# Filing at a Glance

| | |
|---|---|
| Company: | Transamerica Premier Life Insurance Company |
| Product Name: | Medicare Supplement Advertising MSH1 |
| State: | District of Columbia |
| TOI: | MS08I Individual Medicare Supplement - Standard Plans 2010 |
| Sub-TOI: | MS08I.012 Multi-Plan 2010 |
| Filing Type: | Form |
| Date Submitted: | 01/16/2020 |
| SERFF Tr Num: | AESP-132224139 |
| SERFF Status: | Closed-APPROVED |
| State Tr Num: | |
| State Status: | |
| Co Tr Num: | 132038 |
| Implementation Date Requested: | |
| Author(s): | Donyell Cawthorne, Gail Sullivan, Laura Dorsett |
| Reviewer(s): | Colin Johnson (primary), RaShaunda Benson |
| Disposition Date: | 02/05/2020 |
| Disposition Status: | APPROVED |
| Implementation Date: | 02/05/2020 |

**State:** *District of Columbia* **Filing Company:** *Transamerica Premier Life Insurance Company*
**TOI/Sub-TOI:** *MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010*
**Product Name:** *Medicare Supplement Advertising MSH1*
**Project Name/Number:** *Med Sup Consumer Brochure/132038*

## General Information

Project Name: Med Sup Consumer Brochure
Project Number: 132038
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:

Deemer Date:
Submitted By: Laura Dorsett

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Individual Market Type:
Filing Status Changed: 02/05/2020
State Status Changed:
Created By: Laura Dorsett
Corresponding Filing Tracking Number:

Filing Description:
TRANSAMERICA PREMIER LIFE INSURANCE COMPANY
Form number: 132038 - Individual Med Sup Consumer Brochure

Please find included the above referenced form for your review and approval. This is a new form and is not intended to replace any forms previously approved by your department.

This brochure is intended for the general consumer and will be distributed by our licensed representatives. It will be marketed to consumers that are age 65 or older or otherwise eligible.

Form 132038 will be used in conjunction with policy form MSH1 DC, et al which was previously approved on 10/14/2014 under SERFF tracking number AEGB-129733287.

We would appreciate your favorable review and subsequent approval of this material.

## Company and Contact

### Filing Contact Information

Laura Dorsett,
2700 West Plano Pkwy.
Plano, TX 75075

Laura.Dorsett@transamerica.com
972-881-6465 [Phone]

### Filing Company Information

Transamerica Premier Life
Insurance Company
4333 Edgewood Road NE
Admin Add: 570 Carillon Parkway
St. Petersburg, FL 33716-1202
Cedar Rapids, IA 52499
(727) 299-1800 ext. 2363[Phone]

CoCode: 66281
Group Code: 468
Group Name: MON
FEIN Number: 52-0419790

State of Domicile: Iowa
Company Type: Life & Health
State ID Number:

## Filing Fees

Fee Required? No
Retaliatory? No

| | | | |
|---|---|---|---|
| **State:** | *District of Columbia* | **Filing Company:** | *Transamerica Premier Life Insurance Company* |
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Fee Explanation:

**State:** *District of Columbia* **Filing Company:** *Transamerica Premier Life Insurance Company*
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# Correspondence Summary

## Dispositions

| Status | Created By | Created On | Date Submitted |
|---|---|---|---|
| APPROVED | Colin Johnson | 02/05/2020 | 02/05/2020 |

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# Disposition

Disposition Date: 02/05/2020
Implementation Date: 02/05/2020
Status: APPROVED

Comment:

Rate data does NOT apply to filing.

| Schedule | Schedule Item | Schedule Item Status | Public Access |
|---|---|---|---|
| **Supporting Document** | Explanation of Variability | APPROVED | Yes |
| **Form** | Brochure | APPROVED | Yes |

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# Form Schedule

**Lead Form Number: 132038**

| Item No. | Schedule Item Status | Form Name | Form Number | Form Type | Form Action | Action Specific Data | Readability Score | Attachments |
|---|---|---|---|---|---|---|---|---|
| 1 | APPROVED 02/05/2020 | Brochure | 132038 | ADV | Initial | | | 132038_11-19_Med_Supp_Consumer_Brochure_Makeover__Main_Version_VV_V8.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 | **NAP** | Network Access Plan |
| **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 |
| **PRC** | Provider Contract/Provider Addendum/Provider Leading Agreement | **PRD** | Provider Directory |

# PICKING UP WHERE MEDICARE LEAVES OFF

**[2020][1] STANDARD MEDICARE SUPPLEMENT INSURANCE PLANS**

**Transamerica Premier Life Insurance Company**

TRANSAMERICA®

132038

# WE'VE GOT YOU COVERED

## People want to live long, healthy lives with the financial means to do so.

We know you're concerned about healthcare costs and protecting your family's quality of life. We're committed to helping you prepare for every part of your future. That's why Transamerica is leading the charge to champion the connection between Wealth + Health℠. After all, what good is wealth if you're not healthy enough to enjoy it?

**52.6M**

**seniors are on Medicare as of 2019[1]**

[1] "CMS Fast Facts," Centers for Medicare & Medicaid Services, November 2019

# MEDICARE SUPPLEMENT INSURANCE PLANS

## MEDICARE SUPPLEMENT INSURANCE

Protecting you and your family's future is at the heart of everything we do. Taking control of your health may help lead to a more secure financial future. Medicare won't cover all of your healthcare costs. We offer a variety of plans to help supplement your Medicare coverage.

Medicare Supplement insurance helps pay eligible expenses not paid for by Medicare Part A and Medicare Part B. There may be charges that exceed what Medicare and your insurance policy will pay.

Here are key terms and definitions* that will help you understand more about Medicare Supplement insurance.

## MEDICARE ELIGIBLE EXPENSES

Expenses covered by Medicare to the extent recognized as reasonable and medically necessary by Medicare.

## MEDICARE PART A ELIGIBLE EXPENSES FOR HOSPITAL/ SKILLED NURSING FACILITY CARE

Expenses for semiprivate room and board, general nursing, and miscellaneous services and supplies.

## BENEFIT PERIOD

A Benefit Period begins the first full day you are hospitalized and ends when you have not been in a hospital or skilled nursing facility for 60 consecutive days.

## MEDICARE PART B ELIGIBLE EXPENSES FOR MEDICAL SERVICES

Expenses for physician's services, hospital outpatient services and supplies, physical and speech therapy, diagnostic tests, and durable medical equipment.

*This material is not intended to be a full description of the insurance policy. Please refer to the policy for an explanation of defined terms and complete details regarding conditions, exclusions, and limitations.

### CO-INSURANCE

The portion of the eligible expense not paid by Medicare and paid by Medicare Supplement insurance.

### BENEFITS

Benefits are paid to you, your hospital, or doctor.

### GUARANTEED RENEWABLE

Your policy is guaranteed renewable, meaning it cannot be canceled. It will be renewed as long as the premiums are paid on time and the information on your application is correct.

### PAYING YOUR PREMIUM

You have 31 days from your renewal date to pay your premium. Your policy will stay in force during this 31-day grace period.

### RATE INCREASE

To keep pace with rising costs, your rates may increase. You cannot be singled out for a rate increase, no matter how many times you receive benefits. Your premium changes when the same premium change is made on all in force Medicare supplement insurance policies of the same form issued to people who share your classification in the same geographic area of your state.

### TRANSAMERICA'S MEDICARE SUPPLEMENT INSURANCE WILL NOT PAY FOR:

- Any expense incurred before your policy date
- Services for which no charge is made
- Expenses paid by Medicare
- Hospital or skilled nursing facility confinement incurred during a Medicare Part A benefit period that begins while this policy is not in force

## Put a Transamerica Medicare Supplement Insurance Plan to work for you today!

# COVERAGE WHEN YOU NEED IT

## Get help with out-of- pocket costs that Medicare doesn't cover for Parts A and B charges.

- Multiple plans to select the coverage that best meets your needs
- A company with a 100-year track record of helping people protect their quality of life
- File through our simple claims process

**Life expectancy data from the past 50 years shows that people who survive to age 65 are continuing to live longer than their parents.[2]**

### PUT A TRANSAMERICA MEDICARE SUPPLEMENT INSURANCE PLAN TO WORK FOR YOU TODAY!

*In some states, plans are available to individuals under the age of 65 who are disabled and eligible for Medicare. This is a solicitation for insurance. Your call to customer service may connect you with a licensed agent/producer.* ***Not connected with or endorsed by the U.S. Government or the federal Medicare program.***

[2] "Lifespan is Continuing to Increase Regardless of Socioeconomic Factors, Stanford Researchers Find," Stanford, November 2018

# WHICH MEDICARE SUPPLEMENT INSURANCE PLAN BEST MEETS YOUR NEEDS?

## 2020 TRANSAMERICA MEDICARE SUPPLEMENT PLANS

| SERVICES AND SUPPLIES | MEDICARE PAYS | PLAN A PAYS | PLAN G PAYS | PLAN N PAYS | Available if first eligible for Medicare before 2020<br>PLAN F PAYS |
|---|---|---|---|---|---|
| **MEDICARE PART A \| HOSPITAL COVERAGE** | | | | | |
| Deductible | | N/A | $[1,408][2] | $[1,408][2] | $[1,408][2] |
| First 60 days | All but $[1,408][3] | | | | |
| Co-Insurance 61-90 days | All but $[325][4] a day | $[352][4] per day | $[352][4] per day | $[352][4] per day | $[352][4] per day |
| Co-Insurance 91-150 days (lifetime reserve) | All but $[704][5] a day | $[704][5] per day | $[704][5] per day | $[704][5] per day | $[704][5] per day |
| Extended Hospital Coverage (up to an additional 365 days in your lifetime) | | Medicare eligible expenses | Medicare eligible expenses | Medicare eligible expenses | Medicare eligible expenses |
| Benefit for blood | All but first three pints | First three pints | First three pints | First three pints | First three pints |
| **HOSPICE CARE** | | | | | |
| | All but very limited Co-Insurance/ Co-Payment for outpatient drugs and inpatient respite care | Medicare Co-Insurance/ Co-Payment | Medicare Co-Insurance/ Co-Payment | Medicare Co-Insurance/ Co-Payment | Medicare Co-Insurance/ Co-Payment |
| **SKILLED NURSING FACILITY CARE** | | | | | |
| First 20 days | 100% of all approved amounts | | | | |
| Co-Insurance 21-100 days | All but $[176][6] per day | Up to $[176][6] per day | Up to $[176][6] per day | Up to $[176][6] per day | Up to $[176][6] per day |
| **MEDICARE PART B \| PHYSICIAN'S SERVICES AND SUPPLIES** | | | | | |
| Deductible | | | | | $[198][7] |
| Co-Insurance | Generally 80% | Generally 20% | Generally 20% | Balance[3] | Generally 20% |
| Excess Benefits | | N/A | 100% up to Medicare's limit | N/A | 100% up to Medicare's limit |
| Benefits of blood | 80% after first three pints and deductible are met | First three pints | First three pints | First three pints | First three pints |
| **ADDITIONAL BENEFITS** | | | | | |
| Emergency Care Received Outside U.S. after $[250][8] deductible | | 80% to lifetime max of $[50,000][9] | 80% to lifetime max of $[50,000][9] | 80% to lifetime max of $[50,000][9] | 80% to lifetime max of $[50,000][9] |

[3] Balance, except up to a $[20][10] co-payment per office visit and up to $[50][11] co-payment per emergency room visit. The co-payment of $[50][11] is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.

Additional plans may be available in your state. See enclosed Outline of Coverage for more information on each plan.

Part B excess coverage may not exceed any limitation established my Medicare.

TRANSAMERICA®

## Make every day count.

To learn more about Transamerica's Medicare Supplement insurance plans:

**Contact:** Your insurance agent/producer

Subject to a $[25][12] enrollment fee (not applicable in WA).

Medicare supplement insurance policies underwritten by Transamerica Premier Life Insurance Company, Cedar Rapids, IA. Form Nos. MSH1A, MSH1F, MSH1G, MSH1N, H 0714 VA, MSH1A OR, MSH1F OR, MSH1G OR, MSH1N OR.

This policy has exclusions, limitations, and terms under which the policy may be continued in force or discontinued. For costs and complete details of coverage, contact your insurance agent.

This brochure must be accompanied by the Outline of Coverage. The Outline of Coverage contains important information. It provides a brief description of some of the important features of the policy. Please review the accompanying Outline of Coverage for each policy for which you want to apply.

132038
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[01/20][13]

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## Supporting Document Schedules

| | |
|---|---|
| **Satisfied - Item:** | Explanation of Variability |
| **Comments:** | |
| **Attachment(s):** | 132038_EOV-1.pdf |
| **Item Status:** | APPROVED |
| **Status Date:** | 02/05/2020 |

# Explanation of Variability
# For Medicare Supplement 65+
# 132038: Consumer Brochure
# Transamerica Premier Life Insurance Company

Page 1

1. [2020] Will be updated to current year.

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2. [$1,408] Medicare Deductible will be updated as necessary.
3. [$1,408] Medicare Pays First 60 days will be updated as necessary.
4. [$325] Medicare Coinsurance 61-90 days will be updated as necessary.
5. [$706] Medicare Coinsurance 91-150 days will be updated as necessary.
6. [$176] Medicare Coinsurance 21-100 days will be updated as necessary.
7. [$198] Medicare Deductible will be updated as necessary.
8. [$50,000] Emergency care will be updated as necessary.
9. [$20] Medicare Supplement Plan N Copayment will be updated as necessary.
10. [$50] Medicare Supplement Plan N Copayment will be updated as necessary.
11. [$250] Deductible will be updated when necessary.

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12. [01/20] will be updated to current month and year.