

SERFF Tracking Number: PHYS-127615618 State: Arkansas  
 Filing Company: Physicians Mutual Insurance Company State Tracking Number: 49725  
 Company Tracking Number:  
 TOI: H15I Individual Health - Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical  
 Hospital/Surgical/Medical Expense Expense  
 Product Name: 2011 Old HMS Rate Increase Filing  
 Project Name/Number: /

## Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: 2011 Old HMS Rate Increase SERFF Tr Num: PHYS-127615618 State: Arkansas

Filing

TOI: H15I Individual Health -

SERFF Status: Closed-

State Tr Num: 49725

Hospital/Surgical/Medical Expense

Disapproved

Sub-TOI: H15I.001 Health -

Co Tr Num:

State Status: Disapproved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Richie Hinman, Debbie Thielen

Disposition Date: 09/14/2011

Date Submitted: 09/07/2011

Disposition Status: Disapproved

Implementation Date Requested: 11/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 08/22/2011

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 9%

Filing Status Changed: 09/14/2011

State Status Changed: 09/14/2011

Deemer Date:

Created By: Debbie Thielen

Submitted By: Debbie Thielen

Corresponding Filing Tracking Number: PHYS-127381722

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Rate Increase Filing for: Policy P196 with Rider R184 and Rider R184

We are refiling this product in order to give consideration to the concerns reported in the disapproved filing PHYS-127381722. We previously requested a trend increase of 19%. No increase has been taken in your state since 2008.



SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
Company Tracking Number:  
TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
Product Name: *2011 Old HMS Rate Increase Filing*  
Project Name/Number: */*  
Per Company: **No**

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$50.00	09/07/2011	51289248

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
Company Tracking Number:  
TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
Product Name: *2011 Old HMS Rate Increase Filing*  
Project Name/Number: */*

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Rosalind Minor	09/14/2011	09/14/2011

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
 Company Tracking Number:  
 TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
 Product Name: *2011 Old HMS Rate Increase Filing*  
 Project Name/Number: */*

## Disposition

Disposition Date: 09/14/2011  
 Implementation Date:  
 Status: Disapproved  
 HHS Status: HHS Denied  
 State Review: Reviewed by Actuary  
 Comment:

Our Department is disapproving your request for a 9% rate increase on this submission.

Our records indicate that this block of business has received substantial rate increases since year 2000 and earlier. Based on the past increases and the impact that another rate increase will have at this time, we are disapproving your request.

We appreciate 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%	\$2,708	1	\$30,088	9.000%	9.000%

**Percent Change Approved:**

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
Company Tracking Number:  
TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
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Project Name/Number: */*

**Minimum:**        %                                **Maximum:**        %                                **Weighted Average:**        %

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
 Company Tracking Number:  
 TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
 Product Name: *2011 Old HMS Rate Increase Filing*  
 Project Name/Number: */*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Disapproved	No
<b>Supporting Document</b>	Rate Summary Worksheet	Disapproved	Yes
<b>Supporting Document</b>	Consumer Disclosure Form	Disapproved	Yes
<b>Rate</b>	Rate Schedule	Disapproved	Yes
<b>Rate</b>	Rate Schedule	Disapproved	Yes

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
 Company Tracking Number:  
 TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
 Product Name: *2011 Old HMS 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:** 19.000%  
**Effective Date of Last Rate Revision:** 11/01/2008  
**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):
Physicians Mutual Insurance Company	Increase	9.000%	9.000%	\$2,708	1	\$30,088	9.000%	9.000%
<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>								1
<b>Policy Holders:</b>								1

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Company Tracking Number:  
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Product Name: 2011 Old HMS Rate Increase Filing  
Project Name/Number: /

## Rate Review Details

### COMPANY:

Company Name: Physicians Mutual Insurance Company  
HHS Issuer Id: 00000  
Product Names: Hospital, Medical, Surgical  
Trend Factors:

### FORMS:

New Policy Forms:  
Affected Forms: P196/R184  
Other Affected Forms:

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Annual  
Member Months: 30  
Benefit Change: Increase  
Percent Change Requested: Min: 9.0 Max: 9.0 Avg: 9.0

#### PRIOR RATE:

Total Earned Premium: 0.00  
Total Incurred Claims: 0.00  
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

#### REQUESTED RATE:

Projected Earned Premium: 0.00  
Projected Incurred Claims: 0.00  
Annual \$: Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
 Company Tracking Number:  
 TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
 Product Name: *2011 Old HMS 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
Disapprove Rate Schedule d 09/14/2011		P196	Other	Previous State Filing Number: Percent Rate Change Request:	STD_2011_196.pdf
Disapprove Rate Schedule d 09/14/2011		P196/R184	Revised	Previous State Filing Number: Percent Rate Change Request: 9.000	AR_2011_196R184_9%.pdf STD_2011_NationalAREA_P196.pdf

## **CURRENT RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

**POLICIES WITHOUT RIDER R184 ATTACHED**

	Age Group	\$50 Daily Room Benefit	Each \$10 Daily Increment
Male	Thru 24	\$7.08	\$0.90
	25-29	\$7.93	\$1.09
	30-34	\$9.44	\$1.38
	35-39	\$11.04	\$1.69
	40-44	\$13.00	\$2.09
	45-49	\$15.93	\$2.66
	50-54	\$19.82	\$3.45
	55-59	\$24.37	\$4.35
	60-63	\$27.77	\$5.03
Female	Thru 24	\$5.70	\$0.93
	25-29	\$7.12	\$1.21
	30-34	\$8.75	\$1.49
	35-39	\$10.17	\$1.75
	40-44	\$11.23	\$1.96
	45-49	\$11.84	\$2.08
	50-54	\$12.40	\$2.16
	55-59	\$13.15	\$2.28
	60-63	\$13.97	\$2.41
Children	1 or 2	\$3.72	\$0.79
	3 or more	\$7.45	\$1.58

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Outpatient X-Ray and Laboratory Benefit

**POLICIES WITHOUT RIDER R184 ATTACHED**

	Age Group	\$100	\$200	\$300	\$400
Male	Thru 24	\$5.60	\$8.63	\$10.23	\$11.12
	25-29	\$5.60	\$8.63	\$10.23	\$11.12
	30-34	\$5.60	\$8.63	\$10.23	\$11.12
	35-39	\$5.60	\$8.63	\$10.23	\$11.12
	40-44	\$5.60	\$8.63	\$10.23	\$11.12
	45-49	\$5.60	\$8.63	\$10.23	\$11.12
	50-54	\$5.60	\$9.02	\$10.78	\$11.82
	55-59	\$5.74	\$9.43	\$11.34	\$12.45
	60-63	\$5.80	\$9.62	\$11.63	\$12.75
Female	Thru 24	\$7.27	\$11.26	\$13.29	\$14.40
	25-29	\$7.30	\$11.53	\$13.65	\$14.88
	30-34	\$7.48	\$11.86	\$14.14	\$15.42
	35-39	\$7.64	\$12.21	\$14.60	\$15.96
	40-44	\$7.99	\$12.85	\$15.36	\$16.80
	45-49	\$8.45	\$13.73	\$16.44	\$17.98
	50-54	\$9.02	\$14.65	\$17.53	\$19.15
	55-59	\$9.18	\$14.84	\$17.75	\$19.41
	60-63	\$9.18	\$14.84	\$17.75	\$19.41
Children	1 or 2	\$3.73	\$7.10	\$8.96	\$10.07
	3 or more	\$7.48	\$14.19	\$17.92	\$20.15

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Surgical and In-Hospital Medical Benefit

**POLICIES WITHOUT RIDER R184 ATTACHED**

		\$1,000	Each \$500
	Age Group	Maximum Benefit	Increment
Male	Thru 24	\$4.44	\$1.02
	25-29	\$4.90	\$1.18
	30-34	\$5.48	\$1.41
	35-39	\$6.12	\$1.69
	40-44	\$6.91	\$2.03
	45-49	\$7.99	\$2.46
	50-54	\$9.28	\$3.03
	55-59	\$10.61	\$3.60
	60-63	\$11.38	\$3.93
Female	Thru 24	\$13.95	\$4.14
	25-29	\$15.11	\$4.65
	30-34	\$15.53	\$5.07
	35-39	\$15.53	\$5.07
	40-44	\$15.53	\$5.07
	45-49	\$15.53	\$5.07
	50-54	\$15.53	\$5.07
	55-59	\$15.53	\$5.07
	60-63	\$15.53	\$5.07
Children	1 or 2	\$4.55	\$2.10
	3 or more	\$9.09	\$4.20

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES  
Monthly Premiums

Miscellaneous Hospital Expense

**POLICIES WITHOUT RIDER R184 ATTACHED**

The monthly premiums for miscellaneous hospital expenses have a zero deductible. The insured may elect 1) zero deductible, 2) \$500 deductible, or 3) \$2,500 deductible. If a \$500 or \$2,500 deductible is elected, the appropriate amount must be subtracted from the premiums which reflect a zero deductible. These amounts are shown below:

	Age Group	\$500	Deductible \$2,500
	-----	-----	-----
Male	Thru 24	\$5.35	\$10.16
	25-29	\$6.31	\$12.01
	30-34	\$7.56	\$14.38
	35-39	\$9.11	\$17.34
	40-44	\$10.84	\$20.62
	45-49	\$12.53	\$23.87
	50-54	\$14.24	\$27.09
	55-59	\$15.74	\$29.99
	60-63	\$16.10	\$30.71
Female	Thru 24	\$10.55	\$20.10
	25-29	\$11.92	\$22.70
	30-34	\$12.56	\$23.91
	35-39	\$13.80	\$26.27
	40-44	\$14.59	\$27.79
	45-49	\$14.54	\$27.70
	50-54	\$13.99	\$26.65
	55-59	\$13.03	\$24.82
	60-63	\$11.60	\$22.08
Children	1 or 2	\$5.39	\$10.24
	3 or more	\$10.78	\$20.49

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

**POLICIES WITHOUT RIDER R184 ATTACHED**

Miscellaneous Hospital Expense  
No Deductible

	Age Group	\$2,500	\$5,000	\$7,500	\$15,000
	-----	-----	-----	-----	-----
Male	Thru 24	\$16.58	\$17.46	\$18.06	\$19.66
	25-29	\$18.97	\$20.01	\$20.69	\$22.60
	30-34	\$21.55	\$22.81	\$23.64	\$25.91
	35-39	\$24.83	\$26.32	\$27.32	\$30.05
	40-44	\$28.43	\$30.21	\$31.38	\$34.65
	45-49	\$31.73	\$33.78	\$35.15	\$38.90
	50-54	\$34.87	\$37.19	\$38.73	\$42.98
	55-59	\$37.69	\$40.24	\$41.94	\$46.62
	60-63	\$38.18	\$40.79	\$42.54	\$47.32
Female	Thru 24	\$27.37	\$29.09	\$30.25	\$33.43
	25-29	\$30.15	\$32.13	\$33.43	\$37.04
	30-34	\$31.40	\$33.50	\$34.89	\$38.65
	35-39	\$34.10	\$36.34	\$37.85	\$41.98
	40-44	\$34.10	\$36.34	\$37.85	\$41.98
	45-49	\$34.10	\$36.34	\$37.85	\$41.98
	50-54	\$34.10	\$36.34	\$37.85	\$41.98
	55-59	\$34.10	\$36.34	\$37.85	\$41.98
	60-63	\$34.10	\$36.34	\$37.85	\$41.98
Children	1 or 2	\$16.72	\$18.06	\$18.93	\$22.38
	3 or more	\$33.43	\$36.11	\$37.86	\$44.77

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

## **CURRENT RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

**POLICIES WITH RIDER R184 ATTACHED**

	Age Group	\$50 Daily Room Benefit	Each \$10 Daily Increment
Male	Thru 24	\$14.63	\$2.00
	25-29	\$16.39	\$2.43
	30-34	\$19.51	\$3.07
	35-39	\$22.81	\$3.75
	40-44	\$26.86	\$4.63
	45-49	\$32.92	\$5.92
	50-54	\$40.96	\$7.65
	55-59	\$50.36	\$9.67
	60-63	\$57.38	\$11.17
Female	Thru 24	\$11.78	\$2.07
	25-29	\$14.71	\$2.69
	30-34	\$18.08	\$3.30
	35-39	\$21.02	\$3.90
	40-44	\$23.21	\$4.35
	45-49	\$24.47	\$4.61
	50-54	\$25.62	\$4.80
	55-59	\$27.17	\$5.06
	60-63	\$28.87	\$5.35
Children	1 or 2	\$7.69	\$1.76
	3 or more	\$15.39	\$3.52

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Outpatient X-Ray and Laboratory Benefit

**POLICIES WITH RIDER R184 ATTACHED**

	Age Group	\$100	\$200	\$300	\$400
Male	Thru 24	\$79.57	\$122.56	\$145.41	\$158.03
	25-29	\$79.57	\$122.56	\$145.41	\$158.03
	30-34	\$79.57	\$122.56	\$145.41	\$158.03
	35-39	\$79.57	\$122.56	\$145.41	\$158.03
	40-44	\$79.57	\$122.56	\$145.41	\$158.03
	45-49	\$79.57	\$122.56	\$145.41	\$158.03
	50-54	\$79.57	\$128.17	\$153.22	\$167.95
	55-59	\$81.57	\$133.98	\$161.14	\$176.87
	60-63	\$82.37	\$136.69	\$165.25	\$181.18
Female	Thru 24	\$103.32	\$160.04	\$188.90	\$204.63
	25-29	\$103.72	\$163.85	\$194.01	\$211.45
	30-34	\$106.22	\$168.56	\$200.82	\$219.06
	35-39	\$108.53	\$173.57	\$207.54	\$226.78
	40-44	\$113.44	\$182.68	\$218.26	\$238.80
	45-49	\$120.15	\$195.11	\$233.59	\$255.54
	50-54	\$128.17	\$208.14	\$249.12	\$272.07
	55-59	\$130.47	\$210.84	\$252.23	\$275.78
	60-63	\$130.47	\$210.84	\$252.23	\$275.78
Children	1 or 2	\$53.01	\$100.81	\$127.37	\$143.10
	3 or more	\$106.22	\$201.72	\$254.74	\$286.40

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Surgical and In-Hospital Medical Benefit

**POLICIES WITH RIDER R184 ATTACHED**

		\$1,000 Maximum Benefit	Each \$500 Increment
Male	Thru 24	\$63.13	\$14.53
	25-29	\$69.55	\$16.74
	30-34	\$77.86	\$20.04
	35-39	\$86.98	\$24.05
	40-44	\$98.11	\$28.76
	45-49	\$113.44	\$34.97
	50-54	\$131.88	\$43.09
	55-59	\$150.72	\$51.11
	60-63	\$161.74	\$55.92
Female	Thru 24	\$198.22	\$58.82
	25-29	\$214.75	\$66.04
	30-34	\$220.77	\$72.05
	35-39	\$220.77	\$72.05
	40-44	\$220.77	\$72.05
	45-49	\$220.77	\$72.05
	50-54	\$220.77	\$72.05
	55-59	\$220.77	\$72.05
	60-63	\$220.77	\$72.05
Children	1 or 2	\$64.64	\$29.86
	3 or more	\$129.17	\$59.63

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Miscellaneous Hospital Expense

**POLICIES WITH RIDER R184 ATTACHED**

The monthly premiums for miscellaneous hospital expenses have a zero deductible. The insured may elect 1) zero deductible, 2) \$500 deductible, or 3) \$2,500 deductible. If a \$500 or \$2,500 deductible is elected, the appropriate amount must be subtracted from the premiums which reflect a zero deductible. These amounts are shown below:

	Age Group	Deductible	
		\$500	\$2,500
Male	Thru 24	\$75.96	\$144.30
	25-29	\$89.69	\$170.66
	30-34	\$107.43	\$204.43
	35-39	\$129.47	\$246.42
	40-44	\$154.02	\$293.02
	45-49	\$178.08	\$339.21
	50-54	\$202.33	\$384.91
	55-59	\$223.67	\$426.20
	60-63	\$228.78	\$436.32
Female	Thru 24	\$149.92	\$285.60
	25-29	\$169.36	\$322.58
	30-34	\$178.48	\$339.82
	35-39	\$196.11	\$373.39
	40-44	\$207.24	\$394.93
	45-49	\$206.64	\$393.63
	50-54	\$198.82	\$378.70
	55-59	\$185.09	\$352.64
	60-63	\$164.85	\$313.76
Children	1 or 2	\$76.66	\$145.61
	3 or more	\$153.22	\$291.11

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

**POLICIES WITH RIDER R184 ATTACHED**

Miscellaneous Hospital Expense  
No Deductible

	Age Group	\$2,500	\$5,000	\$7,500	\$15,000
Male	Thru 24	\$235.70	\$248.12	\$256.54	\$279.39
	25-29	\$269.57	\$284.30	\$294.02	\$321.18
	30-34	\$306.25	\$324.08	\$335.91	\$368.18
	35-39	\$352.84	\$373.99	\$388.32	\$427.00
	40-44	\$404.05	\$429.30	\$445.84	\$492.44
	45-49	\$450.85	\$480.01	\$499.45	\$552.66
	50-54	\$495.54	\$528.41	\$550.46	\$610.69
	55-59	\$535.53	\$571.70	\$595.96	\$662.40
	60-63	\$542.54	\$579.62	\$604.47	\$672.42
Female	Thru 24	\$388.92	\$413.37	\$429.91	\$475.00
	25-29	\$428.40	\$456.56	\$475.00	\$526.41
	30-34	\$446.24	\$476.10	\$495.74	\$549.16
	35-39	\$484.52	\$516.49	\$537.73	\$596.56
	40-44	\$484.52	\$516.49	\$537.73	\$596.56
	45-49	\$484.52	\$516.49	\$537.73	\$596.56
	50-54	\$484.52	\$516.49	\$537.73	\$596.56
	55-59	\$484.52	\$516.49	\$537.73	\$596.56
	60-63	\$484.52	\$516.49	\$537.73	\$596.56
Children	1 or 2	\$237.50	\$256.54	\$268.97	\$318.07
	3 or more	\$475.00	\$513.18	\$538.03	\$636.14

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

TABLE OF RATES

CATASTROPHIC MEDICAL EXPENSE RIDER  
Form R184 Series

	Principle Insured Issue Age	Monthly Premium When Attached To the Basic Policy With The "PB30" Coverage Combination And Subject To A Benefit Period Deductible Of:			Monthly Premium When Attached To the Basic Policy With The "PB40" Coverage Combination And Subject To A Benefit Period Deductible Of:		
		\$0	\$500	\$2500	\$0	\$500	\$2500
Male	18-24	\$653.38	\$634.74	\$558.28	\$526.61	\$522.20	\$507.37
	25-29	\$744.07	\$720.42	\$634.04	\$599.26	\$593.65	\$574.41
	30-34	\$816.32	\$790.16	\$695.16	\$645.86	\$638.85	\$618.30
	35-39	\$887.57	\$857.71	\$753.99	\$688.15	\$679.83	\$657.48
	40-44	\$966.44	\$935.57	\$821.43	\$732.04	\$723.52	\$700.38
	45-49	\$1,252.84	\$1,212.85	\$1,065.24	\$903.90	\$891.88	\$861.01
	50-54	\$1,490.14	\$1,439.83	\$1,265.47	\$1,128.98	\$1,114.95	\$1,077.67
	55-59	\$1,833.46	\$1,774.24	\$1,559.89	\$1,388.02	\$1,373.49	\$1,328.80
	60-63	\$2,029.17	\$1,976.56	\$1,736.96	\$1,532.33	\$1,524.51	\$1,483.93
Female	18-24	\$804.70	\$777.14	\$681.74	\$419.78	\$414.77	\$400.64
	25-29	\$918.84	\$888.97	\$779.44	\$479.01	\$473.40	\$457.06
	30-34	\$1,142.01	\$1,109.34	\$973.85	\$697.07	\$692.46	\$672.42
	35-39	\$1,375.40	\$1,347.04	\$1,183.49	\$935.57	\$926.25	\$898.29
	40-44	\$1,584.14	\$1,533.43	\$1,348.44	\$1,166.66	\$1,154.63	\$1,117.75
	45-49	\$2,041.80	\$1,966.64	\$1,732.85	\$1,634.84	\$1,608.79	\$1,549.16
	50-54	\$2,513.69	\$2,423.20	\$2,137.20	\$2,118.56	\$2,086.90	\$2,010.94
	55-59	\$3,009.84	\$2,916.24	\$2,573.72	\$2,624.13	\$2,597.17	\$2,516.40
	60-63	\$3,080.69	\$3,020.66	\$2,665.51	\$2,679.95	\$2,666.52	\$2,625.53
	Children	\$624.72	\$603.87	\$486.02	\$536.33	\$533.02	\$518.09

To determine the quarterly, semi-annual and annual rates, multiply the above-quoted monthly rates by 2.864, 5.618, and 10.909 respectively.

# **PROPOSED RATE SCHEDULES**

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

**POLICIES WITH RIDER R184 ATTACHED**

	Age Group	\$50 Daily Room Benefit	Each \$10 Daily Increment
Male	Thru 24	\$14.63	\$2.00
	25-29	\$16.39	\$2.43
	30-34	\$19.51	\$3.07
	35-39	\$22.81	\$3.75
	40-44	\$26.86	\$4.63
	45-49	\$32.92	\$5.92
	50-54	\$40.96	\$7.65
	55-59	\$50.36	\$9.67
	60-63	\$57.38	\$11.17
Female	Thru 24	\$11.78	\$2.07
	25-29	\$14.71	\$2.69
	30-34	\$18.08	\$3.30
	35-39	\$21.02	\$3.90
	40-44	\$23.21	\$4.35
	45-49	\$24.47	\$4.61
	50-54	\$25.62	\$4.80
	55-59	\$27.17	\$5.06
	60-63	\$28.87	\$5.35
Children	1 or 2	\$7.69	\$1.76
	3 or more	\$15.39	\$3.52

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

Add \$6.00 Policy Fee (\$10.00 for Family Plan) to first premium only.

P196/R184-STD- 09/07/11

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Outpatient X-Ray and Laboratory Benefit

**POLICIES WITH RIDER R184 ATTACHED**

	Age Group	\$100	\$200	\$300	\$400
Male	Thru 24	\$86.73	\$133.59	\$158.49	\$172.26
	25-29	\$86.73	\$133.59	\$158.49	\$172.26
	30-34	\$86.73	\$133.59	\$158.49	\$172.26
	35-39	\$86.73	\$133.59	\$158.49	\$172.26
	40-44	\$86.73	\$133.59	\$158.49	\$172.26
	45-49	\$86.73	\$133.59	\$158.49	\$172.26
	50-54	\$86.73	\$139.71	\$167.01	\$183.07
	55-59	\$88.91	\$146.04	\$175.64	\$192.79
	60-63	\$89.79	\$148.99	\$180.12	\$197.49
Female	Thru 24	\$112.62	\$174.44	\$205.90	\$223.05
	25-29	\$113.05	\$178.59	\$211.47	\$230.48
	30-34	\$115.78	\$183.73	\$218.90	\$238.78
	35-39	\$118.30	\$189.19	\$226.22	\$247.19
	40-44	\$123.65	\$199.13	\$237.90	\$260.30
	45-49	\$130.97	\$212.67	\$254.62	\$278.54
	50-54	\$139.71	\$226.87	\$271.55	\$296.56
	55-59	\$142.22	\$229.82	\$274.93	\$300.60
	60-63	\$142.22	\$229.82	\$274.93	\$300.60
Children	1 or 2	\$57.78	\$109.89	\$138.83	\$155.98
	3 or more	\$115.78	\$219.88	\$277.66	\$312.18

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Surgical and In-Hospital Medical Benefit

**POLICIES WITH RIDER R184 ATTACHED**

		\$1,000 Maximum Benefit	Each \$500 Increment
Male	Thru 24	\$68.81	\$15.84
	25-29	\$75.81	\$18.24
	30-34	\$84.87	\$21.85
	35-39	\$94.81	\$26.22
	40-44	\$106.94	\$31.35
	45-49	\$123.65	\$38.12
	50-54	\$143.75	\$46.97
	55-59	\$164.28	\$55.71
	60-63	\$176.30	\$60.95
Female	Thru 24	\$216.06	\$64.12
	25-29	\$234.08	\$71.98
	30-34	\$240.63	\$78.54
	35-39	\$240.63	\$78.54
	40-44	\$240.63	\$78.54
	45-49	\$240.63	\$78.54
	50-54	\$240.63	\$78.54
	55-59	\$240.63	\$78.54
	60-63	\$240.63	\$78.54
Children	1 or 2	\$70.45	\$32.55
	3 or more	\$140.80	\$64.99

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

Miscellaneous Hospital Expense

**POLICIES WITH RIDER R184 ATTACHED**

The monthly premiums for miscellaneous hospital expenses have a zero deductible. The insured may elect 1) zero deductible, 2) \$500 deductible, or 3) \$2,500 deductible. If a \$500 or \$2,500 deductible is elected, the appropriate amount must be subtracted from the premiums which reflect a zero deductible. These amounts are shown below:

	Age Group	Deductible	
		\$500	\$2,500
Male	Thru 24	\$82.80	\$157.29
	25-29	\$97.76	\$186.02
	30-34	\$117.09	\$222.83
	35-39	\$141.13	\$268.60
	40-44	\$167.89	\$319.39
	45-49	\$194.10	\$369.74
	50-54	\$220.54	\$419.55
	55-59	\$243.80	\$464.56
Female	60-63	\$249.37	\$475.59
	Thru 24	\$163.41	\$311.31
	25-29	\$184.60	\$351.61
	30-34	\$194.54	\$370.40
	35-39	\$213.76	\$406.99
	40-44	\$225.89	\$430.48
	45-49	\$225.23	\$429.06
	50-54	\$216.71	\$412.78
Children	55-59	\$201.75	\$384.38
	60-63	\$179.68	\$342.00
	1 or 2	\$83.56	\$158.71
	3 or more	\$167.01	\$317.31

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

FORM P196 SERIES

Monthly Premiums

**POLICIES WITH RIDER R184 ATTACHED**

Miscellaneous Hospital Expense  
No Deductible

	Age Group	\$2,500	\$5,000	\$7,500	\$15,000
	-----	-----	-----	-----	-----
Male	Thru 24	\$256.91	\$270.45	\$279.63	\$304.53
	25-29	\$293.83	\$309.89	\$320.48	\$350.08
	30-34	\$333.81	\$353.25	\$366.14	\$401.31
	35-39	\$384.60	\$407.65	\$423.27	\$465.43
	40-44	\$440.42	\$467.94	\$485.96	\$536.76
	45-49	\$491.43	\$523.21	\$544.40	\$602.40
	50-54	\$540.14	\$575.97	\$600.00	\$665.65
	55-59	\$583.73	\$623.16	\$649.59	\$722.01
	60-63	\$591.37	\$631.79	\$658.88	\$732.93
Female	Thru 24	\$423.92	\$450.57	\$468.60	\$517.75
	25-29	\$466.96	\$497.65	\$517.75	\$573.79
	30-34	\$486.40	\$518.95	\$540.36	\$598.58
	35-39	\$528.13	\$562.97	\$586.13	\$650.25
	40-44	\$528.13	\$562.97	\$586.13	\$650.25
	45-49	\$528.13	\$562.97	\$586.13	\$650.25
	50-54	\$528.13	\$562.97	\$586.13	\$650.25
	55-59	\$528.13	\$562.97	\$586.13	\$650.25
	60-63	\$528.13	\$562.97	\$586.13	\$650.25
Children	1 or 2	\$258.88	\$279.63	\$293.17	\$346.70
	3 or more	\$517.75	\$559.37	\$586.46	\$693.39

To determine the quarterly, semiannual and annual rates, multiply the above quoted monthly rates by 2.864, 5.618, and 10.909, respectively.

PHYSICIANS MUTUAL INSURANCE COMPANY

Omaha, Nebraska

TABLE OF RATES

CATASTROPHIC MEDICAL EXPENSE RIDER  
Form R184 Series

	Principle Insured Issue Age	Monthly Premium When Attached To the Basic Policy With The "PB30" Coverage Combination And Subject To A Benefit Period Deductible Of:			Monthly Premium When Attached To the Basic Policy With The "PB40" Coverage Combination And Subject To A Benefit Period Deductible Of:		
		\$0	\$500	\$2500	\$0	\$500	\$2500
Male	18-24	\$712.18	\$691.86	\$608.52	\$574.00	\$569.20	\$553.03
	25-29	\$811.03	\$785.26	\$691.10	\$653.20	\$647.08	\$626.11
	30-34	\$889.79	\$861.28	\$757.73	\$703.99	\$696.34	\$673.95
	35-39	\$967.45	\$934.90	\$821.85	\$750.08	\$741.02	\$716.66
	40-44	\$1,053.41	\$1,019.77	\$895.36	\$797.93	\$788.64	\$763.41
	45-49	\$1,365.59	\$1,322.01	\$1,161.12	\$985.26	\$972.15	\$938.50
	50-54	\$1,624.25	\$1,569.42	\$1,379.36	\$1,230.59	\$1,215.29	\$1,174.66
	55-59	\$1,998.47	\$1,933.92	\$1,700.28	\$1,512.95	\$1,497.11	\$1,448.39
	60-63	\$2,211.80	\$2,154.45	\$1,893.29	\$1,670.24	\$1,661.72	\$1,617.48
Female	18-24	\$877.12	\$847.08	\$743.09	\$457.56	\$452.10	\$436.70
	25-29	\$1,001.53	\$968.98	\$849.59	\$522.12	\$516.00	\$498.20
	30-34	\$1,244.79	\$1,209.18	\$1,061.50	\$759.80	\$754.78	\$732.93
	35-39	\$1,499.18	\$1,468.27	\$1,290.01	\$1,019.77	\$1,009.61	\$979.14
	40-44	\$1,726.71	\$1,671.44	\$1,469.80	\$1,271.66	\$1,258.55	\$1,218.35
	45-49	\$2,225.56	\$2,143.64	\$1,888.81	\$1,781.98	\$1,753.58	\$1,688.59
	50-54	\$2,739.93	\$2,641.29	\$2,329.55	\$2,309.23	\$2,274.72	\$2,191.92
	55-59	\$3,280.73	\$3,178.70	\$2,805.36	\$2,860.30	\$2,830.92	\$2,742.88
	60-63	\$3,357.95	\$3,292.52	\$2,905.41	\$2,921.14	\$2,906.50	\$2,861.83
Children		\$680.94	\$658.22	\$529.77	\$584.60	\$580.99	\$564.72

To determine the quarterly, semi-annual and annual rates, multiply the above-quoted monthly rates by 2.864, 5.618, and 10.909 respectively.

# PHYSICIANS MUTUAL INSURANCE COMPANY

2600 Dodge Street  
Omaha, NE 68131

## Rating Areas by 3 Digit Zip Codes for P196 Policies

Area A	Area E	Area F	Area G	Area H	Area I	Area J		
030 - 059	644 - 648	029	626	010 - 016	017 - 019	020 - 022	100 - 102	330 - 333
120 - 121	650 - 658	061 - 067	630	023 - 028	070 - 073	103 - 104	190 - 191	900 - 918
123 - 124	680 - 681	122	631	060	080	111 - 114	334	926 - 928
128 - 145	683 - 693	146	633	068	081	116	482	
147 - 149	705 - 706	155	640	069	106 - 108	189	485	
176	710 - 714	157 - 175	641	074 - 089	110	192 - 194	941	
224 - 229	716 - 719	177 - 179	660 - 679	105	115	200		
238 - 249	724 - 728	182	720 - 723	109	117 - 119	202 - 205		
254 - 299	734 - 739	183	729 - 731	125 - 127	150 - 152	484		
304 - 307	743 - 749	186 - 199	740	153	186	920 - 925		
312	803	230 - 237	741	154	187	930		
315 - 319	805 - 807	250 - 253	753 - 769	156	207 - 214	931		
354	809 - 816	300 - 303	779	180	222	933		
356 - 369	820 - 841	308 - 311	785 - 801	181	223	940		
373 - 374	843 - 845	313	804	184	320 - 322	942 - 946		
376 - 394	847	314	808	185	602 - 603			
396 - 397	873 - 874	323 - 326	846	198	606			
400 - 418	877 - 884	340	854 - 865	206	750 - 752			
420 - 427	967 - 969	341	870	215 - 221	770 - 778			
433	973	346	871	327 - 329	783			
437 - 438	975 - 979	349 - 352	875	334 - 339	784			
447 - 449		355	970 - 972	342	890			
454 - 458		370 - 372	974	347	894			
460 - 461		395	980 - 994	480	895			
465 - 479		430 - 432		481	932			
490 - 491		434 - 436		486	934			
493 - 495		439 - 446		600 - 605	947 - 951			
504 - 508		450 - 453		700				
510 - 516		462 - 464		701				
520 - 528		483		703				
535		487 - 489		704				
537 - 549		492		707				
556 - 558		496 - 499		708				
560 - 567		500 - 503		780 - 782				
570 - 577		530 - 534		793				
580 - 588		550 - 554		794				
592 - 593		559		802				
595 - 599		590		850 - 853				
620		591		891 - 898				
622 - 624		594		929				
627 - 629		609 - 619		935 - 939				
634 - 639		625		952 - 961				
				995 - 999				

  

Area	Area Factor
A	1.00
E	1.06
F	1.13
G	1.18
H	1.20
I	1.25
J	1.35

SERFF Tracking Number: *PHYS-127615618* State: *Arkansas*  
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number: *49725*  
 Company Tracking Number:  
 TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*  
 Product Name: *2011 Old HMS Rate Increase Filing*  
 Project Name/Number: */*

## Supporting Document Schedules

	Item Status:	Status Date:
<b>Satisfied - Item:</b> Health - Actuarial Justification <b>Comments:</b> <b>Attachments:</b> AR_2011_ACTMEM.pdf STD_2011_EXHA.pdf AR_2011_EXHB.pdf AR_2011_ExhibitC.pdf	Disapproved	09/14/2011
<b>Bypassed - Item:</b> Rate Summary Worksheet <b>Bypass Reason:</b> These plans are grandfathered. <b>Comments:</b>	Disapproved	09/14/2011
<b>Bypassed - Item:</b> Consumer Disclosure Form <b>Bypass Reason:</b> These plans are grandfathered. <b>Comments:</b>	Disapproved	09/14/2011