

SERFF Tracking Number: MDIC-126069962 State: Arkansas
Filing Company: Medico Insurance Company State Tracking Number: 41769
Company Tracking Number: KHWEBSITE032009
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: website031109
Project Name/Number: /

Filing at a Glance

Company: Medico Insurance Company

Product Name: website031109

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Filing Type: Form

SERFF Tr Num: MDIC-126069962

SERFF Status: Closed

Co Tr Num: KHWEBSITE032009

Co Status:

Author: Karl Hug

Date Submitted: 03/11/2009

State: ArkansasLH

State Tr Num: 41769

State Status: Filed-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 03/12/2009

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 03/12/2009

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 03/10/2009

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 03/12/2009

Corresponding Filing Tracking Number:

Deemer Date:

Filing Description:

Please see my attached cover letter for more details about this website "shell" advertising filing, thanks.

Company and Contact

Filing Contact Information

Karl Hug, Compliance Analyst

1515 S. 75th Street

Omaha, NE 68124

khug@gomedico.com

(800) 695-5976 [Phone]

(402) 391-4858[FAX]

SERFF Tracking Number: MDIC-126069962

State: Arkansas

Filing Company: Medico Insurance Company

State Tracking Number: 41769

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TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: website031109

Project Name/Number: /

Filing Company Information

Medico Insurance Company
1515 S. 75th Street
Omaha, NE 68124
(800) 695-5976 ext. [Phone]

CoCode: 31119
Group Code: 364
Group Name: Medico
FEIN Number: 47-0122200

State of Domicile: Nebraska
Company Type: Life and Health
State ID Number:

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Filing Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: one website "shell" advertising = \$25.00
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$25.00	03/11/2009	26321527

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	03/12/2009	03/12/2009

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Disposition

Disposition Date: 03/12/2009

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Flesch Certification	Filed-Closed	Yes
Supporting Document	Application	Filed-Closed	Yes
Supporting Document	Health - Actuarial Justification	Filed-Closed	No
Supporting Document	Outline of Coverage	Filed-Closed	Yes
Supporting Document	cover letter and form number sheet	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes
Form	public website page	Filed-Closed	Yes

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Form Schedule

Lead Form Number: WW-0001

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed	WW-0001	Advertising public website page		Revised	Replaced Form #: WW-0001, version 01012006 Previous Filing #: unknown		WW-0001 01152009.pdf
Filed-Closed	WW-0003	Advertising public website page		Revised	Replaced Form #: WW-0003, version 01012006 Previous Filing #: unknown		WW-0003 01152009.pdf
Filed-Closed	WW-P-0001	Advertising public website page		Revised	Replaced Form #: WW-P-0001, version 01012006 Previous Filing #: unknown		WW-P-0001 01152009.pdf
Filed-Closed	WW-0004	Advertising public website page		Revised	Replaced Form #: WW-0004, version 01012006 Previous Filing #: unknown		WW-0004 01152009.pdf
Filed-Closed	WW-0008	Advertising public website page		Revised	Replaced Form #: WW-0008, version 01012006 Previous Filing #: unknown		WW-0008 01152009.pdf
Filed-Closed	WW-0005	Advertising public website page		Revised	Replaced Form #: WW-0005, version 01012006 Previous Filing #: unknown		WW-0005 01152009.pdf

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Filed- Closed	WW-0006	Advertising public website page	Revised	Replaced Form #: WW-0006, version 01012006 Previous Filing #: unknown	WW-0006 01152009.pdf
Filed- Closed	WW-0007	Advertising public website page	Revised	Replaced Form #: WW-0007, version 01012006 Previous Filing #: unknown	WW-0007 01152009.pdf



[About Us](#) [Products](#) [Policyholders](#) [Producers](#) [Healthcare Professionals](#) [Careers](#) [Contact Us](#)

MEDICO® GROUP



Our Products

- [+ Short-Term Care](#)
- [+ Final Expense Whole Life](#)
- [+ Medicare Supplement](#)
- [+ Dental, Vision & Hearing Plan](#)

Medico® Group

Affordable Solutions that are Simple, Quick and Predictable.

Medico Insurance Company began operations in 1930. We offer quality health and life insurance products to Americans nationwide. Medico Insurance Company has a very proud tradition of personalized service to our customers. We are located in the heart of the United States and all of our work is performed here at our Home Office rather than being outsourced. When you call our number, people will answer the phone, people who understand your questions and are anxious to help you find solutions.

Check out our products by clicking on the links to our products in the upper right-hand corner of the page.

Company News [+ View All](#)

[Important Information for Texas Policyholders](#)

It's All About Service

"I am going to take this opportunity to thank you for your wonderful service in the past year."

- Shirley C.



Contact one of our knowledgeable Client Services Representatives

[+ Contact Information](#)

[Terms and Conditions](#) | [Privacy Policy](#) | [HIPAA Privacy Notices & Forms](#)

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WW-0001

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MEDICO® GROUP

About Us

Our Products

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Our Mission

Our mission is to help protect our customers with quality products and caring service - to achieve financial growth through partnerships and strategic alliances - to engage our employees to ensure our long-term success.

Our Values [Click to Close](#)

Customer Satisfaction

We are only successful if our policyholders and agents are satisfied. We seek to understand our customers' and agents' needs in order to offer products and services that exceed their expectations.

Integrity

We are honest and trustworthy and hold ourselves to the highest standards of performance, accountability and personal conduct.

Communication

We recognize communication as an effective tool for conducting business. Problems are realized and solutions are discovered when ideas are shared, feelings are expressed, and information is shared among individuals.

Profitability

We strive to conduct business in a cost-effective manner while monitoring our performance and taking corrective action when necessary.

Our History [Click to Close](#)

- 1930** Company was founded as a health and accident insurer.
- 1959** Seven years prior to Medicare, our first senior product was introduced.
- 1973** Began marketing Medicare Supplement policies.
- 1987** Began marketing Long-Term Care insurance.
- 2006** Medico® Mutual Insurance Holding Company is formed and Mutual Protective is reorganized to a stock company named Medico Insurance Company.
- 2008** Medico Insurance Company began offering an innovative product - Dental, Hearing, and Vision insurance.

Medico Insurance Company is licensed in 46 states plus the District of Columbia.



We're Here to Help You

1-800-228-6080

Our knowledgeable Client Services representatives are standing by, ready to help you find what you need.

Our office hours are:

Monday - Thursday

7:30 am - 4:45 pm (CT)

Friday

7:30 am - 11:30 am (CT)



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MEDICO® GROUP



Products

Our Products

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You make decisions every day. What to wear, what to eat, when to sleep and where to go are just a few examples. These types of decisions may have very little impact on life's big picture. But determining when to retire, what investments to make and what type of insurance to purchase **can** greatly affect your future. Any one of these decisions **can** ultimately determine how you live in retirement. **We provide the following products to help you plan for your future.**

To Find Which of the Following Products Are Available in Your Area:

Short-Term Care

Insurance for those short-term recoveries in a facility or at home.

Final Expense Whole Life

Insurance to help cover your final expenses.

Medicare Supplement

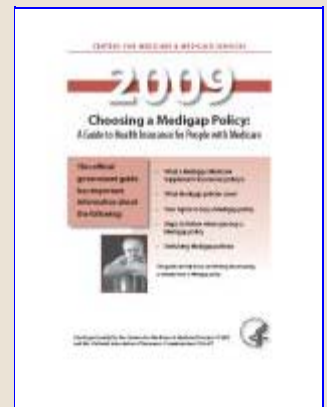
Insurance to help pay for some of the gaps in Medicare coverage.

Dental, Vision and Hearing

Insurance to help cover medical expenses for dental, vision and hearing care.

For more information on all of our products, call 1-800-228-6080.

2009 Choosing a Medigap Policy A Guide to Health Insurance for People with Medicare



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MEDICO™ GROUP



Our Products

Online Forms

[Home](#) » [Policyholders](#)


Medico® Insurance Company prides itself on personal service. So if you have a question about your policy, your claim, or need any other information please call:

Policyholder Questions: 1-800-228-6080

One of our dedicated, knowledgeable Client Services representatives will be happy to help you. Medico does not outsource its customer service, so when you call Medico your call will be handled in person, by someone at our Home Office in Omaha, NE.

We are standing by ready to help you find the answers you need.

Beyond calling Client Services, Policyholders can communicate with Medico Insurance Company to get answers and/or changes made to their insurance plan. Policyholders can:

Click on the one of the form icons () shown below to get a copy of a form, print it, fill it out and mail or fax it to our Home Office.

Our mailing address is:

Medico Insurance Company
1515 S. 75th St.
Omaha, NE 68124


Our fax number is:

1-402-391-6489

Change of Address Form

Have you moved? If so, follow the instructions below to change your address!

To submit a change of address:


1. Open the change of address form by [clicking here](#)  and printing it out.
2. Fill out sections 1 through 5.
3. Mail or fax the form to the address or fax number shown above.

This form can also be used to change phone numbers.

Automatic Withdrawal Form

Signing up to have your premium payment automatically withdrawn from your bank account is an easy and convenient way of ensuring that your policy remains in force.

Enrollment is easy. Follow these instructions:

1. Open the authorization form by [clicking here](#)  and printing it out.
2. Fill out sections 1 through 4.
3. Write "VOID" across a blank unsigned check and attach to the form.
4. Mail or fax the form to the address or fax number shown above.

The authorization form can also be used to change bank accounts.

Claim Forms

**We're Here
to Help You**



1-800-228-6080

Our knowledgeable **Client Services** representatives are standing by, ready to help you find what you need.

Our office hours are:

Monday-Thursday

7:30 am-4:45 pm (CT)

Friday

7:30 am-11:30 am (CT)

Please follow the steps below to file a claim.

To file a claim:

1. Click on the appropriate claim form below and print it out.
2. Fill out the form as instructed.
3. Mail or fax the form to the address or fax number shown above.

Cancer and Disability Claim Form

Use this form if you have a *cancer* policy or a *disability* policy with Medico Insurance Company or Medico Life Insurance Company.

Hospital Confinement Claim Form

Use this form if you have a *hospital indemnity* plan with Medico Insurance Company or Medico Life Insurance Company.

Life Claim Form

Use this form if you have a *life* insurance policy with Medico Life Insurance Company.

Dental Claim Form

Use this form if you have a *dental* policy with Medico Insurance Company. Staff from the dentist's office can complete and submit this form with the billing.

Vision Claim Form

Use this form if you have a *vision* policy with Medico Insurance Company. Staff from the provider's office can complete and submit this form with the billing.

Hearing Claim Form

Use this form if you have a *hearing* policy with Medico Insurance Company. Staff from the doctor's office can complete and submit this form with the billing.

Short-Term Care Forms

Short-Term Care Claim Form

Use this form if you have a *short-term care* insurance policy form NHA06 or NHA07 with Medico Insurance Company or Medico Life Insurance Company and you are making a claim for nursing facility care, assisted living care or home health care. This form is for policies purchased in 2006 or later.

Short-Term Care Attending Physician's Statement

This form is used for *short-term care* policy forms NHA06 or NHA07 purchased in 2006 or later. It is a form that must be completed and submitted by the attending physician.

Short-Term Care Facility Certification of Care

This is a form for those NHA06 or NHA07 policyholders who are moving from one facility to another or who are going into a facility for the first time. Staff from the facility need to complete and submit this form.

Short-Term Care Monthly Verification of Continuing Care

This is a form to be completed by facility staff. This form is used to verify continuing care for NHA06 or NHA07 policyholders. It must be submitted each month with the billing.

Long-Term Care Forms

Long-Term Care Claim Form

Use this form if you have a *long-term care* insurance policy with Medico Insurance Company or Medico Life Insurance Company and you are making a claim for nursing facility care, assisted living care, home health care or alternative care.

Long-Term Care Monthly Verification of Continuing Care

This is a form to be completed by facility staff. This form is used to verify that the policyholder has been confined in a facility and has been receiving care. It must be submitted each month with the billing.

Long-Term Care Monthly Statement of Care & Log

This is a form to be completed by an Approved Caregiver when the policyholder is living at home and being cared for by the Approved Caregiver. It must be submitted each month.

HIPAA Compliant Authorization

This is a form to be completed by you, the policyholder. It authorizes Medico Life Insurance Company to obtain your medical information from medical providers.

Acrobat Reader installed. If you do not have Adobe Acrobat Reader installed on your computer [click here](#) to download a free version from the Adobe website.

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Producers

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Agent Services

Agent Services handles contracting, licensing, supply order requests, questions about our Medico® Information Center (MIC) website and questions from our producers. You may contact Agent Services by phone at 402-391-6900 or 800-547-2401, by email at agentservices@gomedico.com or by fax at 402-398-0887.

Our Medico Information Center (MIC) website (mic.gomedico.com) contains information about products, your policyholders, commission statements and keeps you informed about Medico. You must have a login to access the MIC website. If you have not registered, contact Agent Services for a PIN number assignment that is required to register and gain access to MIC.

Registered users may click on the button below for direct access to the Medico Information Center website.

MIC Access for Registered Users

If you are a contracted Medico agent/producer and would like to request the use of Medico Insurance Company advertisements and/or logos, use the links below to access our Advertising Guidelines and Advertising/Logo Request Form.

[Advertising Guidelines](#)
[Advertising and Logo Request Form](#)


We're Here to Help You

Our office hours are:

Monday - Thursday

7:30 am - 4:45 pm (CT)

Friday

7:30 am - 11:30 am (CT)

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Healthcare Professionals



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Verification of Benefits

To verify coverage for a policyholder you can:

- Call our provider assistance line at 1-402-398-0881,
- Send a fax to 1-402-398-0898, or
- Email us at pa@gomeditco.com.

Be sure to include the policy number and the name of the policyholder.

For those providing care, the following forms are available:

Short-Term Care Facility Certification of Care

This is a form for those NHA06 or NHA07 policyholders who are moving from one facility to another or who are going into a facility for the first time. Staff from the facility need to complete and submit this form.

Short-Term Care Monthly Verification of Continuing Care

This is a form to be completed by facility staff. This form is used to verify continuing care for NHA06 or NHA07 policyholders. It must be submitted each month with the billing.

Long-Term Care Monthly Statement of Care & Log

This is a form to be completed by an Approved Caregiver when the policyholder is living at home and being cared for by the Approved Caregiver. It must be submitted each month.

Long-Term Care Monthly Verification of Continuing Care

This is a form to be completed by facility staff. This form is used to verify that the policyholder has been confined in a facility and has been receiving care. It must be submitted each month with the billing.



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Medico Careers

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Career Information

We owe our success to our dedicated employees who constantly strive to provide the best service possible.

Medico® Insurance Company, an Equal Opportunity Employer, provides a pleasant place to work and to build a career.

Medico offers a competitive benefits package including a 38 hour work week giving our employees the freedom to enjoy Friday afternoons off. Our positive work environment encourages personal and professional growth. Medico looks for talented individuals who can help us develop innovative solutions to meet and exceed the needs of our clients.

Medico offers:

- Health Insurance
- Dental Insurance
- Life Insurance
- Disability Insurance
- Paid Vacation
- 401(k) Program with immediate full vesting upon participation
- Tuition Reimbursement
- Discounts on Company Products

To inquire about current openings, please contact Medico Insurance Company's Human Resource Department at 1-402-391-6900.

Current Openings

Client Services Representative

Medico Insurance Company has an immediate opening for a Client Services Representative in our Client Services Department. The position will be responsible for answering telephone inquiries from policyholders, family members, agents and health care providers regarding coverage and policy information.

Job Responsibilities:

- Respond to incoming calls in a courteous and efficient manner.
- Answer inquiries about general insurance information, benefit determination, premium calculations, and claims processing.
- Assess a call and determine if it should be forwarded for further assistance to another department.
- Interpret contracts and communicate information to customers over the phone and in writing.
- Process claims for payment using Company guidelines.
- Utilize computer system to document calls by entering codes indicating the reason for the call and what information was given.
- Verify eligibility via telephone and fax machine.
- Make outgoing calls to customers when necessary, such as returning calls from messages received on the after-hours voice mailbox.
- Participate in annual HIPAA training.
- Handle confidential information and abide by HIPAA privacy laws.



We're Here to Help You

1-800-228-6080

Our office hours are:

Monday - Thursday

7:30 am - 4:45 pm (CT)

Friday

7:30 am - 11:30 am (CT)

Sit for extended periods of time.

- Meet expectations for attendance and punctuality.
- Work overtime as required.
- Perform other duties as assigned.

Qualifications:

- Basic computer knowledge including, but not limited to, MS Office.
 - Excellent oral and written communication skills.
 - Ability to read and interpret correspondence.
 - Ability to work under pressure with a heavy call volume.
 - Strong analytical skills and the ability to pay attention to details.
 - Ability to work independently to carry out assignments.
 - High school education or equivalent required.
 - General insurance industry knowledge preferred.
 - One year customer service experience preferred.
-

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Thank you for taking the time to [visit our Medico® Insurance Company website.](#)

[Call Us](#)

Our Client Services Representatives are available [at the times shown in the column to the right.](#)

[Write Us](#)

Please send your written correspondence to the address below:

[Medico Insurance Company](#)
1515 South 75th Street
Omaha, Nebraska 68124

[Email Us](#)

Use the links below to contact us by email:

- | | |
|---|---|
| File a Claim | General Questions |
| Change of Address | Request More Information |
| Request a Duplicate ID Card | Set Up an Automatic Bank Withdrawal |
| Change Your Beneficiary | Interested in a Sales Career? |



We're Here to Help You

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name: Flesch Certification	Review Status: Filed-Closed	03/12/2009
Bypass Reason: N/A to this advertising filing.		
Comments:		
Bypassed -Name: Application	Review Status: Filed-Closed	03/12/2009
Bypass Reason: N/A		
Comments:		
Bypassed -Name: Outline of Coverage	Review Status: Filed-Closed	03/12/2009
Bypass Reason: N/A		
Comments:		
Satisfied -Name: cover letter and form number sheet	Review Status: Filed-Closed	03/12/2009
Comments:		
Attachments:		
AR Website Filing 032009.pdf		
Website Page Form Numbers and Version Numbers.pdf		



March 11, 2009

MEDICO INSURANCE COMPANY
NAIC # 31119

Commissioner Jay Bradford
Department of Insurance
1200 West Third Street
Little Rock, AR 72201-1904

RE: Website Advertisement Filing
www.gomedico.com - website

Enclosed is a copy of our revised “shell” website, for which we are seeking approval. These web-pages were previously submitted and “filed” by your Department back in 2006. I have highlighted the changes to the text in these revised web-pages. A separate list of the webpage form numbers and version numbers is also attached. The “shell” website is organized in the following manner:

1. Home – The large picture area will rotate between 4 different pictures. The space provided below the picture is for copy which will include recent company news. Old articles will be archived and available for viewing on the site. The “Our Products” will expand as new products are introduced. The “It’s All About Service” area will change as new testimonials are received. Consent forms for all testimonials are required and are kept current.
2. About Us – When this link is selected, a visitor will be taken to a page containing our mission statement, our values and a brief summary of our history.
3. Products – When this link is selected, a visitor will be taken to a page that contains information on our products, based on availability in their state. (All web-pages that advertise our actual products have been previously filed with your Department).
4. Policyholders – When this link is selected, a visitor will be taken to a page that contains several service related forms: a change of address form, an automatic bank withdrawal form and various claim forms.
5. Producers – This link will allow agents to enter a specific portion of the website, with an appropriate login name and password. Visitors will not have access to this portion, unless they have a sign on.

Protecting Your Future Today®



Website Advertisement Filing
Page 2

6. Healthcare Professionals – When this link is selected, a visitor will be taken to a page containing contact information, to verify coverage for a policyholder. There are also PDFs of service related forms available.
7. Careers – When this link is selected, a visitor will be taken to a page containing career information and opportunities.
8. Contact Us – When this link is selected, a visitor will be taken to a page containing our address, phone number, office hours and important contacts.

At the bottom of each page, are links to our Terms and Conditions, Privacy Policy, HIPPA Privacy Notices and Forms. We ask for the ability to make minor page content and graphics changes, as needed, without re-filing this “shell” website - with the understanding that we will keep track of the date of the changes, and archive the website pages that were revised and replaced.

We would like to activate this revised website upon your approval, and have included with this filing any pages that require state approval.

Thank you for your review and approval of this filing. If you have any questions or concerns, please feel free to contact me.

Cordially,

A handwritten signature in black ink that reads "Karl Hug". The signature is fluid and cursive, with the first name "Karl" and last name "Hug" clearly legible.

Karl Hug, HIA
Compliance Analyst
khug@gomedico.com
Ph #800-695-5976, X251
Fax #402-391-4858

“gomedico” Website Page Form Numbers and Version Numbers

<u>Form Number</u>	<u>Version Number</u>
WW-0001	01152009
WW-0003	01152009
WW-P-0001	01152009
WW-0004	01152009
WW-0008	01152009
WW-0005	01152009
WW-0006	01152009
WW-0007	01152009