

SERFF Tracking Number: STAR-126892471 State: Arkansas  
Filing Company: Starmount Life Insurance Company State Tracking Number: 47301  
Company Tracking Number:  
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision  
Product Name: Safety Glasses Rider  
Project Name/Number: /VI-SAFE-2010

## Filing at a Glance

Company: Starmount Life Insurance Company

Product Name: Safety Glasses Rider

TOI: H20G Group Health - Vision

Sub-TOI: H20G.000 Health - Vision

Filing Type: Form

SERFF Tr Num: STAR-126892471 State: Arkansas

SERFF Status: Closed-Approved-  
Closed State Tr Num: 47301

Co Tr Num:

Author: Belle Lucas

Date Submitted: 11/12/2010

State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Disposition Date: 11/19/2010

Disposition Status: Approved-  
Closed

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name:

Project Number: VI-SAFE-2010

Requested Filing Mode:

Explanation for Combination/Other:

Submission Type: Resubmission

Group Market Size: Small and Large

Group Market Type: Employer, Association

Explanation for Other Group Market Type:

State Status Changed: 11/19/2010

Created By: Belle Lucas

Corresponding Filing Tracking Number:

Filing Description:

RE: Starmount Life Insurance Company

NAIC# 68985

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 10/06/2010

Domicile Status Comments:

Market Type: Group

Previous Filing Number: STAR-126852698

Overall Rate Impact:

Filing Status Changed: 11/19/2010

Deemer Date:

Submitted By: Belle Lucas

Rider Form: VI-SAFE-2010

Safety Glasses Rider

STAR-126852698

Approved 10/29/2010

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Dear Sir or Madam:

There were small changes noted shortly after the above reference rider filing was submitted and approved. These changes enhance the readability of the rider form. We would like to replace the current rider with this updated version. The form number will remain the same. The following changes were made to the rider:

1. Added an introduction of the rider along with the following information: What the rider covers, the effective date and the termination date.
2. Removed asterisk which follows "Wal Mart" in the Benefits and Allowances section of the rider and added "Vision Centers" instead.
3. Removed "safety contact lenses" from list of Exclusions.
4. Made minor changes to closing statement concerning terms and conditions of the rider.

The changes made do not affect the coverage in any way. I can be reached at bellel@starmountlife.com or at 225-400-9282 if you have any questions.

Thanks,  
Belle Lucas  
Compliance Specialist

## Company and Contact

### Filing Contact Information

Belle Lucas, Compliance Specialist  
P.O. Box 98100  
Baton Rouge, LA 70898

bellel@starmountlife.com  
225-926-2888 [Phone]

### Filing Company Information

Starmount Life Insurance Company  
7800 Office Park Boulevard  
Baton Rouge, LA 70809  
(225) 926-2888 ext. [Phone]

CoCode: 68985  
Group Code: 68985  
Group Name:  
FEIN Number: 72-0977315

State of Domicile: Louisiana  
Company Type:  
State ID Number:

## Filing Fees

SERFF Tracking Number: STAR-126892471 State: Arkansas  
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Fee Required? Yes  
Fee Amount: \$100.00  
Retaliatory? Yes  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Starmount Life Insurance Company	\$100.00	11/12/2010	41821955

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/19/2010	11/19/2010

*SERFF Tracking Number:*      *STAR-126892471*                      *State:*                      *Arkansas*  
*Filing Company:*              *Starmount Life Insurance Company*              *State Tracking Number:*      *47301*  
*Company Tracking Number:*  
*TOI:*                      *H20G Group Health - Vision*                      *Sub-TOI:*                      *H20G.000 Health - Vision*  
*Product Name:*              *Safety Glasses Rider*  
*Project Name/Number:*      */VI-SAFE-2010*

## **Disposition**

Disposition Date: 11/19/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

*SERFF Tracking Number:*      *STAR-126892471*                      *State:*                      *Arkansas*  
*Filing Company:*              *Starmount Life Insurance Company*              *State Tracking Number:*      *47301*  
*Company Tracking Number:*  
*TOI:*                      *H20G Group Health - Vision*                      *Sub-TOI:*                      *H20G.000 Health - Vision*  
*Product Name:*              *Safety Glasses Rider*  
*Project Name/Number:*      */VI-SAFE-2010*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Supporting Document</b>	Actuarial memorandum	Approved-Closed	No
<b>Form</b>	safety glasses rider	Approved-Closed	Yes

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## Form Schedule

### Lead Form Number: VI-SAFE-2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 11/19/2010	VI-SAFE-2010	Policy/Cont ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	safety glasses rider	Revised	Replaced Form #: VI-41.800 SAFE-2010 Previous Filing #: STAR-126852698		VI-SAFE- safety eyewear rider(rev 11- 10).pdf

# **Starmount Life Insurance Company**

8485 Goodwood Blvd., PO Box 98100  
Baton Rouge, LA 70806-7878

## **SAFETY GLASSES RIDER**

Attached to and made part of this Policyholder's Group [Vision] Policy and Certificate of Insurance issued under such Policy. It is hereby agreed that the Policy and Certificate is amended by adding the benefit provisions as defined below:

**This Rider Covers:** [Employees who are insured under the [Vision] Policy.]

**Effective Date:** This Rider is effective on [Month, Day, Year].

**Termination Date:** Coverage for Insured under the Rider stops on the same date as coverage stops under the Policy/Certificate to which it is attached.

In addition to the coverage provided by this plan for standard lenses and frames, we cover safety glasses subject to the following specifications:

**[Safety Glasses Eye Exam:** We cover charges for a supplemental eye exam for safety glasses. If the exam is received from a participating provider, we cover such charges in full in excess of this plan's safety eye exam copay, if any.]

**[Safety Lenses:** We cover charges for the necessary corrective polycarbonate , single vision, bifocal, trifocal or standard progressive lenses. The frames and lenses must be tested and certified as safe for the work environment according to current American National Standards Institute (ANSI) standards for Basic or High Impact performance. A minimum prescription change of +/- .38 diopter is required.]

**[Safety Frames:** We cover charges for standard safety frames collections approved by Us.]

<b>FREQUENCY OF SAFETY GLASSES SERVICES</b>	
<b>Your Certificate is on a Rolling Benefit Plan Basis</b>	
<b>Safety Glasses Eye Exam:</b>	<b>Once every [Not covered/12/24] Months</b>
<b>Safety Lenses:</b>	<b>Once every [12/24] Months</b>
<b>Safety Frames:</b>	<b>Once every [12/24] Months</b>

### **CO-PAY (PER INSURED)**

	Participating Safety Providers	Out-of-Network Providers
Safety Glasses Eye Exam:	[Not covered/ \$10]	[Not covered]
Safety Lenses:	[\$0/\$25]	[Not covered]
Safety Frames with side shields:	[\$0/\$25]	[Not covered]

**BENEFITS AND ALLOWANCES**

	Participating Safety Providers	Out-of-Network Providers
[Safety Glasses Eye Exam:		
By Ophthalmologist	[Not covered /Covered in full]	[Not covered]
By Optometrist	[Not covered / Covered in full]	[Not covered]
Materials- Safety Lenses		
Single Vision	[Covered in full]	[Not covered]
Bifocals	[Covered in full]	[Not covered]
Standard Progressives	[Covered in full]	[Not covered]
Trifocals	[Covered in full]	[Not covered]
Materials – Safety Frames with side shields:	[Approved Safety Collection frames covered in full (\$27 retail allowance at Wal-Mart Vision Centers)]	[Not covered]]

You are responsible for the cost of any frame upgrades and lens add-ons.

Where an “Allowance” is shown, You are responsible for paying any charges in excess of the Allowance. Plan is not responsible for any sales tax.

**Exclusions**

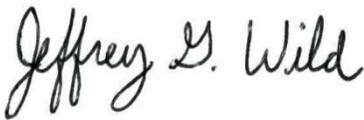
We do not cover:

- Safety glasses for covered dependents;
- Dress-wear lenses instead of safety materials;
- Rimless lenses; or
- Expenses associated with securing materials such as lenses and frames.
- Plano lens

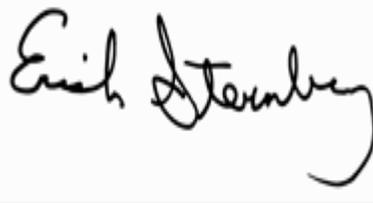
We do not coordinate benefits for safety glasses.

This rider is subject to all terms, conditions and provisions of the Policy/Certificate that are not inconsistent with it. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of the Policy/Certificate.

Signed for Starmount Life Insurance Company, at its Home Office in Baton Rouge, LA.



**Jeffrey G. Wild, Secretary**



**Erich Sternberg, President**

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Flesch Certification <b>Comments:</b> <b>Attachment:</b> Flesch Readability (11-10).pdf	Approved-Closed	11/19/2010
<b>Bypassed - Item:</b> Application <b>Bypass Reason:</b> N/A- not a policy. <b>Comments:</b>	Approved-Closed	11/19/2010
<b>Satisfied - Item:</b> Actuarial memorandum <b>Comments:</b> <b>Attachment:</b> Actuarial Memorandum.pdf	Approved-Closed	11/19/2010

**STARMOUNT LIFE INSURANCE COMPANY**

**FLESCH READABILITY ANALYSIS**

<u>FORM</u>	<u>WORDS</u>	<u>PARAGRAPHS</u>	<u>SENTENCES</u>	<u>SCORE</u>
VI-SAFE-2010	528	73	18	41.8

This is to certify that this form meets the minimum score on the Flesch reading ease test in the NAIC Life and Health Insurance Policy Language Simplification Model Act. The Flesch score has been measured by the method described in the act and reflects all text excluding only language or terminology in the following categories entitled to be excepted under the act: the name and address of the insurer; the name, number or title of the policy; the table of contents or index; captions and subcaptions; specifications pages, schedules or table; language required by law or regulation; medical terminology; and words which are defined in the policy.

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Jeffrey G. Wild  
Chief Financial Officer  
Starmount Life Insurance Company

DATE: November 5, 2010

# Starmount Life Insurance Company

## Group Vision Insurance Policy

### Actuarial Memorandum

Policy Number: VI-SAFE-2010

#### Scope and Purpose of Filing

The purpose of this actuarial memorandum is to describe the benefits and assumptions for the attached Group Vision Insurance Rider, and to certify that this form is in compliance with the applicable laws and regulations of the state. This rider is intended to be attached and made part of the Policyholder's Group Vision Policy (VI-2007) and each Certificate of Insurance issued under the policy. This is a new filing. This memorandum is not intended to be used for any other purpose.

#### Description of Benefits

This form is designed to provide Vision Care benefits to employees and members of employer groups, unions, or associations. After the initial contract period, the contract is renewable on a month to month basis. The premiums may be paid by the employee, member, employer, union association, or combination. Benefits include coverage for safety glasses eye exams, safety lenses, and safety frames. These benefits are only applicable to the employee. Co-pays for benefits may be required.

The maximum benefit covered and the amount of any co-pays may vary depending on whether or not an insured selects a participating provider, as described in the Schedule of Benefits section of the Certificate.

#### Renewability Clause

This is an Annually Renewable form for an annually rated group policy.

#### Morbidity

The utilization and demographic assumptions used in developing the premium rates are based on actual Company experience from existing vision business. The resulting rate basis is used to price the Company's Vision rider nationally. The benefits and premiums underlying this data are comparable to the benefits and premiums for this form.

The morbidity basis for the claim costs is a set of utilization factors for each type of service: safety glasses eye exams, safety lenses, and safety frames. These factors vary for adult males, adult females, 12-month benefit period plans, 24-benefit period plans, and whether the employer or employee pays the premium. These utilization factors are applied to the Schedule of Benefits and adjusted for expenses to determine premium rates.

#### Persistency

This assumption is not applicable.

**Expenses**

The expense assumptions are based on the company's actual expected costs for experience on the existing Group Vision form. 34% aggregate expenses include administration, agent commissions, marketing allowance, and premium tax. They are level across all policy years.

**Marketing Method**

This form is intended to be distributed primarily to employer groups, student groups, association, and unions through independent agents and brokers.

**Underwriting**

There will be no individual underwriting of this policy.

**Premium Classes**

The rates and benefits do not vary by age or any other demographic factors. There is no annual trend factor nor is there any area adjustment factor. Future rates will be based on each group's emerging experience when credible or pooled with all other groups when not credible.

**Issue Age Range**

This form can be issued to all ages. Initial premiums are based on the issue ages of the entire group, union, or association, and premiums are the same for all employees or members within it.

**Claim Liability and Reserve**

An incurred but not reported claim reserve will be held for this Form. This reserve will be estimated based on the previous 24-months' claims lag data (claims by incurral month and by paid month).

**Contingency and Risk Margin**

This Form includes a contingency and risk margin of 6.0% of premium, which is sufficient to meet the Company's Return on Investment target with respect to its Risk-Based Capital requirements.

**Anticipated Loss Ratio**

At all durations the Anticipated Loss Ratio for this form is 60.0%.

### Average Monthly Premium

The anticipated average monthly premiums per certificate shown below come from a manual rate calculation based on the standard industry classification and 50% males & 50% females. They do not vary by age.

	Voluntary	Contributory	Employer Paid
<b>2-tier</b>			
Employee	\$ 3.12	\$ 2.80	\$ 2.16
Family	\$ 3.12	\$ 2.80	\$ 2.16
<b>3-tier</b>			
Employee	\$ 3.12	\$ 2.80	\$ 2.16
Ee + one	\$ 3.12	\$ 2.80	\$ 2.16
Family	\$ 3.12	\$ 2.80	\$ 2.16
<b>4-tier</b>			
Employee	\$ 3.12	\$ 2.80	\$ 2.16
Ee + Sps	\$ 3.12	\$ 2.80	\$ 2.16
Ee + Ch	\$ 3.12	\$ 2.80	\$ 2.16
Family	\$ 3.12	\$ 2.80	\$ 2.16

The rates provided above assume a 12-month benefit period for all services. They are based on the following benefit amounts by provider and include a \$25 co-payment on materials. This plan design is considered standard and represents a "middle of the road" design neither high nor low.

Benefit Type	Walmart Providers	Private Laboratories	Other Participating Providers
SV Lenses	\$ 22.00	\$ 29.00	\$ 43.00
Bi Lenses	\$ 62.00	\$ 32.00	\$ 50.50
Tri Lenses	\$ 117.00	\$ 35.00	\$ 55.00
Pro Lenses	\$ 112.00	\$ 55.00	\$ 67.50

### Premium Modalization Rules

This Form can be billed weekly, bi-weekly, monthly, quarterly, semiannually, or annually. Weekly premiums are 1/52 of annual premiums, bi-weekly premiums are 1/26 of annual premium, and monthly premiums are 1/12 of annual premiums. Quarterly premiums are ¼ of annual premiums. Semiannual premiums are ½ of annual premium.

### Proposed Effective Date

This form will become effective immediately upon approval by the Department of Insurance.

**Actuarial Certification**

I, David Vern Ellsworth, am Director, Actuarial Services for Starmount Life Insurance Company. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify that to the best of my knowledge and judgment the following:

- This filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance.
- This filing complies with Actuarial Standards of Practice No. 8, "Regulatory Filings and Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards board, December 2005.
- The premiums are neither excessive, inadequate, nor unfairly discriminatory.
- The benefits provided are reasonable in relation to the proposed premium.



David Vern Ellsworth, ASA, MAAA  
Director, Actuarial Services

9/27/2010