

SERFF Tracking #:

ZURC-128925653

State Tracking #:

Company Tracking #:

CW AH 35816

State: District of Columbia

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: OCM-ZTA - for UVA

Project Name/Number: OCM-ZTA - for UVA/CW AH 35816

### Rate Information

Rate data applies to filing.

Filing Method:

Review and 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):
Zurich American Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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**TOI/Sub-TOI:**

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

**Product Name:**

OCM-ZTA - for UVA

**Project Name/Number:**

OCM-ZTA - for UVA/CW AH 35816

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual - UVA for OCM & ZTA	U-VA-124-A DC (03/13), U-VA-125-A DC (03/13)	New		UVA-100 OCM & ZTA Rates.2013-03 FINAL.pdf,

Exhibit I

Zurich American Insurance Company

Group Accident Policy U-VA-100-A-CW  
Out of Country Medical Benefit Rider Form U-VA-124-A

**A. Medical Expense Benefit Rates**

Daily Rates - 100/0% Coinsurance

Medical Expense\* - **Primary Coverage**

Maximum Benefit	Deductible										
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000	25,000
5,000	1.09	1.07	1.03	0.98	0.93	0.88	0.70	0.52	0.40	0.32	0.14
10,000	1.51	1.48	1.44	1.37	1.31	1.25	1.01	0.77	0.62	0.52	0.25
12,500	1.68	1.64	1.60	1.53	1.46	1.40	1.15	0.89	0.72	0.61	0.30
15,000	1.81	1.78	1.73	1.66	1.59	1.53	1.26	0.99	0.81	0.69	0.34
20,000	2.03	2.00	1.95	1.87	1.80	1.74	1.45	1.16	0.96	0.82	0.43
25,000	2.20	2.17	2.11	2.03	1.96	1.90	1.61	1.29	1.09	0.94	0.50
50,000	2.70	2.67	2.61	2.53	2.45	2.39	2.07	1.72	1.49	1.31	0.76
75,000	2.97	2.93	2.87	2.79	2.71	2.64	2.32	1.96	1.71	1.53	0.90
100,000	3.14	3.10	3.04	2.96	2.88	2.81	2.48	2.12	1.86	1.67	1.05
150,000	3.27	3.23	3.17	3.09	3.01	2.94	2.62	2.25	1.99	1.80	1.16
200,000	3.40	3.36	3.31	3.22	3.15	3.08	2.75	2.38	2.12	1.93	1.26
250,000	3.53	3.49	3.44	3.36	3.28	3.22	2.88	2.51	2.25	2.05	1.37
500,000	3.80	3.76	3.71	3.63	3.55	3.49	3.16	2.79	2.52	2.32	1.62
750,000	3.95	3.91	3.86	3.78	3.70	3.64	3.31	2.94	2.67	2.47	1.77
1,000,000	4.10	4.06	4.01	3.93	3.86	3.79	3.46	3.09	2.83	2.62	1.92
1,250,000	4.22	4.19	4.14	4.05	3.98	3.91	3.59	3.22	2.95	2.75	2.05
1,500,000	4.35	4.31	4.26	4.18	4.11	4.04	3.71	3.34	3.08	2.87	2.18
1,750,000	4.48	4.44	4.39	4.31	4.23	4.17	3.84	3.47	3.20	3.00	2.30
2,000,000	4.60	4.57	4.51	4.43	4.36	4.29	3.97	3.59	3.33	3.13	2.43

\* Does not include emergency evacuation or repatriation.

Daily Rates - 80/20% Coinsurance

Medical Expense\* - **Primary Coverage**

Maximum Benefit	Deductible										
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000	25,000
5,000	0.99	0.97	0.94	0.89	0.85	0.81	0.65	0.50	0.38	0.31	0.13
10,000	1.34	1.31	1.28	1.22	1.17	1.12	0.92	0.71	0.58	0.49	0.24
12,500	1.47	1.45	1.41	1.35	1.30	1.25	1.03	0.81	0.67	0.57	0.28
15,000	1.59	1.56	1.52	1.46	1.40	1.35	1.13	0.90	0.74	0.64	0.32
20,000	1.76	1.73	1.69	1.63	1.57	1.52	1.29	1.04	0.87	0.75	0.39
25,000	1.90	1.87	1.83	1.76	1.71	1.65	1.41	1.15	0.98	0.85	0.46
50,000	2.29	2.26	2.21	2.15	2.09	2.03	1.77	1.49	1.30	1.16	0.67
75,000	2.49	2.46	2.41	2.35	2.28	2.23	1.97	1.67	1.48	1.33	0.79
100,000	2.61	2.58	2.53	2.46	2.40	2.35	2.08	1.79	1.59	1.44	0.91
150,000	2.70	2.67	2.63	2.56	2.50	2.45	2.18	1.89	1.69	1.54	1.00
200,000	2.79	2.76	2.72	2.65	2.59	2.54	2.27	1.97	1.78	1.63	1.08
250,000	2.88	2.85	2.81	2.74	2.68	2.63	2.36	2.06	1.87	1.72	1.16
500,000	3.07	3.04	2.99	2.93	2.87	2.82	2.55	2.26	2.06	1.92	1.36
750,000	3.19	3.16	3.12	3.05	2.99	2.94	2.68	2.38	2.19	2.04	1.48
1,000,000	3.31	3.28	3.24	3.17	3.11	3.06	2.80	2.50	2.31	2.17	1.60
1,250,000	3.41	3.38	3.34	3.27	3.22	3.16	2.90	2.61	2.42	2.27	1.71
1,500,000	3.51	3.48	3.44	3.38	3.32	3.26	3.00	2.71	2.52	2.38	1.82
1,750,000	3.61	3.58	3.54	3.48	3.42	3.37	3.11	2.81	2.62	2.48	1.92
2,000,000	3.72	3.69	3.64	3.58	3.52	3.47	3.21	2.91	2.72	2.58	2.03

\* Does not include emergency evacuation or repatriation.

Exhibit I

Zurich American Insurance Company

Group Accident Policy U-VA-100-A-CW  
Out of Country Medical Benefit Rider Form U-VA-124-A

**A. Medical Expense Benefit Rates (continued)**

Daily Rates - 100/0% Coinsurance

Medical Expense Benefit - **COB Coverage** \*

Maximum Benefit	Deductible										
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000	25,000
5,000	0.56	0.55	0.54	0.53	0.51	0.50	0.44	0.38	0.33	0.28	0.11
10,000	0.68	0.67	0.66	0.64	0.63	0.62	0.55	0.48	0.43	0.39	0.21
12,500	0.71	0.70	0.69	0.68	0.66	0.65	0.58	0.51	0.46	0.42	0.24
15,000	0.74	0.73	0.72	0.70	0.68	0.67	0.61	0.54	0.48	0.44	0.27
20,000	0.77	0.76	0.75	0.73	0.72	0.71	0.64	0.57	0.52	0.48	0.31
25,000	0.80	0.79	0.78	0.76	0.74	0.73	0.67	0.60	0.54	0.50	0.35
50,000	0.85	0.85	0.83	0.82	0.80	0.79	0.73	0.65	0.60	0.56	0.43
75,000	0.88	0.87	0.86	0.84	0.83	0.81	0.75	0.68	0.62	0.58	0.45
100,000	0.89	0.88	0.87	0.85	0.84	0.82	0.76	0.69	0.64	0.59	0.48
150,000	0.90	0.89	0.88	0.86	0.85	0.83	0.77	0.70	0.64	0.60	0.49
200,000	0.91	0.90	0.89	0.87	0.85	0.84	0.78	0.71	0.65	0.61	0.50
250,000	0.91	0.91	0.90	0.88	0.86	0.85	0.79	0.72	0.66	0.62	0.51
500,000	1.04	1.03	1.02	1.01	0.99	0.98	0.92	0.84	0.79	0.75	0.64
750,000	1.16	1.16	1.15	1.13	1.11	1.10	1.04	0.96	0.91	0.87	0.76
1,000,000	1.29	1.28	1.27	1.25	1.24	1.22	1.16	1.09	1.03	0.99	0.88
1,250,000	1.41	1.40	1.39	1.37	1.36	1.34	1.28	1.21	1.16	1.12	1.00
1,500,000	1.53	1.52	1.51	1.49	1.48	1.47	1.40	1.33	1.28	1.24	1.13
1,750,000	1.65	1.64	1.63	1.62	1.60	1.59	1.52	1.45	1.40	1.36	1.25
2,000,000	1.77	1.76	1.76	1.74	1.72	1.71	1.65	1.57	1.52	1.48	1.37

\* Does not include emergency evacuation or repatriation.

Daily Rates - 80/20% Coinsurance

Medical Expense Benefit - **COB Coverage** \*

Maximum Benefit	Deductible										
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000	25,000
5,000	0.50	0.50	0.49	0.48	0.47	0.46	0.41	0.36	0.32	0.27	0.11
10,000	0.60	0.60	0.59	0.58	0.56	0.55	0.50	0.44	0.40	0.36	0.20
12,500	0.63	0.62	0.61	0.60	0.59	0.58	0.53	0.47	0.43	0.39	0.23
15,000	0.64	0.64	0.63	0.62	0.60	0.59	0.54	0.49	0.44	0.41	0.25
20,000	0.67	0.66	0.65	0.64	0.63	0.62	0.57	0.51	0.47	0.44	0.29
25,000	0.69	0.68	0.67	0.66	0.65	0.64	0.59	0.53	0.49	0.45	0.32
50,000	0.72	0.72	0.71	0.69	0.68	0.67	0.62	0.56	0.52	0.49	0.38
75,000	0.73	0.73	0.72	0.71	0.69	0.68	0.63	0.58	0.54	0.51	0.40
100,000	0.74	0.73	0.72	0.71	0.70	0.69	0.64	0.58	0.54	0.51	0.42
150,000	0.74	0.74	0.73	0.71	0.70	0.69	0.64	0.59	0.55	0.52	0.42
200,000	0.74	0.74	0.73	0.72	0.70	0.69	0.64	0.59	0.55	0.52	0.43
250,000	0.75	0.74	0.73	0.72	0.71	0.69	0.65	0.59	0.55	0.52	0.43
500,000	0.84	0.83	0.83	0.81	0.80	0.79	0.74	0.68	0.65	0.62	0.53
750,000	0.94	0.93	0.93	0.91	0.90	0.89	0.84	0.78	0.75	0.72	0.63
1,000,000	1.04	1.03	1.02	1.01	1.00	0.99	0.94	0.88	0.85	0.82	0.74
1,250,000	1.14	1.13	1.12	1.11	1.10	1.09	1.04	0.98	0.95	0.92	0.84
1,500,000	1.23	1.23	1.22	1.21	1.20	1.18	1.13	1.08	1.04	1.02	0.94
1,750,000	1.33	1.33	1.32	1.31	1.29	1.28	1.23	1.18	1.14	1.12	1.04
2,000,000	1.43	1.42	1.42	1.40	1.39	1.38	1.33	1.27	1.24	1.22	1.14

\* Does not include emergency evacuation or repatriation.

Exhibit I

Zurich American Insurance Company

Group Accident Policy U-VA-100-A-CW  
Out of Country Medical Benefit Rider Form U-VA-124-A

**A. Medical Expense Benefit Rates (continued)**

Daily Rates - 100/0% Coinsurance

Medical Expense - **Secondary Coverage** \*

Maximum Benefit	Deductible										
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000	25,000
5,000	0.83	0.81	0.80	0.77	0.74	0.71	0.61	0.50	0.38	0.30	0.13
10,000	1.10	1.08	1.06	1.02	0.99	0.96	0.83	0.68	0.58	0.50	0.24
12,500	1.20	1.18	1.15	1.12	1.08	1.05	0.91	0.75	0.64	0.56	0.28
15,000	1.28	1.26	1.23	1.19	1.16	1.13	0.98	0.81	0.69	0.61	0.31
20,000	1.40	1.38	1.36	1.32	1.28	1.25	1.09	0.91	0.78	0.69	0.36
25,000	1.50	1.48	1.45	1.41	1.38	1.34	1.18	0.99	0.85	0.75	0.40
50,000	1.78	1.76	1.73	1.69	1.65	1.61	1.44	1.23	1.08	0.96	0.54
75,000	1.92	1.90	1.87	1.83	1.79	1.75	1.57	1.36	1.20	1.08	0.61
100,000	2.01	1.99	1.96	1.92	1.88	1.84	1.66	1.44	1.28	1.16	0.69
150,000	2.08	2.06	2.03	1.99	1.95	1.91	1.73	1.51	1.35	1.22	0.75
200,000	2.15	2.13	2.11	2.06	2.02	1.99	1.80	1.58	1.42	1.29	0.80
250,000	2.22	2.20	2.18	2.13	2.09	2.06	1.87	1.65	1.48	1.36	0.86
500,000	2.42	2.40	2.37	2.33	2.29	2.26	2.07	1.84	1.67	1.53	1.01
750,000	2.56	2.54	2.51	2.47	2.43	2.39	2.20	1.97	1.79	1.65	1.10
1,000,000	2.69	2.67	2.65	2.60	2.56	2.53	2.34	2.10	1.92	1.77	1.20
1,250,000	2.82	2.80	2.77	2.73	2.69	2.65	2.46	2.22	2.03	1.88	1.29
1,500,000	2.94	2.92	2.89	2.85	2.81	2.77	2.58	2.33	2.14	1.99	1.37
1,750,000	3.06	3.05	3.02	2.97	2.93	2.90	2.70	2.45	2.25	2.10	1.46
2,000,000	3.19	3.17	3.14	3.10	3.06	3.02	2.82	2.56	2.36	2.20	1.55

\* Rates are dependent on proportion of In-Force coverage. The rates shown are when 50% of insureds have In-Force Coverage.

\* Does not include emergency evacuation or repatriation.

Daily Rates - 80/20% Coinsurance

Medical Expense - **Secondary Coverage** \*

Maximum Benefit	Deductible										
	0	100	250	500	750	1,000	2,500	5,000	7,500	10,000	25,000
5,000	0.77	0.76	0.75	0.72	0.70	0.67	0.57	0.45	0.33	0.25	0.09
10,000	1.01	1.00	0.98	0.95	0.92	0.89	0.76	0.61	0.49	0.42	0.16
12,500	1.09	1.08	1.06	1.02	1.00	0.97	0.83	0.67	0.55	0.46	0.19
15,000	1.16	1.15	1.12	1.09	1.06	1.03	0.89	0.72	0.59	0.51	0.21
20,000	1.27	1.25	1.23	1.19	1.16	1.13	0.99	0.81	0.67	0.57	0.25
25,000	1.35	1.33	1.31	1.27	1.24	1.21	1.06	0.87	0.73	0.63	0.28
50,000	1.57	1.55	1.53	1.49	1.46	1.43	1.26	1.06	0.91	0.79	0.40
75,000	1.68	1.67	1.64	1.60	1.57	1.54	1.37	1.16	1.00	0.89	0.46
100,000	1.75	1.73	1.71	1.67	1.63	1.60	1.43	1.22	1.06	0.95	0.52
150,000	1.80	1.78	1.76	1.72	1.69	1.66	1.49	1.28	1.12	1.00	0.56
200,000	1.85	1.83	1.81	1.77	1.74	1.70	1.54	1.32	1.16	1.04	0.60
250,000	1.90	1.88	1.86	1.82	1.79	1.76	1.59	1.37	1.21	1.09	0.64
500,000	2.05	2.04	2.01	1.98	1.94	1.91	1.74	1.52	1.34	1.22	0.75
750,000	2.17	2.16	2.14	2.10	2.06	2.03	1.85	1.62	1.44	1.32	0.82
1,000,000	2.30	2.28	2.26	2.22	2.18	2.15	1.97	1.73	1.54	1.41	0.89
1,250,000	2.41	2.39	2.37	2.33	2.29	2.26	2.07	1.83	1.63	1.49	0.95
1,500,000	2.52	2.50	2.48	2.44	2.41	2.37	2.18	1.92	1.72	1.58	1.01
1,750,000	2.63	2.62	2.59	2.55	2.52	2.48	2.28	2.02	1.81	1.66	1.08
2,000,000	2.74	2.73	2.70	2.66	2.63	2.59	2.39	2.11	1.89	1.74	1.14

\* Rates are dependent on proportion of In-Force coverage. The rates shown are when 50% of insureds have In-Force Coverage.

\* Does not include emergency evacuation or repatriation.

Exhibit I

Zurich American Insurance Company

Group Accident Policy U-VA-100-A-CW  
Out of Country Medical Benefit Rider Form U-VA-124-A

**A. Medical Expense Benefit Rates (continued)**

**Emergency Evacuation If Covered Under the Medical Expense Benefit**

Add these rates to the Medical Expense Rate

Maximum Benefit	Rate per Day
5,000	\$0.087
10,000	\$0.130
15,000	\$0.174
20,000	\$0.196
25,000	\$0.217
50,000	\$0.252
75,000	\$0.269
100,000	\$0.287
250,000	\$0.310
500,000	\$0.319
750,000	\$0.335
1,000,000	\$0.349
unlimited	\$0.380

**Repatriation If Covered Under the Medical Expense Benefit**

Add these rates to the Medical Expense Rate

Maximum Benefit	Rate per Day
5,000	\$0.061
10,000	\$0.091
15,000	\$0.122
20,000	\$0.137
25,000	\$0.152
50,000	\$0.176
75,000	\$0.189
100,000	\$0.201
250,000	\$0.217
500,000	\$0.224
750,000	\$0.234
1,000,000	\$0.244
unlimited	\$0.270

**Accident/Sickness Factors**

Accident & Sickness	1.00
Sickness Only	0.57
Accident Only	0.43

Exhibit I

Zurich American Insurance Company

Group Accident Policy U-VA-100-A-CW  
Out of Country Medical Benefit Rider Form U-VA-124-A

**A. Medical Expense Benefit Rates (continued)**

**Adjustment Factors (credits/debits)**

Reason for Adjustment	Range
Sublimits(*)	+/-50%
Other Adjustments	
Schedule Application Basis (**)	+/-25%
Prior Notification	+/-25%
Alternate Assistance Provider	+/-25%
Trip Duration	+/-25%
Exclusions	+/-75%
Regional Factors for Medical	+/-75%
Loss Experience	+/-50%
Underwriting/Other (***)	+/-25%
Total Other Adjustments	-75%/+325%

(\*) Sublimits Adjustment is applicable to Medical Expense only

(\*\*) Schedule Application Basis meaning: per Covered Accident/Illness vs. per Calendar Year vs. etc.

(\*\*\*) Underwriter/Other meaning Other Risk Characteristics of the Group.

**Final Medical Expense Benefit Calculation:**

$$\{ [\text{Medical Expense Rate per plan design}] \times [\text{Sublimits Adjustment Factor}] \times [(1 + \text{Trend})^{(\text{Year} - 2013)}] \\ + \text{Emergency Evacuation Rate} + \text{Repatriation Rate} \} \\ \times \text{Accident/Sickness Factor} \\ \times \text{Other Adjustment Factors} \quad \text{Where Trend} = 4\%$$

**B. Hospital Admission/Medical Expense Guarantee**

Included in Medical Expense Rates except if it is configured to be paid and not reimbursed.  
In that case the rate will be an additional \$0.05 for \$5,000 of coverage.

**C. Continuation of Overseas Medical Expense Benefit**

Regional Factors for Continuation of Overseas Medical Expense Benefit	
Continuing in Non-US Country	
For Benefit Maximums less than \$50,000	0.65
For Benefit Maximums \$50,000 or more	0.50
Continuing in US	1.75

**Final Continuation of Overseas Medical Expense Benefit Calculation:**

$$\text{Medical Expense Benefit} \times \text{Regional Factor for Continuation of Overseas Benefits}$$

**Total Out of Country Travel Medical Insurance Benefit Calculation:**

$$\{ [\text{Medical Expense Benefit} + \text{Hospital Admission/Medical Expense Guarantee}] \times \text{Travel Exposure Days} \} \\ + [\text{Continuation of Overseas Medical Expense Benefit} \times \text{Incurral Period (Days)} \times \# \text{ of Out of Country Travelers}]$$

Exhibit 2

Zurich American Insurance Company

Group Accident Policy U-VA-100-A-CW  
Enhanced Travel Assistance and Travel Reimbursement Benefit Rider Form U-VA-125-A

**Rates for Travel Assistance or Travel Reimbursement Benefits:**

**Medical Evacuation**

Maximum Benefit	Rate per Day
5,000	\$0.087
10,000	\$0.130
15,000	\$0.174
20,000	\$0.196
25,000	\$0.217
50,000	\$0.252
75,000	\$0.269
100,000	\$0.287
250,000	\$0.310
500,000	\$0.319
750,000	\$0.335
1,000,000	\$0.349
unlimited	\$0.380

**Medical Repatriation**

Maximum Benefit	Rate per Day
5,000	\$0.061
10,000	\$0.091
15,000	\$0.122
20,000	\$0.137
25,000	\$0.152
50,000	\$0.176
75,000	\$0.189
100,000	\$0.201
250,000	\$0.217
500,000	\$0.224
750,000	\$0.234
1,000,000	\$0.244
unlimited	\$0.270

**Security**

Maximum Benefit	Rate per Day
5,000	\$0.087
10,000	\$0.130
15,000	\$0.174
20,000	\$0.196
25,000	\$0.217
50,000	\$0.252
75,000	\$0.269
100,000	\$0.287
250,000	\$0.310
500,000	\$0.319
750,000	\$0.335
1,000,000	\$0.349
unlimited	\$0.380

**Search & Rescue**

Maximum Benefit	Rate per Day
5,000	\$0.029
10,000	\$0.043
15,000	\$0.058
20,000	\$0.065
25,000	\$0.072
50,000	\$0.084
75,000	\$0.090
100,000	\$0.096
250,000	\$0.103
500,000	\$0.106
750,000	\$0.112
1,000,000	\$0.116
unlimited	\$0.130

**Other Benefits**

Maximum Benefit	Rate per Day
5,000	\$0.166
10,000	\$0.249
15,000	\$0.332
20,000	\$0.374
25,000	\$0.415
50,000	\$0.482
75,000	\$0.515
100,000	\$0.548
250,000	\$0.593
500,000	\$0.611
750,000	\$0.640
1,000,000	\$0.667
unlimited	\$0.720

**ALL**

Maximum Benefit	Rate per Day
5,000	\$0.430
10,000	\$0.643
15,000	\$0.860
20,000	\$0.968
25,000	\$1.073
50,000	\$1.246
75,000	\$1.332
100,000	\$1.419
250,000	\$1.533
500,000	\$1.579
750,000	\$1.656
1,000,000	\$1.725
unlimited	\$1.880

**Hospital Admission/Medical Expense Guarantee**

Included in Medical Evacuation and/or Medical Repatriation Rates except if it is configured to be paid and not reimbursed. In that case the rate will be an additional \$0.05 per day.

**Accident/Sickness Factors**

Accident & Sickness	1.00
Sickness Only	0.57
Accident Only	0.43

**Adjustment Factors (credits/debits)**

Reason for Adjustment	Range
Regional Factors for Medical	+/-75%
Regional Factors for Security	-25%/+200%
Factor for being Secondary Provider	-50/-90%
Other Adjustments	
Aggregate Limit Application Basis (*)	+/-25%
Limit of Liability per Covered Person Application Basis (**)	+/-25%
Conveyance Limited to Air & Marine	-5%
Prior Notification	+/-25%
Alternate Assistance Provider	+/-25%
Miles Away/Out of Country Only	+/-25%
Trip Duration	+/-25%
Exclusions	+/-75%
Loss Experience	+/-50%
Underwriting/Other (**)	+/-25%
Total Other Adjustments	-75%/+300%

**Benefit Specific Factors**

Benefit	Factor
Visit to Hospital (part of Other Benefits)	
-- only covers accommodations	0.75
-- only covers airfare	0.95
Security Evacuation	
-- elimination of 1 or more covered Events	varies
-- if transport back to location is added	1.15

(\*) Limit of Liability Application Basis meaning: per Covered Accident/Event vs. per Calendar Year vs. etc.

(\*\*) Underwriter/Other meaning Other Risk Characteristics of the Group.

**Final Enhanced Travel Assistance & Reimbursement Benefit Calculation:**

(([Medical Evacuation Rate + Medical Repatriation Rate] X Regional Factor for Medical + Hospital Admission/Medical Expense Guarantee Rate + [Other Benefits Rate X Visit To Hospital Factor]) X Accident/Sickness Factor + Security Evacuation Rate X Events Factor X Transport Back To Location Factor X Regional Factor for Security Evacuation + Search & Rescue Rate X Regional Factor for Security Evacuation) X Total Other Adjustments Factor X Secondary Provider Factor X Spouses and/or Dependent Children Assumed Proportion Factor (\*)

(\*) Rate will be factored up depending on assumed proportion of insureds travelling with spouses and dependent children.

SERFF Tracking #:

ZURC-128925653

State Tracking #:

Company Tracking #:

CW AH 35816

State:

District of Columbia

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

OCM-ZTA - for UVA

Project Name/Number:

OCM-ZTA - for UVA/CW AH 35816

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	DC Cover Letter.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Act-memo UVA FINAL 030713.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please refer to Actuarial Memo posted above.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	Not applicable - this is A&H
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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SERFF Tracking #:

ZURC-128925653

State Tracking #:

Company Tracking #:

CW AH 35816

State:

District of Columbia

Filing Company:

Zurich American Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

OCM-ZTA - for UVA

Project Name/Number:

OCM-ZTA - for UVA/CW AH 35816

<b>Bypass Reason:</b>	Not applicable - this is A&H
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Rate Summary Worksheet
<b>Bypass Reason:</b>	Not applicable
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

Zurich North America

Head Office  
1400 American Lane  
Schaumburg, Illinois  
60196-1056

Telephone (847) 706-2621

**March 08, 2013**



**ZURICH**

**Reference: Group Accident Insurance Policy  
OCM/ZTA – for UVA  
Zurich American Insurance Company NAIC #212-16535  
Company File Number: CW AH 35618**

This filing is for rate approval before we submit the new endorsements. Forms will be submitted after such rate approval is received. Proposed effective date will be upon the form approval.

The purpose of this filing is to seek approval of two new optional endorsements for use with our Group Accident Policy, which was previously approved by your Department on 03/07/2007 under State tracking number CWAH25595 and SERFF tracking number ZURC-125025220.

The new endorsements respond to the needs of our customers. They are not intended to replace any other forms currently in use.

The Out of Country Travel Medical Insurance Benefit, form U-VA-124-A, will pay or reimburse eligible medical expenses incurred by a Covered Person which were the result of a Covered Accident or an Illness while traveling outside their country of residence, citizenship or permanent assignment.

The Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan, form U-VA-125-A, will pay or reimburse eligible transportation expenses, and in some instances associated expenses, incurred by a Covered Person which were the result of a Covered Accident, an Illness or an imminent physical danger to the covered Person while traveling away from their Principal Residence.

All variable data is bracketed and a statement of variability is included.

The forms are in final print, subject to minor variations in formatting, duplexing, shading and fonts. The Company reserves the right to make corrections to any typographical errors such as misspellings or minor grammatical errors noted after filing and authorization.

As indicated in our original filing, the Group Accident Insurance product is designed to provide accidental benefits for Business, Pleasure, and Occupational trips by Covered Persons.

The Group Accident Insurance product will be marketed to approved groups in your state, and may be marketed through brokers, consultants, third party administrators and sales employees.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Crown', with a long horizontal flourish extending to the right.

Diana Crown, AIRC  
Regulatory Services Analyst  
847-706-2621

# Zurich American Insurance Company

## Actuarial Memorandum Group Accident Policy

Out of Country Travel Medical Insurance Benefit Form U-VA-124-A  
Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan Form U-VA-125-A

### **Item 1. Scope & Purpose**

This Actuarial memorandum describes the benefits provided in these new riders. This memorandum supports the rates being filed. These are new forms attached to the group accident insurance policy form U-VA-100-A that has been previously filed and approved in this state. The memorandum is to be used for compliance with regulatory authority filing requirements, and may not be appropriate for other purposes.

### **Item 2. Benefit Description**

Out of Country Travel Medical Insurance Benefit Form U-VA-124-A

This endorsement provides medical insurance covering accident and sickness while traveling outside of the covered person's country. This coverage is an option that may be offered to a group policyholder.

Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan Form U-VA-125-A

This endorsement provides assistance in securing medical and/or evacuation services to a covered person when on a covered trip. This coverage is an option that may be offered to a group policyholder.

### **Item 3. Renewability**

The base policy along with its endorsements is optionally renewable subject to the termination provisions specified in the policy.

### **Item 4. Applicability**

This is a new endorsement filing.

### **Item 5. Morbidity**

The initial premium rates were selected based on analysis of many sources, including our own claims data for similar but more restricted benefits, World Health Organization data, global medical cost data from

# Zurich American Insurance Company

## Actuarial Memorandum Group Accident Policy

Out of Country Travel Medical Insurance Benefit Form U-VA-124-A  
Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan Form U-VA-125-A

International Federation of Health Plans 2011 Comparative Price Report,  
and review of other companies published rates.

### **Item 6. Mortality**

Mortality rates were not used directly. But we used National Safety Council's '2009 Injury Facts', international unintentional injury deaths statistics to help access the difference in accident incidence between US and non-US regions.

### **Item 7. Persistency**

Lapse rates do not affect the pricing of this product since this product is rated annually. There is no expected variance in loss experience by duration.

### **Item 8. Expenses**

The typical allocation of expense, claims and profit is expected to be as follows:

Loss ratio	65.0%
Loss adjustment expense	3.0
Premium tax, license and fees	2.5
Commission and service fees	15.0
Administrative	9.5
<u>Profit and Contingency</u>	<u>5.0</u>
Total	100.0

### **Item 9. Marketing**

The program may be marketed by brokers, sales employees, consultants and third party administrators.

### **Item 10. Underwriting**

Underwriting is based on group characteristics, not on an individual basis.

# Zurich American Insurance Company

## Actuarial Memorandum Group Accident Policy

Out of Country Travel Medical Insurance Benefit Form U-VA-124-A  
Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan Form U-VA-125-A

### **Item 11. Premium Classes**

Premiums are calculated on a group-by-group basis using underwriting information particular to the group. Within each group premium classes may vary due to specific coverage variations or risk characteristics. Premiums will also vary by family composition. All rates in the attached rate exhibit are on a composite rate basis (uni-sex and composite age, individual only).

### **Item 12. Issue Age Range**

Coverage is available to employees and may be extended to their eligible spouses and dependents, if elected. Coverage under the base policy continues until age 70 unless the policy is endorsed to provide coverage to a later date.

### **Item 13. Area Factors**

Premium rates will vary by region of the globe and by how remote the locations are and their accessibility to Western standard medical care.

### **Item 14. Average Annual Premium**

The average annual premium is expected to be \$50 per certificate.

### **Item 15. Premium Mode**

Premiums may be payable monthly, annually or quarterly.

### **Item 16. Claim Liability and Reserves**

The Company will determine claim liabilities by means of appropriate actuarial methodology such as lag studies. Claims examiners will establish case reserves if the claim is ongoing and these will be updated from time to time.

### **Item 17. Active Life Reserves**

No Active Life Reserves are required and none will be held.

# Zurich American Insurance Company

## Actuarial Memorandum Group Accident Policy

Out of Country Travel Medical Insurance Benefit Form U-VA-124-A  
Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan Form U-VA-125-A

### **Item 18. Trend Assumption**

With the exception of medical expense benefits no trend has been assumed in this filing. The medical expense benefits assume future premium rates will take into consideration underlying medical trends including but not limited to cost per service trend, utilization trends and emerging experience under the policy form.

### **Item 19. Minimum Loss Ratio**

The minimum loss ratio is 50%.

### **Item 20. Anticipated Loss Ratio**

The anticipated loss ratio is 65%.

### **Item 21. Experience on the endorsement form**

As these are new forms, no historical experience is available.

### **Item 22. Lifetime Loss Ratio**

The projected lifetime loss ratio is the same as the anticipated lifetime loss ratio, i.e. 65%. It is not expected to fall below 50%

### **Item 23. History of Rate Adjustments**

As these are new forms, there have been no rate adjustments.

### **Item 24. Number of Policyholders with the endorsement**

As these are new forms, there are no current policyholders.

### **Item 25. Proposed Effective Date**

These rates are to be effective coincident with approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

Zurich American Insurance Company

Actuarial Memorandum  
Group Accident Policy

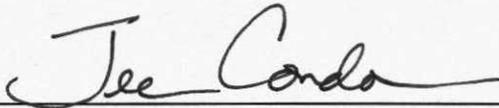
Out of Country Travel Medical Insurance Benefit Form U-VA-124-A  
Enhanced [Travel Assistance] [and] [Travel Reimbursement] Plan Form U-VA-125-A

**Item 26. Actuarial Certification**

I, Jean M. Condon, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I meet the Qualification Standards for rendering the Actuarial Opinion contained herein as adopted by the American Academy of Actuaries.

I certify that

- The filing is in compliance with state laws and regulations.
- The filing is in compliance with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board.
- The benefits are reasonable in relation to the premiums charged.
- The rates are not excessive or unfairly discriminatory.



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Jean Condon FSA. MAAA

March 7, 2013