Filing at a Glance

Company: Equitable Life & Casualty Insurance Company

Product Name: EquiChoice
SERFF Tr Num: ELCC-126296450
State: Arkansas

TOI: MS05I Individual Medicare Supplement - Standard Plans
SERFF Status: Closed-Approved-Closed
State Tr Num: 43456

Sub-TOI: MS05I.001 Plan A
Co Tr Num: 920RI2009 AR
State Status: Approved-Closed

Filing Type: Rate
Reviewer(s): Stephanie Fowler

Authors: Mark Banks, Jana Peterson, Kathy Foster
Disposition Date: 12/15/2009

Date Submitted: 09/08/2009
Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2009
Implementation Date: 12/15/2009

State Filing Description:

General Information

Project Name: 920RI2009 AR
Status of Filing in Domicile: Pending

Project Number: 920RI2009 AR
Date Approved in Domicile:

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:
Group Market Type:

Filing Status Changed: 12/15/2009
Explanation for Other Group Market Type:

State Status Changed: 12/15/2009

Deemer Date:
Created By: Jana Peterson

Submitted By: Jana Peterson
Corresponding Filing Tracking Number:

Filing Description:

Attached please find an actuarial memorandum outlining our request for the following rate increases on Medicare Supplement Policy Forms 920 and 920(Rev07):

Plan - Rate Increase
A - 27.0%
B - 27.0%
C - 27.0%
D - 27.0%

E - 27.0%
F, High Ded. F - 27.0%
G - 27.0%
H (with and without Drugs) - 27.0%
I (with and without Drugs) - 27.0%
J, High Ded. J (with and without Drugs) - 27.0%
L - 27.0%

We are seeking these rate increases to maintain equivalency between the forms and to bring the cumulative lifetime loss ratio closer to the filed and approved loss ratio of 65%.

We intend for this increase to take effect on the later of November 1, 2009 or the date this rate revision is approved.

Company and Contact

Filing Contact Information

Jana Peterson, Compliance Specialist
3 Triad Center
Suite 200
Salt Lake City, UT 84180

Jana.Peterson@Equilife.com
877-579-3782 [Phone]
801-579-3781 [FAX]

Filing Company Information

Equitable Life & Casualty Insurance Company
3 Triad Center
Suite 200
Salt Lake City, UT 84180
(801) 579-3400 ext. [Phone]

CoCode: 62952
Group Code: -99
Group Name:
FEIN Number: 87-0129771

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

Filing Fees

Fee Required?	Yes
Fee Amount:	$650.00
Retaliatory?	No
Fee Explanation:	AR State Fee 13 Plans X $50/Plan = $650
Per Company:	No

SERFF Tracking Number:	*ELCC-126296450*	*State:*	*Arkansas*
Filing Company:	*Equitable Life & Casualty Insurance Company*	*State Tracking Number:*	*43456*
Company Tracking Number:	*920RI2009 AR*		
TOI:	*MS05I Individual Medicare Supplement - Standard Plans*	*Sub-TOI:*	*MS05I.001 Plan A*
Product Name:	*EquiChoice*		
Project Name/Number:	*920RI2009 AR/920RI2009 AR*		

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Equitable Life & Casualty Insurance Company	$650.00	09/08/2009	30402034

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	12/15/2009	12/15/2009

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	10/21/2009	10/21/2009	Jana Peterson	11/23/2009	11/23/2009

Disposition

Disposition Date: 12/15/2009
Implementation Date: 12/15/2009
Status: Approved-Closed
Comment: The negotiated rate increase of 19.9% has been approved to be implemented. This approval is subject to the following:

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

• Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

Rate data does NOT apply to filing.

SERFF Tracking Number:	*ELCC-126296450*	*State:*	*Arkansas*
Filing Company:	*Equitable Life & Casualty Insurance Company*	*State Tracking Number:*	*43456*
Company Tracking Number:	*920RI2009 AR*		
TOI:	*MS05I Individual Medicare Supplement - Standard Plans*	*Sub-TOI:*	*MS05I.001 Plan A*
Product Name:	*EquiChoice*		
Project Name/Number:	*920RI2009 AR/920RI2009 AR*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document *(revised)*	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate *(revised)*	Attachment A	Accepted for Informational Purposes	No
Rate	Attachment A	Disapproved	No
Rate *(revised)*	Attachment B	Accepted for Informational Purposes	No
Rate	Attachment B	Disapproved	No
Rate *(revised)*	Attachment C	Approved	Yes
Rate	Attachment C	Disapproved	No

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/21/2009
Submitted Date	10/21/2009
Respond By Date	11/23/2009

Dear Jana Peterson,

This will acknowledge receipt of the captioned filing.

Based on the possible impact a 27% increase would have on the citizens of Arkansas, we would be willing to accept a 15% increase for the plans contained in this filing.

Please feel free to contact me if you have questions.
Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/23/2009
Submitted Date	11/23/2009

Dear Stephanie Fowler,

Comments:
I received your letter dated 10-21-2009 citing concerns about the effect of a 27% rate increase on the citizens of Arkansas.

Response 1

Comments: I have re-examined our rate increase and considering the likely effect of such a rate increase on anti-selection, we are willing to temper our rate increase request to 19.9%. The average loss ratio over the past three years on these Arkansas forms exceeds 75%. A rate increase of 19.9% will help us get closer to the filed 65% loss ratio.

Changed Items:

Supporting Document Schedule Item Changes
Satisfied -Name: Health - Actuarial Justification

Comment:

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	**Affected Form Numbers:**	**Rate Action:**	**Rate Action Information:**	**Attach Document:**
Attachment A	920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B, 920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C (Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F (Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)	Revised	*Previous State Filing Number* 38948 *Percent Rate Change Request* 27	
Previous Version				
Attachment A	*920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B, 920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C (Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F*	*Revised*	*Previous State Filing Number*	

	(Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)	*38948* *Percent Rate Change Request* *27*
Attachment B	920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B, 920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C (Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F (Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)	Revised 38948 *Percent Rate Change Request* 27 *Previous State Filing Number*

Previous Version

Attachment B	*920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B, 920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C*	*Revised* *Previous State Filing Number*

	(Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F (Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)	*38948* *Percent Rate Change Request* *27*	
Attachment C	920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B, 920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C (Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F (Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)	Revised 38948 *Percent Rate Change Request* 27	*Previous State Filing Number*

Previous Version

Attachment C

920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B, 920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C (Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F (Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)

Revised

Previous State Filing Number

38948

Percent Rate Change Request

27

Thank you for your consideration in this matter. If you should have any questions, please call our Actuary, Rick Klar Jr., at (801) 579-3414.

Sincerely,
Jana Peterson, Kathy Foster, Mark Banks

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:		Attachments
Approved 12/15/2009	Attachment C	920-A, 920-L (Rev. 07), 920-A (Rev. 07), 920-B,	Revised	Previous State Filing Number:	38948	Attachment C - All Plans.pdf

920-B (Rev.), 920-B (Rev. 07), 920-C, 920-C (Rev.), 920-C (Rev.07), 920-D, 920-D (Rev.), 920-D (Rev. 07), 920-E, 920-E (Rev.), 920-E (Rev. 07), 920-F, 920-F (Rev.), 920-F (Rev. 07), 920-G, 920-G (Rev.), 920-G (Rev. 07), 920-H, 920-H (Rev.), 920-H (Rev. 07), 920-I, 920-I (Rev.), 920-I (Rev. 07), 920-J, 920-J (Rev.), 920-J (Rev. 07), 920-A (Rev.)

Percent Rate Change Request: 27.000

Attachment C - Premium History
Arkansas

Medicare Supplement Policy Form 920 (Rev-07)

2009 Proposed	19.9%	19.9%	19.9%	19.9%	19.9%		19.9%	19.9%	19.9%	19.9%	19.9%

ULTIMATE						STANDARD					
Issue Age	Plan A	Plan H	Plan J	Plan HDJ	Plan L	Issue Age	Plan A	Plan H	Plan J	Plan HDJ	Plan L
65	1,636	1,973	2,177	955	1,348	65	2,454	2,958	3,265	1,432	2,022
66	1,636	1,973	2,177	955	1,348	66	2,454	2,958	3,265	1,432	2,022
67	1,636	1,973	2,177	955	1,348	67	2,454	2,958	3,265	1,432	2,022
68	1,636	1,973	2,177	955	1,348	68	2,454	2,958	3,265	1,432	2,022
69	1,636	1,973	2,177	955	1,348	69	2,454	2,958	3,265	1,432	2,022
70	1,636	1,973	2,177	955	1,348	70	2,454	2,958	3,265	1,432	2,022
71	1,636	1,973	2,177	955	1,348	71	2,454	2,958	3,265	1,432	2,022
72	1,636	1,973	2,177	955	1,348	72	2,454	2,958	3,265	1,432	2,022
73	1,636	1,973	2,177	955	1,348	73	2,454	2,958	3,265	1,432	2,022
74	1,636	1,973	2,177	955	1,348	74	2,454	2,958	3,265	1,432	2,022
75	1,636	1,973	2,177	955	1,348	75	2,454	2,958	3,265	1,432	2,022
76	1,636	1,973	2,177	955	1,348	76	2,454	2,958	3,265	1,432	2,022
77	1,636	1,973	2,177	955	1,348	77	2,454	2,958	3,265	1,432	2,022
78	1,636	1,973	2,177	955	1,348	78	2,454	2,958	3,265	1,432	2,022
79	1,636	1,973	2,177	955	1,348	79	2,454	2,958	3,265	1,432	2,022
80	1,636	1,973	2,177	955	1,348	80	2,454	2,958	3,265	1,432	2,022
81	1,636	1,973	2,177	955	1,348	81	2,454	2,958	3,265	1,432	2,022
82	1,636	1,973	2,177	955	1,348	82	2,454	2,958	3,265	1,432	2,022
83	1,636	1,973	2,177	955	1,348	83	2,454	2,958	3,265	1,432	2,022
84	1,636	1,973	2,177	955	1,348	84	2,454	2,958	3,265	1,432	2,022
85	1,636	1,973	2,177	955	1,348	85	2,454	2,958	3,265	1,432	2,022
86	1,636	1,973	2,177	955	1,348	86	2,454	2,958	3,265	1,432	2,022
87	1,636	1,973	2,177	955	1,348	87	2,454	2,958	3,265	1,432	2,022
88	1,636	1,973	2,177	955	1,348	88	2,454	2,958	3,265	1,432	2,022
89	1,636	1,973	2,177	955	1,348	89	2,454	2,958	3,265	1,432	2,022
90	1,636	1,973	2,177	955	1,348	90	2,454	2,958	3,265	1,432	2,022
91	1,636	1,973	2,177	955	1,348	91	2,454	2,958	3,265	1,432	2,022
92	1,636	1,973	2,177	955	1,348	92	2,454	2,958	3,265	1,432	2,022
93	1,636	1,973	2,177	955	1,348	93	2,454	2,958	3,265	1,432	2,022
94	1,636	1,973	2,177	955	1,348	94	2,454	2,958	3,265	1,432	2,022
95	1,636	1,973	2,177	955	1,348	95	2,454	2,958	3,265	1,432	2,022
96	1,636	1,973	2,177	955	1,348	96	2,454	2,958	3,265	1,432	2,022
97	1,636	1,973	2,177	955	1,348	97	2,454	2,958	3,265	1,432	2,022
98	1,636	1,973	2,177	955	1,348	98	2,454	2,958	3,265	1,432	2,022
99	1,636	1,973	2,177	955	1,348	99	2,454	2,958	3,265	1,432	2,022

Desired Mode		
Monthly Direct	Multiply Annual Premium by	0.090
Quarterly	Multiply Annual Premium by	0.265
Semi-Annual	Multiply Annual Premium by	0.520
Monthly Bank Draft	Multiply Annual Premium by	1/12

Individuals issued during open enrollment period will be given the Ultimate rate.

Attachment D - Proposed Monthly Premium
Arkansas

Policy Form 920

2009 Proposed

													Without Drugs			
	Plan A	**Plan B**	**Plan C**	**Plan D**	**Plan E**	**Plan F**	**Plan G**	**Plan H**	**Plan I**	**Plan J**	**Plan HDF**	**Plan HDJ**	**Plan H**	**Plan I**	**Plan J**	**Plan HDJ**
All Ages																
Annual	2,304.00	4,142.00	5,055.00	3,639.00	3,974.00	5,998.00	4,214.00	7,741.00	8,624.00	9,839.00	2,702.00	4,430.00	3,904.00	3,663.00	6,106.00	2,751.00
Monthly (bank withdrawal)	192.00	345.17	421.25	303.25	331.17	499.84	351.17	645.09	718.67	819.92	225.17	369.17	325.34	305.25	508.84	229.25
Monthly (direct bill)	207.36	372.78	454.95	327.51	357.66	539.82	379.26	696.69	776.16	885.51	243.18	398.70	351.36	329.67	549.54	247.59

Attachment D - Premium History
Arkansas

Medicare Supplement Policy Form 920 (Rev-07)

2009 Proposed

ULTIMATE					
All Ages	**Plan A**	**Plan H**	**Plan J**	**Plan HDJ**	**Plan L**
Annual	1,636	1,973	2,177	955	1,348
Monthly (bank withdrawal)	136.34	164.42	181.42	79.59	112.34
Monthly (direct bill)	147.24	177.57	195.93	85.95	121.32

STANDARD					
All Ages	**Plan A**	**Plan H**	**Plan J**	**Plan HDJ**	**Plan L**
Annual	2,454	2,958	3,265	1,432	2,022
Monthly (bank withdrawal)	204.50	246.50	272.09	119.34	168.50
Monthly (direct bill)	220.86	266.22	293.85	128.88	181.98