

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Filing at a Glance

Company: United American Insurance Company
 Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
 State: Arkansas
 TOI: H15I Individual Health - Hospital/Surgical/Medical Expense
 Sub-TOI: H15I.001 Health - Hospital/Surgical/Medical Expense
 Filing Type: Rate
 Date Submitted: 07/27/2012
 SERFF Tr Num: AMLC-128598495
 SERFF Status: Closed-Approved-Closed
 State Tr Num:
 State Status: Approved-Closed
 Co Tr Num: 2012ARUAHOSPITAL

 Implementation: 12/01/2012
 Date Requested:
 Author(s): Sue Fisher
 Reviewer(s): Rosalind Minor (primary)
 Disposition Date: 08/17/2012
 Disposition Status: Approved-Closed
 Implementation Date: 12/01/2012

State Filing Description:

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

General Information

Project Name: 2012 Rate Filing
Project Number: 2012ARUAHOSPITAL
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 9%

Deemer Date:
Submitted By: Sue Fisher

Status of Filing in Domicile: Not Filed
Date Approved in Domicile:
Domicile Status Comments: This is a closed block of business and Nebraska our state of domicile has no remaining policies in force so a filing is not being submitted to Nebraska.
Market Type: Individual
Individual Market Type: Individual
Filing Status Changed: 08/17/2012
State Status Changed: 08/17/2012
Created By: Sue Fisher
Corresponding Filing Tracking Number:
PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:
2012 UA Hospital Rate Filing
United American Insurance Company
NAIC # 92916

This filing represents our 2012 Rate Filing for Individual Limited Benefit Hospital Surgical Expense Policy Forms. A list of forms with in-force policies in your state is shown below along with the percentage of increase being requested. This information is also include on the Rate Filing Summary page that is attached to this filing.

CS1 +9.0%

The proposed effective Date is December 1, 2012 or as soon thereafter as possible and allowed.

An Actuarial Memorandum and other supporting documents are attached to this filing for your consideration.

If you have any questions, or need additional information, please let me know

Sincerely
Sue Fisher
Rate Compliance Specialist

Company and Contact

Filing Contact Information

Sue Fisher, Rate Compliance Specialist sfisher@torchmarkcorp.com
3700 S. Stonebridge Drive 972-569-3241 [Phone]
McKinney, TX 75070 972-569-3679 [FAX]

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
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Filing Company Information

United American Insurance Company	CoCode: 92916	State of Domicile: Nebraska
P.O. Box 8080	Group Code: 290	Company Type: Life and Health
McKinney, TX 75070-8080	Group Name: Liberty National	State ID Number:
(972) 529-5085 ext. [Phone]	FEIN Number: 73-1128555	

Filing Fees

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

Company	Amount	Date Processed	Transaction #
United American Insurance Company	\$50.00	07/27/2012	61246336

SERFF Tracking #:

AMLC-128598495

State Tracking #:

Company Tracking #:

2012ARUAHOSPITAL

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/17/2012	08/17/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	08/07/2012	08/07/2012

Response Letters

Responded By	Created On	Date Submitted
Sue Fisher	08/14/2012	08/14/2012

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Disposition

Disposition Date: 08/17/2012
 Implementation Date: 12/01/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

We have approved a 5% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

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):
United American Insurance Company	Increase	5.000%	5.000%		90		5.000%	5.000%

Percent Change Approved:

Minimum: 5.0% **Maximum:** 5.0% **Weighted Average:** 5.0%

SERFF Tracking #:

AMLC-128598495

State Tracking #:**Company Tracking #:**

2012ARUAHOSPITAL

State:

Arkansas

Filing Company:

United American Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2012 UA Limited Benefit Hospital Surgical Medical Expense

Project Name/Number:

2012 Rate Filing/2012ARUAHOSPITAL

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	Yes
Supporting Document	Consumer Disclosure Form	Approved-Closed	Yes
Supporting Document (revised)	2012 Additional Supporting Documents	Approved-Closed	No
Supporting Document	2012 Additional Supporting Documents	Replaced	No
Rate (revised)	2012 AR Rate Page(s)	Approved-Closed	Yes
Rate	2012 AR Rate Page(s)	Replaced	Yes

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H151 Individual Health - Hospital/Surgical/Medical Expense/H151.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/07/2012
Submitted Date	08/07/2012
Respond By Date	

Dear Sue Fisher,

Introduction:

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comments:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the number of rate increases since 2005, we will consider no more than a 5% rate increase. If you wish to accept the 5% increase, please submit a post-submission update to reflect the 5%.

We appreciate your cooperation in this matter.

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

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/14/2012
Submitted Date	08/14/2012

Dear Rosalind Minor,

Introduction:

Response to 8-7-2012 offer

Response 1

Comments:

Although we believe the requested rate increase is more appropriate for this policy form, in the interest of expediency, we have revised our request to 5.0% and attached a revised Rate page and revised Rate Filing Summary page to this SERFF filing. I will also submit a post submission update to reflect this change in the rate information fields.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comments:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the number of rate increases since 2005, we will consider no more than a 5% rate increase. If you wish to accept the 5% increase, please submit a post-submission update to reflect the 5%.

We appreciate your cooperation in this matter.

Changed Items:

Supporting Document Schedule Item Changes

Satisfied -Name: 2012 Additional Supporting Documents

Comment: Please see attached

No Form Schedule items changed.

SERFF Tracking #:

AMLC-128598495

State Tracking #:

Company Tracking #:

2012ARUAHOSPITAL

State: Arkansas

Filing Company: United American Insurance Company

TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense

Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Rate/Rule Schedule Item Changes				
Document Name	Affected Form Numbers	Rate Action*	Rate Action Information	Attachments
2012 AR Rate Page(s)	CS1	Revised	Previous State Filing Number 49669 Percent Rate Change Request 5	
<i>Previous Version</i>				
2012 AR Rate Page(s)	CS1	Revised	Previous State Filing Number 49669 Percent Rate Change Request 9	

Conclusion:

Sincerely

Sue Fisher

Rate Compliance Specialist

Sincerely,

Sue Fisher

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Post Submission Update Request Processed On 08/17/2012

Status: Allowed
 Created By: Sue Fisher
 Processed By: Rosalind Minor
 Comments:

Company Rate Information:

Company Name:United American Insurance Company

Field Name	Requested Change	Prior Value
Overall % Indicated Change	5.000%	9.000%
Overall % Rate Impact	5.000%	9.000%
Maximum %Change (where required)	5.000%	9.000%
Minimum %Change (where required)	5.000%	9.000%

REQUESTED RATE CHANGE INFORMATION:

Min:	5.000	9.000
Max:	5.000	9
Wighted Avg.:	5.000	9

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 5.000%
Effective Date of Last Rate Revision: 12/01/2011
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 req'd):	Minimum % Change (where req'd):
United American Insurance Company	Increase	5.000%	5.000%		90		5.000%	5.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								119
Policy Holders:								90

State:	Arkansas	Filing Company:	United American Insurance Company
TOI/Sub-TOI:	H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense		
Product Name:	2012 UA Limited Benefit Hospital Surgical Medical Expense		
Project Name/Number:	2012 Rate Filing/2012ARUAHOSPITAL		

Rate Review Detail

COMPANY:

Company Name:	United American Insurance Company
HHS Issuer Id:	00000
Product Names:	2012 United American Individual Limited Benefit Hospital and Surgical Expense Policies
Trend Factors:	0.0

FORMS:

New Policy Forms:	
Affected Forms:	CS1
Other Affected Forms:	

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	1,320
Benefit Change:	None
Percent Change Requested:	Min: 5.0 Max: 5.0 Avg: 5.0

PRIOR RATE:

Total Earned Premium:	326,465.00
Total Incurred Claims:	254,629.00
Annual \$:	Min: 61.00 Max: 618.00 Avg: 247.00

REQUESTED RATE:

Projected Earned Premium:	281,159.00
Projected Incurred Claims:	286,398.00
Annual \$:	Min: 66.00 Max: 674.00 Avg: 270.00

State: Arkansas **Filing Company:** United American Insurance Company
TOI/Sub-TOI: H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense
Product Name: 2012 UA Limited Benefit Hospital Surgical Medical Expense
Project Name/Number: 2012 Rate Filing/2012ARUAHOSPITAL

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	Approved-Closed 08/17/2012	2012 AR Rate Page(s)	CS1	Revised	Previous State Filing Number:	49669	2012 AR UA Hosp Rev Rate Page 5.0%.pdf
					Percent Rate Change Request:	5.000	

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form CS1

Limited Benefit Hospital and Surgical Expense Policies

ARKANSAS

Current and Proposed Monthly Premium Rates **

Deductible Amount	State ZIP Codes	Issue Age	CURRENT Monthly Premium Rates				PROPOSED Monthly Premium Rates			
			Standard		Preferred		Standard		Preferred	
			Male	Female	Male	Female	Male	Female	Male	Female
\$500	All	00-17	\$ 93	\$ 93	\$ 87	\$ 87	\$ 98	\$ 98	\$ 91	\$ 91
		18-30	138	203	122	184	145	213	128	193
		31-35	168	239	151	217	176	251	159	228
		36-40	182	247	165	221	191	259	173	232
		41-45	203	263	182	235	213	276	191	247
		46-50	242	297	218	267	254	312	229	280
		51-55	321	351	288	315	337	369	302	331
		56-60	432	427	389	385	454	448	408	404
		61-63	585	551	526	495	614	579	552	520
\$1,000	All	00-17	\$ 87	\$ 87	\$ 79	\$ 79	\$ 91	\$ 91	\$ 83	\$ 83
		18-30	118	184	105	166	124	193	110	174
		31-35	147	218	133	197	154	229	140	207
		36-40	159	226	145	203	167	237	152	213
		41-45	182	239	165	217	191	251	173	228
		46-50	219	273	197	246	230	287	207	258
		51-55	297	323	265	289	312	339	278	303
		56-60	402	400	361	358	422	420	379	376
		61-63	542	512	489	461	569	538	513	484
\$2,000	All	00-17	\$ 72	\$ 72	\$ 66	\$ 66	\$ 76	\$ 76	\$ 69	\$ 69
		18-30	99	154	88	140	104	162	92	147
		31-35	122	185	107	168	128	194	112	176
		36-40	134	193	120	172	141	203	126	181
		41-45	153	206	139	185	161	216	146	194
		46-50	186	234	169	212	195	246	177	223
		51-55	257	281	231	254	270	295	243	267
		56-60	354	351	320	315	372	369	336	331
		61-63	480	454	432	411	504	477	454	432
\$3,000	All	00-17	\$ 61	\$ 61	\$ 55	\$ 55	\$ 64	\$ 64	\$ 58	\$ 58
		18-30	82	138	74	122	86	145	78	128
		31-35	105	165	95	148	110	173	100	155
		36-40	118	171	105	153	124	180	110	161
		41-45	134	184	120	165	141	193	126	173
		46-50	166	208	148	186	174	218	155	195
		51-55	229	251	205	226	240	264	215	237
		56-60	315	313	286	281	331	329	300	295
		61-63	428	404	387	365	449	424	406	383
\$5,000	All	00-17	\$ 50	\$ 50	\$ 47	\$ 47	\$ 53	\$ 53	\$ 49	\$ 49
		18-30	67	112	61	101	70	118	64	106
		31-35	82	133	78	119	86	140	82	125
		36-40	93	138	82	122	98	145	86	128
		41-45	106	147	95	133	111	154	100	140
		46-50	133	168	119	152	140	176	125	160
		51-55	185	205	166	184	194	215	174	193
		56-60	257	257	232	232	270	270	244	244
		61-63	351	333	315	298	369	350	331	313

** - excluding the \$6 initial registration fee

Modal Premium Factors:

Annual = Monthly x 11

Semiannual = Annual x .520 (rounded to near dollar)

Quarterly = Annual x .265 (rounded to near dollar)

For Company Use: Plan Code 056

SERFF Tracking #:

AMLC-128598495

State Tracking #:

Company Tracking #:

2012ARUAHOSPITAL

State:

Arkansas

Filing Company:

United American Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2012 UA Limited Benefit Hospital Surgical Medical Expense

Project Name/Number:

2012 Rate Filing/2012ARUAHOSPITAL

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet	Approved-Closed	08/17/2012
Bypass Reason:	Not applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	Approved-Closed	08/17/2012
Bypass Reason:	Documentation not yet available		
Comments:			

SERFF Tracking #:

AMLC-128598495

State Tracking #:**Company Tracking #:**

2012ARUAHOSPITAL

State:

Arkansas

Filing Company:

United American Insurance Company

TOI/Sub-TOI:

H15I Individual Health - Hospital/Surgical/Medical Expense/H15I.001 Health - Hospital/Surgical/Medical Expense

Product Name:

2012 UA Limited Benefit Hospital Surgical Medical Expense

Project Name/Number:

2012 Rate Filing/2012ARUAHOSPITAL

Superceded 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)
07/25/2012	Rate	2012 AR Rate Page(s)	08/14/2012	2012 AR Rate Page.pdf (Superceded)

UNITED AMERICAN INSURANCE COMPANY

McKinney, Texas

Policy Form CS1

Limited Benefit Hospital and Surgical Expense Policies

ARKANSAS

Current and Proposed Monthly Premium Rates **

Deductible Amount	State ZIP Codes	Issue Age	CURRENT Monthly Premium Rates				PROPOSED Monthly Premium Rates			
			Standard		Preferred		Standard		Preferred	
			Male	Female	Male	Female	Male	Female	Male	Female
\$500	All	00-17	\$ 93	\$ 93	\$ 87	\$ 87	\$ 101	\$ 101	\$ 95	\$ 95
		18-30	138	203	122	184	150	221	133	201
		31-35	168	239	151	217	183	261	165	237
		36-40	182	247	165	221	198	269	180	241
		41-45	203	263	182	235	221	287	198	256
		46-50	242	297	218	267	264	324	238	291
		51-55	321	351	288	315	350	383	314	343
		56-60	432	427	389	385	471	465	424	420
		61-63	585	551	526	495	638	601	573	540
\$1,000	All	00-17	\$ 87	\$ 87	\$ 79	\$ 79	\$ 95	\$ 95	\$ 86	\$ 86
		18-30	118	184	105	166	129	201	114	181
		31-35	147	218	133	197	160	238	145	215
		36-40	159	226	145	203	173	246	158	221
		41-45	182	239	165	217	198	261	180	237
		46-50	219	273	197	246	239	298	215	268
		51-55	297	323	265	289	324	352	289	315
		56-60	402	400	361	358	438	436	393	390
		61-63	542	512	489	461	591	558	533	502
\$2,000	All	00-17	\$ 72	\$ 72	\$ 66	\$ 66	\$ 78	\$ 78	\$ 72	\$ 72
		18-30	99	154	88	140	108	168	96	153
		31-35	122	185	107	168	133	202	117	183
		36-40	134	193	120	172	146	210	131	187
		41-45	153	206	139	185	167	225	152	202
		46-50	186	234	169	212	203	255	184	231
		51-55	257	281	231	254	280	306	252	277
		56-60	354	351	320	315	386	383	349	343
		61-63	480	454	432	411	523	495	471	448
\$3,000	All	00-17	\$ 61	\$ 61	\$ 55	\$ 55	\$ 66	\$ 66	\$ 60	\$ 60
		18-30	82	138	74	122	89	150	81	133
		31-35	105	165	95	148	114	180	104	161
		36-40	118	171	105	153	129	186	114	167
		41-45	134	184	120	165	146	201	131	180
		46-50	166	208	148	186	181	227	161	203
		51-55	229	251	205	226	250	274	223	246
		56-60	315	313	286	281	343	341	312	306
		61-63	428	404	387	365	467	440	422	398
\$5,000	All	00-17	\$ 50	\$ 50	\$ 47	\$ 47	\$ 55	\$ 55	\$ 51	\$ 51
		18-30	67	112	61	101	73	122	66	110
		31-35	82	133	78	119	89	145	85	130
		36-40	93	138	82	122	101	150	89	133
		41-45	106	147	95	133	116	160	104	145
		46-50	133	168	119	152	145	183	130	166
		51-55	185	205	166	184	202	223	181	201
		56-60	257	257	232	232	280	280	253	253
		61-63	351	333	315	298	383	363	343	325

** - excluding the \$6 initial registration fee

Modal Premium Factors:

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For Company Use: Plan Code 056