

SERFF Tracking Number: FEMC-127740191 State: Arkansas
Filing Company: Federated Mutual Insurance Company State Tracking Number: 50075
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO
Product Name: Group Health
Project Name/Number: GRP RATES 2012/GRP RATES 2012

Filing at a Glance

Company: Federated Mutual Insurance Company

Product Name: Group Health

SERFF Tr Num: FEMC-127740191 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 50075

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Author: Jeanette Myers

Disposition Date: 10/25/2011

Date Submitted: 10/20/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 01/01/2012

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name: GRP RATES 2012

Status of Filing in Domicile: Not Filed

Project Number: GRP RATES 2012

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

Group Market Type: Employer

Overall Rate Impact: 4.3%

Filing Status Changed: 10/25/2011

State Status Changed: 10/25/2011

Deemer Date:

Created By: Jeanette Myers

Submitted By: Jeanette Myers

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Federated Mutual Insurance Company is submitting revised rates for our small group health product. We are requesting a 4.3% rate increase effective January 1, 2012.

Company and Contact

Filing Contact Information

Jeanette Myers, Compliance Analyst

jmmyers@fedins.com

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121 East Park Square 800-533-0472 [Phone]
 Owatonna, MN 55060 507-455-8226 [FAX]

Filing Company Information

Federated Mutual Insurance Company	CoCode: 13935	State of Domicile: Minnesota
121 East Park Square	Group Code: 7	Company Type:
PO Box 328	Group Name:	State ID Number:
Owatonna, MN 55060	FEIN Number: 41-0417460	
(800) 533-0472 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$150.00
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Federated Mutual Insurance Company	\$150.00	10/20/2011	53011090

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/25/2011	10/25/2011

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Disposition

Disposition Date: 10/25/2011
 Implementation Date: 01/01/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

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):
Federated Mutual Insurance Company	4.300%	4.300%	\$106,791	43	\$2,460,737	15.800%	1.400%
	Percent Change Approved:						
	Minimum:	1.4%	Maximum:	15.8%	Weighted Average:		4.3%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	No
Supporting Document	Consumer Disclosure Form	Approved-Closed	No
Rate	Rates	Approved-Closed	No
Rate	Rates	Approved-Closed	No

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Rate Information

Rate data applies to filing.

Filing Method: SERFF
 Rate Change Type: Increase
 Overall Percentage of Last Rate Revision: 6.500%
 Effective Date of Last Rate Revision: 01/01/2011
 Filing Method of Last Filing: NA

Company Rate Information

Company Name:	Company Rate Change:	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):	
Federated Mutual Insurance Company	Increase	4.300%	4.300%	\$106,791	43	\$2,460,737	15.800%	1.400%	
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:			379				5		
Policy Holders:			42				1		

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Rate Review Details

COMPANY:

Company Name:	Federated Mutual Insurance Company
HHS Issuer Id:	00000
Product Names:	Group Health
Trend Factors:	Federated assumes a 7.5% increase in medical costs, during the effective period of this filing. This is a nationwide estimate, based on Federated's internal claims data. The 7.5% trend estimate assumes a 6.2% increase due to a combination of increasing costs(severity) and an increase in the number of services used (utilization). By service type, Federated is assuming a 6.2% increase in medical costs, and a 6.4% increase in pharmacy costs.The remaining 1.3% increase is for deductible leveraging. No aggregate trend is assumed for underwriting wear-off or antiselection.

FORMS:

New Policy Forms:	
Affected Forms:	GH 03 11 (01-02 ed.), GH 03 11 (08-06 ed.)
Other Affected Forms:	GH 03 10 (01-12 ed.)

REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Annual
Member Months:	12,402
Benefit Change:	None
Percent Change Requested:	Min: 1.4 Max: 15.8 Avg: 4.3

PRIOR RATE:

Total Earned Premium:	2,154,310.00
Total Incurred Claims:	1,509,951.00

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Annual \$: Min: 97.20 Max: 1,527.95 Avg: 454.87
REQUESTED RATE:
Projected Earned Premium: 2,247,803.00
Projected Incurred Claims: 1,580,205.00
Annual \$: Min: 102.67 Max: 1,602.26 Avg: 474.60

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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-Closed 10/25/2011	Rates	GH 03 11 (01-02 ed.), GH 03 11 (01-06 ed.)	Revised	Previous State Filing Number: Percent Rate Change Request: 4.300	NA AR_Attach A 201201.pdf
Approved-Closed 10/25/2011	Rates	GH 03 10 (01-12 ed.)	New		AR_Attach A 201201.pdf

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Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: NA - Rate filing Comments:	Approved-Closed	10/25/2011

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attachment: AR_Actuarial Memorandum_signed.pdf	Approved-Closed	10/25/2011

	Item Status:	Status Date:
Satisfied - Item: Rate Summary Worksheet Comments: Attachments: RateSummaryTemplate_v20110907.xls Part II_Written Explanation_AR.pdf Part III_AR_Actuarial Memorandum_signed.pdf	Approved-Closed	10/25/2011

	Item Status:	Status Date:
Bypassed - Item: Consumer Disclosure Form Bypass Reason: Not available Comments:	Approved-Closed	10/25/2011