

SERFF Tracking Number: NELLI-127739070 State: Arkansas
Filing Company: Philadelphia American Life Insurance Company State Tracking Number: 50069
Company Tracking Number: PALIC C18
TOI: H07I Individual Health - Specified Disease - Sub-TOI: H07I.002A Dread Disease - Cancer Only
Limited Benefit
Product Name: C18
Project Name/Number: C18/

Filing at a Glance

Company: Philadelphia American Life Insurance Company

Product Name: C18 SERFF Tr Num: NELLI-127739070 State: Arkansas
TOI: H07I Individual Health - Specified Disease SERFF Status: Closed-Approved- State Tr Num: 50069
- Limited Benefit Closed
Sub-TOI: H07I.002A Dread Disease - Cancer Co Tr Num: PALIC C18 State Status: Approved-Closed
Only
Filing Type: Rate Reviewer(s): Rosalind Minor
Author: Jerry Mao Disposition Date: 10/24/2011
Date Submitted: 10/19/2011 Disposition Status: Approved-
Closed
Implementation Date Requested: 01/01/2012 Implementation Date:

State Filing Description:

General Information

Project Name: C18 Status of Filing in Domicile: Authorized
Project Number: Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: 6% Filing Status Changed: 10/24/2011
State Status Changed: 10/24/2011
Deemer Date: Created By: Jerry Mao
Submitted By: Jerry Mao Corresponding Filing Tracking Number:
Filing Description:
The purpose of this filing is to request a rate increase on the company's individual supplemental cancer form C18. The rate revision is based upon the information contained in the actuarial memorandum.

Company and Contact

Filing Contact Information

Jerry Mao, jmao@neweralife.com
P.O. Box 4884 281-368-7378 [Phone]

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Limited Benefit
Product Name: C18
Project Name/Number: C18/

Houston, TX 77210-4884

Filing Company Information

Philadelphia American Life Insurance Company CoCode: 67784 State of Domicile: Texas
200 Westlake Park #1200 Group Code: 520 Company Type:
Houston, TX 77079 Group Name: State ID Number:
(281) 368-7200 ext. [Phone] FEIN Number: 74-1952955

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia American Life Insurance Company	\$50.00	10/19/2011	52986550

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/24/2011	10/24/2011

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	Rosalind Minor	10/24/2011	10/24/2011	Jerry Mao	10/24/2011	10/24/2011
Pending Industry Response	Rosalind Minor	10/20/2011	10/20/2011	Jerry Mao	10/20/2011	10/20/2011

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Disposition

Disposition Date: 10/24/2011

Implementation Date:

Status: Approved-Closed

Comment:

We have approved a 6% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

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):
Philadelphia American Life Insurance Company	6.000%	6.000%	\$2,612	68	\$43,526	%	%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	rate schedule	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/24/2011
Submitted Date 10/24/2011

Respond By Date

Dear Jerry Mao,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment: Our Department will approve no more than a 5% rate increase on this block of business.

If you wish to accept the 5%, please submit revised rates reflecting the 5%.

We appreciate your cooperation in this matter.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/24/2011
Submitted Date 10/24/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: Our loss experience would justify a 10% increase on this block. Considering the current economic situation, we proposed a more moderate increase for the State of AR, 6%. Other states have increases from 8-15% and most of them are already approved.

This is done to help AR policyholders reduce the financial burden and meanwhile without further increasing the company's premium inadequacy for this block in the long term. Therefore, we ask the Department to reconsider and approve our original filing. Thanks very much.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department will approve no more than a 5% rate increase on this block of business.

If you wish to accept the 5%, please submit revised rates reflecting the 5%.

We appreciate your cooperation in this matter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 10/20/2011
Submitted Date 10/20/2011

Respond By Date

Dear Jerry Mao,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

The information on the Rate/Rule Tab indicates a 6% increase while the actuarial memorandum outlines an average 8% increase. Please adjust the necessary documentation to reflect the correct % being requested.

Thank you for your cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 10/20/2011
Submitted Date 10/20/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: On actuarial memo, 8% is requested based on nationwide distribution of business and it is weighted average increase nationwide. The actuarial memo is very generic and we request 6% for AR state. For the purpose of this filing, you can ignore the 8% on the actuarial memo.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

The information on the Rate/Rule Tab indicates a 6% increase while the actuarial memorandum outlines an average 8% increase. Please adjust the necessary documentation to reflect the correct % being requested.

Thank you for your cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Jerry Mao

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

12.500%

Effective Date of Last Rate Revision:

05/01/2010

Filing Method of Last Filing:

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):
Philadelphia American Life Insurance Company	6.000%	6.000%	\$2,612	68	\$43,526	%	%

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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 10/24/2011	rate schedule	C18	Revised	Previous State Filing Number: Percent Rate Change Request: 44186 6.000	AR C18 Rate Sheets PALIC 2012.pdf

**Philadelphia American Life Insurance Company
11720 Katy Freeway, Suite 1700
Houston, Texas 77079**

**Cancer Policy Form C18
Worksite - Standard Annual Premiums**

\$150 Daily Hospital Benefit				\$250 Daily Hospital Benefit			
<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>	<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
All Ages	\$164.85	\$281.62	\$206.06	All Ages	\$192.33	\$326.27	\$240.41

\$350 Daily Hospital Benefit			
<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
All Ages	\$230.10	\$388.09	\$288.49

FOR MODE FACTORS OTHER THAN ANNUAL, MULTIPLY THE ANNUAL RATE
BY THE CORRESPONDING MODE FACTOR

MODAL PREMIUM FACTORS

PREMIUM MODE

ANNUAL	1.00000
SEMI-ANNUAL	0.50000
QUARTERLY	0.25000
MONTHLY (Bill Direct)	0.09000
MONTHLY (Depositor's Authorization)	0.08333

ANY OTHER SPECIAL BILLING MODES SELECTED BY MARKETING WILL BE PROPORTIONAL TO THE ANNUAL PREMIUM.
RATES MAY VARY BY A FEW CENTS FROM THE RATES SHOWN AT THE TIME OF ISSUE DUE TO COMPUTER ROUNDING.

**Philadelphia American Life Insurance Company
11720 Katy Freeway, Suite 1700
Houston, Texas 77079**

**Cancer Policy Form C18
Worksite - Other/ Association Annual Premiums**

\$150 Daily Hospital Benefit				\$250 Daily Hospital Benefit			
<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>	<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
All Ages	\$171.72	\$291.92	\$216.37	All Ages	\$202.63	\$340.01	\$250.71

\$350 Daily Hospital Benefit			
<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
All Ages	\$240.41	\$408.69	\$302.23

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MODAL PREMIUM FACTORS

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MONTHLY (Bill Direct)	0.09000
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**Philadelphia American Life Insurance Company
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Houston, Texas 77079**

**Radiation Treatment, Chemotherapy, Hormone Therapy,
Immunotherapy and Related Services Benefit Rider
For use with Policy Form C18 - Worksite - Standard Annual Rates**

<u>Rider</u>	<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
8299	All Ages	\$111.46	\$191.07	\$143.31
8300	All Ages	\$429.51	\$728.31	\$541.56
8301	All Ages	\$657.22	\$1,111.01	\$829.34
8302	All Ages	\$51.52	\$85.86	\$65.25
8303	All Ages	\$257.64	\$436.88	\$324.86
8304	All Ages	\$358.60	\$597.67	\$442.27
8305	All Ages	\$54.06	\$89.04	\$66.78
8306	All Ages	\$226.90	\$383.38	\$289.49
8307	All Ages	\$120.20	\$200.34	\$151.37

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RATES MAY VARY BY A FEW CENTS FROM THE RATES SHOWN AT THE TIME OF ISSUE DUE TO COMPUTER ROUNDING

**Philadelphia American Life Insurance Company
11720 Katy Freeway, Suite 1700
Houston, Texas 77079**

**Radiation Treatment, Chemotherapy, Hormone Therapy,
Immunotherapy and Related Services Benefit Rider
For use with Policy Form C18 -Worksite - Other/ Association Annual Rates**

<u>Rider</u>	<u>Issue Age</u>	<u>Individual</u>	<u>Family</u>	<u>Single Parent</u>
8299	All Ages	\$116.77	\$196.38	\$148.61
8300	All Ages	\$448.19	\$765.66	\$560.24
8301	All Ages	\$688.51	\$1,157.95	\$876.29
8302	All Ages	\$54.95	\$92.73	\$68.69
8303	All Ages	\$268.85	\$459.28	\$336.06
8304	All Ages	\$370.55	\$621.57	\$466.18
8305	All Ages	\$57.24	\$95.40	\$69.96
8306	All Ages	\$242.54	\$406.85	\$305.14
8307	All Ages	\$124.66	\$213.70	\$160.27

FOR MODE FACTORS OTHER THAN ANNUAL, MULTIPLY THE ANNUAL RATE
BY THE CORRESPONDING MODE FACTOR

MODAL PREMIUM FACTORS

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Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	Date: 10/24/2011
Comments:		
Attachment:		
2012 AR actuarial memo.pdf		