

SERFF Tracking Number: OSLI-128333446 State: Arkansas
Filing Company: Old Surety Life Insurance Company State Tracking Number:
Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing, Dental & Vision - Sec. 125
Project Name/Number: /

Filing at a Glance

Company: Old Surety Life Insurance Company

Product Name: Hearing, Dental & Vision - Sec. 125 SERFF Tr Num: OSLI-128333446 State: Arkansas

TOI: H21 Health - Other

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

Sub-TOI: H21.000 Health - Other

Co Tr Num:

State Status: Approved-Closed

Filing Type: Rate

Author: Dwight Herron

Reviewer(s): Rosalind Minor

Date Submitted: 05/04/2012

Disposition Date: 05/18/2012

Disposition Status: Approved-
Closed

Implementation Date Requested: 06/01/2012

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile: Not Filed

Project Number:

Date Approved in Domicile:

Requested Filing Mode: File & Use

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Individual

Overall Rate Impact: 6%

Filing Status Changed: 05/18/2012

Deemer Date:

State Status Changed: 05/18/2012

Submitted By: Dwight Herron

Created By: Dwight Herron

PPACA: Not PPACA-Related

Corresponding Filing Tracking Number:

PPACA Notes: null

Healthcare.gov ID:

Filing Description:

Hearing, Dental & Vision - Sec 125 rates

State Narrative:

Company and Contact

Filing Contact Information

SERFF Tracking Number: OSLI-128333446 State: Arkansas
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Dwight Herron, Secretary & Vice President dherron@oldsurety.com
 P O Box 54407 800-272-5466 [Phone]
 Oklahoma City, OK 73154 405-524-4011 [FAX]

Filing Company Information

Old Surety Life Insurance Company	CoCode: 67326	State of Domicile: Oklahoma
P O Box 54407	Group Code:	Company Type: Life & Health
Oklahoma City, OK 73154	Group Name:	State ID Number:
(800) 272-5466 ext. [Phone]	FEIN Number: 73-0385800	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Old Surety Life Insurance Company	\$0.00	05/04/2012	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/18/2012	05/18/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	05/16/2012	05/16/2012
Pending Industry Response	Rosalind Minor	05/04/2012	05/04/2012

Response Letters

Responded By	Created On	Date Submitted
Dwight Herron	05/17/2012	05/17/2012
Dwight Herron	05/14/2012	05/14/2012

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Actuarial memorandum	Note To Filer	Rosalind Minor	05/04/2012	05/04/2012

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Disposition

Disposition Date: 05/18/2012
 Implementation Date:
 Status: Approved-Closed
 HHS Status: Not Reported
 State Review: Reviewed by Actuary
 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):
Old Surety Life Insurance Company	6.000%	6.000%	\$2,670	80	\$44,498	%	%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Rate	Hearing, Dental & Vision - Sec 125	Approved-Closed	Yes

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Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/16/2012

Submitted Date 05/16/2012

Respond By Date

Dear Dwight Herron,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department is limiting are approval on Limited policies to no more than a 5% rate increase. If you wish to accept the 5% offer, please advise and attach a copy of the rates reflecting the 5%.

Thank you for your understanding and cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

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 05/17/2012
Submitted Date 05/17/2012

Dear Rosalind Minor,

Comments:

Response 1

Comments: Could you please make an exception to your 5% limit. The 5.72% increase we are asking for is applicable to the employee rate only and in all other cases the rates we are submitting are actually less than what was approved by your department 06/07/2001. We are trying to get our rates the same in all states. In some cases a certain employer may have employees who live in different states and it causes confusion when rates differ.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

Our Department is limiting our approval on Limited policies to no more than a 5% rate increase. If you wish to accept the 5% offer, please advise and attach a copy of the rates reflecting the 5%.

Thank you for your understanding and cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

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Dwight Herron

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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing, Dental & Vision - Sec. 125
Project Name/Number: /

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 05/04/2012

Submitted Date 05/04/2012

Respond By Date

Dear Dwight Herron,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)
- Hearing, Dental & Vision - Sec 125, [Form DVH 092-96 AR] (Rate)

Comment: I originally sent you this message under Note to Filer when I realized, after the fact, that I should have sent it as an objection letter.

It is requested that you provide us with the actuarial memorandum, experience and other data which is outlined under our Bulletin 4-79.

Thank you for your cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Company Tracking Number:
TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Hearing, Dental & Vision - Sec. 125
Project Name/Number: /

Response Letter

Response Letter Status Submitted to State
Response Letter Date 05/14/2012
Submitted Date 05/14/2012

Dear Rosalind Minor,

Comments:

Response 1

Comments: Per your request we have attached an actuarial memorandum under the Supporting Documentation tab.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)
- Hearing, Dental & Vision - Sec 125, [Form DVH 092-96 AR] (Rate)

Comment:

I originally sent you this message under Note to Filer when I realized, after the fact, that I should have sent it as an objection letter.

It is requested that you provide us with the actuarial memorandum, experience and other data which is outlined under our Bulletin 4-79.

Thank you for your cooperation.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: Health - Actuarial Justification

Comment: Actuarial memorandum attached

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,
Dwight Herron

SERFF Tracking Number: OSLI-128333446

State: Arkansas

Filing Company: Old Surety Life Insurance Company

State Tracking Number:

Company Tracking Number:

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Hearing, Dental & Vision - Sec. 125

Project Name/Number: /

Note To Filer

Created By:

Rosalind Minor on 05/04/2012 10:44 AM

Last Edited By:

Rosalind Minor

Submitted On:

05/18/2012 08:57 AM

Subject:

Actuarial memorandum

Comments:

It is requested that you provide us with the actuarial memorandum, experience and other data which is outlined under our Bulletin 4-79.

Thank you for your cooperation.

SERFF Tracking Number: OSLI-128333446

State: Arkansas

Filing Company: Old Surety Life Insurance Company

State Tracking Number:

Company Tracking Number:

TOI: H21 Health - Other

Sub-TOI: H21.000 Health - Other

Product Name: Hearing, Dental & Vision - Sec. 125

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

File & Use

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

50.000%

Effective Date of Last Rate Revision:

06/07/2001

Filing Method of Last Filing:

Review & Approval

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):
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Old Surety Life Insurance Company	Increase	6.000%	6.000%	\$2,670	80	\$44,498	%	%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	0	0	0	0	0	0	0	141
Policy Holders:	0	0	0	0	0	0	0	80

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Product Name: Hearing, Dental & Vision - Sec. 125
Project Name/Number: /

Rate Review Details

COMPANY:

Company Name: Old Surety Life Insurance Company
HHS Issuer Id: 00000
Product Names: Hearing, Dental & Vision - Sec 125
Trend Factors:

FORMS:

New Policy Forms: Existing Form DVH 092-96 AR
Affected Forms:
Other Affected Forms:

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 1,690
Benefit Change: Increase
Percent Change Requested: Min: 0.0 Max: 6.0 Avg: 3.0

PRIOR RATE:

Total Earned Premium: 44,498.48
Total Incurred Claims: 26,857.54
Annual \$: Min: 39.33 Max: 128.08 Avg: 44.39

REQUESTED RATE:

Projected Earned Premium: 45,833.43
Projected Incurred Claims: 26,857.54
Annual \$: Min: 41.58 Max: 112.42 Avg: 47.74

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Product Name: Hearing, Dental & Vision - Sec. 125

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 05/18/2012	Hearing, Dental & Vision - Sec 125	Form DVH 092-96 AR	New		Form DVH 092-96 AR rates June 2012.pdf

“ Section 125 “ Hearing, Dental & Vision Rates
Form DVH 092-96 AR
(effective 06/01/2012)

Employee

18 – 59	\$ 499.00	\$ 41.58
60 – 79	\$ 499.00	\$ 41.58

Employee & Spouse

18 – 59	\$ 816.00	\$ 68.00
60 – 79	\$ 998.00	\$ 83.17

Employee & Children

18 – 59	\$ 864.00	\$ 72.00
60 – 79	\$ 1,000.00	\$ 83.33

Employee, Spouse & Children

18 – 59	\$ 1,173.00	\$ 97.75
60 – 79	\$ 1,349.00	\$ 112.42

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TOI: H21 Health - Other
Product Name: Hearing, Dental & Vision - Sec. 125
Project Name/Number: /

State: Arkansas
State Tracking Number:
Sub-TOI: H21.000 Health - Other

Supporting Document Schedules

	Item Status:	Status Date:
Bypassed - Item: Flesch Certification Bypass Reason: Not applicable Comments:	Approved-Closed	05/18/2012

	Item Status:	Status Date:
Bypassed - Item: Application Bypass Reason: Not applicable Comments:	Approved-Closed	05/18/2012

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Actuarial memorandum attached Attachment: Actuarial Mem - Form DVH 092-96 AR.pdf	Approved-Closed	05/18/2012

	Item Status:	Status Date:
Bypassed - Item: Outline of Coverage Bypass Reason: Not applicable Comments:	Approved-Closed	05/18/2012

	Item Status:	Status Date:
Bypassed - Item: PPACA Uniform Compliance Summary Bypass Reason: Not applicable Comments:	Approved-Closed	05/18/2012

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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)
05/04/2012		Supporting Health - Actuarial Justification Document	05/14/2012	