

SERFF Tracking Number:	ALST-128283680	State:	District of Columbia
Filing Company:	American Heritage Life Insurance Company	State Tracking Number:	
Company Tracking Number:	GVA2 RATES		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Group Accident - Rates		
Project Name/Number:	Group Accident - Rates/GVA2 Rates		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
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 required):	Minimum % Change (where required):
American Heritage Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking Number: ALST-128283680 State: District of Columbia

Filing Company: American Heritage Life Insurance Company State Tracking Number:

Company Tracking Number: GVA2 RATES

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

Product Name: Group Accident - Rates

Project Name/Number: Group Accident - Rates/GVA2 Rates

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	Actuarial Memorandum with Rates	GVAP2DC, GVAC2DC	New		GVAP2 Actuarial Memo - Most States.pdf
	Actuarial Memorandum with Rates	GOPBRDC	New		GOPBR Actuarial Memo - Most States.pdf

American Heritage Life Insurance Company (AHL)
Jacksonville, Florida

ACTUARIAL MEMORANDUM
Group Voluntary Off the Job Accident Policy Form: GVAP2

1. Scope and Purpose

This is a filing for American Heritage Life Insurance Company's Group Voluntary Accident Policy Form # GVAP2. This plan will provide off the job coverage only. This filing is not intended to be used for any other purpose.

2. Benefit Description

The base policy provides coverage primarily for off the job accidents. The base policy benefits are as follows:

<u>Base Policy Benefits</u>	<u>Individual</u>	<u>Family</u>		
		<u>Primary Ins.</u>	<u>Spouse</u>	<u>Dependent Children</u>
Accidental Death	\$20,000	\$20,000	\$10,000	\$5,000
Common Carrier Acc. Death	\$100,000	\$100,000	\$50,000	\$25,000
Dismemberment (scheduled – max benefit)	\$20,000	\$20,000	\$10,000	\$5,000
Dislocation or Fracture (scheduled – max benefit)	\$2,000	\$2,000	\$1,000	\$500
Accident Hosp. Confinement	\$500	\$500	\$500	\$500
Hospital Confinement (daily benefit amount)	\$100	\$100	\$100	\$100
Intensive Care (daily benefit amount)	\$200	\$200	\$200	\$200
Acc. Physician's Treatment	\$50	\$50	\$50	\$50
X-Ray	\$100	\$100	\$100	\$100
Emergency Room Services	\$100	\$100	\$100	\$100
Ambulance Services				
Ground Ambulance	\$100	\$100	\$100	\$100
Air Ambulance	\$300	\$300	\$300	\$300

The Benefits provided under the Benefit Enhancement Option is as follows:

- A. **Lacerations Benefit.** We pay \$50 per unit if a covered person receives treatment for 1 or more lacerations (cuts) within 3 days after the accident. This benefit is payable only once per covered person per calendar year.
- B. **Burns Benefit.** We pay \$100 per unit or \$500 per unit depending on the extent of the burn if a covered person receives treatment for 1 or more burns, other than sun burns, within 3 days after the accident. This benefit is payable only once per covered person per accident.

C. **Skin Graft Benefit.** We pay 50% of the burn benefit if a covered person receives a skin graft for a burn for which a benefit is paid under the Burns Benefit. The skin graft must be performed within 90 days after the accident. This benefit is payable only once per covered person per accident.

D. **Brain Injury Diagnosis Benefit.** We pay \$150 per unit upon the first diagnosis of 1 of the following traumatic brain injuries by a covered person: concussion, cerebral laceration, cerebral contusion, or intracranial hemorrhage. The covered person must be first treated by a physician within 3 days after the accident.

The covered traumatic brain injury must be diagnosed within 30 days after the accident by computed tomography (CT) scan, magnetic resonance imaging (MRI), electroencephalogram (EEG), positron emission tomography (PET) scan, or X-ray. This benefit is payable only once per covered person.

E. **Computed Tomography (CT) Scan and Magnetic Resonance Imaging (MRI) Benefit.** We pay \$50 per unit if a covered person receives a CT scan or MRI within 180 days after the accident. The covered person must be first treated by a physician within 30 days after the accident. This benefit is payable only once per covered person per accident per calendar year.

F. **Paralysis Benefit.** We pay \$7,500 per unit for paralysis of two or three limbs and \$15,000 per unit for the paralysis of 4 limbs if a covered person receives a spinal cord injury resulting in the complete and permanent loss of use of 2 or more limbs as a result of an injury. Paralysis must be confirmed by the attending physician within 3 days after the accident and have a duration of at least 90 consecutive days. This benefit is payable only once per covered person.

G. **Coma with Respiratory Assistance Benefit.** We pay \$10,000 per unit if a covered person is in a coma. This benefit is payable only once per covered person.

H. **Open Abdominal or Thoracic Surgery Benefit.** We pay \$1,000 per unit if a covered person undergoes open abdominal or thoracic surgery for internal injuries within 3 days of the accident. We pay this benefit even if no surgical repair is required. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered 1 operation.

I. **Tendon, Ligament, Rotator Cuff or Knee Cartilage Surgery Benefit.** We pay \$500 per unit if a covered person undergoes a surgical procedure to repair an injury to a tendon, ligament, rotator cuff or knee cartilage. The injured site must be torn, ruptured, or severed and the surgical procedure must be performed by a physician within 180 days after the accident.

If exploratory surgery using arthroscopy is performed and no surgical repair is required then we will pay \$150 per unit. If 2 or more surgical procedures are performed through the same incision or entry point, they are considered 1 operation and we will pay the amount for the procedure with the largest dollar amount benefit.

J. **Ruptured Disc Surgery Benefit.** We pay \$500 per unit if a covered person undergoes a surgical procedure to repair a ruptured disc of the spine. The ruptured disc must be diagnosed and the surgical procedure must be performed by a physician within 180 days after the accident.

If 2 or more surgical procedures are performed through the same incision or entry point, they are considered 1 operation.

- K. **Eye Surgery Benefit.** We pay \$100 per unit for surgery or removal of a foreign object from the eye of a covered person. The procedure must be performed by a physician within 90 days after the accident. An examination with or without anesthesia is not considered surgery. This benefit is payable only once per covered person per accident.
- L. **General Anesthesia Benefit.** We pay \$100 per unit if a covered person receives general anesthesia administered by a nurse anesthetist or physician for surgery required to treat an injury provided a benefit is paid for the surgery under the Surgery Benefit of the certificate. The surgery must be performed by a physician within 180 days after the accident.
- M. **Blood and Plasma Benefit.** We pay \$300 per unit if a covered person receives a blood or plasma transfusion within 3 days after an accident. This benefit is payable only once per covered person per accident.
- N. **Appliance Benefit.** We pay \$125 per unit if a covered person receives 1 of the following medical appliances prescribed by a physician as an aid in personal locomotion or mobility: wheelchair, crutches, or walker. The use of a medical appliance must begin within 90 days after the accident. This benefit is payable only once per covered person per accident.
- O. **Medical Supplies Benefit.** We pay \$5 per unit for over-the-counter medical supplies purchased for a covered person provided a benefit is paid for the accident under the Accident Physician Treatment or X-Ray Benefit in the certificate. The supplies must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.
- P. **Medicine Benefit.** We pay \$5 per unit per accident for prescription or over-the-counter medicine purchased for a covered person provided a benefit is paid for the accident under the Accident Physician Treatment or X-Ray Benefit in the certificate. The medicine must be purchased within 90 days after the accident. We pay this benefit once per covered person per accident.
- Q. **Prosthesis Benefit.** We pay \$500 for one device or \$1,000 for 2 or more devices per unit for a prosthetic arm, leg, hand, foot or eye prescribed by a physician to replace an arm, leg, hand, foot or eye that a covered person loses as a direct result of an accident. This benefit is paid only if a benefit is paid for the loss of an arm, leg, hand, foot or eye under the Dismemberment Benefit in the certificate. The prosthetic device must be received within 180 days after the accident. This benefit is payable only once per covered person per accident.
- R. **Physical Therapy Benefit.** We pay \$30 per unit per day for physical therapy treatment received by a covered person when prescribed by a physician for an injury, provided a benefit is paid under the Accident Physician Treatment or X-Ray Benefit in the certificate. We pay for 1 physical therapy treatment per day for up to a maximum of 6 treatments per accident per covered person. Chiropractic services are excluded.
- Physical therapy must be for injuries sustained in an accident and must:
1. begin within 90 days after the accident; and
 2. take place no longer than 6 months after the accident.
- This benefit is not payable for the same visit for which the Accident Follow-Up Treatment Benefit is paid.
- S. **Rehabilitation Unit Benefit.** We pay \$100 per unit per day if a covered person is confined to a rehabilitation unit as a result of an injury, provided that the covered person has been hospital confined immediately prior to being transferred to the rehabilitation unit. This

benefit is paid for each day a room charge is incurred, up to 30 days for each covered person per continuous period of rehabilitation unit confinement, for a maximum of 60 days per calendar year. This benefit is not payable for days on which the Hospital Confinement Benefit in the certificate is paid.

T. Non-local Transportation Benefit. We pay \$400 per unit per trip for non-local treatment of a covered person at a hospital or other specialized freestanding treatment center prescribed by a physician when the same or similar treatment cannot be obtained locally. “Non-local” means a one-way trip of 100 miles or more from the covered person’s home to the nearest treatment facility. We do not pay for visits to a physician’s office or clinic or for services other than actual treatment. This benefit is payable up to 3 times per accident. Transportation by ground or air ambulance is not covered under this benefit.

U. Family Member Lodging Benefit. We pay \$100 per unit per day for the lodging of 1 adult family member of the covered person’s family to be with the covered person when a covered person is confined in a non-local hospital or other specialized freestanding treatment center for treatment. This benefit is payable for up to 30 days for each accident.

This benefit is only payable if the Non-local Transportation Benefit is paid. This benefit will not be paid if the family member lives within 100 miles one-way of the treatment facility.

V. Post-Accident Transportation Benefit. We pay \$200 per unit if a covered person is hospital confined for at least 3 consecutive days due to an injury resulting from an accident which occurs more than 250 miles from his or her place of residence and the covered person is brought home by a common carrier.

For the purposes of this policy, a common carrier means a method of transport with defined published routes, time schedules and rates approved by regulators. These include public airlines, railroads, and bus lines. Travel to the place of residence must take place within 48 hours following discharge from the hospital. This benefit is payable for the injured covered person only, and only if the Hospital Confinement Benefit in the certificate is paid. This benefit is payable only once per covered person per calendar year.

W. Accident Follow-Up Treatment Benefit. We pay \$50 per unit per day for follow-up treatment received by a covered person provided a benefit is paid under the Accident Physician Treatment or X-Ray Benefit in the certificate. We pay for 1 follow-up treatment per day for up to a maximum of 2 treatments per covered accident per covered person.

Treatments must be administered by a physician in a physician’s office or in a hospital on an outpatient basis and must be for injuries sustained in a covered accident and must:

1. begin within 90 days after the accident; and
2. take place no longer than 6 months after the accident.

This benefit is not payable for the same visit for which the Physical Therapy Benefit is paid.

3. Renewability

Individual certificates can only be terminated for reasons stated in the policy. The group policy is cancelable subject to a 31 day notice, or longer if mandated by the state law, and subject to the reasons stated in the policy.

4. Applicability

This is a new filing of this form. We anticipate new issues and renewals of this form in the future.

5. Morbidity

Morbidity assumptions were developed based on company experience for an individual form with a similar benefit structure.

6. Mortality

No explicit mortality assumption was used in pricing this form. The persistency rates take into account all causes of lapse, including death.

7. Persistency

The lapse rate assumptions used in pricing this form is for all causes of policy/certificate termination, including death. Lapse rates vary by age and duration. Overall lapse rates based on the anticipated mix are as follows:

Policy Yr	Issue Age								
	18 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+
1	25.5%	21.3%	19.3%	18.1%	17.1%	16.3%	15.7%	15.2%	14.7%
2	28.3%	25.6%	23.6%	22.3%	21.6%	21.7%	22.5%	24.0%	26.2%
3	34.0%	30.7%	28.3%	26.7%	26.0%	26.1%	27.0%	28.8%	31.4%
4	29.8%	27.0%	24.8%	23.4%	22.8%	22.9%	23.7%	25.2%	27.6%
5	27.4%	24.8%	22.8%	21.6%	20.9%	21.0%	21.8%	23.2%	25.3%
6	25.1%	22.6%	20.8%	19.7%	19.1%	19.2%	19.9%	21.2%	23.1%
7	20.3%	18.3%	16.9%	15.9%	15.5%	15.5%	16.1%	17.2%	18.7%
8	17.9%	16.2%	14.9%	14.1%	13.7%	13.7%	14.2%	15.1%	16.5%
9	15.5%	14.0%	12.9%	12.2%	11.8%	11.9%	12.3%	13.1%	14.3%
10	13.1%	11.9%	11.0%	11.0%	11.0%	11.0%	11.0%	11.1%	12.1%
11	12.7%	11.7%	11.0%	11.0%	11.0%	11.0%	11.0%	11.1%	11.9%
12	12.3%	11.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.1%	11.7%
13	11.9%	11.3%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.4%
14	11.4%	11.2%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.2%
15+	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%

8. Expenses

Acquisition: 21.91% of premium at issue
\$14.96 per policy issued

Maintenance: \$18.50 per policy in force
3.70% of claims

Premium Tax: 1.66% of premium

9. Marketing Method

This product will be sold by personal producing general agents and brokers in payroll group markets. The product will be sold to employer groups, unions and associations in accordance with the regulations of your state.

10. Underwriting

GVAP2 coverage is guaranteed issue.

11. Premium Classes

Premiums rates will vary by coverage type, and number of benefit units selected. Premiums may change based upon the experience.

12. Issue Age Range

This form will be available to issue ages 18 and older subject to eligibility requirements.

13. Area Factors

The pricing of this form did not incorporate any area factors.

14. Average Annual Premium

The average annualized premium for the Base plus BER assuming the distribution of business listed in item 19 is \$205.31.

15. Premium Modalization Rules

Subject to rounding procedures, the following are the premium modalization rules for this form.

Semiannual premiums equal 0.50 times the annual premium.

Quarterly premiums equal 0.25 times the annual premium.

Monthly premiums equal 1/12 times the annual premium.

16. Claim Liability and Reserves

Claim liability and reserves will be developed in accordance with the American Academy of Actuaries' Actuarial Standard of Practice Number 5, "Incurred Health and Disability Claims."

17. Active Life Reserves

Statutory reserves will be held in accordance with the Standard Valuation Law.

18. Anticipated Loss Ratio

The lifetime anticipated loss ratio for this form is 48%. This is computed as the present value of benefits divided by the present value of future premiums over the projection period.

19. Distribution of Business

Assumes 2 units of coverage and the following coverage mix

Individual	64%
Individual + Spouse	12%
Individual + Child(ren)	12%
Family	12%

20. Contingency and Risk Margins

The pricing of this form did not utilize a specific contingency or risk margin.

21. Actuarial Certification

I, Richard D. Schaefer, am an Actuary for American Heritage Life Insurance Company. I am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgement, the entire rate filing is in compliance with the applicable laws of your state and with the rules of the Department of Insurance, and complies with the Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," and that the benefits are reasonable in relation to the proposed premiums.



Richard D. Schaefer, F.S.A., M.A.A.A.

January 23, 2012

Date

EXHIBIT A
American Heritage Life Insurance Company
Group Voluntary Accident Policy Form GVAP2

Base		
Rate per Unit		
Coverage Level	Annual	Monthly
Individual	57.12	4.76
Individual + Spouse	85.68	7.14
Individual + Child(ren)	114.24	9.52
Family	142.80	11.90

BER		
Rate per Unit		
Coverage Level	Annual	Monthly
Individual	10.56	0.88
Individual + Spouse	15.84	1.32
Individual + Child(ren)	21.12	1.76
Family	26.40	2.20

Modal Factors: Annual=1.000, Semi-Annual=0.50, Quarterly=0.25, and Annual = 12 * Monthly

American Heritage Life Insurance Company (AHL)
Jacksonville, Florida

ACTUARIAL MEMORANDUM
Outpatient Physician's Treatment Rider: GOPBR

1. Scope and Purpose

This is a filing for American Heritage Life Insurance Company's Outpatient Physician's Treatment Rider Policy Form # GOPBR. This filing is not intended to be used for any other purpose.

2. Benefit Description

The rider provides coverage for sickness and off the job Accident physician visits when as an outpatient. 1 unit = \$25

3. Renewability

The renewability of this rider will follow the base certificate and policy. The group policy is cancelable subject to a 31 day notice, or longer if mandated by the state law, and subject to the reasons stated in the policy.

4. Applicability

This is a new filing of this form. We anticipate new issues and renewals of this form in the future.

5. Morbidity

Morbidity assumptions were developed based on company experience.

6. Mortality

No explicit mortality assumption was used in pricing this form. The persistency rates take into account all causes of lapse, including death.

7. Persistency

The lapse rate assumptions used in pricing this form is for all causes of policy/certificate termination, including death. Lapse rates vary by age and duration. Overall lapse rates based on the anticipated mix are as follows:

Policy Yr	Issue Age								
	18 - 29	30 - 34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65+
1	25.5%	21.3%	19.3%	18.1%	17.1%	16.3%	15.7%	15.2%	14.7%
2	28.3%	25.6%	23.6%	22.3%	21.6%	21.7%	22.5%	24.0%	26.2%
3	34.0%	30.7%	28.3%	26.7%	26.0%	26.1%	27.0%	28.8%	31.4%
4	29.8%	27.0%	24.8%	23.4%	22.8%	22.9%	23.7%	25.2%	27.6%
5	27.4%	24.8%	22.8%	21.6%	20.9%	21.0%	21.8%	23.2%	25.3%
6	25.1%	22.6%	20.8%	19.7%	19.1%	19.2%	19.9%	21.2%	23.1%
7	20.3%	18.3%	16.9%	15.9%	15.5%	15.5%	16.1%	17.2%	18.7%
8	17.9%	16.2%	14.9%	14.1%	13.7%	13.7%	14.2%	15.1%	16.5%
9	15.5%	14.0%	12.9%	12.2%	11.8%	11.9%	12.3%	13.1%	14.3%
10	13.1%	11.9%	11.0%	11.0%	11.0%	11.0%	11.0%	11.1%	12.1%
11	12.7%	11.7%	11.0%	11.0%	11.0%	11.0%	11.0%	11.1%	11.9%
12	12.3%	11.5%	11.0%	11.0%	11.0%	11.0%	11.0%	11.1%	11.7%
13	11.9%	11.3%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.4%
14	11.4%	11.2%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.2%
15+	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%	11.0%

8. Expenses

Acquisition: 21.91% of premium at issue

Maintenance: 3.70% of claims

Premium Tax: 1.66% of premium

9. Marketing Method

This product will be sold by personal producing general agents and brokers in payroll group markets. The product will be sold to employer groups, unions and associations in accordance with the regulations of your state.

10. Underwriting

GOPBR coverage is guaranteed issue.

11. Premium Classes

Premiums rates will vary by coverage type, and number of benefit units selected. Premiums may change based upon the experience.

12. Issue Age Range

This form will be available to issue ages 18 and older subject to eligibility requirements.

13. Area Factors

The pricing of this form did not incorporate any area factors.

14. Average Annual Premium

The average annualized premium for this rider assuming the distribution of business listed in item 19 is \$20.18.

15. Premium Modalization Rules

Subject to rounding procedures, the following are the premium modalization rules for this form.

Semiannual premiums equal 0.50 times the annual premium.

Quarterly premiums equal 0.25 times the annual premium.

Monthly premiums equal 1/12 times the annual premium.

16. Claim Liability and Reserves

Claim liability and reserves will be developed in accordance with the American Academy of Actuaries' Actuarial Standard of Practice Number 5, "Incurred Health and Disability Claims."

17. Active Life Reserves

Statutory reserves will be held in accordance with the Standard Valuation Law.

18. Anticipated Loss Ratio

The lifetime anticipated loss ratio for this form is 50%. This is computed as the present value of benefits divided by the present value of future premiums over the projection period.

19. Distribution of Business

Assumes 2.25 units of coverage and the following coverage mix

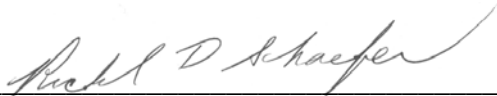
Individual	64%
Individual + Spouse	12%
Individual + Child(ren)	12%
Family	12%

20. Contingency and Risk Margins

The pricing of this form did not utilize a specific contingency or risk margin.

21. Actuarial Certification

I, Richard D. Schaefer, am an Actuary for American Heritage Life Insurance Company. I am a member of the American Academy of Actuaries and am qualified in the area of health insurance. I certify that, to the best of my knowledge and judgement, the entire rate filing is in compliance with the applicable laws of your state and with the rules of the Department of Insurance, and complies with the Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans," and that the benefits are reasonable in relation to the proposed premiums.



Richard D. Schaefer, F.S.A., M.A.A.A.

January 23, 2012

Date

EXHIBIT A
American Heritage Life Insurance Company
Outpatient Physician's Treatment Rider Form GOPBR

Rate per Unit		
Coverage Level	Annual	Monthly
Individual	7.44	0.62
Individual + Spouse	8.64	0.72
Individual + Child(ren)	16.20	1.35
Family	20.28	1.69

Modal Factors: Annual=1.000, Semi-Annual=0.50, Quarterly=0.25, and Annual = 12 * Monthly

<i>SERFF Tracking Number:</i>	<i>ALST-128283680</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>American Heritage Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>GVA2 RATES</i>		
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Group Accident - Rates</i>		
<i>Project Name/Number:</i>	<i>Group Accident - Rates/GVA2 Rates</i>		

Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item:	Actuarial Justification	
Comments:		
Please see Actuarial Memoranda attached to Rate Schedule.		