

SERFF Tracking #:

FRCS-128597559

State Tracking #:

Company Tracking #:

5786.1

State: District of Columbia

Filing Company:

American Family Life Assurance Company of Columbus

TOI/Sub-TOI: MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

Product Name: Medicare Supplement Filing

Project Name/Number: AFLAC/61.1/61

### Rate Information

Rate data applies to filing.

Filing Method: For Approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

### 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):
American Family Life Assurance Company of Columbus	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

FRCS-128597559

State Tracking #:

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5786.1

State:

District of Columbia

Filing Company:

American Family Life Assurance Company of Columbus

TOI/Sub-TOI:

MS081 Individual Medicare Supplement - Standard Plans 2010/MS081.012 Multi-Plan 2010

Product Name:

Medicare Supplement Filing

Project Name/Number:

AFLAC/61.1/61

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1		Rate	A19MSARDC, A19MSCRDC, A19MSDRDC, A19MSFRDC, A19MSGRDC, A19MSNRDC	New		Copy of DC Rates.pdf

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan A

Attained Age	Non-Smoker		Smoker	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,244.40	1,408.20	1,431.12	1,619.40
66	1,288.08	1,451.88	1,481.28	1,669.68
67	1,331.76	1,495.56	1,531.56	1,719.84
68	1,375.44	1,550.04	1,581.72	1,782.60
69	1,419.12	1,593.72	1,632.00	1,832.76
70	1,473.72	1,648.32	1,694.76	1,895.64
71	1,487.76	1,669.68	1,710.96	1,920.12
72	1,528.44	1,719.48	1,757.64	1,977.36
73	1,565.16	1,754.28	1,800.00	2,017.44
74	1,602.48	1,800.24	1,842.84	2,070.24
75	1,629.84	1,825.92	1,874.40	2,099.76
76	1,634.16	1,837.20	1,879.32	2,112.72
77	1,641.00	1,851.24	1,887.24	2,128.92
78	1,671.12	1,881.24	1,921.80	2,163.36
79	1,691.04	1,901.28	1,944.72	2,186.40
80	1,711.08	1,921.20	1,967.76	2,209.44
81	1,721.16	1,941.24	1,979.28	2,232.48
82	1,731.12	1,941.24	1,990.80	2,232.48
83	1,731.12	1,941.24	1,990.80	2,232.48
84	1,731.12	1,941.24	1,990.80	2,232.48
85	1,731.12	1,951.20	1,990.80	2,244.00
86	1,731.12	1,951.20	1,990.80	2,244.00
87	1,731.12	1,951.20	1,990.80	2,244.00
88	1,731.12	1,951.20	1,990.80	2,244.00
89	1,731.12	1,951.20	1,990.80	2,244.00
90	1,731.12	1,951.20	1,990.80	2,244.00
91	1,731.12	1,951.20	1,990.80	2,244.00
92	1,731.12	1,951.20	1,990.80	2,244.00
93	1,731.12	1,951.20	1,990.80	2,244.00
94	1,731.12	1,951.20	1,990.80	2,244.00
95	1,731.12	1,951.20	1,990.80	2,244.00
96	1,731.12	1,951.20	1,990.80	2,244.00
97	1,731.12	1,951.20	1,990.80	2,244.00
98	1,731.12	1,951.20	1,990.80	2,244.00
99	1,731.12	1,951.20	1,990.80	2,244.00

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.  
 [2] If the insured qualifies for household discount, the 7% discount will be applied.  
 [3] For payment made on monthly EBT, there is an additional \$2 discount per month.

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

American Family Life Assurance Company of Columbus (Aflac)  
District of Columbia  
Plan C

Attained Age	Non-Smoker		Smoker	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,501.44	1,682.40	1,726.68	1,934.76
66	1,554.60	1,746.36	1,787.88	2,008.32
67	1,618.56	1,820.88	1,861.32	2,094.00
68	1,682.40	1,884.72	1,934.76	2,167.44
69	1,746.36	1,959.24	2,008.32	2,253.24
70	1,810.20	2,033.88	2,081.76	2,338.92
71	1,848.00	2,077.68	2,125.20	2,389.32
72	1,905.12	2,143.20	2,190.84	2,464.68
73	1,967.40	2,213.40	2,262.60	2,545.32
74	2,030.04	2,273.76	2,334.60	2,614.80
75	2,082.96	2,344.56	2,395.44	2,696.28
76	2,118.84	2,376.24	2,436.60	2,732.64
77	2,157.12	2,420.76	2,480.76	2,783.88
78	2,215.80	2,489.04	2,548.08	2,862.36
79	2,284.08	2,567.16	2,626.68	2,952.24
80	2,342.64	2,635.44	2,694.00	3,030.84
81	2,410.92	2,703.84	2,772.60	3,109.32
82	2,469.48	2,772.12	2,839.92	3,187.92
83	2,528.04	2,840.40	2,907.36	3,266.52
84	2,586.72	2,908.80	2,974.68	3,345.12
85	2,635.44	2,967.36	3,030.84	3,412.44
86	2,693.88	3,036.12	3,098.04	3,491.52
87	2,752.32	3,104.76	3,165.24	3,570.48
88	2,791.92	3,145.68	3,210.72	3,617.52
89	2,830.44	3,185.52	3,255.00	3,663.36
90	2,867.88	3,224.04	3,298.08	3,707.64
91	2,904.12	3,261.24	3,339.72	3,750.36
92	2,938.80	3,296.76	3,379.68	3,791.28
93	2,971.20	3,329.88	3,416.88	3,829.44
94	3,001.80	3,361.20	3,452.16	3,865.44
95	3,030.72	3,390.60	3,485.28	3,899.16
96	3,057.60	3,417.84	3,516.36	3,930.48
97	3,082.56	3,442.92	3,545.04	3,959.28
98	3,105.48	3,465.72	3,571.32	3,985.56
99	3,126.12	3,486.24	3,595.08	4,009.20

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.  
 [2] If the insured qualifies for household discount, the 7% discount will be applied.  
 [3] For payment made on monthly EBT, there is an additional \$2 discount per month.

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan D

Attained Age	Non-Smoker		Smoker	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,352.52	1,513.44	1,555.32	1,740.48
66	1,395.48	1,577.88	1,604.76	1,814.64
67	1,449.12	1,631.52	1,666.44	1,876.32
68	1,513.44	1,695.96	1,740.48	1,950.36
69	1,567.20	1,760.40	1,802.28	2,024.40
70	1,631.52	1,824.84	1,876.32	2,098.44
71	1,662.84	1,873.32	1,912.32	2,154.36
72	1,722.12	1,930.80	1,980.36	2,220.48
73	1,776.72	1,993.56	2,043.12	2,292.60
74	1,831.56	2,056.68	2,106.24	2,365.20
75	1,886.76	2,120.04	2,169.72	2,438.04
76	1,916.28	2,155.80	2,203.68	2,479.20
77	1,958.04	2,194.20	2,251.80	2,523.36
78	2,017.08	2,263.08	2,319.72	2,602.56
79	2,076.12	2,331.96	2,387.52	2,681.76
80	2,135.16	2,400.84	2,455.44	2,760.96
81	2,194.20	2,469.72	2,523.36	2,840.16
82	2,263.08	2,538.60	2,602.56	2,919.36
83	2,322.12	2,607.48	2,670.48	2,998.56
84	2,381.16	2,676.36	2,738.28	3,077.76
85	2,430.36	2,735.40	2,794.92	3,145.68
86	2,491.80	2,805.48	2,865.48	3,226.20
87	2,553.12	2,875.44	2,936.16	3,306.84
88	2,592.48	2,916.36	2,981.28	3,353.88
89	2,630.76	2,956.20	3,025.32	3,399.60
90	2,667.96	2,994.72	3,068.16	3,443.88
91	2,703.96	3,031.80	3,109.56	3,486.60
92	2,738.52	3,067.44	3,149.28	3,527.52
93	2,770.68	3,100.56	3,186.24	3,565.68
94	2,801.16	3,131.88	3,221.28	3,601.68
95	2,829.84	3,161.16	3,254.28	3,635.40
96	2,856.60	3,188.40	3,285.12	3,666.72
97	2,881.44	3,213.48	3,313.56	3,695.52
98	2,904.12	3,236.28	3,339.72	3,721.80
99	2,924.76	3,256.80	3,363.36	3,745.32

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.  
 [2] If the insured qualifies for household discount, the 7% discount will be applied.  
 [3] For payment made on monthly EBT, there is an additional \$2 discount per month.

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan F

Attained Age	Non-Tobacco User		Tobacco User	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,534.08	1,725.84	1,764.12	1,984.68
66	1,597.92	1,789.68	1,837.68	2,058.12
67	1,651.20	1,864.32	1,898.88	2,143.92
68	1,715.16	1,928.16	1,972.44	2,217.48
69	1,779.12	2,002.80	2,045.88	2,303.16
70	1,853.64	2,077.32	2,131.68	2,388.96
71	1,890.60	2,120.40	2,174.16	2,438.40
72	1,957.68	2,196.00	2,251.32	2,525.28
73	2,009.28	2,265.60	2,310.72	2,605.44
74	2,071.56	2,335.68	2,382.36	2,685.96
75	2,134.20	2,395.92	2,454.36	2,755.32
76	2,169.24	2,436.72	2,494.68	2,802.24
77	2,206.92	2,480.40	2,538.00	2,852.40
78	2,275.32	2,548.80	2,616.60	2,931.00
79	2,333.88	2,626.92	2,684.04	3,020.88
80	2,402.28	2,695.20	2,762.64	3,099.48
81	2,460.84	2,763.60	2,829.96	3,178.08
82	2,519.40	2,832.00	2,897.40	3,256.68
83	2,587.80	2,900.28	2,976.00	3,335.40
84	2,646.36	2,968.68	3,043.32	3,414.00
85	2,695.20	3,036.96	3,099.48	3,492.60
86	2,754.84	3,107.28	3,168.00	3,573.36
87	2,814.48	3,177.48	3,236.64	3,654.00
88	2,854.80	3,219.24	3,282.96	3,702.12
89	2,894.16	3,259.92	3,328.20	3,748.92
90	2,932.32	3,299.28	3,372.24	3,794.16
91	2,969.28	3,337.20	3,414.60	3,837.84
92	3,004.68	3,373.56	3,455.40	3,879.60
93	3,037.80	3,407.40	3,493.44	3,918.60
94	3,069.00	3,439.44	3,529.44	3,955.32
95	3,098.52	3,469.44	3,563.28	3,989.76
96	3,126.00	3,497.28	3,594.96	4,021.80
97	3,151.44	3,522.84	3,624.24	4,051.32
98	3,174.84	3,546.24	3,651.00	4,078.08
99	3,195.96	3,567.12	3,675.36	4,102.20

[1] The above rates do not include a one-time \$20 policy fee at time of issue.

[2] If the insured qualifies for household discount, the 7% discount will be applied.

[3] For payment made on monthly EBT, there is an additional \$2 discount per month.

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan G

Attained Age	Non-Tobacco User		Tobacco User	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,374.60	1,546.44	1,580.76	1,778.40
66	1,428.24	1,610.88	1,642.56	1,852.44
67	1,492.68	1,675.32	1,716.60	1,926.60
68	1,546.44	1,739.76	1,778.40	2,000.64
69	1,600.08	1,804.20	1,840.08	2,074.80
70	1,664.52	1,868.64	1,914.24	2,148.84
71	1,705.80	1,916.40	1,961.64	2,203.80
72	1,764.72	1,983.96	2,029.32	2,281.56
73	1,818.84	2,046.24	2,091.72	2,353.08
74	1,873.32	2,108.76	2,154.36	2,425.08
75	1,928.16	2,171.76	2,217.48	2,497.56
76	1,967.16	2,206.80	2,262.12	2,537.76
77	1,998.36	2,244.48	2,298.12	2,581.08
78	2,057.40	2,313.36	2,366.04	2,660.40
79	2,126.28	2,382.24	2,445.24	2,739.60
80	2,185.44	2,451.24	2,513.16	2,818.92
81	2,244.48	2,529.96	2,581.08	2,909.40
82	2,313.36	2,598.84	2,660.40	2,988.72
83	2,372.40	2,667.72	2,728.32	3,067.92
84	2,431.56	2,736.72	2,796.24	3,147.12
85	2,490.60	2,795.76	2,864.16	3,215.04
86	2,553.24	2,867.16	2,936.28	3,297.24
87	2,616.00	2,938.68	3,008.40	3,379.44
88	2,656.20	2,980.32	3,054.60	3,427.44
89	2,695.32	3,020.88	3,099.72	3,474.12
90	2,733.48	3,060.24	3,143.40	3,519.24
91	2,770.20	3,098.16	3,185.76	3,562.80
92	2,805.48	3,134.40	3,226.32	3,604.56
93	2,838.36	3,168.24	3,264.12	3,643.44
94	2,869.56	3,200.16	3,300.00	3,680.16
95	2,898.96	3,230.04	3,333.72	3,714.60
96	2,926.32	3,257.88	3,365.28	3,746.52
97	2,951.64	3,283.44	3,394.44	3,775.92
98	2,974.92	3,306.72	3,421.20	3,802.68
99	2,995.92	3,327.60	3,445.32	3,826.80

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.  
 [2] If the insured qualifies for household discount, the 7% discount will be applied.  
 [3] For payment made on monthly EBT, there is an additional \$2 discount per month.

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan N

Attained Age	Non-Tobacco User		Tobacco User	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,054.20	1,192.56	1,212.24	1,371.48
66	1,096.68	1,235.16	1,261.20	1,420.44
67	1,139.28	1,277.76	1,310.28	1,469.40
68	1,181.88	1,331.04	1,359.24	1,530.60
69	1,235.16	1,384.20	1,420.44	1,591.92
70	1,277.76	1,437.48	1,469.40	1,653.12
71	1,305.00	1,472.04	1,500.72	1,692.84
72	1,356.24	1,521.96	1,559.76	1,750.20
73	1,393.56	1,567.68	1,602.60	1,802.88
74	1,441.32	1,623.96	1,657.56	1,867.56
75	1,489.20	1,670.28	1,712.64	1,920.84
76	1,514.76	1,702.92	1,742.04	1,958.40
77	1,542.12	1,737.36	1,773.48	1,998.00
78	1,590.96	1,786.20	1,829.64	2,054.16
79	1,639.80	1,844.76	1,885.80	2,121.48
80	1,698.36	1,903.32	1,953.12	2,188.80
81	1,747.20	1,961.88	2,009.28	2,256.12
82	1,795.92	2,020.44	2,065.32	2,323.56
83	1,854.48	2,079.00	2,132.64	2,390.88
84	1,903.32	2,137.56	2,188.80	2,458.20
85	1,952.16	2,186.40	2,244.96	2,514.36
86	2,006.40	2,246.64	2,307.36	2,583.60
87	2,060.64	2,306.76	2,369.76	2,652.84
88	2,094.24	2,341.44	2,408.40	2,692.68
89	2,127.00	2,375.28	2,446.08	2,731.56
90	2,158.92	2,407.92	2,482.68	2,769.12
91	2,189.64	2,439.36	2,518.08	2,805.24
92	2,219.16	2,469.48	2,552.04	2,839.92
93	2,246.64	2,497.56	2,583.60	2,872.20
94	2,272.68	2,524.08	2,613.60	2,902.68
95	2,297.28	2,548.80	2,641.92	2,931.12
96	2,320.20	2,571.84	2,668.20	2,957.64
97	2,341.44	2,592.96	2,692.68	2,981.88
98	2,360.88	2,612.16	2,715.00	3,003.96
99	2,378.40	2,629.44	2,735.16	3,023.88

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.  
 [2] If the insured qualifies for household discount, the 7% discount will be applied.  
 [3] For payment made on monthly EBT, there is an additional \$2 discount per month.

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

**SERFF Tracking #:**

FRCS-128597559

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

5786.1

**State:**

District of Columbia

**Filing Company:**

American Family Life Assurance Company of Columbus

**TOI/Sub-TOI:**

MS08I Individual Medicare Supplement - Standard Plans 2010/MS08I.012 Multi-Plan 2010

**Product Name:**

Medicare Supplement Filing

**Project Name/Number:**

AFLAC/61.1/61

## Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):			
MedSupp State DC.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Authorization		
Comments:			
Attachment(s):			
Auth on LTRHD.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Readability Certification		
Comments:			
Attachment(s):			
RDB.pdf			

		Item Status:	Status Date:
Satisfied - Item:	DC Cover Letter		
Comments:			
Attachment(s):			
DC - Rates Ltr.pdf			

American Family Life Assurance Company of Columbus (Aflac)

Actuarial Memorandum  
District of Columbia

Medicare Supplement Standardized Plans A, C, D, F, G, & N  
Policy Forms A19MSARDC, A19MSCRDC, A19MSDRDC, A19MSFRDC, A19MSGRDC, A19MSNRDC

Purpose & Scope

The purpose of this filing is to meet rate filing standards as set forth by the state. These policy forms are guaranteed renewable, subject to the Company's right to revise premiums in the annual review process on a class basis by state. This policy will be individually marketed. This rate filing is not intended to be used for other purposes.

Rate Basis

The rate basis for these forms is attained age.

Benefit Description

The plans are 2010 standardized plans, as described in the NAIC Medicare Supplement Insurance Model Regulation. These descriptions are a summary of major benefit contained in the forms and are not intended to be exhaustive and cover all benefits and limitations that the policy forms may have.

Plan A - Standard

- Basic Benefits:
  - Coverage of Part A Medicare Eligible Expenses for Hospitalization to the extent not covered by Medicare from the sixty first (61st) day through the ninetieth (90th) day in any Medicare Benefit Period.
  - Coverage of Part A Medicare Eligible Expenses incurred for Hospitalization to the extent not covered by Medicare for each Medicare Lifetime Inpatient Reserve Day used.
  - Upon exhaustion of the Medicare Hospital inpatient coverage, including the lifetime reserve days, coverage of one hundred percent (100%) of the Medicare Part A Eligible Expenses for Hospitalization paid at the applicable prospective payment system (PPS) rate or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional three hundred sixty-five (365) days.

- Coverage under Medicare Parts A and B for the reasonable cost of the first three (3) pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations.
- Coverage for the Coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare Eligible Expenses under Part B regardless of Hospital Confinement, subject to the Medicare Part B deductible.
- Coverage of cost sharing for all Part A Medicare Eligible Expenses for hospice care and respite care expenses.

#### Plan C - Standard

- Basic Benefits: All basic benefits outlined in Standard Plan A
- Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.
- Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.
- Coverage for all of the Medicare Part B Deductible amount per Calendar Year regardless of Hospital confinement.
- Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000).

#### Plan D - Standard

- Basic Benefits: All basic benefits outlined in Standard Plan A
- Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.
- Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.

- Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000).

#### Plan F - Standard

- Basic Benefits: All basic benefits outlined in Standard Plan A
- Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.
- Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.
- Coverage for all of the Medicare Part B Deductible amount per Calendar Year regardless of Hospital confinement.
- Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.
- Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000).

#### Plan G - Standard

- Basic Benefits: All basic benefits outlined in Standard Plan A
- Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.
- Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.
- Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

- Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000).

#### Plan N - Standard

- Basic Benefits: All basic benefits outlined in Standard Plan A except up to \$20 per office visit and up to \$50 per emergency room visit.
- Coverage for all of the Medicare Part A Initial Deductible amount per Benefit Period.
- Coverage for the actual billed charges up to the Coinsurance Amount from the twenty first (21st) day through the one hundredth (100th) day in a Medicare Benefit Period for post-hospital Skilled Nursing Facility care eligible under Medicare Part A.
- Coverage to the extent not covered by Medicare for eighty percent (80%) of the billed charges for Medicare-Eligible Expenses for Medically Necessary emergency Hospital, Physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first sixty (60) consecutive days of each trip outside the United States, subject to a Calendar Year deductible of two hundred fifty dollars (\$250), and a lifetime maximum benefit of fifty thousand dollars (\$50,000).

#### Renewability Clause

The policy forms are guaranteed renewable and are subject to premium rate changes by class on attained age, gender, area, and tobacco usage.

#### Applicability

This filing is for a new form. We anticipate new issues for this policy form. The company has an existing closed block which contains both 1992 standardized and non-standardized plans. The block was closed in December, 1998.

### Underwriting Method

Applicants who are open enrollees or have guarantee issue rights will not be underwritten. Other applicants will be subject to underwriting with yes/no questions and details of medication history.

### Calculation Method

Premium rates are calculated based on attained age. The premiums were calculated by projecting experience over the anticipated life of the policy and tested to demonstrate compliance with appropriate loss ratio standards. Assumptions used in the calculation and testing include:

#### Morbidity

Claim costs were constructed using Milliman Medicare Supplement age/gender claim cost tables, which are based on the 2010 Milliman Health Cost Guidelines (HCG), and claim cost table from CSG Actuarial consulting. The claim costs were adjusted for trend to the mid-point of introduction.

#### Mortality

Mortality rates are based on the 2000 US Life Population sex-distinct Mortality Tables.

#### Persistency

Duration	Voluntary Lapse Rates
1	17%
2	15%
3	13%
4	12%
5	12%
6+	12%

Commissions\*

Year	Commissions	
	65-80	81+
1	28.0%	14.0%
2	28.0%	14.0%
3	28.0%	14.0%
4	28.0%	14.0%
5	28.0%	14.0%
6	28.0%	14.0%
7	10.0%	5.0%
8	10.0%	5.0%
9	10.0%	5.0%
10	10.0%	5.0%
11+	3.0%	1.5%

\* Commissions are not payable on the \$200 Part B Deductible portion of the premium. Commissions are paid on the original premium only. No commissions will be paid on attained age increases or future rate increases. A flat \$25 will be paid for production of policies issued under guarantee issue rights.

Marketing Method

These policies will be individually marketed.

Underwriting

The following underwriting selection factors are applied to policies subject to medical underwriting:

Policy Year	Underwriting Selection Factor
1	70.0%
2	87.5%
3+	100%

Premium Classes

Coverage is available for the Named Insured only.  
Rates vary by attained age, gender, area, and tobacco usage.  
These policies will be sold and billed as direct issues

Issue Age Range

This policy will be issued for ages 65-99. Premiums are based on attained age at the age of the applicant's last birthday.

Area Factors

The area factors are shown in Attachment 1. The area factors applied to premiums are based on current mailing address.

Premium Rates

Premium rates are shown in attachment 2.

Discounts

Household Discount - If the insured qualifies for the household discount, a 7% discount will be applied.

EBT Discount - \$2 discount per month for payment made on EBT with a monthly mode.

Average Annual Premium

The anticipated average annual premium for each plan is shown in Attachment 3.

Premium Modalization Rules

This policy uses the following modal factors:

Monthly =	Annual / 12
Quarterly =	Annual / 4
Semi-annually =	Annual / 2

Trend Assumptions

The benefits of these forms are affected by medical inflation. Claim costs are assumed to increase 9% annually due to changes in Medicare deductibles and benefits and new medical technology.

Minimum Loss Ratio

The minimum required loss ratio for this series is 65%.

Anticipated Lifetime Loss Ratio

The anticipated lifetime loss ratio for this policy, calculated as the present value of incurred claims divided by the present value of earned premiums, discounted at 4% interest will meet or exceed the minimum loss ratio requirement.

Distribution of Business

Following are the distribution assumptions for age and sex.

Issue Age	Male	Female
65	8.0%	12.0%
67	6.4%	9.6%
70	6.0%	9.0%
73	6.0%	9.0%
76	4.8%	7.2%
79	4.0%	6.0%
82	2.8%	4.2%
86	2.0%	3.0%
All	40.0%	60.0%

Following are the distribution assumptions for plan.

Plan	Distribution
Plan A	0.5%
Plan C	5.0%
Plan D	4.0%
Plan F	72.5%
Plan G	8.0%
Plan N	10.0%

Past Experience

This is a new policy form and does not have past experience. The expected future performance of this series is shown in attachment 4 which contains durational loss ratios and lifetime present values of loss ratios. The company has an existing closed block of business. The block was closed nationwide by December, 1998. The company has no 2010 plans currently in-force.

History of Rate Adjustments

This is a new policy series and does not contain rate adjustments.

Number of Policyholders

This is a new policy series and does not currently have any policyholders.

Proposed Effective Date

Rates will be effective beginning in the fourth quarter of 2012. Re-rates are anticipated each year as Medicare benefits and deductibles change.

Actuarial Certification

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws of the State and the Actuarial Standard of Practice No. 8 and the benefits provided are reasonable in relation to the proposed premium.



7/18/2012

\_\_\_\_\_  
Bradley C. Spenny, FSA, MAAA, CFA

\_\_\_\_\_  
Date

Attachment 1 - Area Factors

American Family Life Assurance Company of Columbus (Aflac)  
Medicare Supplement Plans Area Factors  
District of Columbia

<u>3 Digit Zip Code</u>	<u>Area</u>	<u>Area Factor</u>
200-205	Area 1	0.95
Rest of State	Area 2	0.95

Attachment 2 - Premium Rates

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan A

Attained Age	Non-Smoker		Smoker	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,244.40	1,408.20	1,431.12	1,619.40
66	1,288.08	1,451.88	1,481.28	1,669.68
67	1,331.76	1,495.56	1,531.56	1,719.84
68	1,375.44	1,550.04	1,581.72	1,782.60
69	1,419.12	1,593.72	1,632.00	1,832.76
70	1,473.72	1,648.32	1,694.76	1,895.64
71	1,487.76	1,669.68	1,710.96	1,920.12
72	1,528.44	1,719.48	1,757.64	1,977.36
73	1,565.16	1,754.28	1,800.00	2,017.44
74	1,602.48	1,800.24	1,842.84	2,070.24
75	1,629.84	1,825.92	1,874.40	2,099.76
76	1,634.16	1,837.20	1,879.32	2,112.72
77	1,641.00	1,851.24	1,887.24	2,128.92
78	1,671.12	1,881.24	1,921.80	2,163.36
79	1,691.04	1,901.28	1,944.72	2,186.40
80	1,711.08	1,921.20	1,967.76	2,209.44
81	1,721.16	1,941.24	1,979.28	2,232.48
82	1,731.12	1,941.24	1,990.80	2,232.48
83	1,731.12	1,941.24	1,990.80	2,232.48
84	1,731.12	1,941.24	1,990.80	2,232.48
85	1,731.12	1,951.20	1,990.80	2,244.00
86	1,731.12	1,951.20	1,990.80	2,244.00
87	1,731.12	1,951.20	1,990.80	2,244.00
88	1,731.12	1,951.20	1,990.80	2,244.00
89	1,731.12	1,951.20	1,990.80	2,244.00
90	1,731.12	1,951.20	1,990.80	2,244.00
91	1,731.12	1,951.20	1,990.80	2,244.00
92	1,731.12	1,951.20	1,990.80	2,244.00
93	1,731.12	1,951.20	1,990.80	2,244.00
94	1,731.12	1,951.20	1,990.80	2,244.00
95	1,731.12	1,951.20	1,990.80	2,244.00
96	1,731.12	1,951.20	1,990.80	2,244.00
97	1,731.12	1,951.20	1,990.80	2,244.00
98	1,731.12	1,951.20	1,990.80	2,244.00
99	1,731.12	1,951.20	1,990.80	2,244.00

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.
- [2] If the insured qualifies for household discount, the 7% discount will be applied.
- [3] For payment made on monthly EBT, there is an additional \$2 discount per month

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

Attachment 2 - Premium Rates

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan C

Attained Age	Non-Smoker		Smoker	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,501.44	1,682.40	1,726.68	1,934.76
66	1,554.60	1,746.36	1,787.88	2,008.32
67	1,618.56	1,820.88	1,861.32	2,094.00
68	1,682.40	1,884.72	1,934.76	2,167.44
69	1,746.36	1,959.24	2,008.32	2,253.24
70	1,810.20	2,033.88	2,081.76	2,338.92
71	1,848.00	2,077.68	2,125.20	2,389.32
72	1,905.12	2,143.20	2,190.84	2,464.68
73	1,967.40	2,213.40	2,262.60	2,545.32
74	2,030.04	2,273.76	2,334.60	2,614.80
75	2,082.96	2,344.56	2,395.44	2,696.28
76	2,118.84	2,376.24	2,436.60	2,732.64
77	2,157.12	2,420.76	2,480.76	2,783.88
78	2,215.80	2,489.04	2,548.08	2,862.36
79	2,284.08	2,567.16	2,626.68	2,952.24
80	2,342.64	2,635.44	2,694.00	3,030.84
81	2,410.92	2,703.84	2,772.60	3,109.32
82	2,469.48	2,772.12	2,839.92	3,187.92
83	2,528.04	2,840.40	2,907.36	3,266.52
84	2,586.72	2,908.80	2,974.68	3,345.12
85	2,635.44	2,967.36	3,030.84	3,412.44
86	2,693.88	3,036.12	3,098.04	3,491.52
87	2,752.32	3,104.76	3,165.24	3,570.48
88	2,791.92	3,145.68	3,210.72	3,617.52
89	2,830.44	3,185.52	3,255.00	3,663.36
90	2,867.88	3,224.04	3,298.08	3,707.64
91	2,904.12	3,261.24	3,339.72	3,750.36
92	2,938.80	3,296.76	3,379.68	3,791.28
93	2,971.20	3,329.88	3,416.88	3,829.44
94	3,001.80	3,361.20	3,452.16	3,865.44
95	3,030.72	3,390.60	3,485.28	3,899.16
96	3,057.60	3,417.84	3,516.36	3,930.48
97	3,082.56	3,442.92	3,545.04	3,959.28
98	3,105.48	3,465.72	3,571.32	3,985.56
99	3,126.12	3,486.24	3,595.08	4,009.20

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.
- [2] If the insured qualifies for household discount, the 7% discount will be applied.
- [3] For payment made on monthly EBT, there is an additional \$2 discount per month

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

Attachment 2 - Premium Rates

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan D

Attained Age	Non-Smoker		Smoker	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,352.52	1,513.44	1,555.32	1,740.48
66	1,395.48	1,577.88	1,604.76	1,814.64
67	1,449.12	1,631.52	1,666.44	1,876.32
68	1,513.44	1,695.96	1,740.48	1,950.36
69	1,567.20	1,760.40	1,802.28	2,024.40
70	1,631.52	1,824.84	1,876.32	2,098.44
71	1,662.84	1,873.32	1,912.32	2,154.36
72	1,722.12	1,930.80	1,980.36	2,220.48
73	1,776.72	1,993.56	2,043.12	2,292.60
74	1,831.56	2,056.68	2,106.24	2,365.20
75	1,886.76	2,120.04	2,169.72	2,438.04
76	1,916.28	2,155.80	2,203.68	2,479.20
77	1,958.04	2,194.20	2,251.80	2,523.36
78	2,017.08	2,263.08	2,319.72	2,602.56
79	2,076.12	2,331.96	2,387.52	2,681.76
80	2,135.16	2,400.84	2,455.44	2,760.96
81	2,194.20	2,469.72	2,523.36	2,840.16
82	2,263.08	2,538.60	2,602.56	2,919.36
83	2,322.12	2,607.48	2,670.48	2,998.56
84	2,381.16	2,676.36	2,738.28	3,077.76
85	2,430.36	2,735.40	2,794.92	3,145.68
86	2,491.80	2,805.48	2,865.48	3,226.20
87	2,553.12	2,875.44	2,936.16	3,306.84
88	2,592.48	2,916.36	2,981.28	3,353.88
89	2,630.76	2,956.20	3,025.32	3,399.60
90	2,667.96	2,994.72	3,068.16	3,443.88
91	2,703.96	3,031.80	3,109.56	3,486.60
92	2,738.52	3,067.44	3,149.28	3,527.52
93	2,770.68	3,100.56	3,186.24	3,565.68
94	2,801.16	3,131.88	3,221.28	3,601.68
95	2,829.84	3,161.16	3,254.28	3,635.40
96	2,856.60	3,188.40	3,285.12	3,666.72
97	2,881.44	3,213.48	3,313.56	3,695.52
98	2,904.12	3,236.28	3,339.72	3,721.80
99	2,924.76	3,256.80	3,363.36	3,745.32

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.
- [2] If the insured qualifies for household discount, the 7% discount will be applied.
- [3] For payment made on monthly EBT, there is an additional \$2 discount per month

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

Attachment 2 - Premium Rates

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan F

Attained Age	Non-Tobacco User		Tobacco User	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,534.08	1,725.84	1,764.12	1,984.68
66	1,597.92	1,789.68	1,837.68	2,058.12
67	1,651.20	1,864.32	1,898.88	2,143.92
68	1,715.16	1,928.16	1,972.44	2,217.48
69	1,779.12	2,002.80	2,045.88	2,303.16
70	1,853.64	2,077.32	2,131.68	2,388.96
71	1,890.60	2,120.40	2,174.16	2,438.40
72	1,957.68	2,196.00	2,251.32	2,525.28
73	2,009.28	2,265.60	2,310.72	2,605.44
74	2,071.56	2,335.68	2,382.36	2,685.96
75	2,134.20	2,395.92	2,454.36	2,755.32
76	2,169.24	2,436.72	2,494.68	2,802.24
77	2,206.92	2,480.40	2,538.00	2,852.40
78	2,275.32	2,548.80	2,616.60	2,931.00
79	2,333.88	2,626.92	2,684.04	3,020.88
80	2,402.28	2,695.20	2,762.64	3,099.48
81	2,460.84	2,763.60	2,829.96	3,178.08
82	2,519.40	2,832.00	2,897.40	3,256.68
83	2,587.80	2,900.28	2,976.00	3,335.40
84	2,646.36	2,968.68	3,043.32	3,414.00
85	2,695.20	3,036.96	3,099.48	3,492.60
86	2,754.84	3,107.28	3,168.00	3,573.36
87	2,814.48	3,177.48	3,236.64	3,654.00
88	2,854.80	3,219.24	3,282.96	3,702.12
89	2,894.16	3,259.92	3,328.20	3,748.92
90	2,932.32	3,299.28	3,372.24	3,794.16
91	2,969.28	3,337.20	3,414.60	3,837.84
92	3,004.68	3,373.56	3,455.40	3,879.60
93	3,037.80	3,407.40	3,493.44	3,918.60
94	3,069.00	3,439.44	3,529.44	3,955.32
95	3,098.52	3,469.44	3,563.28	3,989.76
96	3,126.00	3,497.28	3,594.96	4,021.80
97	3,151.44	3,522.84	3,624.24	4,051.32
98	3,174.84	3,546.24	3,651.00	4,078.08
99	3,195.96	3,567.12	3,675.36	4,102.20

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.
- [2] If the insured qualifies for household discount, the 7% discount will be applied.
- [3] For payment made on monthly EBT, there is an additional \$2 discount per month

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

Attachment 2 - Premium Rates

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan G

Attained Age	Non-Tobacco User		Tobacco User	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,374.60	1,546.44	1,580.76	1,778.40
66	1,428.24	1,610.88	1,642.56	1,852.44
67	1,492.68	1,675.32	1,716.60	1,926.60
68	1,546.44	1,739.76	1,778.40	2,000.64
69	1,600.08	1,804.20	1,840.08	2,074.80
70	1,664.52	1,868.64	1,914.24	2,148.84
71	1,705.80	1,916.40	1,961.64	2,203.80
72	1,764.72	1,983.96	2,029.32	2,281.56
73	1,818.84	2,046.24	2,091.72	2,353.08
74	1,873.32	2,108.76	2,154.36	2,425.08
75	1,928.16	2,171.76	2,217.48	2,497.56
76	1,967.16	2,206.80	2,262.12	2,537.76
77	1,998.36	2,244.48	2,298.12	2,581.08
78	2,057.40	2,313.36	2,366.04	2,660.40
79	2,126.28	2,382.24	2,445.24	2,739.60
80	2,185.44	2,451.24	2,513.16	2,818.92
81	2,244.48	2,529.96	2,581.08	2,909.40
82	2,313.36	2,598.84	2,660.40	2,988.72
83	2,372.40	2,667.72	2,728.32	3,067.92
84	2,431.56	2,736.72	2,796.24	3,147.12
85	2,490.60	2,795.76	2,864.16	3,215.04
86	2,553.24	2,867.16	2,936.28	3,297.24
87	2,616.00	2,938.68	3,008.40	3,379.44
88	2,656.20	2,980.32	3,054.60	3,427.44
89	2,695.32	3,020.88	3,099.72	3,474.12
90	2,733.48	3,060.24	3,143.40	3,519.24
91	2,770.20	3,098.16	3,185.76	3,562.80
92	2,805.48	3,134.40	3,226.32	3,604.56
93	2,838.36	3,168.24	3,264.12	3,643.44
94	2,869.56	3,200.16	3,300.00	3,680.16
95	2,898.96	3,230.04	3,333.72	3,714.60
96	2,926.32	3,257.88	3,365.28	3,746.52
97	2,951.64	3,283.44	3,394.44	3,775.92
98	2,974.92	3,306.72	3,421.20	3,802.68
99	2,995.92	3,327.60	3,445.32	3,826.80

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.
- [2] If the insured qualifies for household discount, the 7% discount will be applied.
- [3] For payment made on monthly EBT, there is an additional \$2 discount per month

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

Attachment 2 - Premium Rates

American Family Life Assurance Company of Columbus (Aflac)  
 District of Columbia  
 Plan N

Attained Age	Non-Tobacco User		Tobacco User	
	Female	Male	Female	Male
0-64	N/A	N/A	N/A	N/A
65	1,054.20	1,192.56	1,212.24	1,371.48
66	1,096.68	1,235.16	1,261.20	1,420.44
67	1,139.28	1,277.76	1,310.28	1,469.40
68	1,181.88	1,331.04	1,359.24	1,530.60
69	1,235.16	1,384.20	1,420.44	1,591.92
70	1,277.76	1,437.48	1,469.40	1,653.12
71	1,305.00	1,472.04	1,500.72	1,692.84
72	1,356.24	1,521.96	1,559.76	1,750.20
73	1,393.56	1,567.68	1,602.60	1,802.88
74	1,441.32	1,623.96	1,657.56	1,867.56
75	1,489.20	1,670.28	1,712.64	1,920.84
76	1,514.76	1,702.92	1,742.04	1,958.40
77	1,542.12	1,737.36	1,773.48	1,998.00
78	1,590.96	1,786.20	1,829.64	2,054.16
79	1,639.80	1,844.76	1,885.80	2,121.48
80	1,698.36	1,903.32	1,953.12	2,188.80
81	1,747.20	1,961.88	2,009.28	2,256.12
82	1,795.92	2,020.44	2,065.32	2,323.56
83	1,854.48	2,079.00	2,132.64	2,390.88
84	1,903.32	2,137.56	2,188.80	2,458.20
85	1,952.16	2,186.40	2,244.96	2,514.36
86	2,006.40	2,246.64	2,307.36	2,583.60
87	2,060.64	2,306.76	2,369.76	2,652.84
88	2,094.24	2,341.44	2,408.40	2,692.68
89	2,127.00	2,375.28	2,446.08	2,731.56
90	2,158.92	2,407.92	2,482.68	2,769.12
91	2,189.64	2,439.36	2,518.08	2,805.24
92	2,219.16	2,469.48	2,552.04	2,839.92
93	2,246.64	2,497.56	2,583.60	2,872.20
94	2,272.68	2,524.08	2,613.60	2,902.68
95	2,297.28	2,548.80	2,641.92	2,931.12
96	2,320.20	2,571.84	2,668.20	2,957.64
97	2,341.44	2,592.96	2,692.68	2,981.88
98	2,360.88	2,612.16	2,715.00	3,003.96
99	2,378.40	2,629.44	2,735.16	3,023.88

- [1] The above rates do not include a one-time \$20 policy fee at time of issue.
- [2] If the insured qualifies for household discount, the 7% discount will be applied.
- [3] For payment made on monthly EBT, there is an additional \$2 discount per month

Area Factors

3-Digit Zip Code	Factor
200-205	0.95
Rest of State	0.95

Modal Factors

Mode	Factor
Annual	1.00000
Semi-Annual	0.50000
Quarterly	0.25000
Monthly	0.08333

Attachment 3 - Average Annual Premium

American Family Life Assurance Company of Columbus (Aflac)  
Medicare Supplement Plans Average Annual Premium  
District of Columbia

<u>Plan</u>	<u>Average Annual Premium</u>
Plan A	\$ 1,509
Plan C	1,939
Plan D	1,754
Plan F	1,983
Plan G	1,795
Plan N	1,383

Attachment 4 - Durational Loss Ratio

American Family Life Assurance Company of Columbus (Aflac)  
 Medicare Supplement Plans  
 Anticipated Durational Loss Ratios  
 District of Columbia

Standardized Plan A

Policy Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1	1,499	848	57%
2	1,324	892	67%
3	1,212	901	74%
4	1,124	836	74%
5	1,042	774	74%
6	967	715	74%
7	885	655	74%
8	812	598	74%
9	740	542	73%
10	670	490	73%
11	603	440	73%
12	539	391	73%
13	480	347	72%
14	425	305	72%
15	372	265	71%
16	325	231	71%
17	282	199	70%
18	243	170	70%
19	205	142	69%
20	173	119	69%
21+	689	464	67%
Present Value @ 4.0%:	11,132	7,829	70%

Attachment 4 - Durational Loss Ratio

American Family Life Assurance Company of Columbus (Aflac)  
 Medicare Supplement Plans  
 Anticipated Durational Loss Ratios  
 District of Columbia

Standardized Plan C

Policy Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1	1,925	1,076	56%
2	1,718	1,145	67%
3	1,586	1,168	74%
4	1,483	1,092	74%
5	1,386	1,021	74%
6	1,295	952	73%
7	1,199	879	73%
8	1,107	811	73%
9	1,021	744	73%
10	933	679	73%
11	849	617	73%
12	768	556	72%
13	691	499	72%
14	619	445	72%
15	549	392	71%
16	486	346	71%
17	428	303	71%
18	374	263	70%
19	320	225	70%
20	275	192	70%
21+	1,146	793	69%
Present Value @ 4.0%:	15,138	10,600	70%

Attachment 4 - Durational Loss Ratio

American Family Life Assurance Company of Columbus (Aflac)  
 Medicare Supplement Plans  
 Anticipated Durational Loss Ratios  
 District of Columbia

Standardized Plan D

Policy Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1	1,741	970	56%
2	1,555	1,034	66%
3	1,435	1,055	74%
4	1,343	988	74%
5	1,257	924	74%
6	1,176	863	73%
7	1,090	798	73%
8	1,008	737	73%
9	930	677	73%
10	851	619	73%
11	775	562	73%
12	702	508	72%
13	632	456	72%
14	568	407	72%
15	504	360	71%
16	447	318	71%
17	394	279	71%
18	345	242	70%
19	295	208	70%
20	254	178	70%
21+	1,065	737	69%
Present Value @ 4.0%:	13,771	9,630	70%

Attachment 4 - Durational Loss Ratio

American Family Life Assurance Company of Columbus (Aflac)  
 Medicare Supplement Plans  
 Anticipated Durational Loss Ratios  
 District of Columbia

Standardized Plan F

Policy Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1	1,969	1,101	56%
2	1,759	1,171	67%
3	1,623	1,194	74%
4	1,516	1,117	74%
5	1,418	1,044	74%
6	1,326	973	73%
7	1,226	899	73%
8	1,134	829	73%
9	1,044	761	73%
10	955	695	73%
11	869	631	73%
12	786	569	72%
13	707	510	72%
14	634	455	72%
15	562	401	71%
16	497	354	71%
17	438	310	71%
18	382	269	70%
19	327	230	70%
20	281	197	70%
21+	1,172	811	69%
Present Value @ 4.0%:	15,489	10,842	70%

Attachment 4 - Durational Loss Ratio

American Family Life Assurance Company of Columbus (Aflac)  
 Medicare Supplement Plans  
 Anticipated Durational Loss Ratios  
 District of Columbia

Standardized Plan G

Policy Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1	1,782	993	56%
2	1,591	1,058	66%
3	1,470	1,080	73%
4	1,375	1,011	73%
5	1,286	946	74%
6	1,204	883	73%
7	1,116	817	73%
8	1,032	754	73%
9	952	693	73%
10	871	633	73%
11	793	575	73%
12	719	519	72%
13	647	467	72%
14	581	417	72%
15	516	368	71%
16	457	325	71%
17	403	285	71%
18	353	248	70%
19	302	212	70%
20	260	182	70%
21+	1,090	753	69%
Present Value @ 4.0%:	14,096	9,851	70%

Attachment 4 - Durational Loss Ratio

American Family Life Assurance Company of Columbus (Aflac)  
 Medicare Supplement Plans  
 Anticipated Durational Loss Ratios  
 District of Columbia

Standardized Plan N

Policy Year	Earned Premium	Incurred Claims	Incurred Loss Ratio
1	1,372	765	56%
2	1,223	815	67%
3	1,131	833	74%
4	1,057	780	74%
5	992	731	74%
6	929	683	74%
7	860	632	73%
8	798	584	73%
9	736	537	73%
10	674	491	73%
11	615	447	73%
12	558	404	72%
13	502	363	72%
14	452	325	72%
15	401	287	72%
16	356	254	71%
17	315	223	71%
18	275	194	70%
19	237	166	70%
20	204	143	70%
21+	858	594	69%
Present Value @ 4.0%:	10,890	7,630	70%



*Deborah T. Grantham  
AIRC HIA, ACS  
Second Vice President  
Compliance Department*

July 20, 2012

To: The Insurance Commissioner

**Authorization**

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

American Family Life Assurance Company of Columbus

By: Deborah Grantham

Title: Second Vice President,  
Compliance



*Deborah T. Grantham  
AIRC HIA, ACS  
Second Vice President  
Compliance Department*

July 20, 2012

To: The Insurance Commissioner

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By: Deborah Grantham

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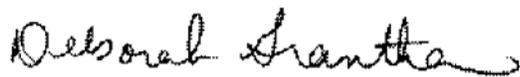
## READABILITY CERTIFICATION

**Company Name:** American Family Life Assurance Company of Columbus

I hereby certify, that the forms listed below have the following readability scores as calculated by the Flesch Reading Ease Test.

Form Number	Score
A19MSAR	46.9
A19MSCR	49.2
A19MSDR	49.7
A19MSFR	50.7
A19MSGR	51.8
A19MSNR	52.0
A19MS1R	*
ACOCR	*
AC-ATA	*
ACREST	*
A19MS15	*
A19MS4	*

\*This achieves a score of at least 45+ when scored with the policy.



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Deborah Grantham  
Second Vice President, Compliance

July 20, 2012

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Date

July 26, 2012

Commissioner Thomas E. Hampton  
Attn: Lee McLellan  
Government of the District of Columbia  
Department of Insurance and Securities Regulation  
Insurance Products Division  
810 First Street, N.E., Suite 701  
Washington, D.C. 20002

**RATES FILING**

RE: American Family Life Assurance Company of Columbus  
NAIC# 60380 FEIN # 58-0663085  
Form: RATES - Rates for Medicare Supplement Insurance  
Policy – Plan A, C, D, F, G and N  
Our File Number: 5786

Dear Mr. Hampton:

We have been retained by American Family Life Assurance Company of Columbus to file the enclosed forms for approval in your state.

We enclose the following for your consideration:

- Cover Letter
- Third party authorization
- Actuarial memorandum and rates

The company's group number is 0370.

The attached Medicare Supplement Insurance Policies were developed to provide the Medicare supplement benefits required of standardized Plans A, C, D, F, G and N, respectively. The forms were submitted on this same date in SERFF filing FRCS-128597560.

The rates for the policies are enclosed.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your jurisdiction.

If you have any questions or need additional information, please call toll-free 1-800-927-2730. Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

A handwritten signature in black ink, appearing to read "Michael Cochran". The signature is fluid and cursive, with the first name "Michael" and last name "Cochran" clearly distinguishable.

Michael Cochran  
Compliance Specialist  
E-mail: [michael.cochran@firstconsulting.com](mailto:michael.cochran@firstconsulting.com)  
Extension: 2756

Enclosures