

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Rate Sheet 7109
Project Name/Number: Rate Sheet 7109/Rate Sheet 7109

Filing at a Glance

Company: Combined Insurance Company of America
Product Name: Rate Sheet 7109
State: District of Columbia
TOI: H02G Group Health - Accident Only
Sub-TOI: H02G.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 09/15/2012
SERFF Tr Num: CMBD-128681967
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: RATE SHEET 7109

Implementation: On Approval
Date Requested:
Author(s): Deborah Shortridge
Reviewer(s): Darniece Shirley (primary), Carolyn King
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: Rate Sheet 7109	Status of Filing in Domicile: Not Filed
Project Number: Rate Sheet 7109	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Small and Large
Group Market Type: Other	Explanation for Other Group Market Type: Credit Unions, Organizations
Overall Rate Impact:	Filing Status Changed: 09/21/2012
Deemer Date:	State Status Changed:
Submitted By: Deborah Shortridge	Created By: Deborah Shortridge
	Corresponding Filing Tracking Number:

Filing Description:

This is a new filing. Rate Sheet 7109 is new rate sheet and will not replaced any existing rate sheet.

Rate Sheet 7109 contains the unit premiums charged and unit benefits available.

Rate Sheet 7109 will be used in connection with our Group Accident Certificate, Form No. C14059R, previously submitted on August 28, 2012 and assigned SERFF Tracking Number CMBD-128662401. The forms are solicited on a face-to-face basis by our Insurance Producers or by direct market for telephone and mail solicitation. The application will be completed and/or transmitted either by paper or through electronic means. We certify that we will comply with your state statutes regarding privacy and electronic signatures.

The premium will be paid by payroll deduction or other premium collection means. The forms format and type style may change for computer system reasons but type size and print will not.

We appreciate your time in reviewing this filing. Please call me at our toll free number (888-449-3623 ext. 31534) or email me (deborah.shortridge@combined.com) if you have further questions or need additional information.

Company and Contact

Filing Contact Information

Deborah Shortridge, Senior Policy Analyst Deborah.Shortridge@combined.com
 1000 Milwaukee Avenue 847-953-1534 [Phone]
 Glenview, IL 60025 847-953-1557 [FAX]

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 Milwaukee Avenue	Group Code: 626	Company Type:
Glenview, IL 60025	Group Name:	State ID Number:
(847) 953-1531 ext. [Phone]	FEIN Number: 36-2136262	

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Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Combined Insurance Company of America	\$0.00		

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

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):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	%	%

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Filing Company:

Combined Insurance Company of America

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1		Rate Sheet 7109	C14059R	New		Rate Sheet 7109.pdf
2		Actuarial Memorandum	C14059R	New		Actuarial Memorandum C14059R.pdf

COMBINED INSURANCE COMPANY OF AMERICA
Voluntary Group Accident Product
Form No. C14059R
Basic Net Rate Table

Form	Unit Definition	24-Hour Coverage			Off-Job Only Coverage		
		Employee	Spouse	Children	Employee	Spouse	Children
Standard Benefits - Option 1	Schedule	0.92	0.78	1.16	0.74	0.62	1.16
Standard Benefits - Option 2	Schedule	1.34	1.16	1.67	1.07	0.93	1.67
Standard Benefits - Option 3	Schedule	1.67	1.44	2.14	1.34	1.16	2.14
Hospital/Facility Admission Benefit Package	\$500 Hosp	0.34	0.29	0.22	0.27	0.22	0.22
Hospital/Facility Confinement Benefit Package	\$25 Hosp	0.03	0.03	0.06	0.03	0.02	0.06
Recovery Benefit	\$25	0.11	0.10	0.07	0.09	0.08	0.07
Emergency Room Treatment Benefit	\$25	0.08	0.07	0.12	0.06	0.06	0.12
Urgent Care Benefit	\$25	0.07	0.06	0.10	0.06	0.04	0.10
Initial Doctor's Office Visit Benefit	\$25	0.06	0.06	0.08	0.04	0.04	0.08
Follow-up Office Visit Benefit - Option 1	\$10	0.14	0.12	0.14	0.12	0.10	0.14
Follow-up Office Visit Benefit - Option 2	\$10	0.23	0.18	0.21	0.19	0.15	0.21
Follow-up Office Visit Benefit - Option 3	\$10	0.27	0.20	0.21	0.21	0.17	0.21
Fractures and Dislocations Benefits - Option A Plan 1	\$1,000	0.51	0.43	0.78	0.41	0.35	0.78
Fractures and Dislocations Benefits - Option A Plan 2	\$1,000	0.62	0.53	0.96	0.51	0.42	0.96
Fractures and Dislocations Benefits - Option A Plan 3	\$1,000	0.70	0.59	1.05	0.55	0.46	1.05
Fractures and Dislocations Benefits - Option B Plan 4	\$1,000	0.49	0.40	0.74	0.38	0.34	0.74
Fractures and Dislocations Benefits - Option B Plan 5	\$1,000	0.59	0.51	0.91	0.46	0.40	0.91
Fractures and Dislocations Benefits - Option B Plan 6	\$1,000	0.72	0.59	1.07	0.57	0.46	1.07
Employer Option Benefits							
Accidental Death Benefit with Common Carrier x 4	\$5,000	0.19	0.15	0.03	0.15	0.13	0.03
Accidental Death Benefit with Common Carrier x 2	\$5,000	0.18	0.15	0.03	0.15	0.12	0.03
Catastrophic Loss Benefit	\$5,000	0.04	0.02	0.01	0.03	0.01	0.01
0/6 Non-Occ Accident Disability Benefit	\$100/month				0.56		
0/12 Non-Occ Accident Disability Benefit	\$100/month				0.64		
Specialty Benefit Package	\$25/day	0.15	0.12	0.07	0.13	0.10	0.07
Wellness Benefit	\$25	0.53	0.44	0.30			
Sports Cap Increase	\$1,000	0.09	0.08	0.11	0.07	0.06	0.11
First Occurrence Benefit	\$100	0.15	0.14	0.21	0.13	0.11	0.21

Employer Contribution Adjustment Factors:

Group Size	Factor*
<20	95%
20-99	90%
100+	80%

*Applied when the employer contributes at least half of the premiums. The adjustment only applies to the insureds for which the employer contribution applies (e.g., if the employer contributes to employee only, then the discount only applies to the employee portion of the premium).

Gross Rates:

$$\text{Gross Rate} = \frac{\text{Net Rate} \times \text{Underwriter Adjustment} \times \text{Employer Contribution Factor}}{(1 - \text{Commission \%} - \text{Expense \%} - \text{Profit \%})}$$

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Voluntary Group Accident Product**

Form No. C14059R

I. Purpose of Filing

The purpose of this rate filing is to disclose the anticipated loss ratio of this policy. This rate filing is not intended to be used for any other purposes.

II. Policy Benefits

The group policyholder selects the benefits to be offered to eligible policyholder members. Coverage can be written on a 24-Hour or Non-Occupational basis.

The following benefits will be included with every plan written:

- Standard Benefits (choice of 3 options)
- Hospital/Facility Admission Benefit
- Hospital/Facility Confinement Benefit
- Recovery Benefit
- Emergency Room Treatment Benefit
- Urgent Care Benefit
- Initial Doctor's Office Visit Benefit
- Follow-up Office Visit Benefit (choice of 3 options)
- Fractures and Dislocations Benefit (choice of 6 options)

In addition, the policyholder may select to enhance coverage by adding the following optional benefits:

- Accidental Death Benefit with Common Carrier (choice of 2 options)
- Catastrophic Loss Benefit
- Non-Occ Accident Disability Benefit (choice of 2 options)
- Specialty Benefit Package
- Wellness Benefit
- Sports Cap Increase
- First Occurrence Benefit

Each benefit is defined at a Per Unit level, with a policyholder choice of the number of units to offer.

Please see the Certificate for a detailed listing of benefits.

III. Renewability Provision

This group policy renews automatically while individuals are covered under the policy. The policy can be terminated by either party with 60 days written notice, mutual agreement, or failure to pay premiums within the Grace Period.

Each certificate is guaranteed renewable for life. Premiums may be changed on any anniversary with 30 days advance written notice.

IV. Marketing and Underwriting

This group policy will be marketed to employer and affinity groups by licensed agents and brokers. Certificates will be guaranteed issue to eligible members of the group policyholder.

V. Gross Premiums

The base net premium rates were developed using the assumed mix of age and gender. Net rates are loaded to reflect expected commissions, premium taxes, administrative expenses, and profit and contingency margins. Net premium rates are attached in Exhibit A. The average annual premium based upon the assumed distribution is \$298. Premiums may be adjusted based upon the experience of the group or other group characteristics that may affect results.

VI. Anticipated Loss Ratio

The anticipated loss ratio is 50.0%.

ACTUARIAL MEMORANDUM

COMBINED INSURANCE COMPANY OF AMERICA
Voluntary Group Accident Product

Form No. C14059R

VII. Actuarial Certification

I, John D. Kidder, consulting actuary for Kidder, LLC, am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans"; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



John D. Kidder, F.S.A., M.A.A.A.
Consulting Actuary

September 7, 2012

Attachments:

Exhibit A: Net Premium Rates

SERFF Tracking #:

CMBD-128681967

State Tracking #:

Company Tracking #:

RATE SHEET 7109

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District of Columbia

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:	the actuarial memorandum has been added to the Rate/Rule Schedule.		