

SERFF Tracking Number: NELL-125867287 State: Arkansas
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 40667
Company Tracking Number: PALIC C18
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: C18
Project Name/Number: C18/

Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: C18 SERFF Tr Num: NELL-125867287 State: ArkansasLH

TOI: H07I Individual Health - Specified Disease SERFF Status: Closed State Tr Num: 40667

- Limited Benefit

Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: PALIC C18 State Status: Approved-Closed

Only

Filing Type: Rate

Co Status:

Reviewer(s): Rosalind Minor

Author: Ken Beckman

Disposition Date: 10/27/2008

Date Submitted: 10/23/2008

Disposition Status: Approved-

Closed

Implementation Date Requested: 05/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: C18

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 08/15/2008

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact: 12.5%

Group Market Type:

Filing Status Changed: 10/27/2008

State Status Changed: 10/27/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The purpose of this filing is to request a rate revision on the radiation/chemotherapy riders of the company's individual C18 cancer policy form. The rate revision request is based upon the information given in the actuarial memorandum.

SERFF Tracking Number: NELL-125867287 State: Arkansas
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 Company Tracking Number: PALIC C18
 TOI: H071 Individual Health - Specified Disease - Sub-TOI: H071.002A Dread Disease - Cancer Only
 Limited Benefit
 Product Name: C18
 Project Name/Number: C18/

Company and Contact

Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com
 P. O. Box 34952 (402) 905-2170 [Phone]
 Omaha, NE 68134-9832

Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas
 200 Westlake Park #1200 Group Code: 520 Company Type:
 Houston, TX 77079 Group Name: State ID Number:
 (281) 368-7200 ext. [Phone] FEIN Number: 74-1952955

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$50.00	10/23/2008	23427873

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Correspondence Summary

Dispositions

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

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Disposition

Disposition Date: 10/27/2008

Implementation Date:

Status: Approved-Closed

Comment: We have approved an average 12.5% rate increase on this submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):	Overall % Indicated Change:
Philadelphia American Life Insurance Company	12.500%	\$6,427	108	\$51,416	%	%	12.500%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	rate schedule	Approved-Closed	Yes

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

10.000%

Effective Date of Last Rate Revision:

05/01/2008

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:	Premium:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	12.500%	12.500%	\$6,427	108	\$51,416	%	%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed	rate schedule	C18	Revised	Previous State Filing Number: Percent Rate Change Request:	NELI-1253933 39 12 AR C18 Chemo riders PALIC rate sheets 2009.pdf

**Philadelphia American Life Insurance Company
200 Westlake Park Blvd., P.O. Box 4884
Houston, Texas 77210-4884**

**Radiation Treatment, Chemotherapy, Hormone Therapy,
Immunotherapy and Related Services Benefit Rider
For use with Policy Form C18 - Worksite - Standard Annual Rates**

<u>Rider</u>	<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
8299	All Ages	\$93.88	\$160.94	\$120.71
8300	All Ages	\$279.45	\$473.85	\$352.35
8301	All Ages	\$413.34	\$698.75	\$521.60
8302	All Ages	\$48.60	\$81.00	\$61.56
8303	All Ages	\$167.63	\$284.24	\$211.36
8304	All Ages	\$270.64	\$451.07	\$333.79
8305	All Ages	\$51.00	\$84.00	\$63.00
8306	All Ages	\$171.24	\$289.34	\$218.48
8307	All Ages	\$81.00	\$135.00	\$102.00

FOR MODE FACTORS OTHER THAN ANNUAL, MULTIPLY THE ANNUAL RATE
BY THE CORRESPONDING MODE FACTOR

MODAL PREMIUM FACTORS

PREMIUM MODE

ANNUAL	1.00000
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY (Bill Direct)	0.09000
MONTHLY (Depositor's Authorization)	0.08333

ANY OTHER SPECIAL BILLING MODES SELECTED BY MARKETING WILL BE PROPORTIONAL TO THE ANNUAL PREMIUM.
RATES MAY VARY BY A FEW CENTS FROM THE RATES SHOWN AT THE TIME OF ISSUE DUE TO COMPUTER ROUNDING

Philadelphia American Life Insurance Company
200 Westlake Park Blvd., P.O. Box 4884
Houston, Texas 77210-4884

**Radiation Treatment, Chemotherapy, Hormone Therapy,
 Immunotherapy and Related Services Benefit Rider**
For use with Policy Form C18 -Worksite - Other/ Association Annual Rates

<u>Rider</u>	<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
8299	All Ages	\$98.35	\$165.42	\$125.18
8300	All Ages	\$291.60	\$498.15	\$364.50
8301	All Ages	\$433.03	\$728.27	\$551.12
8302	All Ages	\$51.84	\$87.48	\$64.80
8303	All Ages	\$174.92	\$298.82	\$218.65
8304	All Ages	\$279.66	\$469.11	\$351.83
8305	All Ages	\$54.00	\$90.00	\$66.00
8306	All Ages	\$183.05	\$307.05	\$230.29
8307	All Ages	\$84.00	\$144.00	\$108.00

FOR MODE FACTORS OTHER THAN ANNUAL, MULTIPLY THE ANNUAL RATE
 BY THE CORRESPONDING MODE FACTOR

MODAL PREMIUM FACTORS

PREMIUM MODE

ANNUAL	1.00000
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY (Bill Direct)	0.09000
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