

SERFF Tracking Number: PHYS-126906135 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 47323
Company Tracking Number:
TOI: H10G Group Health - Dental Sub-TOI: H10G.000 Health - Dental
Product Name: Dental Enhancements
Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Dental Enhancements

SERFF Tr Num: PHYS-126906135 State: Arkansas

TOI: H10G Group Health - Dental

SERFF Status: Closed-Approved-
Closed State Tr Num: 47323

Sub-TOI: H10G.000 Health - Dental

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Sonja Morton

Reviewer(s): Rosalind Minor

Date Submitted: 11/16/2010

Disposition Date: 11/23/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Overall Rate Impact:

Group Market Type: Discretionary, Trust

Filing Status Changed: 11/23/2010

Explanation for Other Group Market Type:

State Status Changed: 11/23/2010

Deemer Date:

Created By: Sonja Morton

Submitted By: Sonja Morton

Corresponding Filing Tracking Number:

Filing Description:

RE: Physicians Mutual Insurance Company - NAIC 80578, FEIN 47-0270450

Individual/Group Health - Dental

The C250C is a Group Dental Certificate (which includes Schedules A through F) approved by your Department on July 21, 2003. It pays the expense incurred for covered dental procedures up to a scheduled amount for each procedure, subject to policy waiting periods, deductibles, and annual benefit maximums.

This is to inform your Department that in accordance with the BENEFIT CHANGES provision, effective on April 1, 2011, we are implementing the following changes:

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1) We will remove the annual maximum benefit limit. We will change the Schedule to read "Policy Year Maximum: No Maximum." The Policy Year Maximum on the Schedule was filed as a variable, with a range of \$500 to \$2,500.

2) We will revise the Policy Year Deductible section on Schedules A, C, D, E, and F to read "Deductible Each Policy Year: No Deductible," rather than the current "Deductible Each Policy Year: \$0.00." The Deductible was filed on the Schedule as a variable, with a range of \$0 to \$100 (\$200 for age 64 and over).

In addition, effective April 1, 2011, we intend to provide a \$1.00 monthly discount to insureds paying premiums through Automatic Bank Withdrawal (ABW). This discount reflects the administration cost savings realized when premium payments are made via ABW. We are including an Actuarial Certification and revised Table of Rates to support this discount. Both documents are added to the Supporting Documentation tab.

These changes will all apply to both inforce and new issues.

Your early review and approval of this filing would be greatly appreciated. If there is anything I can do to facilitate the review and approval, please contact me at the e-mail address, fax or phone number listed below.

Sincerely,

Sonja Morton
Policy Approval and Compliance Coordinator
Physicians Life Insurance Company
NAIC No. 72125; FEIN 47-0529583
Voice: (402) 633-1662
Fax: (402) 633-1096
E-mail: sonja.morton@physiciansmutual.com

Company and Contact

Filing Contact Information

Sonja Morton, Policy Approval & Compliance sonja.morton@physiciansmutual.com
Coordinator
2600 Dodge Street 402-633-1662 [Phone]
Omaha, NE 68131 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska
2600 Dodge Street Group Code: 367 Company Type:

SERFF Tracking Number: *PHYS-126906135* State: *Arkansas*
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *47323*
Company Tracking Number:
TOI: *H10G Group Health - Dental* Sub-TOI: *H10G.000 Health - Dental*
Product Name: *Dental Enhancements*
Project Name/Number: */*
Omaha, NE 68131 Group Name: State ID Number:
(402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: We are filing a revision per the "Benefit Changes" provision of a certificate and adding an Automatic Bank Withdrawal discount to the rate table. The charge for filing is \$50.00 per submission.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	11/16/2010	41950568

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/23/2010	11/23/2010

SERFF Tracking Number: *PHYS-126906135* *State:* *Arkansas*
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Disposition

Disposition Date: 11/23/2010

Implementation Date:

Status: Approved-Closed

Comment:

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	Actuarial Certification	Approved-Closed	No
Supporting Document	Table of Rates	Approved-Closed	Yes

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Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	11/23/2010
Bypass Reason:	There is no flesch certification for this filing.		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	11/23/2010
Bypass Reason:	There is no application for this filing. E250-F (agency) and E250-1F (direct response) applications approved April 11, 2003, will be used with the C250C.		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Table of Rates	Approved-Closed	11/23/2010
Comments:			
Attachment:	M250rates_v2.pdf		

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

TABLE OF RATES Group Policy Form M250 Attained Age Rates

Monthly

Schedule	Age 50 & over				Under age 50			
	Individual	Husband/ Wife	One Parent	All Family	Individual	Husband/ Wife	One Parent	All Family
A	24.15	48.30	46.30	70.45	18.95	37.90	42.90	61.85
B	29.20	58.40	56.55	85.75	22.70	45.40	52.50	75.20
C	29.90	59.80	57.10	87.00	22.80	45.60	52.15	74.95
D	31.85	63.70	61.35	93.20	24.95	49.90	57.15	82.10
E	40.80	81.60	78.90	119.70	31.15	62.30	72.30	103.45
F	30.80	61.60	59.20	90.00	23.50	47.00	54.15	77.65

To obtain Automatic Bank Withdrawal (ABW) rates, subtract \$1.00 from the Monthly rates quoted above.

Quarterly

Schedule	Age 50 & over				Under age 50			
	Individual	Husband/ Wife	One Parent	All Family	Individual	Husband/ Wife	One Parent	All Family
A	71.40	142.80	136.85	208.25	56.00	112.00	126.80	182.80
B	86.30	172.60	167.15	253.45	67.10	134.20	155.15	222.25
C	88.35	176.70	168.75	257.10	67.40	134.80	154.15	221.55
D	94.15	188.30	181.35	275.50	73.75	147.50	168.90	242.65
E	120.60	241.20	233.20	353.80	92.05	184.10	213.70	305.75
F	91.05	182.10	175.00	266.05	69.45	138.90	160.05	229.50

Premium rates shown above are on an attained age basis (rates will change when the primary insured turns age 50).

M250-STD-040111

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street, Omaha, Nebraska 68131

TABLE OF RATES Group Policy Form M250 Attained Age Rates

Semi-Annual

Schedule	Age 50 & over				Under age 50			
	Individual	Husband/ Wife	One Parent	All Family	Individual	Husband/ Wife	One Parent	All Family
A	140.70	281.40	269.70	410.40	110.40	220.80	249.90	360.30
B	170.10	340.20	329.40	499.50	132.25	264.50	305.85	438.10
C	174.15	348.30	332.60	506.75	132.80	265.60	303.80	436.60
D	185.55	371.10	357.40	542.95	145.35	290.70	332.90	478.25
E	237.65	475.30	459.60	697.25	181.45	362.90	421.15	602.60
F	179.40	358.80	344.85	524.25	136.90	273.80	315.45	452.35

Annual

Schedule	Age 50 & over				Under age 50			
	Individual	Husband/ Wife	One Parent	All Family	Individual	Husband/ Wife	One Parent	All Family
A	276.00	552.00	529.15	805.15	216.55	433.10	490.30	706.85
B	333.70	667.40	646.30	980.00	259.45	518.90	600.00	859.45
C	341.70	683.40	652.55	994.25	260.55	521.10	596.00	856.55
D	364.00	728.00	701.14	1065.14	285.15	570.30	653.15	938.30
E	466.30	932.60	901.70	1368.00	356.00	712.00	826.30	1182.30
F	352.00	704.00	676.55	1028.55	268.55	537.10	618.85	887.40

Premium rates shown above are on an attained age basis (rates will change when the primary insured turns age 50).