

SERFF Tracking Number: MDIC-125868707 State: Arkansas  
Filing Company: Medico Insurance Company State Tracking Number: 40650  
Company Tracking Number: LM AR A18 DVH ASSOC.RATES  
TOI: H10I Individual Health - Dental Sub-TOI: H10I.000 Health - Dental  
Product Name: AR A18 DVH Assoc.Rates  
Project Name/Number: LM AR A18 DVH Assoc.Rates/LM AR A18 DVH Assoc.Rates

## Filing at a Glance

Company: Medico Insurance Company  
Product Name: AR A18 DVH Assoc.Rates  
TOI: H10I Individual Health - Dental  
Sub-TOI: H10I.000 Health - Dental

SERFF Tr Num: MDIC-125868707 State: ArkansasLH  
SERFF Status: Closed State Tr Num: 40650  
Co Tr Num: LM AR A18 DVH State Status: Filed-Closed  
ASSOC.RATES

Filing Type: Rate

Co Status: Reviewer(s): Rosalind Minor  
Author: Luanne Melies Disposition Date: 10/27/2008  
Date Submitted: 10/22/2008 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: LM AR A18 DVH Assoc.Rates  
Project Number: LM AR A18 DVH Assoc.Rates  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
Date Approved in Domicile:  
Domicile Status Comments: Association Rates for the Dental, Vision and Hearing Policy have been filed with the state of Nebraska our state of domicile. Status of filing approval is pending.

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 10/27/2008  
State Status Changed: 10/27/2008  
Corresponding Filing Tracking Number:

Market Type: Individual  
Group Market Size:  
Group Market Type:

Filing Description:

Deemer Date:

RE: Individual Dental, Vision and Hearing Policy

MI-DVA18

Enclosed Material:

<i>SERFF Tracking Number:</i>	<i>MDIC-125868707</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Medico Insurance Company</i>	<i>State Tracking Number:</i>	<i>40650</i>
<i>Company Tracking Number:</i>	<i>LM AR A18 DVH ASSOC.RATES</i>		
<i>TOI:</i>	<i>H101 Individual Health - Dental</i>	<i>Sub-TOI:</i>	<i>H101.000 Health - Dental</i>
<i>Product Name:</i>	<i>AR A18 DVH Assoc.Rates</i>		
<i>Project Name/Number:</i>	<i>LM AR A18 DVH Assoc.Rates/LM AR A18 DVH Assoc.Rates</i>		

**Actuarial Memorandum and Rate Sheets**

Enclosed, for your review and approval, you will find our Dental, Vision and Hearing Policy association rates and actuarial memorandum. The policy, MI-DVA18 and the individual rates received approval by your department on April 21, 2008. These new association rates will not replace any rates currently on file with your Department.

The premium rates vary by issue age band. The previously approved rates offer a 10% discount when two persons from the same household apply at the same time. The association group discount may be offered at 5%, 10% or 15%, which would increase the loss ratio corresponding to the lower premium level. When a household discount is applied in conjunction with an association group discount, the association discount may be reduced.

I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

**Company and Contact**

**Filing Contact Information**

Luanne Melies, Compliance Analyst	lmelies@gomedico.com
1515 S. 75th Street	(800) 695-5976 [Phone]
Omaha, NE 68124	(402) 391-4858[FAX]

**Filing Company Information**

Medico Insurance Company	CoCode: 31119	State of Domicile: Nebraska
1515 S. 75th Street	Group Code: 364	Company Type: Life and Health
Omaha, NE 68124	Group Name: Medico	State ID Number:
(800) 695-5976 ext. [Phone]	FEIN Number: 47-0122200	

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**Filing Fees**

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	One Rate Filing.

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Per Company: No

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Medico Insurance Company	\$50.00	10/22/2008	23394924

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Product Name: AR A18 DVH Assoc.Rates  
Project Name/Number: LM AR A18 DVH Assoc.Rates/LM AR A18 DVH Assoc.Rates

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Rosalind Minor	10/27/2008	10/27/2008

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## **Disposition**

Disposition Date: 10/27/2008

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Item Type</b>	<b>Item Name</b>	<b>Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Filed-Closed	No
<b>Supporting Document</b>	Cover Letter	Filed-Closed	Yes
<b>Rate</b>	Association Rates	Filed-Closed	Yes

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## **Rate Information**

Rate data does NOT apply to filing.

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## Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Filed-Closed	Association Rates	MI-DVA18	New		AR_A18G_rates as filed.pdf

Medico™ Insurance Company  
Omaha, Nebraska  
MI-DVA18  
Gross Premium Code: A18AG - Rate Group: A18G  
Dental/Vision/Hearing - Association Group - Per Person Rate

RATE SCHEDULE - Arkansas  
\$1,000 Annual Benefit Maximum

Association Group - A

Issue Age	Individual	Household
	Premium	Premium
18 - 39	262.20	234.60
40 - 59	296.40	265.20
60 - 74	330.60	295.80
75 - 79	342.00	306.00
80 - 84	364.80	326.40

MODAL FACTORS

Direct-Billed  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Bi-Monthly = 2/11  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Bi-Monthly = 2/12  
Monthly = 1/12

Rates certify to a 50% anticipated loss ratio.

MIRSA18(AR) 10/08

Medico™ Insurance Company  
Omaha, Nebraska  
MI-DVA18  
Gross Premium Code: A18AG - Rate Group: A18G  
Dental/Vision/Hearing - Association Group - Per Person Rate

RATE SCHEDULE - Arkansas  
\$1,000 Annual Benefit Maximum

Issue Age	Association Group - B	
	Individual Premium	Household Premium
18 - 39	248.40	234.60
40 - 59	280.80	265.20
60 - 74	313.20	295.80
75 - 79	324.00	306.00
80 - 84	345.60	326.40

MODAL FACTORS

Direct-Billed  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Bi-Monthly = 2/11  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
Bi-Monthly = 2/12  
Monthly = 1/12

Rates certify to a 50% anticipated loss ratio.

MIRSA18(AR) 10/08

Medico™ Insurance Company  
Omaha, Nebraska  
MI-DVA18  
Gross Premium Code: A18AG - Rate Group: A18G  
Dental/Vision/Hearing - Association Group - Per Person Rate

RATE SCHEDULE - Arkansas  
\$1,000 Annual Benefit Maximum

Association Group - C	
Issue Age	Individual Premium
18 - 39	234.60
40 - 59	265.20
60 - 74	295.80
75 - 79	306.00
80 - 84	326.40

MODAL FACTORS

Direct-Billed  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 0.27  
Bi-Monthly = 2/11  
Monthly = 1/11

Automatic Bank Withdrawal  
Annual = 1.00  
Semi-Annual = 0.52  
Quarterly = 3/12  
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Rates certify to a 50% anticipated loss ratio.

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Omaha, Nebraska  
MI-DVA18  
Gross Premium Code: A18AG - Rate Group: A18G  
Dental/Vision/Hearing - Association Group - Per Person Rate

RATE SCHEDULE - Arkansas  
\$1,500 Annual Benefit Maximum

Association Group - A

Issue Age	Individual	Household
	Premium	Premium
18 - 39	353.97	316.71
40 - 59	400.14	358.02
60 - 74	446.31	399.33
75 - 79	461.70	413.10
80 - 84	492.48	440.64

MODAL FACTORS

Direct-Billed  
Annual = 1.00  
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Quarterly = 0.27  
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Omaha, Nebraska  
MI-DVA18  
Gross Premium Code: A18AG - Rate Group: A18G  
Dental/Vision/Hearing - Association Group - Per Person Rate

RATE SCHEDULE - Arkansas  
\$1,500 Annual Benefit Maximum

Association Group - B

Issue Age	Individual	Household
	Premium	Premium
18 - 39	335.34	316.71
40 - 59	379.08	358.02
60 - 74	422.82	399.33
75 - 79	437.40	413.10
80 - 84	466.56	440.64

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Semi-Annual = 0.52  
Quarterly = 0.27  
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Monthly = 1/11

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Gross Premium Code: A18AG - Rate Group: A18G  
Dental/Vision/Hearing - Association Group - Per Person Rate

RATE SCHEDULE - Arkansas  
\$1,500 Annual Benefit Maximum

Association Group - C	
Issue Age	Individual Premium
18 - 39	316.71
40 - 59	358.02
60 - 74	399.33
75 - 79	413.10
80 - 84	440.64

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## Supporting Document Schedules

**Satisfied -Name:** Cover Letter

**Comments:**

**Attachment:**

AR cover letter assoc.rate 10-22-08 .pdf

**Review Status:**

Filed-Closed

10/27/2008



## MEDICO™ GROUP

Medico™ Insurance Company • Medico™ Life Insurance Company

October 22, 2008

MEDICO INSURANCE COMPANY  
NAIC # 31119

Commissioner Julie Benafield Bowman  
Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

RE: Individual Dental, Vision and Hearing Policy  
MI-DVA18

**Enclosed Material:**

Actuarial Memorandum and Rate Sheets

Enclosed, for your review and approval, you will find our Dental, Vision and Hearing Policy association rates and actuarial memorandum. The policy, MI-DVA18 and the individual rates received approval by your department on April 21, 2008. These new association rates will not replace any rates currently on file with your Department.

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I thank you in advance for your prompt review and approval of this submission. If you have any questions, please feel free to contact me.

Sincerely,



Luanne Melies  
Compliance Analyst  
1-800-695-5976 Ext. 249  
Fax (402) 391-4858  
lmelies@gomedico.com

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