emergency Room Visits

- The copayment amounts are bracketed for future use as they may change each year based on federal Medicare program changes.
- The Policy Copayment Amounts on this Premium Schedule are unique to Plan N and are shown here for quick reference for customers to see. It is not intended to explain benefits in detail on this schedule. A detailed benefit explanation is provided in the Benefits section, 2b, Page 8.

**PREMIUM CLASS:**

*Plan N [Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets and whether or not a smoker. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form. ]*

- The premium class is bracketed for future use in the event the Department or USAA Life Insurance company change the premium class to any of the following:
  1. Premium Class is based on the Insured's residence at the time of issue and age as of the Policy Effective Date. We reserve the right to change the "residence at the time of issue" criteria to "current residence" if we do this for all business issued under this policy form.
  2. Premium Class is based on the Insured's residence at the time of issue, age as shown in the Premium Age Brackets, and whether or not a smoker.
  3. Premium Class is based on the Insured's residence at the time of issue and age as of the Policy Effective Date.
  4. Any other change not listed, but required by the department, or any submitted change by USAA Life Insurance Company approved by the Department.

**PREMIUM AGE BRACKET:**

[Premium Age Brackets for this insurance are: Age 00-64, Age 65-69, Age 70-74, Age 75-79, Age 80-84, Age 85 and over.]

- The ages are bracketed for future use in the event the Department or USAA Life Insurance company change the age brackets to any of the following:
  1. Premium Age Brackets for this insurance are: Age 00-64, Age 65, Age 66, Age 67, Age 68, Age 69, Age 70, Age 71, Age 72, Age 73, Age 74, Age 75, Age 76, Age 77, Age 78, Age 79, Age 80, Age 81, Age 82, Age 83, Age 84, Age 85 and over.
  2. Premium Age Brackets for this insurance are: Age 65 and over.
  3. Premium Age Brackets for this insurance are: Age 00-64, Age 65 and over.
  4. Premium Age Brackets for this insurance are: Age 00-64 (Plan A Only), Age 65 and over.
  5. Premium Age Brackets for this insurance are: Age 65-69, Age 70-74, Age 75-79, Age 80-84, Age 85 and over.
  6. Premium Age Brackets for this insurance are: Age 00-64 (Plan A Only), Age 65, Age 66, Age 67, Age 68, Age 69, Age 70, Age 71, Age 72, Age 73, Age 74, Age 75, Age 76, Age 77, Age 78, Age 79, Age 80, Age 81, Age 82, Age 83, Age 84, Age 85 and over.
  7. Any other change not listed, but required by the department, or any submitted change by USAA Life Insurance Company approved by the Department.

**ADJUSTMENT OF PREMIUM NOTICE PERIOD –**

[30] DAYS

- The number of days is bracketed for future use in the event that the Department changes the number of days to any of the following:
  1. 45 Days
  2. 60 Days
  3. Any other number of days not listed, but required by the department.

**Outline of Coverage**

**MSM93738AR 08-12**

- John Doe premium amounts are bracketed as variable since they may change each year if we file and receive approval of rate adjustments.
- Deductibles and co-payment amounts are bracketed as variable since they may change each year based on federal Medicare program changes.
- RATES EFFECTIVE: MM/DD/YYYY (in blank spaces) is bracketed on the top of page 1 should USAA use this to send out an Outline of Coverage systematically.