

SERFF Tracking Number: CMBD-126138991 State: Arkansas
Filing Company: Combined Insurance Company of America State Tracking Number: 42295
Company Tracking Number: 6043-AR
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.002 Plan B
Standard Plans
Product Name: Senior 2009 Medicare Supplement Rate Revision - Plan B
Project Name/Number: 2009 Medicare Supplement Rate Revision - Plan B/6043-AR

Filing at a Glance

Company: Combined Insurance Company of America

Product Name: Senior 2009 Medicare Supplement Rate Revision - Plan B SERFF Tr Num: CMBD-126138991 State: ArkansasLH

Supplement Rate Revision - Plan B

TOI: MS051 Individual Medicare Supplement - Standard Plans SERFF Status: Closed State Tr Num: 42295

Sub-TOI: MS051.002 Plan B

Co Tr Num: 6043-AR

State Status: Approved-Closed

Filing Type: Rate

Co Status:

Reviewer(s): Stephanie Fowler

Author: Sue Thill

Disposition Date: 05/20/2009

Date Submitted: 05/05/2009

Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2009

Implementation Date:

State Filing Description:

General Information

Project Name: 2009 Medicare Supplement Rate Revision - Plan B

Status of Filing in Domicile: Authorized

Project Number: 6043-AR

Date Approved in Domicile: 02/05/2009

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: 05/20/2009

Explanation for Other Group Market Type:

State Status Changed: 05/20/2009

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

2009 Medicare Supplement Rate Revision - Plan B

Company and Contact

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	05/20/2009	05/20/2009

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Disposition

Disposition Date: 05/20/2009

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing for Plan B. There was no increase requested.

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):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Supporting Document	COVER LETTER	Accepted for Informational Purposes	Yes
Rate	RATE SHEET	Approved	Yes

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 5.000%
Effective Date of Last Rate Revision: 11/01/2008
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):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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Rate/Rule Schedule

Review Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved	RATE SHEET	14976	Other	Previous State Filing Number: Percent Rate Change Request:	2009 Arkansas Rate Sheet Plan B.pdf

**COMBINED INSURANCE COMPANY OF AMERICA
CHICAGO, ILLINOIS
NAIC COMPANY CODE #62146**

**MEDICARE SUPPLEMENT
FOR THE STATE OF ARKANSAS**

2009 ANNUAL PREMIUM RATES

**POLICY FORM 14976
PLAN B**

Issue Age	Annual Premium
All Ages	\$2,292.33

Modal Factors:

Semi-Annual:	0.520
Quarterly:	0.265
PAC Monthly:	0.090

A 10% discount applies if the insured has another Combined Senior Health Policy.

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Supporting Document Schedules

Satisfied -Name: COVER LETTER

Review Status:

Accepted for Informational 05/20/2009
Purposes

Comments:

Attachment:

5-5-09 Cover Letter B.pdf



COMBINED
INSURANCE
Combined Insurance Company of America
1000 Milwaukee Avenue, Glenview, Illinois 60025

May 5, 2009

Mr. Joe Musgrove
Arkansas Insurance Department
1123 South University Avenue
Little Rock, Arkansas 72204

SERFF Tracking Number: CMBD-126138991
Re: **Combined Insurance Company of America**
FEIN Number 36-2136262
NAIC Number 317-62146
Individual Medicare Supplement Rate Filing
Rate Sheet No. 6043-AR for Standardized Plan B
INDIVIDUAL MEDICARE - AGENT MARKETED

Dear Mr. Musgrove:

Attached is our 2009 Medicare Supplement Rate Revision for the above captured policy.

The filing fee, in the amount of \$50.00, was provided through EFT.

We are requesting the indicated increase on the following currently sold form:

<u>Increase</u>	<u>Form Numbers</u>	<u>Description</u>	<u>Approval Date</u>
0%	14976R06-AR-B 14976R896-AR-B	Plan B	October 12, 2005 June 23, 1997

The required actuarial material is enclosed.

Thank you for your review and hopefully approval. If you need anything further, please feel free to contact me. If you have any questions or concerns regarding actuarial material, please contact Brian J. Moore, Vice President and Actuary, at (847) 953-8149.

Very truly yours,



Sue Thill

Sue Thill, DHP, DIA, HIA – Senior Policy Analyst - Product Filings/Government Relations/Law
Toll Free: 888-449-3623 Telephone: (847) 953-1536 Fax: (847) 953-1557 E-mail: Sue.A.Thill@combined.com

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The ACE Group of Companies