

SERFF Tracking Number: PHYS-125971526 State: Arkansas
Filing Company: Physicians Life Insurance Company State Tracking Number: 41231
Company Tracking Number:
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: Standardized Medicare Supplement
Project Name/Number: /

Filing at a Glance

Company: Physicians Life Insurance Company

Product Name: Standardized Medicare Supplement SERFF Tr Num: PHYS-125971526 State: Arkansas

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed-Approved State Tr Num: 41231

Sub-TOI: MS051.001 Plan A Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Stephanie Fowler

Authors: Tracy Comba, Richie

Hinman

Date Submitted: 01/05/2009 Disposition Date: 01/26/2009

Implementation Date Requested: 05/01/2009

Disposition Status: Approved
Implementation Date: 05/01/2009

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 12/11/2008

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: 3.1%

Group Market Type:

Filing Status Changed: 01/26/2009

Explanation for Other Group Market Type:

State Status Changed: 01/27/2009

Deemer Date:

Created By: Tracy Comba

Submitted By: Tracy Comba

Corresponding Filing Tracking Number:

Filing Description:

This filing is a combination of our annual filing of premium rates and loss ratio projections for Plans A, B, F & G. For Plan F it is also our proposed rate revision for 2009. This filing has been organized into two separate sections.

For all Plans, the first section of this filing meets the reporting requirements as set forth under Section 13 C of the NAIC model regulation. In addition, it shows that we meet, or can reasonably expect to meet, all of the mandated loss ratio standards. Our reporting format closely follows the order of presentation in Section III of the NAIC compliance manual.

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For the Plan F, the second section of this filing explains our need for a rate increase. It follows the order of presentation in Sections III and IV of the NAIC compliance manual.

We look forward to your approval of this filing. If you have any questions or need any additional information, please contact me at (402) 633-5782, at fax (402) 930-2732 or at e-mail address richie.hinman@physiciansmutual.com.

Company and Contact

Filing Contact Information

Richie Hinman, Re-Rating Supervisor richie.hinman@physiciansmutual.com
 2600 Dodge Street 402-633-5782 [Phone]
 Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Life Insurance Company CoCode: 72125 State of Domicile: Nebraska
 2600 Dodge Street Group Code: 367 Company Type:
 Omaha, NE 68131 Group Name: State ID Number:
 (402) 633-1188 ext. [Phone] FEIN Number: 47-0529583

Filing Fees

Fee Required? Yes
 Fee Amount: \$200.00
 Retaliatory? No
 Fee Explanation: \$50 for Plan A
 \$50 for Plan B
 \$50 for Plan F
 \$50 for Plan G
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Life Insurance Company	\$200.00	01/05/2009	24820434

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Stephanie Fowler	01/26/2009	01/26/2009

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Stephanie Fowler	01/21/2009	01/21/2009	Tracy Comba	01/26/2009	01/26/2009

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Disposition

Disposition Date: 01/26/2009

Implementation Date: 05/01/2009

Status: Approved

Comment: We have approved the requested 6% rate increase for Plans F, HD-F, and HD-F Rider to be implemented on or after May 1, 2009. No change was requested for Plans A, B, & G. This approval is subject to the following:

Increases will not be given more frequently than once in a twelve-month period.

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 required):	Minimum % Change (where required):
Physicians Life Insurance Company	3.100%	3.100%	\$13,007	263	\$455,543	6.000%	0.000%

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Company Tracking Number:
TOI: *MS051 Individual Medicare Supplement - Standard Plans* Sub-TOI: *MS051.001 Plan A*
Product Name: *Standardized Medicare Supplement*
Project Name/Number: */*

Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 01/21/2009
Submitted Date 01/21/2009
Respond By Date 02/23/2009

Dear Richie Hinman,

This will acknowledge receipt of the captioned filing.

Just to clarify, the rates for Plans A, B, HD-F, and G will not increase from their 2008 levels, but you are requesting a 6% increase for Plan F.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 01/26/2009
Submitted Date 01/26/2009

Dear Stephanie Fowler,

Comments:

Response 1

Comments: Your note is correct in that we are not requesting a rate increase on Plans A, B & G; however, we are requesting a 6% increase on the Plan F (L665), the High Deductible Rider (LR143) and the High Deductible Plan F (L267).

The original submission of this filing should have included the following explanation:

Included within this filing are two newly approved forms, the L267 and the LR143.

The L267 is a High Deductible Plan F and was approved on October 1, 2008.

The LR143 is a Rider which attaches to the Standard Plan F and was approved on September 30, 2008. This rider amends the benefits of a Plan F policy to include a high deductible from time of issue until the fourth January 1st after the effective date of the policy (high deductible elimination date). Prior to the high deductible elimination date, the base Plan F policy with rider provides standardized High Deductible Plan F benefits. On and after the high deductible elimination date, the base Plan F policy with rider provides standardized Plan F benefits. The LR143 provides a premium discount for as long as this rider is in force, both before and after the high deductible elimination date. The policyholder may elect to terminate the rider without underwriting prior to the deductible elimination date. Once the rider is terminated the policyholder will pay the standard Plan F rates and receive standard Plan F benefits.

The inforce for the L267 as of December 31, 2008, is 6 for National and 0 for Arkansas.

The inforce for the LR143 as of December 31, 2008, is 2 for National and 18 for Arkansas.

As these forms were approved earlier this year, they have yet to develop credible experience. Therefore, rate increases were based on Plan F experience.

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Rate Information

Rate data applies to filing.

Filing Method: Serff
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: Serff

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 required):	Minimum % Change (where required):
Physicians Life Insurance Company	3.100%	3.100%	\$13,007	263	\$455,543	6.000%	0.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 01/26/2009	Rate Pages	L260, L660, L261, L668, L665, L266, L265	Revised	Previous State Filing Number: Percent Rate Change Request: 6.000	AR_2009_Rates.pdf TobaccoFactSch.pdf PLIC National Area Factors.pdf

PHYSICIANS LIFE INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

Plan A

Arkansas

2008

Automatic Bank Withdrawal

Base Premiums

ISSUES FOR ALL DATES

Age	Issue Age
65-99	\$115.40

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

Plan B
Arkansas
2008

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65-99	\$141.05

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

Plan F
Arkansas
2008

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES

Age	Issue Age
65-99	\$194.45

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

LR143
Arkansas
2008

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65-99	\$-56.70

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

Monthly rates are equal to the Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

High Deductible Plan F

Arkansas

2008

Automatic Bank Withdrawal

Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65-99	\$70.80

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

Plan G
Arkansas
2008

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES

Age	Issue Age
65-99	\$159.30

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

Plan F
Arkansas
2009

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES	
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Age	Issue Age
65-99	\$206.10

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
Table of Rates
Medicare Supplement Policy

LR143
Arkansas
2009

Automatic Bank Withdrawal
Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65-99	\$-60.10

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

Monthly rates are equal to the Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY

Table of Rates

Medicare Supplement Policy

High Deductible Plan F

Arkansas

2009

Automatic Bank Withdrawal

Base Premiums

ISSUES FOR ALL DATES

Age	Agency Issue Age
65-99	\$75.05

Please refer to
AREA-PLIC-
050108 for areas
and factors.

Please refer to
TOBACCO-STD-
010903 for
factors.

To obtain Monthly rates, add \$5 to the above quoted Automatic Bank Withdrawal rates. To obtain Quarterly, Semi-Annual, and Annual rates, multiply the above quoted Automatic Bank Withdrawal by 3, 6 and 12 respectively.

PHYSICIANS LIFE INSURANCE COMPANY
2600 DODGE STREET
OMAHA, NEBRASKA 68131

**MEDICARE SUPPLEMENT
TOBACCO RATE FACTORS
AGENT-SOLD AND DIRECT RESPONSE BUSINESS**

	<u>Factors</u>
Non-Tobacco	1.00
Tobacco	1.12

TOBACCO-STD-010903

Physicians Life Insurance Company

Omaha, Nebraska
 MEDICARE SUPPLEMENT
 AREA RATING ZIP CODES
 Direct Response Solicited Business

Plans A, B, C, and F

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00		
500-516 520-528 656-658	386-388 390-393 396-397, 559 613, 634 636-639 654, 655 683-684 686, 688-693 843-844, 847 976, 978-979	386-388 390-393 396-397, 559 613, 634 636-639 403-404 421, 425 437-438, 446 449, 461-462 465-468, 470 472-475, 499 580-588 590-599 635, 646, 648 685, 687, 748 840-842 873-874 877-884 973-975, 977 995-999	170-174 224-225 227-231, 238 240-241 243-245 403-404 421, 425 437-438, 446 449, 461-462 465-468, 470 472-475, 499 580-588 590-599 635, 646, 648 685, 687, 748 840-842 873-874 877-884 973-975, 977 995-999	030-038 254, 257 261-268 290-291, 293 296-298 377-383, 385 389, 394 405-406, 411 413-414 422-424, 426 430, 432-433 448, 456-458 469, 471 476-479 490-491 494-495 498, 551 554, 610-612 614-615 617-619 623-629 644-645 650, 652-653 664-665 667-681 712-713 719-721 731, 756 759, 763, 765 768-769, 788 792, 795-796 799, 806 871-872 893, 898 967-968 970-972 980-981 983-985, 992 993-994	164-169, 177 199 249-253 255-256 260, 270-289 292, 294-295 299, 304-310 317-319 356-364 367-369, 371 373-376, 384 398, 400-401 407-410, 412 415-420, 427 431, 434-435 439, 442 447, 451 453-455, 460 463-464 493, 496-497 609, 616 630-631, 633 647, 651 664-665 667-681 712-713 719-721 731, 756 759, 763, 765 768-769, 788 792, 795-796 799, 806 871-872 893, 898 967-968 970-972 980-981 983-985, 992 993-994	354-355 365-366, 370 372, 402 620, 622 660-662 705-706, 710 755, 758 778-781 783-785, 789 793, 801 804-805, 809 855, 860, 864 894-895, 897	197-198 301-302 312-316, 323 242, 246-248 178-196 338, 342, 347 258-259, 300 399, 703, 704 757, 777 922-925, 933 935, 945-949 953-954	201, 220-223 226, 232, 239 312-316, 323 242, 246-248 178-196 338, 342, 347 258-259, 300 399, 703, 704 757, 777 922-925, 933 935, 945-949 953-954	233-237, 320 327, 335-336 338, 342, 347 178-196 338, 342, 347 258-259, 300 399, 703, 704 757, 777 922-925, 933 935, 945-949 953-954	770, 772 775, 889, 891	773	322 328-329, 337 339, 346 484-485	700 701					330-334, 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944							

All Other Plans

Area A 0.75	Area B 0.80	Area C 0.85	Area D 0.90	Area E 0.95	Area F 1.00	Area G 1.05	Area H 1.10	Area I 1.15	Area J 1.20	Area K 1.25	Area L 1.30	Area M 1.35	Area N 1.40	Area O 1.45	Area P 1.50	Area Q 1.55	Area R 1.60	Area S 1.65	Area T 1.70	Area U 1.75	Area V 1.80	Area W 1.85	Area X 1.90	Area Y 1.95	Area Z 2.00			
538, 540 545-548	500-516 520-528 535, 537, 539 544, 549 656-658	386-388 390-393 396-397 446, 461-462 559, 613 634, 636-639 683-684 654, 655 686, 688-693 843-844, 847 973-979	170-174 224-225 227-231 238, 240-241 243-245 403-404, 421 425 430, 432 437-438, 449 465-468, 470 472-475, 479 499, 530, 550, 553, 556-558 560-567 570-577 580-588 590-599 635, 646, 648 685, 687, 730 740-741, 748 814-816 840-842, 870 873-874 877-880 881-882 883-884 995-999	030-038 254, 257 261-268 290-291, 293 296-298 377-383, 385 389, 394 400-401 405-406 410-411 413-414 422-424, 426 431, 433 434-435, 448 453-454 456-458, 460 469, 471 476-478 490-491 494-495, 498 541-543 551, 554 610-612 614-615 617-619 623-629 644-645, 650 652-653, 666 681, 716-718 723-729, 731 734-739 743-747, 749 765-767, 790 797-798, 803 807-808 810-813 820-831 839 845-846, 859 863, 865 871-872, 875 942, 955-958 970-972 982, 986 988-991 993-994	164-169 199 249-253 255-256 260, 270-289 292, 294-295 299, 304-310 317-319 356-364 367-369, 371 373-376, 384 398, 400-401 407-410, 412 415-420, 427 431, 434-435 439, 442 447, 451 453-455, 460 463-464 493, 496-497 609, 616 630-631, 633 647, 651 664-665 667-681 712-713 719-721 731, 756 759, 763, 765 768-769, 788 792, 795-796 799, 806 871-872 893, 898 967-968 970-972 980-981 983-985, 992 993-994	354-355 365-366, 370 372, 402 620, 622 660-662 705-706, 710 755, 758 778-779 782-785, 789 793, 800, 802 809, 850 492 600-604 852-853 855-857, 860 864, 894-895 897	197-198, 201 220-223, 242 246-248 258-259, 300 301-302 312-316, 323 352, 395, 441 436, 486-487 641, 703-704 711, 750-754 774, 776, 890	226, 232, 239 246-248 258-259, 300 301-302 312-316, 323 352, 395, 441 436, 486-487 641, 703-704 711, 750-754 774, 776, 890	233-237, 320 327, 335-336 338, 342, 347 178-196 338, 342 258-259, 300 399, 714, 777 347, 757, 773 922-925, 933 935, 945-949 953-954	770, 772 775, 889, 891	773	322 328-329, 337 339, 346 484-485	701						330-334, 340-341, 343 345, 348-349 480-483		900-921 926-928 940-941 943-944							