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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	United of Omaha Life Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Group Accident Rates		
<b>Project Name/Number:</b>	Accident Only 2014/ACC-CERT-14 DC Rates		

## Filing at a Glance

Company:	United of Omaha Life Insurance Company
Product Name:	Group Accident Rates
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	03/26/2014
SERFF Tr Num:	MUTM-129429360
SERFF Status:	Pending State Action
State Tr Num:	
State Status:	
Co Tr Num:	BRANDI LASHLEY
Implementation	On Approval
Date Requested:	
Author(s):	Helen Curry , Shelly Kaipust, Brandi Lashley, June Rodgers, Krysia Gannon, Maggie Larkin
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

**State:** District of Columbia **Filing Company:** United of Omaha Life Insurance Company  
**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only  
**Product Name:** Group Accident Rates  
**Project Name/Number:** Accident Only 2014/ACC-CERT-14 DC Rates

## General Information

Project Name: Accident Only 2014  
Project Number: ACC-CERT-14 DC Rates  
Requested Filing Mode: Review & Approval  
Explanation for Combination/Other:  
Submission Type: New Submission  
Group Market Type: Employer, Association, Trust  
Filing Status Changed: 04/09/2014  
State Status Changed:  
Created By: Krysia Gannon  
Corresponding Filing Tracking Number: MUTM-129429361 (forms)

Status of Filing in Domicile:  
Date Approved in Domicile:  
Domicile Status Comments:  
Market Type: Group  
Group Market Size: Small and Large  
Overall Rate Impact:

Deemer Date:  
Submitted By: Shelly Kaipust

Filing Description:  
See cover letter.

## Company and Contact

### Filing Contact Information

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### Filing Company Information

United of Omaha Life Insurance Company  
Mutual of Omaha Plaza  
Omaha, NE 68175  
(402) 351-6910 ext. [Phone]

CoCode: 69868  
Group Code: 261  
Group Name:  
FEIN Number: 47-0322111

State of Domicile: Nebraska  
Company Type: Life Insurance  
State ID Number:

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	United of Omaha Life Insurance Company
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
United of Omaha Life Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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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		Group Accident Rate Pages	ACC-CERT-14 DC	New		ACC_RatePages_U.pdf,

UNITED OF OMAHA LIFE INSURANCE COMPANY  
OMAHA, NEBRASKA

ACCIDENT INSURANCE

Described below is the process for calculating manual rates. For cases less than 150 lives the premium for a given group will be based upon the manual rates as described below. For cases greater than 150 lives the premium for a given group may be based upon a credibility-weighted combination of the manual rate (as described below) and the historical experience rate of the given group. The resulting credibility blend of manual rate and experience rate may be adjusted up or down based upon plan design characteristics and underwriting judgment with regard to the unique characteristics of the case for which rates are being established.

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The annual base claim rate/\$1,000 is selected for adults and children based on the benefits offered and multiplied by the amount payable for each benefit for employee, spouse and child

Table 1.00 - Annual Base Claim Rate/\$1,000, for Adult and Child

Category	Benefit	Adult	Child
<b>Initial Care</b>			
	Ground Ambulance	\$ 6.60	\$ 5.02
	Air Ambulance	\$ 1.32	\$ 1.01
	Emergency Room	\$ 62.32	\$ 47.46
	Urgent Care Center	\$ 2.76	\$ 2.10
	Initial Physician Office Visit	\$ 83.98	\$ 63.94
	Initial Medical Treatment	\$ 3.62	\$ 3.62
<b>Specified Injuries</b>			
<b>Fractures and Dislocations</b>			
	Open Fractures (150% of highest)	\$ 1.62	\$ 1.52
	Closed Fractures (150% of highest)	\$ 26.92	\$ 25.30
	Open Dislocations (150% of highest)	\$ 0.15	\$ 0.15
	Closed Dislocations (150% of highest)	\$ 2.01	\$ 1.89
<b>Burns</b>			
	Burns, 2nd Degree, <= 9% of Body Surface	\$ 0.27	\$ 0.21
	Burns, 2nd Degree 10% - 36% of Body Surface	\$ 0.07	\$ 0.06
	Burns, 2nd Degree > 36% of Body Surface	\$ 0.01	\$ 0.01
	Burns, 3rd Degree <= 18% of Body Surface	\$ 0.19	\$ 0.15
	Burns, 3rd Degree 19% - 36% of Body Surface	\$ 0.02	\$ 0.02
	Burns, 3rd Degree > 36% of Body Surface	\$ 0.01	\$ 0.01
<b>Lacerations</b>			
	Lacerations, no sutures	\$ 3.80	\$ 3.80
	Lacerations, < 2"	\$ 1.90	\$ 1.90
	Lacerations, 2"-6"	\$ 1.27	\$ 1.27
	Lacerations, >6"	\$ 0.63	\$ 0.63
<b>Dental Care</b>			
	Crown or Filling Repair	\$ 2.33	\$ 2.99
	Extraction	\$ 1.52	\$ 1.96
<b>Hospital, Surgical and Diagnostic</b>			
<b>Hospital</b>			
	Hospital Admission	\$ 11.76	\$ 8.96
	Daily Confinement (365 days)	\$ 59.29	\$ 45.15
	ICU Confinement (15 days)	\$ 4.72	\$ 3.59
	Rehabilitation Facility Confinement (30 days)	\$ 0.37	\$ 0.75
<b>Surgical</b>			
	Exploratory Surgery	\$ 0.29	\$ 0.22
	Abdominal, Thoracic, and Cranial	\$ 0.67	\$ 0.51
	Herniated Disc	\$ 0.28	\$ 0.21
	Torn Knee Cartilage	\$ 0.37	\$ 0.28
	Tendon/Ligament/Rotator Cuff	\$ 0.87	\$ 0.66
	Eye Procedure	\$ 0.66	\$ 0.66
	Blood Products	\$ 5.13	\$ 5.13
	Pain Management/Anesthesia	\$ 23.99	\$ 23.99
<b>Diagnostic</b>			
	X-ray	\$ 34.44	\$ 26.23
	Diagnostic Exam (MRI, CT, CAT, EKG, EEG)	\$ 10.07	\$ 10.07
	Brain Injury Diagnosis	\$ 4.66	\$ 6.55
<b>Follow-up Care</b>			
	Physician Follow-up Office Visit (2 visits)	\$ 95.55	\$ 72.76
	Therapy Services (6 visits)	\$ 108.04	\$ 82.27
	Follow up Treatment (combined 8 visits)	\$ 241.25	\$ 183.71
	Medical Device	\$ 8.44	\$ 8.44
	Prosthetic Device	\$ 0.70	\$ 0.70
<b>Family Care</b>			
	Transportation (3 trips)	\$ 1.17	\$ 1.12
	Lodging (30 days)	\$ 11.66	\$ 11.22
	Childcare (30 days)	\$ 10.43	\$ -

The following adjustments are applied to the applicable annual base claim rate (for both adults and children) based on the benefit option chosen.

Table 1.02 - Base Claim Adjustments for Benefits offered as a Percent of Base Benefit

Benefit Percent	Factor		
	Chip Fractures (Closed Fractures)	Partial Dislocations (Closed Dislocations)	Skin Grafts (Burns)
No Benefit	1.000	1.000	1.000
25% Benefit	1.005	1.016	1.222
50% Benefit	1.011	1.032	1.444

For benefits/options not shown, the factors are determined by interpolation.

The following adjustments are applied to the applicable annual base claim rate (for both adults and children) based on the benefit option chosen.

Table 1.03 - Base Claim Adjustments for Fractures and Dislocations

Fracture & Dislocation Maximum Percent	Factor
100%	0.950
150%	1.000
250%	1.033

For benefits/options not shown, the factors are determined by interpolation.



The following adjustments are applied to the applicable annual base claim rate (for both adults and children) based on the benefit option chosen.

Table 1.04 - Base Claim Adjustments for Hospital Benefits

Benefit Duration	Factor		
	Daily Confinement	ICU Confinement	Rehabilitation Facility Confinement
5 Days	0.586	0.73	0.17
7 Days	0.657	0.82	0.23
14 Days	0.787	0.99	0.47
15 Days	0.799	1.00	0.50
21 Days	0.856	1.07	0.70
30 Days	0.907	1.13	1.00
60 Days	0.961	1.20	1.50
90 Days	0.979	N/A	N/A
180 Days	0.995	N/A	N/A
365 Days	1.000	N/A	N/A

For benefits/options not shown, the factors are determined by interpolation.

The following adjustments are applied to the applicable annual base claim rate (for both adults and children) based on the benefit option chosen.

Table 1.05 - Base Claim Adjustments for Follow-up Benefits

Number of Visits	Factor		
	Physician Follow-up Office	Therapy Services	Follow-up Treatment
2	1.00	0.51	0.400
4	1.59	0.82	0.659
6	1.94	1.00	0.870
8	2.18	1.12	1.000
10	2.30	1.17	1.135

For benefits/options not shown, the factors are determined by interpolation.

The following adjustments are applied to the applicable annual base claim rate (for both adults and children) based on the benefit option chosen.

Table 1.06 - Base Claim Adjustments for Family Care Benefits

Factor			
Number of Visits	Transportation	Lodging	Childcare
1	0.33	0.03	0.22
3	1.00	0.10	0.27
30	N/A	1.00	1.00

For benefits/options not shown, the factors are determined by interpolation.

The following adjustments are applied to the applicable annual base claim rate based on the benefit option chosen.

Table 1.07 - Base Claim Adjustments for Non-occupational/24 hour Coverage

Factor		
Number of Visits	Non-occupational Coverage	24 hour Coverage
Employee	0.750	1.000
Spouse	0.750	See formula
Child	0.935	1.000

The spouse factor for 24 hour coverage is determined by the following formula:

Non-occupational factor + (1-non-occupational factor) \* # of Spouses Working

The following adjustments are applied to the applicable annual base claim rate (for adults and children) based on the benefit option chosen.

Table 1.08 - Base Claim Adjustments for Number of Plan Options

<b>Plan Options Available</b>	<b>Factor</b>
Single	1.000
Multiple	1.013

The following adjustments are applied to the applicable annual base claim rate based on the demographics of the group.

Table 1.10 - Age/Gender Factor

		<b>Factor</b>	
<b>Insured</b>	<b>Age</b>	<b>Male</b>	<b>Female</b>
Child	<b>0 - 15</b>	1.00	1.00
Child	<b>16 - 25</b>	1.21	1.21
Adult	<b>18 - 29</b>	1.16	0.97
Adult	<b>30 - 39</b>	1.01	0.84
Adult	<b>40 - 49</b>	0.88	0.76
Adult	<b>50 - 59</b>	0.78	0.71
Adult	<b>60 - 69</b>	0.76	0.74
Adult	<b>70 - 99</b>	0.89	0.97

The accumulative effect of Tables 1.00-1.10 are multiplied by the applicable amount/\$1,000, and result in the adjusted annual accident claim cost for employee, spouse and children

The adjusted annual accident claim cost is multiplied by the applicable SIC Factor.

Table 1.15 - SIC Factor

SIC Range		24 Hour Factor	Non-Occ Factor
Low	High		
0111	0740	1.600	1.600
0741	0750	1.000	1.000
0751	0780	1.600	1.600
0781	0810	1.000	1.000
0811	1010	1.600	1.600
1011	2010	1.400	1.400
2011	2020	1.600	1.600
2021	2081	1.150	1.050
2082	2094	1.600	1.600
2095	2096	1.150	1.050
2097	2097	1.600	1.600
2098	2098	1.150	1.050
2099	2110	1.600	1.600
2111	2210	1.400	1.400
2211	2410	1.000	1.000
2411	2433	1.600	1.600
2434	2610	1.150	1.050
2611	3010	1.000	1.000
3011	3060	1.150	1.050
3061	3110	1.000	1.000
3111	3311	1.150	1.050
3312	3330	1.600	1.600
3331	3362	1.150	1.050
3363	3430	1.600	1.600
3431	3440	1.150	1.050
3441	3490	1.600	1.600
3491	3498	1.150	1.050
3499	3510	1.600	1.600
3511	3570	1.050	1.050
3571	3690	1.000	1.000
3691	3710	1.150	1.050
3711	3720	1.250	1.050
3721	3730	1.400	1.400
3731	3742	1.250	1.050
3743	3811	1.400	1.400
3812	4010	1.000	1.000
4011	4220	1.400	1.400
4221	4411	1.150	1.050
4412	4511	1.400	1.400
4512	4611	1.600	1.600
4612	4723	1.400	1.400
4724	4910	1.000	1.000
4911	5011	1.150	1.050

SIC Range		24 Hour Factor	Non-Occ Factor
Low	High		
5012	5180	1.000	1.000
5181	5190	1.150	1.050
5191	5210	1.000	1.000
5211	5310	1.150	1.050
5311	5812	1.000	1.000
5813	5911	1.150	1.050
5912	5920	1.000	1.000
5921	5931	1.150	1.050
5932	6010	1.000	1.000
6011	6310	0.950	0.950
6311	6511	0.930	0.950
6512	6540	1.000	1.000
6541	6551	0.930	0.950
6552	6711	1.000	1.000
6712	7010	0.930	0.950
7011	7210	1.050	1.050
7211	7310	1.000	1.000
7311	7321	0.930	0.950
7322	7330	1.000	1.000
7331	7333	0.930	0.950
7334	7370	1.000	1.000
7371	7380	0.930	0.950
7381	7381	1.150	1.050
7382	7910	1.000	1.000
7911	7947	1.050	1.050
7948	7990	1.600	1.600
7991	7995	1.050	1.050
7996	7996	1.600	1.600
7997	8010	1.050	1.050
8011	8050	1.000	1.000
8051	8070	1.250	1.050
8071	8081	1.000	1.000
8082	8110	1.250	1.050
8111	8321	0.950	0.950
8322	8360	1.000	1.000
8361	8411	1.250	1.050
8412	8610	1.000	1.000
8611	8710	1.250	1.050
8711	8743	0.930	0.950
8744	8747	1.000	1.000
8748	8810	0.930	0.950
8811	9110	1.000	1.000
9111	9999	1.150	1.050

The adjusted annual accident claim cost is multiplied by the applicable Participation Factor.

Table 1.20 - Participation Factor

Participation Percent	Factor		
	Case Size		
	0-99	100-299	300+
1%	1.250	1.200	1.150
2%	1.220	1.170	1.140
3%	1.200	1.150	1.130
4%	1.180	1.140	1.120
5%	1.150	1.130	1.110
6%	1.140	1.120	1.100
7%	1.130	1.100	1.080
8%	1.120	1.080	1.050
9%	1.110	1.050	1.020
10%	1.100	1.030	1.000
11%	1.080	1.020	1.000
12%	1.060	1.000	1.000
13%	1.040	1.000	1.000
14%	1.020	1.000	1.000
15% - 99%	1.000	1.000	1.000
100%	0.900	0.900	0.900

For participation percentages in between those shown, the values are interpolated.



Table 1.25 - Base Catastrophic Claim Rate/\$1,000

SIC Range		24 Hour	Non-Occ	24 Hour	Non-Occ
Low	High	Adult Claim Rate	Adult Claim Rate	Child Claim Rate	Child Claim Rate
0	999	0.029	0.023	0.020	0.019
1000	1499	0.050	0.026	0.020	0.019
1500	1999	0.036	0.025	0.020	0.019
2000	2699	0.025	0.021	0.020	0.019
2700	3299	0.025	0.021	0.020	0.019
3300	3699	0.025	0.021	0.020	0.019
3700	3799	0.034	0.031	0.020	0.019
3800	3999	0.025	0.021	0.020	0.019
4000	4999	0.026	0.022	0.020	0.019
5000	5999	0.022	0.019	0.020	0.019
6000	6999	0.022	0.019	0.020	0.019
7000	7999	0.023	0.020	0.020	0.019
8000	8999	0.022	0.019	0.020	0.019
9000	9399	0.026	0.022	0.020	0.019
9400	9699	0.026	0.022	0.020	0.019
9700	9899	0.026	0.022	0.020	0.019
9900	9999	0.026	0.022	0.020	0.019

Base Catastrophic Claim Rate/\$1,000 \* (1 - 55% \* Female %) \* Volume \* 12 +  
Transportation of Remains Benefit \* \$0.0509/\$1,000

The annual Catastrophic Claim cost is multiplied by the following Catastrophic Plan Type Factor.

Table 1.30 - Catastrophic Plan Type

<b>Plan Type</b>	<b>Factor</b>
Non-Contributory	1.000
Contributory/Voluntary	1.100

The adjusted annual accident claim cost and annual catastrophic claim cost is multiplied by applicable area factor.

Table 1.35 - Area Factor

3 Digit Zip Code		Catastrophic Factor	Accident Factor
Low	High		
200	200	0.8500	0.9700
202	205	0.8500	0.9700

The Health Screening Annual Base Claim rate is selected based on the demographics of the group.

Table 1.40 - Annual Base Health Screening Claim Rate (\$25)

Age	Male	Female
0	1.2500	1.2500
1-5	1.2500	1.2500
6-11	1.7115	1.7115
12-15	2.4038	2.4038
16-18	2.6027	2.8971
19	2.9403	3.2838
20	3.2779	3.6705
21	3.6155	4.0571
22	3.9531	4.4438
23	3.9531	4.5419
24	3.9531	4.6401
25	3.9531	4.7382
26	3.9531	4.8364
27	3.9531	4.9345
28	4.0115	4.9950
29	4.0699	5.0554
30	4.1284	5.1159
31	4.1868	5.1763
32	4.2452	5.2368
33	4.2452	5.2673
34	4.2452	5.2977
35	4.2452	5.3282

Age	Male	Female
36	4.2452	5.3587
37	4.2452	5.3892
38	4.3533	5.4321
39	4.4615	5.4750
40	4.5696	5.5179
41	4.6777	5.5609
42	4.7858	5.6038
43	4.9276	5.6085
44	5.0694	5.6132
45	5.2112	5.6179
46	5.3530	5.6226
47	5.4948	5.6273
48	5.5083	5.6316
49	5.5217	5.6359
50	5.5352	5.6403
51	5.5487	5.6446
52	5.5621	5.6489
53	5.5621	5.6669
54	5.5621	5.6849
55	5.5621	5.7028
56	5.5621	5.7208
57-99	5.5621	5.7388

The annual health screening claim rate is multiplied by the health screening adjustment based on the benefit amount elected to determine the Annual Health Screening claim cost.

Table 1.45 - Health Screening Adjustment

**Health Screening Benefit**

<b>Amount</b>	<b>Factor</b>
\$25	1.000
\$50	2.589
\$75	4.816
\$100	7.732
\$125	11.355
\$150	15.847

The group adjusted claim cost by tier is calculated according to the following formula:

For each covered person (employee, spouse and child), the group adjusted claim cost is calculated as follows:

$$\text{Adjusted annual accident claim cost} * \text{ABM Factor} + \text{annual catastrophic claim cost} + \text{annual health screening claim cost}$$

This is translated into tier rates based on the following formula for each tier:

$$\begin{aligned} &\text{Group adjusted claim cost by tier} = \\ &\text{Employee group adjusted claim cost} + \text{Spouse group adjusted claim cost} * \text{Number of Spouses} + \\ &\text{Child group adjusted claim cost} * \text{Number of Children} \end{aligned}$$

Table 1.50 - Annual Benefit Maximum (ABM) Factor

Tier	Express Benefit	Factor		
		\$5,000 ABM	\$10,000 ABM	Unlimited
Employee	Not Included	1.030	1.030	1.030
Employee + Spouse	Not Included	0.770	0.800	0.830
Employee + Child	Not Included	0.650	0.680	0.730
Employee + Family	Not Included	0.540	0.590	0.660
Employee	Included	1.045	1.035	1.030
Employee + Spouse	Included	0.795	0.810	0.830
Employee + Child	Included	0.675	0.695	0.730
Employee + Family	Included	0.565	0.605	0.660

For benefits/options not shown, the factors are determined by interpolation.

The group adjusted claim cost by tier is multiplied by the portability factor.

Table 1.55 - Portability

Portability Option	Factor
No	1.00
Yes	1.01

The group adjusted claim cost by tier is multiplied by the rate guarantee factor

Table 1.60 - Rate Guarantee

<b>Rate Guarantee Period</b>	<b>Factor</b>
<b>1 Year</b>	1.000
<b>2 Years</b>	1.000
<b>3 Years</b>	1.030
<b>4 Years</b>	1.050
<b>5 Years</b>	1.070



UNITED OF OMAHA LIFE INSURANCE COMPANY  
OMAHA, NEBRASKA

ACCIDENT INSURANCE

Final Monthly Rate

The accumulated effect of all of the factor adjustments produce the Group Adjusted Claim Cost by Tier. This is then summed for all elections by tier to arrive at the Total Claim Cost.

The Annual Premium is calculated based on the following formula:

$$\frac{\text{Total Claim Cost} * (1 + \text{A\&H\% of Claims}) + \text{Flat A\&H Expense} + \text{Flat Commission} + \text{A\&H PEPM} * \text{Enrolled Insureds}}{1 - \text{A\&H\%} - \text{Commission \%} - \text{Premium Tax \%}}$$

United of Omaha targets (based upon recent claims experience and future anticipated claims experience) a percentage of the rates as calculated above for new business rates and renewal rates. In addition to the targeted percentage of the manual rate, which is calculated as outlined above, the rates for any given group may be adjusted up or down based upon plan design characteristics and underwriting judgment with regard to the unique

The Adjusted Annual Premium is converted to a Monthly Rate per \$1,000 for the selected age bands based on the following calculation:

$$\frac{\text{Adjusted Annual Premium} * 1,000}{12 * \text{Volume}}$$

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	United of Omaha Life Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Group Accident Rates		
<b>Project Name/Number:</b>	Accident Only 2014/ACC-CERT-14 DC Rates		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	DC Rates - Group Accident Filing 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>	Actuarial Memo Acc_U_CR_040914.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please refer to the Actuarial Memorandum for detailed claim cost data sources.
<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 with this filing.
<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)
<b>Bypass Reason:</b>	Not applicable with this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	United of Omaha Life Insurance Company
<b>TOI/Sub-TOI:</b>	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
<b>Product Name:</b>	Group Accident Rates		
<b>Project Name/Number:</b>	Accident Only 2014/ACC-CERT-14 DC Rates		

<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	Not applicable with this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	Not applicable with this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

# UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

Mutual of Omaha Plaza, Omaha, NE 68175, 402-342-7600



NAIC # 261-69868

## **Group Accident Insurance**

Actuarial Memorandum

Rate Manual Pages

Enclosed for new filing with your department are copies of the rate pages to be used with a new group accident product that is being filed under separately under SERFF tracking number **MUTM-129429361**.

Your acknowledgement of receipt and eventual acceptance of this filing is appreciated. Please feel free to contact our actuary, Alyssa Zabloudil, at (402) 351-5439 if you have any questions about this submission.

Sincerely,

Brandi L. Lashley, ALMI, ACS, AIRC  
Senior Product and Advertising Compliance Analyst  
Corporate Compliance and Ethics

Phone: 402-351-4005

Fax: 402-351-5298

Email: brandi.lashley@mutualofomaha.com

# **United of Omaha Life Insurance Company**

## **Actuarial Memorandum**

RE: United of Omaha Group Accident

Accident Policy Form: ACC-CERT-14

### **Scope and Purpose**

This is a filing for United of Omaha's new Group Accident product/policy forms with the rates as communicated in this memo and any accompanying or referenced exhibits. This filing is not intended to be used for any other purposes.

### **Description of Benefits:**

The following is a general description of the benefits provided by this policy form. For a detailed description of benefits, limitations and exclusions, please refer to the policy forms. Coverage is available for the primary insured (employee) and their spouse and children.

This policy is a supplemental health policy that pays benefits for an injury caused by a covered accident up to an Annual Benefit Maximum. The following benefits are available as selected by the policyholder.

### **Initial Care and Emergency Benefits**

This policy provides benefits for initial treatment/care as a result of a covered accident. Coverage includes initial treatment in an emergency room, urgent care or physician office. Benefits are also offered for emergency transportation by a ground or air ambulance.

### **Specified Injury**

This policy provides benefits for fractures, dislocations, burns, lacerations and dental care as a result of a covered accident. Benefit payments up to 150% of the highest fracture/dislocation amount are offered when multiple losses occur as a result of an accident.

### **Hospital, Surgical and Diagnostic**

This policy provides benefits for confinement in a hospital, intensive care unit of a hospital and a rehabilitation facility as a result of a covered accident. A scheduled benefit amount is offered for diagnostic tests (including x-ray, MRI and CT scans) and surgeries ranging from exploratory surgery to surgeries for the abdominal, cranial, and thoracic areas as defined by the policy. Additional benefits are offered for items that often accompany surgeries including blood products and pain management through an epidural.

### **Follow-up Care**

This policy provides benefits for ongoing follow-up care as a result of a covered accident. The follow-up care can include doctor's follow-up visits or care provided by a chiropractor or through physical, speech, or occupational therapists. Coverage for medical and prosthetic devices is also included.

Optional benefits of Family Care, Catastrophic and Health Screening are also available for election by the group policyholder. Catastrophic benefits are available for election at the employee or at the policyholder level and provide benefits for accidental death, dismemberment and paralysis as a result of a covered accident. Family Care and Health Screening are only available for election at the group policyholder level.

# **United of Omaha Life Insurance Company**

## **Actuarial Memorandum**

### Renewability Provision:

Policies issued are conditionally renewable.

### Applicability:

The rates in this filing will apply to both new business and future renewals.

### Marketing Method:

The product is marketed through a network of group sales offices.

### Underwriting Method:

This product is offered on a Guarantee Issue basis with no Evidence of Insurability required.

### Issue Age Limits:

Certificates are issued to group members of any age, provided they meet the eligibility requirements under the group policy.

### Premium Basis:

Premium rates are set for each group policyholder separately, based upon the plan of benefits, the demographic composition of the group certificate holders and the characteristics of the group policyholder. The rates are detailed in the attached rating manual. Premium rates are based on the tier election by the employee and are remitted through the policyholder. There are no adjustments for different premium modes.

### Proposed Rate Methodology:

The rate formulae are based upon multiple data sources (population) adjusted for the unique characteristics of United's offering. The data sources are shown in Exhibit A at the end of the actuarial memorandum.

### Overall Premium Impact of Filing on DC Policyholders:

The expected average annual premium is \$222 nationwide and \$213 in the District of Columbia

### Filed Minimum Loss Ratio:

The filed minimum loss ratio is 50% for this product type.

### Interest Rate Assumptions:

Since this is an annually renewable term product, there is a minimal impact of interest rates on the pricing of this product.

### Trend Assumptions:

There are no trend adjustments assumed in the pricing of this product

### Persistency:

# United of Omaha Life Insurance Company

## Actuarial Memorandum

The level of persistency does not have an impact on the pricing of this product as it is an annually rated and renewable product.

### Anticipated Loss Ratio:

The anticipated loss ratio for this policy form is expected to be 55%. Given the guarantee issue and annually renewable nature of this product, the loss ratio is not expected to vary by policy duration.

### Expenses:

Expenses are added to the net claim rates that are developed to determine the final premium rate. The expense structure below reflects an average of expenses in all markets in which the company conducts its business.

Commission and Brokerage	19%
Taxes, License, Fees	2%
General Administrative	21%
Risk Retention/Profit	3%

### Proposed Effective Date:

The proposed effective date of these rates is upon approval. These rates will be in effect, until subsequent rates are filed.

### Actuarial Certification

I certify that, in my opinion, the rates of this filing are actuarially justified and are not excessive, inadequate or unfairly discriminatory and to the best of my knowledge the premiums are reasonable in relation to the benefits provided. This filing is in compliance with the applicable laws of the State and the rules of the Department of Insurance, and complies with the Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board.



Alyssa A. Zabloudil, FSA, MAAA  
United of Omaha Life Insurance Company  
April 9, 2014

# United of Omaha Life Insurance Company

## Actuarial Memorandum

### Exhibit A - Claim Cost Data Sources

Benefit	Data Source(s)
<b>Initial Care and Emergency</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Specified Injury</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• American Academy of Orthopedic Surgeons, "Patient Demographics"</li> <li>• US Statistical Abstract</li> <li>• NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary with Detailed Diagnosis and Procedure Data"</li> <li>• CDC's NCHS Vital Health Statistics, "Ambulatory and Inpatient Procedures in the United States" Series 13, No. 139</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Hospital, Surgical, Diagnostic</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• Epidural Steroid in the Management of Chronic Pain: A Systematic Review</li> <li>• NCHS No. 29, National Hospital Discharge Survey: 2007 Annual Summary</li> <li>• Milliman's Long-term Care Guidelines</li> <li>• NCHS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States, 1996"</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Follow-up Care</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> </ul>



# United of Omaha Life Insurance Company

## Actuarial Memorandum

	<ul style="list-style-type: none"> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Family Care</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths</li> <li>• Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"</li> <li>• American Burn Association, National Burn Repository, 2011 Report</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Catastrophic</b>	<ul style="list-style-type: none"> <li>• National Safety Council's Injury Facts, 2013</li> <li>• 2013 Society of Actuaries Group Life Study</li> <li>• United of Omaha Accidental Death Experience</li> <li>• Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths</li> <li>• Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"</li> <li>• National Health Survey, Series 10, No 134, "Prevalence of Selected Impairments, United States – 1977"</li> </ul>
<b>Health Screening</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• Colorectal Cancer Facts and Figures, 2008-2001, American Cancer Society</li> </ul>

State:	District of Columbia	Filing Company:	United of Omaha Life Insurance Company
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Rates		
Project Name/Number:	Accident Only 2014/ACC-CERT-14 DC Rates		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
03/27/2014		Supporting Document	Actuarial Memorandum	04/09/2014	Actuarial Memo Acc_U_CR.pdf (Superceded)
02/24/2014		Supporting Document	Actuarial Memorandum	03/27/2014	Actuarial Memo Acc_U.pdf (Superceded)

# **United of Omaha Life Insurance Company**

## **Actuarial Memorandum**

RE: United of Omaha Group Accident

Accident Policy Form: ACC-CERT-14

### **Scope and Purpose**

This is a filing for United of Omaha's new Group Accident product/policy forms with the rates as communicated in this memo and any accompanying or referenced exhibits. This filing is not intended to be used for any other purposes.

### **Description of Benefits:**

The following is a general description of the benefits provided by this policy form. For a detailed description of benefits, limitations and exclusions, please refer to the policy forms. Coverage is available for the primary insured (employee) and their spouse and children.

This policy is a supplemental health policy that pays benefits for an injury caused by a covered accident up to an Annual Benefit Maximum. The following benefits are available as selected by the policyholder.

### **Initial Care and Emergency Benefits**

This policy provides benefits for initial treatment/care as a result of a covered accident. Coverage includes initial treatment in an emergency room, urgent care or physician office. Benefits are also offered for emergency transportation by a ground or air ambulance.

### **Specified Injury**

This policy provides benefits for fractures, dislocations, burns, lacerations and dental care as a result of a covered accident. Benefit payments up to 150% of the highest fracture/dislocation amount are offered when multiple losses occur as a result of an accident.

### **Hospital, Surgical and Diagnostic**

This policy provides benefits for confinement in a hospital, intensive care unit of a hospital and a rehabilitation facility as a result of a covered accident. A scheduled benefit amount is offered for diagnostic tests (including x-ray, MRI and CT scans) and surgeries ranging from exploratory surgery to surgeries for the abdominal, cranial, and thoracic areas as defined by the policy. Additional benefits are offered for items that often accompany surgeries including blood products and pain management through an epidural.

### **Follow-up Care**

This policy provides benefits for ongoing follow-up care as a result of a covered accident. The follow-up care can include doctor's follow-up visits or care provided by a chiropractor or through physical, speech, or occupational therapists. Coverage for medical and prosthetic devices is also included.

Optional benefits of Family Care, Catastrophic and Health Screening are also available for election by the group policyholder. Catastrophic benefits are available for election at the employee or at the policyholder level and provide benefits for accidental death, dismemberment and paralysis as a result of a covered accident. Family Care and Health Screening are only available for election at the group policyholder level.

# **United of Omaha Life Insurance Company**

## **Actuarial Memorandum**

### Renewability Provision:

Policies issued are conditionally renewable.

### Applicability:

The rates in this filing will apply to both new business and future renewals.

### Marketing Method:

The product is marketed through a network of group sales offices.

### Underwriting Method:

This product is offered on a Guarantee Issue basis with no Evidence of Insurability required.

### Issue Age Limits:

Certificates are issued to group members of any age, provided they meet the eligibility requirements under the group policy.

### Premium Basis:

Premium rates are set for each group policyholder separately, based upon the plan of benefits, the demographic composition of the group certificate holders and the characteristics of the group policyholder. The rates are detailed in the attached rating manual. Premium rates are based on the tier election by the employee and are remitted through the policyholder. There are no adjustments for different premium modes.

### Proposed Rate Methodology:

The rate formulae are based upon multiple data sources (population) adjusted for the unique characteristics of United's offering. The data sources are shown in Appendix A of the actuarial memorandum.

### Overall Premium Impact of Filing on DC Policyholders:

The expected average annual premium is \$222 nationwide and \$213 in the District of Columbia

### Filed Minimum Loss Ratio:

The filed minimum loss ratio is 50% for this product type.

### Interest Rate Assumptions:

Since this is an annually renewable term product, there is a minimal impact of interest rates on the pricing of this product.

### Trend Assumptions:

There are no trend adjustments assumed in the pricing of this product

### Persistency:

# United of Omaha Life Insurance Company

## Actuarial Memorandum

The level of persistency does not have an impact on the pricing of this product as it is an annually rated and renewable product.

### Anticipated Loss Ratio:

The anticipated loss ratio for this policy form is expected to be 55%. Given the guarantee issue and annually renewable nature of this product, the loss ratio is not expected to vary by policy duration.

### Expenses:

Expenses are added to the net claim rates that are developed to determine the final premium rate. The expense structure below reflects an average of expenses in all markets in which the company conducts its business.

Commission and Brokerage	19%
Taxes, License, Fees	2%
General Administrative	21%
Risk Retention/Profit	3%

### Proposed Effective Date:

The proposed effective date of these rates is upon approval. These rates will be in effect, until subsequent rates are filed.

### Actuarial Certification

I certify that, in my opinion, the rates of this filing are actuarially justified and are not excessive, inadequate or unfairly discriminatory and to the best of my knowledge the premiums are reasonable in relation to the benefits provided. This filing is in compliance with the applicable laws of the State and the rules of the Department of Insurance, and complies with the Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board.



Alyssa A. Zabloudil, FSA, MAAA  
United of Omaha Life Insurance Company  
March 27, 2014

# United of Omaha Life Insurance Company

## Actuarial Memorandum

### Exhibit A - Claim Cost Data Sources

Benefit	Data Source(s)
<b>Initial Care and Emergency</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Specified Injury</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• American Academy of Orthopedic Surgeons, "Patient Demographics"</li> <li>• US Statistical Abstract</li> <li>• NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary with Detailed Diagnosis and Procedure Data"</li> <li>• CDC's NCHS Vital Health Statistics, "Ambulatory and Inpatient Procedures in the United States" Series 13, No. 139</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Hospital, Surgical, Diagnostic</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• Epidural Steroid in the Management of Chronic Pain: A Systematic Review</li> <li>• NCHS No. 29, National Hospital Discharge Survey: 2007 Annual Summary</li> <li>• Milliman's Long-term Care Guidelines</li> <li>• NCHS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States, 1996"</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Follow-up Care</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> </ul>

# United of Omaha Life Insurance Company

## Actuarial Memorandum

	<ul style="list-style-type: none"> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Family Care</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths</li> <li>• Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"</li> <li>• American Burn Association, National Burn Repository, 2011 Report</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Catastrophic</b>	<ul style="list-style-type: none"> <li>• National Safety Council's Injury Facts, 2013</li> <li>• 2013 Society of Actuaries Group Life Study</li> <li>• United of Omaha Accidental Death Experience</li> <li>• Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths</li> <li>• Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"</li> <li>• National Health Survey, Series 10, No 134, "Prevalence of Selected Impairments, United States – 1977"</li> </ul>
<b>Health Screening</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• Colorectal Cancer Facts and Figures, 2008-2001, American Cancer Society</li> </ul>

# **United of Omaha Life Insurance Company**

## **Actuarial Memorandum**

RE: United of Omaha Group Accident

Accident Policy Form: ACC-CERT-14

### **Scope and Purpose**

This is a filing for United of Omaha's new Group Accident product/policy forms with the rates as communicated in this memo and any accompanying or referenced exhibits. This filing is not intended to be used for any other purposes.

### **Description of Benefits:**

The following is a general description of the benefits provided by this policy form. For a detailed description of benefits, limitations and exclusions, please refer to the policy forms. Coverage is available for the primary insured (employee) and their spouse and children.

This policy is a supplemental health policy that pays benefits for an injury caused by a covered accident up to an Annual Benefit Maximum. The following benefits are available as selected by the policyholder.

### **Initial Care and Emergency Benefits**

This policy provides benefits for initial treatment/care as a result of a covered accident. Coverage includes initial treatment in an emergency room, urgent care or physician office. Benefits are also offered for emergency transportation by a ground or air ambulance.

### **Specified Injury**

This policy provides benefits for fractures, dislocations, burns, lacerations and dental care as a result of a covered accident. Benefit payments up to 150% of the highest fracture/dislocation amount are offered when multiple losses occur as a result of an accident.

### **Hospital, Surgical and Diagnostic**

This policy provides benefits for confinement in a hospital, intensive care unit of a hospital and a rehabilitation facility as a result of a covered accident. A scheduled benefit amount is offered for diagnostic tests (including x-ray, MRI and CT scans) and surgeries ranging from exploratory surgery to surgeries for the abdominal, cranial, and thoracic areas as defined by the policy. Additional benefits are offered for items that often accompany surgeries including blood products and pain management through an epidural.

### **Follow-up Care**

This policy provides benefits for ongoing follow-up care as a result of a covered accident. The follow-up care can include doctor's follow-up visits or care provided by a chiropractor or through physical, speech, or occupational therapists. Coverage for medical and prosthetic devices is also included.

Optional benefits of Family Care, Catastrophic and Health Screening are also available for election by the group policyholder. Catastrophic benefits are available for election at the employee or at the policyholder level and provide benefits for accidental death, dismemberment and paralysis as a result of a covered accident. Family Care and Health Screening are only available for election at the group policyholder level.



# **United of Omaha Life Insurance Company**

## **Actuarial Memorandum**

### Renewability Provision:

Policies issued are optionally renewable.

### Applicability:

The rates in this filing will apply to both new business and future renewals.

### Marketing Method:

The product is marketed through a network of group sales offices.

### Underwriting Method:

This product is offered on a Guarantee Issue basis with no Evidence of Insurability required.

### Issue Age Limits:

Certificates are issued to group members of any age, provided they meet the eligibility requirements under the group policy.

### Premium Basis:

Premium rates are set for each group policyholder separately, based upon the plan of benefits, the demographic composition of the group certificate holders and the characteristics of the group policyholder. The rates are detailed in the attached rating manual. Premium rates are based on the tier election by the employee and are remitted through the policyholder. There are no adjustments for different premium modes.

### Proposed Rate Methodology:

The rate formulae are based upon multiple data sources (population) adjusted for the unique characteristics of United's offering. The data sources are shown in Appendix A of the actuarial memorandum.

### Overall Premium Impact of Filing on DC Policyholders:

The expected average annual premium is \$222 nationwide and \$213 in the District of Columbia

### Filed Minimum Loss Ratio:

The filed minimum loss ratio is 50% for this product type.

### Interest Rate Assumptions:

Since this is an optionally renewable product, there is a minimal impact of interest rates on the pricing of this product.

### Trend Assumptions:

There are no trend adjustments assumed in the pricing of this product

### Persistency:

# United of Omaha Life Insurance Company

## Actuarial Memorandum

The level of persistency does not have an impact on the pricing of this product as it is an annually rated and renewable product.

### Anticipated Loss Ratio:

The anticipated loss ratio for this policy form is expected to be 55%. Given the guarantee issue and annually renewable nature of this product, the loss ratio is not expected to vary by policy duration.

### Expenses:

Expenses are added to the net claim rates that are developed to determine the final premium rate. The expense structure below reflects an average of expenses in all markets in which the company conducts its business.

Commission and Brokerage	19%
Taxes, License, Fees	2%
General Administrative	21%
Risk Retention/Profit	3%

### Proposed Effective Date:

The proposed effective date of these rates is upon approval. These rates will be in effect, until subsequent rates are filed.

### Actuarial Certification

I certify that, in my opinion, the rates of this filing are actuarially justified and are not excessive, inadequate or unfairly discriminatory and to the best of my knowledge the premiums are reasonable in relation to the benefits provided. This filing is in compliance with the applicable laws of the State and the rules of the Department of Insurance, and complies with the Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans" as adopted by the Actuarial Standards Board.



Alyssa A. Zabloudil, FSA, MAAA  
United of Omaha Life Insurance Company  
March 26, 2014

# United of Omaha Life Insurance Company

## Actuarial Memorandum

### Exhibit A - Claim Cost Data Sources

Benefit	Data Source(s)
<b>Initial Care and Emergency</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Specified Injury</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• American Academy of Orthopedic Surgeons, "Patient Demographics"</li> <li>• US Statistical Abstract</li> <li>• NCHS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary with Detailed Diagnosis and Procedure Data"</li> <li>• CDC's NCHS Vital Health Statistics, "Ambulatory and Inpatient Procedures in the United States" Series 13, No. 139</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Hospital, Surgical, Diagnostic</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• Epidural Steroid in the Management of Chronic Pain: A Systematic Review</li> <li>• NCHS No. 29, National Hospital Discharge Survey: 2007 Annual Summary</li> <li>• Milliman's Long-term Care Guidelines</li> <li>• NCHS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States, 1996"</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Follow-up Care</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> </ul>

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## Actuarial Memorandum

	<ul style="list-style-type: none"> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital Health Statistics Number 27, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary" November 3, 2010</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Family Care</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• CDC's NCHS Vital Health Statistics Number 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary" August 6, 2010</li> <li>• CDC's NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000</li> <li>• Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths</li> <li>• Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"</li> <li>• American Burn Association, National Burn Repository, 2011 Report</li> <li>• National Safety Council's Injury Facts, 2013</li> </ul>
<b>Catastrophic</b>	<ul style="list-style-type: none"> <li>• National Safety Council's Injury Facts, 2013</li> <li>• 2013 Society of Actuaries Group Life Study</li> <li>• United of Omaha Accidental Death Experience</li> <li>• Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths</li> <li>• Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"</li> <li>• National Health Survey, Series 10, No 134, "Prevalence of Selected Impairments, United States – 1977"</li> </ul>
<b>Health Screening</b>	<ul style="list-style-type: none"> <li>• Milliman's Health Cost Guidelines<sup>TM</sup>, Milliman, Inc.</li> <li>• Colorectal Cancer Facts and Figures, 2008-2001, American Cancer Society</li> </ul>