

SERFF Tracking Number: CELT-128462635 State: Arkansas
Filing Company: Celtic Insurance Company State Tracking Number:
Company Tracking Number: I5-555-00229-AR
TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005A Individual - Preferred Provider (PPO)
Product Name: CeliCare Preferred 5.2 Health Plan
Project Name/Number: /

Filing at a Glance

Company: Celtic Insurance Company
Product Name: CeliCare Preferred 5.2 Health Plan SERFF Tr Num: CELT-128462635 State: Arkansas
TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- Closed State Tr Num:
Sub-TOI: H16I.005A Individual - Preferred Provider (PPO) Co Tr Num: I5-555-00229-AR State Status: Approved-Closed
Filing Type: Rate Reviewer(s): Rosalind Minor
Author: Juan Guerra Disposition Date: 06/18/2012
Date Submitted: 06/08/2012 Disposition Status: Approved-Closed
Implementation Date Requested: 10/01/2012 Implementation Date: 10/01/2012
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: Filing Status Changed: 06/18/2012
State Status Changed: 06/18/2012
Deemer Date: Created By: Daniel Martinez
Submitted By: Daniel Martinez Corresponding Filing Tracking Number:
PPACA: Non-Grandfathered Immed Mkt Reforms
PPACA Notes: null
Healthcare.gov ID:
Filing Description:

June 7, 2012

NAIC #80799

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(PPO)
Product Name: CeltiCare Preferred 5.2 Health Plan
Project Name/Number: /
FEIN #06-0641618

Jay Bradford, Commissioner
Department of Insurance
1200 W. Third Street
Little Rock, AR 72201

Re: RATE FILING
I5-555-00229-AR (CeltiCare Preferred 5.2)

Dear Mr. Bradford:

Enclosed for your information is an actuarial memorandum and new rates for the above referenced form as required by Arkansas statute.

The changes from our CeltiCare Preferred 5.1 and CeltiCare Preferred 5.2 are an adjustment to the age slope of the base rates, elimination of optional drug card option, smoker rate-ups are now based on age, separation of the preventive care base rates from the medical base rates and elimination of the Any Doc PPO and Indemnity coverage options. The plans will be marketed for effective dates starting 10/01/2012.

If you have any questions or require additional information regarding this submission, please contact me at the number listed below.

Sincerely,

Juan J. Guerra
Senior Contract Analyst
(312) 332-8331
(312) 441-0822 –Fax
jguerra@celtic-net.com

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State Narrative:

Company and Contact

Filing Contact Information

Juan Guerra, Senior Contract Analyst jguerra@celtic-net.com
 Sears Tower 312-332-8331 [Phone]
 233 South Wacker Drive, Suite 700 312-441-0822 [FAX]
 Chicago, IL 60606

Filing Company Information

Celtic Insurance Company CoCode: 80799 State of Domicile: Illinois
 Sears Tower Group Code: 1295 Company Type: LAH
 233 South Wacker Drive, Suite 700 Group Name: State ID Number:
 Chicago, IL 60606 FEIN Number: 06-0641618
 (312) 332-5401 ext. [Phone]

Filing Fees

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

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Celtic Insurance Company	\$50.00	06/08/2012	59955244

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/18/2012	06/18/2012
Approved-Closed	Rosalind Minor	06/12/2012	06/12/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health - Actuarial Justification	Juan Guerra	06/18/2012	06/18/2012

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Disposition

Disposition Date: 06/18/2012
 Implementation Date: 10/01/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 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):
Celtic Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	Yes
Supporting Document	Consumer Disclosure Form	Approved-Closed	Yes

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Disposition

Disposition Date: 06/12/2012
 Implementation Date: 10/01/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 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):
Celtic Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
Percent Change Approved:							
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Supporting Document (revised)	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Health - Actuarial Justification	Replaced	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	Yes
Supporting Document	Consumer Disclosure Form	Approved-Closed	Yes

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Amendment Letter

Submitted Date: 06/18/2012

Comments:

The Actuarial memorandum changes will include a Supplemental Accident benefit to the medical base rates.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment: Attached is a copy of the revised CeltiCare 5.2 Health Plan.

AR-MemorandumCC52-New.pdf

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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:
Filing Method of Last Filing: NA

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):
Celtic Insurance Company	New Product	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								
Policy Holders:								

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Rate Review Details

COMPANY:

Company Name: Celtic Insurance Company
HHS Issuer Id: 62141
Product Names: CeltiCare Preferred 5.2 Health Plan
Trend Factors: Trend assumptions to be used in future adjustment of rates will be based on claims costs of this and similar Celtic policies as well as various indices and published journals concerning health care costs, including the Medical Cost component of the Consumer Price Index, Buck Consultants' Trend Survey, Oliver Wyman's Carrier Trend Report and Milliman's Health Cost Index. Current trend factor is +2.4% per quarter.

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms: I5-555-00229-AR

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Annual
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

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

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

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Health - Actuarial Justification Comments: Attached is a copy of the revised CeltiCare 5.2 Health Plan. Attachment: AR-MemorandumCC52-New.pdf	Approved-Closed	06/18/2012

	Item Status:	Status Date:
Bypassed - Item: Rate Summary Worksheet Bypass Reason: New filing. Rate summary worksheet not applicable. Comments:	Approved-Closed	06/12/2012

	Item Status:	Status Date:
Bypassed - Item: Consumer Disclosure Form Bypass Reason: New filing. Consumer disclosure form not applicable. Comments:	Approved-Closed	06/12/2012

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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)
06/08/2012		Supporting Health - Actuarial Justification Document	06/18/2012	AR-MemorandumCC52.pdf (Superseded)