

SERFF Tracking Number: PHYS-127279411 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49105
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: 2011 - P345 Rate Increase Filing
Project Name/Number: /

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2011 - P345 Rate Increase SERFF Tr Num: PHYS-127279411 State: Arkansas

Filing

TOI: H14I Individual Health - Hospital Indemnity SERFF Status: Closed-Approved- State Tr Num: 49105
Closed

Sub-TOI: H14I.000 Health - Hospital Indemnity Co Tr Num: State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor

Authors: Richie Hinman, Debbie Thielen Disposition Date: 07/12/2011

Thielen

Date Submitted: 06/22/2011 Disposition Status: Approved-Closed

Implementation Date Requested: 11/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Pending

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: 9%

Filing Status Changed: 07/12/2011

State Status Changed: 07/12/2011

Deemer Date:

Created By: Debbie Thielen

Submitted By: Debbie Thielen

Corresponding Filing Tracking Number:

Filing Description:

Enclosed are current and revised rate schedules and actuarial memorandum for the above listed policy form.

The revised rates reflect a proposed 9% increase for the P345 to be effective November 1, 2011. The data contained in this filing is total experience for the P345.

We look forward to your approval of this filing. If you have any questions or need any additional information, please call me at (402) 633-5782 or at my e-mail address richie.hinman@physiciansmutual.com.

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Company and Contact

Filing Contact Information

Debbie Thielen, Re-Rating Analyst *debbie.thielen@physiciansmutual.com*
 2600 Dodge Street *402-930-2434 [Phone]*
 Omaha, NE 68131 *402-633-1096 [FAX]*

Filing Company Information

Physicians Mutual Insurance Company CoCode: 80578 State of Domicile: Nebraska
 2600 Dodge Street Group Code: 367 Company Type:
 Omaha, NE 68131 Group Name: State ID Number:
 (402) 633-1188 ext. [Phone] FEIN Number: 47-0270450

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	06/22/2011	48987118

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/12/2011	07/12/2011
Approved-Closed	Rosalind Minor	07/12/2011	07/12/2011
Disapproved	Rosalind Minor	06/29/2011	06/29/2011

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	06/23/2011	06/23/2011	Debbie Thielen	07/12/2011	07/12/2011

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Rate	Hospital Indemnity	Debbie Thielen	07/12/2011	07/12/2011

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
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 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Disposition

Disposition Date: 07/12/2011

Implementation Date:

Status: Approved-Closed

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):
Physicians Mutual Insurance Company	9.000%	9.000%	\$9,844	46	\$109,376	9.000%	9.000%

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49105*
 Company Tracking Number:
 TOI: *H141 Individual Health - Hospital Indemnity* Sub-TOI: *H141.000 Health - Hospital Indemnity*
 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Rate (revised)	Hospital Indemnity	Approved-Closed	Yes
Rate	Hospital Indemnity	Replaced	Yes
Rate	Hospital Indemnity	Replaced	Yes

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
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 Company Tracking Number:
 TOI: *H14I Individual Health - Hospital Indemnity* Sub-TOI: *H14I.000 Health - Hospital Indemnity*
 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Disposition

Disposition Date: 07/12/2011

Implementation Date:

Status: Approved-Closed

Comment:

Please disregard our Disapproval of 6/29/11.

We have approved a 5% 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):
Physicians Mutual Insurance Company	9.000%	9.000%	\$9,844	46	\$109,376	9.000%	9.000%

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
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 Product Name: *2011 - P345 Rate Increase Filing*
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Rate (revised)	Hospital Indemnity	Approved-Closed	Yes
Rate	Hospital Indemnity	Replaced	Yes
Rate	Hospital Indemnity	Replaced	Yes

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
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 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Disposition

Disposition Date: 06/29/2011

Implementation Date:

Status: Disapproved

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers. Given the current state of the economy and the fact that this product has received rate increases since 2007, we are disapproving your request for a rate increase at this time.

Thank you for your understanding and cooperation.

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):
Physicians Mutual Insurance Company	9.000%	9.000%	\$9,844	46	\$109,376	9.000%	9.000%

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
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 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Rate (revised)	Hospital Indemnity	Approved-Closed	Yes
Rate	Hospital Indemnity	Replaced	Yes
Rate	Hospital Indemnity	Replaced	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/23/2011

Submitted Date 06/23/2011

Respond By Date

Dear Debbie Thielen,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the fact that there has been four increases over the past four years, our Department will consider no more than a 5% rate increase. If you wish to accept the 5%, please send an updated actuarial memo along with the adjusted rates.

Thank you for your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Product Name: 2011 - P345 Rate Increase Filing
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 07/12/2011
Submitted Date 07/12/2011

Dear Rosalind Minor,

Comments:

Thank you for your kind reception to my phone call on July 11, 2011, regarding the Disapproved status of this filing prior to my response to the June 23, 2011, Objection.

Response 1

Comments: We accept your proposal of a 5% rate increase. The rate pages have been adjusted and attached to reflect this change, as has the actuarial memorandum.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the fact that there has been four increases over the past four years, our Department will consider no more than a 5% rate increase. If you wish to accept the 5%, please send an updated actuarial memo along with the adjusted rates.

Thank you for your understanding and cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment: Please note the actuarial memorandum has been replaced with the correction indicating a 5% rate increase. Also, we previously found a clerical error with the projections in Exhibit A. This Exhibit has been corrected and replaced.

No Form Schedule items changed.

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Product Name: *2011 - P345 Rate Increase Filing*
Project Name/Number: */*

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
<i>Hospital Indemnity P345</i>		<i>Revised</i>	<i>Previous State Filing Number</i>	

Percent Rate Change Request
5

Previous Version

<i>Hospital Indemnity P345</i>		<i>Revised</i>	<i>Previous State Filing Number</i>	
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Percent Rate Change Request
9

We look forward to the final approval of this filing.

Sincerely,
Debbie Thielen, Richie Hinman

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 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Amendment Letter

Submitted Date: 07/12/2011

Comments:

Dear Ms. Minor,

Thank you for reopening this file. I have replaced the rate pages. The rates are as they were approved at 5%. The only change is the identification of the rates listed on the bottom of the proposed rate sheets.

Thanks for your attention to this matter.

Debbie Thielen

Changed Items:

Rate/Rule Schedule Item Changes:

Document Name:	Affected Form Numbers: (Comma Separated list)	Rate Action:	Rate Action Information:	Attach Document:
Hospital Indemnity AR_2011_Rates_woPRD.pdf	P345	Revised	Previous State Filing Number:	STD_2011_Area Rating 09172008.pdf Percent Rate Change Request: 5
STD_2011_Area Rating 09172008.pdf				
AR_2011_Rates_woPRD.pdf				

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 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 12.000%
Effective Date of Last Rate Revision: 11/01/2010
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):
Physicians Mutual Insurance Company	9.000%	9.000%	\$9,844	46	\$109,376	9.000%	9.000%

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 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved-Closed 07/12/2011	Hospital Indemnity	P345	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	STD_2011_Area Rating 09172008.pdf AR_2011_Rates_woPRD.pdf

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

National Area Factor Table
 P345 Only

<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>
Alabama		California		Colorado	
350	1.44	900	2.32	800	1.24
351	1.44	901	2.37	801	1.24
352	1.44	902	1.87	802	1.24
354	1.28	903	2.32	803	1.29
355	1.28	904	2.32	804	1.24
356	1.37	905	1.87	805	1.20
357	1.37	906	1.87	806	1.24
358	1.45	907	1.87	807	1.27
359	1.28	908	1.87	808	1.20
360	1.28	910	2.00	809	1.20
361	1.36	911	2.00	810	1.24
362	1.28	912	1.44	811	1.42
363	1.28	913	1.73	812	1.42
364	1.28	914	1.73	813	1.53
365	1.28	915	2.00	814	1.53
366	1.28	916	2.00	815	1.41
367	1.28	917	1.50	816	1.53
368	1.28	918	2.37		
369	1.28	919	1.57	Connecticut	
		920	1.57	60	0.82
Alaska		921	1.57	61	0.82
965	0.74	922	1.30	62	0.82
995	0.74	923	1.30	63	0.82
996	0.74	924	1.30	64	0.82
997	0.74	925	1.30	65	0.82
998	0.74	926	1.61	66	0.82
999	0.74	927	1.61	67	0.82
		928	1.61	68	0.82
Arizona		930	1.49	69	0.82
850	0.95	931	1.74		
852	0.96	932	1.51	Delaware	
853	0.97	933	1.51	197	1.23
855	0.99	934	1.74	198	1.23
856	0.86	935	1.35	199	1.23
857	0.81	936	1.59		
859	0.98	937	1.59	District of Columbia	
860	0.98	939	1.67	200	0.90
863	0.98	940	1.51	202	0.90
864	0.98	941	2.41	203	0.90
865	0.98	942	1.90	204	0.90
		943	1.51	205	0.90
Arkansas		944	1.87		
716	1.23	945	1.47	Florida	
717	1.23	946	1.87	320	1.05
718	1.02	947	2.20	321	1.05
719	1.23	948	1.77	322	1.05
720	1.17	949	1.77	323	1.05
721	1.17	950	1.47	324	1.05
722	1.28	951	1.39	325	1.05
723	1.02	952	1.40	326	1.05
724	1.18	953	1.53	327	1.05
725	1.10	954	1.47	328	1.05
726	1.10	955	1.15	329	1.05
727	1.01	956	1.47	330	1.05
728	1.01	957	1.31	331	1.05
729	0.94	958	1.47	332	1.05
		959	1.10	333	1.05
		960	1.10	334	1.05
		961	1.10	335	1.05
				336	1.05
				337	1.05
				338	1.05
				339	1.05
				341	1.05
				342	1.05
				344	1.05
				346	1.05
				347	1.05
				349	1.05

<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>
Georgia		Indiana		Kansas	
300	1.18	460	0.96	660	0.96
301	1.11	461	0.96	661	1.06
302	1.11	462	1.08	662	1.06
303	1.11	463	1.11	664	1.11
304	1.58	464	1.36	665	1.11
305	1.31	465	0.92	666	1.11
306	1.19	466	0.97	667	1.11
307	1.27	467	0.92	668	1.11
308	1.49	468	0.92	669	1.11
309	1.49	469	0.92	670	1.11
310	1.43	470	0.98	671	1.11
311	1.24	471	1.00	672	1.11
312	1.43	472	0.89	673	1.11
313	1.58	473	0.87	674	1.11
314	1.18	474	0.94	675	1.11
315	1.51	475	0.98	676	1.11
316	1.51	476	1.04	677	1.11
317	1.51	477	1.05	678	1.11
318	1.37	478	1.04	679	1.11
319	1.37	479	0.93		
398	1.51			Kentucky	
		Iowa		400	0.76
Hawaii		500	0.75	401	0.93
967	0.87	501	0.75	402	0.94
968	0.87	502	0.75	403	0.91
		503	0.75	404	0.91
Idaho		504	1.01	405	0.90
832	1.15	505	1.01	406	0.90
833	1.15	506	1.01	407	0.90
834	1.15	507	1.01	408	0.90
835	1.06	508	0.75	409	0.90
836	1.10	509	0.82	410	0.85
837	1.10	510	1.01	411	0.90
838	1.06	511	1.01	412	0.90
		512	1.01	413	0.90
Illinois		513	1.01	414	0.90
600	1.27	514	1.01	415	0.90
601	1.16	515	0.87	416	0.90
602	1.38	516	0.87	417	0.90
603	1.38	520	1.01	418	0.90
604	1.38	521	1.01	420	0.90
605	1.16	522	1.01	421	0.90
606	1.41	523	1.01	422	0.90
607	1.38	524	1.01	423	0.90
608	1.53	525	1.01	424	0.87
609	0.88	526	1.01	425	0.90
610	0.77	527	1.20	426	0.90
611	0.77	528	1.20	427	0.90
612	0.85				
613	0.87			Louisiana	
614	0.84			700	1.65
615	0.86			701	1.78
616	0.86			703	1.51
617	0.86			704	1.49
618	0.99			705	1.37
619	0.97			706	1.35
620	0.91			707	1.47
622	0.91			708	1.47
623	0.98			710	1.34
624	0.94			711	1.38
625	0.85			712	1.46
626	0.85			713	1.45
627	0.85			714	1.45
628	0.94				
629	0.94				

<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>
Maine		Minnesota		Nebraska	
39	0.90	550	0.89	680	1.02
40	0.90	551	0.89	681	1.02
41	0.90	553	0.89	683	0.97
42	0.90	554	0.89	684	0.97
43	0.90	555	0.89	685	0.97
44	0.90	556	0.98	686	0.97
45	0.90	557	0.98	687	0.97
46	0.90	558	0.98	688	0.95
47	0.90	559	1.03	689	0.95
48	0.90	560	1.03	690	0.97
49	0.90	561	1.03	691	0.95
		562	1.03	692	0.97
		563	1.03	693	0.97
		564	1.03		
Maryland		565	1.03	Nevada	
206	1.01	566	1.03	889	1.00
207	1.12	567	1.03	890	0.87
208	1.12			891	0.87
209	1.12	Mississippi		893	1.04
210	1.16			894	1.08
211	1.10	386	1.25	895	0.96
212	1.16	387	1.27	897	1.08
214	1.10	388	1.27	898	1.04
215	0.99	389	1.27		
216	1.10	390	1.27	New Hampshire	
217	0.99	391	1.27	30	0.69
218	1.10	392	1.27	31	0.69
219	1.10	393	1.27	32	0.69
		394	1.35	33	0.69
Massachusetts		395	1.32	34	0.69
10	0.87	396	1.33	35	0.69
11	0.87	397	1.27	36	0.69
12	0.87			37	0.69
13	0.87	Missouri		38	0.69
14	0.87				
15	0.87	630	1.09	New Jersey	
16	0.87	631	1.17	70	1.23
17	0.87	633	1.04	71	1.23
18	0.87	634	0.78	72	1.23
19	0.87	635	0.78	73	1.23
20	0.87	636	0.87	74	1.23
21	0.87	637	0.97	75	1.23
22	0.87	638	0.91	76	1.23
23	0.87	639	0.90	77	1.23
24	0.87	640	1.12	78	1.23
25	0.87	641	0.96	79	1.23
26	0.87	644	1.04	80	1.23
27	0.87	645	1.03	81	1.23
55	0.87	646	0.97	82	1.23
		647	1.00	83	1.23
		648	0.94	84	1.23
Michigan		650	0.80	85	1.23
480	1.02	651	0.71	86	1.23
481	1.18	652	0.71	87	1.23
482	1.54	653	0.74	88	1.23
483	1.11	654	0.82	89	1.23
484	1.06	655	0.84		
485	0.93	656	0.95	New Mexico	
486	0.85	657	0.92	870	0.96
487	0.85	658	0.92	871	0.96
488	0.90			872	0.96
489	0.90	Montana		873	0.96
490	0.81			874	0.96
491	0.81	590	1.21	875	0.96
492	0.92	591	1.21	877	0.96
493	0.79	592	1.26	878	0.96
494	0.79	593	1.32	879	0.96
495	0.79	594	1.32	880	0.96
496	0.77	595	1.26	881	0.96
497	0.67	596	1.26	882	0.96
498	0.85	597	1.26	883	0.96
499	0.85	598	1.27	884	0.96
		599	1.26		

<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>
New York		North Carolina		Oklahoma	
4	1.35	270	1.09	730	1.00
5	1.35	271	1.09	731	1.00
63	1.35	272	1.09	734	1.04
100	1.35	273	1.09	735	1.01
101	1.35	274	1.09	736	1.01
102	1.35	275	1.23	737	0.99
103	1.35	276	1.23	738	1.01
104	1.35	277	1.23	739	1.01
105	1.35	278	1.16	740	0.92
106	1.35	279	1.16	741	0.96
107	1.35	280	1.17	743	0.95
108	1.35	281	1.17	744	0.94
109	1.35	282	1.16	745	1.07
110	1.35	283	1.18	746	1.03
111	1.35	284	1.18	747	1.07
112	1.35	285	1.18	748	1.00
113	1.35	286	1.15	749	1.07
114	1.35	287	1.15		
115	1.35	288	1.15	Oregon	
116	1.35	289	1.15	970	1.09
117	1.35			971	1.09
118	1.35	North Dakota		972	1.09
119	1.35	580	1.05	973	1.00
120	1.35	581	1.05	974	1.07
121	1.35	582	1.05	975	0.98
122	1.35	583	1.05	976	1.00
123	1.35	584	1.05	977	1.04
124	1.35	585	1.05	978	1.02
125	1.35	586	1.05	979	1.09
126	1.35	587	1.05		
127	1.35	588	1.05	Pennsylvania	
128	1.35			150	1.11
129	1.35	Ohio		151	1.11
130	1.35	430	0.83	152	1.11
131	1.35	431	0.83	153	1.11
132	1.35	432	0.83	154	1.04
133	1.35	433	0.99	155	1.04
134	1.35	434	0.97	156	1.23
135	1.35	435	1.00	157	1.15
136	1.35	436	1.12	158	1.21
137	1.35	437	0.93	159	1.04
138	1.35	438	0.93	160	1.00
139	1.35	439	1.03	161	1.00
140	1.35	440	1.09	162	0.94
141	1.35	441	1.21	163	1.04
142	1.35	442	1.04	164	1.10
143	1.35	443	1.04	165	1.17
144	1.35	444	0.90	166	1.07
145	1.35	445	0.90	167	1.08
146	1.35	446	0.93	168	1.02
147	1.35	447	0.93	169	0.97
148	1.35	448	0.96	170	0.98
149	1.35	449	0.96	171	0.98
		450	0.89	172	0.98
		451	0.94	173	0.95
		452	0.96	174	0.95
		453	0.98	175	0.95
		454	1.01	176	0.95
		455	1.10	177	0.97
		456	1.06	178	0.98
		457	0.95	179	0.98
		458	0.96	180	1.15
				181	1.15
				182	1.06
				183	1.15
				184	1.06
				185	1.15
				186	1.06
				187	1.06
				188	1.06
				189	1.44
				190	1.44
				191	1.78
				193	1.52
				194	1.35
				195	1.04
				196	1.04

<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>	<u>State/ZIP Code</u>	<u>Factor</u>
Rhode Island		Texas (cont.)		Virginia	
28	1.15	770	2.00	201	0.95
29	1.15	771	2.00	220	0.95
		772	2.00	221	1.01
South Carolina		773	1.43	222	1.01
290	1.16	774	1.48	223	1.01
291	1.16	775	1.54	224	1.07
292	1.16	776	1.56	225	1.00
293	1.18	777	1.56	226	0.84
294	1.16	778	1.18	227	0.91
295	1.16	779	1.16	228	0.76
296	1.18	780	1.05	229	0.72
297	1.18	781	1.05	230	0.86
298	1.18	782	1.05	231	0.86
299	1.04	783	1.20	232	1.00
		784	1.20	233	0.84
		785	1.20	234	0.84
South Dakota		786	1.12	235	0.84
570	1.10	787	1.12	236	0.84
571	1.10	788	1.15	237	1.02
572	1.28	789	1.15	238	1.00
573	1.28	790	1.18	239	0.88
574	1.28	791	1.18	240	0.82
575	1.28	792	1.18	241	0.82
576	1.28	793	1.21	242	0.81
577	1.28	794	1.21	243	0.82
		795	1.17	244	0.81
Tennessee		796	1.17	245	0.81
370	1.02	797	1.17	246	0.81
371	1.02	798	1.17		
372	1.03	799	1.17	Washington	
373	0.98			980	1.00
374	0.99	Utah		981	1.00
376	0.92	840	1.12	982	1.00
377	0.97	841	1.26	983	1.00
378	0.97	842	1.26	984	1.00
379	1.00	843	1.26	985	1.00
380	1.03	844	1.26	986	1.00
381	1.03	845	1.18	988	1.00
382	0.92	846	1.24	989	1.00
383	0.92	847	1.12	990	1.00
384	0.97			991	1.00
385	0.97	Vermont		992	1.00
		50	0.81	993	1.00
Texas		51	0.81	994	1.00
750	1.40	52	0.81		
751	1.40	53	0.81	West Virginia	
752	1.44	54	0.81	247	1.32
753	1.44	56	0.81	248	1.32
754	1.34	57	0.81	249	1.32
755	1.22	58	0.81	250	1.41
756	1.26	59	0.81	251	1.41
757	1.26			252	1.41
758	1.26			253	1.50
759	1.26			254	1.32
760	1.24			255	1.47
761	1.24			256	1.47
762	1.17			257	1.47
763	1.17			258	1.32
764	1.11			259	1.41
765	1.10			260	1.45
766	1.15			261	1.36
767	1.15			262	1.24
768	1.19			263	1.37
769	1.19			264	1.37
				265	1.45
				266	1.32
				267	1.32
				268	1.24

<u>State/ZIP Code</u>	<u>Factor</u>
Wisconsin	
530	0.91
531	1.05
532	1.07
534	1.06
535	0.93
537	1.02
538	0.89
539	0.86
540	0.87
541	0.88
542	0.88
543	0.89
544	1.01
545	0.96
546	1.02
547	0.98
548	0.98
549	0.89
Wyoming	
820	0.99
821	1.08
822	1.08
823	1.08
824	1.08
825	1.08
826	1.05
827	1.08
828	1.08
829	1.08
830	1.08
831	1.08

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

BASE RATES, Standard, Tobacco User, Monthly-ABW
 Policy Form P345

Attained Age		
	Male	Female
Dep. Child	\$27.79	\$27.79
Child only	\$59.45	\$59.45
Under 20	\$71.85	\$84.23
20	\$72.71	\$86.47
21	\$73.57	\$88.72
22	\$74.42	\$90.97
23	\$75.28	\$93.23
24	\$76.13	\$95.48
25	\$76.99	\$97.73
26	\$77.26	\$99.63
27	\$77.55	\$101.52
28	\$77.84	\$103.42
29	\$78.12	\$105.30
30	\$78.41	\$107.20
31	\$80.51	\$112.35
32	\$82.63	\$117.51
33	\$84.75	\$122.66
34	\$86.85	\$127.81
35	\$88.97	\$132.96
36	\$93.61	\$139.46
37	\$98.25	\$145.96
38	\$102.91	\$152.45
39	\$107.55	\$158.95
40	\$112.21	\$165.45
41	\$119.39	\$172.11
42	\$126.58	\$178.78
43	\$133.76	\$185.45
44	\$140.95	\$192.11
45	\$148.13	\$198.78
46	\$160.16	\$205.28
47	\$172.18	\$211.76
48	\$184.20	\$218.26
49	\$196.21	\$224.74
50	\$208.24	\$231.24
51	\$218.06	\$238.94
52	\$227.88	\$246.66
53	\$237.70	\$254.36
54	\$247.52	\$262.08
55	\$257.32	\$269.79
56	\$264.69	\$275.48
57	\$272.04	\$281.17
58	\$279.40	\$286.85
59	\$286.75	\$292.54
60	\$294.10	\$298.22
61	\$301.49	\$306.03
62	\$308.86	\$313.82
63	\$316.24	\$321.62
64	\$323.62	\$329.42
65	\$330.99	\$337.23

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Base rate added for up to three dependent children rates.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

ACCIDENTAL DEATH BENEFIT RIDER
[Rider Form B222](#)

Monthly New Business Premiums per Insured

Plan	Principal Sum Coverage Units	Monthly Premium per Unit
Individual	\$1,000	0.05
Family	\$1,000 Primary Insured \$500 Spouse \$200 Children	0.10

- Note: Rider Rate Calculation Steps:
1. Pull the appropriate premium per unit
 2. Multiply by the number of units
 3. If Applicable, multiply by the Franchise Factor
 4. Round to the nearest cent
 5. Multiply by the modal factor
 6. Round to the nearest cent

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, NE 68131

ACCIDENTAL DEATH BENEFIT RIDER

[Rider Form B222](#)

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly-Non ABW, add a \$5.00 fee for processing

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual	
Ins. Co. Employee	0.90

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

SUPPLEMENTAL ACCIDENT EXPENSE RIDER
Rider Form B223

Monthly Premiums per Insured

Per Adult	\$3.92
Per Child Only	\$3.92
Per Dependent Child	\$2.46

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Premiums charged for maximum of three (3) dependent children.

Note: Rider Rate Calculation Steps:

1. Pull the appropriate premium per insured
2. Combine each insureds premium from step 1
3. If Applicable, multiply by the Franchise Factor
4. Round to the nearest cent
5. Multiply by the modal factor
6. Round to the nearest cent

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, NE 68131

SUPPLEMENTAL ACCIDENT EXPENSE RIDER

[Rider Form B223](#)

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly-Non ABW, add a \$5.00 fee for processing

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual Ins. Co. Employee	0.90

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

RATE CALCULATION STEPS
[Policy Form P345](#)

The premium rate calculation procedure contains four pages. ALL PAGES ARE NECESSARY TO CALCULATE A PREMIUM RATE CHARGED TO A POLICY OWNER.

Rate Calculation Steps:

1. Determine base rate based on attained age and gender
2. Multiply by the appropriate area factor
3. Round to the nearest cent
4. Multiply by the underwriting factor (for each adult or "child only")
5. Round to the nearest cent
6. If Applicable, multiply by 1- the Non-Tobacco Use Discount (for each adult)
7. Round to the nearest cent
8. If Applicable, multiply by the Good Health Factor (Renewal Only)
9. Round to the nearest cent
10. If Applicable, multiply by the Franchise or Employee Factor
11. Round to the nearest cent
12. Complete steps 1-11 separately for each insured. Combine costs here.
13. Multiply by the modal factor
14. Round to the nearest cent
15. Add any rider costs

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

BASE RATES, Standard, Tobacco User, Monthly-ABW
[Policy Form P345](#)

Attained Age		
	Male	Female
Dep. Child	\$29.18	\$29.18
Child only	\$62.43	\$62.43
Under 20	\$75.45	\$88.44
20	\$76.35	\$90.80
21	\$77.24	\$93.16
22	\$78.14	\$95.52
23	\$79.04	\$97.90
24	\$79.94	\$100.26
25	\$80.84	\$102.62
26	\$81.13	\$104.61
27	\$81.43	\$106.59
28	\$81.74	\$108.59
29	\$82.03	\$110.57
30	\$82.33	\$112.56
31	\$84.54	\$117.97
32	\$86.76	\$123.39
33	\$88.99	\$128.80
34	\$91.19	\$134.20
35	\$93.42	\$139.61
36	\$98.29	\$146.43
37	\$103.16	\$153.25
38	\$108.05	\$160.08
39	\$112.93	\$166.90
40	\$117.82	\$173.72
41	\$125.35	\$180.71
42	\$132.91	\$187.72
43	\$140.45	\$194.72
44	\$148.00	\$201.72
45	\$155.54	\$208.72
46	\$168.16	\$215.54
47	\$180.79	\$222.35
48	\$193.42	\$229.17
49	\$206.03	\$235.98
50	\$218.65	\$242.80
51	\$228.96	\$250.89
52	\$239.27	\$258.99
53	\$249.58	\$267.08
54	\$259.89	\$275.18
55	\$270.19	\$283.28
56	\$277.92	\$289.25
57	\$285.65	\$295.22
58	\$293.37	\$301.19
59	\$301.09	\$307.16
60	\$308.81	\$313.13
61	\$316.56	\$321.33
62	\$324.30	\$329.51
63	\$332.05	\$337.70
64	\$339.80	\$345.89
65	\$347.54	\$354.09

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Base rate added for up to three dependent children rates.

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

ADDITIONAL FACTORS
 Policy Form P345

Age **Non-Tobacco User Discount**
 18-64* 15%

*Non-Tobacco Use discounts do not apply to dependent children or child only rates.

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly Non-ABW, add a \$5.00 fee for processing

Underwriting Factors

Preferred 1	0.80
Preferred 2	0.90
Standard	1.00
Substand 1	1.25
Substand 2	1.50

Good Health Factor

Policy Year	Factor
1	1.00
2	0.95
3	0.90
4	0.86
5	0.81
6+	0.77

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual Ins. Co. Employee	0.90

SERFF Tracking Number: PHYS-127279411 State: Arkansas
Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49105
Company Tracking Number:
TOI: H14I Individual Health - Hospital Indemnity Sub-TOI: H14I.000 Health - Hospital Indemnity
Product Name: 2011 - P345 Rate Increase Filing
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status
Satisfied - Item: Health - Actuarial Justification	Approved-Closed	Date: 07/12/2011

Comments:

Please note the actuarial memorandum has been replaced with the correction indicating a 5% rate increase. Also, we previously found a clerical error with the projections in Exhibit A. This Exhibit has been corrected and replaced.

Attachments:

STD_2011_ExhB.pdf
AR_2011_P345_cert.pdf
AR_2011_ActMemo_1111.pdf
AR_2011_ExhA_2.pdf

SERFF Tracking Number: *PHYS-127279411* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49105*
 Company Tracking Number:
 TOI: *H14I Individual Health - Hospital Indemnity* Sub-TOI: *H14I.000 Health - Hospital Indemnity*
 Product Name: *2011 - P345 Rate Increase Filing*
 Project Name/Number: */*

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
07/12/2011	Rate and Rule	Hospital Indemnity	07/12/2011	STD_2011_Area Rating 09172008.pdf AR_2011_Rates_woPRD.pdf (Superseded)
06/16/2011	Rate and Rule	Hospital Indemnity	07/12/2011	STD_2011_Rates_woPRD.pdf (Superseded) STD_2011_Area Rating 09172008.pdf
06/16/2011	Supporting Document	Health - Actuarial Justification	07/12/2011	STD_2011_ActMemo_1111.pdf (Superseded) AR_2011_ExhA.pdf (Superseded) STD_2011_ExhB.pdf AR_2011_P345_cert.pdf

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

BASE RATES, Standard, Tobacco User, Monthly-ABW
 Policy Form P345

Attained Age		
	Male	Female
Dep. Child	\$27.79	\$27.79
Child only	\$59.45	\$59.45
Under 20	\$71.85	\$84.23
20	\$72.71	\$86.47
21	\$73.57	\$88.72
22	\$74.42	\$90.97
23	\$75.28	\$93.23
24	\$76.13	\$95.48
25	\$76.99	\$97.73
26	\$77.26	\$99.63
27	\$77.55	\$101.52
28	\$77.84	\$103.42
29	\$78.12	\$105.30
30	\$78.41	\$107.20
31	\$80.51	\$112.35
32	\$82.63	\$117.51
33	\$84.75	\$122.66
34	\$86.85	\$127.81
35	\$88.97	\$132.96
36	\$93.61	\$139.46
37	\$98.25	\$145.96
38	\$102.91	\$152.45
39	\$107.55	\$158.95
40	\$112.21	\$165.45
41	\$119.39	\$172.11
42	\$126.58	\$178.78
43	\$133.76	\$185.45
44	\$140.95	\$192.11
45	\$148.13	\$198.78
46	\$160.16	\$205.28
47	\$172.18	\$211.76
48	\$184.20	\$218.26
49	\$196.21	\$224.74
50	\$208.24	\$231.24
51	\$218.06	\$238.94
52	\$227.88	\$246.66
53	\$237.70	\$254.36
54	\$247.52	\$262.08
55	\$257.32	\$269.79
56	\$264.69	\$275.48
57	\$272.04	\$281.17
58	\$279.40	\$286.85
59	\$286.75	\$292.54
60	\$294.10	\$298.22
61	\$301.49	\$306.03
62	\$308.86	\$313.82
63	\$316.24	\$321.62
64	\$323.62	\$329.42
65	\$330.99	\$337.23

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Base rate added for up to three dependent children rates.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

ACCIDENTAL DEATH BENEFIT RIDER
[Rider Form B222](#)

Monthly New Business Premiums per Insured

Plan	Principal Sum Coverage Units	Monthly Premium per Unit
Individual	\$1,000	0.05
Family	\$1,000 Primary Insured \$500 Spouse \$200 Children	0.10

- Note: Rider Rate Calculation Steps:
1. Pull the appropriate premium per unit
 2. Multiply by the number of units
 3. If Applicable, multiply by the Franchise Factor
 4. Round to the nearest cent
 5. Multiply by the modal factor
 6. Round to the nearest cent

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, NE 68131

ACCIDENTAL DEATH BENEFIT RIDER

[Rider Form B222](#)

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly-Non ABW, add a \$5.00 fee for processing

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual	
Ins. Co. Employee	0.90

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

SUPPLEMENTAL ACCIDENT EXPENSE RIDER
Rider Form B223

Monthly Premiums per Insured

Per Adult	\$3.92
Per Child Only	\$3.92
Per Dependent Child	\$2.46

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Premiums charged for maximum of three (3) dependent children.

Note: Rider Rate Calculation Steps:

1. Pull the appropriate premium per insured
2. Combine each insureds premium from step 1
3. If Applicable, multiply by the Franchise Factor
4. Round to the nearest cent
5. Multiply by the modal factor
6. Round to the nearest cent

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, NE 68131

SUPPLEMENTAL ACCIDENT EXPENSE RIDER

[Rider Form B223](#)

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly-Non ABW, add a \$5.00 fee for processing

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual Ins. Co. Employee	0.90

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

RATE CALCULATION STEPS
[Policy Form P345](#)

The premium rate calculation procedure contains four pages. ALL PAGES ARE NECESSARY TO CALCULATE A PREMIUM RATE CHARGED TO A POLICY OWNER.

Rate Calculation Steps:

1. Determine base rate based on attained age and gender
2. Multiply by the appropriate area factor
3. Round to the nearest cent
4. Multiply by the underwriting factor (for each adult or "child only")
5. Round to the nearest cent
6. If Applicable, multiply by 1- the Non-Tobacco Use Discount (for each adult)
7. Round to the nearest cent
8. If Applicable, multiply by the Good Health Factor (Renewal Only)
9. Round to the nearest cent
10. If Applicable, multiply by the Franchise or Employee Factor
11. Round to the nearest cent
12. Complete steps 1-11 separately for each insured. Combine costs here.
13. Multiply by the modal factor
14. Round to the nearest cent
15. Add any rider costs

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

BASE RATES, Standard, Tobacco User, Monthly-ABW
[Policy Form P345](#)

Attained Age		
	Male	Female
Dep. Child	\$29.18	\$29.18
Child only	\$62.43	\$62.43
Under 20	\$75.45	\$88.44
20	\$76.35	\$90.80
21	\$77.24	\$93.16
22	\$78.14	\$95.52
23	\$79.04	\$97.90
24	\$79.94	\$100.26
25	\$80.84	\$102.62
26	\$81.13	\$104.61
27	\$81.43	\$106.59
28	\$81.74	\$108.59
29	\$82.03	\$110.57
30	\$82.33	\$112.56
31	\$84.54	\$117.97
32	\$86.76	\$123.39
33	\$88.99	\$128.80
34	\$91.19	\$134.20
35	\$93.42	\$139.61
36	\$98.29	\$146.43
37	\$103.16	\$153.25
38	\$108.05	\$160.08
39	\$112.93	\$166.90
40	\$117.82	\$173.72
41	\$125.35	\$180.71
42	\$132.91	\$187.72
43	\$140.45	\$194.72
44	\$148.00	\$201.72
45	\$155.54	\$208.72
46	\$168.16	\$215.54
47	\$180.79	\$222.35
48	\$193.42	\$229.17
49	\$206.03	\$235.98
50	\$218.65	\$242.80
51	\$228.96	\$250.89
52	\$239.27	\$258.99
53	\$249.58	\$267.08
54	\$259.89	\$275.18
55	\$270.19	\$283.28
56	\$277.92	\$289.25
57	\$285.65	\$295.22
58	\$293.37	\$301.19
59	\$301.09	\$307.16
60	\$308.81	\$313.13
61	\$316.56	\$321.33
62	\$324.30	\$329.51
63	\$332.05	\$337.70
64	\$339.80	\$345.89
65	\$347.54	\$354.09

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Base rate added for up to three dependent children rates.

CURRENT RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

BASE RATES, Standard, Tobacco User, Monthly-ABW
 Policy Form P345

Attained Age		
	Male	Female
Dep. Child	\$27.79	\$27.79
Child only	\$59.45	\$59.45
Under 20	\$71.85	\$84.23
20	\$72.71	\$86.47
21	\$73.57	\$88.72
22	\$74.42	\$90.97
23	\$75.28	\$93.23
24	\$76.13	\$95.48
25	\$76.99	\$97.73
26	\$77.26	\$99.63
27	\$77.55	\$101.52
28	\$77.84	\$103.42
29	\$78.12	\$105.30
30	\$78.41	\$107.20
31	\$80.51	\$112.35
32	\$82.63	\$117.51
33	\$84.75	\$122.66
34	\$86.85	\$127.81
35	\$88.97	\$132.96
36	\$93.61	\$139.46
37	\$98.25	\$145.96
38	\$102.91	\$152.45
39	\$107.55	\$158.95
40	\$112.21	\$165.45
41	\$119.39	\$172.11
42	\$126.58	\$178.78
43	\$133.76	\$185.45
44	\$140.95	\$192.11
45	\$148.13	\$198.78
46	\$160.16	\$205.28
47	\$172.18	\$211.76
48	\$184.20	\$218.26
49	\$196.21	\$224.74
50	\$208.24	\$231.24
51	\$218.06	\$238.94
52	\$227.88	\$246.66
53	\$237.70	\$254.36
54	\$247.52	\$262.08
55	\$257.32	\$269.79
56	\$264.69	\$275.48
57	\$272.04	\$281.17
58	\$279.40	\$286.85
59	\$286.75	\$292.54
60	\$294.10	\$298.22
61	\$301.49	\$306.03
62	\$308.86	\$313.82
63	\$316.24	\$321.62
64	\$323.62	\$329.42
65	\$330.99	\$337.23

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Base rate added for up to three dependent children rates.

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

ACCIDENTAL DEATH BENEFIT RIDER
[Rider Form B222](#)

Monthly New Business Premiums per Insured

Plan	Principal Sum Coverage Units	Monthly Premium per Unit
Individual	\$1,000	0.05
Family	\$1,000 Primary Insured \$500 Spouse \$200 Children	0.10

- Note: Rider Rate Calculation Steps:
1. Pull the appropriate premium per unit
 2. Multiply by the number of units
 3. If Applicable, multiply by the Franchise Factor
 4. Round to the nearest cent
 5. Multiply by the modal factor
 6. Round to the nearest cent

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, NE 68131

ACCIDENTAL DEATH BENEFIT RIDER

[Rider Form B222](#)

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly-Non ABW, add a \$5.00 fee for processing

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual	
Ins. Co. Employee	0.90

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

SUPPLEMENTAL ACCIDENT EXPENSE RIDER
Rider Form B223

Monthly Premiums per Insured

Per Adult	\$3.92
Per Child Only	\$3.92
Per Dependent Child	\$2.46

For Child Only policy, 1st child is charged Child only rate, other children charged Dep. Child rate. Premiums charged for maximum of three (3) dependent children.

Note: Rider Rate Calculation Steps:

1. Pull the appropriate premium per insured
2. Combine each insureds premium from step 1
3. If Applicable, multiply by the Franchise Factor
4. Round to the nearest cent
5. Multiply by the modal factor
6. Round to the nearest cent

PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street
Omaha, NE 68131

SUPPLEMENTAL ACCIDENT EXPENSE RIDER

[Rider Form B223](#)

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly-Non ABW, add a \$5.00 fee for processing

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual Ins. Co. Employee	0.90

PROPOSED RATE SCHEDULES

PHYSICIANS MUTUAL INSURANCE COMPANY
2600 Dodge Street
Omaha, Nebraska 68131

RATE CALCULATION STEPS
[Policy Form P345](#)

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4. Multiply by the underwriting factor (for each adult or "child only")
5. Round to the nearest cent
6. If Applicable, multiply by 1- the Non-Tobacco Use Discount (for each adult)
7. Round to the nearest cent
8. If Applicable, multiply by the Good Health Factor (Renewal Only)
9. Round to the nearest cent
10. If Applicable, multiply by the Franchise or Employee Factor
11. Round to the nearest cent
12. Complete steps 1-11 separately for each insured. Combine costs here.
13. Multiply by the modal factor
14. Round to the nearest cent
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PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

BASE RATES, Standard, Tobacco User, Monthly-ABW
[Policy Form P345](#)

Attained Age		
	Male	Female
Dep. Child	\$30.29	\$30.29
Child only	\$64.80	\$64.80
Under 20	\$78.32	\$91.81
20	\$79.25	\$94.26
21	\$80.19	\$96.71
22	\$81.12	\$99.16
23	\$82.05	\$101.62
24	\$82.99	\$104.08
25	\$83.92	\$106.53
26	\$84.22	\$108.60
27	\$84.53	\$110.65
28	\$84.85	\$112.72
29	\$85.15	\$114.78
30	\$85.47	\$116.85
31	\$87.76	\$122.46
32	\$90.07	\$128.09
33	\$92.38	\$133.70
34	\$94.67	\$139.32
35	\$96.98	\$144.93
36	\$102.04	\$152.01
37	\$107.10	\$159.09
38	\$112.17	\$166.18
39	\$117.23	\$173.26
40	\$122.30	\$180.34
41	\$130.13	\$187.60
42	\$137.97	\$194.87
43	\$145.80	\$202.14
44	\$153.64	\$209.40
45	\$161.46	\$216.67
46	\$174.57	\$223.75
47	\$187.68	\$230.82
48	\$200.78	\$237.90
49	\$213.87	\$244.97
50	\$226.98	\$252.05
51	\$237.68	\$260.45
52	\$248.39	\$268.86
53	\$259.09	\$277.25
54	\$269.79	\$285.67
55	\$280.48	\$294.08
56	\$288.51	\$300.27
57	\$296.53	\$306.47
58	\$304.54	\$312.67
59	\$312.56	\$318.87
60	\$320.57	\$325.06
61	\$328.62	\$333.57
62	\$336.65	\$342.06
63	\$344.70	\$350.56
64	\$352.75	\$359.07
65	\$360.78	\$367.58

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PHYSICIANS MUTUAL INSURANCE COMPANY
 2600 Dodge Street
 Omaha, Nebraska 68131

ADDITIONAL FACTORS
 Policy Form P345

Age **Non-Tobacco User Discount**
 18-64* 15%

*Non-Tobacco Use discounts do not apply to dependent children or child only rates.

Modal Factors

Mode	Payment Method	Factor
Annual	Direct Bill	12
Semi-Annual	Direct Bill	6
Quarterly	Direct Bill	3
Monthly*	Direct Bill	1
Monthly*	Credit Card	1
Monthly	Automatic Bank Withdrawal (ABW)	1

*For Monthly Non-ABW, add a \$5.00 fee for processing

Underwriting Factors

Preferred 1	0.80
Preferred 2	0.90
Standard	1.00
Substand 1	1.25
Substand 2	1.50

Good Health Factor

Policy Year	Factor
1	1.00
2	0.95
3	0.90
4	0.86
5	0.81
6+	0.77

Franchise Factor

Individual	1.00
Franchise Groups	0.95
Physicians Mutual Ins. Co. Employee	0.90