

SERFF Tracking Number: CNSC-126353061 State: Arkansas
Filing Company: Conseco Health Insurance Company State Tracking Number: 43946
Company Tracking Number: ZP/ZH 2009
TOI: H071 Individual Health - Specified Disease - Limited Benefit Sub-TOI: H071.002A Dread Disease - Cancer Only
Product Name: ZP/ZH Specified Disease Rate Increase 2009
Project Name/Number: ZP/ZH Specified Disease Rate Increase 2009/ZP/ZH 2009

Filing at a Glance

Company: Conseco Health Insurance Company

Product Name: ZP/ZH Specified Disease Rate Increase 2009 SERFF Tr Num: CNSC-126353061 State: Arkansas

TOI: H071 Individual Health - Specified Disease - Limited Benefit SERFF Status: Closed-Approved-Closed State Tr Num: 43946

Sub-TOI: H071.002A Dread Disease - Cancer Only Co Tr Num: ZP/ZH 2009 State Status: Approved-Closed

Filing Type: Form/Rate

Reviewer(s): Rosalind Minor

Authors: Beth Blackwell, Stacey Farmer, Michelle Garba, Dan Murphy

Disposition Date: 01/08/2010

Date Submitted: 10/30/2009

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: ZP/ZH Specified Disease Rate Increase 2009

Project Number: ZP/ZH 2009

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 135%

Filing Status Changed: 01/08/2010

Deemer Date:

Submitted By: Stacey Farmer

Filing Description:

Subject: Conseco Health Insurance Company

Specified Disease Rate Increase

Policy Forms:

ZH000/PS1ST-A – Cancer Policy

Status of Filing in Domicile: Pending

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: 01/08/2010

Created By: Beth Blackwell

Corresponding Filing Tracking Number:

SERFF Tracking Number: CNSC-126353061 State: Arkansas
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ZP000/PS1ST-A – Cancer Policy
CHIC-8056 – Radiation and Chemotherapy Endorsement

Enclosed for your review and approval, please find copies of actuarial materials and rate sheets in support of a proposed rate increase on the above referenced products. The proposed increase is based upon experience that the company has received relating to the treatment of cancer, specifically related to the rising treatment cost for radiation and chemotherapy.

The ZH cancer product provides an unlimited radiation and chemotherapy benefit. The company has developed CHIC-8056 which is an endorsement that provides a calendar year limit on the radiation and chemotherapy benefit of \$10,000. This endorsement will be offered to the in-force policyholders that currently have unlimited radiation and chemotherapy. The election of this endorsement will reduce the level of the rate increase. See the actuarial memorandum for details regarding the rate increase.

The ZP cancer product provides several different levels of coverage one of which contains an unlimited radiation and chemotherapy benefit. The company will be making an offer to the insured's that chose the unlimited radiation and chemotherapy to move to a level of benefits that contains a per calendar year limit on radiation and chemotherapy of \$10,000, all other benefit amounts remaining the same as originally elected. The election of this will reduce the level of the rate increase. See the actuarial memorandum for details regarding the rate increase.

This filing applies to all in-force policies issued in this state with the above referenced form number(s). These policies are closed blocks of business.

Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

Thank you for your time and consideration on this filing. If you have any further questions regarding this, please feel free to contact me.

Company and Contact

Filing Contact Information

Stacey Farmer, Compliance Analyst
11825 N Pennsylvania St
Carmel, IN 46032
stacey_farmer@conseco.com
800-888-4918 [Phone] 2954 [Ext]
317-817-2333 [FAX]

Filing Company Information

Conseco Health Insurance Company
11815 N Pennsylvania St.
CoCode: 78174
Group Code: 233
State of Domicile: Arizona
Company Type:

SERFF Tracking Number: CNSC-126353061 State: Arkansas
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 Carmel, IN 46032 Group Name: State ID Number:
 (800) 888-4918 ext. [Phone] FEIN Number: 34-1083130

Filing Fees

Fee Required? Yes
 Fee Amount: \$70.00
 Retaliatory? No
 Fee Explanation: \$20 PER ENDORSEMENT
 \$50 PER RATE FILING
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Conseco Health Insurance Company	\$70.00	10/30/2009	31684540

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	01/08/2010	01/08/2010

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	Rosalind Minor	11/19/2009	11/19/2009	Stacey Farmer	11/23/2009	11/23/2009
Pending Industry Response	Rosalind Minor	11/03/2009	11/03/2009	Stacey Farmer	11/06/2009	11/06/2009

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Revised Rates & Exhibits	Stacey Farmer	01/07/2010	01/07/2010
Rate	Act Memo, Exhibits and Rates	Stacey Farmer	11/18/2009	11/18/2009

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate Increase request	Note To Filer	Rosalind Minor	12/15/2009	12/15/2009

SERFF Tracking Number: CNSC-126353061 *State:* Arkansas
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Your Response Letter of 11/23/09	Note To Filer	Rosalind Minor	12/01/2009 12/01/2009
Attachment for Arkansas Experience	Note To Filer	Rosalind Minor	11/18/2009 11/18/2009

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Disposition

Disposition Date: 01/08/2010

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 25% rate increase on those policies with limited \$&C and a 35% increase for those policies with unlimited R&C. 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

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes
Rate (revised)	Updated Exhibits	Approved-Closed	No
Rate	Act Memo, Exhibits and Rates	Approved-Closed	No
Rate	Act memo, Exhibits and Rates	Replaced	No
Rate	Revised Rates & Exhibits	Approved-Closed	No

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/19/2009
Submitted Date 11/19/2009

Respond By Date

Dear Stacey Farmer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Act Memo, Exhibits and Rates, [ZH000/PS1ST-A, ZP000/PS1ST-A] (Rate)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to either substantial increases in past years and/or the impact that a substantial rate increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

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

Dear Rosalind Minor,

SERFF Tracking Number: CNSC-126353061 State: Arkansas
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Project Name/Number: ZP/ZH Specified Disease Rate Increase 2009/ZP/ZH 2009

Comments:

Thank you for your letter dated November 19, 2009 regarding the subject filing. The following is in response to your comment.

Response 1

Comments: You mentioned in the letter that your "Department is requesting that the companies consider no more than a 15% increase due to either substantial increases in past years and/or the impact that a substantial rate increase would have on the insureds during this difficult economic time." I would like to clarify that to meet a lifetime loss ratio of 50%, our experience supports a rate increase up to 650% for policies with limited R&C and an increase up to 3400% for policies with unlimited R&C. However, since our intention is to improve the experience going forward by minimizing losses rather than making up for previous bad experience, we are requesting a rate increase of 50% for policies with limited R&C and an increase of 300% for policies with unlimited R&C.

I would like also to clarify that the policy holder will be offered other options to reduce the premium rate increase. At the time of premium rate increase notification, policyholders with unlimited R&C will be given an opportunity to choose a lower rate increase of 50% by reducing the R&C benefit from unlimited to a maximum of \$10,000 per calendar year. In addition In addition, ZP policy holders can choose a lower level plan with lower benefits to make the future premium rate closer or lower than the original premiums. ZP policies are 96% of total policies affected by this rate increase in Arkansas.

Related Objection 1

Applies To:

- Act Memo, Exhibits and Rates, [ZH000/PS1ST-A, ZP000/PS1ST-A] (Rate)

Comment:

Our Department has been working with insurance companies on the rate increases which they are submitting to our Department.

The majority of the companies have been filing rate increases in excess of 15% on specified disease policies and other limited benefit policies. Our Department is requesting that the companies consider no more than a 15% increase due to either substantial increases in past years and/or the impact that a substantial rate increase would have on the insureds during this difficult economic time.

If you accept the 15%, please provide a revised actuarial memorandum along with the revised rates.

Thank you for your understanding and cooperation.

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Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Thank you for reviewing the information provided herein. Due to the reasons mentioned above, please consider our filing for the full requested rate increase.

Sincerely,

Beth Blackwell, Dan Murphy, Michelle Garba, Stacey Farmer

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/03/2009
Submitted Date 11/03/2009

Respond By Date

Dear Stacey Farmer,

This will acknowledge receipt of the captioned filing.

Objection 1

- Act memo, Exhibits and Rates, [ZH000/PS1ST-A, ZP000/PS1ST-A] (Rate)

Comment:

It is requested that you provide our Department with the Arkansas actual experience of earned premiums and incurred claims.

We appreciate your cooperation in this matter.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/06/2009
Submitted Date 11/06/2009

Dear Rosalind Minor,

Comments:

Thank you for your response dated 11/03/2009. In response,

Response 1

Comments: We have attached an exhibit page with the requested information.

Related Objection 1

Applies To:

SERFF Tracking Number: CNSC-126353061 State: Arkansas
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- Act memo, Exhibits and Rates, [ZH000/PS1ST-A, ZP000/PS1ST-A] (Rate)

Comment:

It is requested that you provide our Department with the Arkansas actual experience of earned premiums and incurred claims.

We appreciate your cooperation in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
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Updated Exhibits	ZH000/PS1ST-A,ZP000/PS1ST-A	New	Previous State Filing Number	
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Previous Version

Act memo, Exhibits and Rates	ZH000/PS1ST-A,ZP000/PS1ST-A	New	Previous State Filing Number	
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Should you have any questions please let me know.

Sincerely,

Beth Blackwell, Dan Murphy, Michelle Garba, Stacey Farmer

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Amendment Letter

Submitted Date: 01/07/2010

Comments:

Thank you for your response dated 12/15/09. In response the Company firmly believes that current and developing experience for this block of business warrants the 135% rate increase as filed. However, we will accept the counteroffer of a 25% rate increase on those policies with limited R&C and a 35% increase for those policies with unlimited R&C. Attached Exhibit 5 presents the monthly increase by form and family status. Rate sheets reflecting this rate increase are attached as well.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Revised Rates & Exhibits	ZH000/PS1ST-A, ZP000/PS1ST-A	New		CHIC ZH ZP - AR Rates.pdf
CHIC Exhibit5 - AR.pdf	CHIC ZH ZP - AR Rates.pdf CHIC Exhibit5 - AR.pdf			

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Product Name: ZP/ZH Specified Disease Rate Increase 2009
Project Name/Number: ZP/ZH Specified Disease Rate Increase 2009/ZP/ZH 2009

Note To Filer

Created By:

Rosalind Minor on 12/15/2009 12:21 PM

Last Edited By:

Rosalind Minor

Submitted On:

01/08/2010 10:24 AM

Subject:

Rate Increase request

Comments:

Mr. Dan Honey, Insurance Deputy Commission, has read the comments from Lina Jichi giving us the dollar amounts of the requested increase.

After further consideration, we will approve no more than a 25% rate increase on those policies with limited R&C and a 35% increase for those policies with unlimited R&C.

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Project Name/Number: ZP/ZH Specified Disease Rate Increase 2009/ZP/ZH 2009

Note To Filer

Created By:

Rosalind Minor on 12/01/2009 02:16 PM

Last Edited By:

Rosalind Minor

Submitted On:

01/08/2010 10:24 AM

Subject:

Your Response Letter of 11/23/09

Comments:

The Director of Life & Health, Mr. Dan Honey, has reviewed your comments in your response letter of 11/23/09.

We will agree to no more than an 18% increase on those policies with limited R&C and a 25% increase for those policies with unlimited R&C.

If these percentages are not accepted, the filing will be disapproved.

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Amendment Letter

Submitted Date: 11/18/2009

Comments:

I have added back the actuarial materials under the rate/rule tab. Sorry for the mix-up.

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Act Memo, Exhibits and Rates	ZH000/PS1ST-A, ZP000/PS1ST-A	New		CHIC Memo - ST _2_.pdf
CHIC Exhibits (2).pdf	CHIC AR - ROP Rates.pdf	CHIC Memo - ST _2_.pdf CHIC Exhibits (2).pdf CHIC AR - ROP Rates.pdf		

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Project Name/Number: ZP/ZH Specified Disease Rate Increase 2009/ZP/ZH 2009

Note To Filer

Created By:

Rosalind Minor on 11/18/2009 09:09 AM

Last Edited By:

Rosalind Minor

Submitted On:

01/08/2010 10:24 AM

Subject:

Attachment for Arkansas Experience

Comments:

When you sent the attachment for the Arkansas Experience, the attachment replaced all of the attachments which were originally submitted which indicate that those are to no longer being considered in the filing.

Please send the original attachments to be reviewed in this submission.

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Form Schedule

Lead Form Number: ZP/ZH 2009

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 01/08/2010	CHIC-8056	Policy/Cont ract/Fraternal Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		50.100	CHIC-8056.pdf

*Conseco Health Insurance Company
Administrative Office: 11825 N. Pennsylvania Street
Carmel, IN 46032-4555 • Telephone: 1-800-541-2254*

Endorsement

Effective Date: _____

This Endorsement is a part of the Certificate/Policy to which it is attached. That Certificate/Policy is called "the Certificate/Policy" in this Endorsement.

The Certificate/Policy is changed as follows:

1. The following definition is added to "**SECTION 1: DEFINITIONS**":
Calendar Year: The period beginning January 1st and ending December 31st.
2. The following paragraph is added to the "RADIATION/CHEMOTHERAPY BENEFIT" provision in "**SECTION 3: BENEFITS**":

The maximum amount payable for approved and investigational treatment for each person insured by this policy is the amount of actual charges, up to \$10,000 per calendar year.

This Endorsement is subject to all of the terms, provisions, definitions and exclusions of the Policy/Certificate, except as stated in this Endorsement.



Secretary

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	01/08/2010
Comments:			
Attachment:			
FLESCH.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	01/08/2010
Bypass Reason:	N/A		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	Approved-Closed	01/08/2010
Bypass Reason:	N/A		
Comments:			

FLESCH CERTIFICATION

I hereby certify that the following form(s) has (have) the following readability score(s) as calculated by the Flesch Reading Ease Test and that this (these) form(s) meet(s) the reading ease requirements as required by law.

FORM NUMBER

FLESCH SCORE

CHIC-8056

50.1

Mariann Dobbs

Mariann Dobbs

Sr. Director and Assistant Secretary, Product Approval and Compliance

Date 10/26/2009