

SERFF Tracking Number: UNAM-127744589 State: Arkansas
Filing Company: Union Bankers Insurance Company State Tracking Number: 50072
Company Tracking Number: UBIC PRE STD 2011 AR
TOI: MS021 Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre- Standardized
Product Name: Individual Pre-Standardized Medicare Supplement
Project Name/Number: /

Filing at a Glance

Company: Union Bankers Insurance Company

Product Name: Individual Pre-Standardized Medicare Supplement SERFF Tr Num: UNAM-127744589 State: Arkansas

TOI: MS021 Individual Medicare Supplement - Pre-Standardized SERFF Status: Closed-Approved- Closed State Tr Num: 50072

Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized Co Tr Num: UBIC PRE STD 2011 AR State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Carmen Boyd, Trudi Goldenberg

Disposition Date: 10/21/2011

Date Submitted: 10/20/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 02/03/2012

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 02/24/2011

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:

Filing Status Changed: 10/21/2011

State Status Changed: 10/21/2011

Deemer Date:

Created By: Carmen Boyd

Submitted By: Carmen Boyd

Corresponding Filing Tracking Number:

Filing Description:

Union Bankers Insurance Company, NAIC #69701

0% Request for Rate Increase - Individual Pre-Standardized Medicare Supplement

Form: 86M, MS-2, MS-3

Company and Contact

SERFF Tracking Number: UNAM-127744589 *State:* Arkansas
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TOI: MS021 Individual Medicare Supplement - Pre- Standardized *Sub-TOI:* MS021.000 Medicare Supplement - Pre- Standardized
Product Name: Individual Pre-Standardized Medicare Supplement
Project Name/Number: /

Filing Contact Information

Carmen Boyd, cboyd@universalamerican.com
 P.O. Box 958465 407-444-4345 [Phone]
 Lake Mary, FL 32795-8465

Filing Company Information

Union Bankers Insurance Company	CoCode: 69701	State of Domicile: Texas
1001 Heathrow Park Lane	Group Code: 953	Company Type:
Suite 5001	Group Name:	State ID Number:
Lake Mary, FL 32746	FEIN Number: 75-0860066	
(407) 995-8000 ext. [Phone]		

Filing Fees

Fee Required? Yes
 Fee Amount: \$100.00
 Retaliatory? Yes
 Fee Explanation: \$100.00 Reataliatory Fee (TX)
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Union Bankers Insurance Company	\$100.00	10/20/2011	53032022

SERFF Tracking Number: UNAM-127744589 State: Arkansas
Filing Company: Union Bankers Insurance Company State Tracking Number: 50072
Company Tracking Number: UBIC PRE STD 2011 AR
TOI: MS02I Individual Medicare Supplement - Pre- Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre- Standardized
Product Name: Individual Pre-Standardized Medicare Supplement
Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Stephanie Fowler	10/21/2011	10/21/2011

SERFF Tracking Number: UNAM-127744589 State: Arkansas
 Filing Company: Union Bankers Insurance Company State Tracking Number: 50072
 Company Tracking Number: UBIC PRE STD 2011 AR
 TOI: MS02I Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized
 Product Name: Individual Pre-Standardized Medicare Supplement
 Project Name/Number: /

Disposition

Disposition Date: 10/21/2011

Implementation Date:

Status: Approved-Closed

Comment: We have approved this rate filing. There was no increase requested.

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):
Union Bankers Insurance Company	0.000%	0.000%	\$0	61,873	\$14	0.000%	0.000%

SERFF Tracking Number: UNAM-127744589 *State:* Arkansas
Filing Company: Union Bankers Insurance Company *State Tracking Number:* 50072
Company Tracking Number: UBIC PRE STD 2011 AR
TOI: MS021 Individual Medicare Supplement - Pre-Standardized *Sub-TOI:* MS021.000 Medicare Supplement - Pre-Standardized
Product Name: Individual Pre-Standardized Medicare Supplement
Project Name/Number: /

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Rate	Current & Requested Rates	Approved-Closed	Yes

SERFF Tracking Number: UNAM-127744589 State: Arkansas
 Filing Company: Union Bankers Insurance Company State Tracking Number: 50072
 Company Tracking Number: UBIC PRE STD 2011 AR
 TOI: MS021 Individual Medicare Supplement - Pre-Standardized Sub-TOI: MS021.000 Medicare Supplement - Pre-Standardized
 Product Name: Individual Pre-Standardized Medicare Supplement
 Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: 0.000%
Effective Date of Last Rate Revision: 02/03/2011
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):
Union Bankers Insurance Company	0.000%	0.000%	\$0	61,873	\$14	0.000%	0.000%

SERFF Tracking Number: UNAM-127744589 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-Closed 10/21/2011	Current & Requested Rates	86M, MS-2, MS-3 Revised	Rate Action: Revised	Previous State Filing Number: 47816 Percent Rate Change Request:	Arkansas Rates 0%.pdf

UNION BANKERS INSURANCE COMPANY

Policy Form 86M

Annual Rates

Arkansas - Current

Option	Description	Issue Ages - ALL								
		Area 1	Area 3							
1	Policy pays initial Part A hospital deductible; and the \$100 Part B calendar year deductible.	4,676	5,781							
2	Policy pays initial Part A hospital deductible; policyholder pays \$100 Part B Policy deductible.	4,368	5,473							
3	Policy pays initial Part A hospital deductible; policyholder pays \$200 Part B Policy deductible.	3,655	4,580							
4	Policyholder pays initial Part A hospital deductible; Policy pays \$100 Part B calendar year deductible.	3,903	4,804							
5	Policyholder pays initial Part A hospital deductible and \$100 Part B Policy deductible.	3,595	4,496							
6	Policyholder pays initial Part A hospital deductible and \$200 Part B Policy deductible.	3,010	3,763							
<p>*To determine the Monthly, Quarterly, and Semi-Annual rates, multiply the Annual Rate, as shown above, by:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td align="center">0.5250</td> <td align="center">for Semi-Annual</td> </tr> <tr> <td align="center">0.2650</td> <td align="center">for Quarterly</td> </tr> <tr> <td align="center">0.0950</td> <td align="center">for Monthly</td> </tr> </table>					0.5250	for Semi-Annual	0.2650	for Quarterly	0.0950	for Monthly
0.5250	for Semi-Annual									
0.2650	for Quarterly									
0.0950	for Monthly									

UNION BANKERS INSURANCE COMPANY
Policy Form 86M
Annual Rates

Arkansas - Requested Rates

Option	Description	Issue Ages - ALL		
		Area 1	Area 3	
1	Policy pays initial Part A hospital deductible; and the \$100 Part B calendar year deductible.	4,676	5,781	
2	Policy pays initial Part A hospital deductible; policyholder pays \$100 Part B Policy deductible.	4,368	5,473	
3	Policy pays initial Part A hospital deductible; policyholder pays \$200 Part B Policy deductible.	3,655	4,580	
4	Policyholder pays initial Part A hospital deductible; Policy pays \$100 Part B calendar year deductible.	3,903	4,804	
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6	Policyholder pays initial Part A hospital deductible and \$200 Part B Policy deductible.	3,010	3,763	
<p>*To determine the Monthly, Quarterly, and Semi-Annual rates, multiply the Annual Rate, as shown above, by:</p> <p style="text-align: center;">0.5250 for Semi-Annual 0.2650 for Quarterly 0.0950 for Monthly</p>				

UNION BANKERS INSURANCE COMPANY

POLICY FORM MS-2

**Current Annual Rates
Male or Female**

Issue Age	<u>Part A Deductible Coverage</u>	<u>Part A Basic Coverage</u>	<u>Part B Basic Coverage</u>	<u>Part B Other Coverage</u>	<u>Per \$100 Part B Policy Deductible</u>	<u>Private Room Package</u>	<u>Home Health Care</u>
All	1,031.81	94.95	2,244.50	1,387.86	273.36	701.94	1,240.75

**Requested Annual Rates
Male or Female**

Issue Age	<u>Part A Deductible Coverage</u>	<u>Part A Basic Coverage</u>	<u>Part B Basic Coverage</u>	<u>Part B Other Coverage</u>	<u>Per \$100 Part B Policy Deductible</u>	<u>Private Room Package</u>	<u>Home Health Care</u>
All	1,031.81	94.95	2,244.50	1,387.86	273.36	701.94	1,240.75

**Total annual policy rates are rounded to the nearest dollar.
To determine the Monthly, Quarterly, and Semi-Annual rates,
multiply the annual rate by the appropriate factor shown below:**

Monthly	0.0950
Quarterly	0.2650
Semi-Annual	0.5250

**Arkansas
Area 1.05**

UNION BANKERS INSURANCE COMPANY

POLICY FORM MS-3

Current Rates
ARKANSAS
 All Issues
 Male or Female

Issue Age	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8
All	\$ 2,429	\$ 3,574	\$ 2,766	\$ 3,913	\$ 3,468	\$ 4,610	\$ 3,812	\$ 4,950

Issue Age	PLAN 9	PLAN 10	PLAN 11	PLAN 12		PRIVATE ROOM
All	\$ 3,844	\$ 4,989	\$ 4,181	\$ 5,326		\$ 790

Requested Rates
ARKANSAS
 All Issues
 Male or Female

Issue Age	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8
All	\$ 2,429	\$ 3,574	\$ 2,766	\$ 3,913	\$ 3,468	\$ 4,610	\$ 3,812	\$ 4,950

Issue Age	PLAN 9	PLAN 10	PLAN 11	PLAN 12		PRIVATE ROOM
All	\$ 3,844	\$ 4,989	\$ 4,181	\$ 5,326		\$ 790

For Monthly, Quarterly, and Semi-Annual Rates, multiply the Annual Rate from above
 by the appropriate factor below:

Monthly	0.095
Quarterly	0.265
Semi-Annual	0.525

Arkansas
 Area: 1.00