

SERFF Tracking Number: AEGC-126526248 State: Arkansas
 Filing Company: Monumental Life Insurance Company State Tracking Number: 45168
 Company Tracking Number: 1068
 TOI: MS02G Group Medicare Supplement - Pre- Standardized Sub-TOI: MS02G.000 Medicare Supplement - Pre- Standardized
 Product Name: 2010 Monumental Life Insurance Company PreStandard Group Medicare Supplement Rate Filing
 Project Name/Number: Medicare Supplement Rates/55pregroup

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: 2010 Monumental Life Insurance Company PreStandard Group Medicare Supplement Rate Filing SERFF Tr Num: AEGC-126526248 State: Arkansas

Insurance Company PreStandard Group

Medicare Supplement Rate Filing

TOI: MS02G Group Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 45168

Sub-TOI: MS02G.000 Medicare Supplement - Pre-Standardized Co Tr Num: 1068 State Status: Approved-Closed

Filing Type: Rate

Authors: Carolyn Mills, Teri Schaffer, Kristina Davis

Reviewer(s): Stephanie Fowler

Disposition Date: 04/13/2010

Date Submitted: 03/15/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 06/01/2010

Implementation Date: 06/01/2010

State Filing Description:

General Information

Project Name: Medicare Supplement Rates

Status of Filing in Domicile: Pending

Project Number: 55pregroup

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact: 20%

Group Market Type: Association

Filing Status Changed: 04/13/2010

Explanation for Other Group Market Type:

State Status Changed: 04/13/2010

Deemer Date:

Created By: Carolyn Mills

Submitted By: Teri Schaffer

Corresponding Filing Tracking Number:

Filing Description:

2010 Medicare Supplement Rate Filing for PreStandard Group Medicare Supplement. MS3000PGM, MSP1000, MSP2000

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Enclosed is our rate submission for all benefits contained in Medicare Supplement plans issued prior to the 1992 Medicare regulations.
 This rate revision would be effective the first day of the month following 60 days from the effective date of approval.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:
 - Actuarial memorandum with Exhibit A
 - Projection Exhibit

Company and Contact

Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com
 520 Park Avenue 410-209-5644 [Phone]
 Baltimore, MD 21201 410-209-5904 [FAX]

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa
 4333 Edgewood Road, NE Group Code: 468 Company Type: Life and Health
 Cedar Rapids, IA 52499 Group Name: State ID Number:
 (800) 233-4624 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	03/15/2010	34853488

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	04/13/2010	04/13/2010

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	Stephanie Fowler	03/31/2010	03/31/2010	Carolyn Mills	04/06/2010	04/06/2010

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Rates	Carolyn Mills	04/06/2010	04/06/2010

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Rate Sheet	Note To Filer	Stephanie Fowler	04/07/2010	04/07/2010

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Disposition

Disposition Date: 04/13/2010

Implementation Date: 06/01/2010

Status: Approved-Closed

Comment: Please disregard my previous "Note to Filer" comment. The requested rate increase of 15% has been approved to be implemented on or after June 1, 2010. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period.

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):
Monumental Life Insurance Company	20.000%	20.000%	\$3,578	3	\$17,888	20.000%	20.000%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved	No
Rate (revised)	Rates	Approved	Yes
Rate	Rates	Disapproved	Yes
Rate	Rates	Disapproved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 03/31/2010
Submitted Date 03/31/2010
Respond By Date 04/30/2010

Dear Carolyn Mills,

This will acknowledge receipt of the captioned filing.

Based on the possible impact a 20% increase would have on the citizens of Arkansas, we would be willing to accept a 15% increase for the plans contained in this filing.

Please feel free to contact me if you have questions.

Sincerely,
Stephanie Fowler

Response Letter

Response Letter Status Submitted to State
Response Letter Date 04/06/2010
Submitted Date 04/06/2010

Dear Stephanie Fowler,

Comments:

Dear Ms. Fowler,

Response 1

Comments: In response to your objection dated 03/31/2010, we are accepting your request for a 15.0% increase. Attached are revised rate pages to reflect that change.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

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Project Name/Number: Medicare Supplement Rates/55pregroup

Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

Rates MS3000PGM, MSP1000, Revised Previous State Filing Number
MSP2000
Percent Rate Change Request
20

Previous Version

Rates MS3000PGM, MSP1000, Revised Previous State Filing Number
MSP2000
Percent Rate Change Request
20

Thank you,
Carolyn Mills

Sincerely,
Carolyn Mills, Kristina Davis, Teri Schaffer

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Note To Filer

Created By:

Stephanie Fowler on 04/07/2010 03:23 PM

Last Edited By:

Stephanie Fowler

Submitted On:

04/13/2010 09:38 AM

Subject:

Rate Sheet

Comments:

This filing is currently under review. However, I will need a copy of the proposed base monthly rates by total dollar amount to complete my review.

Thank you in advance for your consideration in this matter.

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Amendment Letter

Submitted Date: 04/06/2010

Comments:

Ms. Fowler,

Please accept my apologies. I forgot to change the rate from 20% to 15% on the rate/rule tab. I am attaching the revised rate change to reflect 15%.

Thank you,
Carolyn Mills

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Rates	MS3000PGM, MSP1000, MSP2000	Revised	Previous State Filing Number: Percent Rate Change Request: 15	revised_rates.pdf revised_rates.pdf

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 Project Name/Number: Medicare Supplement Rates/55pregroup

Rate Information

Rate data applies to filing.

Filing Method: serff
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 10.000%
Effective Date of Last Rate Revision: 03/01/2009
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):
Monumental Life Insurance Company	20.000%	20.000%	\$3,578	3	\$17,888	20.000%	20.000%

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 04/13/2010	Rates	MS3000PGM, MSP1000, MSP2000	Revised	Previous State Filing Number: Percent Rate Change Request: 15.000	revised_rates.pdf

**Exhibit A
Monumental Life Insurance Company**

**Mass Marketed Pre-Standard Group Medicare Supplement
Premium Rates
State of Arkansas**

Composite Age Monthly Rates		Adjustment Factors				Proposed
	Premium	Infl./Util.	Experience	Aging	Composite Premium	Increase Percent
Part A						
Part A Basic	10.69	5.2%	9.3%	0.0%	12.30	15.0%
Part A Deductible	60.92	5.2%	9.3%	0.0%	70.06	15.0%
Part B						
20% coinsurance after MED Ded - \$100 O/P, \$0 I/P	191.18	5.2%	9.3%	0.0%	219.85	15.0%
20% coinsurance after MED Ded - \$100	184.77	5.2%	9.3%	0.0%	212.49	15.0%
20% coinsurance after Deductibles - \$100 MED & \$100	154.88	5.2%	9.3%	0.0%	178.11	15.0%
20% coinsurance with no MED Deductible, I/P only	96.39	5.2%	9.3%	0.0%	110.84	15.0%
\$100 Deductible for IP Surgery	5.72	5.2%	9.3%	0.0%	6.57	15.0%
\$100 Deductible Payable	9.91	5.2%	9.3%	0.0%	11.40	15.0%
Riders						
Foreign Country	1.23	5.2%	9.3%	0.0%	1.41	15.0%
Immunizations	0.38	5.2%	9.3%	0.0%	0.44	15.0%
Private Duty Nursing	0.38	5.2%	9.3%	0.0%	0.44	15.0%
Skilled Nursing						
1/8 of the Part A Deductible for days 21 - 100	8.51	5.2%	9.3%	0.0%	9.79	15.0%
1/8 of the Part A Deductible for days 101 - 365	3.64	5.2%	9.3%	0.0%	4.19	15.0%
1/4 of the Part A Deductible for days 21 - 100	16.94	5.2%	9.3%	0.0%	19.48	15.0%
1/4 of the Part A Deductible for days 101 - 365	7.26	5.2%	9.3%	0.0%	8.35	15.0%
Prescription Drugs - Coinsurance %/Deductible/Maximum						
RX - 50%/\$100/\$300 standard	60.84	5.2%	9.3%	0.0%	69.96	15.0%
RX - 50%/\$100/\$500	84.43	5.2%	9.3%	0.0%	97.09	15.0%
RX - 80%/\$100/\$500	93.56	5.2%	9.3%	0.0%	107.60	15.0%
RX - 50%/\$100/\$1,000	211.94	5.2%	9.3%	0.0%	243.73	15.0%
RX - 20% of actual charges/\$0/none	123.43	5.2%	9.3%	0.0%	141.95	15.0%
Other						
Actual Charges	35.15	5.2%	9.3%	0.0%	40.42	15.0%
Ambulance	8.07	5.2%	9.3%	0.0%	9.28	15.0%
Convalescent Care	20.08	5.2%	9.3%	0.0%	23.09	15.0%
Home Health Care	15.26	5.2%	9.3%	0.0%	17.55	15.0%

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	12.000	6.000	3.000	1.000	0.960

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Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
04/06/2010	Rate and Rule	Rates	04/06/2010	revised_rates.pdf
03/12/2010	Rate and Rule	Rates	04/06/2010	exhibita_1.pdf (Superceded)

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State of Arkansas**

Composite Age Monthly Rates		Adjustment Factors				Proposed
	Premium	Infl./Util.	Experience	Aging	Composite Premium	Increase Percent
Part A						
Part A Basic	10.69	5.2%	14.1%	0.0%	12.83	20.0%
Part A Deductible	60.92	5.2%	14.1%	0.0%	73.10	20.0%
Part B						
20% coinsurance after MED Ded - \$100 O/P, \$0 I/P	191.18	5.2%	14.1%	0.0%	229.41	20.0%
20% coinsurance after MED Ded - \$100	184.77	5.2%	14.1%	0.0%	221.73	20.0%
20% coinsurance after Deductibles - \$100 MED & \$100	154.88	5.2%	14.1%	0.0%	185.85	20.0%
20% coinsurance with no MED Deductible, I/P only	96.39	5.2%	14.1%	0.0%	115.66	20.0%
\$100 Deductible for IP Surgery	5.72	5.2%	14.1%	0.0%	6.86	20.0%
\$100 Deductible Payable	9.91	5.2%	14.1%	0.0%	11.90	20.0%
Riders						
Foreign Country	1.23	5.2%	14.1%	0.0%	1.47	20.0%
Immunizations	0.38	5.2%	14.1%	0.0%	0.46	20.0%
Private Duty Nursing	0.38	5.2%	14.1%	0.0%	0.46	20.0%
Skilled Nursing						
1/8 of the Part A Deductible for days 21 - 100	8.51	5.2%	14.1%	0.0%	10.22	20.0%
1/8 of the Part A Deductible for days 101 - 365	3.64	5.2%	14.1%	0.0%	4.37	20.0%
1/4 of the Part A Deductible for days 21 - 100	16.94	5.2%	14.1%	0.0%	20.32	20.0%
1/4 of the Part A Deductible for days 101 - 365	7.26	5.2%	14.1%	0.0%	8.71	20.0%
Prescription Drugs - Coinsurance %/Deductible/Maximum						
RX - 50%/\$100/\$300 standard	60.84	5.2%	14.1%	0.0%	73.01	20.0%
RX - 50%/\$100/\$500	84.43	5.2%	14.1%	0.0%	101.31	20.0%
RX - 80%/\$100/\$500	93.56	5.2%	14.1%	0.0%	112.27	20.0%
RX - 50%/\$100/\$1,000	211.94	5.2%	14.1%	0.0%	254.33	20.0%
RX - 20% of actual charges/\$0/none	123.43	5.2%	14.1%	0.0%	148.12	20.0%
Other						
Actual Charges	35.15	5.2%	14.1%	0.0%	42.18	20.0%
Ambulance	8.07	5.2%	14.1%	0.0%	9.68	20.0%
Convalescent Care	20.08	5.2%	14.1%	0.0%	24.09	20.0%
Home Health Care	15.26	5.2%	14.1%	0.0%	18.31	20.0%

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	12.000	6.000	3.000	1.000	0.960