

SERFF Tracking #: ICCI-128582744 **State Tracking #:** **Company Tracking #:** SSL GP 607A REVISED
RATE FILING 2012-10-01

State: Arkansas **Filing Company:** Standard Security Life Insurance Company of New York

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01

Filing at a Glance **Filing Type/Number:** SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Company: Standard Security Life Insurance Company of New York

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01

State: Arkansas

TOI: H16G Group Health - Major Medical

Sub-TOI: H16G.001A Any Size Group - PPO

Filing Type: Rate

Date Submitted: 07/18/2012

SERFF Tr Num: ICCI-128582744

SERFF Status: Closed-Approved-Closed

State Tr Num:

State Status: Approved-Closed

Co Tr Num: SSL GP 607A REVISED RATE FILING 2012-10-01

Implementation: On Approval

Date Requested:

Author(s): Brenda Dawson

Reviewer(s): Rosalind Minor (primary)

Disposition Date: 07/24/2012

Disposition Status: Approved-Closed

Implementation Date: 07/24/2012

State Filing Description:

State: Arkansas Filing Company: Standard Security Life Insurance Company of New York

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01

Project Name/Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Project Name: SSL GP 607A Revised Rate Filing 2012-10-01 Status of Filing in Domicile: Not Filed

Project Number: SSL GP 607A Revised Rate Filing 2012-10-01 Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: Resubmission

Previous Filing Number: ICCL-128543525

Group Market Size: Small and Large

Group Market Type: Non Employer Group

Overall Rate Impact:

Filing Status Changed: 07/24/2012

State Status Changed: 07/24/2012

Deemer Date:

Created By: Brenda Dawson

Submitted By: Brenda Dawson

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

This is a resubmission of a previously disapproved and closed filing under SERFF Tracking # ICCL-128543525. Under the Supporting Documents tab, under Justification is a response from the actuary responding to the items in the previous disapproved and closed filing.

This is an initial rate filing for the group association major medical insurance policy of Standard Security Life Insurance Company of New York. This policy form and rate filing is not employer business but rather a group association policy sold to individuals. This actuarial memorandum is not intended for any other purpose.

This rate filing affects Group Major Medical Expense Policy form SSL GP 607A, previously approved by your Department on June 6, 2008 under SERFF Tracking # MADS-128543525.

Insurance Compliance Consultants, Inc., is making this filing on behalf of Standard Security Life Insurance Company of New York. A filing authorization letter is attached to the supporting documents tab.

Effective 10/1/2012, new Rx plans will be introduced. The trend factor changes for medical and Rx from 10/1/2011 to 10/1/2012 effective dates are 3.881 to 4.099 and 5.209 to 5.454 respectively. The overall change in year over year trend from 10/1/2011 to 10/1/2012 is 5.5%. This is the figure being reported for SERFF and HHS.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com

3925 East State Street, Suite 200 815-316-6714 [Phone]

Rockford, IL 61108 815-986-2355 [FAX]

SERFF Tracking #: ICCL-128582744

State Tracking #:

Company Tracking #: SSL GP 607A REVISED
RATE FILING 2012-10-01

State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01

Filing Name/Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Standard Security Life Insurance

CoCode: 69078

State of Domicile: New York

Company of New York

Group Code: 450

Company Type:

485 Madison Avenue, 14th Floor

Group Name:

State ID Number:

New York, NY 10022

FEIN Number: 13-5679267

(212) 355-4141 ext. [Phone]

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation:

Per Company: No

Company	Amount	Date Processed	Transaction #
Standard Security Life Insurance Company of New York	\$50.00	07/18/2012	60995302

State:	Arkansas	Filing Company:	Standard Security Life Insurance Company of New York
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO		
Product Name:	SSL GP 607A Revised Rate Filing 2012-10-01		
Project Name/Number:	SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	07/24/2012	07/24/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/19/2012	07/19/2012

Response Letters

Responded By	Created On	Date Submitted
Brenda Dawson	07/19/2012	07/19/2012

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Health - Actuarial Justification	Brenda Dawson	07/19/2012	07/19/2012

SERFF Tracking #:

ICCI-128582744

State Tracking #:

Company Tracking #:

SSL GP 607A REVISED RATE
FILING 2012-10-01

State: Arkansas
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO
Product Name: SSL GP 607A Revised Rate Filing 2012-10-01
Project Name/Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Filing Company: Standard Security Life Insurance Company of New York

Disposition

Disposition Date: 07/24/2012
 Implementation Date: 07/24/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

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 req'd)	Minimum % Change (where req'd)
Standard Security Life Insurance Company of New York	Decrease	-28.700%	-28.700%	\$-28,167	15	\$98,123	-28.700%	-28.700%

Percent Change Approved:

Minimum: -28.7% **Maximum:** -28.7%

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	No
Supporting Document	SSL Authorization Letter 2012	Approved-Closed	Yes
Rate	Rate sheet	Approved-Closed	Yes

SERFF Tracking #: ICCL-128582744

State Tracking #:

Company Tracking #: SSL GP 607A REVISED
RATE FILING 2012-10-01

State: Arkansas

Filing Company: Standard Security Life Insurance Company of New York

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01

Objection Letter Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/19/2012

Submitted Date 07/19/2012

Respond By Date

Dear Brenda Dawson,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

Comments:

As discussed in our telephone conversation on this date, I explained that I was reviewing the letter of July 16th from Nick Kekar. Under the first two bullets of his letter, I checked Section #18 and #19 on the new actuarial memo and found that it is exactly the same language and data which is under section 18 and 19 of the old submission.

It appears that the corrected actuarial memorandum was not attached.

If you have any questions, please do not hesitate to call.

Conclusion:

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

SERFF Tracking #: ICCI-128582744

State Tracking #:

Company Tracking #: SSL GP 607A REVISED
RATE FILING 2012-10-
01

State: Arkansas

Filing Company: Standard Security Life Insurance Company of New
York

TO/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name: SSL GP 607A Revised Rate Filing 2012-10-01

Issue Name Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Response Letter

Response Letter Status Submitted to State

Response Letter Date 07/19/2012

Submitted Date 07/19/2012

Dear Rosalind Minor,

Introduction:

Hi Rosalind -

Response 1

Comments:

Right after I talked to you I did find that the Actuary had given me a new actuarial memorandum which revised items # 18 and 19. The one that's attached to the supporting document tab is the corrected one. I apologize for any inconvenience. Thank you.

Related Objection 1

Comments:

As discussed in our telephone conversation on this date, I explained that I was reviewing the letter of July 16th from Nick Kekar. Under the first two bullets of his letter, I checked Section #18 and #19 on the new actuarial memo and found that it is exactly the same language and data which is under section 18 and 19 of the old submission.

It appears that the corrected actuarial memorandum was not attached.

If you have any questions, please do not hesitate to call.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Brenda Dawson

SERFF Tracking #:	ICCI-128582744	State Tracking #:	Company Tracking #:	SSL GP 607A REVISED RATE FILING 2012-10-01
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State:	Arkansas	Filing Company:	Standard Security Life Insurance Company of New York
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO		
Product Name:	SSL GP 607A Revised Rate Filing 2012-10-01		
Project Name/Number:	SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01		

Amendment Letter

Submitted Date: 07/19/2012

Comments:

Hi Rosalind - please find attached a revised Actuarial Memorandum. This one replace the one previously attached. Thank you.

Changed Items:

Supporting Document Schedule Item Changes:

Satisfied -Name: Health - Actuarial Justification

Comment:

SSL_I - AR - support for new rates - 2012-07-13.pdf

SSL_I - AR - ICCI-128543525 - additional updates from initital rate filing.pdf

SSL_I - AR - Actuarial Memorandum - 2012-07-16.pdf

SERFF Tracking #:

ICCI-128582744

State Tracking #:

Company Tracking #:

SSL GP 607A REVISED RATE
FILING 2012-10-01

State: Arkansas
 TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO
 Product Name: SSL GP 607A Revised Rate Filing 2012-10-01
 Project Name/Number: SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Filing Company: Standard Security Life Insurance Company of New York

Rate Information

Rate data applies to filing.

Filing Method: review and approval
 Rate Change Type: Increase
 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 req'd):	Minimum % Change (where req'd):
Standard Security Life Insurance Company of New York	Decrease	-28.700%	-28.700%	\$-28,167	15	\$98,123	-28.700%	-28.700%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		23				5		
Policy Holders:		13				2		

SERFF Tracking #:	ICCI-128582744	State Tracking #:		Company Tracking #:	SSL GP 607A REVISED RATE FILING 2012-10-01
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State:	Arkansas	Filing Company:	Standard Security Life Insurance Company of New York
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO		
Product Name:	SSL GP 607A Revised Rate Filing 2012-10-01		
Project Name/Number:	SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01		

Rate Review Detail

COMPANY:

Company Name:	Standard Security Life Insurance Company of New York
HHS Issuer Id:	15540
Product Names:	Group Major Medical Expense
Trend Factors:	0.45

FORMS:

New Policy Forms:	
Affected Forms:	
Other Affected Forms:	SSL GP 607A

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	403
Benefit Change:	Decrease
Percent Change Requested:	Min: -28.7 Max: -28.7 Avg: -28.7

PRIOR RATE:

Total Earned Premium:	98,123.00
Total Incurred Claims:	22,312.00
Annual \$:	Min: 77.00 Max: 470.00 Avg: 243.00

REQUESTED RATE:

Projected Earned Premium:	69,955.00
Projected Incurred Claims:	43,316.00
Annual \$:	Min: 55.00 Max: 335.00 Avg: 174.00

SERFF Tracking #:

ICCI-128582744

State Tracking #:**Company Tracking #:**SSL GP 607A REVISED RATE
FILING 2012-10-01**State:**

Arkansas

Filing Company:

Standard Security Life Insurance Company of New York

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO

Product Name:

SSL GP 607A Revised Rate Filing 2012-10-01

Project Name/Number:

SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved-Closed 07/24/2012	Rate sheet	SSL GP 607A	New		SSL_I - AR - Rate Sheets - 2012-07-03.pdf

Standard Security Life Insurance Company of New York
IHC Health Solutions
APH & PHP08 Health Plans
Base Rates

Base Medical Rates

Age	Male	Female
18	96.33	123.71
19	96.61	124.43
20	96.93	123.84
21	97.32	123.42
22	97.82	124.69
23	98.46	126.23
24	98.59	128.95
25	98.92	131.88
26	100.21	133.91
27	103.00	137.43
28	106.08	140.87
29	108.08	142.56
30	112.22	144.63
31	116.26	146.45
32	119.17	149.18
33	121.74	151.81
34	124.07	154.47
35	126.48	157.33
36	129.12	160.56
37	132.23	164.35
38	137.47	170.57
39	143.46	174.05
40	150.35	178.15
41	155.28	182.77
42	161.27	187.84
43	168.44	193.38
44	177.03	201.47
45	187.05	208.11
46	198.05	215.25
47	209.92	225.15
48	222.57	233.39
49	235.89	246.87
50	255.01	260.85
51	274.47	274.93
52	294.70	288.89
53	315.41	302.72
54	335.66	310.91
55	351.75	324.84
56	366.44	333.28
57	380.95	342.23
58	389.57	345.78
59	397.10	353.34
60	405.74	361.95
61	414.70	368.03
62	432.57	374.69
63	450.95	381.77
64	469.61	388.94
65*	243.97	201.82
66*	252.54	208.80
67*	260.23	215.10
68*	266.94	220.61
69*	272.80	225.41
70*	278.01	229.59
71*	282.80	233.40
72*	287.38	237.02
73*	291.90	240.15
74*	296.35	243.84
75*	301.02	247.61
1 Child	91.69	91.69
2 Children	184.10	184.10
3+ Children	272.98	272.98

* Assumes Medicare Primary

Base Drug Rates

Age	Male	Female
18	21.58	36.56
19	21.86	37.01
20	22.37	37.35
21	23.05	38.12
22	23.71	39.12
23	24.49	40.25
24	25.21	41.81
25	25.93	43.37
26	26.92	44.60
27	28.30	46.30
28	29.72	47.92
29	30.79	48.91
30	32.40	49.97
31	33.91	50.90
32	35.05	52.07
33	36.03	53.16
34	36.89	54.20
35	37.69	55.26
36	38.50	56.40
37	39.39	57.70
38	40.87	59.81
39	42.57	60.93
40	44.51	62.25
41	45.77	63.74
42	47.24	65.39
43	48.94	67.22
44	50.89	69.95
45	53.08	72.20
46	55.48	74.64
47	58.09	78.05
48	60.93	80.91
49	63.96	85.60
50	68.54	90.46
51	73.17	95.36
52	77.95	100.18
53	82.83	104.92
54	87.58	107.65
55	91.30	112.28
56	94.76	114.93
57	98.26	117.64
58	100.19	118.41
59	101.81	120.45
60	103.67	122.77
61	105.54	124.15
62	109.56	125.69
63	113.69	127.33
64	117.86	128.97
65*	60.95	66.54
66*	62.79	68.45
67*	64.37	70.11
68*	65.66	71.48
69*	66.70	72.60
70*	67.54	73.50
71*	68.25	74.26
72*	68.87	74.93
73*	69.43	75.53
74*	69.99	76.14
75*	70.55	76.74
1 Child	17.95	17.95
2 Children	25.53	25.53
3+ Children	27.74	27.74

* Assumes Medicare Primary

Plan Factors, Rx Factors & Fees*

*Rx Factors apply to Base Drug Rates except for RX SAAOI Factors, which are calculated against Medical Base Rates

Copay Plans

Deluxe

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below
Out of Pocket: In/Out \$2,000/\$6,000 or In/Out \$4,000/\$12,000 or In/Out \$6,000/\$18,000 or In/Out \$10,000/\$30,000
Coinsurance: Multiple options listed below
Office Visit Copay: In/Out \$40/Ded & Coins or In/Out Ded & Coins

\$2,000/\$6,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.864	0.846	0.094
\$1,500	\$1,500	0.743	0.724	0.069
\$2,000	\$2,000	0.618	0.601	0.055
\$2,500	\$2,500	0.552	0.535	0.047
\$3,500	\$3,500	0.465	0.447	0.037
\$4,500	\$4,500	0.424	0.406	0.032
\$5,000	\$5,000	0.399	0.381	0.030
\$5,500	\$5,500	0.389	0.370	0.029
\$7,500	\$7,500	0.332	0.312	0.025
\$10,000	\$10,000	0.281	0.265	0.023
\$15,000	\$15,000	0.221	0.200	0.019
\$20,000	\$20,000	0.178	0.159	0.017
\$25,000	\$25,000	0.160	0.140	0.016

\$4,000/\$12,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.799	0.783	0.087
\$1,500	\$1,500	0.690	0.673	0.064
\$2,000	\$2,000	0.576	0.560	0.051
\$2,500	\$2,500	0.515	0.499	0.044
\$3,500	\$3,500	0.437	0.421	0.035
\$4,500	\$4,500	0.400	0.383	0.030
\$5,000	\$5,000	0.378	0.361	0.028
\$5,500	\$5,500	0.368	0.351	0.027
\$7,500	\$7,500	0.311	0.295	0.024
\$10,000	\$10,000	0.264	0.248	0.022
\$15,000	\$15,000	0.209	0.192	0.019
\$20,000	\$20,000	0.175	0.156	0.017
\$25,000	\$25,000	0.159	0.139	0.016

\$6,000/\$18,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.771	0.755	0.083
\$1,500	\$1,500	0.665	0.648	0.061
\$2,000	\$2,000	0.554	0.538	0.049
\$2,500	\$2,500	0.495	0.479	0.042
\$3,500	\$3,500	0.419	0.403	0.033
\$4,500	\$4,500	0.383	0.367	0.029
\$5,000	\$5,000	0.362	0.346	0.027
\$5,500	\$5,500	0.356	0.340	0.026
\$7,500	\$7,500	0.298	0.284	0.023
\$10,000	\$10,000	0.254	0.240	0.021
\$15,000	\$15,000	0.201	0.185	0.018
\$20,000	\$20,000	0.170	0.151	0.016
\$25,000	\$25,000	0.156	0.137	0.015

\$10,000/\$30,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.734	0.718	0.079
\$1,500	\$1,500	0.632	0.617	0.058
\$2,000	\$2,000	0.527	0.512	0.046
\$2,500	\$2,500	0.470	0.455	0.040
\$3,500	\$3,500	0.399	0.384	0.032
\$4,500	\$4,500	0.366	0.350	0.027
\$5,000	\$5,000	0.346	0.330	0.026
\$5,500	\$5,500	0.343	0.327	0.025
\$7,500	\$7,500	0.287	0.272	0.022
\$10,000	\$10,000	0.247	0.231	0.020
\$15,000	\$15,000	0.196	0.178	0.018
\$20,000	\$20,000	0.166	0.148	0.016
\$25,000	\$25,000	0.153	0.134	0.015

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

In Network OOP				
Coinsurance In/Out	\$2,000	\$4,000	\$6,000	\$10,000
80%/55%	1.000	1.000	1.000	1.000
70%/50%	0.986	0.964	0.949	0.937
50%/50%	0.959	0.919	0.899	0.883

Optional Benefits	Factor
\$20,000 CY Max on all Outpatient Services	0.900
\$250 Copay per occurrence for Outpatient Surgery	0.985
\$500 Copay per admission for Inpatient services	0.980
\$100,000 CY Maximum Benefit	0.900

Advantage

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
Out of Pocket: In/Out Med Serv & Supp \$3,000, Inpat Confine & Surg \$6,000 / 3x In
Coinsurance: In/Out 80%/55%
Office Visit Copay: In/Out \$40/Ded & Coins or In/Out Ded & Coins

Individual Deductible (Family is 3x)				Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor (\$40 OV Copay)	Plan Factor (OV SAAOI)	\$30 Copay / SAAOI
\$1,000	\$1,000	0.759	0.743	0.079
\$2,000	\$2,000	0.551	0.535	0.048
\$3,000	\$3,000	0.437	0.421	0.035
\$4,000	\$4,000	0.391	0.375	0.029
\$5,000	\$5,000	0.358	0.341	0.026
\$10,000	\$10,000	0.266	0.248	0.022
\$20,000	\$20,000	0.190	0.172	0.018
\$25,000	\$25,000	0.173	0.155	0.017

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Value

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
 Out of Pocket: In/Out \$6,000 / \$18,000
 Coinsurance: In/Out 80%/55%
 Office Visit Copay: In/Out \$40 / Ded & Coins (max 2 visits per person per year)

Individual Deductible (Family is 3x)			Rx (Generic/Brand) - Medical Base
In Network	Out of Network	Plan Factor	\$30 Copay / SAAOI
\$2,500	\$2,500	0.429	0.035
\$3,500	\$3,500	0.356	0.026
\$4,500	\$4,500	0.322	0.024
\$5,500	\$5,500	0.293	0.023
\$7,500	\$7,500	0.252	0.021
\$10,000	\$10,000	0.214	0.019
\$20,000	\$20,000	0.157	0.016
\$25,000	\$25,000	0.143	0.016

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Copay

Plan Highlights (see schedule of benefits for details):

Deductible: In/Out \$500/\$500 Or \$1,000/\$1,000 (IN or OON Deductibles must be met before ANY copays apply)
 Out of Pocket: Med Serv & Supp In \$0.00 / Out \$10,000; Inpat Confin & Surg In \$4,000 or \$8,000 Out 3x In
 Coinsurance: In/Out 100%/75%
 Office Visit Copay: After deductible then In/Out \$40/\$70 copay

Individual (Family is 3x)			Rx (Generic/Brand) - Medical Base
In-Network Deductible	In-Network OOP*	Plan Factor	\$30 Copay / SAAOI
\$500	\$4,000	0.799	0.084
\$500	\$8,000	0.792	0.082
\$1,000	\$4,000	0.706	0.068
\$1,000	\$8,000	0.701	0.068

*Only applies to Inpatient Facility Confinement and Surgical Services, Out of Network OOP is 3x In Network

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

High Deductible Plans

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
 Out of Pocket: See options listed below (includes deductible)
 Coinsurance: Two options listed below
 Office Visit Copay: Deductible and Coinsurance apply

Individual

Coinsurance (In/Out)	Medical Plan Factor			Factor
	Deductible		OOP (In/Out)	
	In Network	Out of Network		
100%/75%	\$1,800	\$1,800	\$1,800/\$8,400	0.698
100%/75%	\$2,700	\$2,700	\$2,700/\$9,300	0.579
100%/75%	\$3,500	\$3,500	\$3,500/\$8,500	0.528
100%/75%	\$5,250	\$5,250	\$5,250/\$6,000	0.453
80%/55%	\$1,800	\$1,800	\$5,250/\$12,150	0.548
80%/55%	\$2,700	\$2,700	\$5,250/\$10,350	0.476

Individual

Coinsurance (In/Out)	Rx SAAO Plan Factor			Factor
	Deductible		OOP (In/Out)	
	In Network	Out of Network		
100%/75%	\$1,800	\$1,800	\$1,800/\$8,400	0.084
100%/75%	\$2,700	\$2,700	\$2,700/\$9,300	0.064
100%/75%	\$3,500	\$3,500	\$3,500/\$8,500	0.057
100%/75%	\$5,250	\$5,250	\$5,250/\$6,000	0.040
80%/55%	\$1,800	\$1,800	\$5,250/\$12,150	0.064
80%/55%	\$2,700	\$2,700	\$5,250/\$10,350	0.051

Family

Coinsurance (In/Out)	Medical Plan Factor			Factor
	Deductible		OOP (In/Out)	
	In Network	Out of Network		
100%/75%	\$3,600	\$3,600	\$3,600/\$14,800	0.598
100%/75%	\$5,450	\$5,450	\$5,450/\$14,100	0.477
100%/75%	\$7,000	\$7,000	\$7,000/\$14,000	0.421
100%/75%	\$10,500	\$10,500	\$10,500/\$11,000	0.331
80%/55%	\$3,600	\$3,600	\$10,500/\$24,300	0.453
80%/55%	\$5,450	\$5,450	\$10,500/\$20,600	0.377

Family

Coinsurance (In/Out)	Rx SAAO Plan Factor			Factor
	Deductible		OOP (In/Out)	
	In Network	Out of Network		
100%/75%	\$3,600	\$3,600	\$3,600/\$14,800	0.083
100%/75%	\$5,450	\$5,450	\$5,450/\$14,100	0.062
100%/75%	\$7,000	\$7,000	\$7,000/\$14,000	0.055
100%/75%	\$10,500	\$10,500	\$10,500/\$11,000	0.036
80%/55%	\$3,600	\$3,600	\$10,500/\$24,300	0.061
80%/55%	\$5,450	\$5,450	\$10,500/\$20,600	0.047

Daily Deductible Plans

Premier

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
 Out of Pocket: In/Out \$4,000/\$8,000 Or \$8,000/\$16,000; Family is 2x
 Coinsurance: In Network 100%/Out of Network 100%
 Office Visit Copay: In Network \$40 then 100%/Out of Network SAAOI Or In&Out SAAOI

Deductible		Copay	
In Network	Out of Network	SAAOI	\$40
\$250	\$250	0.694	0.745
\$500	\$500	0.543	0.602
\$1,000	\$1,000	0.424	0.501

In-Network OOP Plan Factors (Out-Network is 2x)			
In Network Deductible	Out of Network Deductible	\$4,000 OOP	\$8,000 OOP
\$250	\$250	1.060	1.020
\$500	\$500	1.099	1.031
\$1,000	\$1,000	1.150	1.050

Rx Options (Generic / Brand) - Rx Base	Factor
Discount / Discount	0.000
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Mandatory Benefits - All plans

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Per Child**
All Plans	\$4.60	\$4.60	\$3.97

** Max 3 Children

Optional Benefits

Supplemental Accident Benefit* (Available on all Deductibles)			
Plan	Member	Spouse	Per Child**
Base Rate	\$5.50	\$5.50	\$5.50
Factors			
\$500 Benefit			1.00
\$1000 Benefit			1.30

** Max 3 Children

Other Factors

Smoking Load	Factor
All Other Under age 45	1.300
All Other Ages 45+	1.450

Preferred Discount Factor	0.900
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Family Discount Factor*

HDHPs only	0.950
All other plans	0.900

* Family discount does not apply to families with a smoker

18-month rate guarantee	1.075
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HSA Discount*	0.900
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*additional discount for account set up

PPO Network Factors

Network adjustment factors ranging from 0.7 to 1.15 may be applied to reflect discounts achieved with various PPO networks.

Expense Factors

An expense factor adjustment ranging from .75 to 1.00 may be applied to reflect the expense levels applicable at the time.

Monthly Life & AD&D Benefits	
Age	Per \$1,000
<30	0.22
30-34	0.25
35-39	0.27
40-44	0.40
45-49	0.60
50-54	0.90
55-59	1.40
60-64	2.00
Dependent Life	
\$1.35 per Unit	

Plan Factors, Rx Factors & Fees*

*Rx Factors apply to Base Drug Rates except for RX SAAOI Factors, which are calculated against Medical Base Rates

Copay Plans

Merit

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
Out of Pocket (In/Out): \$4,000/\$12,000 or \$6,000/\$18,000 or \$8,000/\$24,000
Coinsurance (In Network/Out of Network): 80%/60% or 60%/40% or 50%/50%
Office Visit Copay: No Copay (limit 2 visits per year) or In Network: \$35 Copay; Out of Network: Deductible and Coinsurance (limit 2 visits per year)

\$4,000/\$12,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx Options (Generic/Brand) - Medical Base		
In Network	Out of Network	Plan Factor (\$35 OV Copay)	Plan Factor (OV SAAOI)	Discount / Discount	\$30 Copay / SAAOI	\$15 Copay / SAAOI
\$2,500	\$2,500	0.472	0.451	0.000	0.039	0.041
\$3,500	\$3,500	0.393	0.373	0.000	0.031	0.033
\$4,500	\$4,500	0.356	0.336	0.000	0.026	0.028
\$5,000	\$5,000	0.339	0.316	0.000	0.024	0.026
\$5,500	\$5,500	0.324	0.304	0.000	0.023	0.025
\$7,500	\$7,500	0.281	0.260	0.000	0.019	0.021
\$10,000	\$10,000	0.239	0.219	0.000	0.016	0.017
\$15,000	\$15,000	0.189	0.171	0.000	0.012	0.013

\$6,000/\$18,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx Options (Generic/Brand) - Medical Base		
In Network	Out of Network	Plan Factor (\$35 OV Copay)	Plan Factor (OV SAAOI)	Discount / Discount	\$30 Copay / SAAOI	\$15 Copay / SAAOI
\$2,500	\$2,500	0.454	0.434	0.000	0.038	0.040
\$3,500	\$3,500	0.378	0.359	0.000	0.030	0.032
\$4,500	\$4,500	0.342	0.323	0.000	0.025	0.027
\$5,000	\$5,000	0.323	0.304	0.000	0.023	0.025
\$5,500	\$5,500	0.312	0.292	0.000	0.022	0.024
\$7,500	\$7,500	0.270	0.250	0.000	0.019	0.020
\$10,000	\$10,000	0.230	0.210	0.000	0.015	0.017
\$15,000	\$15,000	0.182	0.164	0.000	0.011	0.013

\$8,000/\$24,000 OOP Plan Factors Individual Deductible (Family is 3x)				Rx Options (Generic/Brand) - Medical Base		
In Network	Out of Network	Plan Factor (\$35 OV Copay)	Plan Factor (OV SAAOI)	Discount / Discount	\$30 Copay / SAAOI	\$15 Copay / SAAOI
\$2,500	\$2,500	0.445	0.425	0.000	0.037	0.039
\$3,500	\$3,500	0.370	0.351	0.000	0.029	0.031
\$4,500	\$4,500	0.335	0.316	0.000	0.025	0.027
\$5,000	\$5,000	0.316	0.297	0.000	0.022	0.024
\$5,500	\$5,500	0.305	0.286	0.000	0.022	0.024
\$7,500	\$7,500	0.263	0.244	0.000	0.018	0.020
\$10,000	\$10,000	0.224	0.205	0.000	0.015	0.016
\$15,000	\$15,000	0.177	0.159	0.000	0.011	0.013

Coin	In Network OOP		
	4,000	6,000	8,000
80/60	1.000	1.000	1.000
60/40	0.940	0.910	0.885
50/50	0.921	0.892	0.867

Rx Options (Generic / Brand) - Rx Base	Factor
\$15 Copay / Discount	0.039
\$15 Copay / separate 500 ded then, form 50 and non form 75	0.215
\$15 Copay / separate 1000 ded then, form 50 and non form 75	0.170
\$20 Copay / Discount	0.033
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

High Deductible Plans

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
Out of Pocket: See options listed below
Coinsurance: Two options listed below
Office Visit Copay: Deductible and Coinsurance apply

Individual

Coinsurance (In/Out)	Medical Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$2,000	\$2,000	\$2,000/\$8,500	0.682
100%/75%	\$2,700	\$2,700	\$2,700/\$7,800	0.583
100%/75%	\$3,000	\$3,000	\$3,000/\$7,500	0.550
100%/75%	\$4,000	\$4,000	\$4,000/\$6,500	0.496
100%/75%	\$5,500	\$5,500	\$5,500/\$7,500	0.442
80%/55%	\$2,000	\$2,000	\$5,500/\$9,000	0.549
80%/55%	\$2,700	\$2,700	\$5,500/\$8,300	0.482

Family

Coinsurance (In/Out)	Medical Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$4,000	\$4,000	\$4,000/\$17,000	0.579
100%/75%	\$5,450	\$5,450	\$5,450/\$15,550	0.477
100%/75%	\$6,000	\$6,000	\$6,000/\$15,000	0.443
100%/75%	\$8,000	\$8,000	\$8,000/\$13,000	0.381
100%/75%	\$11,000	\$11,000	\$11,000/\$15,000	0.319
80%/55%	\$4,000	\$4,000	\$11,000/\$18,000	0.451
80%/55%	\$5,450	\$5,450	\$11,000/\$16,550	0.382

Individual

Coinsurance (In/Out)	Rx SAAO Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$2,000	\$2,000	\$2,000/\$8,500	0.084
100%/75%	\$2,700	\$2,700	\$2,700/\$7,800	0.065
100%/75%	\$3,000	\$3,000	\$3,000/\$7,500	0.059
100%/75%	\$4,000	\$4,000	\$4,000/\$6,500	0.048
100%/75%	\$5,500	\$5,500	\$5,500/\$7,500	0.038
80%/55%	\$2,000	\$2,000	\$5,500/\$9,000	0.064
80%/55%	\$2,700	\$2,700	\$5,500/\$8,300	0.051

Family

Coinsurance (In/Out)	Rx SAAO Plan Factor			
	Deductible		OOP (In/Out)	Factor
	In Network	Out of Network		
100%/75%	\$4,000	\$4,000	\$4,000/\$17,000	0.084
100%/75%	\$5,450	\$5,450	\$5,450/\$15,550	0.063
100%/75%	\$6,000	\$6,000	\$6,000/\$15,000	0.057
100%/75%	\$8,000	\$8,000	\$8,000/\$13,000	0.045
100%/75%	\$11,000	\$11,000	\$11,000/\$15,000	0.034
80%/55%	\$4,000	\$4,000	\$11,000/\$18,000	0.062
80%/55%	\$5,450	\$5,450	\$11,000/\$16,550	0.048

Plan Factors, Rx Factors & Fees*

Daily Plan

Plan Highlights (see schedule of benefits for details):

Deductible: Multiple options listed below.
Out of Pocket: In Network \$4,000 or \$6,000 or \$8,000 or \$10,000 Out of Network is 2x IN (Family is 3x)
Coinsurance: In Network 100%/Out of Network 100%
Office Visit Copay: No Copay OR In Network: \$35 Copay then 100% Out of Network: SAAOI OR In Network: \$45 (2 visit limit, then SAAOI) Out of Network: SAAOI

Deductible (Family is 3x)		Copay			Rx Options (Generic/Brand) Medical Base
In Network	Out of Network	SAAOI	\$35	\$45 (2 visit limit, then no coverage)	Discount / Discount
\$250	\$250	0.678	0.741	0.672	0.000
\$500	\$500	0.530	0.601	0.536	0.000
\$750	\$750	0.446	0.522	0.458	0.000
\$1,000	\$1,000	0.413	0.502	0.434	0.000
\$1,500	\$1,500	0.390	0.474	0.411	0.000

In-Network OOP Plan Factors (Out-Network is 2x)					
In Network Deductible	Out of Network Deductible	\$4,000 OOP	\$6,000 OOP	\$8,000 OOP	\$10,000 OOP
\$250	\$250	1.060	1.040	1.020	1.010
\$500	\$500	1.099	1.065	1.031	1.015
\$750	\$750	1.120	1.080	1.040	1.020
\$1,000	\$1,000	N/A	1.100	1.050	1.025
\$1,500	\$1,500	N/A	1.120	1.060	1.030

Rx Options (Generic / Brand) - Rx Base	Factor
\$15 Copay / Discount	0.039
\$15 Copay / separate 500 ded then, form 50 and non form 75	0.215
\$15 Copay / separate 1000 ded then, form 50 and non form 75	0.170
\$20 Copay / Discount	0.033
\$30 Copay / Discount	0.025
\$30 Copay / separate 500 ded then, form 50 and non form 75	0.204
\$30 Copay / separate 1000 ded then, form 50 and non form 75	0.162

Mandatory Benefits - All plans

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Per Child**
All Plans	\$4.60	\$4.60	\$3.97

** Max 3 Children

Optional Benefits

Supplemental Accident Benefit* (Available on all Deductibles)			
Plan	Member	Spouse	Per Child**
Base Rate	\$5.50	\$5.50	\$5.50
Factors			
\$1,000 Benefit			1.30
\$2,500 Benefit			1.95
\$5,000 Benefit			2.75
\$6,000 Benefit			3.05
\$8,000 Benefit			3.55
\$10,000 Benefit			3.95

** Max 3 Children

Outpatient Services CY Max	Factor
\$20,000 CY Max on all Outpatient Services	0.900

24-hour Occupational Coverage Benefit Rider
For gainfully employed sole proprietors, owners and partners (applicant and/or spouse) or other individuals who are eligible to opt out of Workers' Comp. and have done so, factor is 1.0

Other Factors

Smoking Load	Factor
All Other Under age 45	1.300
All Other Ages 45+	1.450

Preferred Discount Factor	0.900
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Family Discount Factor*	
HDHPs only	0.950
All other plans	0.900

* Family discount does not apply to families with a smoker

18-month rate guarantee	1.075
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HSA Discount*	0.900
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*additional discount for account set up

PPO Network Factors
Network adjustment factors ranging from 0.7 to 1.15 may be applied to reflect discounts achieved with various PPO networks.

Expense Factors
An expense factor adjustment ranging from .75 to 1.00 may be applied to reflect the expense levels applicable at the time.

Monthly Life & AD&D Benefits	
Age	Per \$1,000
<30	0.22
30-34	0.25
35-39	0.27
40-44	0.40
45-49	0.60
50-54	0.90
55-59	1.40
60-64	2.00
Dependent Life	
\$1.35 per Unit	

Standard Security Life Insurance Company of New York
 IHC Health Solutions
 APHP & PHP08 Health Plans
 Trend Factors and Formula

	Annual	Monthly	Formula
Durational Factor	5.00%	0.41%	$(1.0041)^M$

Cases effective before 12/2011: M = Number of months since most recent renewal prior to 12/1/2011, or inception date if no renewal prior to 12/1/2011

Cases effective on or after 12/2011: M = Number of months since effective date

	Annual	Monthly	Formula
Medical Trend	9.90%	0.79%	$3.789 * (1.099)^{(N/12)}$
Rx Trend	9.90%	0.79%	$5.041 * (1.099)^{(N/12)}$

N=difference in months between effective date and December 2011

Trend Factors			
Eff/Ren date	N	Medical	Drug
10/1/2012	10	4.099	5.454
11/1/2012	11	4.131	5.497
12/1/2012	12	4.164	5.540
1/1/2013	13	4.197	5.584
2/1/2013	14	4.230	5.628
3/1/2013	15	4.264	5.672
4/1/2013	16	4.297	5.717
5/1/2013	17	4.331	5.762
6/1/2013	18	4.365	5.808
7/1/2013	19	4.400	5.854
8/1/2013	20	4.435	5.900
9/1/2013	21	4.470	5.947
10/1/2013	22	4.505	5.993
11/1/2013	23	4.540	6.041
12/1/2013	24	4.576	6.089

Standard Security Life Insurance Company of New York
IHC Health Solutions
APHP & PHP08 Health Plans
State & Area Factors

State	Factor
AR	0.529

Zip Code	Medical	Drug
716	0.80	0.90
717	0.80	0.90
718	0.90	0.95
719	0.80	0.90
720	0.90	0.95
721	0.80	0.90
722	0.90	0.95
723	0.90	0.95
724	0.80	0.90
725	0.80	0.90
726	0.80	0.90
727	0.80	0.90
728	0.80	0.90
729	0.80	0.90

SERFF Tracking #:	ICCI-128582744	State Tracking #:	Company Tracking #:	SSL GP 607A REVISED RATE FILING 2012-10-01
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State:	Arkansas	Filing Company:	Standard Security Life Insurance Company of New York
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.001A Any Size Group - PPO		
Product Name:	SSL GP 607A Revised Rate Filing 2012-10-01		
Project Name/Number:	SSL GP 607A Revised Rate Filing 2012-10-01/SSL GP 607A Revised Rate Filing 2012-10-01		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	SSL Authorization Letter 2012	Approved-Closed	07/24/2012
Comments:			
Attachment(s):			
ICC Authorization letter SSL 2012.pdf			



January 1, 2011

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Standard Security Life Insurance Company of New York regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Standard Security may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script that reads "Rachel Lipari".

Rachel Lipari