

SERFF Tracking Number: AMLC-127369962 State: Arkansas  
 Filing Company: Globe Life and Accident Insurance Company State Tracking Number: 49564  
 Company Tracking Number: 2011AROLDGLHOSP  
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: 2011 Limited Hospital Surgical Expense Rate Filing  
 Project Name/Number: 2011 Rate Filing/2011AROLDGLHOSP

## Filing at a Glance

Company: Globe Life and Accident Insurance Company

Product Name: 2011 Limited Hospital Surgical Expense Rate Filing SERFF Tr Num: AMLC-127369962 State: Arkansas

TOI: H15I Individual Health - Hospital/Surgical/Medical Expense  
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense  
 Filing Type: Rate

SERFF Status: Closed-Approved- Closed State Tr Num: 49564

Co Tr Num: 2011AROLDGLHOSP State Status: Approved-Closed

Author: Sue Fisher  
 Date Submitted: 08/16/2011  
 Reviewer(s): Rosalind Minor  
 Disposition Date: 08/25/2011  
 Disposition Status: Approved-Closed

Implementation Date Requested: 12/01/2011  
 State Filing Description:

Implementation Date: 12/01/2011

## General Information

Project Name: 2011 Rate Filing  
 Project Number: 2011AROLDGLHOSP  
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending  
 Date Approved in Domicile:  
 Domicile Status Comments: A filing was submitted to Nebraska our state of domicile on August 15, 2011 and is pending review.

Explanation for Combination/Other:  
 Submission Type: New Submission  
 Overall Rate Impact: 9%

Market Type: Individual  
 Individual Market Type: Individual  
 Filing Status Changed: 08/25/2011  
 State Status Changed: 08/25/2011

Deemer Date:  
 Submitted By: Sue Fisher  
 PPACA: Grandfathered Immed Mkt Reforms  
 PPACA Notes: null  
 Filing Description:  
 2011 OLD Globe Hospital Rate Filing

Created By: Sue Fisher  
 Corresponding Filing Tracking Number:

This filing represents our 2011 Rate Filing for Limited Benefit Hospital Surgical Expense Policy Forms GCS1, GHIP,

SERFF Tracking Number: AMLC-127369962 State: Arkansas  
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GHS1, GHS2, GHS3, GHS4, G-GSP, G-GSPA, H-6, PR-20/HSEP, PR20MS, Other Forms issued prior to 1956 and Business acquired by Globe Life and Accident Insurance Company that is listed in the Addendum to the Actuarial Memorandum.

A list of forms with in-force policies in your state is shown below along with the percentage of increase being requested and is also included on the Rate Filing Summary page that is attached to this filing.

GCS1 +9.0%  
GHIP +9.0%  
GHS1 +9.0%  
GHS2 +9.0%  
GHS3 +9.0%  
H-6 +9.0%  
PR-20/HSEP +9.0%  
PR20MS +9.0%  
Other Forms issued prior to 1956 +9.0%  
Acquired Business from Associated Doctors Ins. Co. +9.0%  
Acquired Business from Physician's National Life Ins. Co. +9.0%

An Actuarial Memorandum and other supporting documents are attached to this filing for your consideration.

If you have any questions, or need additional information, please let me know

Sincerely  
Sue Fisher  
Rate Compliance Specialist

## Company and Contact

### Filing Contact Information

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com  
3700 S. Stonebridge Drive 972-569-3241 [Phone]  
McKinney, TX 75070 972-569-3679 [FAX]

### Filing Company Information

Globe Life and Accident Insurance Company CoCode: 91472 State of Domicile: Nebraska  
204 North Robinson Avenue Group Code: 290 Company Type: Life and Health  
Oklahoma City, OK 73102 Group Name: Liberty National State ID Number:  
(405) 270-1400 ext. [Phone] FEIN Number: 63-0782739

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**Filing Fees**

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Globe Life and Accident Insurance Company	\$50.00	08/16/2011	50659179

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/25/2011	08/25/2011

### 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	08/22/2011	08/22/2011	Sue Fisher	08/24/2011	08/24/2011
Pending Industry Response	Rosalind Minor	08/17/2011	08/17/2011	Sue Fisher	08/19/2011	08/19/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	additional supporting documents	Sue Fisher	08/24/2011	08/24/2011

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## Disposition

Disposition Date: 08/25/2011

Implementation Date: 12/01/2011

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

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):
Globe Life and Accident Insurance Company	5.000%	5.000%	\$	60	\$	5.000%	5.000%
	<b>Percent Change Approved:</b>						
	<b>Minimum:</b>	5.0%	<b>Maximum:</b>	5.0%	<b>Weighted Average:</b>		5.0%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document (revised)	additional supporting documents	Approved-Closed	No
Supporting Document	additional supporting documents	Replaced	No

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## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 08/22/2011

Submitted Date 08/22/2011

Respond By Date

Dear Sue Fisher,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Your response to our offer of 5% rate increase was reviewed by my supervisor, Mr. Dan Honey, Insurance Deputy Commissioner.

Given the reasons outlined in our original objection letter, we will consider no more than the 5% offered. We encourage you to accept the 5% in lieu of disapproval.

Thank you for your understanding and cooperation in this matter.

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 08/24/2011  
Submitted Date 08/24/2011

Dear Rosalind Minor,

### Comments:

Response to 8-22-11 objection

### Response 1

Comments: Although we believe the originally requested increase of 9% is more appropriate for these policy forms, in the interest of expediency, we accept your proposal to approve a 5.0% increase.

I have attached a revised Rate Filing Summary page.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Your response to our offer of 5% rate increase was reviewed by my supervisor, Mr. Dan Honey, Insurance Deputy Commissioner.

Given the reasons outlined in our original objection letter, we will consider no more than the 5% offered. We encourage you to accept the 5% in lieu of disapproval.

Thank you for your understanding and cooperation in this matter.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.



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Project Name/Number: 2011 Rate Filing/2011AROLDGLHOSP

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 08/17/2011  
Submitted Date 08/17/2011

Respond By Date

Dear Sue Fisher,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

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

Given the current state of the economy and the fact that this block of business has continually received rate increases over the past 6 or 7 years, we will consider no more than a 5% rate increase at this time.

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

We appreciate your understanding and cooperation.

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 08/19/2011  
Submitted Date 08/19/2011

Dear Rosalind Minor,

### Comments:

Response to August 17, 2011 offer.

### Response 1

Comments: We appreciate your offer to approve a 5% rate increase, we would however request that you reconsider approving the originally requested rate increase of 9% because the loss ratio on this block of business has been running in excess of 100% year to year: 2010 (195%), 2009 (177%), 2008 (174%), 2007 (168%), 2006 (182%). A substantially higher rate increase could actually be justified, but due to the economy, we are only requesting a 9% rate increase as indicated in our filing. Please kindly reconsider our proposal. Thank you.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

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

Given the current state of the economy and the fact that this block of business has continually received rate increases over the past 6 or 7 years, we will consider no more than a 5% rate increase at this time.

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

We appreciate your understanding and cooperation.

### Changed Items:

No Supporting Documents changed.



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**Amendment Letter**

Submitted Date: 08/24/2011

**Comments:**

Although we believe the originally requested increase of 9% is more appropriate for these policy forms, in the interest of expediency, we accept your proposal to approve a 5% increase.

I have attached a revised Rate Filing Summary page and did a post submission update to change the percentage of increase on the Rate/Rule schedule tab to 5.0%

**Changed Items:**

**Supporting Document Schedule Item Changes:**

**User Added -Name: additional supporting documents**

Comment:

- 2011 AR Rate History.pdf
- 2011 GL Hosp NW E & I.pdf
- 2011 GL Hosp Proj & Parameters.pdf
- 2011 AR Rev GL Hosp Surg Summary Page.pdf

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**Post Submission Update Request Processed On 08/25/2011**

**Status:** Allowed  
**Created By:** Sue Fisher  
**Processed By:** Rosalind Minor  
**Comments:**

**Company Rate Information:**

**Company Name:Globe Life and Accident Insurance Company**

Field Name	Requested Change	Prior Value
Overall % Indicated Change	5.000%	9.000%
Overall % Rate Impact	5.000%	9.000%
Maximum %Change (where required)	5.000%	9.000%
Minimum %Change (where required)	5.000%	9.000%

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## Rate Information

Rate data applies to filing.

Filing Method: SERFF  
 Rate Change Type: Increase  
 Overall Percentage of Last Rate Revision: 10.000%  
 Effective Date of Last Rate Revision: 12/19/2010  
 Filing Method of Last Filing: SERFF

## 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):	
Globe Life and Accident Insurance Company	Increase	5.000%	5.000%		60		5.000%	5.000%	
<b>Product Type:</b>		<b>HMO</b>	<b>PPO</b>	<b>EPO</b>	<b>POS</b>	<b>HSA</b>	<b>HDHP</b>	<b>FFS</b>	<b>Other</b>
<b>Covered Lives:</b>									71
<b>Policy Holders:</b>									60

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## Rate Review Details

### COMPANY:

Company Name: Globe Life and Accident Insurance Company  
HHS Issuer Id: 00000  
Product Names: Limited Benefit Hospital Surgical Expense Policy Forms  
Trend Factors: 0.0%

### FORMS:

New Policy Forms:

Affected Forms: PR-20 / HSEP, Associated doctors, GCS1, GHIP, H-6, Physicians National, PR20MS, GHS1, GHS2, GHS3 and Other forms issued prior to 1956

Other Affected Forms:

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Other  
Member Months: 86  
Benefit Change: None  
Percent Change Requested: Min: 9.0 Max: 9.0 Avg: 9.0

#### PRIOR RATE:

Total Earned Premium: 1,090,472.00  
Total Incurred Claims: 2,128,118.00  
Annual \$: Min: 9.00 Max: 11,880.00 Avg: 1,273.00

#### REQUESTED RATE:

Projected Earned Premium: 1,010,698.00  
Projected Incurred Claims: 1,791,321.00

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Annual \$: Min: 10.00 Max: 12,949.00 Avg: 1,388.00

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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachment:</b> 2011 GL Hosp Actuarial Memorandum 3.pdf	Approved-Closed	08/25/2011

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> additional supporting documents <b>Comments:</b> <b>Attachments:</b> 2011 AR Rate History.pdf 2011 GL Hosp NW E & I.pdf 2011 GL Hosp Proj & Parameters.pdf 2011 AR Rev GL Hosp Surg Summary Page.pdf	Approved-Closed	08/25/2011

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## 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)
08/16/2011	Supporting	additional supporting documents	08/24/2011	2011 AR GL Hosp Surg Summary Page.pdf (Superceded) 2011 AR Rate History.pdf 2011 GL Hosp NW E & I.pdf 2011 GL Hosp Proj & Parameters.pdf