

SERFF Tracking Number: UTAC-127716929 State: Arkansas  
Filing Company: United Teacher Associates Insurance Company State Tracking Number: 50027  
Company Tracking Number: AR UTA CLOSED SELECT RATE 2011  
TOI: MS04I Individual Medicare Supplement - Sub-TOI: MS04I.001 Plan A  
Medicare Select  
Product Name: UTA Med Supp Closed Select  
Project Name/Number: UTA Med Supp Closed Select Rate 2011/UTA Med Supp Closed Select Rate 2011

## Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: UTA Med Supp Closed Select SERFF Tr Num: UTAC-127716929 State: Arkansas  
TOI: MS04I Individual Medicare Supplement - SERFF Status: Closed-Accepted State Tr Num: 50027  
Medicare Select For Informational Purposes  
Sub-TOI: MS04I.001 Plan A Co Tr Num: AR UTA CLOSED State Status: Filed-Closed  
SELECT RATE 2011

Filing Type: Rate

Reviewer(s): Stephanie Fowler,  
Donna Lambert

Author: Naz Melyas

Disposition Date: 11/08/2011

Date Submitted: 10/13/2011

Disposition Status: Accepted For  
Informational Purposes

Implementation Date Requested: 02/01/2012

Implementation Date: 11/08/2011

State Filing Description:

## General Information

Project Name: UTA Med Supp Closed Select Rate 2011  
Project Number: UTA Med Supp Closed Select Rate 2011  
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: Domicile state is  
TX.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact: 6%

Filing Status Changed: 11/08/2011

State Status Changed: 11/08/2011

Deemer Date:

Created By: Naz Melyas

Submitted By: Naz Melyas

Corresponding Filing Tracking Number:

Filing Description:

Subject: UTA Closed Standard Select Medicare Supplement Rate Filing for 2011

Company NAIC Number: 63479

Form Number: MSLT020501, MSLT020801

Dear Sir/Madam:

SERFF Tracking Number: UTAC-127716929 State: Arkansas  
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Enclosed for your review and approval, please find copies of an Actuarial Memorandum and rate sheets in support of a proposed rate increase on the above referenced product. The rate increase will be effective upon the state insurance department approval and in accordance with state policyholder notification requirements.

This filing applies to all in-force policies in this state with the above referenced form number. Enclosed are any necessary certifications, transmittals and/or filing fees as may be required by your state.

If you have any questions or comments regarding this filing, please feel free to contact me at (800) 880-8824 extension 1595 or at nmelyas@gafri.com. Our fax number is 512-451-1399.

Sincerely,  
Naz Melyas  
Insurance Analyst II

## Company and Contact

### Filing Contact Information

(Mr) Naz Melyas, Actuarial Analyst NMelyas@gafri.com  
11200 Lakeline Boulevard #100 866-459-4272 [Phone] 1595 [Ext]  
Austin, TX 78717

### Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas  
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance  
Company  
P.O. Box 26580 Group Name: State ID Number:  
Austin, TX 78755-0580 FEIN Number: 58-0869673  
(800) 880-8824 ext. [Phone]  
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## Filing Fees

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

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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United Teacher Associates Insurance Company	\$50.00	10/13/2011	52792974

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Accepted For Informational Purposes	Donna Lambert	11/08/2011	11/08/2011
Disapproved	Donna Lambert	11/07/2011	11/07/2011

### 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	Donna Lambert	10/19/2011	10/19/2011	Naz Melyas	10/31/2011	10/31/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
ANNUAL RATE CERTIFICAITON	Note To Filer	Donna Lambert	11/07/2011	11/07/2011
Disapproval counts as 0% approval (annual rate certification)	Note To Reviewer	Trevor Walsh	11/07/2011	11/07/2011

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## Disposition

Disposition Date: 11/08/2011

Implementation Date: 11/08/2011

Status: Accepted For Informational Purposes

Comment: This rate filing is approved as the Company's annual rate filing; no rate increase is included in this approval. As we explained in our previous disapproval of this filing, due to the lack of credibility and rate increases, we cannot approve an increase in rates. However, you may file a rate increase next year and we will make a determination of whether to approve such filing at that time.

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):
United Teacher Associates Insurance Company	0.000%	0.000%	\$0	2	\$3,945	0.000%	0.000%

SERFF Tracking Number: UTAC-127716929 State: Arkansas  
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 Company Tracking Number: AR UTA CLOSED SELECT RATE 2011  
 TOI: MS041 Individual Medicare Supplement - Sub-TOI: MS041.001 Plan A  
 Medicare Select  
 Product Name: UTA Med Supp Closed Select  
 Project Name/Number: UTA Med Supp Closed Select Rate 2011/UTA Med Supp Closed Select Rate 2011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	AR Experience		Yes
Rate	Exhibit 4 - Current & Proposed Rates		Yes

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## Disposition

Disposition Date: 11/07/2011

Implementation Date: 11/07/2011

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Given the lack of credibility on this block of business and the rate increase history, we cannot approve a rate increase at this time. However, you may file a rate increase next year and we will make a determination of whether to approve such filing at that time.

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):
United Teacher Associates Insurance Company	6.000%	6.000%	\$237	2	\$3,945	6.000%	6.000%

SERFF Tracking Number: UTAC-127716929 State: Arkansas  
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 Medicare Select  
 Product Name: UTA Med Supp Closed Select  
 Project Name/Number: UTA Med Supp Closed Select Rate 2011/UTA Med Supp Closed Select Rate 2011

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification		No
Supporting Document	AR Experience		Yes
Rate	Exhibit 4 - Current & Proposed Rates		Yes

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## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 10/19/2011  
Submitted Date 10/19/2011  
Respond By Date 11/21/2011

Dear (Mr) Naz Melyas,

This will acknowledge receipt of the captioned filing.

Please provide the loss ratio history for Arkansas and the date of inception of the products.

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,

Donna Lambert

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## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 10/31/2011  
Submitted Date 10/31/2011

Dear Stephanie Fowler,

### Comments:

### Response 1

Comments: Attached is AR experience per your request!

### Changed Items:

#### Supporting Document Schedule Item Changes

Satisfied -Name: AR Experience

Comment:

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Naz Melyas

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**Note To Filer**

**Created By:**

Donna Lambert on 11/07/2011 01:44 PM

**Last Edited By:**

Donna Lambert

**Submitted On:**

11/07/2011 01:44 PM

**Subject:**

ANNUAL RATE CERTIFICAITON

**Comments:**

Please revise this filing to reflect a 0% increase. I can then accept this as the annual rate certification.

*SERFF Tracking Number:* UTAC-127716929 *State:* Arkansas  
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*Medicare Select*  
*Product Name:* UTA Med Supp Closed Select  
*Project Name/Number:* UTA Med Supp Closed Select Rate 2011/UTA Med Supp Closed Select Rate 2011

**Note To Reviewer**

**Created By:**

Trevor Walsh on 11/07/2011 10:57 AM

**Last Edited By:**

Trevor Walsh

**Submitted On:**

11/07/2011 10:58 AM

**Subject:**

Disapproval counts as 0% approval (annual rate certification)

**Comments:**

Please confirm that this disapproved filing counts as the annual rate certification requirement (i.e 0% change in rates).  
Thank you for your time.

Trevor Walsh

Actuarial Analyst

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**Post Submission Update Request Processed On 11/08/2011**

**Status:** Allowed  
**Created By:** Trevor Walsh  
**Processed By:** Donna Lambert  
**Comments:**

**Company Rate Information:**

**Company Name:**United Teacher Associates Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	0.000%	6.000%
Overall % Rate Impact	0.000%	6.000%
Written Premium Change for this Program	\$0	\$237
Maximum %Change (where required)	0.000%	6.000%
Minimum %Change (where required)	0.000%	6.000%

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## Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 6.000%  
**Effective Date of Last Rate Revision:** 02/01/2011  
**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):
United Teacher Associates Insurance Company	0.000%	0.000%	\$0	2	\$3,945	0.000%	0.000%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
	Exhibit 4 - Current & Proposed Rates	MSLT020501, MSLT020801	Revised	Previous State Filing Number: Percent Rate Change Request: 47313 6.000	Exhibit 4 - Current and Proposed Rates.pdf

**United Teacher Associates Insurance Company**

<b>Plan F Select - Rates Effective 2/1/2011</b>									
Area	Age	NON-SMOKER				SMOKER			
		Monthly Bank Draft	Quarterly	Semi-annual	Annual	Monthly Bank Draft	Quarterly	Semi-annual	Annual
1	All	160.53	509.43	1,009.25	1,922.37	198.48	629.86	1,247.84	2,376.84
2	All	168.65	535.22	1,060.35	2,019.71	208.51	661.75	1,311.02	2,497.18
3	All	187.94	596.48	1,181.72	2,250.89	232.37	737.50	1,461.08	2,783.00

**United Teacher Associates Insurance Company**

<b>Plan F Select - PROPOSED Rates</b>									
Area	Age	NON-SMOKER				SMOKER			
		Monthly Bank Draft	Quarterly	Semi-annual	Annual	Monthly Bank Draft	Quarterly	Semi-annual	Annual
1	All	170.16	539.99	1,069.80	2,037.71	210.38	667.65	1,322.71	2,519.45
2	All	178.76	567.34	1,123.97	2,140.89	221.03	701.46	1,389.68	2,647.01
3	All	199.21	632.27	1,252.62	2,385.94	246.31	781.75	1,548.74	2,949.99

**United Teacher Associates Insurance Company**

<b>Plan G Select - Rates Effective 2/1/2011</b>									
Area	Age	NON-SMOKER				SMOKER			
		Monthly Bank Draft	Quarterly	Semi-annual	Annual	Monthly Bank Draft	Quarterly	Semi-annual	Annual
1	All	136.79	434.12	860.05	1,638.19	171.11	543.04	1,075.83	2,049.20
2	All	143.71	456.10	903.59	1,721.13	179.77	570.53	1,130.30	2,152.96
3	All	160.16	508.31	1,007.02	1,918.14	200.35	635.84	1,259.68	2,399.39

**United Teacher Associates Insurance Company**

<b>Plan G Select - PROPOSED Rates</b>									
Area	Age	NON-SMOKER				SMOKER			
		Monthly Bank Draft	Quarterly	Semi-annual	Annual	Monthly Bank Draft	Quarterly	Semi-annual	Annual
1	All	145.00	460.17	911.65	1,736.48	181.37	575.62	1,140.38	2,172.15
2	All	152.34	483.47	957.81	1,824.40	190.56	604.77	1,198.12	2,282.13
3	All	169.77	538.80	1,067.44	2,033.22	212.37	673.99	1,335.26	2,543.35

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## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification		
<b>Comments:</b>		
<b>Attachments:</b>		
Cover Letter.pdf		
Actuarial Memorandum.pdf		
Exhibit 1 - Before and After.pdf		
Exhibit 2 - Select Forms Pooled.pdf		
Exhibit 3 - NW Projections 2011-Q2.pdf		
Exhibit 5 - Rate Increase History.pdf		
Exhibit 6 - Description of Benefits.pdf		

	Item Status:	Status Date:
<b>Satisfied - Item:</b> AR Experience		
<b>Comments:</b>		
<b>Attachment:</b>		
AR Experience.pdf		

## AR Experience

Calendar Year	Earned Premium	Incurred Claims	Exposure	Loss Ratio
2007	13,090	9,984	9	76.3%
2008	13,488	12,358	8	91.6%
2009	11,787	8,103	6	68.7%
2010	6,711	6,087	4	90.7%
2011	2,427	1,298	1	53.5%
Grand Total	47,503	37,830	28	79.6%