

SERFF Tracking Number: AEGC-127351843 State: Arkansas  
 Filing Company: Transamerica Life Insurance Company State Tracking Number: 49549  
 Company Tracking Number: 1965 & 2137  
 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.015 Multi-Plan  
 Plans  
 Product Name: 2011 Transamerica Standard Group Underwritten (Pre & Post MIPPA) Medicare Supplement Rate Filing  
 Project Name/Number: MedSupp Rates/07g

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: 2011 Transamerica Standard Group Underwritten (Pre & Post MIPPA) SERFF Tr Num: AEGC-127351843 State: Arkansas

Medicare Supplement Rate Filing

TOI: MS05G Group Medicare Supplement - Standard Plans

SERFF Status: Closed-Disapproved

State Tr Num: 49549

Sub-TOI: MS05G.015 Multi-Plan

Co Tr Num: 1965 & 2137

State Status: Filed-Closed

Filing Type: Rate

Reviewer(s): Stephanie Fowler

Authors: Teri Schaffer-Jones, Kristina Davis, Sharon Miles

Disposition Date: 09/07/2011

Date Submitted: 08/15/2011

Disposition Status: Disapproved

Implementation Date Requested: 12/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: MedSupp Rates

Status of Filing in Domicile: Pending

Project Number: 07g

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Rates for use in 2011 are pending our domiciliary state of Iowa.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact: 5.3%

Filing Status Changed: 09/07/2011

State Status Changed: 09/07/2011

Deemer Date:

Created By: Teri Schaffer-Jones

Submitted By: Teri Schaffer-Jones

Corresponding Filing Tracking Number:

Filing Description:

2011 Transamerica Life Insurance Company: Medicare Supplement Rate Filing for Standard Group Pre and Post Mippa Medicare Supplement Policy Forms: MS4500GPT-A.AR through MS4500GPT-J.AR and MS8000GPT-A.AR through MS8000GPT-N.AR

Enclosed is our rate submission for the benefits contained in the 1992 Standardized and 2010 Modernized Medicare

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Supplement plans. This rate revision would be effective the first day of the month following 90 days from the effective date of the approval.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual. We have also combined the experience of the 1992 and 2010 plans to determine the rate adjustments requested in this filing.

## Company and Contact

### Filing Contact Information

Teri Schaffer-Jones, Actuarial Administrative Supervisor  
 Teri.Schaffer@transamerica.com  
 520 Park Avenue  
 Baltimore, MD 21201-4500  
 800-233-4624 [Phone] 5236 [Ext]  
 410-209-5904 [FAX]

### Filing Company Information

Transamerica Life Insurance Company  
 4333 Edgewood Road NE  
 Cedar Rapids, IA 52499  
 (800) 233-4624 ext. [Phone]  
 -----  
 CoCode: 86231  
 Group Code: 468  
 Group Name:  
 FEIN Number: 39-0989781  
 State of Domicile: Iowa  
 Company Type: Life and Health  
 State ID Number:

## Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	08/15/2011	50611995

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	09/07/2011	09/07/2011

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## Disposition

Disposition Date: 09/07/2011

Implementation Date:

Status: Disapproved

Comment: It is the primary mission of the Arkansas Insurance Department to protect consumers. Arkansas is a relatively poor state and most of the seniors who would be affected by your proposed rate increase live on a fixed income. Therefore, given the fact that these blocks of business are not credible and that we have approved consistent rate increases on this block of business since 2006 on the 1992 Plans, we cannot approve this rate increase at this 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):
Transamerica Life Insurance Company	5.300%	5.300%	\$1,702	15	\$32,118	5.300%	5.300%



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 Project Name/Number: MedSupp Rates/07g

**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:** 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):
Transamerica Life Insurance Company	5.300%	5.300%	\$1,702	15	\$32,118	5.300%	5.300%

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## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Disapprove d 09/07/2011	Exhibit A	MS4500GPT-A.AR, MS4500GPT-B.AR, MS4500GPT-C.AR, MS4500GPT-F.AR, MS4500GPT-J.AR, MS8000GPT-A.AR, MS8000GPT-B.AR, MS8000GPT-C.AR, MS8000GPT-D.AR, MS8000GPT-F.AR, MS8000GPT-G.AR, MS8000GPT-K.AR, MS8000GPT-L.AR, MS8000GPT-	Revised	Previous State Filing Number:	Exhibit A.pdf

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Plans  
Product Name: 2011 Transamerica Standard Group Underwritten (Pre & Post MIPPA) Medicare Supplement Rate Filing  
Project Name/Number: MedSupp Rates/07g  
M.AR, Percent Rate Change 5.300  
MS8000GPT- Request:  
N.AR

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Policy Form Series: MS4500GPT**

**Mass Marketed Standard Group Medicare Supplement**  
**Premium Rates Non-Smoker Issued Prior To 06/01/2010**  
**State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan F</b>
65 & Up	107	171	186	203

**Proposed Rate Change**

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan F</b>
All Ages	5.3%	5.3%	5.3%	5.3%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan F</b>
65 & Up	113	180	195	214

<b>Modal Factors</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Policy Form Series: MS4500GPT**

**Mass Marketed Standard Group Medicare Supplement  
Premium Rates Non-Smoker Issued Prior To 06/01/2010  
State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan J ND</b>
65 & Up	196

**Proposed Rate Change**

	<b>Plan J ND</b>
All Ages	5.3%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan J ND</b>
65 & Up	207

<b>Modal Factors</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Policy Form Series: MS4500GPT**

**Mass Marketed Standard Group Medicare Supplement**  
**Premium Rates Smoker Issued Prior To 06/01/2010**  
**State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan F</b>
65 & Up	125	199	215	237

**Proposed Rate Change**

	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan F</b>
All Ages	5.3%	5.3%	5.3%	5.3%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan A</b>	<b>Plan B</b>	<b>Plan C</b>	<b>Plan F</b>
65 & Up	131	210	227	250

<b>Modal Factors</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A  
Transamerica Life Insurance Company  
Policy Form Series: MS4500GPT**

**Mass Marketed Standard Group Medicare Supplement  
Premium Rates Smoker Issued Prior To 06/01/2010  
State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan J ND</b>
65 & Up	215

**Proposed Rate Change**

	<b>Plan J ND</b>
All Ages	5.3%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>Plan J ND</b>
65 & Up	227

<b>Modal Factors</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Policy Form Series: MS8000GPT**

**Mass Marketed Standard Group Medicare Supplement**  
**Premium Rates Non-Smoker**  
**State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>PlanA-2010</b>	<b>PlanB-2010</b>	<b>PlanC-2010</b>	<b>PlanD-2010</b>	<b>PlanF-2010</b>	<b>PlanG-2010</b>	<b>PlanK-2010</b>	<b>PlanL-2010</b>	<b>PlanM-2010</b>	<b>PlanN-2010</b>
65 & Up	120	161	191	177	192	178	88	131	161	151

**Proposed Rate Change**

	<b>PlanA-2010</b>	<b>PlanB-2010</b>	<b>PlanC-2010</b>	<b>PlanD-2010</b>	<b>PlanF-2010</b>	<b>PlanG-2010</b>	<b>PlanK-2010</b>	<b>PlanL-2010</b>	<b>PlanM-2010</b>	<b>PlanN-2010</b>
All Ages	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>PlanA-2010</b>	<b>PlanB-2010</b>	<b>PlanC-2010</b>	<b>PlanD-2010</b>	<b>PlanF-2010</b>	<b>PlanG-2010</b>	<b>PlanK-2010</b>	<b>PlanL-2010</b>	<b>PlanM-2010</b>	<b>PlanN-2010</b>
65 & Up	126	170	201	186	202	187	93	137	169	159

<b>Modal Factors</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
Direct Bill	11.400	5.850	3.000	1.000
ACH/EFT	11.400	5.700	2.850	0.950

**Exhibit A**  
**Transamerica Life Insurance Company**  
**Policy Form Series: MS8000GPT**

**Mass Marketed Standard Group Medicare Supplement**  
**Premium Rates Smoker**  
**State of Arkansas**

**Current Monthly Premium Rates**

<b>Composite Age</b>	<b>PlanA-2010</b>	<b>PlanB-2010</b>	<b>PlanC-2010</b>	<b>PlanD-2010</b>	<b>PlanF-2010</b>	<b>PlanG-2010</b>	<b>PlanK-2010</b>	<b>PlanL-2010</b>	<b>PlanM-2010</b>	<b>PlanN-2010</b>
65 & Up	132	177	210	194	211	195	97	144	177	166

**Proposed Rate Change**

	<b>PlanA-2010</b>	<b>PlanB-2010</b>	<b>PlanC-2010</b>	<b>PlanD-2010</b>	<b>PlanF-2010</b>	<b>PlanG-2010</b>	<b>PlanK-2010</b>	<b>PlanL-2010</b>	<b>PlanM-2010</b>	<b>PlanN-2010</b>
All Ages	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%	5.3%

**Proposed Monthly Premium Rates**

<b>Composite Age</b>	<b>PlanA-2010</b>	<b>PlanB-2010</b>	<b>PlanC-2010</b>	<b>PlanD-2010</b>	<b>PlanF-2010</b>	<b>PlanG-2010</b>	<b>PlanK-2010</b>	<b>PlanL-2010</b>	<b>PlanM-2010</b>	<b>PlanN-2010</b>
65 & Up	139	187	221	205	223	206	102	151	186	175

<b>Modal Factors</b>	<b>Annual</b>	<b>Semi-Annual</b>	<b>Quarterly</b>	<b>Monthly</b>
Direct Bill	11.400	5.850	3.000	1.000
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## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> Health - Actuarial Justification	Disapproved	<b>Date:</b> 09/07/2011
<b>Comments:</b>		
<b>Attachment:</b>		
Act_memo_w supporting doc.pdf		