

**State:** Arkansas **Filing Company:** Union Bankers Insurance Company  
**TOI/Sub-TOI:** MS02I Individual Medicare Supplement - Pre-Standardized/MS02I.000 Medicare Supplement - Pre-Standardized  
**Product Name:** Individual Pre-Standardized Medicare Supplement  
**Project Name/Number:** UB PRE 2013 AR(lp)/86 M

### Filing at a Glance

Company: Union Bankers Insurance Company  
 Product Name: Individual Pre-Standardized Medicare Supplement  
 State: Arkansas  
 TOI: MS02I Individual Medicare Supplement - Pre-Standardized  
 Sub-TOI: MS02I.000 Medicare Supplement - Pre-Standardized  
 Filing Type: Rate  
 Date Submitted: 10/01/2012  
 SERFF Tr Num: UNAM-128708895  
 SERFF Status: Closed-Disapproved  
 State Tr Num:  
 State Status: Disapproved-Closed  
 Co Tr Num: UB PRE STD 2013 AR  
  
 Implementation: 02/13/2013  
 Date Requested:  
 Author(s): Carmen Boyd, Trudi Goldenberg  
 Reviewer(s): Stephanie Fowler (primary)  
 Disposition Date: 10/04/2012  
 Disposition Status: Disapproved  
 Implementation Date:

State Filing Description:

**State:** Arkansas **Filing Company:** Union Bankers Insurance Company  
**TOI/Sub-TOI:** MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized  
**Product Name:** Individual Pre-Standardized Medicare Supplement  
**Project Name/Number:** UB PRE 2013 AR(lp)/86 M

### General Information

Project Name: UB PRE 2013 AR(lp) Status of Filing in Domicile: Authorized  
 Project Number: 86 M Date Approved in Domicile: 04/04/2012  
 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: Filing Status Changed: 10/04/2012  
 State Status Changed: 10/04/2012  
 Deemer Date: Created By: Trudi Goldenberg  
 Submitted By: Trudi Goldenberg Corresponding Filing Tracking Number:

Filing Description:  
 Union Bankers Insurance Company, NAIC #69701

5% Request for Rate Increase - Individual Pre-Standardized Medicare Supplement  
 Form: 86M, MS-2, MS-3

### Company and Contact

#### Filing Contact Information

Trudi Goldenberg, tgoldenberg@universalamerican.com  
 P.O. Box 958465 407-444-4219 [Phone] 8278 [Ext]  
 Lake Mary, FL 32795-8465

#### Filing Company Information

Union Bankers Insurance Company CoCode: 69701 State of Domicile: Texas  
 1001 Heathrow Park Lane Group Code: 953 Company Type:  
 Suite 5001 Group Name: State ID Number:  
 Lake Mary, FL 32746 FEIN Number: 75-0860066  
 (407) 995-8000 ext. [Phone]

### Filing Fees

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

Company	Amount	Date Processed	Transaction #
Union Bankers Insurance Company	\$50.00	10/01/2012	63268907

SERFF Tracking #:

UNAM-128708895

State Tracking #:

Company Tracking #:

UB PRE STD 2013 AR

State:

Arkansas

Filing Company:

Union Bankers Insurance Company

TOI/Sub-TOI:

MS021 Individual Medicare Supplement - Pre-Standardized/MS021.000 Medicare Supplement - Pre-Standardized

Product Name:

Individual Pre-Standardized Medicare Supplement

Project Name/Number:

UB PRE 2013 AR(lp)/86 M

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Disapproved	Stephanie Fowler	10/04/2012	10/04/2012

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## Disposition

Disposition Date: 10/04/2012

Implementation Date:

Status: Disapproved

Comment: Given the low loss ratio history indicated in this filing (indicating that Union Bankers has enjoyed healthy profits on this block of business since its inception) and the lack of credibility; 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 req'd):	Minimum % Change (where req'd):
Union Bankers Insurance Company	5.000%	5.000%	\$2,431	48,629	\$11	5.000%	5.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Disapproved	No
Rate	Current & Requested Rates	Disapproved	Yes

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## Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Neutral  
**Overall Percentage of Last Rate Revision:** 0.000%  
**Effective Date of Last Rate Revision:** 02/03/2011  
**Filing Method of Last Filing:** SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Union Bankers Insurance Company	5.000%	5.000%	\$2,431	48,629	\$11	5.000%	5.000%

**State:** Arkansas **Filing Company:** Union Bankers Insurance Company  
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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information		Attachments
					Previous State Filing Number:		
1	Disapproved 10/04/2012	Current & Requested Rates	86M, MS-2, MS-3	Revised	Previous State Filing Number:	50072	AR PRE RATES 5%.pdf
					Percent Rate Change Request:	5.000	

**UNION BANKERS INSURANCE COMPANY**

**Policy Form 86M**

**Annual Rates**

**Arkansas - Current Rates**

Option	Description	Issue Ages - ALL		
			Area 1	Area 3
1	Policy pays initial Part A hospital deductible; and the \$100 Part B calendar year deductible.		4,676	5,781
2	Policy pays initial Part A hospital deductible; policyholder pays \$100 Part B Policy deductible.		4,368	5,473
3	Policy pays initial Part A hospital deductible; policyholder pays \$200 Part B Policy deductible.		3,655	4,580
4	Policyholder pays initial Part A hospital deductible; Policy pays \$100 Part B calendar year deductible.		3,903	4,804
5	Policyholder pays initial Part A hospital deductible and \$100 Part B Policy deductible.		3,595	4,496
6	Policyholder pays initial Part A hospital deductible and \$200 Part B Policy deductible.		3,010	3,763
<p>*To determine the Monthly, Quarterly, and Semi-Annual rates, multiply the Annual Rate, as shown above, by:</p> <p align="center">0.5250                      for Semi-Annual  0.2650                      for Quarterly  0.0950                      for Monthly</p>				

**UNION BANKERS INSURANCE COMPANY**  
**Policy Form 86M**  
**Annual Rates**

**Arkansas - Requested Rates**

Option	Description	Issue Ages - ALL		
		Area 1	Area 3	
1	Policy pays initial Part A hospital deductible; and the \$100 Part B calendar year deductible.	4,910	6,070	
2	Policy pays initial Part A hospital deductible; policyholder pays \$100 Part B Policy deductible.	4,586	5,746	
3	Policy pays initial Part A hospital deductible; policyholder pays \$200 Part B Policy deductible.	3,838	4,809	
4	Policyholder pays initial Part A hospital deductible; Policy pays \$100 Part B calendar year deductible.	4,098	5,044	
5	Policyholder pays initial Part A hospital deductible and \$100 Part B Policy deductible.	3,774	4,720	
6	Policyholder pays initial Part A hospital deductible and \$200 Part B Policy deductible.	3,160	3,951	
<p>*To determine the Monthly, Quarterly, and Semi-Annual rates, multiply the Annual Rate, as shown above, by:</p> <p style="text-align: center;">0.5250                      for Semi-Annual  0.2650                      for Quarterly  0.0950                      for Monthly</p>				

**UNION BANKERS INSURANCE COMPANY**

**POLICY FORM MS-2**

**Current Annual Rates  
Male or Female**

<b>Issue Age</b>	<b>Part A Deductible Coverage</b>	<b>Part A Basic Coverage</b>	<b>Part B Basic Coverage</b>	<b>Part B Other Coverage</b>	<b>Per \$100 Part B Policy Deductible</b>	<b>Private Room Package</b>	<b>Home Health Care</b>
<b>All</b>	1,031.81	94.95	2,244.50	1,387.86	273.36	701.94	1,240.75

**Requested Annual Rates  
Male or Female**

<b>Issue Age</b>	<b>Part A Deductible Coverage</b>	<b>Part A Basic Coverage</b>	<b>Part B Basic Coverage</b>	<b>Part B Other Coverage</b>	<b>Per \$100 Part B Policy Deductible</b>	<b>Private Room Package</b>	<b>Home Health Care</b>
<b>All</b>	1,083.39	99.70	2,356.69	1,457.24	287.03	737.03	1,302.77

**Total annual policy rates are rounded to the nearest dollar.  
To determine the Monthly, Quarterly, and Semi-Annual rates,  
multiply the annual rate by the appropriate factor shown below:**

<b>Monthly</b>	<b>0.0950</b>
<b>Quarterly</b>	<b>0.2650</b>
<b>Semi-Annual</b>	<b>0.5250</b>

**Texas  
Area      1.10**

**UNION BANKERS INSURANCE COMPANY**

**POLICY FORM MS-3**

**Current Rates**

**ARKANSAS**

All Issues

Male or Female

Issue	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8
Age								
All	\$ 2,429	\$ 3,574	\$ 2,766	\$ 3,913	\$ 3,468	\$ 4,610	\$ 3,812	\$ 4,950

Issue	PLAN 9	PLAN 10	PLAN 11	PLAN 12		PRIVATE ROOM
Age						
All	\$ 3,844	\$ 4,989	\$ 4,181	\$ 5,326		\$ 790

**Requested Rates**

**ARKANSAS**

All Issues

Male or Female

Issue	PLAN 1	PLAN 2	PLAN 3	PLAN 4	PLAN 5	PLAN 6	PLAN 7	PLAN 8
Age								
All	\$ 2,550	\$ 3,753	\$ 2,904	\$ 4,108	\$ 3,642	\$ 4,841	\$ 4,002	\$ 5,198

Issue	PLAN 9	PLAN 10	PLAN 11	PLAN 12		PRIVATE ROOM
Age						
All	\$ 4,036	\$ 5,239	\$ 4,390	\$ 5,592		\$ 829

For Monthly, Quarterly, and Semi-Annual Rates, multiply the Annual Rate from above  
by the appropriate factor below:

Monthly	0.095
Quarterly	0.265
Semi-Annual	0.525

Arkansas  
Area: 1.00