

SERFF Tracking Number: UNAM-126714792 State: Arkansas
Filing Company: The Pyramid Life Insurance Company State Tracking Number: 46169
Company Tracking Number:
TOI: LTC06 Long Term Care - Other Sub-TOI: LTC06.000 Long Term Care - Other
Product Name: LONG TERM CARE CLAIMS DENIED 09
Project Name/Number: /

Filing at a Glance

Company: The Pyramid Life Insurance Company

Product Name: LONG TERM CARE CLAIMS DENIED 09 SERFF Tr Num: UNAM-126714792 State: Arkansas

TOI: LTC06 Long Term Care - Other SERFF Status: Closed-Filed State Tr Num: 46169
Sub-TOI: LTC06.000 Long Term Care - Other Co Tr Num: State Status: Closed
Filing Type: Advertisement Reviewer(s): Marie Bennett, Harris Shearer
Author: Alicia Phillips-Guiler Disposition Date: 07/28/2010
Date Submitted: 07/09/2010 Disposition Status: Filed
Implementation Date: Implementation Date:

Implementation Date Requested:

State Filing Description:

General Information

Project Name: Status of Filing in Domicile:
Project Number: Date Approved in Domicile:
Requested Filing Mode: 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: 07/28/2010 Explanation for Other Group Market Type:
State Status Changed: 07/28/2010
Created By: Alicia Phillips-Guiler
Corresponding Filing Tracking Number:
Deemer Date:
Submitted By: Alicia Phillips-Guiler
Filing Description:
Long Term Care Report of Denied Claims – Reporting Year 2009

Dear Sir/Madam:

Attached is a copy of the Claims Denial Reporting Form Long-Term Care Insurance for Arkansas for reporting year 2009.

Should you have any questions, please contact me at 407-444-4355 or aguiler@universalamerican.com

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Sincerely,

Alicia P. Guiler
 Senior Compliance Analyst

Company and Contact

Filing Contact Information

Alicia Guiler, AGuiler@uafc.com
 P.O. Box 958465 407-628-1776 [Phone] 8334 [Ext]
 Lake Mary, FL 32795-8465 407-628-9021 [FAX]

Filing Company Information

The Pyramid Life Insurance Company CoCode: 68284 State of Domicile: Kansas
 1001 Heathrow Park Lane Group Code: 953 Company Type:
 Suite 5001 Group Name: State ID Number:
 Lake Mary, FL 32746 FEIN Number: 48-0557726
 (407) 995-8000 ext. [Phone]

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

| COMPANY | AMOUNT | DATE PROCESSED | TRANSACTION # |
|------------------------------------|--------|----------------|---------------|
| The Pyramid Life Insurance Company | \$0.00 | 07/09/2010 | |

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Correspondence Summary

Dispositions

| Status | Created By | Created On | Date Submitted |
|--------|---------------|------------|----------------|
| Filed | Marie Bennett | 07/28/2010 | 07/28/2010 |

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Disposition

Disposition Date: 07/28/2010

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

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State: Arkansas

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Schedule

Schedule Item

Schedule Item Status Public Access

Supporting Document

LTC CLAIMS DENIED 09

Yes

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Supporting Document Schedules

Item Status:

Status

Date:

Satisfied - Item: LTC CLAIMS DENIED 09

Comments:

Attachment:

AR LTC CLAIMS DENIED 09 PYR.pdf



July 7, 2010

PO Box 958465
Lake Mary, FL 32795-8465
ph: 1 800 444 0321
www.pyramidlife.com

Life and Health Division
Arkansas Department of Insurance
1200 W. Third Street
Little Rock, AR 72201-1904

RE: **THE PYRAMID LIFE INSURANCE COMPANY** **NAIC#68284**
Long Term Care Report of Denied Claims – Reporting Year 2009

Dear Sir/Madam:

Enclosed is the Claims Denial Reporting Form Long-Term Care Insurance for Arkansas for reporting year 2009.

Should you have any questions, please contact me at 407-444-4355 or aguiler@universalamerican.com

Sincerely,

A handwritten signature in cursive script that reads "Alicia P. Guiler".

Alicia P. Guiler
Senior Compliance Analyst

**Claims Denial Reporting Form Long-Term Care Insurance
For the State of Arkansas
For the Reporting Year 2009**

The Pyramid Life Insurance Company
1001 Heathrow Park Lane
Lake Mary FL 32746

NAIC No. 68284

Contact Person: Alicia P. Guiler, Senior Compliance Analyst
Phone Number: 407-444-4355

Line of Business: Individual

The purpose of this form is to report all long-term care claim denials under in force long-term care insurance policies. "Denied" means a claim that is not paid for any reason other than for claims not paid for failure to meet the waiting period or because of an applicable preexisting condition.

| | State Data | Nationwide Data ¹ |
|--|------------|------------------------------|
| 1. Total Number of Long-Term Care Claims Reported | 136 | 15,777 |
| 2. Total Number of Long-Term Care Claims Denied/ Not Paid | 11 | 233 |
| 3. Number of Claims Not Paid due to Preexisting Condition Exclusion | 0 | 0 |
| 4. Number of Claims Not Paid due to Waiting (Elimination) Period Not Met | 6 | 90 |
| 5. Net Number of Long-Term Care Claims Denied for Reporting Purposes (Line 2 Minus Line 3 Minus Line 4) | 5 | 143 |
| 6. Percentage of Long-Term Care Claims Denied of Those Reported (Line 5 Divided By Line 1) | .04% | 1% |
| 7. Number of Long-Term Care Claims Denied due to: | | |
| 8. * Long-Term Care Services Not Covered under the Policy ² | 0 | 28 |
| 9. * Provider/Facility Not Qualified under the Policy ³ | 0 | 0 |
| 10. * Benefit Eligibility Criteria Not Met ⁴ | 5 | 82 |
| 11. Other | 0 | 33 |

¹ The nationwide data may be viewed as a more representative and credible indicator where the data for claims reported and denied for your state are small in number.

² Example – home health care claim filed under a nursing home only policy.

³ Example – a facility that does not meet the minimum level of care requiring licensing requirements or the licensing requirements as outlined in the policy.

⁴ Example – a benefit trigger not met, certification by a licensed health care practitioner not provided, no plan of care.