

SERFF Tracking Number: NELLI-126388916 State: Arkansas  
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 44186  
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: NELLI-126388916 State: Arkansas  
TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 44186  
- Limited Benefit Closed  
Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: PALIC C18 State Status: Approved-Closed  
Only  
Filing Type: Rate Reviewer(s): Rosalind Minor  
Author: Ken Beckman Disposition Date: 12/02/2009  
Date Submitted: 11/25/2009 Disposition Status: Approved-  
Closed  
Implementation Date Requested: 05/01/2010 Implementation Date:

State Filing Description:

## General Information

Project Name: C18 Status of Filing in Domicile: Authorized  
Project Number: 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: 12.5% Group Market Type:  
Filing Status Changed: 12/02/2009 Explanation for Other Group Market Type:  
State Status Changed: 12/02/2009  
Deemer Date: Created By: Ken Beckman  
Submitted By: Ken Beckman Corresponding Filing Tracking Number:  
Filing Description:  
The purpose of this filing is to request a rate increase on the company's individual supplemental cancer form C18. The rate revision is based upon the information contained in the actuarial memorandum.

## Company and Contact

### Filing Contact Information

Ken Beckman, Product Performance Specialist kbeckman@neweralife.com

SERFF Tracking Number: NELL-126388916 State: Arkansas  
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TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only  
Product Name: C18  
Project Name/Number: C18/

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

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### 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	11/25/2009	32304919

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	12/02/2009	12/02/2009

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## Disposition

Disposition Date: 12/02/2009

Implementation Date:

Status: Approved-Closed

Comment:

We have approved your request of a 12.5% average rate increase on selected radiation, chemotherapy, immunotherapy riders. 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 a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

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):
Philadelphia American Life Insurance Company	12.500%	12.500%	\$5,330	79	\$42,643	%	%

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Schedule	Schedule Item	Schedule 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:**

12.500%

**Effective Date of Last Rate Revision:**

05/01/2009

**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:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Philadelphia American Life Insurance Company	12.500%	12.500%	\$5,330	79	\$42,643	%	%

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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-Closed 12/02/2009	rate schedule	C18	Revised	Previous State Filing Number: Percent Rate Change Request: 40667 12.500	AR C18 Chemo Rider Rate Sheets 2010.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	\$105.15	\$180.26	\$135.19
8300	All Ages	\$405.20	\$687.08	\$510.91
8301	All Ages	\$620.01	\$1,048.12	\$782.40
8302	All Ages	\$48.60	\$81.00	\$61.56
8303	All Ages	\$243.06	\$412.15	\$306.47
8304	All Ages	\$338.30	\$563.84	\$417.24
8305	All Ages	\$51.00	\$84.00	\$63.00
8306	All Ages	\$214.05	\$361.68	\$273.10
8307	All Ages	\$113.40	\$189.00	\$142.80

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	\$110.16	\$185.27	\$140.20
8300	All Ages	\$422.82	\$722.32	\$528.53
8301	All Ages	\$649.54	\$1,092.41	\$826.69
8302	All Ages	\$51.84	\$87.48	\$64.80
8303	All Ages	\$253.63	\$433.28	\$317.04
8304	All Ages	\$349.58	\$586.39	\$439.79
8305	All Ages	\$54.00	\$90.00	\$66.00
8306	All Ages	\$228.81	\$383.82	\$287.86
8307	All Ages	\$117.60	\$201.60	\$151.20

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