Filing at a Glance

Company: American Community Mutual Insurance Company

Product Name: Community Flex
SERFF Tr Num: AMCM-126047218
State: Arkansas

TOI: H16I Individual Health - Major Medical
SERFF Status: Closed-Accepted For Informational Purposes
State Tr Num: 41663

Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Co Tr Num: FLEXRT032009AR
State Status: Filed-Closed

Filing Type: Rate
Reviewer(s): Rosalind Minor

Authors: Jason Potvin, Deon Lozon, Ashley Frazier, Eric Mullarky
Disposition Date: 02/26/2009

Date Submitted: 02/25/2009
Disposition Status: Accepted For Informational Purposes

Implementation Date Requested: On Approval
Implementation Date:

State Filing Description:

General Information

Project Name:
Project Number:
Requested Filing Mode: Informational
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 02/26/2009

Deemer Date:
Submitted By: Kim Zaugg
Filing Description:
We are adding another network option.

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 02/26/2009
Created By: Ashley Frazier
Corresponding Filing Tracking Number:

Company and Contact

Filing Contact Information

Kim Zaugg, Senior Actuarial Analyst
39201 Seven Mile Road
Livonia, MI 48152-1094

kzaugg@american-community.com
734-591-8098 [Phone]
734-853-3165 [FAX]

Filing Company Information

American Community Mutual Insurance Company	CoCode: 60305	State of Domicile: Michigan
39201 Seven Mile Road	Group Code:	Company Type:
Livonia, MI 48152	Group Name:	State ID Number:
(800) 991-2642 ext. [Phone]	FEIN Number: 38-1290976	

Filing Fees

Fee Required?	Yes
Fee Amount:	$50.00
Retaliatory?	No
Fee Explanation:	1 informational filing at $50.

ACMIC USE ONLY acct#6200030

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Community Mutual Insurance Company	$50.00	02/25/2009	25969942

SERFF Tracking Number:	*AMCM-126047218*	*State:*	*Arkansas*
Filing Company:	*American Community Mutual Insurance Company*	*State Tracking Number:*	*41663*
Company Tracking Number:	*FLEXRT032009AR*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Community Flex*		
Project Name/Number:	*/*		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Rosalind Minor	02/26/2009	02/26/2009

SERFF Tracking Number:	*AMCM-126047218*	*State:*	*Arkansas*
Filing Company:	*American Community Mutual Insurance Company*	*State Tracking Number:*	*41663*
Company Tracking Number:	*FLEXRT032009AR*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Community Flex*		
Project Name/Number:	*/*		

Disposition

Disposition Date: 02/26/2009
Implementation Date:
Status: Accepted For Informational Purposes
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	*AMCM-126047218*	*State:*	*Arkansas*
Filing Company:	*American Community Mutual Insurance Company*	*State Tracking Number:*	*41663*
Company Tracking Number:	*FLEXRT032009AR*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Community Flex*		
Project Name/Number:	*/*		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Rate	FLEXRT032009AR	Accepted for Informational Purposes	Yes

SERFF Tracking Number:	*AMCM-126047218*	*State:*	*Arkansas*
Filing Company:	*American Community Mutual Insurance Company*	*State Tracking Number:*	*41663*
Company Tracking Number:	*FLEXRT032009AR*		
TOI:	*H16I Individual Health - Major Medical*	*Sub-TOI:*	*H16I.005A Individual - Preferred Provider (PPO)*
Product Name:	*Community Flex*		
Project Name/Number:	*/*		

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Accepted for Informational Purposes 02/26/2009	FLEXRT032009AR	IND09	New		RateSheet FLEXRT032009AR.pdf

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 Seven Mile Road - Livonia Michigan 48152
Medical Expense; Preferred Provider Option
Policy Form IND09

Monthly Base Rate and Factors

Monthly Medical Base Rate (1/1/2009 effective date): $129.71

State Factor: Arkansas 0.77

Product Factor: IND09 1.000

New Business Inflationary Trend Increase Factors:

Date	Factor
1/1/2009	1.0000
4/1/2009	1.0333
7/1/2009	1.0677
10/1/2009	1.1033

Each additional quarter, multiply by 1.0333

Factors for Deductible Options:

Deductible (Network)	Factor
$500	1.39
$1,000	1.15
$1,500	1.00
$2,500	0.76
$3,500	0.62
$5,000	0.55
$7,500	0.48
$10,000	0.43

Factors for Benefit Percentage:

Benefit % (Network)	Factor
60%	0.91
80%	1.00
100%	1.09

Factors for Coinsurance Maximum:

Coins Max (Network)	Factor
$0 (100%)	1.00
$10,000	1.00
$20,000	0.95

Modal Factors and Fees:

Mode	Modal Factor	Billing Fee per Bill
Annual	12	$10.00
Semi-Annual	6	$10.00
Quarterly	3	$10.00
Monthly Direct	1	$10.00
Monthly EFT	1	$0

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 Seven Mile Road - Livonia Michigan 48152
Medical Expense; Preferred Provider Option
Policy Form IND09

Age/ Gender and Status Factors

Age Last	**all deductibles**		Non-	Standard
Birthday	Male	Female	smoker	Smoker
0-17	0.83	0.83	1.00	1.00
18-24	0.83	1.16	1.00	1.10
25	0.87	1.19	1.00	1.10
26	0.90	1.22	1.00	1.11
27	0.93	1.24	1.00	1.12
28	0.95	1.27	1.00	1.13
29	0.98	1.31	1.00	1.14
30	1.00	1.35	1.00	1.15
31	1.03	1.40	1.00	1.16
32	1.06	1.45	1.00	1.17
33	1.09	1.50	1.00	1.18
34	1.13	1.55	1.00	1.19
35	1.16	1.60	1.00	1.20
36	1.20	1.65	1.00	1.21
37	1.25	1.71	1.00	1.22
38	1.30	1.77	1.00	1.23
39	1.35	1.83	1.00	1.24
40	1.40	1.87	1.00	1.25
41	1.45	1.93	1.00	1.27
42	1.52	2.00	1.00	1.29
43	1.60	2.07	1.00	1.30
44	1.70	2.12	1.00	1.32
45	1.81	2.19	1.00	1.34
46	1.92	2.28	1.00	1.36
47	2.03	2.36	1.00	1.37
48	2.14	2.43	1.00	1.39
49	2.28	2.52	1.00	1.41
50	2.45	2.63	1.00	1.43
51	2.63	2.76	1.00	1.44
52	2.81	2.87	1.00	1.46
53	3.02	2.97	1.00	1.48
54	3.22	3.07	1.00	1.50
55	3.42	3.17	1.00	1.51
56	3.62	3.27	1.00	1.53
57	3.82	3.38	1.00	1.55
58	4.02	3.49	1.00	1.57
59	4.21	3.61	1.00	1.58
60	4.38	3.72	1.00	1.60
61	4.57	3.84	1.00	1.60
62	4.75	3.96	1.00	1.60
63	4.93	4.09	1.00	1.60
64 & over	5.09	4.21	1.00	1.60
Childrider*	0.83	0.83	1.00	

* Each Child; Three or More Children at Three Children Rate

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 Seven Mile Road - Livonia Michigan 48152
Medical Expense; Preferred Provider Option
Policy Form IND09

County Area and Network Factors

COUNTY	Area Factor	FirstHealth Factor	AMCO Factor	PHCS Factor
Arkansas	0.95	0.64	0.67	0.64
Ashley	0.95	0.71	0.75	0.71
Baxter	0.82	0.71	0.75	0.71
Benton	0.90	0.64	0.67	0.64
Boone	0.82	0.71	0.75	0.71
Bradley	0.95	0.71	0.75	0.71
Calhoun	0.95	0.71	0.75	0.71
Carroll	0.82	0.71	0.75	0.71
Chicot	0.95	0.71	0.75	0.71
Clark	0.95	0.71	0.75	0.71
Clay	0.90	0.71	0.75	0.71
Cleburne	0.90	0.71	0.75	0.71
Cleveland	0.95	0.71	0.75	0.71
Columbia	0.95	0.71	0.75	0.71
Conway	0.95	0.64	0.67	0.64
Craighead	0.90	0.71	0.75	0.71
Crawford	0.86	0.64	0.67	0.64
Crittenden	0.82	0.71	0.75	0.71
Cross	0.82	0.71	0.75	0.71
Dallas	0.95	0.71	0.75	0.71
Desha	0.95	0.71	0.75	0.71
Drew	0.95	0.71	0.75	0.71
Faulkner	0.95	0.64	0.67	0.64
Franklin	0.86	0.64	0.67	0.64
Fulton	0.82	0.71	0.75	0.71
Garland	0.95	0.64	0.67	0.64
Grant	0.95	0.64	0.67	0.64
Greene	0.90	0.71	0.75	0.71
Hempstead	0.95	0.71	0.75	0.71
Hot Spring	0.95	0.64	0.67	0.64
Howard	0.95	0.71	0.75	0.71
Independence	0.90	0.71	0.75	0.71
Izard	0.82	0.71	0.75	0.71
Jackson	0.95	0.64	0.67	0.64
Jefferson	0.95	0.71	0.75	0.71
Johnson	0.90	0.64	0.67	0.64
Lafayette	0.86	0.71	0.75	0.71
Lawrence	0.90	0.71	0.75	0.71

COUNTY	Area Factor	FirstHealth Factor	AMCO Factor	PHCS Factor
Lee	0.82	0.71	0.75	0.71
Lincoln	0.95	0.71	0.75	0.71
Little River	0.95	0.71	0.75	0.71
Logan	0.86	0.64	0.67	0.64
Lonoke	0.95	0.64	0.67	0.64
Madison	0.86	0.64	0.67	0.64
Marion	0.82	0.71	0.75	0.71
Miller	0.95	0.71	0.75	0.71
Mississippi	0.82	0.71	0.75	0.71
Monroe	0.95	0.64	0.67	0.64
Montgomery	0.95	0.71	0.75	0.71
Nevada	0.86	0.71	0.75	0.71
Newton	0.82	0.71	0.75	0.71
Ouachita	0.86	0.71	0.75	0.71
Perry	0.95	0.64	0.67	0.64
Phillips	0.82	0.71	0.75	0.71
Pike	0.95	0.71	0.75	0.71
Poinsett	0.82	0.71	0.75	0.71
Polk	0.95	0.71	0.75	0.71
Pope	0.90	0.64	0.67	0.64
Prairie	0.95	0.64	0.67	0.64
Pulaski	1.05	0.64	0.67	0.64
Randolph	0.90	0.71	0.75	0.71
Saint Francis	0.82	0.71	0.75	0.71
Saline	0.95	0.64	0.67	0.64
Scott	0.86	0.64	0.67	0.64
Searcy	0.82	0.71	0.75	0.71
Sebastian	0.86	0.64	0.67	0.64
Sevier	0.95	0.71	0.75	0.71
Sharp	0.90	0.71	0.75	0.71
Stone	0.90	0.71	0.75	0.71
Union	0.95	0.71	0.75	0.71
Van Buren	0.95	0.64	0.67	0.64
Washington	0.90	0.64	0.67	0.64
White	0.95	0.64	0.67	0.64
Woodruff	0.95	0.64	0.67	0.64
Yell	0.86	0.64	0.67	0.64

AMERICAN COMMUNITY MUTUAL INSURANCE COMPANY
39201 Seven Mile Road - Livonia Michigan 48152
Medical Expense; Preferred Provider Option
Policy Form IND09 Optional Benefits and Riders

Factors for Optional Gold Benefits Package:
(factor is applied to final calculated medical rate)

Medical Deductible (Network)	Factor
$500	0.21
$1,000	0.21
$1,500	0.22
$2,500	0.29
$3,500	0.35
$5,000	0.44
$7,500	0.47
$10,000	0.50

Factors for Optional Prescription Drug Benefits - Generics Only (Form AR-RX-GENERIC09-AR)
(factor is applied to final calculated medical rate)

Medical Deductible (Network)	
$500	0.04
$1,000	0.05
$1,500	0.06
$2,500	0.07
$3,500	0.09
$5,000	0.13
$7,500	0.14
$10,000	0.16

Factors for Optional Prescription Drug Benefits - Four Tier Coverage (Form AR-RX-TIER09-AR)
(factor is applied to final calculated medical rate)

Medical Deductible (Network)	
$500	0.15
$1,000	0.17
$1,500	0.20
$2,500	0.25
$3,500	0.31
$5,000	0.39
$7,500	0.44
$10,000	0.50

Optional Dental Expense Rider (Form 650DR) - All Areas, All Ages

Male	$30.00
Female	$30.00
Each Child*	$15.00

* Three or more children at three children rate