

SERFF Tracking Number: THRV-126783309 State: Arkansas
 Filing Company: Thrivent Financial for Lutherans State Tracking Number: 46587
 Company Tracking Number:
 TOI: MS02I Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre- Standardized
 Product Name: Prestandard Med Supp Rates [2011]
 Project Name/Number: /

Filing at a Glance

Company: Thrivent Financial for Lutherans

Product Name: Prestandard Med Supp Rates [2011] SERFF Tr Num: THRV-126783309 State: Arkansas

TOI: MS02I Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 46587

Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized Co Tr Num: State Status: Under Review

Filing Type: Rate

Author: Julie Panaro

Date Submitted: 08/24/2010

Reviewer(s): Stephanie Fowler

Disposition Date: 09/08/2010

Disposition Status: Approved-Closed

Implementation Date Requested: 01/01/2011

Implementation Date: 01/01/2011

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 09/08/2010

Status of Filing in Domicile:

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: 08/31/2010

Created By: Julie Panaro

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Julie Panaro

Filing Description:

****2011 Premium Rate Revision for Prestandardized Medicare Supplement Contracts & Riders****

The purpose of this rate filing is to demonstrate that the anticipated lifetime loss ratio of Thrivent Financial for Lutheran's pre-standardized Medicare supplement insurance meets the minimum requirements for your state. This filing is also intended to request approval of a 5.0% premium increase for Forms 4922AR et al., Forms 4952AR et al., and Forms H1-MS-1 et al.

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These contracts and riders are no longer issued as new business, so the rate revisions will apply to inforce business only.

Our last rate filing for these forms was approved by your Department on 07/14/2009 [State Tracking # 42628].

If you have any questions regarding the rate information provided, please contact our actuary, Joel Kabala, by phone at 1-800-847-4836, ext.35580, or email joel.kabala@thrivent.com.

Company and Contact

Filing Contact Information

Julie Panaro, Compliance Specialist II julie.panaro@thrivent.com
 625 Fourth Ave S 800-847-4836 [Phone] 36473 [Ext]
 Minneapolis, MN 55415 612-844-5040 [FAX]

Filing Company Information

Thrivent Financial for Lutherans CoCode: 56014 State of Domicile: Wisconsin
 4321 North Ballard Road Group Code: 2938 Company Type: Fraternal
 Appleton, WI 54919-0001 Group Name: State ID Number:
 (800) 847-4836 ext. [Phone] FEIN Number: 39-0123480

Filing Fees

Fee Required? Yes
 Fee Amount: \$50.00
 Retaliatory? No
 Fee Explanation: \$50 per filing for prestandardized Med supp rates.
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Thrivent Financial for Lutherans	\$50.00	08/24/2010	38977225

SERFF Tracking Number: THRV-126783309 State: Arkansas
 Filing Company: Thrivent Financial for Lutherans State Tracking Number: 46587
 Company Tracking Number:
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized
 Product Name: Prestandard Med Supp Rates [2011]
 Project Name/Number: /

Disposition

Disposition Date: 09/08/2010

Implementation Date: 01/01/2011

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after January 1, 2011. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period;
- Both the insured and agent shall be notified by the insurer of its intention to increase the rate for renewal not less than thirty (30) days prior to the effective date of the renewal.

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):
Thrivent Financial for Lutherans	5.000%	5.000%	\$3,315	14	\$73,671	5.000%	5.000%

SERFF Tracking Number: THRV-126783309

State: Arkansas

Filing Company: Thrivent Financial for Lutherans

State Tracking Number: 46587

Company Tracking Number:

TOI: MS021 Individual Medicare Supplement - Pre-Standardized

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized

Product Name: Prestandard Med Supp Rates [2011]

Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Rate	Prestandard Medicare Supplement Contracts & Riders	Approved	Yes
Rate	Prestandard Medicare Supplement Contracts & Riders	Approved	Yes
Rate	Prestandard Medicare Supplement Contracts & Riders	Approved	Yes

SERFF Tracking Number: THRV-126783309 State: Arkansas
Filing Company: Thrivent Financial for Lutherans State Tracking Number: 46587
Company Tracking Number:
TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
Product Name: Prestandard Med Supp Rates [2011]
Project Name/Number: /

Amendment Letter

Submitted Date: 08/24/2010

Comments:

Some of the pages in the Exhibits document were missing a column when converted to pdf. I have replaced the previous attachment with a new version.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment: Attached are the following documents:

- Actuarial Memorandum & Rate Justification (includes Actuarial Certification)
- Supporting Documentation (Experience Exhibits, Claim Cost Assumptions, Proposed/Current Rates, Loss Ratio Projection)

AR Actuarial Memo.pdf

AR Exhibits.pdf

SERFF Tracking Number: *THR-126783309* State: *Arkansas*
 Filing Company: *Thrivent Financial for Lutherans* State Tracking Number: *46587*
 Company Tracking Number:
 TOI: *MS021 Individual Medicare Supplement - Pre-Standardized* Sub-TOI: *MS021.000 Medicare Supplement - Pre-Standardized*
 Product Name: *Prestandard Med Supp Rates [2011]*
 Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 4.500%
Effective Date of Last Rate Revision: 01/01/2010
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):
Thrivent Financial for Lutherans	5.000%	5.000%	\$3,315	14	\$73,671	5.000%	5.000%

SERFF Tracking Number: THRV-126783309 State: Arkansas
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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 09/08/2010	Prestandard Medicare Supplement Contracts & Riders	4922AR, 4867AR	Revised	Previous State Filing Number: Percent Rate Change Request:	42628 5.000 AR Proposed Rates 4922AR.pdf
Approved 09/08/2010	Prestandard Medicare Supplement Contracts & Riders	4952AR, 4952AR 9-90, 4953, 4954, 4955, 4956	Revised	Previous State Filing Number: Percent Rate Change Request:	42628 5.000 AR Proposed Rates 4952AR.pdf
Approved 09/08/2010	Prestandard Medicare Supplement Contracts & Riders	H1-MS-1, HR1- MDC, H1-MO- MSLO-1, H1-ME- MSME-1, H1-MI- MSHI-1	Revised	Previous State Filing Number: Percent Rate Change Request:	42628 5.000 AR Proposed Rates H1-MS-1.pdf

**Appendix D-BMS-Rate
Proposed Premiums for Forms 4922AR et al.**

	Age	Hospital w/ Part A Ded.	Hospital w/o Part A Ded.	Medical per \$100 of w/Prescription Drugs	Surgical Max. w/o Prescription Drugs
Male	65-69	\$748.98	\$166.44	\$24.33	\$10.70
	70-74	\$748.98	\$166.44	\$24.33	\$10.70
	75+	\$748.98	\$166.44	\$24.33	\$10.70
Female	65-69	\$748.98	\$166.44	\$24.33	\$10.70
	70-74	\$748.98	\$166.44	\$24.33	\$10.70
	75+	\$748.98	\$166.44	\$24.33	\$10.70

Quarterly Premium = .255 x Annual Premium + \$.75

Monthly Pre-authorized Check Premium = .0855 x Annual Premium

The following premiums are for 2011. They include coverage for prescription drugs.

Three Digit Zip Code	Surgical Maximum	Age	With Coverage of Part A Deductible		Without Coverage of Part A Deductible	
			Male	Female	Male	Female
716-719	23300	65-69	\$6,417.87	\$6,417.87	\$5,835.33	\$5,835.33
		70-74	\$6,417.87	\$6,417.87	\$5,835.33	\$5,835.33
		75+	\$6,417.87	\$6,417.87	\$5,835.33	\$5,835.33
720-722	24600	65-69	\$6,734.16	\$6,734.16	\$6,151.62	\$6,151.62
		70-74	\$6,734.16	\$6,734.16	\$6,151.62	\$6,151.62
		75+	\$6,734.16	\$6,734.16	\$6,151.62	\$6,151.62

The following premiums are for 2011. They exclude coverage for prescription drugs.

Three Digit Zip Code	Surgical Maximum	Age	With Coverage of Part A Deductible		Without Coverage of Part A Deductible	
			Male	Female	Male	Female
716-719	23300	65-69	\$3,242.08	\$3,242.08	\$2,659.54	\$2,659.54
		70-74	\$3,242.08	\$3,242.08	\$2,659.54	\$2,659.54
		75+	\$3,242.08	\$3,242.08	\$2,659.54	\$2,659.54
720-722	24600	65-69	\$3,381.18	\$3,381.18	\$2,798.64	\$2,798.64
		70-74	\$3,381.18	\$3,381.18	\$2,798.64	\$2,798.64
		75+	\$3,381.18	\$3,381.18	\$2,798.64	\$2,798.64

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

**Appendix D-IMS
Premiums for Forms 4952AR et al
Level Annual Premiums**

MEDICARE SUPPLEMENT
Forms 4952AR, 4952AR 9-90

Issue Age	Male	Female
65-69	1630	1630
70-74	1630	1630
75+	1630	1630

MEDICARE PART A DEDUCTIBLE RIDER
Form 4953
(PER \$4 OF PART A DEDUCTIBLE)

Issue Age	Male	Female
65-69	2.15	2.15
70-74	2.15	2.15
75+	2.15	2.15

MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER
Form 4954

Issue Age	Male	Female
65-69	275	275
70-74	275	275
75+	275	275

Thrivent Financial for Lutherans
Appleton, WI 54919-0001

Appendix D-IMS (continued)
Premiums for Forms 4952AR et al
Level Annual Premiums

MEDICARE PART B DEDUCTIBLE AND
 MEDICARE PART B USUAL AND CUSTOMARY CHARGES RIDER
 Form 4955

Issue Age	Male	Female
65-69	1140	1140
70-74	1140	1140
75+	1140	1140

OUTPATIENT PRESCRIPTION DRUG
 USUAL AND CUSTOMARY CHARGES RIDER
 Form 4956

Issue Age	Male	Female
65-69	5105	5105
70-74	5105	5105
75+	5105	5105

AREA FACTORS - ARKANSAS

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.9
720-722	1.0

Quarterly Premium = $.255 \times \text{Annual Premium} + \$.75$

Monthly Pre-authorized Check Premium = $.0855 \times \text{Annual Premium}$

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Appendix D_LB
Proposed Premiums for Forms H1-MS-1, et al

LEVEL ANNUAL PREMIUMS
 NOT INCLUDING AREA FACTORS SHOWN BELOW

Issue Age	Form H1-MS-1	Form HR1-MDC with Form H1-MS-1
All	\$ 1,023	\$ 1,329

\$10 policy fee must be added.

AREA FACTORS - ARKANSAS

First 3 Digits of ZIP Code	Area Factor
716-719, 723-729	0.80
720-722	0.95

Semiannual Premium = $.510 \times \text{Annual Premium} + \0.50

Quarterly Premium = $.257 \times \text{Annual Premium} + \0.75

Monthly Premium = $.088 \times \text{Annual Premium} + \1.00

Monthly Pre-authorized Check Premium = $.086 \times \text{Annual Premium} + \0.40

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 Appleton, WI 54919-0001