Filing at a Glance

Company:	MedAmerica Insurance Company
Product Name:	Long-Term Care
State:	Virginia
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form/Rate
Date Submitted:	01/09/2018
SERFF Tr Num:	MILL-131285847
SERFF Status:	Closed-Approved
State Tr Num:	MILL-131285847
State Status:	Approved
Co Tr Num:	SIMPLICITY
Implementation Date Requested:	On Approval
Author(s):	Courtney Williamson, Travis Reisch, Shawn Stender, Joe Neary, Dexter Mosley, Cassi Noel, Megan Anderson, Peder Swenson, Derek Lesniak, Matt Mickolichek, Rylee Sevigny, Lola Heimlich
Reviewer(s):	Bill Dismore (primary), Elsie Andy
Disposition Date:	09/03/2020
Disposition Status:	Approved
Implementation Date:	

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

General Information

Project Name: MedAmerica Nationwide 2017 Rate Increase
Project Number: 145MAI01-60.06
Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 09/19/2017
Domicile Status Comments: A reduced increase of 20% was approved in Pennsylvania on September 19, 2017. This results in a 100% cumulative average increase approved in Pennsylvania.

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 195.2%

Market Type: Individual
Individual Market Type:
Filing Status Changed: 09/03/2020
State Status Changed: 09/03/2020

Deemer Date: 09/09/2020
Submitted By: Michael Emmert

Created By: Dexter Mosley
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

On behalf of MedAmerica Insurance Company, we are submitting the referenced rate filing for your review. This is an existing individual policy form that provides comprehensive long-term care coverage. The company issued this form in Virginia from June 18, 2004 to January 1, 2008. The form is no longer being marketed in any jurisdiction.

The company is requesting a premium rate increase be filed for use on this form, including all associated riders. This form is in need of a premium rate increase due to emerging and projected experience running more adverse than previously expected.

The company is requesting a premium rate increase that varies by issue age and inflation option as shown in Exhibit I of the enclosed actuarial memorandum. The cumulative rate increase shown in Exhibit I was determined to allow certification to rate stability, and varies by issue age and inflation option to better align the rate increase with the adverse experience.

There have been no previous rate revisions on the above-referenced policy form. The company is seeking this current rate increase request to achieve what it believes is needed to alleviate the poor performance on this block of business.

The company will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. The company will offer a contingent benefit upon lapse to insureds that trigger a substantial rate increase. Additionally, the company will voluntarily offer a contingent benefit upon lapse to insureds affected by the rate increase, even if the increase is not considered substantial. If the cumulative requested rate increase is filed for use, a majority of policyholders will be eligible for a contingent benefit upon lapse.

To comply with rate stability regulation in this jurisdiction, enclosed with this filing is a plan, subject to the Bureau's approval, which demonstrates that appropriate administration and claims processing procedures are in effect.

Enclosed with this submission is a policyholder notification letter, provided by the company, which is in compliance with 14VAC5-200-75. Additionally, a contingent nonforfeiture (CNF) benefit election form that is provided to policyholders alongside the notification letter is also being filed with the Bureau. Enclosed with this submission are the appropriate statement of variability, certification of compliance, and readability certification for these forms, as required.

Company and Contact

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Filing Contact Information

Shawn Stender, Managing Actuarial Analyst shawn.stender@milliman.com
Milliman, Inc. 952-820-3104 [Phone]
8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437

Filing Company Information

(This filing was made by a third party - millimaninc)

MedAmerica Insurance Company	CoCode: 69515	State of Domicile:
165 Court Street	Group Code: 1186	Pennsylvania
Rochester, NY 14647	Group Name: Lifetime HealthCare Group	Company Type: Life/Accident/Health
(800) 544-0327 ext. [Phone]	FEIN Number: 34-0977231	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Bill Dismore	09/03/2020	09/03/2020

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	07/29/2020	07/29/2020
Info has been requested from company	Bill Dismore	07/07/2020	07/07/2020
Info has been requested from company	Bill Dismore	06/25/2020	06/25/2020
Info has been requested from company	Bill Dismore	04/13/2020	04/13/2020
Info has been requested from company	Bill Dismore	03/30/2020	03/30/2020
Info has been requested from company	Bill Dismore	03/27/2020	03/27/2020
Info has been requested from company	Bill Dismore	02/28/2020	02/28/2020
Info has been requested from company	Bill Dismore	01/03/2020	01/03/2020
Info has been requested from company	Bill Dismore	12/11/2019	12/11/2019
Info has been requested from company	Bill Dismore	11/19/2019	11/19/2019

Response Letters

Responded By	Created On	Date Submitted
Cassi Noel	08/10/2020	08/10/2020
Matt Mickolichek	07/13/2020	07/13/2020
Derek Lesniak	07/23/2020	07/24/2020
Derek Lesniak	05/06/2020	05/06/2020
Derek Lesniak	04/13/2020	04/13/2020
Derek Lesniak	04/13/2020	04/13/2020
Derek Lesniak	03/25/2020	03/26/2020
Lola Heimlich	01/24/2020	01/24/2020
Michael Emmert	12/12/2019	12/12/2019
Cassi Noel	12/10/2019	12/10/2019

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Info has been requested from company	Bill Dismore	11/19/2019	11/19/2019
Info has been requested from company	Bill Dismore	08/23/2019	08/23/2019
Info has been requested from company	Bill Dismore	05/17/2019	05/17/2019
Info has been requested from company	Bill Dismore	02/27/2019	02/27/2019
Info has been requested from company	Bill Dismore	02/12/2019	02/12/2019
Info has been requested from company	Bill Dismore	01/17/2019	01/17/2019
Info has been requested from company	Bill Dismore	01/09/2019	01/09/2019
Info has been requested from company	Bill Dismore	09/10/2018	09/10/2018
Info has been requested from company	Bill Dismore	07/12/2018	07/12/2018
Disapproved	Bill Dismore	03/19/2018	03/19/2018
Info has been requested from company	Bill Dismore	03/09/2018	03/09/2018

Response Letters

Responded By	Created On	Date Submitted
Cassi Noel	12/10/2019	12/10/2019
Cassi Noel	09/19/2019	09/19/2019
Michael Emmert	06/13/2019	06/13/2019
Michael Emmert	02/27/2019	02/27/2019
Derek Lesniak	02/26/2019	02/26/2019
Dexter Mosley	01/29/2019	01/29/2019
Cassi Noel	01/15/2019	01/15/2019
Michael Emmert	09/21/2018	09/21/2018
Cassi Noel	08/16/2018	08/17/2018
Dexter Mosley	05/17/2018	05/17/2018
Cassi Noel	03/23/2018	03/23/2018

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Response to January 21, 2020 Requests	Travis Reisch	02/21/2020	02/21/2020
Form	Notice of Premium Increase	Michael Emmert	04/15/2019	04/15/2019

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Supporting Document	Sample Policyholder Notification Letter	Michael Emmert	04/15/2019	04/15/2019
Form	Notice of Premium Increase	Michael Emmert	04/12/2019	04/12/2019
Form	Contingent Non-Forfeiture Benefit Election Form	Michael Emmert	04/12/2019	04/12/2019
Supporting Document	April 12, 2019 Amendment	Michael Emmert	04/12/2019	04/12/2019
Supporting Document	L&H Readability - Health	Michael Emmert	04/12/2019	04/12/2019
Supporting Document	Statement of Variability - Simplicity Product Line	Michael Emmert	04/12/2019	04/12/2019
Supporting Document	Sample Policyholder Notification Letter	Michael Emmert	04/12/2019	04/12/2019
Form	Notice of Premium Increase	Michael Emmert	10/03/2018	10/03/2018
Form	Contingent Non-Forfeiture Benefit Election Form	Michael Emmert	10/03/2018	10/03/2018
Supporting Document	Certification of Compliance	Michael Emmert	10/03/2018	10/03/2018
Supporting Document	L&H Readability - Health	Michael Emmert	10/03/2018	10/03/2018
Supporting Document	Statement of Variability - Simplicity Product Line	Michael Emmert	10/03/2018	10/03/2018

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Extension Request for 3/27/2020 Objection Letter	Note To Filer	Bill Dismore	04/01/2020	04/01/2020
Extension Request for 3/27/2020 Objection Letter	Note To Reviewer	Courtney Williamson	03/31/2020	03/31/2020
Objection Regarding Variable Logo and Company Name	Note To Filer	Bill Dismore	12/10/2019	12/10/2019
Extension Request for 11/19/2019	Note To Filer	Bill Dismore	11/22/2019	11/22/2019
Extension Request for 11/19/2019 Objection Letters	Note To Reviewer	Michael Emmert	11/21/2019	11/21/2019
RE: Rate Increase Request	Note To Reviewer	Courtney Williamson	09/23/2019	09/23/2019
Rate Increase Request	Note To Filer	Bill Dismore	09/20/2019	09/20/2019
Follow-up from 9/24/18 Call	Note To Filer	Bill Dismore	10/04/2018	10/04/2018
Follow-up from 9/24/18 Call	Note To Reviewer	Michael Emmert	10/03/2018	10/03/2018
Status Update	Note To Reviewer	Michael Emmert	07/11/2018	07/11/2018

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Status Update	Note To Filer	Bill Dismore	03/09/2018	03/09/2018
Status Update	Note To Reviewer	Michael Emmert	03/07/2018	03/07/2018
Actuarial Review - Final Summary Report	Reviewer Note	Bill Dismore	12/26/2019	
RRS	Reviewer Note	Bill Dismore	01/17/2019	
Form SPL-336 Approval	Reviewer Note	Bill Dismore	03/09/2018	

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Disposition

Disposition Date: 09/03/2020
Implementation Date:
Status: Approved

Comment:

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):
MedAmerica Insurance Company	346.000%	98.900%	$488,106	278	$493,411	144.000%	30.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document (revised)	Certification of Compliance	Received & Acknowledged	Yes
Supporting Document	Product Checklist	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Actuarial Memorandum	Received & Acknowledged	Yes
Supporting Document (revised)	Long Term Care Insurance Rate Request Summary	Received & Acknowledged	Yes
Supporting Document (revised)	L&H Readability - Health	Received & Acknowledged	Yes
Supporting Document (revised)	Statements of Variability	Received & Acknowledged	Yes
Supporting Document	Cover Letter	Received & Acknowledged	Yes
Supporting Document	Letter of Authorization	Received & Acknowledged	Yes
Supporting Document	Claims and Administration Processing Plan	Received & Acknowledged	Yes
Supporting Document	Current Rate Tables	Received & Acknowledged	Yes
Supporting Document	Response to March 9, 2018 Objection	Received & Acknowledged	Yes
Supporting Document	Response to March 19, 2018 Objection	Received & Acknowledged	Yes
Supporting Document	Original Pricing Memorandum	Received & Acknowledged	Yes
Supporting Document	Response to July 12, 2018 Objection	Received & Acknowledged	Yes
Supporting Document	Response to September 10, 2018 Objection	Received & Acknowledged	Yes
Supporting Document	Response to January 9, 2019 Objection	Received & Acknowledged	Yes
Supporting Document	Response to January 17, 2019 Objection	Received & Acknowledged	Yes
Supporting Document	Response to February 12, 2019 Objection	Received & Acknowledged	Yes
Supporting Document (revised)	Sample Policyholder Notification Letter	Received & Acknowledged	Yes

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	April 12, 2019 Amendment	Received & Acknowledged	Yes
Supporting Document	Response to May 17, 2019 Objection	Received & Acknowledged	Yes
Supporting Document	Copy of Original Policy Form and Schedule Page	Received & Acknowledged	Yes
Supporting Document	Summary of Benefits Amendment	Received & Acknowledged	Yes
Supporting Document	Response to August 23, 2019 Objection	Received & Acknowledged	Yes
Supporting Document	Response to November 19, 2019 Objection	Received & Acknowledged	Yes
Supporting Document	Road Map for Form Filing	Received & Acknowledged	Yes
Supporting Document	Response to January 3, 2020 Objection	Received & Acknowledged	Yes
Supporting Document	Response to January 21, 2020 Requests	Received & Acknowledged	Yes
Supporting Document	Response to February 28, 2020 Objection	Received & Acknowledged	Yes
Supporting Document	Response to March 27, 2020 and March 30, 2020 Objections	Received & Acknowledged	Yes
Supporting Document	Response to April 13, 2020 Objection	Received & Acknowledged	Yes
Supporting Document	Response to July 7, 2020 Objection	Received & Acknowledged	Yes
Supporting Document	Response to June 25, 2020 Objection	Received & Acknowledged	Yes
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	Certification of Compliance	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	L&H Actuarial Memorandum	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	Long Term Care Insurance Rate Request Summary	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	L&H Readability - Health	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statements of Variability	Withdrawn	No

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Statements of Variability	Withdrawn	No
Supporting Document	Statement of Variability - Simplicity Product Line	Withdrawn	No
Supporting Document	Statement of Variability - Simplicity Product Line	Withdrawn	No
Supporting Document	Statement of Variability - Simplicity Product Line	Withdrawn	No
Supporting Document	Statement of Variability - Simplicity Product Line	Withdrawn	No
Supporting Document	Statement of Variability - Simplicity Product Line	Withdrawn	No
Supporting Document	Sample Policyholder Notification Letter	Withdrawn	No
Supporting Document	Sample Policyholder Notification Letter	Withdrawn	No
Supporting Document	Sample Policyholder Notification Letter	Withdrawn	No
Supporting Document	Sample Policyholder Notification Letter	Withdrawn	No
Supporting Document	Sample Policyholder Notification Letter	Withdrawn	No
Form (revised)	Notice of Premium Increase	Approved	Yes
Form (revised)	Contingent Non-Forfeiture Benefit Election Form	Approved	Yes
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Notice of Premium Increase	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Form	Contingent Non-Forfeiture Benefit Election Form	Withdrawn	No
Rate (revised)	Rate Tables	Approved	Yes

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Schedule	Schedule Item	Schedule Item Status	Public Access
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No
Rate	Rate Tables	Withdrawn	No

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/29/2020
Submitted Date	07/29/2020
Respond By Date	08/12/2020

Dear Shawn Stender,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Statements of Variability (Supporting Document)

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: The letter references at least two enclosures, (i) Contingent Non-Forfeiture Benefit Election Form and (ii) postage-paid envelope. However, the letter does not provide Enclosures or a description of the enclosed items. Our concern would be addressed if the company included words similar to (following the Signatory); "Enclosures: Contingent Non-Forfeiture Benefit Election Form; Postage-Paid Return Envelope"

The word "Enclosures" should not be variable and should be removed as a variable item from the Statement of Variability. However, if any of the items that are enclosed are variable, those specific items should be bracketed and explained on the SOV.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/07/2020
Submitted Date	07/07/2020
Respond By Date	07/25/2020

Dear Shawn Stender,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: We did not find an "Option Election Form" under the Form Schedule. Please advise if the company intends to produce one to send as an Enclosure as stated on the Statement of Variability. Please place the "Option Election Form for review under the Form Schedule tab.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within the “Respond by” date. No response could result in the filing becoming DISAPPROVED unless an extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	06/25/2020
Submitted Date	06/25/2020
Respond By Date	07/25/2020

Dear Shawn Stender,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the required narrative to the Health Insurance Rate Request Summary - Part 1. Please structure the narrative so that the intended audience (the policyholder) can easily understand and avoid technical/actuarial terminology where possible.

Please combine Part 1 and the narrative as one PDF document instead of two separate documents.

Objection 2

- Notice of Premium Increase, RIL-VA-0918 (Form)

- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Comments: Please make the Company's full name (MedAmerica Insurance Company) prominent. This can be accomplished by increasing the font size or bolding the text.

Objection 3

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: On page 2, please revise the Virginia Bureau of Insurance's webpage to:

https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Objection 4

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please remove the variability for <<Enclosure>>. The letter should state all enclosures that are sent with the notification letter.

Objection 5

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: 1) To comply with 14VAC5-200-75 D. 2. a. and b. and 14VAC5-200-183; Option #2 on page 1 should be more specific as to the options offered to the policyholder to reduce their premium.

For example, the first sentence states, "You may be able to adjust your benefits to reduce your premiums." Our concern would be addressed if the company generally referenced the benefits available to the policyholder that would trigger a reduction in premium (i.e. reduce daily benefits, increase elimination period, reduce inflation options, etc.)

2) The last sentence at the end of the third paragraph, "All options may not be of equal value." should be a new paragraph for emphasis and prominence.

3) Please check the spacing in the letter between paragraphs so the letter can be read more easily.

Objection 6

- Statements of Variability (Supporting Document)

Comments: 1. Please insert the policy form number following the Product Line name in the heading. (i.e. Simplicity - SPL-336, etc.).

2. In the second paragraph, the form number should follow the form described. For example, Rate Increase Letter (RIL-VA_0918) and Contingent Non-Forfeiture Election Form (CNF-VA_0918). The Product Line names can be removed after the words, "Contingent Non-Forfeiture Election Form".

3. Please show all the LOGO options in the SOV. We don't see the logo image on the letter or the SOV.

4. The SOV should describe specifically how the <<PHASE_IN>> and <<INC_AMT>> will appear on the letter. For example, if there is a 3-year phase in, explain specifically how the current premium, the increase percentage and the new premium be appear in the policyholder letter.

5. The <<REASON_FOR_RATE_INCREASE>> is variable. Please update the SOV to state, "Should the reason for the rate increase change, the company will update the Statement of Variability."

6. <<DATE>> should remove the reference to Year as (2019/2020/2021) and show the format as "(XXXX)". Otherwise, the SOV would need to be updated if a year other than 2021 were to be used.

Objection 7

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Pursuant to 14VAC5-200-75 A 4 b. the policyholder notification letter must include a statement that the policyholder has a right to receive a revised premium rate schedule if the premium rate or rate schedule is changed. Please add this statement to the policyholder letter. It should be bolded for prominence.

Objection 8

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: John Doe Letter

Please provide a John Doe letter package along with the Contingent Non-Forfeiture Benefit Election Form assuming a single rate increase and a separate John Doe letter package illustrating the phased in option.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	04/13/2020
Submitted Date	04/13/2020
Respond By Date	05/13/2020

Dear Shawn Stender,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

Comments: 3/24/2020 Company Response Letter - Attachment C

Attachment C to the 3/24/2020 response letter has incorrect data in the first column (Virginia Policy Count). Please revise.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections and data required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach, separately for No Inflation and Auto Inflation (see attached description).

Objection 3

Comments: 3/24/2020 Company Response Letter Attachment A-ii and Attachment B.

There is a significant difference in both future earned premiums and future incurred claims between Attachment A-ii and Attachment B. While we expect differences in earned premiums during the phase in period, the difference in years 2024 and beyond does not seem reasonable. Please explain exactly how these values were calculated.

Objection 4

Comments: 3/24/2020 Company Response Letter

The 3/24/2020 responses provided projections only in the aggregate. Please provide all projections split between No Inflation and Auto Inflation.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,
Bill Dismore

Long-term Care Insurance

Approaches to Reviewing Premium Rate Increases

NAIC LTC Pricing Subgroup

October 2018

Executive Summary

Several years ago, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care (LTC) Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued on or after the date that the state where the policy is issued adopts the changes.

Despite these changes, along with changes made to the pricing methodology of LTC insurance in 2002, carriers find themselves in situations where they must increase premium rates in order to cover future expected claims. Most of these increases are implemented on blocks that are no longer open to new business. Regulators often treat the review and approval of these rate increases differently.

Over the past year, the LTC Pricing Subgroup studied and discussed approaches used by various states to review LTC rate increases. These approaches were discussed on public calls consisting of regulators, industry representatives, and consumer advocates. Through that process, this document was developed to serve as a resource that states can use in their review of LTC rate increases. The goal is to create a more predictable and transparent process for reviewing LTC rate increase filings.

Scope

This document describes two methodologies for computing rate increases for LTC insurance policies. Regulators should consider applicable laws in their state when applying these methods to a particular block of policies.

Background

Prior to 2002, LTC insurance was priced using a fixed lifetime loss ratio methodology. This methodology was meant to ensure that premium rates were not too high. However, as experience evolved, the premiums set using this methodology proved to be inadequate, leading to large rate increases. In addition, this approach allowed for the portion of the premium available for expenses and profit to increase when actual claims were higher than what was expected when the product was initially priced.

In 2002, a new method of pricing LTC insurance was adopted by the NAIC. This new method, known as the rate stabilization methodology, moved away from fixed loss ratios applied to initial premiums and moved to a rating methodology designed to increase the probability

that premiums will remain unchanged for the life of the contract, even under moderately adverse experience.

Even under the revised methodology, policyholders continue to experience large rate increases. In response, the NAIC Long-term Care Pricing Subgroup proposed changes to the NAIC Long-term Care Model Regulation (Model 641) aimed at strengthening the pricing of LTC insurance. These proposed changes were adopted by the NAIC in August of 2014. These changes apply to LTC insurance policies issued after the date that the state where the policy is issued adopts the revised regulation. The new model does not address rate increases consumers are experiencing on existing business.

The LTC Pricing Subgroup turned its focus to the review of these rate increases with the goal of developing a framework to achieve greater transparency and predictability in the review and approval of requests for LTC insurance rate increases.

Approaches

As a starting point, the subgroup surveyed states on various practices surrounding their review of LTC insurance rate increases. One of the first steps in the process was to develop consistency when using certain terms, including the term "recoupment of past losses", when used in our discussions. For purposes of this document, the subgroup developed a consistent understanding of different categories of past losses.

The following charts illustrate the streams of potential losses or deficiencies stemming from two general sources – those stemming from past and future premiums being insufficient, and those stemming from past and future incurred claims being worse than expected.

At the time of a rate increase, sources of potential past premium deficiencies come from premiums that were paid by policyholders who:

- are active
- are in paid-up status (i.e., they are not on claim, but are no longer paying premium under the terms of the policy but may have future claims)
- have lapsed coverage, (i.e., they are not paying premium, are not on claim, and cannot have future claims)
- are disabled (i.e., on claim)

At the time of a rate increase, sources of future premiums come from the following two groups:

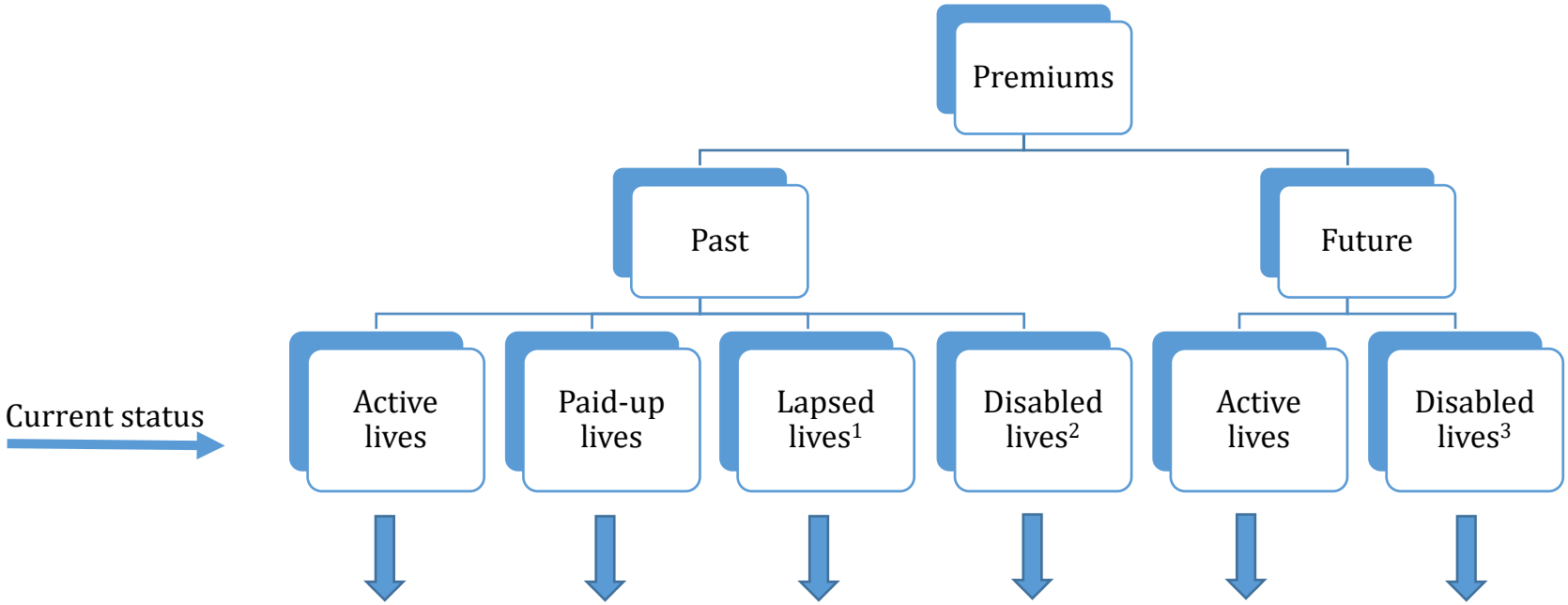
- policyholders who remain active and continue paying premiums
- policyholders who are currently on claim but recover and begin paying premiums again

At the time of a rate increase, sources of future incurred claims are:

- active premium paying policyholders who go on claim in the future

- disabled policyholders who are currently on claim, recover, and go on claim again in the future
- paid-up policyholders – this source of future claims is recognized in lifetime loss ratio calculations but not in projections of future claims for rate increases

Premium Shortfall Categories at the Time of a Rate Increase Request

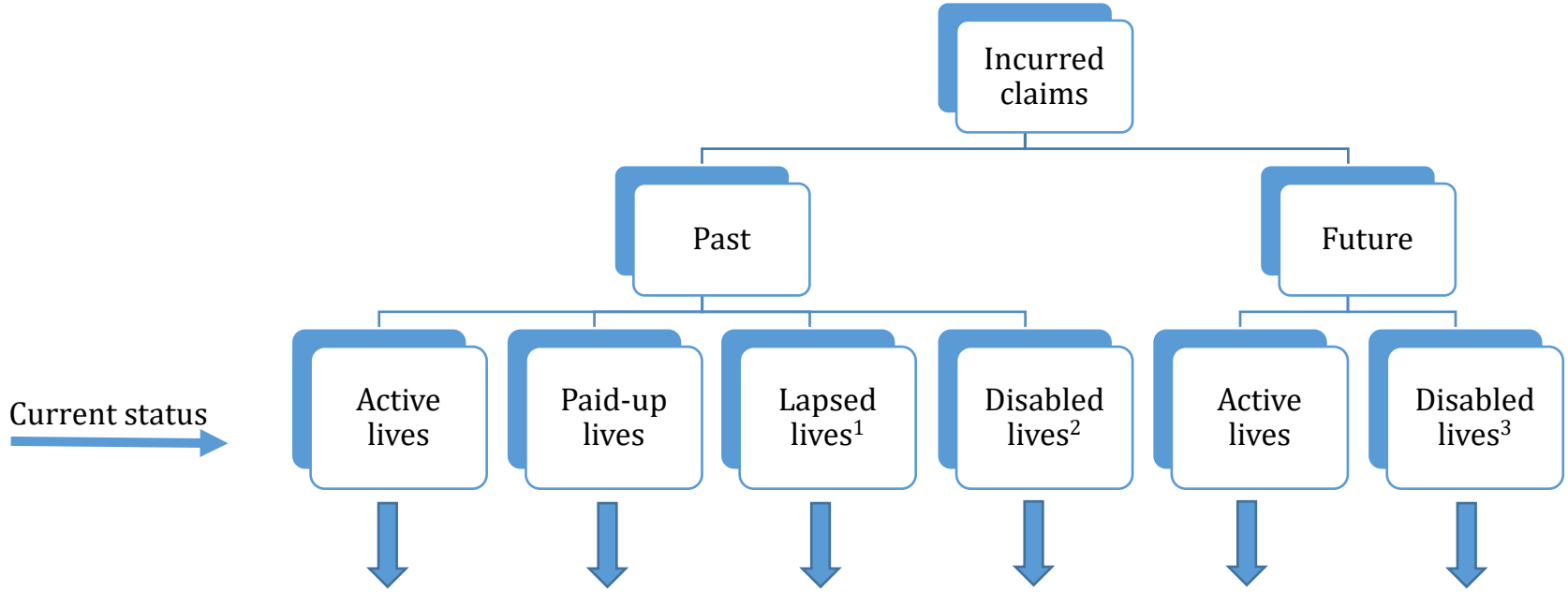


	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓	✓	✓	✓	✓	✓
2014 NAIC LTC Model Regulation	✓	✓	✓	✓	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

Categories of Adverse Claims Experience at the Time of a Rate Increase Request



	Active lives	Paid-up lives	Lapsed lives[1]	Disabled lives[2]	Active lives	Disabled lives[3]
Lifetime loss ratio	✓	✓	✓	✓	✓	✓
Prospective present value approach	✗	✗	✗	✗	✓	✗
Blended if-knew/make up approach	✓	✓	✓	✓	✓	✓
2014 NAIC LTC Model Regulation	✗	✗	✗	✗	✓	✓

[1] Includes voluntary lapses and those who died prior to generating a claim
[2] Includes those who died while on claim and those who exhausted their benefits
[3] Current disabled lives who might recover in the future and resume paying premiums

✗ indicates that the category is not reflected in the methodology, and any deficiency needs to be funded from a source other than a rate increase. However, the deficiency could be mitigated by catch-up and transitional adjustments to the prospective PV approach. ✓ indicates a partial recoupment since the method blends if-knew, which does not allow for any recoupment, and make up, which allows for full recoupment.

As a second step in the process, the pricing subgroup identified several general methodologies that were consistently used across states. These are:

- The lifetime loss ratio approach, which allows for full recoupment of past losses and often results in the largest rate increase
- Unique state approaches, which are designed to limit the recoupment of past losses
- The amended model regulation, which, like the state approaches, limits the recoupment of past losses

The two state approaches discussed in the pricing subgroup are described below.

Prospective PV approach

This approach avoids a recoupment of past losses by considering only future projections. The following formula is used to compute an allowable rate increase for a block of LTC insurance policies:

$$\text{rate increase } \% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.58 + .85\,C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

where:

Δ indicates the change in present value (PV) due to the change in actuarial assumptions between the time of the last rate increase (or the original assumptions if there was no prior rate increase) and the current assumptions

C is the cumulative percent rate increase to date. For example, if the current rate, prior to the proposed rate increase, is 50 percent higher than the rate at initial pricing, then C = .5

The *current* subscript in the denominator indicates that the PV should be computed using current assumptions. The future earned premiums in the formula are based on the current premiums prior to the proposed rate increase. Regulators may wish to consider the addition of margin to the rate increase. For example, the ΔPV(future incurred claims) term in the above formula could be multiplied by 1.1 to represent a 10 percent margin.

The formula is limited to **active, premium-paying policyholders** as of the time of the filing. All present value calculations in the formula should be based on the same set of current active lives.

For pre-rate stabilized policies, one could use .6 in place of .58 and .8 in place of .85:

$$\text{rate increase } \% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.6 + .8\,C}{1 + C}\right)\Delta PV(\text{future earned premiums})}{.8\,PV_{\text{current}}(\text{future earned premiums})}$$

Justification for the formula

The numerator represents the amount of additional funding needed, on a prospective basis, as a result of the change in actuarial assumptions. This amount reflects the increase in the PV of incurred claims, and is partly offset by the increase in the PV of future net premiums, where net premiums are computed by multiplying gross premiums by the loss ratio.

To compute the loss ratio, if P_0 is the premium at initial pricing and P is the current premium prior to the proposed rate increase, then:

$$P = P_0(1+C)$$

so

$$P_0 = \frac{P}{1+C}$$

The portion of current premium due to prior increases is:

$$P - P_0 = P - \frac{P}{1+C} = \frac{PC}{1+C}$$

Applying a 58 percent loss ratio to the initial premium and an 85 percent loss ratio to the increase portion, the loss ratio is:

$$\frac{.58\dfrac{P}{1+C} + .85\dfrac{PC}{1+C}}{P} = \frac{.58+.85C}{1+C}$$

Since a loss ratio of 85 percent applies to the rate increase, which provides the additional funding needed, then:

$$.85\ \Delta PV_{\text{current}}(\text{future earned premiums}) =$$
$$\Delta PV(\text{future incurred claims}) - \left(\frac{.58+.85C}{1+C}\right)\Delta PV(\text{future earned premiums})$$

The percentage rate increase, computed as ΔPV / PV of future earned premiums, is found by dividing both sides of the above equation by $.85\ PV_{\text{current}}(\text{future earned premiums})$:

$$\text{rate increase }\% = \frac{\Delta PV(\text{future incurred claims}) - \left(\dfrac{.58+.85C}{1+C}\right)\Delta PV(\text{future earned premiums})}{.85\,PV_{\text{current}}(\text{future earned premiums})}$$

Possible Modifications to Prospective PV approach

The prospective PV formula is intended to produce a rate increase that is adequate to fund the projected increase in future claim liabilities. However, a regulator should consider modifications to the formula based on the following:

- Disapproval of a prior actuarially justified rate increase.
- A prior actuarially justified rate increase reduced by the regulator.
- Approval of a prior actuarially justified rate increase after significant delay, offset by any company delay in filing for an actuarially justified rate increase.

Note that the use of any prior "actuarially justified" rate increase requires justification and support, which may vary by company and by state. The use and amount of any prior actuarially justified rate increase must be agreed to by both the regulator and the company.

Examples of the modifications that could be made to the prospective PV formula are described below:

Catch-up Provision (For rate increase requests denied or delayed)

If part of a past rate increase request has been denied, or if there was a material delay in the prior approval, for the new rate to be consistent with the underlying methodology of the Base Formula, a company must be granted an additional rate increase amount, called the catch-up provision. The catch-up provision is designed to reflect in a new rate increase the necessary additional premiums based on the assumptions provided to the department at the time of the previous rate increase request that were not approved with the prior filing(s). It will not take into account any deviation in actual experience from assumed experience during that time period.

$$\text{Catch-up rate increase \%} = \frac{\text{AV(premiums requested}^{\text{P}}) - \text{AV(premiums approved}^{\text{P}})}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

$$+ \frac{\text{PV(premiums requested}^{\text{F}}) - \text{PV(premiums approved}^{\text{F}})}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

AV is the Accumulated Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

PV is the Present Value at the time of the new rate increase request using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Requested^P is the total past premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Requested^F is the total future premiums that would have been collected had the entire rate increase request been granted in a timely manner based on the actuarial assumptions made at the time of the previous rate increase request(s)

Premiums Approved^P is the total past premiums that were collected based on the rate increase approved at the time of the previous rate increase request(s)

Premiums Approved^F is the total future premiums that would have been collected based on the rate increase approved at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

<u>Transition Provision (For Pre-Rate Stability products and other products where the last rate increase requests was voluntarily reduced by the company)</u>

If the prior rate increase request was not subject to the Rate Stability actuarial certification or a past rate increase request has been voluntarily reduced from the amount per such certification, a transition period needs to be established for companies to make a single filing to provide the full amount of premium necessary to meet the actuarial certification (consistent with the Model Bulletin calculation requirements). This transition filing would establish the assumptions to be used as the "prior assumptions" for future Base Formula requests and the maximum "Prior Premium" scale for these policies based on those prior assumptions. For any new filing of a rate increase to the Prior Rate scale to be consistent with the underlying methodology of the Base Formula, a company must be granted increases from the current approved premium scale up to but not above the maximum Prior Premium scale as part of the Transition amount. In this instance, the company will not be allowed to recapture past premiums that would have been collected if the rate increase request had not been voluntarily reduced. To the extent that a company requests a Transitional increase and a state denies or reduces the amount, the amount denied would be allowed in future rate increase requests under the Catch-Up Provision.

$$\text{Transition rate increase } \% = \frac{\text{PV(premiums justified)} - \text{PV(premiums requested)}}{\text{PV}_{\text{current}}\text{(future earned premiums)}}$$

Where:

PV is the Present Value using the actuarial assumptions made at the time of the previous rate increase request(s).

Premiums Justified is the total future premiums that would have been collected had the previous rate increase request been based upon the entire amount calculated in the Base Formula and Catch-up Provisions at the time of the previous rate increase request(s)

Premiums Requested is the total future premiums that would have been collected based on the entire rate increase requested at the time of the previous rate increase request(s)

For pre-rate stabilized policies, use .8 in place of .85.

Calculation of Entire Rate Increase

Total Rate Increase = Base Formula Increase % + Catch-up Increase % + Transition Increase %

Blended If-Knew/Make-up Approach

This approach begins with the computation of if-knew and makeup rate increases, as described in the definitions below. Next, a blended average is computed between the if-knew and make-up increases, where the makeup component is weighted based on the percentage of original policyholders remaining in active, premium-paying status. Finally, a cost-sharing function is applied to determine the portion of the rate increase that is paid by policyholders, while the remainder is a cost borne by the company.

This approach requires the use of all components outlined in this section. It is not appropriate to use only one part of this approach to determine a rate increase.

Key definitions include:

- If-knew increase – increase to the premium rates such that the resulting rates, if in effect from inception of the form, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Make-up increase – increase to the premium rates such that the resulting rates, if in effect in future years, would produce the greater of the initial target lifetime loss ratio or minimum loss ratio applicable to the form

- Blended increase – weighted average of if-knew increase and makeup increase, with the makeup component weighted based on the percentage of the original policyholders remaining in active, premium-paying status

- Cost-sharing increase – blended increase reduced by the cost-sharing formula described below

- Maximum allowable rate increase – an increase that, in addition to any prior rate increase, results in a cumulative rate increase equal to the cost-sharing increase

Cost sharing

This approach requires a state to establish a cost-sharing formula to be applied the rate increase determined under this approach. The table below is an example of a formula where the rate increase is sliced into layers. The policyholder's share of the rate increase decreases with each layer.

Blended increase	Policyholder share of the increase
0-15%	100%
15-50%	90%
50-100%	75%
100-150%	65%
>150%	50%

For example, a blended increase of 70 percent would be sliced into three layers, consisting of 15 percent in the 0-15% layer, 35 percent in the 15-50% layer, and the remaining 20 percent in the 50-100% layer. The policyholder's share of a 70 percent blended increase would be 100% x 15% + 90% x 35% + 75% x 20% = 15% + 31.5% + 15% = 61.5%.

The example below illustrates the application of this method. It assumes that the minimum loss ratio applicable to the policy is 60 percent and that at the time of the rate increase filing, 40 percent of the original policyholders remain and are paying premium.

	Without current increase			Premium at if knew level			Premium at make up level			With allowable rate increase		
Experience	*Earned Premium*		*Incurred*	*Earned*	*Incurred*	*Loss*	*Earned*	*Incurred*	*Loss*	*Earned*	*Incurred*	*Loss*
Period	*Original*	*Actual*	*Claims*	*Premiums*	*Claims*	*Ratio*	*Premiums*	*Claims*	*Ratio*	*Premiums*	*Claims*	*Ratio*
Past	100	110	50	208	50	24%	110	50	45%	110	50	45%
Future	60	78	150	125	150	120%	223	150	67%	137	150	109%
Lifetime	160	188	200	333	200	60%	333	200	60%	247	200	81%
Loss ratio at the original premium level				125%								
Minimum loss ratio applicable to the form				60%		Layer	PH share					
If-knew increase				108%		15%	100%					
Make-up increase				272%		35%	90%					
Remaining policyholders percentage				40%		50%	75%					
Blended increase				174%		50%	65%					
Cost-sharing increase				128%		24%	50%					
Past rate increase				30%		174%						
Maximum allowable rate increase				76%								

There are many possible refinements of the basic approach described above, such as:

- reducing the allowable increase if the original premiums were unreasonably low (i.e. lower than a benchmark premium calculated using assumptions that are deemed appropriate for the period in which the policy was priced and issued)
- basing the if-knew and make-up increases on a measure of profitability rather than on a target or minimum loss ratio standard

- calculating present values using actual and expected investment returns rather than statutory valuation rates
- specifying how margins for adverse experience and waiver of premium benefits should be treated in the loss ratio calculation
- specifying the level of granularity of the rate increase calculation (i.e. whether the rate increase should vary by benefit features, underwriting criteria, etc.)

NAIC Model Regulation

Section 20.1(C)(2) of the Model Regulation describes a 58/85 loss ratio standard, which recognizes the lesser of actual or expected past claims. The allowable rate increase computed according to the Model Regulation's loss ratio standard applicable on the issue date of the policy, serves as a ceiling when using either of the above approaches.

Comparison of Approaches

Below are summaries of the results produced under each method for three actual rate filings received from three different carriers.

For each carrier, the earned premiums and incurred claims were multiplied by a random number to mask the carrier's actual data. Note that all yearly figures are discounted with interest:

Carrier #1

Summary of rate filing	
Type	Pre Rate Stabilized (Individual)
Rate increase history	40% in 2010; 25% in 2015
Cumulative rate prior increase	1.40 x 1.25 - 1 = 75%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	29,881,320	30,254,745	29,312,302	30,254,745
Future	6,396,557	64,064,583	8,276,125	81,078,884
Lifetime	36,277,877	94,319,328	37,588,427	111,333,629

Summary of calculations	
Estimated % of active policyholders remaining	50%
Lifetime LR	296%
Maximum rate increase under 60/80 lifetime LR standard	1321%
Blended if-knew & makeup components:	
Makeup increase	3268%
"If knew" rate increase	498%
Blended with 50% active policyholders remaining:	1883%
With cost sharing	983%

Blended if-knew & makeup rate increase* (after backing out prior 69.6% cumulative rate increase)	**519%**
Prospective PV allowable rate increase	**238%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 50% actives remaining.	

Carrier #2

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims	Earned premiums	Incurred claims
Past	2,605,954	41,528	2,605,954	41,528
Future	4,537,414	3,795,819	4,382,489	5,514,785
Lifetime	7,143,367	3,837,347	6,988,442	5,556,313

Summary of calculations	
Estimated % of active policyholders remaining	71%
Lifetime LR	80%
Maximum rate increase under 58/85 lifetime LR standard	40%
Blended if-knew & makeup components:	
Makeup increase	59%
"If knew" rate increase	37%
Blended with 71% active policyholders remaining:	53%
With cost sharing	49%
Blended if-knew & makeup allowable rate increase[1, 2]	**49%**
Prospective PV allowable rate increase[2]	**49%**
[1] Rate increase assumes: (1) benchmark premium = original premium; and (2) 71% actives remaining. [2] The allowable rate increase would be limited to 40% based on the 58/85 lifetime loss ratio standard.	

Carrier #3

Summary of rate filing	
Type	Rate stabilized (individual)
Rate increase history	None
Cumulative prior rate increase	0%

	Accumulated and present values at 4.5% interest rate			
	Prior assumptions		Current assumptions	
	Earned premiums	Incurred claims*	Earned premiums	Incurred claims*
Past	1,272,279	221,055	1,272,279	221,055

Future	659,852	1,098,641	864,521	2,561,128
Lifetime	1,932,131	1,319,696	2,136,800	2,782,183

* Projected incurred claims include a 10% moderately adverse experience load.

Summary of calculations	
Estimated % of active policyholders remaining	77%
Lifetime LR	130%
Maximum rate increase under 58/85 lifetime LR standard	210%
Blended if-knew & makeup components:	
Makeup increase	308%
"If knew" rate increase	124%
Blended with 77% active policyholders remaining:	266%
With cost sharing	174%
Blended if-knew & makeup allowable rate increase*	**174%**
Prospective PV allowable rate increase	**183%**
* Rate increase assumes: (1) benchmark premium = original premium; and (2) 77% actives remaining.	

Other Considerations

Premium Rate Increase Caps

Some states, either by regulation or administrative practice, place caps on premium rate increases. In particular, New Hampshire adopted a rule that caps rate increases based on the insured's attained age. In general, caps implemented by states have no actuarial basis, but instead are arbitrarily administered.

Although it is understandable that states may favor arbitrary caps in the interest of protecting policyholders from large rate increases, one concern is a potential solvency risk if actuarially justified rate increases are postponed along with the potential for substantial reductions in benefits due to state-specific guaranty fund limits. In addition, the need for future rate increases will be greater based on the degree to which requested rate increases are capped. Many states have worked with companies to successfully address large rate increases through the use of a pre-approved series of incremental increases, allowing rates to reach the appropriate level while fully informing the policyholders of the timing and amount of the full series of increases.

Delays in Filing and Delays in Approval of Rate Increases

Similar to arbitrary rate caps, delays in implementing actuarially justified rate increases due to either a carrier failing to file a needed rate increase, or delays in the regulatory approval of a needed rate increase, can pose a potential solvency risk. Several LTC insurance carriers have commented that delays in the implementation of needed rate increases lead to significantly higher rate increases later. For example, one carrier with a large block of LTC business estimated that each one-year delay of a needed rate increase adds a 5 to 10 percentage point increase to the needed rate increase.

Lifetime Loss Ratio Issue

Some regulators believe it is inappropriate to approve a rate increase that would lead to a lower projected lifetime loss ratio than in the prior rate increase filing. Where the prior filing was consistent with actuarially certified adequate premiums this would generally be an appropriate expectation unless sufficient justification is provided for an exception. Where the prior rate filing was not consistent with actuarially certified adequate premiums (e.g. most pre-rate stability business or filings limited by rate caps) or the company noted in its filing that if experience did not improve that additional rate increase filings are likely, the projected loss ratio from such a prior filing is not an appropriate limit.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/30/2020
Submitted Date	03/30/2020
Respond By Date	04/13/2020

Dear Shawn Stender,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: Under Section 17. Requested Rate Increase, the table provided shows "Current Average Requested Increase for Age Band" for both No Inflation and Auto Inflation. In this table the current average requested rate increase for No Inflation goes up higher for ages 55-59 than for 50-54 and 75+ than for the prior years 70-74. Please explain the reason for this as the rate increase decreases as the age increases.

Objection 2

- Rate Tables, [SPL-336] (Rate)

Comments: We are unclear if the Company prefers to offer a single rate increase or a series of increases.

The BOI has no preference as to which the Company selects. If they wish to exercise the single rate increase over a three year period, the rates should be the single increase divided by 3.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/27/2020
Submitted Date	03/27/2020
Respond By Date	04/06/2020

Dear Shawn Stender,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

Comments: Company Rate Information - Rate Rule Schedule Tab

Please revise the Company Rate Information for consistency with the Long Term Care Rate Request Summary document that was revised on 3/26/2020.

Please note that the "Overall % Indicated Change" should state the % increase needed to return the block to the original anticipated loss ratio.

The "Overall % Rate Impact" is the Average Requested Percentage Change Per Member as shown on the Rate Request Summary..

Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Minimum Requested Percentage Rate Change Per Member indicates 17%. However, on Attachment C provided in the Excel document in the 3/26/2020 objection response, the minimum cumulative increase is 42%. Please reconcile and revise the Rate Request Summary as necessary.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/28/2020
Submitted Date	02/28/2020
Respond By Date	03/29/2020

Dear Shawn Stender,

Introduction:

During our review, we noted the need for additional information to continue. Any revisions, modifications, or changes of any type to a filing not requested by us must be brought to our attention upon and explained in detail. It will expedite the review process if all changes are highlighted and explained.

Objection 1

- Response to January 21, 2020 Requests (Supporting Document)

Comments: 1) Regarding the requested reduced increase outlined in Table 1 of your response, please submit updated exhibits and documentation in support of the revised increase. This should include updated projected and lifetime loss ratios with the increase. Please also provide an updated Rate Request Summary and actuarial memorandum.

2) The choice of a single increase or a series of increases is for the Company to decide. The Virginia Bureau of Insurance does not have a preference. The BOI does require the actuarial equivalence to be documented should the Company choose a series increase over a single increase.

3) Please provide a current attained age count of the remaining VA policyholders that corresponds with the reduced requested increase shown in Table 1, separate those without inflation from those with inflation.

Conclusion:

We look forward to resuming our review of this submission upon receipt of the requested information to address the questions noted above. A response to our request is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested. Please do not hesitate to contact me if there are any questions.

Sincerely,

Sincerely,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/03/2020
Submitted Date	01/03/2020
Respond By Date	02/02/2020

Dear Shawn Stender,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Page 3 - Long Term Care Insurance Rate Increase History

This page contains rate increase history for forms that are not applicable to MedAmerica Insurance Company.

As the rate increase history is not required as a part of the policyholder notification letter the company may elect to eliminate this information or revise it for the correct content and variability since the company advised it may seek future rate increases.

Objection 2

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: The sentence on page 2 regarding "partnership status" should be bolded since it is a disclosure.

Objection 3

- Notice of Premium Increase, RIL-VA-0918 (Form)

- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Comments: After considering the suggested revisions in this current objection letter, please submit the "John Doe" version of the Notice of Premium Increase and the Contingent Non-Forfeiture Benefit Election Form for approval.

Objection 4

- Statements of Variability (Supporting Document)

Comments: Please combine the Statement of Variability ("SOV") into one document consistent with the Notice of Premium Increase form (RIL-VA-0918) and Contingent Non-Forfeiture Benefit Election form (CNF-VA-0918). It is too confusing to use a different SOV for each policy form. Variances for each policy form can be noted under the variable item on a single SOV.

Please remove three of the four SOV documents that are currently under the Supporting Documentation tab so that there is only one.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	12/11/2019
Submitted Date	12/11/2019
Respond By Date	12/16/2019

Dear Shawn Stender,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

Comments: Statements of Variability

We are confused by the various statements of variability. They do not contain the corresponding policy form numbers. Instead they are labeled Assumed Product Line; Premier Product Line; Simplicity Product Line, etc.

Please provide a chart that lists the policy form associated with each letter form and each Statement of Variability along with the active SERFF Tracking number so that we may continue our review and match up the correct forms with the correct SERFF filings.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/19/2019
Submitted Date	11/19/2019
Respond By Date	12/10/2019

Dear Shawn Stender,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please consider making the logo and company name variable since this letter is intended to be used for notice to both MedAmerica Insurance Company and Combined Insurance Company of America policyholders. The letter needs to be amended so that it can be used for either insurer.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	11/19/2019
Submitted Date	11/19/2019
Respond By Date	12/10/2019

Dear Shawn Stender,

Introduction:

One or more forms included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: 1. Please make Enclosure variable and explain the options that may be included as an enclosure (i.e. Long Term Care Rate Increase, Business Reply Envelope, etc.)

2. Explain if the Company considered making the Customer Service phone number variable.

3. Please provide a copy of the original policy or rider that explains the coverage for the Contingent Non-Forfeiture Benefit.

4. Please provide the most current version of a "John Doe" Notice of Premium Increase letter.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	08/23/2019
Submitted Date	08/23/2019
Respond By Date	09/20/2019

Dear Shawn Stender,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: The Virginia Bureau of Insurance request that the Company reduce their requested rate increase on the subset of policies with Auto Inflation and consider revising the rate increase for policies containing no inflation to be more in line with those approved in other states.

The Bureau of Insurance has concerns that the requested increase is too high using Loss Ratio Testing. Using the loss ratio calculations set forth in 14VAC5-200-153 G. 2 the test fails for the subset of policies with the Auto Inflation.

Inflation:	Original LR:	No Increase Future*:	No Increase Lifetime:	With Increase Future*:	With Increase Lifetime:	From Inception:
None:	61%	148%	102%	72%	73%	47%
Auto:	86%	226%	147%	82%	83%	50%
Total:	80%	212%	138%	81%	81%	49%

** after deducting ALR*

Inflation:	Required Claims:	Projected Claims:	P/F:
None:	130,346,762	140,582,570	PASS
Auto:	793,717,349	768,980,650	FAIL
Total:	924,055,962	909,563,220	FAIL

We also have a concern when examining State Rate Equity. The Company provided documentation that indicates the current weighted average rate increase in all states is 87%. In those states which have reached a resolution on the current round of increases, the average rate increase is 107%. The rate increase request in Virginia is 193%, far higher than what has been approved in other states.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	05/17/2019
Submitted Date	05/17/2019
Respond By Date	06/14/2019

Dear Shawn Stender,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Notice of Premium Increase, RIL-VA-0918 (Form)

- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Comments: 1. 14VAC5-100-50 2 requires that the full and proper corporate name of the insurer must prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications, and other forms required to be submitted. The corporate name can not be made variable. It appears that the corporate name is included as a part of the logo and does not appear in the body of the policyholder notification form. As a result, the logo cannot be variable. Please revise the applicable forms and the statement of variability.

2. Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

3. The statement of variability for RIL-VA-0918 identifies the reason for the rate increase as being variable. Please advise how the reason is subject to change from the text as presented in the form. Please note that any reason given would require approval by the Virginia Bureau of Insurance.

4. Option 3 on form RIL-VA-0918 offers the Contingent Non-Forfeiture Benefit. Please advise if this benefit is offered only to those who satisfied one of the triggering events or if it will be offered to all as an option to reduce premium.

5. Please advise if the Contingent Non-Forfeiture Benefit is the contingent benefit upon lapse that is offered by the policy.

Objection 2

Comments: Supporting Documentation

Please provide us with a copy of the policy form SP-336 and the schedule page SPL-238. We would like to check policy references to the nonforfeiture and contingent benefit upon lapse.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should

reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Please contact me at (804) 371-9370 should you have any questions. Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/27/2019
Submitted Date	02/27/2019
Respond By Date	03/06/2019

Dear Shawn Stender,

Introduction:

One or more forms were found to be missing from the objection response of 2/26/2019 as outlined below.

Objection 1

- Response to February 12, 2019 Objection (Supporting Document)

Comments: Thank you for your response to our objection letter dated 2/12/2019. We were unable to find Attachment I - Proposed Phase-In Schedule mentioned in response 2. Please add this item under the Supporting Documentation tab if the Company would like the Virginia BOI to consider the three year phase in rate increase.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	02/12/2019
Submitted Date	02/12/2019
Respond By Date	03/13/2019

Dear Shawn Stender,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Notice of Premium Increase, RIL-VA-0918 (Form)

- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Comments: Thank you for your recent response and revising the Notice of Premium Increase form and updating the Statement of Variability.

Please provide a "John Doe" letter illustrating how the Notice of Premium Increase letter and the Contingent Non-Forfeiture Benefit Election forms will appear. These should be placed under the "Supporting Documentation" tab.

Objection 2

- Response to January 9, 2019 Objection (Supporting Document)

Comments: Thank you for your response to Objection 2 in your January 15, 2019 response letter.

1. For clarity, is the Company willing to "certify" that there will be no further rate increases, if the rate increase is granted as requested?

2. Please advise if the Company is willing to consider a series of increases rather than a large single increase. If a series is an option, provide the Company's recommendation.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information and documents to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/17/2019
Submitted Date	01/17/2019
Respond By Date	02/15/2019

Dear Shawn Stender,

Introduction:

One or more forms included within the submission have questions that need to be resolved as set forth below.

Objection 1

- Statement of Variability - Simplicity Product Line (Supporting Document)

Comments: The following bracketed items that appear on RIL-VA-0918 or CNF-VA-0918 are not explained on the Statement of Variability.

1) <<DATE>>

2) <<NEXT BILL DATE>> We note that the Statement of Variability contains the bracketed item <<NEXT_ANNIV_DATE>> which does not appear on either document.

Objection 2

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please revise the Rate Review Summary to reflect the change to the Minimum Requested Percentage Rate Change Per Member that was updated in the Rate/Rule Schedule through your Post-Submission Update.

Objection 3

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please replace the following sentence in the first paragraph, "The rate increase is necessary because the emerging experience, industry wide, reveals more insureds are keeping their policies in force than anticipated, resulting in higher than expected claim costs. This is necessary to ensure adequate funding of all future claim payments.".

The sentence should be rewritten to include the "Summary of Key Information" found in your Health Insurance Rate Request Summary, which reads, "Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced."

You may also want to consider making this statement variable, should a future rate increase be required for a different set of facts.

Objection 4

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please consider if the company's address, contact information or officer name, title and signature should be made variable.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the revised forms to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

A response to this objection (or request for information if more applicable) is expected within 30 days. After 30 days, the filing will be DISAPPROVED unless a 30-day extension is requested.

Once a submission has been closed, a new SERFF submission will be required. To expedite the review, the new submission should reference the SERFF tracking number of the prior submission and verify that all outstanding issues have been addressed.

Should you wish to discuss any of the objections or provide additional information related to any of the objections, this should be done prior to making a new SERFF submission.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	01/09/2019
Submitted Date	01/09/2019
Respond By Date	01/16/2019

Dear Shawn Stender,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

Comments: Rate/Rule Schedule

1) Per Exhibit 1 in the Actuarial Memorandum, it appears that the Company is requesting a minimum rate increase of 47% for Issue Age 85 on plans with No Inflation and a maximum rate increase of 264% for Issue Ages < 45 for Auto Inflation plans. If this is correct, please revise the Rate/Rule Schedule to correct the Minimum % Change from "79%" to "47%". This may also require a correction to the Overall % Indicated Change and the Overall % Rate Impact. Please revise as necessary.

2) If the proposed rate increase is granted as requested, please advise if the company is prepared to certify that no further rate increases will be required on this block of business.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned. Thank you.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	09/10/2018
Submitted Date	09/10/2018
Respond By Date	

Dear Shawn Stender,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: As previously requested, please provide the experience and supporting documentation only for form SPL-336 and not for other companies, affinity partners or forms that were not filed and approved in Virginia, and to which the proposed rate increase does not apply in Virginia if approved. In Virginia, it is not considered appropriate to justify a rate increase by combining the experience of other forms issued by the company, affiliated companies or blocks of business that the company administers or manages.

Objection 2

- Notice of Premium Increase, SRIL-VA-1117 (Form)

Comments: 1) Pursuant to 14VAC -200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

2) The policyholder notification letter states that, "New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced." What exactly is the relevance of the "New data" as the reason for the rate increase and how (or why) does this impact the policyholders?

3) Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter, even though it is listed as a separate form? Will it become part of the policy upon receipt? Is the CBUL form sent along with every policy holder notification letter?

4) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

5) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.

6) A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

7) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	07/12/2018
Submitted Date	07/12/2018
Respond By Date	08/24/2018

Dear Shawn Stender,

Introduction:

During our review, we noted the following inconsistencies and/or need additional information to continue. Please address the following requests no later than the date above. Please note, any revisions, modifications, or changes of any type to a filing not specifically requested by us must be brought to our attention upon resubmission and explained in detail.

Objection 1

- Response to March 19, 2018 Objection (Supporting Document)

Comments: Previous Long Term Care annual reports filed for the years 2015 and 2016 (SERFF Tr. #s MEAM-130629455and MEAM-131082253) certified by the Company actuary states that rate action is necessary based upon projected lifetime loss ratios. Pursuant to 14VAC5-200-125, when a statement that the premium rate schedule is no longer sufficient is certified, the insurer shall submit to the commission within 60 days of the date of the actuarial certification a plan of action, including a timeframe for the reestablishment of adequate margins for moderately adverse experience.

Objection 2

- Response to March 19, 2018 Objection (Supporting Document)

Comments: A) Please provide the experience and supporting documentation only for form SPL-336 affected by the rate increase, as provided under the Rate/Rule Schedule.

B) In addition, please provide the experience and supporting documentation for the individual forms and do not include group or affinity business.

C) Provide actual-to-expected analysis for each assumption (lapse, mortality, morbidity).

Conclusion:

We shall be glad to continue our review of this submission upon receipt of the requested information or resolution of the issues noted above. Should you need clarification, please contact me. Thank you for your courtesy and prompt response.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Disapproved
Objection Letter Date	03/19/2018
Submitted Date	03/19/2018
Respond By Date	

Dear Shawn Stender,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- L&H Actuarial Memorandum (Supporting Document)

Comments: 1.Please provide a copy of the original actuarial memorandum, including original pricing assumptions, original anticipated loss ratio, and mix of business.

2.For all projections requested below, please comply with the following:

a. Please remove any policies in paid-up status from all projections, both past and future.

b. Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.

c. Please recompute nationwide earned premiums to assume Virginia rate levels (both the past and proposed rate changes in Virginia).

3.For each of the four subsets of the business corresponding to the combinations of (up to 5 year/>5 year benefit periods) and (none/auto-inflation protection), please provide (in Excel format) the following six projections (24 total):

a. current assumptions and current rates

b. current assumptions with the proposed rate increase

c. current assumptions with the proposed rate increase, but with no RBO, CBUL, or adverse selection

d. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception

e. original assumptions and original premiums from inception

f. actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception

4. For each of the four subsets of the business above, please provide the active life reserves on a nationwide basis.

5. Please specify whether waived premiums are included in earned premiums and incurred claims; provide the waived premium amounts and impact on requested increase.

6. Please show both the claim reserve and the paid claims separately in the projections. Please specify whether the claim reserves are fixed at the time of the claim or adjusted over time to reflect experience as it emerges. Please provide a sufficiency analysis of the actual runout experience of historical claims over time versus the claim reserves that were assumed.

7. Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each

state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Objection Letter

Objection Letter Status	Info has been requested from company
Objection Letter Date	03/09/2018
Submitted Date	03/09/2018
Respond By Date	

Dear Shawn Stender,

Introduction:

The submission is DISAPPROVED and may not be used in the Commonwealth of Virginia.

One or more items included within the submission were found to be in non-conformity with statutory, regulatory or administrative requirements as set forth below.

Objection 1

- Rate Tables, [SPL-336] (Rate)

Comments: Please remove the "VA MedAmerica Current Simpliciy Premium Rates 20180109.pdf" from the Rate/Rule Schedule "Attach Document" section and place it under the Supporting Documentation tab. Only proposed rates should appear in the Rate/Rule Schedule.

Objection 2

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise in what states the company has requested rate increases on this block, and describe how the rate changes requested in Virginia compare with those in other states, along with a listing of the status of the rate reviews in those other states. In the actuarial memorandum, in "Section 15. History of Previous Rate Revisions" it states that there have been two prior rate increase requests.

Objection 3

- Rate Tables, [SPL-336] (Rate)

Comments: Please provide an explanation of Rate Classes. The proposed rate sheet refers to Rate Class II but does not define the rate class.

Objection 4

- L&H Actuarial Memorandum (Supporting Document)

- Rate Tables, [SPL-336] (Rate)

Comments: Please explain which proposed rates apply to "No Inflation" and which to "Auto Inflation". The actuarial memorandum containing Exhibit 1 states that Virginia insureds are enrolled in both "No Inflation" and "Auto Inflation" plans and that the rate increase percentages are different.

Objection 5

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if there are any riders associated with form SPL-336 rate filing and if they are affected by the rate revision request. The actuarial memorandum states that three rider options were available at date of issue. Explain why these riders are not attached in the Rate/Rule Schedule for Affected Forms.

Conclusion:

We shall be glad to reconsider this submission upon receipt of the requested information to address the objections noted above. Should you need clarification of any of the information contained in this letter, please contact the undersigned.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Thank you for your courtesy and consideration in this matter.

Sincerely,
Bill Dismore

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/10/2020
Submitted Date	08/10/2020

Dear Bill Dismore,

Introduction:

Thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your July 29 request. The response documents were prepared by MedAmerica Insurance Company. Milliman did not audit the attached response documents, but did review them for reasonableness.

Related Objection 1

Applies To:

- *Notice of Premium Increase, RIL-VA-0918 (Form)*
- *Statements of Variability (Supporting Document)*

Comments: The letter references at least two enclosures, (i) Contingent Non-Forfeiture Benefit Election Form and (ii) postage-paid envelope. However, the letter does not provide Enclosures or a description of the enclosed items. Our concern would be addressed if the company included words similar to (following the Signatory); "Enclosures: Contingent Non-Forfeiture Benefit Election Form; Postage-Paid Return Envelope"

The word "Enclosures" should not be variable and should be removed as a variable item from the Statement of Variability. However, if any of the items that are enclosed are variable, those specific items should be bracketed and explained on the SOV.

Changed Items:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 8.7.20.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 7.25.20.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 8.7.20.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 7.25.20.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability All Product Lines.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability All Product Lines.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability CICA Assumed Product Line 12.10.19.pdf* *Statement of Variability Premier Product Line 12.10.19.pdf* *Statement of Variability Simplicity Product Line 12.10.19.pdf* *Statement of Variability Simplicityii Product Line 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 8.7.20.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 7.25.20.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability All Product Lines.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability All Product Lines.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability CICA Assumed Product Line 12.10.19.pdf* *Statement of Variability Premier Product Line 12.10.19.pdf* *Statement of Variability Simplicity Product Line 12.10.19.pdf* *Statement of Variability Simplicityii Product Line 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	

Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	John Doe Simplicity 3 year RIL-VA-0918.pdf John Doe Simplicity CNF-VA-0918.pdf John Doe Simplicity RIL-VA-0918.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*John Doe Simplicity RIL-VA-0918.pdf* *John Doe Simplicity 3 year RIL-VA-0918.pdf* *John Doe Simplicity CNF-VA-0918.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	*"John Doe" versions will be submitted once the company has responded to the Bureau's recent request for modification to several of our requested rate increases. The Notice of Premium Increase has variable language to accommodate a one-time rate increase or a phase-in of up to three years.*
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.15.19.pdf* *RIL-VA-0918 3 yr John Doe Simplicity 4.15.19.pdf* *CNF-VA-0918 John Doe Simplicity 4.15.19.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.12.19.pdf*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

	CNF-VA-0918 John Doe Simplicity.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 with grid John Doe Letter.pdf* *CNF-VA-0918 John Doe.pdf*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf	Date Submitted: 08/10/2020 By: Joe Neary
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*47.600*	*RIL-VA-0918.pdf*	*Date Submitted: 07/24/2020 By: Joe Neary*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.600*	*RIL-VA-0918.pdf*	*Date Submitted: 01/24/2020 By: Courtney Williamson*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.600*	*RIL-VA-0918.pdf*	*Date Submitted: 12/10/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.600*	*RIL-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.15.19.pdf*	*Date Submitted: 04/15/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.12.19.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf	Date Submitted: 08/10/2020 By: Joe Neary
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf	Date Submitted: 08/10/2020 By: Joe Neary
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 07/24/2020 By: Joe Neary*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 01/24/2020 By: Courtney Williamson*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 12/10/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 04/12/2019 By:*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf	Date Submitted: 08/10/2020 By: Joe Neary
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Joe Neary

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/13/2020
Submitted Date	07/13/2020

Dear Bill Dismore,

Introduction:

Thank you for reviewing this filing.

Response 1

Comments:

Please see the attached document in response to your July 7, 2020 request. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: We did not find an "Option Election Form" under the Form Schedule. Please advise if the company intends to produce one to send as an Enclosure as stated on the Statement of Variability. Please place the "Option Election Form for review under the Form Schedule tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 7, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200710 Objection Letter_20200707.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Courtney Williamson

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	07/23/2020
Submitted Date	07/24/2020

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents in response to your June 25, 2020 requests. The response documents, except for the Long Term Care Insurance Rate Request Summary, were prepared by MedAmerica Insurance Company. Milliman did not audit the attached response documents, but did review it for reasonableness.

Related Objection 1

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please provide the required narrative to the Health Insurance Rate Request Summary - Part 1. Please structure the narrative so that the intended audience (the policyholder) can easily understand and avoid technical/actuarial terminology where possible.

Please combine Part 1 and the narrative as one PDF document instead of two separate documents.

Changed Items:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200724.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200410.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200324.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200724.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200410.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200324.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

Satisfied - Item:	Response to June 25, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200724 Objection Letter_20200625.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200724.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200410.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200324.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

Satisfied - Item:	Response to June 25, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200724 Objection Letter_20200625.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 7.25.20.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 12.10.19.pdf*
Previous Version	

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200724.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200410.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200324.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

Satisfied - Item:	Response to June 25, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200724 Objection Letter_20200625.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 7.25.20.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 12.10.19.pdf*
Previous Version	

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability All Product Lines.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability CICA Assumed Product Line 12.10.19.pdf* *Statement of Variability Premier Product Line 12.10.19.pdf*

	Statement of Variability Simplicity Product Line 12.10.19.pdf Statement of Variability Simplicityii Product Line 12.10.19.pdf
Previous Version	
Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line 6.14.19.pdf
Previous Version	
Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line 4.12.19.pdf
Previous Version	
Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line.pdf
Previous Version	
Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line.pdf
Previous Version	
Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200724.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200410.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200324.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

Satisfied - Item:	Response to June 25, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200724 Objection Letter_20200625.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 7.25.20.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 12.10.19.pdf*
Previous Version	

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability All Product Lines.pdf*
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability CICA Assumed Product Line 12.10.19.pdf* *Statement of Variability Premier Product Line 12.10.19.pdf*

	Statement of Variability Simplicity Product Line 12.10.19.pdf *Statement of Variability Simplicityii Product Line 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	John Doe Simplicity RIL-VA-0918.pdf John Doe Simplicity 3 year RIL-VA-0918.pdf John Doe Simplicity CNF-VA-0918.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	*"John Doe" versions will be submitted once the company has responded to the Bureau's recent request for modification to several of our requested rate increases. The Notice of Premium Increase has variable language to accommodate a one-time*

	rate increase or a phase-in of up to three years.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.15.19.pdf* *RIL-VA-0918 3 yr John Doe Simplicity 4.15.19.pdf* *CNF-VA-0918 John Doe Simplicity 4.15.19.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.12.19.pdf* *CNF-VA-0918 John Doe Simplicity.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 with grid John Doe Letter.pdf* *CNF-VA-0918 John Doe.pdf*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf	Date Submitted: 07/24/2020 By: Joe Neary
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.600*	*RIL-VA-0918.pdf*	*Date Submitted: 01/24/2020 By: Courtney Williamson*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.600*	*RIL-VA-0918.pdf*	*Date Submitted: 12/10/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.600*	*RIL-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.15.19.pdf*	*Date Submitted: 04/15/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.12.19.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf	Date Submitted: 07/24/2020 By: Joe Neary
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf	Date Submitted: 07/24/2020 By: Joe Neary
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 01/24/2020 By: Courtney Williamson*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 12/10/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf	Date Submitted: 07/24/2020 By: Joe Neary
	Election Form							*By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- *Notice of Premium Increase, RIL-VA-0918 (Form)*
- *Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)*

Comments: Please make the Company's full name (MedAmerica Insurance Company) prominent. This can be accomplished by increasing the font size or bolding the text.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see above.

Related Objection 3

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: On page 2, please revise the Virginia Bureau of Insurance's webpage to:

https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see above.

Related Objection 4

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please remove the variability for <<Enclosure>>. The letter should state all enclosures that are sent with the notification letter.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see above.

Related Objection 5

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Comments: 1) To comply with 14VAC5-200-75 D. 2. a. and b. and 14VAC5-200-183; Option #2 on page 1 should be more specific as to the options offered to the policyholder to reduce their premium.

For example, the first sentence states, "You may be able to adjust your benefits to reduce your premiums." Our concern would be addressed if the company generally referenced the benefits available to the policyholder that would trigger a reduction in premium (i.e. reduce daily benefits, increase elimination period, reduce inflation options, etc.)

2) The last sentence at the end of the third paragraph, "All options may not be of equal value." should be a new paragraph for emphasis and prominence.

3) Please check the spacing in the letter between paragraphs so the letter can be read more easily.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please see above.

Related Objection 6

Applies To:
- Statements of Variability (Supporting Document)

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Comments: 1. Please insert the policy form number following the Product Line name in the heading. (i.e. Simplicity - SPL-336, etc.).

2. In the second paragraph, the form number should follow the form described. For example, Rate Increase Letter (RIL-VA_0918) and Contingent Non-Forfeiture Election Form (CNF-VA_0918). The Product Line names can be removed after the words, "Contingent Non-Forfeiture Election Form".

3. Please show all the LOGO options in the SOV. We don't see the logo image on the letter or the SOV.

4. The SOV should describe specifically how the <<PHASE_IN>> and <<INC_AMT>> will appear on the letter. For example, if there is a 3-year phase in, explain specifically how the current premium, the increase percentage and the new premium be appear in the policyholder letter.

5. The <<REASON_FOR_RATE_INCREASE>> is variable. Please update the SOV to state, "Should the reason for the rate increase change, the company will update the Statement of Variability."

6. <<DATE>> should remove the reference to Year as (2019/2020/2021) and show the format as "(XXXX)". Otherwise, the SOV would need to be updated if a year other than 2021 were to be used.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 7

Comments:

Please see above.

Related Objection 7

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Pursuant to 14VAC5-200-75 A 4 b. the policyholder notification letter must include a statement that the policyholder has a right to receive a revised premium rate schedule if the premium rate or rate schedule is changed. Please add this statement to the policyholder letter. It should be bolded for prominence.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8

Comments:

Please see above.

Related Objection 8

Applies To:
- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: John Doe Letter

Please provide a John Doe letter package along with the Contingent Non-Forfeiture Benefit Election Form assuming a single rate increase and a separate John Doe letter package illustrating the phased in option.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,
Joe Neary

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/06/2020
Submitted Date	05/06/2020

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your April 13, 2020 requests.

Related Objection 1

Comments: 3/24/2020 Company Response Letter - Attachment C

Attachment C to the 3/24/2020 response letter has incorrect data in the first column (Virginia Policy Count). Please revise.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to April 13, 2020 Objection
Comments:	
Attachment(s):	VA_Response to 20200413 Objection_Simplicity_20200506.pdf VA_Response Attachment_Simplicity_20200506.xlsb

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please provide all projections and data required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach, separately for No Inflation and Auto Inflation (see attached description).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see above.

Related Objection 3

Comments: 3/24/2020 Company Response Letter Attachment A-ii and Attachment B.

There is a significant difference in both future earned premiums and future incurred claims between Attachment A-ii and Attachment B. While we expect differences in earned premiums during the phase in period, the difference in years 2024 and beyond does not seem reasonable. Please explain exactly how these values were calculated.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see above.

Related Objection 4

Comments: 3/24/2020 Company Response Letter

The 3/24/2020 responses provided projections only in the aggregate. Please provide all projections split between No Inflation and Auto Inflation.

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,
Courtney Williamson

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/13/2020
Submitted Date	04/13/2020

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your March 27, 2020 and March 30, 2020 requests.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Under Section 17. Requested Rate Increase, the table provided shows "Current Average Requested Increase for Age Band" for both No Inflation and Auto Inflation. In this table the current average requested rate increase for No Inflation goes up higher for ages 55-59 than for 50-54 and 75+ than for the prior years 70-74. Please explain the reason for this as the rate increase decreases as the age increases.

Changed Items:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_Supplement_Simplicity_RS_20180109.pdf VA_ActMemo_Simplicity_RS_20200410.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_Supplement_Simplicity_RS_20180109.pdf* *VA_ActMemo_Simplicity_RS_20200324.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_ActMemo_Simplicity_RS_20180109.pdf* *VA_Supplement_Simplicity_RS_20180109.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_Supplement_Simplicity_RS_20180109.pdf VA_ActMemo_Simplicity_RS_20200410.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_Supplement_Simplicity_RS_20180109.pdf* *VA_ActMemo_Simplicity_RS_20200324.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_ActMemo_Simplicity_RS_20180109.pdf* *VA_Supplement_Simplicity_RS_20180109.pdf*

Satisfied - Item:	Response to March 27, 2020 and March 30, 2020 Objections
Comments:	
Attachment(s):	VA_Response to 20200327 and 20200330 Objection_Simplicity_20200410.pdf VA_Response Attachment_Simplicity_20200410.xlsb VA Simplicity Plan of Action April 2020.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_Supplement_Simplicity_RS_20180109.pdf VA_ActMemo_Simplicity_RS_20200410.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_Supplement_Simplicity_RS_20180109.pdf* *VA_ActMemo_Simplicity_RS_20200324.pdf*
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_ActMemo_Simplicity_RS_20180109.pdf* *VA_Supplement_Simplicity_RS_20180109.pdf*

Satisfied - Item:	Response to March 27, 2020 and March 30, 2020 Objections
Comments:	
Attachment(s):	VA_Response to 20200327 and 20200330 Objection_Simplicity_20200410.pdf VA_Response Attachment_Simplicity_20200410.xlsb VA Simplicity Plan of Action April 2020.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200410.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20200324.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables		Revised	Previous State Filing Number: This form was originally approved in 2004 Percent Rate Change Request: 98.9	VA_MedAmerica_Simplicity Premium Rates_20200410.pdf,	04/13/2020 By: Courtney Williamson
Previous Version						
1	*Rate Tables*	*SPL-336*	*Revised*	*Previous State Filing Number:* *This form was originally approved in 2004* *Percent Rate Change Request:* *127.7*	*VA_MedAmerica_Simplicity Premium Rates - Year 1_20200324.pdf, VA_MedAmerica_Simplicity Premium Rates - Year 2_20200324.pdf, VA_MedAmerica_Simplicity Premium Rates - Year 3_20200324.pdf,*	*03/26/2020* *By: Courtney Williamson*
Previous Version						
1	*Rate Tables*	*SPL-336*	*Revised*	*Previous State Filing Number:* *This form was originally approved in 2004* *Percent Rate Change Request:* *195.2*	*VA_MedAmerica_Proposed Simplicity Premium Rates_20180322.pdf,*	*03/23/2018* *By: Michael Emmert*
Previous Version						
1	*Rate Tables*	*SPL-336*	*Revised*	*Previous State Filing Number:* *This form was originally approved in 2004* *Percent Rate Change Request:* *195.2*	*VA_MedAmerica_Current Simplicity Premium Rates_20180109.pdf, VA_MedAmerica_Proposed Simplicity Premium Rates_20180109.pdf,*	*01/09/2018* *By: Michael Emmert*

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- Rate Tables, [SPL-336] (Rate)

Comments: We are unclear if the Company prefers to offer a single rate increase or a series of increases.

The BOI has no preference as to which the Company selects. If they wish to exercise the single rate increase over a three year period, the rates should be the single increase divided by 3.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,
Courtney Williamson

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	04/13/2020
Submitted Date	04/13/2020

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the "Response to March 27, 2020 and March 30, 2020 Objections" letter on the "Supporting Documentation" tab in response to your requests.

Related Objection 1

Comments: Company Rate Information - Rate Rule Schedule Tab

Please revise the Company Rate Information for consistency with the Long Term Care Rate Request Summary document that was revised on 3/26/2020.

Please note that the "Overall % Indicated Change" should state the % increase needed to return the block to the original anticipated loss ratio.

The "Overall % Rate Impact" is the Average Requested Percentage Change Per Member as shown on the Rate Request Summary..

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: The Minimum Requested Percentage Rate Change Per Member indicates 17%. However, on Attachment C provided in the Excel document in the 3/26/2020 objection response, the minimum cumulative increase is 42%. Please reconcile and revise the Rate Request Summary as necessary.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Courtney Williamson

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/25/2020
Submitted Date	03/26/2020

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your February 28, 2020 requests.

Related Objection 1

Applies To:

- Response to January 21, 2020 Requests (Supporting Document)

Comments: 1) Regarding the requested reduced increase outlined in Table 1 of your response, please submit updated exhibits and documentation in support of the revised increase. This should include updated projected and lifetime loss ratios with the increase. Please also provide an updated Rate Request Summary and actuarial memorandum.

2) The choice of a single increase or a series of increases is for the Company to decide. The Virginia Bureau of Insurance does not have a preference. The BOI does require the actuarial equivalence to be documented should the Company choose a series increase over a single increase.

3) Please provide a current attained age count of the remaining VA policyholders that corresponds with the reduced requested increase shown in Table 1, separate those without inflation from those with inflation.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to February 28, 2020 Objection
Comments:	
Attachment(s):	VA_Response to 20200228 Requests_Simplicity_20200324.pdf VA_Response Attachments_Simplicity_20200324.xlsb

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to February 28, 2020 Objection
Comments:	
Attachment(s):	VA_Response to 20200228 Requests_Simplicity_20200324.pdf VA_Response Attachments_Simplicity_20200324.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_Supplement_Simplicity_RS_20180109.pdf VA_ActMemo_Simplicity_RS_20200324.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_ActMemo_Simplicity_RS_20180109.pdf* *VA_Supplement_Simplicity_RS_20180109.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to February 28, 2020 Objection
Comments:	
Attachment(s):	VA_Response to 20200228 Requests_Simplicity_20200324.pdf VA_Response Attachments_Simplicity_20200324.xlsb

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_Supplement_Simplicity_RS_20180109.pdf VA_ActMemo_Simplicity_RS_20200324.pdf
Previous Version	
Satisfied - Item:	*L&H Actuarial Memorandum*
Comments:	
Attachment(s):	*VA_ActMemo_Simplicity_RS_20180109.pdf* *VA_Supplement_Simplicity_RS_20180109.pdf*

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200324.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20190129.pdf*
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

No Form Schedule items changed.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	SPL-336	Revised	Previous State Filing Number: This form was originally approved in 2004 Percent Rate Change Request: 127.7	VA_MedAmerica_Simplicity Premium Rates - Year 1_20200324.pdf, VA_MedAmerica_Simplicity Premium Rates - Year 2_20200324.pdf, VA_MedAmerica_Simplicity Premium Rates - Year 3_20200324.pdf,	03/26/2020 By: Courtney Williamson
Previous Version						
1	*Rate Tables*	*SPL-336*	*Revised*	*Previous State Filing Number:* *This form was originally approved in 2004* *Percent Rate Change Request:* *195.2*	*VA_MedAmerica_Proposed Simplicity Premium Rates_20180322.pdf,*	*03/23/2018* *By: Michael Emmert*
Previous Version						
1	*Rate Tables*	*SPL-336*	*Revised*	*Previous State Filing Number:* *This form was originally approved in 2004* *Percent Rate Change Request:* *195.2*	*VA_MedAmerica_Current Simplicity Premium Rates_20180109.pdf, VA_MedAmerica_Proposed Simplicity Premium Rates_20180109.pdf,*	*01/09/2018* *By: Michael Emmert*

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Courtney Williamson

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/24/2020
Submitted Date	01/24/2020

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents in response to your January 3, 2020 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Page 3 - Long Term Care Insurance Rate Increase History

This page contains rate increase history for forms that are not applicable to MedAmerica Insurance Company.

As the rate increase history is not required as a part of the policyholder notification letter the company may elect to eliminate this information or revise it for the correct content and variability since the company advised it may seek future rate increases.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 3, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200123 Objection Letter_20200103.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 3, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200123 Objection Letter_20200103.pdf

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability CICA Assumed Product Line 12.10.19.pdf* *Statement of Variability Premier Product Line 12.10.19.pdf* *Statement of Variability Simplicity Product Line 12.10.19.pdf* *Statement of Variability Simplicityii Product Line 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 3, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200123 Objection Letter_20200103.pdf

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Previous Version	
Satisfied - Item:	*Statements of Variability*
Comments:	
Attachment(s):	*Statement of Variability CICA Assumed Product Line 12.10.19.pdf* *Statement of Variability Premier Product Line 12.10.19.pdf* *Statement of Variability Simplicity Product Line 12.10.19.pdf* *Statement of Variability Simplicityii Product Line 12.10.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	"John Doe" versions will be submitted once the company has responded to the Bureau's recent request for modification to several of our requested rate increases. The Notice of Premium Increase has variable language to accommodate a one-time rate increase or a phase-in of up to three years.
Attachment(s):	
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.15.19.pdf* *RIL-VA-0918 3 yr John Doe Simplicity 4.15.19.pdf* *CNF-VA-0918 John Doe Simplicity 4.15.19.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.12.19.pdf* *CNF-VA-0918 John Doe Simplicity.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 with grid John Doe Letter.pdf* *CNF-VA-0918 John Doe.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		43.600	RIL-VA-0918.pdf	Date Submitted: 01/24/2020 By: Courtney Williamson
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.600*	*RIL-VA-0918.pdf*	*Date Submitted: 12/10/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.600*	*RIL-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.15.19.pdf*	*Date Submitted: 04/15/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.12.19.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf	Date Submitted:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		43.600	RIL-VA-0918.pdf	Date Submitted: 01/24/2020 By: Courtney Williamson
	Forfeiture Benefit Election Form							01/24/2020 By: Courtney Williamson
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 12/10/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached documents above.

Related Objection 2

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: The sentence on page 2 regarding "partnership status" should be bolded since it is a disclosure.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see the attached documents above.

Related Objection 3

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)
- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Comments: After considering the suggested revisions in this current objection letter, please submit the "John Doe" version of the Notice of Premium Increase and the Contingent Non-Forfeiture Benefit Election Form for approval.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see the attached documents above.

Related Objection 4

Applies To:

- Statements of Variability (Supporting Document)

Comments: Please combine the Statement of Variability ("SOV") into one document consistent with the Notice of Premium Increase form (RIL-VA-0918) and Contingent Non-Forfeiture Benefit Election form (CNF-VA-0918). It is too confusing to use a different SOV for each policy form. Variances for each policy form can be noted under the variable item on a single SOV.

Please remove three of the four SOV documents that are currently under the Supporting Documentation tab so that there is only one.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Courtney Williamson

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/12/2019
Submitted Date	12/12/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached road map in response to your December 11, 2019 request. The road map was prepared by MedAmerica Insurance Company. Milliman did not audit the attached road map, but did review it for reasonableness.

Related Objection 1

Comments: Statements of Variability

We are confused by the various statements of variability. They do not contain the corresponding policy form numbers. Instead they are labeled Assumed Product Line; Premier Product Line; Simplicity Product Line, etc.

Please provide a chart that lists the policy form associated with each letter form and each Statement of Variability along with the active SERFF Tracking number so that we may continue our review and match up the correct forms with the correct SERFF filings.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Road Map for Form Filing
Comments:	
Attachment(s):	MedAmerica Filings - Virginia - Applicable Statements of Variability.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

State:	Virginia	**Filing Company:**	MedAmerica Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care		
Project Name/Number:	MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06		

Sincerely,
Michael Emmert

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/10/2019
Submitted Date	12/10/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the "Response to November 19, 2019 Objection" letter on the "Supporting Documentation" tab in response to your request.

Related Objection 1

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please consider making the logo and company name variable since this letter is intended to be used for notice to both MedAmerica Insurance Company and Combined Insurance Company of America policyholders. The letter needs to be amended so that it can be used for either insurer.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Michael Emmert

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	12/10/2019
Submitted Date	12/10/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents in response to your November 19, 2019 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: 1. Please make Enclosure variable and explain the options that may be included as an enclosure (i.e. Long Term Care Rate Increase, Business Reply Envelope, etc.)

2. Explain if the Company considered making the Customer Service phone number variable.

3. Please provide a copy of the original policy or rider that explains the coverage for the Contingent Non-Forfeiture Benefit.

4. Please provide the most current version of a "John Doe" Notice of Premium Increase letter.

Changed Items:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Certificate of Compliance - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*S1 VA Certificate of Compliance.pdf*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Certificate of Compliance - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*S1 VA Certificate of Compliance.pdf*

Satisfied - Item:	Response to November 19, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20191210 Objection Letter_20191119.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Certificate of Compliance - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*S1 VA Certificate of Compliance.pdf*

Satisfied - Item:	Response to November 19, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20191210 Objection Letter_20191119.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 12.10.19.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*VA Certificate of Compliance - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*S1 VA Certificate of Compliance.pdf*

Satisfied - Item:	Response to November 19, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20191210 Objection Letter_20191119.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 12.10.19.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*

Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability CICA Assumed Product Line 12.10.19.pdf Statement of Variability Premier Product Line 12.10.19.pdf Statement of Variability Simplicity Product Line 12.10.19.pdf Statement of Variability Simplicityii Product Line 12.10.19.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 6.14.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		43.600	RIL-VA-0918.pdf	Date Submitted: 12/10/2019 By: Michael Emmert
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.600*	*RIL-VA-0918.pdf*	*Date Submitted: 06/13/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.15.19.pdf*	*Date Submitted: 04/15/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.12.19.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf	Date Submitted: 12/10/2019 By: Michael Emmert
Previous Version								
2	*Contingent Non-*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted:*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		43.600	RIL-VA-0918.pdf	Date Submitted: 12/10/2019 By: Michael Emmert
	Forfeiture Benefit Election Form							*06/13/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Michael Emmert

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/19/2019
Submitted Date	09/19/2019

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your August 23, 2019 request.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Comments: The Virginia Bureau of Insurance request that the Company reduce their requested rate increase on the subset of policies with Auto Inflation and consider revising the rate increase for policies containing no inflation to be more in line with those approved in other states.

The Bureau of Insurance has concerns that the requested increase is too high using Loss Ratio Testing. Using the loss ratio calculations set forth in 14VAC5-200-153 G. 2 the test fails for the subset of policies with the Auto Inflation.

Inflation:	Original LR:	No Increase Future*:	No Increase Lifetime:	With Increase Future*:	With Increase Lifetime:	From Inception:
None:	61%	148%	102%	72%	73%	47%
Auto:	86%	226%	147%	82%	83%	50%
Total:	80%	212%	138%	81%	81%	49%

** after deducting ALR*

Inflation:	Required Claims:	Projected Claims:	P/F:
None:	130,346,762	140,582,570	PASS
Auto:	793,717,349	768,980,650	FAIL
Total:	924,055,962	909,563,220	FAIL

We also have a concern when examining State Rate Equity. The Company provided documentation that indicates the current weighted average rate increase in all states is 87%. In those states which have reached a resolution on the current round of increases, the average rate increase is 107%. The rate increase request in Virginia is 193%, far higher than what has been approved in other states.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to August 23, 2019 Objection
Comments:	
Attachment(s):	VA_Response to 20190823 Objection_Simplicity_20190918.pdf VA_Response Attachments_Simplicity_20190918.xlsb

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06
Filing Company: MedAmerica Insurance Company

Sincerely,
Courtney Williamson

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	06/13/2019
Submitted Date	06/13/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents in response to your May 17, 2019 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- *Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)*
- *Notice of Premium Increase, RIL-VA-0918 (Form)*

Comments: 1. 14VAC5-100-50 2 requires that the full and proper corporate name of the insurer must prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications, and other forms required to be submitted. The corporate name can not be made variable. It appears that the corporate name is included as a part of the logo and does not appear in the body of the policyholder notification form. As a result, the logo cannot be variable. Please revise the applicable forms and the statement of variability.

2. Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

3. The statement of variability for RIL-VA-0918 identifies the reason for the rate increase as being variable. Please advise how the reason is subject to change from the text as presented in the form. Please note that any reason given would require approval by the Virginia Bureau of Insurance.

4. Option 3 on form RIL-VA-0918 offers the Contingent Non-Forfeiture Benefit. Please advise if this benefit is offered only to those who satisfied one of the triggering events or if it will be offered to all as an option to reduce premium.

5. Please advise if the Contingent Non-Forfeiture Benefit is the contingent benefit upon lapse that is offered by the policy.

Changed Items:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190613 Objection Letter_20190517.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190613 Objection Letter_20190517.pdf

Satisfied - Item:	Copy of Original Policy Form and Schedule Page
Comments:	
Attachment(s):	SPL-336 Virginia Policy and Schedule Page Approved 4.9.04.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190613 Objection Letter_20190517.pdf

Satisfied - Item:	Copy of Original Policy Form and Schedule Page
Comments:	
Attachment(s):	SPL-336 Virginia Policy and Schedule Page Approved 4.9.04.pdf

Satisfied - Item:	Summary of Benefits Amendment
Comments:	
Attachment(s):	238SUMMARY-1216. Summary of Benefits.pdf VA_Simplicity Statement of Variability for 238Summary-2016.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190613 Objection Letter_20190517.pdf

Satisfied - Item:	Copy of Original Policy Form and Schedule Page
Comments:	
Attachment(s):	SPL-336 Virginia Policy and Schedule Page Approved 4.9.04.pdf

Satisfied - Item:	Summary of Benefits Amendment
Comments:	
Attachment(s):	238SUMMARY-1216. Summary of Benefits.pdf VA_Simplicity Statement of Variability for 238Summary-2016.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 6.14.19.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to May 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190613 Objection Letter_20190517.pdf

Satisfied - Item:	Copy of Original Policy Form and Schedule Page
Comments:	
Attachment(s):	SPL-336 Virginia Policy and Schedule Page Approved 4.9.04.pdf

Satisfied - Item:	Summary of Benefits Amendment
Comments:	
Attachment(s):	238SUMMARY-1216. Summary of Benefits.pdf VA_Simplicity Statement of Variability for 238Summary-2016.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 6.14.19.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*RIL-VA-0918 Readability Certification 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line 6.14.19.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line 4.12.19.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		40.600	RIL-VA-0918.pdf	Date Submitted: 06/13/2019 By: Michael Emmert
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.15.19.pdf*	*Date Submitted: 04/15/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.12.19.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf	Date Submitted: 06/13/2019 By: Michael Emmert
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 01/29/2019*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		40.600	RIL-VA-0918.pdf	Date Submitted: 06/13/2019 By: Michael Emmert
	Election Form							*By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Comments: Supporting Documentation

Please provide us with a copy of the policy form SP-336 and the schedule page SPL-238. We would like to check policy references to the nonforfeiture and contingent benefit upon lapse.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State: Virginia
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06
Filing Company: MedAmerica Insurance Company

Thank you for your assistance with this filing.

Sincerely,

Michael Emmert

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/27/2019
Submitted Date	02/27/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Attachment I follows the signature on the response letter.

Related Objection 1

Applies To:

- Response to February 12, 2019 Objection (Supporting Document)

Comments: Thank you for your response to our objection letter dated 2/12/2019. We were unable to find Attachment I - Proposed Phase-In Schedule mentioned in response 2. Please add this item under the Supporting Documentation tab if the Company would like the Virginia BOI to consider the three year phase in rate increase.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

Michael Emmert

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/26/2019
Submitted Date	02/26/2019

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached documents in response to your February 12, 2019 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- *Notice of Premium Increase, RIL-VA-0918 (Form)*
- *Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)*

Comments: Thank you for your recent response and revising the Notice of Premium Increase form and updating the Statement of Variability.

Please provide a "John Doe" letter illustrating how the Notice of Premium Increase letter and the Contingent Non-Forfeiture Benefit Election forms will appear. These should be placed under the "Supporting Documentation" tab.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to February 12, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190226 Objection Letter_20190212.pdf

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to February 12, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190226 Objection Letter_20190212.pdf

Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	RIL-VA-0918 with grid John Doe Letter.pdf CNF-VA-0918 John Doe.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- Response to January 9, 2019 Objection (Supporting Document)

Comments: Thank you for your response to Objection 2 in your January 15, 2019 response letter.

1. For clarity, is the Company willing to "certify" that there will be no further rate increases, if the rate increase is granted as requested?

2. Please advise if the Company is willing to consider a series of increases rather than a large single increase. If a series is an option, provide the Company's recommendation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Michael Emmert

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/29/2019
Submitted Date	01/29/2019

Dear Bill Dismore,

Introduction:

Thank you for reviewing this filing.

Response 1

Comments:

Please see the attached letter in response to your January 17 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- Statement of Variability - Simplicity Product Line (Supporting Document)

Comments: The following bracketed items that appear on RIL-VA-0918 or CNF-VA-0918 are not explained on the Statement of Variability.

1) <<DATE>>

2) <<NEXT BILL DATE>> We note that the Statement of Variability contains the bracketed item <<NEXT_ANNIV_DATE>> which does not appear on either document.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190129 Objection Letter_20190117.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190129 Objection Letter_20190117.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20190129.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190129 Objection Letter_20190117.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20190129.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Signed.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190129 Objection Letter_20190117.pdf

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20190129.pdf
Previous Version	
Satisfied - Item:	*Long Term Care Insurance Rate Request Summary*
Comments:	
Attachment(s):	*VA_Rate Request Summary_Simplicity_20180109.pdf*

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Signed.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		46.000	RIL-VA-0918 with grid.pdf	Date Submitted: 01/29/2019 By: Michael Emmert
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		57.900	CNF-VA-0918.pdf	Date Submitted: 01/29/2019 By: Michael Emmert
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate/Rule Schedule items changed.

Response 2

Comments:

See above.

Related Objection 2

Applies To:

- Long Term Care Insurance Rate Request Summary (Supporting Document)

Comments: Please revise the Rate Review Summary to reflect the change to the Minimum Requested Percentage Rate Change Per Member that was updated in the Rate/Rule Schedule through your Post-Submission Update.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

See above.

Related Objection 3

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please replace the following sentence in the first paragraph, "The rate increase is necessary because the emerging experience, industry wide, reveals more insureds are keeping their policies in force than anticipated, resulting in higher than expected claim costs. This is necessary to ensure adequate funding of all future claim payments.".

The sentence should be rewritten to include the "Summary of Key Information" found in your Health Insurance Rate Request Summary, which reads, "Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced."

You may also want to consider making this statement variable, should a future rate increase be required for a different set of facts.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

See above.

Related Objection 4

Applies To:

- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: Please consider if the company's address, contact information or officer name, title and signature should be made variable.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,
Michael Emmert

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	01/15/2019
Submitted Date	01/15/2019

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached letter in response to your January 9, 2019 requests.

Related Objection 1

Comments: Rate/Rule Schedule

1) Per Exhibit 1 in the Actuarial Memorandum, it appears that the Company is requesting a minimum rate increase of 47% for Issue Age 85 on plans with No Inflation and a maximum rate increase of 264% for Issue Ages < 45 for Auto Inflation plans. If this is correct, please revise the Rate/Rule Schedule to correct the Minimum % Change from "79%" to "47%". This may also require a correction to the Overall % Indicated Change and the Overall % Rate Impact. Please revise as necessary.

2) If the proposed rate increase is granted as requested, please advise if the company is prepared to certify that no further rate increases will be required on this block of business.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 9, 2019 Objection
Comments:	
Attachment(s):	VA_Response to 20190109 Objection_Simplicity_20190115.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State:	Virginia	**Filing Company:**	MedAmerica Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	Long-Term Care		
Project Name/Number:	MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06		

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Travis Reisch

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/21/2018
Submitted Date	09/21/2018

Dear Bill Dismore,

Introduction:

Please see below.

Response 1

Comments:

Please see the attached document in response to your September 10, 2018 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: As previously requested, please provide the experience and supporting documentation only for form SPL-336 and not for other companies, affinity partners or forms that were not filed and approved in Virginia, and to which the proposed rate increase does not apply in Virginia if approved. In Virginia, it is not considered appropriate to justify a rate increase by combining the experience of other forms issued by the company, affiliated companies or blocks of business that the company administers or manages.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to September 10, 2018 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20180921 Objection Letter_20180910.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see the attached response letter above.

Related Objection 2

Applies To:

- Notice of Premium Increase, SRIL-VA-1117 (Form)

Comments: 1) Pursuant to 14VAC -200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.

2) The policyholder notification letter states that, "New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced." What exactly is the relevance of the "New data" as the reason for the rate increase and how (or why) does this impact the policyholders?

3) Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter, even though it is listed as a separate form? Will it become part of the policy upon receipt? Is the CBUL form sent along with every policy holder notification letter?

4) Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

5) Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.

6) A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

7) Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your assistance with this filing.

Sincerely,

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Michael Emmert

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/16/2018
Submitted Date	08/17/2018

Dear Bill Dismore,

Introduction:

Thank you for reviewing this filing.

Response 1

Comments:

Please see the attached document in response to your July 12, 2018 requests. The response letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Related Objection 1

Applies To:

- Response to March 19, 2018 Objection (Supporting Document)

Comments: Previous Long Term Care annual reports filed for the years 2015 and 2016 (SERFF Tr. #s MEAM-130629455and MEAM-131082253) certified by the Company actuary states that rate action is necessary based upon projected lifetime loss ratios. Pursuant to 14VAC5-200-125, when a statement that the premium rate schedule is no longer sufficient is certified, the insurer shall submit to the commission within 60 days of the date of the actuarial certification a plan of action, including a timeframe for the reestablishment of adequate margins for moderately adverse experience.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to July 12, 2018 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20180815 Objection Letter_20180712.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- Response to March 19, 2018 Objection (Supporting Document)

Comments: A) Please provide the experience and supporting documentation only for form SPL-336 affected by the rate increase, as provided under the Rate/Rule Schedule.

B) In addition, please provide the experience and supporting documentation for the individual forms and do not include group or affinity business.

C) Provide actual-to-expected analysis for each assumption (lapse, mortality, morbidity).

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,
Michael Emmert

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	05/17/2018
Submitted Date	05/17/2018

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your March 19, 2018 requests.

Related Objection 1

Applies To:

- *L&H Actuarial Memorandum (Supporting Document)*

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Comments: 1.Please provide a copy of the original actuarial memorandum, including original pricing assumptions, original anticipated loss ratio, and mix of business.

2.For all projections requested below, please comply with the following:

a. Please remove any policies in paid-up status from all projections, both past and future.
b. Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.
c. Please recompute nationwide earned premiums to assume Virginia rate levels (both the past and proposed rate changes in Virginia).

3.For each of the four subsets of the business corresponding to the combinations of (up to 5 year/>5 year benefit periods) and (none/auto-inflation protection), please provide (in Excel format) the following six projections (24 total):

a. current assumptions and current rates
b. current assumptions with the proposed rate increase
c. current assumptions with the proposed rate increase, but with no RBO, CBUL, or adverse selection
d. current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception
e. original assumptions and original premiums from inception
f. actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception

4. For each of the four subsets of the business above, please provide the active life reserves on a nationwide basis.

5. Please specify whether waived premiums are included in earned premiums and incurred claims; provide the waived premium amounts and impact on requested increase.

6. Please show both the claim reserve and the paid claims separately in the projections. Please specify whether the claim reserves are fixed at the time of the claim or adjusted over time to reflect experience as it emerges. Please provide a sufficiency analysis of the actual runout experience of historical claims over time versus the claim reserves that were assumed.

7. Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to March 19, 2018 Objection
Comments:	
Attachment(s):	VA_Response to 20180319 Objection_Simplicity_20180517.pdf VA_Response Attachments_Simplicity_20180517.xlsb Recouping Past LTC Losses.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to March 19, 2018 Objection
Comments:	
Attachment(s):	VA_Response to 20180319 Objection_Simplicity_20180517.pdf VA_Response Attachments_Simplicity_20180517.xlsb Recouping Past LTC Losses.pdf

Satisfied - Item:	Original Pricing Memorandum
Comments:	
Attachment(s):	SPL-336-VA Rates&Memo.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,

Michael Emmert

State: Virginia
Filing Company: MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	03/23/2018
Submitted Date	03/23/2018

Dear Bill Dismore,

Introduction:

On behalf of Missy Gordon, thank you for reviewing this filing.

Response 1

Comments:

Please see the attached documents in response to your March 9, 2018 requests.

Related Objection 1

Applies To:

- Rate Tables, [SPL-336] (Rate)

Comments: Please remove the "VA MedAmerica Current Simpliciy Premium Rates 20180109.pdf" from the Rate/Rule Schedule "Attach Document" section and place it under the Supporting Documentation tab. Only proposed rates should appear in the Rate/Rule Schedule.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA_MedAmerica_Current Simplicity Premium Rates_20180322.pdf

Supporting Document Schedule Item Changes	
Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA_MedAmerica_Current Simplicity Premium Rates_20180322.pdf

Satisfied - Item:	Response to March 9, 2018 Objection
Comments:	
Attachment(s):	VA_MedAmerica_Simplicity_Response to 20180309 Objection_20180322.pdf

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	Rate Tables	SPL-336	Revised	Previous State Filing Number: This form was originally approved in 2004 Percent Rate Change Request: 195.2	VA_MedAmerica_Proposed Simplicity Premium Rates_20180322.pdf,	03/23/2018 By: Michael Emmert
Previous Version						
1	*Rate Tables*	*SPL-336*	*Revised*	*Previous State Filing Number: This form was originally approved in 2004 Percent Rate Change Request: 195.2*	*VA_MedAmerica_Current Simplicity Premium Rates_20180109.pdf, VA_MedAmerica_Proposed Simplicity Premium Rates_20180109.pdf,*	*01/09/2018 By: Michael Emmert*

Response 2

Comments:

Please see above.

Related Objection 2

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise in what states the company has requested rate increases on this block, and describe how the rate changes requested in Virginia compare with those in other states, along with a listing of the status of the rate reviews in those other states. In the actuarial memorandum, in "Section 15. History of Previous Rate Revisions" it states that there have been two prior rate increase requests.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

Please see above.

Related Objection 3

Applies To:

- Rate Tables, [SPL-336] (Rate)

Comments: Please provide an explanation of Rate Classes. The proposed rate sheet refers to Rate Class II but does not define the rate class.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

Please see above.

Related Objection 4

Applies To:

- Rate Tables, [SPL-336] (Rate)
- L&H Actuarial Memorandum (Supporting Document)

Comments: Please explain which proposed rates apply to "No Inflation" and which to "Auto Inflation". The actuarial memorandum containing Exhibit 1 states that Virginia insureds are enrolled in both "No Inflation" and "Auto Inflation" plans and that the rate increase percentages are different.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Please see above.

Related Objection 5

Applies To:

- L&H Actuarial Memorandum (Supporting Document)

Comments: Please advise if there are any riders associated with form SPL-336 rate filing and if they are affected by the rate revision request. The actuarial memorandum states that three rider options were available at date of issue. Explain why these riders are not attached in the Rate/Rule Schedule for Affected Forms.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for working with us to complete this filing. Please let us know if you have any additional questions.

Sincerely,
Michael Emmert

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Amendment Letter

Submitted Date: 02/21/2020

Comments:

On behalf of Missy Gordon, please see the attached documents in response to your January 21 requests. Please note the enclosed letter "VA Simplicity Plan of Action February 2020" was prepared by MedAmerica Insurance Company. Milliman did not audit that letter, but did review it for reasonableness. Thank you for your assistance with this filing.

Changed Items:

No Form Schedule Items Changed.

No Rate Schedule Items Changed.

Supporting Document Schedule Item Changes	
Satisfied - Item:	Response to January 21, 2020 Requests
Comments:	
Attachment(s):	VA_Response to 20200121 Requests_Simplicity_20200221.pdf VA_Response Attachments_Simplicity_20200221.xlsb VA Simplicity Plan of Action February 2020.pdf

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Amendment Letter

Submitted Date: 04/15/2019

Comments:

Please see the updated notification letter and accompanying "John Doe" letters.

Thank you for your assistance with this filing.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		40.100	RIL-VA-0918 4.15.19.pdf	Date Submitted: 04/15/2019 By:
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*40.100*	*RIL-VA-0918 4.12.19.pdf*	*Date Submitted: 04/12/2019 By:*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	RIL-VA-0918 John Doe Simplicity 4.15.19.pdf RIL-VA-0918 3 yr John Doe Simplicity 4.15.19.pdf CNF-VA-0918 John Doe Simplicity 4.15.19.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 John Doe Simplicity 4.12.19.pdf* *CNF-VA-0918 John Doe Simplicity.pdf*
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 with grid John Doe Letter.pdf* *CNF-VA-0918 John Doe.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Amendment Letter

Submitted Date: 04/12/2019

Comments:

Please see the letter attached to the "April 12, 2019 Amendment" item on the Supporting Documentation tab. The letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Thank you for your assistance with this filing.

Changed Items:

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		40.100	RIL-VA-0918 4.12.19.pdf	Date Submitted: 04/12/2019 By:
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*46.000*	*RIL-VA-0918 with grid.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
1	*Notice of Premium Increase*	*RIL-VA-0918*	*OTH*	*Initial*		*43.900*	*RIL-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		57.900	CNF-VA-0918.pdf	Date Submitted: 04/12/2019 By:
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*57.900*	*CNF-VA-0918.pdf*	*Date Submitted: 01/29/2019 By: Michael Emmert*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*CNF-VA-0918*	*OTH*	*Initial*		*51.600*	*CNF-VA-0918.pdf*	*Date Submitted: 10/03/2018 By:*
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	April 12, 2019 Amendment
Comments:	
Attachment(s):	VA Simplicity Amendment_20190412.pdf

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	RIL-VA-0918 Readability Certification 4.12.19.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Signed.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*VA Readability Compliance Certification - RIL and CNF.pdf*
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line 4.12.19.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*
Previous Version	

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	RIL-VA-0918 John Doe Simplicity 4.12.19.pdf CNF-VA-0918 John Doe Simplicity.pdf
Previous Version	
Satisfied - Item:	*Sample Policyholder Notification Letter*
Comments:	
Attachment(s):	*RIL-VA-0918 with grid John Doe Letter.pdf* *CNF-VA-0918 John Doe.pdf*

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Amendment Letter

Submitted Date: 10/03/2018

Comments:

Please see the Note to Reviewer titled "Follow-up from 9/24/18 Call".

Thank you for your assistance with this filing.

Changed Items:

Form Schedule Item Changes

Item No.	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments	Submitted
1	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		43.900	RIL-VA-0918.pdf	Date Submitted: 10/03/2018 By:
Previous Version								
1	*Notice of Premium Increase*	*SRIL-VA-1117*	*OTH*	*Initial*		*45.700*	*SRIL-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*
2	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf	Date Submitted: 10/03/2018 By:
Previous Version								
2	*Contingent Non-Forfeiture Benefit Election Form*	*SCNF-VA-1117*	*OTH*	*Initial*		*57.900*	*SCNF-VA-1117.pdf*	*Date Submitted: 01/09/2018 By: Michael Emmert*

No Rate Schedule Items Changed.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedule Item Changes	
Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance - RIL and CNF.pdf
Previous Version	
Satisfied - Item:	*Certification of Compliance*
Comments:	
Attachment(s):	*S1 VA Certificate of Compliance.pdf*

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification - RIL and CNF.pdf
Previous Version	
Satisfied - Item:	*L&H Readability - Health*
Comments:	
Attachment(s):	*S1 VA Readability Compliance Certification.pdf*

Satisfied - Item:	Statement of Variability - Simplicity Product Line
Comments:	
Attachment(s):	Statement of Variability Simplicity Product Line.pdf
Previous Version	
Satisfied - Item:	*Statement of Variability - Simplicity Product Line*
Comments:	
Attachment(s):	*Statement of Variability Simplicity Product Line.pdf*

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Filer

Created By:

Bill Dismore on 04/01/2020 09:04 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

Extension Request for 3/27/2020 Objection Letter

Comments:

Extension granted to 4/13/2020.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Reviewer

Created By:

Courtney Williamson on 03/31/2020 02:27 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

Extension Request for 3/27/2020 Objection Letter

Comments:

We respectfully request an extension for the March 27, 2020 objection letter. Our proposed due date is April 13, 2020. Please let us know if the Bureau is willing to grant us this extension.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Filer

Created By:

Bill Dismore on 12/10/2019 10:19 AM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

Objection Regarding Variable Logo and Company Name

Comments:

Please disregard the objection requesting the Company's Full and Proper Corporate name be made variable. Pursuant to 14VAC5-100-50 2. the company name cannot be variable.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Filer

Created By:

Bill Dismore on 11/22/2019 12:41 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

Extension Request for 11/19/2019

Comments:

Extension request granted for 12/10/2019.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Reviewer

Created By:

Michael Emmert on 11/21/2019 02:41 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

Extension Request for 11/19/2019 Objection Letters

Comments:

We respectfully request an extension for the November 19, 2019 objection letters. Our proposed due date is December 10, 2019. Please let us know if the Bureau is willing to grant us this extension.

Thank you for your assistance with this filing.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Reviewer

Created By:

Courtney Williamson on 09/23/2019 02:33 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

RE: Rate Increase Request

Comments:

The company appreciates the Bureau's offer to provide additional experience and further recommendations. However, in order to expedite the resolution of this filing that has been pending since January 2018, the company does not plan to provide additional information at this time. As the company believes the original requested rate increase is reasonable, needed, and justified, it plans to pursue additional rate increase requests in Virginia.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Filer

Created By:

Bill Dismore on 09/20/2019 02:03 PM

Last Edited By:

Bill Dismore

Submitted On:

04/02/2020 10:33 AM

Subject:

Rate Increase Request

Comments:

Thank you for your response to our objections received on 9/19/2019 and your proposed revision of the rate request.

Prior to finalizing our review of the rate request and noting that the increase is the result of the nationwide distribution of combined business as of December 31, 2016, please advise if the Company would like to update their experience through 12/31/2018 and propose any further recommendations?

Kind regards,

Bill Dismore

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Filer

Created By:

Bill Dismore on 10/04/2018 12:45 PM

Last Edited By:

Bill Dismore

Submitted On:

06/14/2019 12:45 PM

Subject:

Follow-up from 9/24/18 Call

Comments:

Thank you for the revised policyholder notification documents. Receipt is acknowledged and they are under review.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Reviewer

Created By:

Michael Emmert on 10/03/2018 03:08 PM

Last Edited By:

Bill Dismore

Submitted On:

06/14/2019 12:45 PM

Subject:

Follow-up from 9/24/18 Call

Comments:

Please see the attached letter. The letter was prepared by MedAmerica Insurance Company. Milliman did not audit the attached response letter, but did review it for reasonableness.

Thank you for your assistance with this filing.

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

October 3, 2018

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is a follow-up to our telephone conversation on September 24, 2018 regarding the above-referenced filing. Thank you for providing guidance on the policyholder notification letter requirements. As you suggested, we are submitting revised templated forms RIL-VA-0918 and CNF-VA-0918, which we propose to use for rate increase notifications in Virginia. The variable items in the template will be replaced by appropriate language reflecting actual terms used in each policy form. A Statement of Variability for the Simplicity policy form is included.

Once the Bureau has approved these rate increase notification forms, we will submit them, with an appropriate Statement of Variability, with each of our pending filings in Virginia. Note that the corporate logo is a variable in these forms, which will allow us to accommodate the filings on our acquired blocks of business as well.

We have included simple explanatory language regarding the reason for the rate increase. This language is similar to approved forms of other Long Term Care issuers in Virginia, and applies to MedAmerica as well.

Pursuant to 14VAC5-200-75 A 4 b, we have included a statement in the form regarding the policyholder's right to a revised Summary of Benefits showing the new premium rate.

Regulation 14VAC5-200-75 D 1 states that all information from subsection A should be included in the rate increase notice. We have added a Rate Increase History attachment to the policyholder notification letter, to comply with Subsection A 5 requiring information about past nationwide rate increases on this and similar policy forms in Virginia.

A Certificate of Compliance, signed by the Company President, is included under the Forms Schedule.

MedAmerica will assure that notices are provided to policyholders at least 75 days prior to implementation of any premium rate schedule increase.

Because this form filing affects all of our pending rate increase requests, I would appreciate a prompt review and approval. If there is anything else you need in order to approve the notification forms, please let me know as soon as possible, while the rate reviews are ongoing.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Reviewer

Created By:

Michael Emmert on 07/11/2018 02:33 PM

Last Edited By:

Bill Dismore

Submitted On:

06/14/2019 12:45 PM

Subject:

Status Update

Comments:

We respectfully request a status update on this filing. Thank you.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Filer

Created By:

Bill Dismore on 03/09/2018 10:23 AM

Last Edited By:

Bill Dismore

Submitted On:

06/14/2019 12:45 PM

Subject:

Status Update

Comments:

While it is our goal to complete an initial review on new filings within 30 days, we are currently backlogged due to the volume and complexity of recent filings. This filing has been assigned and it is our intent to complete an initial review within 2 weeks.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Note To Reviewer

Created By:

Michael Emmert on 03/07/2018 07:17 AM

Last Edited By:

Bill Dismore

Submitted On:

06/14/2019 12:45 PM

Subject:

Status Update

Comments:

We respectfully request a status update on this filing. Thank you.

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Reviewer Note

Created By:

Bill Dismore on 12/26/2019 07:26 AM

Last Edited By:

Bill Dismore

Submitted On:

05/20/2020 10:35 AM

Subject:

Actuarial Review - Final Summary Report

Comments:

11/12/2019 - Received Final Summary Report from ARC's Shawn Parks.

3/30/2020 - Requested Shawn to reopen and review the Company's amended rate increase request. They have revised their request as follows (See Amendments – Letter submitted 2/21/2020):
No Inflation: 112% - 7% (Original: 191% - 47% Note: rate increase decreases with age)
Auto Inflation: 144% - 23% (Original: 264% - 84%)

5/07/2020 - Co. responded to additional questions submitted by ARC and felt the rate analysis using the TX and MN methods were not cost/time justified since an agreement was reached on a reduced rate increase as noted above. Notified ARC of the response and set a review by date for 5/20/2020.

5/19/2020 - Rec'd amended final opinion and summary report after review of company's revised, reduced rate increase request.

ACTUARIAL RESOURCES CORPORATION
CONSULTANTS • ACTUARIES
SHAWN D. PARKS, FSA, MAAA
1114 CATAWBA RIVER RD • GREAT FALLS, SC 29055
(803) 994 - 9895 • SHAWN.PARKS@ARCGA.COM

November 12, 2019

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **Long Term Care Rate Increase Report**
SERFF Tracking #MILL-131285847

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **MedAmerica Insurance Company** (the "Company"). This is a filing of revised premium rates for a block of Individual Long Term Care Insurance plans.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-153. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has failed to demonstrate that the full amount of their requested increase is in compliance with all applicable regulations. I therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") work with the Company to reduce its request.

Background

The Company submitted a request for a rate increase for this block of business "due to emerging and projected experience running more adverse than previously expected." The increase varies from 79% to 264% by issue age and inflation option, averaging 195.2%. This policy form was issued in Virginia from June 2004 through January 2008 and, as of 12/31/2016, there were 278 policyholders in force with $493k of annualized premium. There have been no prior rate increases in the state.

<u>On 9/18/2019, the Company revised its rates slightly downward in order to pass certain tests. The increases on policies with inflation were reduced by about 10% versus the original request for an average increase of 187%. The policies without inflation were reduced for an average increase of 87% for state equity concerns.</u>

Analysis

Assumptions

The assumptions used in the filing are considered "most likely" and do not reflect moderately adverse conditions.

I directed the Company to utilize the average valuation interest rate of 4.1% for discounting in all projections as required by 14VAC5-200-153. The Company originally priced with an interest rate of 6.5% for issue ages less than 60 and grading down linearly to 4.5% at age 75+.

For mortality, the Company used the 1994 GAM Static table (which is 93% of the 94 GAM Basic) improved to 2016 (referred to as "2015GAM" in the Company's documents, with one additional year of improvement) with selection factors grading from 25% to 105%. The original assumptions were based on the 1983 GAM Table without selection or improvement. The actual to expected mortality is 86% versus current assumptions and 34% versus original assumptions.

The lapse rates vary by duration, with the duration 10+ assumption of 0.6%. Original assumptions had an ultimate rate of 2.0% in years 6+. In addition, the Company assumes CBUL election of 8% (modeled as shock lapse) and reduced benefits for 20% of the policies. The experience by duration and for all durations combined shows a reasonable fit to the new assumptions with 96% A/E overall.

The morbidity assumption is based on the 2014 Milliman LTCGs with Company adjustments to reflect historical claims experience. The original assumptions were based on the 2002 Milliman LTCGs. The overall past A/E for morbidity is 125%, or unfavorable to the Company. The new assumptions have a better fit than the original assumptions.

Both the morbidity and mortality include 15 years of improvement. These tend to offset each other in terms of the impact on loss ratio.

Loss Ratio Testing

The results below show the results of the loss ratio projections.

	Original	No Increase		With Increase		From
Inflation	**LR**	**Future***	**Lifetime**	**Future***	**Lifetime**	**Inception**
None	61%	148%	102%	72%	73%	47%
Auto	86%	226%	147%	87%	86%	50%
Total	80%	212%	138%	81%	81%	49%

* after deducting ALR

Given the magnitude of the rate increase requested, I believe that a Substantial Premium Increase would be triggered under 14VAC5-200-185. This will trigger the more restrictive test under 14VAC5-200-153 G.2. as shown below.

Inflation	Required Claims	Projected Claims	P/F
None	114,336,452	139,488,860	PASS
Auto	763,927,850	767,496,190	PASS
Total	878,264,302	906,985,050	PASS

I will note here that the Company argued that, for the calculation of the original loss ratio, rather than using the average valuation interest rate of 4.1%, it is more appropriate to use the valuation rate in effect at the time of pricing (4.5%). The relevant language in the regulation (14VAC5-200-153 C.4.) states: "All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages." This has consistently been applied in all reviews that I have performed for the Bureau to use the average valuation interest rate for the block in all analysis.

One alternative measure of testing for reasonableness of the premiums and to avoid recouping of past losses is to assess the lifetime loss ratio assuming the requested rates had been in effect from inception of the policy, which is shown in the "From Inception" column above. I will note that this measure is very restrictive and assumes the Company to have perfect knowledge from the outset. Also, this measure is a benchmark which is not required by Virginia regulations.

PV of Future Loss Test

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original assumptions (except for interest). This is done by calculating the present value of the future expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the loss is greater under the original assumptions than with the proposed increase, so this test would limit the allowed increase as shown below.

	PV Future Loss				
Scenario	Original	Current	Proposed	Requested	Allowed
None	-17.0M	-57.4M	-3.7M	87%	65%
Auto	-171.9M	-490.3M	-121.3M	187%	161%

Texas Method

I also performed the calculations based on the Texas Method and the results are shown below.

Scenario	Requested	Texas Allowed
None	87%	101%
Auto	187%	166%

State Rate Equity

The current weighted average rate increase in all states is 87% (range 0% to 183%). In those states which have reached a resolution on the current round of increases (which represent 28% of the nationwide premium), the average is 107%. While the Company reduced its request on policies without inflation to average 87%, the average increase on policies with inflation is still much higher at 187%.

Rate Increases Varying by Issue Age

While varying the rate increase by issue age is not common, there is some basis for doing so. The Actual to Expected loss ratios by issue age band were provided in Exhibit III and show that the experience has been much worse than anticipated for the younger issue ages. I believe that this variation is actuarially justified based on the data provided.

Conclusions

Even after the Company revised its request downward, there are still issues with both prospective methods and state equity concerns. The PVFL Test would indicate that both No Inflation and Auto Inflation policies need to be reduced further. In addition, due to the magnitude of this request, the Bureau may wish to ask the Company to further reduce the request for Auto Inflation policies based on state rate equity concerns.

Since the rate increase varies by issue age, the numbers that I have reported are average increases that would be allowed under the testing.

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me for discussion.

Sincerely,

Shawn D. Parks, FSA, MAAA

JOHN T. CONDO, FSA, MAAA, PHD
ROBERT B. CROMPTON, FSA, MAAA
DAVID E. NEVE, FSA, MAAA, CERA
CANDE OLSEN, FSA, MAAA, CLU

ACTUARIAL RESOURCES CORPORATION
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NICOLE L. RUSSO, ASA, MAAA
LORNE W. SCHINBEIN, FSA, MAAA

April 13, 2020

Life and Health Division
Bureau of Insurance
State Corporation Commission
P. O. Box 1157
Richmond, VA 23218

Subject: **Long Term Care Rate Increase Report**
SERFF Tracking #MILL-131285847

At the request of the Virginia SCC Bureau of Insurance (the "Bureau"), I have reviewed the filing for the above captioned submission from **MedAmerica Insurance Company** (the "Company"). This is a filing of revised premium rates for a block of Individual Long Term Care Insurance plans.

Recommendation

My review of this filing was performed according to the provisions of 14VAC5-200-153. Applicable Actuarial Standards of Practice were considered, including Actuarial Standard of Practice No. 18, "Long-Term Care Insurance" and Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans". After review of the Company's submission, I believe that the Company has demonstrated that their revised request is in compliance with all applicable regulations and alternative reasonableness tests. I therefore recommend that the Virginia SCC Bureau of Insurance (the "Bureau") approve the request.

Background

The Company submitted a request for a rate increase for this block of business "due to emerging and projected experience running more adverse than previously expected." The submitted increase varies from 79% to 264% by issue age and inflation option, averaging 195.2%. This policy form was issued in Virginia from June 2004 through January 2008 and, as of 12/31/2016, there were 278 policyholders in force with $493k of annualized premium. There have been no prior rate increases in the state.

On 4/13/2020, the Company revised its rates downward as follows in order to pass certain tests:

Inflation	Range	Average
None	30% to 112%	65%
Auto	59% to 144%	103%

Analysis

Assumptions

The assumptions used in the filing are considered "most likely" and do not reflect moderately adverse conditions.

I directed the Company to utilize the average valuation interest rate of 4.1% for discounting in all projections as required by 14VAC5-200-153. The Company originally priced with an interest rate of 6.5% for issue ages less than 60 and grading down linearly to 4.5% at age 75+.

For mortality, the Company used the 1994 GAM Static table (which is 93% of the 94 GAM Basic) improved to 2016 (referred to as "2015GAM" in the Company's documents, with one additional year of improvement) with selection factors grading from 25% to 105%. The original assumptions were based on the 1983 GAM Table without selection or improvement. The actual to expected mortality is 86% versus current assumptions and 34% versus original assumptions.

The lapse rates vary by duration, with the duration 10+ assumption of 0.6%. Original assumptions had an ultimate rate of 2.0% in years 6+. In addition, the Company assumes CBUL election of 8% (modeled as shock lapse) and reduced benefits for 20% of the policies. The experience by duration and for all durations combined shows a reasonable fit to the new assumptions with 96% A/E overall.

The morbidity assumption is based on the 2014 Milliman LTCGs with Company adjustments to reflect historical claims experience. The original assumptions were based on the 2002 Milliman LTCGs. The overall past A/E for morbidity is 125%, or unfavorable to the Company. The new assumptions have a better fit than the original assumptions.

Both the morbidity and mortality include 15 years of improvement. These tend to offset each other in terms of the impact on loss ratio.

Loss Ratio Testing

The results below show the results of the loss ratio projections.

	Original	No Increase		With Increase		From
Inflation	**LR**	**Future***	**Lifetime**	**Future***	**Lifetime**	**Inception**
None	61%	148%	102%	72%	73%	47%
Auto	86%	226%	147%	87%	86%	50%
Total	80%	212%	138%	81%	81%	49%

* after deducting ALR

Given the magnitude of the rate increase requested, I believe that a Substantial Premium Increase would be triggered under 14VAC5-200-185. This will trigger the more restrictive test under 14VAC5-200-153 G.2. as shown below.

Inflation	Required Claims	Projected Claims	P/F
None	114,336,452	139,488,860	PASS
Auto	763,927,850	767,496,190	PASS
Total	878,264,302	906,985,050	PASS

I will note here that the Company argued that, for the calculation of the original loss ratio, rather than using the average valuation interest rate of 4.1%, it is more appropriate to use the valuation rate in effect at the time of pricing (4.5%). The relevant language in the regulation (14VAC5-200-153 C.4.) states: "All present and accumulated values used to determine rate increases shall use the maximum valuation interest rate for contract reserves as specified in § 38.2-1371 of the Code of Virginia. The actuary shall disclose as part of the actuarial memorandum the use of any appropriate averages." This has consistently been applied in all reviews that I have performed for the Bureau to use the average valuation interest rate for the block in all analysis.

One alternative measure of testing for reasonableness of the premiums and to avoid recouping of past losses is to assess the lifetime loss ratio assuming the requested rates had been in effect from inception of the policy, which is shown in the "From Inception" column above. I will note that this measure is very restrictive and assumes the Company to have perfect knowledge from the outset. Also, this measure is a benchmark which is not required by Virginia regulations.

PV of Future Loss Test

The goal of this test is to ensure that, when looking only into the future, the company is not in a better position financially than if the assumptions were to play out according to original assumptions (except for interest). This is done by calculating the present value of the future expected loss under original assumptions and comparing that to the current assumptions with and without the proposed premium action. For this filing, the loss is greater under the original assumptions than with the proposed increase, so this test would limit the allowed increase as shown below.

	PV Future Loss				
Scenario	Original	Current	Proposed	Requested	Allowed
None	-17.0M	-57.4M	-3.7M	87%	65%
Auto	-171.9M	-490.3M	-121.3M	187%	161%

Texas Method

I also performed the calculations based on the Texas Method and the results are shown below.

Scenario	Requested	Texas Allowed
None	87%	101%
Auto	187%	166%

State Rate Equity

The current weighted average rate increase is shown below:

Inflation	NW Avg	VA Request
None	86%	87%
Auto	103%	187%

Rate Increases Varying by Issue Age

While varying the rate increase by issue age is not common, there is some basis for doing so. The Actual to Expected loss ratios by issue age band were provided in Exhibit III and show that the experience has been much worse than anticipated for the younger issue ages. I believe that this variation is actuarially justified based on the data provided.

Conclusions

With the 4/13/2020 revision, the rates for No Inflation were reduced to an average of 65%, which complies with the PVFL limit, and the rates for Auto Inflation reduced to average 103%, which complies with state equity concerns.

Reliance and Qualifications

I am providing this letter to the Bureau as the sole intended user. The scope of the review relates only to compliance with applicable laws and regulations relating to the actuarial aspects of the filing under consideration, and the intended purpose is to communicate my findings regarding this filing. Distribution of this letter to parties other than the Bureau by me or any other party does not constitute advice by me to those parties. The reliance of parties other than the Bureau on any aspect of this work is not authorized by me and is done at their own risk.

In arriving at my opinion, I used and relied on information provided by the Company and the Bureau without independent investigation or verification. If this information is inaccurate, incomplete, or out of date, my findings and conclusions may need to be revised. While I have relied on the data provided without independent investigation or verification, I have reviewed the data for consistency and reasonableness. In the event that I found the data inconsistent or unreasonable, I have requested clarification.

I am a member of the American Academy of Actuaries and meet that body's Qualification Standards to render this opinion. I am responsible for this work and have utilized generally accepted actuarial methodologies in arriving at my opinion.

If you have any questions regarding this filing, please contact me for discussion.

Sincerely,

Shawn D. Parks, FSA, MAAA

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Reviewer Note

Created By:

Bill Dismore on 01/17/2019 06:47 AM

Last Edited By:

Bill Dismore

Submitted On:

09/03/2020 02:22 PM

Subject:

RRS

Comments:

Rate Review Summary

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: MedAmerica Insurance Company, NAIC # 69515

SERFF Tracking Number: MILL-131285847

Effective Date: This rate increase will apply to policies on their next premium payment date following at least a 75-day policyholder notification period following approval.

(Projected) Number of Insureds Affected: 278

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: $3,531

Average Requested Percentage Rate Change Per Member: 98.9%

Minimum Requested Percentage Rate Change Per Member: 30%

Maximum Requested Percentage Rate Change Per Member: 144%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
SPL-336	Simplicity Tax-Qualified Long-Term Care Policy Form

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Health Insurance Rate Request Summary
Summary of Key Information

Rates are increasing based on the fact that people are living longer and keeping their policies for a longer time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced.

Long Term Care Insurance Rate Request Summary
Part 2 –To Be Completed by Bureau of Insurance

Company Name and NAIC Number: MedAmerica Insurance Company - 69515

SERFF Tracking Number: MILL-131285847

Disposition: Approved

Approval Date: 9/02/2020

Revised Rates

Average Annual Premium Per Member: $3,531

Average Requested Percentage Rate Change Per Member: 98.9%

Minimum Requested Percentage Rate Change Per Member: 30.0%

Maximum Requested Percentage Rate Change Per Member: 144.0%

Number of Policy Holders Affected: 278

Summary of the Bureau of Insurance's review of the rate request:

The Company requested, and the Bureau approved a rate increase averaging 73% for policies with no inflation (rate increase ranges from 112% to 30% - younger to older) and 86% for polices with inflation (rate increase ranges from 144% to 59% - younger to older) for this block of individual long-term care insurance policy forms.

The filing was reviewed by the Bureau's consulting actuary and determined to comply with the requirements for a rate increase set forth in 14VAC5-200-153 of the Virginia Administrative Code for policies issued prior to October 1, 2003 and later. The review indicated that the anticipated loss ratio, reflecting claims payout, will be 81% with the increase, which exceeds the minimum required loss ratio of 60%.

The Company has advised that they do not intend to request future rates increases on this block unless the actual experience is worse than projected.

The primary reasons for the rate increase are that policyholders are living longer and keeping their policies in force longer, which has resulted in more claims being filed than the Company anticipated when the policy was originally priced. The Company determined that a premium increase is necessary to reflect that future claims are expected to be significantly higher on these policies than originally expected or priced and to ensure that sufficient funds are available to pay claims.

The Company is offering all policyholders options to reduce the premium increase by reducing their coverage. These reductions could be in the form of lower daily benefits, a shorter benefit period, a longer elimination period, the termination of riders or any combination of these reductions, or a paid-up policy. Specific options are included in the letter sent to all policyholders notifying them of the rate increase and can be discussed with the Company by calling its customer service department.

The filing can be reviewed on the Bureau's webpage under the Rate/Policy Form Search at:
https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx

State:	*Virginia*	**Filing Company:**	*MedAmerica Insurance Company*
TOI/Sub-TOI:	*LTC03I Individual Long Term Care/LTC03I.001 Qualified*		
Product Name:	*Long-Term Care*		
Project Name/Number:	*MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*		

Reviewer Note

Created By:

Bill Dismore on 03/09/2018 06:52 AM

Last Edited By:

Bill Dismore

Submitted On:

03/30/2020 09:53 AM

Subject:

Form SPL-336 Approval

Comments:

Form SPL-336 was approved on 4/09/2004 as verified through Crystal reports on 3/09/2018.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Post Submission Update Request Processed On 01/16/2019

Status:	Allowed
Created By:	Travis Reisch
Processed By:	Bill Dismore
Comments:	

Company Rate Information:

Company Name:MedAmerica Insurance Company

Field Name	Requested Change	Prior Value
Minimum %Change (where required)	47.000%	79.000%

State: *Virginia*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*
Filing Company: *MedAmerica Insurance Company*

Form Schedule

Lead Form Number: SRIL-VA-1117

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1	Approved 09/03/2020	Notice of Premium Increase	RIL-VA-0918	OTH	Initial		47.600	RIL-VA-0918.pdf
2	Approved 09/03/2020	Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	OTH	Initial		51.600	CNF-VA-0918.pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NAP**	Network Access Plan
NOC	Notice of Coverage	**OTH**	Other
OUT	Outline of Coverage	**PJK**	Policy Jacket
POL	Policy/Contract/Fraternal Certificate	**POLA**	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider
PRC	Provider Contract/Provider Addendum/Provider Leading Agreement	**PRD**	Provider Directory

<<LOGO>>
MedAmerica Insurance Company

Time-Sensitive! Review Options and Make Your Decision

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>

<<DATE>>
Billing Account ID: <<POLICY_NUMBER>>

Dear <<SALUTATION LAST_NAME>>:

We are writing to notify you that <<PHASE_IN>> with the Virginia Bureau of Insurance. <<REASON_FOR_RATE_INCREASE>> This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming <<CHANGE>> to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of <<DATE>>, <<CURRENT_RATE>> <<MODAL>>	<<FUTURE_RATE>> <<MODAL>>	<<INC_AMT_1>>	<<NEXT_BILL_DATE>>
		<<INC_AMT_2>>	<<YEAR2>>
		<<INC_AMT_3>>	<<YEAR3>>

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below and make the decision that best meets your needs.

All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on <<NEXT_BILL_DATE>>. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Non-Forfeiture Benefit outlined in Option #3 below.

- **Option #2: Offset the increased premium by reducing your level of benefits**. You **may** be able to adjust your benefits to reduce your premium. Options to reduce your benefits include, but are not limited to, increasing your Elimination Period, reducing your <<INPUT_1>>, and/or dropping riders. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at <<CS_PHONE>> to discuss your options.

- **Option #3: Elect the reduced Contingent Non-Forfeiture Benefit.**

  If you elect the Contingent Non-Forfeiture Benefit option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Non-Forfeiture Benefit would be <<RESULT_OF_CNF_FORMULA>>.

  There are two ways to elect the Contingent Non-Forfeiture Benefit:

  - Choose this option today by signing and dating the enclosed Contingent Non-Forfeiture Benefit Election Form and returning it in the enclosed postage-paid envelope; OR

  - If you do not pay the increased premium **within 120 days of the due date,** which is <<NEXT_BILL_DATE>>, you will be entitled to the Contingent Non-Forfeiture Benefit. We will automatically change your coverage to the Contingent Non-Forfeiture Benefit in lieu of your policy lapsing for non-payment of premium.

  IMPORTANT: Paying the increased premium for coverage through 120 days from <<NEXT_BILL_DATE>>, constitutes your acceptance of the rate increase and voids the Contingent Non-Forfeiture Benefit offer.

  What is the Contingent Non-Forfeiture Benefit?

  The Contingent Non-Forfeiture Benefit Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same <<INPUT_1>> in effect at the time of lapse will be payable, but the <<INPUT_2>> will be equal to the greater of the items a) or b) below:

  a) The total amount of premiums paid and applied to Your Policy; **OR**

  b) <<INPUT_3>>

  The total of all benefits paid under your policy will not exceed the <<INPUT_2>> that would have been payable if your policy did not lapse.

  Important facts to know about this reduced benefit are:

  - No future premium is due.

  - The <<INPUT_2>> is significantly less than the benefit provided if you choose to continue paying your premium.

  - <<RIDERS_STATEMENT>>

  - All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Non-Forfeiture Benefit.

<<IMPORTANT_NOTE>>

If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at <<CS_PHONE>>.

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.
Sincerely,

<<OFFICER_SIGNATURE>>

<<OFFICER_NAME>>

<<OFFICER_TITLE>>

Enclosures: Contingent Non-Forfeiture Benefit Election Form; Postage-Paid Return Envelope

<<LOGO>>
MedAmerica Insurance Company

Contingent Non-Forfeiture Benefit Election Form

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>

<<DATE>>
Billing Account ID: <<POLICY_NUMBER>>

I have decided to stop future premium payments and accept the Contingent Non-Forfeiture Benefit.

I understand the following:

- No future premium is due; and
- I will have a reduced <<INPUT_2>> equal to the total amount of premiums paid and applied to my policy **OR** <<INPUT_3>> in effect at the time my policy lapses, whichever is greater; and
- The Contingent Non-Forfeiture Benefit is significantly less than the benefit provided if I chose to keep paying my premium; and
- The Contingent Non-Forfeiture Benefit is only available if I satisfy the requirements for Benefit Eligibility as defined in my policy or certificate; and
- The Contingent Non-Forfeiture Benefit will be payable up to my current <<INPUT_1>> in effect on the date of this change; and
- <<RIDERS_STATEMENT>>; and
- All other terms, conditions, limitations and exclusions in my current coverage apply to the Contingent Non-Forfeiture Benefit.

Signature:
I request my current long term care insurance coverage be reduced to the Contingent Non-Forfeiture Benefit offered by the company. This option becomes effective as of my current paid through date. A summary of Contingent Non-Forfeiture Benefits will be sent to me when this request is processed.

_____

Signature **Date**

Mailing Instructions: Sign and date this form and return in the enclosed postage-paid envelope.

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Rate Information

Rate data applies to filing.

Filing Method: Review and Approval
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing:
SERFF Tracking Number of Last Filing:

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):
MedAmerica Insurance Company	346.000%	98.900%	$488,106	278	$493,411	144.000%	30.000%

State: *Virginia*
Filing Company: *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables		Revised	Previous State Filing Number: This form was originally approved in 2004 Percent Rate Change Request: 98.9	VA_MedAmerica_Simplicity Premium Rates_20200410.pdf,

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUM RATES WITH RATE INCREASE
PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Compound - No Maximum
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	83	112	132	151	178	246
30	88	117	139	159	188	259
31	90	120	144	163	195	268
32	93	124	149	171	200	278
33	98	129	154	176	207	288
34	100	134	161	183	215	298
35	102	137	166	188	222	307
36	107	142	171	195	229	317
37	110	146	178	203	239	329
38	115	154	183	210	246	342
39	120	159	190	217	256	351
40	122	163	198	224	266	366
41	127	168	205	232	273	378
42	132	176	212	242	285	390
43	137	183	220	249	295	405
44	142	188	227	259	305	420
45	141	188	228	259	306	421
46	143	192	231	263	312	427
47	148	195	236	268	318	436
48	149	200	240	273	322	442
49	152	202	243	278	328	449
50	156	210	253	287	339	464
51	161	217	262	297	350	479
52	166	224	271	307	362	494
53	174	231	280	318	375	511
54	179	239	288	328	386	527
55	189	254	307	347	410	559
56	195	261	315	358	422	573
57	200	269	324	367	435	590
58	207	277	334	378	446	607
59	212	285	345	390	461	624
60	232	309	374	424	501	677
61	238	319	386	438	516	697
62	247	331	398	453	535	722
63	255	342	413	470	553	744
64	262	352	424	482	568	764
65	282	378	458	519	612	825
66	294	396	479	543	642	863
67	304	410	496	563	665	894
68	315	424	512	582	688	924
69	326	440	533	606	717	962
70	342	460	558	635	750	1,006
71	361	488	592	674	797	1,068
72	379	514	623	710	840	1,125
73	401	544	660	752	891	1,192
74	422	572	695	792	938	1,254
75	531	723	882	1,008	1,202	1,620
76	548	746	911	1,044	1,244	1,676
77	572	780	953	1,093	1,303	1,755
78	592	809	990	1,135	1,355	1,825
79	617	847	1,036	1,188	1,419	1,908
80	660	907	1,112	1,278	N/A	N/A
81	680	934	1,148	1,319	N/A	N/A
82	703	969	1,191	1,369	N/A	N/A
83	732	1,009	1,242	1,430	N/A	N/A
84	754	1,041	1,283	1,476	N/A	N/A
85	851	1,183	1,465	1,692	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUM RATES WITH RATE INCREASE
PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Compound 2X
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	24	29	34	39	44	61
30	24	32	37	41	46	63
31	27	32	39	44	49	66
32	27	34	41	46	54	71
33	29	37	44	49	56	76
34	29	39	46	51	61	81
35	32	41	49	54	63	85
36	34	44	51	59	68	90
37	37	46	56	61	73	98
38	39	49	59	66	78	102
39	41	54	63	71	83	110
40	44	56	66	76	88	117
41	46	61	71	81	95	124
42	49	63	76	85	100	134
43	54	68	81	93	107	144
44	56	73	88	98	115	154
45	59	75	89	101	118	157
46	60	79	95	106	125	166
47	64	84	100	111	132	175
48	67	89	104	118	138	184
49	69	91	111	124	143	193
50	76	97	117	132	153	205
51	80	105	125	142	166	219
52	85	111	134	151	175	232
53	91	119	142	161	187	248
54	97	128	151	172	200	265
55	105	139	166	187	218	290
56	112	149	176	199	232	306
57	118	157	188	212	247	326
58	127	167	199	225	261	346
59	135	178	212	240	279	366
60	150	198	238	267	311	410
61	159	211	252	284	330	434
62	168	224	267	303	352	462
63	180	238	286	322	375	491
64	190	252	301	340	396	519
65	211	282	336	380	444	586
66	227	303	362	408	477	630
67	240	321	385	435	507	670
68	254	339	408	461	540	714
69	270	361	436	493	577	763
70	289	387	466	527	619	819
71	312	419	505	572	671	890
72	334	450	542	615	724	959
73	360	485	585	666	783	1,040
74	384	518	627	713	840	1,116
75	492	668	812	927	1,098	1,473
76	515	699	851	972	1,155	1,551
77	544	740	903	1,032	1,228	1,649
78	570	777	949	1,086	1,293	1,736
79	599	819	1,002	1,148	1,368	1,835
80	645	885	1,085	1,245	N/A	N/A
81	668	918	1,127	1,294	N/A	N/A
82	694	956	1,174	1,349	N/A	N/A
83	726	1,000	1,230	1,416	N/A	N/A
84	750	1,035	1,274	1,466	N/A	N/A
85	849	1,178	1,459	1,686	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUM RATES WITH RATE INCREASE
PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Simple
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	32	41	51	59	68	98
30	34	44	54	61	71	102
31	37	46	56	63	76	107
32	39	49	59	68	81	115
33	39	51	63	71	85	122
34	41	56	66	76	90	127
35	44	59	71	81	95	134
36	46	61	73	83	100	144
37	49	66	78	90	105	151
38	51	68	83	95	112	161
39	56	73	88	100	120	168
40	59	78	93	105	127	178
41	61	81	98	112	134	190
42	66	85	105	120	142	200
43	68	90	110	124	149	212
44	73	98	117	134	159	224
45	75	99	120	136	162	228
46	79	104	125	141	169	238
47	82	107	129	148	175	247
48	84	111	135	153	182	255
49	87	115	139	158	189	265
50	91	123	147	168	199	281
51	97	129	157	178	211	295
52	102	136	164	187	222	311
53	108	144	174	197	235	326
54	113	151	183	208	248	344
55	122	164	197	225	267	372
56	128	172	207	236	279	389
57	135	182	218	249	294	406
58	141	189	229	261	308	426
59	149	200	240	273	323	446
60	164	220	265	303	356	491
61	171	230	278	317	374	513
62	181	243	294	333	395	539
63	189	255	308	349	413	564
64	197	266	322	366	431	588
65	216	292	354	401	475	648
66	230	311	375	427	505	689
67	242	326	395	450	531	721
68	254	342	414	473	559	756
69	267	361	437	498	590	798
70	284	384	465	529	627	847
71	304	411	499	569	673	908
72	323	438	532	606	719	968
73	347	470	570	651	772	1,038
74	368	500	606	693	822	1,104
75	470	641	782	896	1,068	1,448
76	491	669	816	936	1,117	1,513
77	517	706	864	989	1,182	1,600
78	540	739	905	1,038	1,241	1,676
79	569	778	955	1,095	1,311	1,768
80	614	843	1,034	1,189	N/A	N/A
81	636	875	1,075	1,237	N/A	N/A
82	663	913	1,123	1,292	N/A	N/A
83	694	957	1,179	1,357	N/A	N/A
84	720	994	1,224	1,410	N/A	N/A
85	819	1,138	1,410	1,630	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUM RATES WITH RATE INCREASE
PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: None
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	15	19	21	21	25	32
30	15	19	21	23	28	34
31	17	19	23	25	28	36
32	17	21	23	25	30	38
33	17	21	25	28	32	40
34	19	23	25	30	34	42
35	19	23	28	32	36	45
36	21	25	30	32	38	47
37	21	28	32	34	40	51
38	23	28	34	36	42	53
39	23	30	36	38	45	57
40	25	32	38	42	47	61
41	28	34	40	45	51	64
42	28	36	42	47	53	68
43	30	38	45	51	57	74
44	32	40	49	53	61	78
45	33	41	49	55	63	80
46	34	44	52	58	66	84
47	35	45	53	61	69	89
48	37	48	56	64	73	93
49	40	51	59	66	76	96
50	41	55	64	71	81	103
51	45	58	67	75	88	110
52	46	61	72	80	93	117
53	50	64	77	86	99	125
54	53	70	82	92	106	134
55	59	75	90	101	115	146
56	61	81	95	106	122	155
57	65	85	101	113	129	163
58	70	91	107	121	138	173
59	74	96	114	127	146	184
60	83	108	127	143	163	206
61	87	114	135	152	174	217
62	93	122	145	161	186	231
63	98	130	153	171	198	245
64	104	136	162	182	208	260
65	116	153	182	203	236	292
66	126	165	197	221	254	315
67	134	177	210	235	270	336
68	143	189	224	251	290	359
69	153	201	240	269	309	384
70	165	219	260	292	336	416
71	180	239	284	319	367	455
72	194	258	307	344	398	492
73	211	281	335	376	434	537
74	228	303	363	407	469	580
75	300	402	481	542	628	780
76	320	428	513	579	671	833
77	343	459	551	623	721	896
78	367	492	592	668	774	961
79	392	526	634	715	830	1,029
80	431	580	699	790	N/A	N/A
81	456	615	742	840	N/A	N/A
82	483	652	786	890	N/A	N/A
83	513	694	839	950	N/A	N/A
84	544	737	892	1,010	N/A	N/A
85	633	865	1,051	1,194	N/A	N/A

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Supporting Document Schedules

Satisfied - Item:	Certification of Compliance
Comments:	
Attachment(s):	VA Certificate of Compliance 12.10.19.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Product Checklist
Comments:	
Attachment(s):	VA_Rate Review Checklist_Simplicity_20180109.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	L&H Actuarial Memorandum
Comments:	
Attachment(s):	VA_Supplement_Simplicity_RS_20180109.pdf VA_ActMemo_Simplicity_RS_20200410.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Long Term Care Insurance Rate Request Summary
Comments:	
Attachment(s):	VA_Rate Request Summary_Simplicity_20200724.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2020

Satisfied - Item:	L&H Readability - Health
Comments:	
Attachment(s):	VA Readability Compliance Certification 8.7.20.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2020

Satisfied - Item:	Statements of Variability
Comments:	
Attachment(s):	Statement of Variability All Product Lines.pdf
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Status Date:	08/11/2020

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	VA_Cov Ltr_Simplicity_RS_20180109.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Letter of Authorization
Comments:	
Attachment(s):	Authorization to file MedAmerica 20170113.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Claims and Administration Processing Plan
Comments:	
Attachment(s):	MedAmerica Claims Procedures_20160128.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Current Rate Tables
Comments:	
Attachment(s):	VA_MedAmerica_Current Simplicity Premium Rates_20180322.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to March 9, 2018 Objection
Comments:	
Attachment(s):	VA_MedAmerica_Simplicity_Response to 20180309 Objection_20180322.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to March 19, 2018 Objection
Comments:	
Attachment(s):	VA_Response to 20180319 Objection_Simplicity_20180517.pdf VA_Response Attachments_Simplicity_20180517.xlsb Recouping Past LTC Losses.pdf
Item Status:	Received & Acknowledged

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Status Date:	05/07/2020

Satisfied - Item:	Original Pricing Memorandum
Comments:	
Attachment(s):	SPL-336-VA Rates&Memo.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to July 12, 2018 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20180815 Objection Letter_20180712.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to September 10, 2018 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20180921 Objection Letter_20180910.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to January 9, 2019 Objection
Comments:	
Attachment(s):	VA_Response to 20190109 Objection_Simplicity_20190115.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to January 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190129 Objection Letter_20190117.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to February 12, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190226 Objection Letter_20190212.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Satisfied - Item:	Sample Policyholder Notification Letter
Comments:	
Attachment(s):	John Doe Simplicity 3 year RIL-VA-0918.pdf John Doe Simplicity CNF-VA-0918.pdf John Doe Simplicity RIL-VA-0918.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2020

Satisfied - Item:	April 12, 2019 Amendment
Comments:	
Attachment(s):	VA Simplicity Amendment_20190412.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to May 17, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20190613 Objection Letter_20190517.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Copy of Original Policy Form and Schedule Page
Comments:	
Attachment(s):	SPL-336 Virginia Policy and Schedule Page Approved 4.9.04.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Summary of Benefits Amendment
Comments:	
Attachment(s):	238SUMMARY-1216. Summary of Benefits.pdf VA_Simplicity Statement of Variability for 238Summary-2016.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to August 23, 2019 Objection
Comments:	
Attachment(s):	VA_Response to 20190823 Objection_Simplicity_20190918.pdf VA_Response Attachments_Simplicity_20190918.xlsb

State: Virginia **Filing Company:** MedAmerica Insurance Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: Long-Term Care
Project Name/Number: MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06

Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to November 19, 2019 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20191210 Objection Letter_20191119.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Road Map for Form Filing
Comments:	
Attachment(s):	MedAmerica Filings - Virginia - Applicable Statements of Variability.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to January 3, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200123 Objection Letter_20200103.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to January 21, 2020 Requests
Comments:	
Attachment(s):	VA_Response to 20200121 Requests_Simplicity_20200221.pdf VA_Response Attachments_Simplicity_20200221.xlsb VA Simplicity Plan of Action February 2020.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to February 28, 2020 Objection
Comments:	
Attachment(s):	VA_Response to 20200228 Requests_Simplicity_20200324.pdf VA_Response Attachments_Simplicity_20200324.xlsb
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to March 27, 2020 and March 30, 2020 Objections
Comments:	

State: *Virginia* **Filing Company:** *MedAmerica Insurance Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *Long-Term Care*
Project Name/Number: *MedAmerica Nationwide 2017 Rate Increase/145MAI01-60.06*

Attachment(s):	VA_Response to 20200327 and 20200330 Objection_Simplicity_20200410.pdf VA_Response Attachment_Simplicity_20200410.xlsb VA Simplicity Plan of Action April 2020.pdf
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to April 13, 2020 Objection
Comments:	
Attachment(s):	VA_Response to 20200413 Objection_Simplicity_20200506.pdf VA_Response Attachment_Simplicity_20200506.xlsb
Item Status:	Received & Acknowledged
Status Date:	05/07/2020

Satisfied - Item:	Response to July 7, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200710 Objection Letter_20200707.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2020

Satisfied - Item:	Response to June 25, 2020 Objection
Comments:	
Attachment(s):	VA Simplicity Response_20200724 Objection Letter_20200625.pdf
Item Status:	Received & Acknowledged
Status Date:	08/11/2020

Attachment VA_Response Attachments_Simplicity_20180517.xlsb is not a PDF document and cannot be reproduced here.

Attachment VA_Response Attachments_Simplicity_20190918.xlsb is not a PDF document and cannot be reproduced here.

Attachment VA_Response Attachments_Simplicity_20200221.xlsb is not a PDF document and cannot be reproduced here.

Attachment VA_Response Attachments_Simplicity_20200324.xlsb is not a PDF document and cannot be reproduced here.

Attachment VA_Response Attachment_Simplicity_20200410.xlsb is not a PDF document and cannot be reproduced here.

Attachment VA_Response Attachment_Simplicity_20200506.xlsb is not a PDF document and cannot be reproduced here.

Virginia Certificate of Compliance
MedAmerica Insurance Company
Long-Term Care Insurance Policy (Tax-Qualified)

Form Name and Description	Form Number	New, Replace or Other
Notice of Premium Increase	RIL-VA-0918	New
Notification letter that we have filed a premium increase with the Virginia Bureau of Insurance with options to mitigate the increase outlined in the letter.		
Contingent Non-Forfeiture Benefit Election Form	CNF-VA-0918	New
Form for the insured to notify us that they have decided to stop future premium payments and accept the Contingent Non-Forfeiture Benefit.		

The Long Term Care Policy is intended to be a Qualified Long Term Care Contract under the Federal Internal Revenue Code. The policies were sold to individuals between the ages of 18-85.

The company has reviewed the enclosed policy forms and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.

Certification by:

William L. Naylon

William L. Naylon

President

Title

Rate Review Requirements Checklist
For all Rate Filings for Forms Issued in the Individual and Small Group Markets, Hospital Confinement Indemnity, Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis, and Medicare Supplement

NOTE: This document is intended to assist carriers in preparing rate filings for individual and selected group accident and sickness insurance coverage for approval by the Bureau of Insurance. It provides guidance based on current Virginia laws and regulations. It should be noted, however, that this checklist should not be used exclusive of other important resources, including, but not limited to, any and all other applicable state insurance laws and associated rules and regulations. It is the responsibility of the carriers to verify that their products comply with all relevant statutory and regulatory requirements. Note that some regulatory references in the comments column are approximate. Please review the applicable Administrative Code for the full text of the regulation.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
General Filing Requirements				
Information about the filing	14 VAC 5-100-70	When submitting an Individual Accident and Sickness form, a company must file the applicable rates, rules and classification of risks with the Commission.	Cover Letter	
Company Name and NAIC No.	Administrative Letter 1983-7	The transmittal letter must include the name and NAIC number of the company for which the filing is made.	Cover Letter	
Additional SERFF Filing Requirements	***Administrative Letter 2012-03***	***Additional SERFF filing requirements must be met as specified below for health insurance rate filings. Failure to provide the applicable information will result in a "REJECTED" filing.***		
General Information Filing Description		All submissions must provide a brief summary of the filing, including a statement describing whether the rate or rate manual is new or a revision of an existing rate or rate manual.	Cover Letter	
		Identification of SERFF or state tracking number for the previously approved rate or rate manual.	SERFF Rate/Rule Schedule tab	
HELP TIP:		If a form or rate filing is submitted as new in Virginia, but was previously disapproved or withdrawn in Virginia, please provide details such as the tracking information, form number, and the date that the form or rate filing was disapproved or withdrawn, if available.		
Rate Changes		(i) Include a statement regarding an increase, decrease, revision of former rates. (ii) Specify the percentage amount(s) of the change(s). (iii) Specify the number of affected policyholders. (iv) Specify the reason for the proposed change(s).	(i) Cover Letter (ii) Cover Letter (iii) Actuarial Memorandum (AM) Section 19 & 22 (iv) AM Section 16 & 17	

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-50 B	Include an actuarial memorandum describing the basis on which rates were determined including a description of the calculation of the anticipated loss ratio.	AM Section 5, 14, & 17	
Individual and Small Group Markets – Age Curve	14 VAC 5-130- 50 E 1; Virginia Rate Template	Premium rates with respect to a particular plan or coverage may only vary by: (a) Whether the plan or coverage covers an individual or family; (b) The rating area; (c) Age, consistent with the Federal Default Standard Age Curve; (d) Tobacco use, except the rate must not vary more than 1.5 to 1. If included in a small group form, employees must be given the option to avoid the tobacco surcharge by participating in certain wellness programs.		Not Applicable
	14 VAC 5-130-50 E 2	A premium rate must not vary by any other factor not described in 14 VAC 5-130-50 E 1.		Not Applicable
	14 VAC 5-130-50 E 3	For family coverage, permitted rating variations must be applied based on the portion of premium attributable to each family member covered under the plan. With respect to family members under age 21, the premiums for no more than the three oldest covered children must be taken into account in determining the total family premium.		Not Applicable
	14 VAC 5-130-50 E 4	The premium charged must not be adjusted more frequently than annually except that the premium rate may be changed to reflect changes to: (i) Family composition of the member or; (ii) Coverage requested by the member.		Not Applicable
	14 VAC 5-130-50 E 5	Premium rates for student health insurance coverage may be based on school-specific community rating and are exempt from subdivision 1 through 4 above.		Not Applicable
Accident and Sickness Insurance Rate Filing Requirements – Filing a Rate for a New Policy Form	14 VAC 5-130-60 A	New rate submission must include: (i) Form number of applicable policy or certificate, application, and endorsements; (ii) Rate Sheet(s); (iii) Unified Rate Review Template *(only for rates applicable in the individual and small group health insurance markets except for student health insurance coverage).*		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-60 B	An Actuarial Memorandum that includes:		
	14 VAC 5-130-60 B 1	A description of the type of policy or coverage, including benefits, renewability, general marketing method, and issue age limits.		Not Applicable
	14 VAC 5-130-60 B 2	A description of how rates were determined, including the general description and source of each assumption used.		Not Applicable
	14 VAC 5-130-60 B 3	The estimated average annual premium per policy and per member.		Not Applicable
	14 VAC 5-130-60 B 4	The anticipated loss ratio and a description of how it was calculated.		Not Applicable
	14 VAC 5-130-60 B 5	The minimum anticipated loss ratio presumed reasonable in accordance with 14 VAC 5-130-65.		Not Applicable
	14 VAC 5-130-60 B 6	If the anticipated loss ratio is less than the minimum anticipated loss ratio, include supporting documentation for the use of such premiums.		Not Applicable
	14 VAC 5-130-60 B 7	*For coverage issued in the Individual or Small Group Health Insurance Market:* A certification by a qualified actuary of the actuarial value of each plan of benefits included and the AV calculation summary.		Not Applicable
	14 VAC 5-130-60 B 8	A certification by a qualified actuary that, to the best of his or her knowledge and judgment, the rate filing is in compliance with the applicable laws and regulations of Virginia and the premiums are reasonable in relation to the benefits provided.		Not Applicable
Reasonableness of benefits in relation to initial premiums	14 VAC 5-130-65 A	Benefits are deemed reasonable in relation to premiums if the anticipated loss ratio of policy form, including riders and endorsements, is at least as great as specified in the table provided, taking into account the qualifications and adjustments in subdivisions 1 through 9 below. The below anticipated loss ratio standards do not apply to a class of business where such standards are in conflict with specific statutes or regulations.		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS						LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 1	If the expected average annual premium is at least $200 but less than $1,000.							
		Type of Coverage	Renewal Clause						
			OR	CR	GR	NC	Other		
		Hospital Indemnity	60%	55%	55%	50%	60%		
		Disability Income Protection, Accident Only, Specified Disease and Other, whether paid on an expense incurred or indemnity basis	60%	55%	50%	45%	60%		
	14 VAC 5-130-65 A 2	If the expected average annual premium is $100 or more but less than $200, subtract five percentage points from the numbers in the table.							Not Applicable
	14 VAC 5-130-65 A 3	If the expected average annual premium is less than $100, subtract 10 percentage points from the numbers in the table.							Not Applicable
	14 VAC 5-130-65 A 4	If the expected average annual premium is $1,000 or more, add five percentage points to the numbers in the table.							Not Applicable
	14 VAC 5-130-65 A 5	Group Medicare supplement policies are expected to return to policyholders in the form of aggregate benefits under the policy at least 75% of the aggregate amount of premiums collected.							Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
	14 VAC 5-130-65 A 6	Medicare supplement policies issued prior to July 30, 1992, as a result of solicitation of individuals through the mail or by mass media advertising, which shall include both print and broadcast advertising, are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		Not Applicable
	14 VAC 5-130-65 A 7	Medicare supplement policies issued prior to July 30, 1992, sold on an individual rather than a group basis are expected to return to policyholders in the form of aggregate benefits under the policy at least 60% of the aggregate amount of premiums collected.		Not Applicable
	14 VAC 5-130-65 A 8	All health insurance coverage issued in the individual health insurance market shall be originally priced to meet a minimum 75% loss ratio and, except for student health insurance coverage, must be guaranteed renewable or noncancellable.		Not Applicable
	14 VAC 5-130-65 A 9	All health insurance coverage issued in the small group health insurance market must be originally priced to meet a minimum 75% loss ratio and must be guaranteed renewable or noncancellable.		Not Applicable
	14 VAC 5-130-65 B	The average annual premium per policy per member shall be computed by the health insurance issuer based on an anticipated distribution of business by all applicable criteria having a price difference, such as age, sex, amount, dependent status, rider frequency, etc., except assuming an annual mode for all policies *(i.e., the fractional premium loading shall not affect the average annual premium or anticipated loss ratio calculation).*		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
All Accident and Sickness Forms; Subscriber Contracts of Hospital, Medical or Surgical Plans; Dental Plans; Optometric Plans; Health Insurance Coverage in the Individual and Small Group Markets; Individual and Group Medicare supplement forms and subscriber contracts of hospital, medical or surgical plans – Filing a Rate Revision	14 VAC 5-130-70 A	Rate revision submission must include: (i) New Rate Sheet; (ii) All information required by SERFF; and (iii) Unified Rate Review Template (individual and small group health insurance markets except for student health insurance coverage).	(i) SERFF Rate/Rule Schedule tab (ii) SERFF (iii) Not Applicable	
	14 VAC 5-130-70 B	**Actuarial Memorandum**		
	14 VAC 5-130-70 B 1	A description of the type of policy, including benefits, renewability, issue age limits, and if applicable, whether the policy includes grandfathered, non-grandfathered plans, or both.	AM Sections 2,3, & 9	
	14 VAC 5-130-70 B 2	The scope and reason for the premium or rate revision.	AM Section 16 & 17	
	14 VAC 5-130-70 B 3	A comparison of the revised premiums with the current premium scale, including all percentage rate changes and any rating factor changes.	Cover Letter & AM Section 17	
	14 VAC 5-130-70 B 4	A statement of whether the revision applies only to new business, only to in-force business, or to both.	AM Section 4	
	14 VAC 5-130-70 B 5	The estimated average annual premium per policy and per member, before and after the proposed rate revision. If different changes by rating classification are requested, the filing also must include: (i) Range of changes; and (ii) average overall change, including a detailed explanation of how the change was determined.	AM Section 19	
	14 VAC 5-130-70 B 6	*The following is applicable to all coverage with the exception of coverage issued in the small group market:* Submit Form 130-A showing historical and projected experience, including: (i) Projections for future experience, and Virginia and national historical experience of earned premiums, paid claims, incurred claims and loss from inception through	(i) Supplement to the Actuarial Memorandum (SAM) Section 2	Actual and projected experience are based on historical experience through December 31, 2016, which is the most recent data available.

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		most recent quarter. Virginia and national experience should be shown separately. Missing experience should be estimated with all estimation assumptions and methodologies provided in detail; (ii) A statement of the basis for determining the rate revision (Virginia, national, or blended); and (iii) If blended, provide the credibility factor assigned to the national experience.	(ii) SAM Section 2 (iii) Not Applicable	
	14 VAC 5-130-70 B 7	Details and dates of all past rate revisions, including annual rate revisions members will experience resulting from this filing. If a company only revises rates annually, the rate revision must be identical to the current submission. If a company has had more frequent rate revisions, the annual revision must reflect the compounding impact of all revisions for the past 12 months.	AM Section 15	
	14 VAC 5-130-70 B 8	A description of how revised rates were determined, including the general description and source of each assumption of Form 130-A. For claims, provide historical and projected claims by major service category for both cost and utilization on Form 130-B.	AM Sections 5, 16, & 17	
	14 VAC 5-130-70 B 9	If the rate revision applies to new business, provide the anticipated loss ratio and a description of how it was calculated.		Not Applicable
	14 VAC 5-130-70 B 10	If the rate revision applies to in-force business provide: (a) The anticipated loss ratio and a description of how it was calculated; and (b) The estimated cumulative loss ratio, historical and anticipated, and a description of how it was calculated.	SAM Sections 2 and 3	
	14 VAC 5-130-70 B 11	The loss ratio that was originally anticipated for the policy.	AM Exhibit III	
	14 VAC 5-130-70 B 12	If 9, 10a, or 10b is less than 11, supporting documentation for the use of such premiums or rates.		Not Applicable
	14 VAC 5-130-70 B 13	The current number of Virginia and national members to which the revision applies for the most recent month for which such data is available, and either premiums in force, premiums earned, or premiums collected for such members in the year immediately prior to the filing of the rate revision.	AM Section 22	
	14 VAC 5-130-70 B 14	Certification by a qualified actuary that, to the best of the actuary's knowledge and judgment, the rate filing is in compliance with applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.	AM Section 23	
	14 VAC 5-130-70 B 15	For coverage issued in the individual or small group health insurance markets, a certification by a qualified actuary of the		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		actuarial value of each plan of benefits included and the AV calculation summary.		Not Applicable
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 A 1	For individual accident and sickness insurance, individual, and group Medicare supplement insurance, and coverage issued in the individual market, with respect to filings of rate revisions for a previously approved form, benefits shall be deemed reasonable in relation to premiums provided the present values of the future and lifetime loss ratios are at least as great as the standards in 14 VAC 5-130-70 B 11.	AM Section 23	
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 B	For coverage issued in the small group health insurance market, the anticipated loss ratio over the entire period for which the revised rates are computed to provide coverage must be at least as great as the standards in 14 VAC 5-130-70 B 11.		Not Applicable
Health Insurance Issuer – Filing a Rate Revision	14 VAC 5-130-75 C	Revised premiums for policies issued on or after the effective date of the revision must meet the standards in 14 VAC 5-130-65 A, except the average annual premium shall be determined on actual rather than anticipated distribution of business.		Not Applicable
Medicare Supplement Requirements		*Applicable requirements for Medicare Supplement insurance rate filings in addition to the above:*		
Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 2	All filings of rates and rating schedules shall demonstrate that expected claims in relation to premiums comply with the requirements of this section when combined with actual experience to date. Filings of rate revisions shall also demonstrate that the anticipated loss ratio over the entire future period for which the revised rates are computed to provide coverage can be expected to meet the appropriate loss ratio standards.		Not Applicable
Pre-Standardized Medicare Supplement Forms	14 VAC 5-170-120 A 3	For policies issued prior to July 30, 1992, expected claims in relation to premiums shall meet: (a) The originally filed anticipated loss ratio when combined with the actual experience since inception; (b) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection when combined with actual experience beginning with July 1, 1991, to date; and (c) The appropriate loss ratio requirement from subdivisions 1 a and 1 b of this subsection over the entire future period for which the rates are computed to provide coverage.		Not Applicable
Annual Rate and Experience Filing	14 VAC 5-170-120 C	An issuer of Medicare supplement policies and certificates issued before or after July 30, 1992, in this Commonwealth shall file annually its rates, rating schedule, and supporting		

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
		documentation including ratios of incurred losses to earned premiums by policy duration for approval by the State Corporation Commission in accordance with the filing requirements and procedures prescribed by the State Corporation Commission. The supporting documentation shall also demonstrate in accordance with actuarial standards of practice using reasonable assumptions that the appropriate loss ratio standards can be expected to be met over the entire period for which rates are computed. The demonstration shall exclude active life reserves. An expected third-year loss ratio which is greater than or equal to the applicable percentage shall be demonstrated for policies or certificates in force less than three years.		Not Applicable
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-120 C	For annual rate and experience filings, an actuarial certificate by a qualified actuary that the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratios all exceed the applicable ratio; 3. Except for policies issued prior to July 30, 1992, the filed rates maintain the proper relationship between policies which had different rating methodologies; 4. The filing was prepared based on the current standards of practices as promulgated by the Actuarial Standards Board, including the data quality standard of practice, as described at: www.actuary.org; 5. The filing is in compliance with the applicable laws and regulations in this Commonwealth; and 6. The premiums are reasonable in relation to the benefits provided.		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
Actuarial Certification for Medicare Supplement Rate Revision Filings	14 VAC 5-170-130 B	For proposed rate changes, an actuarial certificate by a qualified actuary that to the best of the actuary's knowledge and judgment, the following items are true with respect to the filing as follows: 1. The assumptions present the actuary's best judgment as to the reasonable value for each assumption and are consistent with the issuer's business plan at the time of the filing; 2. The anticipated lifetime loss ratio, future loss ratios, and except for policies issued prior to July 30, 1992, third-year loss ratio all exceed the applicable ratio; 3. The filing was prepared based on the current standards or practices as promulgated by the Actuary Standards Board including the data qualify standard of practice as described at: www.actuary.org; 4. The filing is in compliance with applicable laws and regulations in this Commonwealth; and 5. The premiums are reasonable in relation to the benefits provided.		Not Applicable
Chance in the Rating Structure or Methodology of a Medicare Supplement Form	14 VAC 5-170-130 D 3	A change in the rating structure or methodology shall be considered a discontinuance under subdivision 1 of this subsection unless the issuer complies with the following requirements: (a) The issuer provides an actuarial memorandum, in a form and manner prescribed by the State Corporation Commission, describing the manner in which the revised rating methodology and resultant rates differ from the existing rating methodology and existing rates. (b) The issuer does not subsequently put into effect a change of rates or rating factors that would cause the percentage differential between the discontinued and subsequent rates as described in the actuarial memorandum to change.		Not Applicable

REVIEW REQUIREMENTS	REFERENCE	COMMENTS	LOCATION IN THE FILING TO INCLUDE EXHIBIT NAME OR NUMBER	FILER'S NOTES
For Coverage in the Individual and Small Group Health Insurance Markets Risk Pools and Index Rates	14 VAC 5-130-81 A & B	The claims experience of all enrollees in all health benefit plans are members of a single risk pool. *(Not applicable to grandfathered coverage).*		Not Applicable
	14 VAC 5-130-81 C	Each plan year or policy year, as applicable, a health insurance issuer shall: 1. Establish an index rate based on the total combined claim costs for providing essential health benefits within the single risk pool of the individual or small group market; 2. The index rate may be adjusted on a market-wide basis based on the total expected market-wide payments and charges under the risk adjustment and reinsurance programs in this Commonwealth and the health benefit exchange user fees, and 3. The premium rate for all of the health insurance issuer's plans shall use the applicable index rate, as adjusted in accordance with subsection D of this section.		Not Applicable
	14 VAC 5-130-81 D	1. The actuarial value and cost-sharing design on the plan. 2. The plan's provider network, delivery system characteristics, and utilization management practices. 3. The benefits provided under the plan that are in addition to the essential health benefits. These additional benefits shall be pooled with similar benefits within a single risk pool and the claims experience from those benefits shall be utilized to determine rate variations for plans that offer those benefits in addition to essential health benefits. 4. Administrative costs, excluding health benefit exchange user fees. 5. With respect to catastrophic plans, the expected impact of the specific eligibility categories for those plans.		Not Applicable

Access to Administrative Letters, Administrative Orders, Regulations and Laws is available at:

http://www.scc.virginia.gov/boi/laws.aspx

The Life and Health Division, Rates Section reviews rate revisions. Please contact this section at (804) 371-9110 if you have questions or need additional information about this line of insurance.

I hereby certify that I have reviewed the attached rate revision filing and determined that it is in compliance with the rate revision checklist.

Signed: Missy Gordon

Name (please print): Missy Gordon

Company Name: Milliman, Inc

Date: 1/9/2018

Phone No: (952) 820-2478 FAX No: (952) 897-5301

E-Mail Address missy.gordon@milliman.com

MEDAMERICA INSURANCE COMPANY

Address: 165 Court Street, Rochester, New York 14647

Supplement to the Simplicity Actuarial Memorandum

January 9, 2018

Product	Number
Tax-Qualified Long-Term Care Policy Form	SPL-336

The nationwide experience provided in this supplement reflects the combined experience of the policy form listed above as well as similar nationwide policy forms of the same product series. Section 14 of the actuarial memorandum provides a description as to the appropriateness of pooling the experience of these policy forms.

Nationwide experience provided in this supplement has been restated to the rate increase level approved in Virginia, which reflects no prior rate increases.

Virginia-specific experience provided in this supplement is not considered fully credible, but is being provided as required or commonly requested.

1. Purpose of Supplement

This supplement provides additional items required by Virginia Regulation, the Rate Review Requirements Checklist (RRRC), and information commonly requested by the Bureau in its review of long-term care rate filings. The remainder of this supplement provides information regarding the request on the above-referenced product as shown in the enclosed actuarial memorandum. It may not be appropriate for other purposes.

2. Nationwide and Virginia Projected and Historical Experience (14VAC5-130-70.B.6 and RRRC)

Attachments 1 and 2 provide actual and projected nationwide and Virginia-specific experience, respectively. Included are calendar year earned premiums, incurred claims, paid claims, change in active life reserves, annual loss ratios, annual loss ratios with change in reserve, end of year lives, and cumulative loss ratios. The annual loss ratios with change in reserves are equal to the sum of incurred claims and change in active life reserves divided by earned premium as defined by 14VAC5-130-70.B.6.d.

Nationwide experience is the basis for determining the requested rate increase.

3. Description of Loss Ratio Calculation (14VAC5-130-70.B.10)

The lifetime loss ratio is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium. The future loss ratio is calculated as anticipated claims divided by earned premiums. Historical experience is shown by claim incurral year with the loss ratio for each loss year calculated using the following formula.

$$LR_j = \frac{\sum_k \sum_t {}_jPmt_t^k * v^{t-k} + \sum_k ({}_jCR_{ValDate}^k + {}_jIBNR_{ValDate}^k) * v^{ValDate-k}}{EP_j}$$

LR_j = loss ratio for year j

${}_jPmt_t^k$ = claim payments at time t on claims incurred at time k in year j

${}_jCR_{ValDate}^k$ = open claim reserve held on December 31, 2016 for claims incurred at time k in year j

${}_jIBNR_{ValDate}^k$ = incurred but not reported reserve as of December 31, 2016 attributable to claims assumed incurred at time k in year j

EP_j = earned premium in year j

ValDate = December 31, 2016

j = year of claim incurral

k = date of claim incurral

t = actual date of claim payment

v = 1 / 1.045 = 0.956938

4. Restated Nationwide and Virginia 58%/85% Test (Commonly Requested)

Attachments 3 and 4 provide the same information as Exhibit VI of the actuarial memorandum, except nationwide experience was restated to the rate increase level approved in Virginia (which reflects no prior rate increases) and Virginia-specific experience, respectively.

Nationwide, all policies were issued after October 1, 2003, so bifurcation of the experience as commonly requested is not applicable.

5. Description of Attachments

Attachment 1: Restated Nationwide Historical and Projected Experience by Calendar Year
Attachment 2: Virginia-Specific Historical and Projected Experience by Calendar Year
Attachment 3: Restated Nationwide 58%/85% Test for Policies Issued On or After October 1, 2003
Attachment 4: Virginia-Specific 58%/85% Test for Policies Issued On or After October 1, 2003

Attachment 1-a
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,942,209	299,291	41,559	48,342	15%	18%	3,080	15%
	2005	11,088,922	704,251	142,647	3,968,087	6%	42%	8,665	8%
	2006	21,603,131	127,091	295,873	12,262,995	1%	57%	16,067	3%
	2007	32,555,325	1,414,833	423,473	22,918,117	4%	75%	20,865	4%
	2008	37,076,445	2,657,405	752,446	33,103,323	7%	96%	21,435	5%
	2009	36,624,864	1,883,212	1,360,620	34,946,639	5%	101%	20,619	5%
	2010	35,876,633	3,419,541	1,701,866	36,559,272	10%	111%	20,167	6%
	2011	35,545,442	4,452,433	2,882,928	37,361,949	13%	118%	19,805	7%
	2012	35,553,666	5,131,258	3,530,577	38,789,849	14%	124%	19,771	8%
	2013	36,111,806	6,347,561	4,963,942	37,014,442	18%	120%	19,563	9%
	2014	34,589,199	10,248,875	5,849,607	37,323,463	30%	138%	18,840	11%
	2015	31,885,264	8,692,567	7,213,194	36,874,216	27%	143%	18,269	12%
	2016	28,705,344	11,940,432	8,833,343	31,818,956	42%	152%	17,437	14%
Projected Future Experience (60 Years)	2017	25,460,110	9,371,148	8,305,543	34,317,186	37%	172%	17,166	15%
	2018	23,795,684	10,741,350	9,328,891	33,910,124	45%	188%	16,894	16%
	2019	23,044,458	12,423,027	10,401,122	33,835,556	54%	201%	16,616	18%
	2020	22,284,446	14,401,454	11,701,236	33,839,790	65%	216%	16,328	19%
	2021	21,647,222	16,630,599	13,274,434	33,875,884	77%	233%	16,029	21%
	2022	20,953,946	19,065,086	15,067,225	33,737,325	91%	252%	15,714	23%
	2023	20,108,249	21,664,669	17,080,461	33,215,309	108%	273%	15,382	25%
	2024	19,398,144	24,464,038	19,348,396	32,611,489	126%	294%	15,032	27%
	2025	18,723,664	27,490,645	21,877,892	31,788,211	147%	317%	14,666	30%
	2026	18,031,774	30,796,682	24,677,791	30,684,157	171%	341%	14,282	32%
	2027	17,335,580	34,445,914	27,754,937	29,228,298	199%	367%	13,881	35%
	2028	16,610,987	38,397,004	31,124,940	27,375,071	231%	396%	13,464	38%
	2029	15,870,066	42,563,840	34,779,838	25,105,045	268%	426%	13,030	41%
	2030	15,132,957	46,894,943	38,698,793	22,445,994	310%	458%	12,581	44%
	2031	14,381,355	51,448,896	42,872,643	19,400,800	358%	493%	12,117	48%
	2032	13,624,402	56,553,566	47,366,529	15,875,695	415%	532%	11,637	52%
	2033	12,864,008	62,235,710	52,258,424	11,909,755	484%	576%	11,142	56%
	2034	12,086,785	67,831,380	57,472,043	7,581,287	561%	624%	10,633	60%
	2035	11,313,944	73,244,281	62,885,043	3,017,861	647%	674%	10,113	64%
	2036	10,544,525	78,367,769	68,377,244	-1,664,287	743%	727%	9,584	68%
	2037	9,777,533	83,099,842	73,828,742	-6,455,409	850%	784%	9,048	73%
	2038	9,018,210	87,428,381	79,137,584	-11,250,380	969%	845%	8,509	77%
	2039	8,281,338	91,124,512	84,178,689	-15,896,032	1,100%	908%	7,970	82%
	2040	7,564,349	94,037,009	88,814,628	-20,277,894	1,243%	975%	7,434	86%
	2041	6,874,748	95,953,113	92,889,593	-24,268,605	1,396%	1,043%	6,906	90%
	2042	6,213,569	96,962,332	96,284,869	-27,830,952	1,560%	1,113%	6,389	95%
	2043	5,585,819	97,019,433	98,909,533	-30,884,143	1,737%	1,184%	5,884	99%
	2044	4,994,040	96,283,006	100,720,481	-33,387,626	1,928%	1,259%	5,397	103%
	2045	4,441,177	94,790,376	101,705,030	-35,293,505	2,134%	1,340%	4,931	106%
	2046	3,929,101	92,606,902	101,869,947	-36,639,882	2,357%	1,424%	4,486	110%
	2047	3,457,840	89,767,130	101,233,132	-37,463,052	2,596%	1,513%	4,066	113%
	2048	3,028,090	86,432,983	99,844,011	-37,750,497	2,854%	1,608%	3,670	116%
	2049	2,638,151	82,777,912	97,784,855	-37,591,622	3,138%	1,713%	3,301	119%
	2050	2,288,205	78,725,364	95,122,231	-37,032,850	3,440%	1,822%	2,958	121%
	2051	1,975,358	74,419,150	91,931,569	-36,165,315	3,767%	1,937%	2,642	124%
	2052	1,698,237	69,947,241	88,295,829	-35,027,804	4,119%	2,056%	2,351	126%
	2053	1,453,992	65,475,644	84,315,275	-33,660,991	4,503%	2,188%	2,086	128%
	2054	1,239,900	61,063,874	80,085,915	-32,128,390	4,925%	2,334%	1,844	129%
	2055	1,053,613	56,620,659	75,672,729	-30,483,773	5,374%	2,481%	1,626	131%
	2056	892,193	52,179,655	71,126,570	-28,754,652	5,848%	2,626%	1,429	132%
	2057-2061	2,731,095	198,714,994	286,602,735	-116,593,922	7,276%	3,007%	4,841	137%
	2062-2066	1,091,382	113,036,342	181,347,063	-74,325,797	10,357%	3,547%	2,323	139%
	2067-2071	409,575	54,218,056	99,969,214	-42,914,998	13,238%	2,760%	1,022	140%
	2072-2076	145,329	21,894,227	47,317,290	-21,226,828	15,065%	459%	402	140%

Attachment 1-b
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,942,209	299,291	41,559	48,342	15%	18%	3,080	15%
	2005	11,088,922	704,251	142,647	3,968,087	6%	42%	8,665	8%
	2006	21,603,131	127,091	295,873	12,262,995	1%	57%	16,067	3%
	2007	32,555,325	1,414,833	423,473	22,918,117	4%	75%	20,865	4%
	2008	37,076,445	2,657,405	752,446	33,103,323	7%	96%	21,435	5%
	2009	36,624,864	1,883,212	1,360,620	34,946,639	5%	101%	20,619	5%
	2010	35,876,633	3,419,541	1,701,866	36,559,272	10%	111%	20,167	6%
	2011	35,545,442	4,452,433	2,882,928	37,361,949	13%	118%	19,805	7%
	2012	35,553,666	5,131,258	3,530,577	38,789,849	14%	124%	19,771	8%
	2013	36,111,806	6,347,561	4,963,942	37,014,442	18%	120%	19,563	9%
	2014	34,589,199	10,248,875	5,849,607	37,323,463	30%	138%	18,840	11%
	2015	31,885,264	8,692,567	7,213,194	36,874,216	27%	143%	18,269	12%
	2016	28,705,344	11,940,432	8,833,343	31,818,956	42%	152%	17,437	14%
Projected Future Experience (60 Years)	2017	25,460,110	9,371,148	8,305,543	34,317,186	37%	172%	17,166	15%
	2018	39,446,028	10,015,317	9,178,279	-27,257,572	25%	-44%	15,761	16%
	2019	53,168,931	10,790,359	9,900,241	28,034,443	20%	73%	15,504	16%
	2020	51,348,116	12,484,437	10,814,592	28,006,124	24%	79%	15,237	17%
	2021	49,926,743	14,393,941	12,009,418	28,020,578	29%	85%	14,960	17%
	2022	48,343,145	16,476,781	13,421,832	27,885,133	34%	92%	14,669	18%
	2023	46,304,839	18,696,149	15,045,456	27,415,755	40%	100%	14,361	19%
	2024	44,715,149	21,086,434	16,909,838	26,918,222	47%	107%	14,037	20%
	2025	43,248,288	23,669,194	19,018,573	26,243,026	55%	115%	13,697	22%
	2026	41,740,278	26,488,240	21,374,178	25,340,411	63%	124%	13,341	23%
	2027	40,236,270	29,599,297	23,975,269	24,150,221	74%	134%	12,970	25%
	2028	38,650,482	32,966,203	26,831,701	22,629,847	85%	144%	12,583	26%
	2029	37,019,467	36,516,390	29,934,707	20,767,184	99%	155%	12,180	28%
	2030	35,415,113	40,205,932	33,265,574	18,587,798	114%	166%	11,763	30%
	2031	33,767,341	44,085,212	36,815,775	16,087,324	131%	178%	11,332	32%
	2032	32,104,346	48,436,160	40,640,717	13,186,696	151%	192%	10,886	34%
	2033	30,432,218	53,280,665	44,806,883	9,918,430	175%	208%	10,426	36%
	2034	28,699,222	58,055,894	49,249,787	6,343,946	202%	224%	9,953	38%
	2035	26,974,081	62,678,717	53,865,537	2,571,134	232%	242%	9,469	41%
	2036	25,247,708	67,058,429	58,551,937	-1,310,321	266%	260%	8,976	43%
	2037	23,510,722	71,104,541	63,206,331	-5,291,094	302%	280%	8,477	46%
	2038	21,775,256	74,809,644	67,741,680	-9,284,665	344%	301%	7,974	48%
	2039	20,088,827	77,981,202	72,052,139	-13,159,301	388%	323%	7,472	51%
	2040	18,435,638	80,484,479	76,020,085	-16,825,945	437%	345%	6,972	53%
	2041	16,837,326	82,139,138	79,511,984	-20,179,728	488%	368%	6,479	56%
	2042	15,293,300	83,018,949	82,425,347	-23,183,938	543%	391%	5,996	58%
	2043	13,818,232	83,087,466	84,682,252	-25,769,693	601%	415%	5,525	61%
	2044	12,418,477	82,487,604	86,247,166	-27,901,985	664%	440%	5,069	63%
	2045	11,102,327	81,241,795	87,109,144	-29,543,675	732%	466%	4,632	65%
	2046	9,875,568	79,411,183	87,274,209	-30,721,260	804%	493%	4,216	67%
	2047	8,738,632	77,014,463	86,755,727	-31,460,294	881%	521%	3,822	69%
	2048	7,695,516	74,192,491	85,594,789	-31,749,734	964%	552%	3,451	71%
	2049	6,742,105	71,098,322	83,862,013	-31,662,067	1,055%	585%	3,105	72%
	2050	5,881,337	67,657,948	81,613,094	-31,238,478	1,150%	619%	2,783	74%
	2051	5,105,987	63,996,152	78,911,466	-30,552,938	1,253%	655%	2,486	75%
	2052	4,414,616	60,184,403	75,826,303	-29,631,357	1,363%	692%	2,213	76%
	2053	3,801,012	56,366,265	72,442,045	-28,512,556	1,483%	733%	1,964	77%
	2054	3,259,020	52,589,771	68,839,441	-27,242,251	1,614%	778%	1,737	78%
	2055	2,784,173	48,772,331	65,072,353	-25,872,152	1,752%	823%	1,531	79%
	2056	2,369,767	44,956,615	61,185,137	-24,423,783	1,897%	866%	1,346	80%
	2057-2061	7,341,722	171,276,950	246,733,284	-99,179,736	2,333%	982%	4,560	83%
	2062-2066	2,981,557	97,436,678	156,242,096	-63,289,308	3,268%	1,145%	2,189	84%
	2067-2071	1,126,369	46,607,102	86,095,438	-36,433,634	4,138%	903%	963	85%
	2072-2076	398,872	18,712,294	40,648,503	-17,881,441	4,691%	208%	378	85%

Attachment 2-a
MedAmerica
Actual and Projected Experience by Calendar Year
Virginia-Specific Experience - Before Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	30,348	0	0	322	0%	1%	60	0%
	2005	236,587	0	0	81,690	0%	35%	205	0%
	2006	466,660	7,139	7,200	312,452	2%	68%	289	1%
	2007	663,521	0	0	518,298	0%	78%	394	1%
	2008	720,161	5,723	5,834	704,813	1%	99%	376	1%
	2009	701,322	0	0	710,050	0%	101%	357	0%
	2010	674,951	0	0	642,120	0%	95%	340	0%
	2011	644,879	0	0	740,044	0%	115%	334	0%
	2012	637,788	13,291	13,350	761,748	2%	122%	328	1%
	2013	628,741	165,995	32,208	660,476	26%	131%	316	3%
	2014	610,024	0	84,518	794,280	0%	130%	313	3%
	2015	561,793	6,725	46,504	715,149	1%	128%	307	3%
	2016	530,388	36,245	18,419	789,398	7%	156%	301	3%
Projected Future Experience (60 Years)	2017	500,352	167,857	42,365	729,891	34%	179%	297	5%
	2018	480,310	195,541	86,194	739,413	41%	195%	293	6%
	2019	467,352	230,705	126,268	746,747	49%	209%	288	8%
	2020	456,184	274,183	168,077	753,980	60%	225%	283	10%
	2021	446,428	323,145	212,697	763,220	72%	243%	278	12%
	2022	436,024	377,818	261,166	768,101	87%	263%	272	14%
	2023	424,848	439,052	313,785	764,788	103%	283%	266	16%
	2024	411,026	506,440	371,122	755,634	123%	307%	260	19%
	2025	398,447	583,166	434,486	740,180	146%	332%	253	22%
	2026	385,460	664,844	504,123	714,499	172%	358%	246	25%
	2027	371,847	755,763	580,652	677,218	203%	385%	239	28%
	2028	357,616	861,888	665,974	630,372	241%	417%	231	32%
	2029	342,809	974,013	760,202	572,756	284%	451%	223	36%
	2030	327,454	1,088,792	861,995	501,433	333%	486%	214	40%
	2031	311,595	1,205,970	970,200	420,753	387%	522%	205	44%
	2032	295,297	1,338,918	1,086,470	328,578	453%	565%	196	48%
	2033	278,580	1,484,621	1,212,466	223,409	533%	613%	187	53%
	2034	261,264	1,636,646	1,348,053	106,170	626%	667%	177	58%
	2035	243,698	1,793,264	1,491,829	-21,916	736%	727%	167	64%
	2036	226,290	1,943,853	1,641,079	-156,435	859%	790%	157	69%
	2037	208,912	2,078,428	1,790,426	-293,146	995%	855%	147	75%
	2038	191,684	2,189,129	1,934,384	-430,644	1,142%	917%	137	80%
	2039	174,754	2,269,631	2,066,623	-562,582	1,299%	977%	127	86%
	2040	158,253	2,323,790	2,182,889	-684,573	1,468%	1,036%	118	92%
	2041	142,320	2,338,046	2,277,430	-791,345	1,643%	1,087%	108	97%
	2042	127,081	2,318,583	2,345,845	-876,625	1,824%	1,135%	99	102%
	2043	112,660	2,257,193	2,383,776	-930,759	2,004%	1,177%	90	107%
	2044	99,172	2,166,725	2,390,064	-952,382	2,185%	1,224%	82	111%
	2045	86,698	2,048,439	2,364,657	-946,780	2,363%	1,271%	74	115%
	2046	75,303	1,914,780	2,310,059	-916,974	2,543%	1,325%	66	119%
	2047	65,018	1,776,934	2,231,184	-875,203	2,733%	1,387%	59	122%
	2048	55,836	1,639,996	2,133,835	-814,204	2,937%	1,479%	53	125%
	2049	47,728	1,499,078	2,021,797	-747,585	3,141%	1,575%	48	127%
	2050	40,630	1,371,453	1,901,184	-679,196	3,375%	1,704%	43	129%
	2051	34,485	1,249,906	1,776,051	-613,765	3,624%	1,845%	38	131%
	2052	29,201	1,135,065	1,649,364	-559,005	3,887%	1,973%	34	133%
	2053	24,668	1,034,820	1,525,188	-507,900	4,195%	2,136%	30	134%
	2054	20,823	950,547	1,407,135	-466,023	4,565%	2,327%	27	136%
	2055	17,564	871,631	1,296,093	-433,253	4,962%	2,496%	24	137%
	2056	14,803	798,443	1,191,976	-404,229	5,394%	2,663%	21	138%
	2057-2061	45,417	3,089,494	4,630,862	-1,695,500	6,803%	3,069%	76	141%
	2062-2066	19,102	2,003,980	2,986,207	-1,229,856	10,491%	4,053%	40	143%
	2067-2071	7,940	1,238,023	1,894,595	-892,019	15,591%	4,357%	18	144%
	2072-2076	3,002	630,489	1,102,933	-579,405	21,001%	1,702%	7	145%

Attachment 2-b
MedAmerica
Actual and Projected Experience by Calendar Year
Virginia-Specific Experience - After Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	30,348	0	0	322	0%	1%	60	0%
	2005	236,587	0	0	81,690	0%	35%	205	0%
	2006	466,660	7,139	7,200	312,452	2%	68%	289	1%
	2007	663,521	0	0	518,298	0%	78%	394	1%
	2008	720,161	5,723	5,834	704,813	1%	99%	376	1%
	2009	701,322	0	0	710,050	0%	101%	357	0%
	2010	674,951	0	0	642,120	0%	95%	340	0%
	2011	644,879	0	0	740,044	0%	115%	334	0%
	2012	637,788	13,291	13,350	761,748	2%	122%	328	1%
	2013	628,741	165,995	32,208	660,476	26%	131%	316	3%
	2014	610,024	0	84,518	794,280	0%	130%	313	3%
	2015	561,793	6,725	46,504	715,149	1%	128%	307	3%
	2016	530,388	36,245	18,419	789,398	7%	156%	301	3%
Projected Future Experience (60 Years)	2017	500,352	167,857	42,365	729,891	34%	179%	297	5%
	2018	765,733	183,102	83,616	-799,299	24%	-80%	271	6%
	2019	1,091,706	200,030	117,093	600,712	18%	73%	267	7%
	2020	1,065,212	237,178	151,344	606,209	22%	79%	263	8%
	2021	1,043,813	279,001	188,317	613,446	27%	85%	258	9%
	2022	1,020,992	325,673	228,868	617,199	32%	92%	253	11%
	2023	996,419	377,848	273,102	614,022	38%	100%	247	12%
	2024	964,745	435,155	321,423	606,276	45%	108%	241	14%
	2025	936,775	500,600	375,021	593,428	53%	117%	235	15%
	2026	908,116	569,977	434,056	572,291	63%	126%	228	17%
	2027	877,986	647,052	498,970	541,663	74%	135%	222	19%
	2028	846,386	736,870	571,300	503,372	87%	147%	214	21%
	2029	813,377	831,276	651,033	456,535	102%	158%	207	23%
	2030	779,011	927,719	737,000	398,735	119%	170%	199	25%
	2031	743,369	1,025,941	828,201	333,421	138%	183%	191	28%
	2032	706,577	1,137,235	926,009	258,632	161%	198%	182	30%
	2033	668,665	1,259,022	1,031,800	173,404	188%	214%	173	33%
	2034	629,050	1,386,084	1,145,494	78,436	220%	233%	165	36%
	2035	588,658	1,517,318	1,266,006	-25,490	258%	253%	155	39%
	2036	548,578	1,643,810	1,391,167	-134,804	300%	275%	146	42%
	2037	508,350	1,756,581	1,516,387	-246,110	346%	297%	137	45%
	2038	468,248	1,847,853	1,636,799	-358,131	395%	318%	128	48%
	2039	428,614	1,913,380	1,746,998	-465,330	446%	338%	118	51%
	2040	389,767	1,956,016	1,843,320	-564,349	502%	357%	109	54%
	2041	352,045	1,965,176	1,920,984	-651,111	558%	373%	100	57%
	2042	315,759	1,946,058	1,976,373	-720,183	616%	388%	92	60%
	2043	281,226	1,891,568	2,005,864	-763,382	673%	401%	84	62%
	2044	248,749	1,813,083	2,008,601	-779,664	729%	415%	76	65%
	2045	218,555	1,710,767	1,984,545	-773,394	783%	429%	68	67%
	2046	190,822	1,595,934	1,935,897	-747,719	836%	445%	62	69%
	2047	165,652	1,477,844	1,866,881	-712,033	892%	462%	55	71%
	2048	143,057	1,360,887	1,782,446	-660,943	951%	489%	50	72%
	2049	122,985	1,241,625	1,685,974	-605,294	1,010%	517%	44	74%
	2050	105,309	1,133,595	1,582,612	-548,330	1,076%	556%	40	75%
	2051	89,906	1,031,141	1,475,820	-494,103	1,147%	597%	35	76%
	2052	76,569	934,512	1,368,090	-448,512	1,220%	635%	32	77%
	2053	65,053	850,296	1,262,796	-406,282	1,307%	683%	28	78%
	2054	55,204	779,810	1,162,966	-371,709	1,413%	739%	25	78%
	2055	46,793	714,447	1,069,424	-344,844	1,527%	790%	22	79%
	2056	39,609	654,732	982,222	-321,551	1,653%	841%	20	80%
	2057-2061	122,558	2,541,634	3,811,003	-1,360,423	2,074%	964%	70	81%
	2062-2066	51,919	1,652,632	2,459,895	-1,008,128	3,183%	1,241%	37	83%
	2067-2071	21,626	1,008,321	1,554,396	-721,835	4,663%	1,325%	17	83%
	2072-2076	8,205	506,345	895,382	-456,903	6,171%	603%	6	83%

Attachment 3
Demonstration that the Requested Cumulative Rate Increase Passes the 58%/85% Loss Ratio Minimum
MedAmerica and Affinity Partners
Nationwide Experience Restated to Reflect No Prior Rate Increase
Individual Simplicity Policy Forms Issued On or After October 1, 2003

1	Accumulated value of initial earned premium	483,566,484	x	58%	=	280,468,561
2a	Accumulated value of earned premium	483,566,484				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	0	x	85%	=	0
3	Present value of future projected initial earned premium	235,351,716	x	58%	=	136,503,995
4a	Present value of future projected premium	623,169,346				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	387,817,630	x	85%	=	329,644,986
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**746,617,541**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					66,851,186
6b	Present value of future projected incurred claims without the inclusion of active life reserves					1,002,752,303
7	**Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b**					**1,069,603,488**
8	Test: 7 is not less than 5					Pass

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves applicable for the year of issue, which ranges from 3.5% to 4.5%.
Future projected initial earned premium schedule (i.e., without the requested rate increase) reflects the assumed impact of CBUL and RBO.
The future projected incurred claims (item 6b) were increased by 15% to reflect assumptions with moderately adverse experience.

Attachment 4
Demonstration that the Requested Cumulative Rate Increase Passes the 58%/85% Loss Ratio Minimum
MedAmerica
Virginia-Specific Experience
Individual Simplicity Policy Forms Issued On or After October 1, 2003

1	Accumulated value of initial earned premium	9,159,437	x	58%	=	5,312,474
2a	Accumulated value of earned premium	9,159,437				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	0	x	85%	=	0
3	Present value of future projected initial earned premium	4,818,239	x	58%	=	2,794,578
4a	Present value of future projected premium	13,020,895				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	8,202,657	x	85%	=	6,972,258
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**15,079,310**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					272,853
6b	Present value of future projected incurred claims without the inclusion of active life reserves					20,937,088
7	**Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b**					**21,209,941**
8	Test: 7 is not less than 5					Pass

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves applicable for the year of issue, which ranges from 3.5% to 4.5%.
Future projected initial earned premium schedule (i.e., without the requested rate increase) reflects the assumed impact of CBUL and RBO.
The future projected incurred claims (item 6b) were increased by 15% to reflect assumptions with moderately adverse experience.

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Simplicity Actuarial Memorandum

April 10, 2020

Product	Number
Tax-Qualified Long-Term Care Policy Form	SPL-336

This is an individual policy form that provides long-term care coverage on a cash basis. MedAmerica Insurance Company (MedAmerica) issued this form in Virginia from June 2004 through January 2008. This form is no longer being marketed in any jurisdiction.

The experience provided in this actuarial memorandum reflects the combined experience of the policy form listed above as well as similar nationwide forms of the same product series. Section 14 provides a description as to the appropriateness of pooling the experience of these policy forms.

The company has agreed to limit the rate increase at this time to the single rate increase provided in Table 1 of the February 21, 2020 response letter. However, this actuarial memorandum reflects the original nationwide requested increase as described below in Section 17, except the revised rate increase in Virginia is reflected in Section 19 and the proposed rate tables. As the demonstrations in this actuarial memorandum support the larger nationwide request, they implicitly support the reduced rate increase.

1. Purpose of Filing

This actuarial memorandum has been prepared for the purpose of demonstrating that the cumulative requested rate increase, as shown in Exhibit I, meets the minimum requirements of your jurisdiction and demonstrates compliance with its post-rate stability regulation. All policies in Virginia were issued after October 1, 2003. It may not be suitable for other purposes.

2. Description of Benefits

This is a federally tax-qualified, individually underwritten policy form that provides comprehensive coverage on a cash basis. Riders that convert the coverage to either facility only or community care only may have been available at issue. It has benefit eligibility requirements that involve activities of daily living (ADL) deficiencies or cognitive impairment. Waiver of premium is provided when certain benefits are being paid. A monthly benefit, benefit period, and elimination period were selected at issue.

At issue, the insured may have had the option to choose one of three riders providing inflation protection: simple inflation, compound inflation with no maximum, or compound inflation with a maximum of two times the original benefit amount. The simple inflation option provides for benefit levels that increase on each anniversary date by 5% of the daily benefit amount chosen at issue for as long as the policy is in force. The compound inflation option with no maximum provides for benefit levels that increase on each anniversary date by 5% compounded annually for as long as the policy is in force. The compound inflation option with a maximum of two times the original benefit amount provides for benefit levels that increase on each anniversary date by 5% compounded annually while the policy is in force, but limits the increase to two times the original benefit amount. The increasing benefits apply even when the insured is in claim status.

The available choices for benefit period, elimination period, and inflation option are shown in Section 21.

At issue the insured may have had the option of selecting riders that provide the following types of coverage: restoration of benefits, return of premium, shortened benefit period, shared care, shared waiver, or survivorship benefit. The insured may have had the option to select a lifetime, ten-year, paid up at age 65, reduced premiums at attained age 65, or reduced premiums at attained age 70 premium payment option.

A contingent benefit upon lapse (CBUL) will be available to all insureds at the time of the rate increase.

3. Renewability

These policies are guaranteed renewable for life.

4. Applicability

This rate increase applies to all policies issued on this form in this state. The rate changes will apply to the premium of the base form and all applicable options and riders associated with the base form.

5. Actuarial Assumptions

The following assumptions are used to project the experience shown in this filing.

a. Morbidity reflects claim costs developed using the 2014 Milliman *Long-Term Care Guidelines (Guidelines)* with adjustments for an all-lives exposure basis. The claim costs were further adjusted based on historical claim experience by attained age, duration, and coverage type, to the extent credible. Two years of retrospective improvement was applied to bring these assumptions forward to 2016 using scalars of 0.980 for females and 0.970 for males.

b. Mortality Rates reflect the 1994 Group Annuitant Mortality (GAM) Static gender-distinct table with 22 years of retrospective improvement applied to bring this table forward to 2016 using scalars of 0.896 for females and 0.802 for males. These mortality rates are further adjusted based on historical mortality experience by issue age band and duration. The adjustment factors are shown in the following table.

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Simplicity Actuarial Memorandum

April 10, 2020

Mortality Durational Adjustment Factors												
	Issue Age											
Duration*	**<25**	**25-29**	**30-34**	**35-39**	**40-44**	**45-49**	**50-54**	**55-59**	**60-64**	**65-69**	**70-74**	**75+**
1	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	25%	20%
2	35	35	35	35	35	35	35	35	35	35	35	30
3	40	40	40	40	40	40	40	40	40	40	40	45
4	43	43	43	43	43	43	43	43	44	45	45	50
5	46	46	46	46	46	46	46	46	48	50	50	55
6	49	49	49	49	49	49	49	49	52	55	55	60
7	52	52	52	52	52	52	52	52	56	60	60	65
8	55	55	55	55	55	55	55	55	60	65	65	70
9	56	56	56	56	56	56	56	56	61	68	69	76
10	57	57	57	57	57	57	57	57	62	71	73	82
11	58	58	58	58	58	58	58	58	63	74	77	88
12	59	59	59	59	59	59	59	59	64	77	81	94
13	60	60	60	60	60	60	60	60	65	80	85	100
14	62	62	62	62	62	62	62	62	69	82	88	101
15	64	64	64	64	64	64	64	64	73	84	91	102
16	66	66	66	66	66	66	66	66	77	86	94	103
17	68	68	68	68	68	68	68	68	81	88	97	104
18	70	70	70	70	70	70	70	70	85	90	100	105
23	70	70	70	70	70	70	70	85	90	100	105	105
28	70	70	70	70	70	70	85	90	100	105	105	105
33	70	70	70	70	70	85	90	100	105	105	105	105
38	70	70	70	70	85	90	100	105	105	105	105	105
43	70	70	70	85	90	100	105	105	105	105	105	105
48	70	70	85	90	100	105	105	105	105	105	105	105
53	70	85	90	100	105	105	105	105	105	105	105	105
58	85	90	100	105	105	105	105	105	105	105	105	105
63	90	100	105	105	105	105	105	105	105	105	105	105
68	100	105	105	105	105	105	105	105	105	105	105	105
73+	105	105	105	105	105	105	105	105	105	105	105	105

** The assumption varies by duration for 18+, but is shown every five years for display purposes.*

c. Voluntary Lapse Rates vary by policy duration as shown in the table below.

Duration	Lifetime-Pay Voluntary Lapse Rate
1	8.00%
2	6.50
3	5.00
4	4.00
5	3.50
6	2.50
7	2.25
8	1.50
9	0.75
10+	0.60

The lapse rates in the above table were adjusted based on the following criteria for the limited-pay options:

- For the ten-pay option, a reduction of 65% of the above lapse rates is assumed for durations one through four, a reduction of 70% of the above lapse rates is assumed for durations five through eight, and 0% lapse thereafter.
- For the paid up at age 65 option, a reduction of 50% of the above lapse rates is assumed until age 55, a reduction of 75% of the above lapse rates is assumed for ages 55 to 59, and 0% lapse thereafter.
- For the reduced after age 65 and reduced after age 70 payment options, a reduction of 50% of the above lapse rates is assumed until age 60 or 65, respectively, and a reduction of 75% of the above lapse rates thereafter.

d. Benefit Expiry Rates reflect assumed policy termination due to exhaustion of benefits on limited benefit period policies. The rates are based on the *Guidelines* with adjustments for historical benefit expiry experience and vary by gender, benefit period, and attained age as shown in the following table.

Gender	Benefit Period in Years	Attained Age*										
		<65	**65**	**70**	**75**	**80**	**85**	**90**	**95**	**100**	**105**	**110+**
Female	2	0.0%	0.0%	0.1%	0.2%	0.5%	1.6%	4.5%	8.7%	11.7%	16.3%	33.0%
	3	0.0	0.0	0.1	0.1	0.4	1.2	3.4	6.9	9.7	15.0	33.0
	4	0.0	0.0	0.0	0.1	0.3	1.0	2.5	5.0	7.8	13.2	33.0
	5	0.0	0.0	0.0	0.1	0.2	0.7	1.7	3.8	6.3	11.2	33.0
	7	0.0	0.0	0.0	0.0	0.0	0.1	0.3	0.8	1.7	2.8	33.0
	Unlimited	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Male	2	0.0	0.0	0.1	0.1	0.3	1.0	2.5	4.3	5.4	7.3	33.0
	3	0.0	0.0	0.1	0.1	0.2	0.7	1.7	3.0	4.0	5.8	33.0
	4	0.0	0.0	0.0	0.1	0.1	0.4	1.1	2.0	2.8	4.6	33.0
	5	0.0	0.0	0.0	0.0	0.1	0.3	0.8	1.5	2.3	3.6	33.0
	7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.5	0.7	33.0
	Unlimited	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

** The assumption varies by attained age, but is shown every five years for display purposes.*

e. Policyholder Behavior Due to the Rate Increase. At the time of a rate increase, insureds have the option to elect a CBUL or reduced benefit options (RBO). An increase in morbidity for adverse selection due to the rate increase based on the percentage of policies that elect CBUL and RBO is assumed.

Based on the average cumulative requested rate increase level, 8% of in-force lifetime-pay policies are assumed to elect CBUL, regardless of the size of the rate increase. No CBUL elections are assumed for limited-pay policies. Policyholders who elect a CBUL are modeled as a lapse (i.e., the CBUL benefit is not modeled), which results in a slightly lower lifetime loss ratio than if the CBUL benefit had been modeled. We assume an increase in morbidity for adverse selection due to the rate increase based on the percentage of policies that elect CBUL. For lifetime-pay policies, this increase in morbidity is approximately 2%.

Based on the cumulative requested rate increase level, 20% of in-force lifetime-pay policyholders are assumed to elect RBO. The reduction in premiums and benefits due to the impact of RBO election varies based on the level of the rate increase.

f. Interest Rate of 5.00% is used for accumulating and discounting earned premiums and incurred claims in the calculation of cumulative loss ratios. This rate represents MedAmerica's expectation of its long-term investment earnings rate, which is supported by the average net investment

earnings rate projected for MedAmerica's cash flow testing. The maximum valuation interest rate is used to demonstrate compliance with the 58%/85% test required by rate stability regulation, as described in Section 18 below.

g. Annual Improvement in the mortality and morbidity assumptions is assumed for 15 years starting in 2017. Annual mortality improvement is assumed to be 0.5% and 1.0% for females and males, respectively. Annual morbidity improvement is assumed to be 1.0% and 1.5% for females and males, respectively.

h. Expenses have not been explicitly projected. Originally filed expense assumptions are assumed to remain appropriate, except that reductions are made to the renewal commission rates so that the total commissions paid before and after any increase in premium are similar (i.e., commissions are not paid on the increased premium).

The above assumptions are based on the experience of MedAmerica and its affinity partners that issued the same products, industry experience, and judgment. These assumptions are based on the experience of the particular policy form in this filing and other similar policy forms where appropriate. In developing the persistency assumptions, policy termination experience through December 31, 2015 was used, whereas for the morbidity assumption, claim experience through December 31, 2014 was used. The above assumptions are deemed reasonable for the particular policy form in this filing and are considered "most likely" (without explicit margin).

In establishing the assumptions described in this section, the policy design, underwriting, and claims adjudication practices for the above-referenced policy form were taken into consideration. Appendix A to this memorandum provides a description of the development of and justification for the assumptions used in this filing.

The company is not currently marketing long-term care products. As a result, the requirement to reflect on any assumptions that deviate from those used for pricing other forms currently available for sale is not applicable.

6. Marketing Method

This policy form was marketed by agents and brokers of the company.

7. Underwriting Description

Policies were fully underwritten.

The company used various underwriting tools in addition to the application, which may have included medical records, an attending physician's statement, prescription screen, telephone interview, and/or face-to-face assessment. Employer sponsored groups were eligible for reduced underwriting for actively at work employees age 65 and less.

8. Premiums

Premiums are unisex and payable for life unless the insured selected a limited premium payment option. The premiums may vary by issue age, benefit period, initial monthly benefit, community care level, elimination period, inflation option, premium payment option, underwriting rate category, marital discounts, employer sponsored/multi-life discounts, and the selection of any riders.

9. Issue Age Range

Issue ages are from 18 to 85.

10. Area Factors

Area factors are not used for this product.

11. Premium Modalization Rules

The following modal factors and percent distributions (based on the nationwide in-force count as of December 31, 2016 of the company and its affinity partners) are applied to the annual premium (AP):

Premium Mode	Modal Factors	Percent Distribution
Annual	1.00*AP	45%
Semi-Annual	0.52*AP	6
Quarterly	0.26*AP	26
Monthly	0.09*AP	23

12. Reserves

Active life reserves and reserves for the election of a CBUL have not been used in the experience exhibits for this rate increase analysis. Claim reserves as of December 31, 2016 have been discounted to the incurral date of each respective claim and included in historical incurred claims. An incurred but not reported (IBNR) reserve balance as of December 31, 2016 has been allocated to the 2016 calendar year and included in historical incurred claims.

13. Trend Assumptions

As this is not medical insurance, an explicit medical cost trend is not included in the projections.

14. Actual to Expected Experience

This filing uses nationwide experience of MedAmerica and its affinity partners that issued the above-listed form and similar nationwide policy forms. Pooling MedAmerica's experience with its affinity partners' is considered appropriate because the products issued by each affinity partner are identical to those included in this filing, the marketing and distribution employed by each affinity partner is similar to that of MedAmerica, and because the same company (MedAmerica) administers and manages the entire block (including underwriting and claims handling). MedAmerica has 50% to 100% of the risk of the affinity partner forms via reinsurance arrangements with each affinity partner.

Exhibit II provides a comparison of actual and projected experience using current assumptions to that expected using original pricing assumptions. Values in Exhibit II are shown (a) before and (b) after the requested rate increase. Included are calendar year earned premiums, incurred claims, end of year lives, annual loss ratios, cumulative loss ratios, and the ratio of actual-to-expected (A:E) loss ratios.

Exhibit III provides A:E lifetime loss ratios by (a) issue age band and (b) inflation option (no inflation versus automatic inflation), which are subsets of the actual and expected nationwide experience underlying Exhibit II.

Actual experience is provided from inception through 2016 and then projected on a seriatim basis for 60 years using the current assumptions described above in Section 5. The actual and projected experience is based on nationwide premiums that reflect prior rate increases filed for use between 2012 and June 30, 2017, which average 60% across all jurisdictions. The after increase projected experience reflects the additional increase needed to achieve the cumulative requested increase on a seriatim basis.

Expected experience was projected on a seriatim basis from issue using the original pricing assumptions and the actual mix of policies sold.

Exhibit IV provides a comparison of the current and original pricing assumptions, which underlie the actual and expected experience described above.

15. History of Previous Rate Revisions

There have been no previous rate revisions on this policy form in Virginia.

Nationwide, there have been two prior rate increase requests on this block of business, which began in December 2012. Departments of insurance filed these increases for use between 2012 and 2016. As the goal of achieving similar cumulative rate increases across all jurisdictions is ongoing, additional increases have also been filed for use in 2017. On average, a cumulative increase of 60% has been filed for use on this block of business.

Regardless of the prior increase implemented in a particular jurisdiction, the company anticipates requesting an actuarially equivalent cumulative rate increase level in all jurisdictions, except where it is not cost effective to file an increase due to the limited amount of in-force business or regulatory requirements.

16. Analysis Performed to Consider a Rate Increase

Exhibit II demonstrates that experience has been more adverse from that expected using original pricing assumptions as the A:E loss ratio exceeds 1.0. The adverse experience is due to a combination of higher morbidity, higher persistency, and lower interest.

Exhibit V provides a comparison of actual and projected nationwide experience to that expected in pricing with respect to morbidity, mortality, lapse, interest, and improvement. Please note that to isolate the impact of each changed assumption from pricing, the experience in Exhibit V has been restated to reflect no prior rate increases.

An analysis of the projected loss ratio compared to that assumed at the time of original pricing revealed that experience has unfolded more than moderately adverse and crossed the original pricing threshold for which the company could consider a rate increase. At the time the product was priced, MedAmerica management determined that rates were sufficient to cover moderately adverse experience. The lifetime loss ratio based on the current assumptions described above in Section 5 is 100% and well in excess of this original pricing threshold.

17. Requested Rate Increase

Nationwide, the company is requesting a rate increase that varies by issue age and inflation option as shown in the following table. The company is seeking this current rate increase request to achieve what it believes is needed to alleviate the poor performance on this block of business. While a significantly larger rate increase is needed to restore the performance to the original pricing expectation, the company is willing to shoulder a portion of the needed rate increase for consumers.

The cumulative rate increase levels were determined to allow certification to rate stability and vary by issue age and inflation option to better align the rate increase with the adverse experience. The company's goal is equity across all jurisdictions, to the extent practical. The rate increase was determined in such a way that minimizes subsidization across jurisdictions due to differences in the previously filed rate increases.

The table below provides the cumulative requested increase by issue age band and inflation option cohort, as well as the average cumulative prior increase and resulting current requested premium rate increase based on the nationwide distribution of combined business as of December 31, 2016.

Issue Ages	Cumulative Requested Increase for Central Age		Cumulative Average Prior Increase	Current Average Requested Increase for Age Band	
	No Inflation	Auto Inflation		No Inflation	Auto Inflation
<40	191%	264%	76.9%	91.4%	102.6%
40-44	191	264	73.5	84.5	107.6
45-49	171	239	64.0	73.1	103.9
50-54	155	219	59.4	53.9	100.7
55-59	144	205	54.7	54.9	97.2
60-64	124	180	49.2	46.8	89.6
65-69	101	151	39.4	41.6	83.8
70-74	83	129	32.3	36.0	78.2
75+	63	104	23.1	37.0	76.2

The increases in the above table are based on the nationwide distribution of business. For similar information based on the distribution of business in this jurisdiction, please see the enclosed cover letter.

The cumulative rate increase was determined such that the business would break even with margin going forward (i.e., 0% profit margin).

Company management has indicated that if the requested rate increase described above is filed for use, no future premium rate increases are anticipated unless experience deteriorates beyond an 85% lifetime loss ratio. Moderately adverse experience (MAE) for the purposes of certification to rate stability is then defined as an approximate 14% multiplicative increase in the lifetime loss ratio, as shown in Exhibit II-b (i.e., 85% ≈ 1.14 x 75% after increase lifetime loss ratio). This 14% multiplicative increase may be due to any combination of deterioration in the experience from that expected using the current assumptions described in Section 5.

Corresponding rate tables reflecting the current and proposed rate increases for the policy form affected by this rate increase are enclosed with this filing. Please note that the actual rates implemented may vary from those in the enclosed rate tables slightly due to implementation rounding algorithms.

As the company is not currently marketing new business, the required statement that the renewal premium rate schedules are not greater than the new business premium rate schedules is not applicable.

18. Demonstration of Satisfaction of Loss Ratio Requirements

Exhibit VI provides a demonstration that the requested rate increase meets the 58%/85% test required by rate stability regulation. This exhibit shows that the sum of the accumulated value of incurred claims without the inclusion of active life reserves, and the present value of projected incurred claims, without the inclusion of active life reserves, will not be less than the sum of the following:

1. Accumulated value of the initial earned premium times 58%,
2. 85% of the accumulated value of prior premium rate schedule increases,
3. Present value of projected initial earned premium times 58%, and
4. 85% of the present value of projected premium in excess of the projected initial earned premium.

While the majority of policies subject to this rate increase are eligible for a CBUL, an alternative version of the 58%/85% test is not provided per rate stability regulation, as the expected lifetime loss ratio using original pricing assumptions and actual policies sold of 57% is not greater than 58%.

The projected incurred claims in Exhibit VI were increased by 15% from the current assumptions described in Section 5 to reflect assumptions that include moderately adverse conditions. A 15% increase in projected incurred claims was determined as one scenario that results in a lifetime loss ratio

of 85% (which is the threshold for MAE as described above). It is among many possible alternative adverse experience scenarios, but considered one of the simplest since it involves only one assumption shift. Present and accumulated values in Exhibit VI are determined at the maximum valuation interest rate for contract reserves applicable for the year of issue (ranges from 3.5% to 4.5% and averages 4.1%).

19. Average Annual Premium in Virginia (Based on December 31, 2016 In-Force[1])

The number of insureds and the corresponding average annual premium that will be affected by this rate increase filing are:

Issue Ages	In-Force Insured Count	Before Requested Increase Premium	After Requested Increase Premium
<40	24	$472	$1,112
40-44	18	1,113	2,686
45-49	21	1,198	2,654
50-54	60	1,776	3,763
55-59	84	2,008	4,071
60-64	45	2,066	3,789
65-69	23	2,545	4,314
70-74	3	3,371	4,448
75+	0	0	0
All Ages	278	1,775	3,531

[1] Excludes policies assumed to be paid up prior to January 1, 2018. Annualized premium reflects all rate increases filed for use nationwide as of June 30, 2017.

20. Proposed Effective Date

This rate increase will apply to policies on their next premium payment date following at least a 75-day policyholder notification period following being filed for use by the department of insurance.

21. Distribution of Business as of December 31, 2016 (Based on Nationwide In-Force Insured Count)

Issue Ages	Percent Distribution
<40	7%
40-44	8
45-49	13
50-54	21
55-59	24
60-64	16
65-69	7
70-74	3
75+	<1

Elimination Period	Percent Distribution
30-Day	22%
60-Day	13
90-Day	64
180-Day	1

Benefit Period	Percent Distribution
2-Year	10%
3-Year	31
4-Year	18
5-Year	21
7-Year	11
Lifetime	9

Inflation Option	Percent Distribution
None	24%
Simple for Life	27
Compound for Life	17
Compound with 2x Max	32

Premium Payment Option	Percent Distribution
Ten-Pay	12%
Pay to Age 65	4
Reduced at Age 70	0
Reduced at Age 65	<1
Lifetime-Pay	84

Coverage Type	Percent Distribution
Facility Only	3%
Comprehensive	95
Home Health Only	2

22. Number of Insureds and Annualized Premium (Based on December 31, 2016 In-Force[1])

The number of insureds and annualized premium that will be affected by this rate increase filing are:

Inflation Option	Number of Insureds	Annualized Premium
Virginia - MedAmerica		
No Inflation	54	$54,943
Auto Inflation	224	438,469
Total	278	493,411
Nationwide - MedAmerica and Affinity Partners		
No Inflation	3,759	$7,416,683
Auto Inflation	11,712	30,389,761
Total	15,471	37,806,444

[1] Excludes policies assumed to be paid up prior to January 1, 2018. Annualized premium reflects all rate increases filed for use nationwide as of June 30, 2017.

MEDAMERICA INSURANCE COMPANY

Address: 165 Court Street, Rochester, New York 14647

Simplicity Actuarial Memorandum

April 10, 2020

23. Actuarial Certification

I am a Principal and Consulting Actuary for Milliman, Inc. and retained by MedAmerica to render an opinion with regard to long-term care insurance rates. I am a member of the American Academy of Actuaries. I meet the Academy's qualification standards to render this actuarial opinion and am familiar with the requirements for filing long-term care insurance premiums and rate increases.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice, including Actuarial Standards of Practice No. 8, "Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits" and 18, "Long-Term Care Insurance".

I hereby certify that, to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of this jurisdiction and the rules of the department of insurance, including the provisions of 14VAC5-200-153.

In my opinion, the rates are not excessive or unfairly discriminatory, and bear reasonable relationship to the benefits based on the loss ratio standards of this jurisdiction. If the requested premium rate schedule increase is implemented and the underlying assumptions, with moderately adverse conditions reflected, are realized, no further premium rate schedule increases are anticipated. Moderately adverse conditions are defined as any combination of deterioration in the experience or assumptions that results in a lifetime loss ratio in excess of 85%.

In forming my opinion, I have used actuarial assumptions and actuarial methods (which gave consideration to policy design, underwriting, and claim adjudication) and such tests of the actuarial calculations as I considered necessary. Based on these assumptions, or statutory requirements where necessary, this premium rate filing is in compliance with the loss ratio standards of this jurisdiction.

I have relied on data and information provided by MedAmerica to develop this memorandum, including but not limited to management's view of when a rate change may be considered, policy design, underwriting and claim adjudication process, seriatim in-force data, claim data, and the company's long-term earnings rate. I have not audited or independently verified the data and information provided, but have reviewed it for reasonableness.

The basis for contract reserves has been previously filed and there is no anticipation of any changes.

Missy Gordon

Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

Date: April 10, 2020

Exhibit I
MedAmerica and Affinity Partners
Cumulative Requested Rate Increases by Issue Age and Inflation Option
Individual Simplicity Policy Forms

Issue Age	Requested Rate Increase	
	No Inflation	Auto Inflation
< 45	191%	264%
45	181%	251%
46	176%	245%
47	171%	239%
48	166%	233%
49	160%	225%
50	159%	224%
51	157%	221%
52	155%	219%
53	153%	216%
54	151%	214%
55	151%	214%
56	147%	209%
57	144%	205%
58	140%	200%
59	137%	196%
60	137%	196%
61	130%	188%
62	124%	180%
63	117%	171%
64	111%	164%

Issue Age	Requested Rate Increase	
	No Inflation	Auto Inflation
65	111%	164%
66	106%	158%
67	101%	151%
68	95%	144%
69	90%	138%
70	87%	134%
71	85%	131%
72	83%	129%
73	81%	126%
74	79%	124%
75	79%	124%
76	75%	119%
77	72%	115%
78	69%	111%
79	66%	108%
80	63%	104%
81	60%	100%
82	56%	95%
83	53%	91%
84	50%	88%
85	47%	84%

Exhibit II-a
MedAmerica and Affinity Partners
Actual-to-Expected Experience by Calendar Year
Nationwide Experience Before Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios with Interest		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 5.00% Interest	Expected (Column G) with Average 6.32% Interest	Actual-to-Expected Ratio
Historical Experience	2004	1,942,209	299,291	15%	3,080	1,903,107	36,407	2%	3,052	15%	2%	8.57
	2005	11,088,922	704,251	6%	8,665	10,863,747	219,527	2%	8,484	8%	2%	4.09
	2006	21,603,131	127,091	1%	16,067	20,803,594	505,098	2%	15,527	3%	2%	1.57
	2007	32,555,325	1,414,833	4%	20,865	30,852,300	911,239	3%	20,072	4%	2%	1.55
	2008	37,076,445	2,657,405	7%	21,435	34,514,154	1,361,280	4%	20,428	5%	3%	1.70
	2009	36,624,864	1,883,212	5%	20,619	33,839,026	1,887,897	6%	19,849	5%	3%	1.43
	2010	35,876,633	3,419,541	10%	20,167	33,068,837	2,521,366	8%	19,381	6%	4%	1.39
	2011	35,545,442	4,452,433	13%	19,805	32,466,904	3,252,031	10%	19,058	7%	5%	1.37
	2012	35,553,666	5,131,258	14%	19,771	32,182,743	4,016,954	12%	18,942	8%	6%	1.33
	2013	36,436,525	6,347,561	17%	19,563	32,715,004	4,786,046	15%	19,051	9%	7%	1.31
	2014	37,240,211	10,248,875	28%	18,840	31,763,890	5,545,091	17%	18,458	11%	8%	1.39
	2015	36,318,868	8,692,567	24%	18,269	29,223,533	6,321,957	22%	17,902	12%	9%	1.37
	2016	33,919,270	11,940,432	35%	17,437	26,469,188	7,149,952	27%	17,367	13%	10%	1.39
Projected Future Experience (60 Years)	2017	31,910,531	9,313,256	29%	16,822	23,546,632	8,045,983	34%	16,838	14%	11%	1.33
	2018	32,561,260	10,555,271	32%	16,488	21,552,448	9,031,250	42%	16,311	15%	12%	1.29
	2019	32,657,502	12,209,478	37%	16,217	20,425,905	10,090,523	49%	15,784	16%	13%	1.25
	2020	32,068,317	14,149,918	44%	15,936	19,370,449	11,121,594	57%	15,255	17%	14%	1.23
	2021	31,228,289	16,330,300	52%	15,644	18,424,226	12,159,350	66%	14,724	19%	15%	1.21
	2022	30,251,340	18,709,767	62%	15,337	17,436,056	13,234,511	76%	14,190	20%	17%	1.21
	2023	29,108,032	21,250,043	73%	15,013	16,320,487	14,439,536	88%	13,655	22%	18%	1.21
	2024	28,110,389	23,985,531	85%	14,672	15,377,246	15,801,878	103%	13,118	23%	19%	1.22
	2025	27,159,445	26,943,005	99%	14,314	14,505,786	17,269,520	119%	12,580	25%	21%	1.22
	2026	26,186,662	30,173,106	115%	13,940	13,655,287	18,856,228	138%	12,043	27%	22%	1.23
	2027	25,203,298	33,738,813	134%	13,549	12,826,749	20,562,333	160%	11,506	29%	23%	1.25
	2028	24,169,449	37,596,705	156%	13,142	12,007,003	22,379,855	186%	10,970	31%	25%	1.26
	2029	23,114,286	41,663,937	180%	12,720	11,203,416	24,305,115	217%	10,437	34%	27%	1.28
	2030	22,072,848	45,890,150	208%	12,281	10,429,340	26,296,139	252%	9,908	36%	28%	1.29
	2031	21,004,926	50,332,721	240%	11,828	9,674,947	28,320,073	293%	9,384	39%	30%	1.31
	2032	19,927,184	55,312,811	278%	11,360	8,952,714	30,344,516	339%	8,866	42%	31%	1.33
	2033	18,845,700	60,856,077	323%	10,877	8,262,021	32,331,780	391%	8,357	44%	33%	1.35
	2034	17,731,821	66,313,956	374%	10,381	7,590,128	34,268,613	451%	7,856	47%	34%	1.37
	2035	16,626,852	71,593,291	431%	9,873	6,950,722	36,095,986	519%	7,367	50%	36%	1.40
	2036	15,523,518	76,590,551	493%	9,357	6,340,133	37,764,926	596%	6,889	53%	38%	1.42
	2037	14,421,139	81,204,992	563%	8,834	5,759,396	39,262,827	682%	6,424	56%	39%	1.44
	2038	13,324,150	85,425,969	641%	8,308	5,208,821	40,557,369	779%	5,974	60%	41%	1.47
	2039	12,259,366	89,027,993	726%	7,782	4,695,962	41,612,756	886%	5,540	63%	42%	1.49
	2040	11,221,621	91,864,840	819%	7,259	4,214,821	42,400,871	1,006%	5,122	66%	43%	1.52
	2041	10,219,460	93,728,701	917%	6,744	3,769,601	42,885,988	1,138%	4,722	69%	45%	1.54
	2042	9,255,501	94,705,946	1,023%	6,238	3,354,835	43,067,211	1,284%	4,340	72%	46%	1.56
	2043	8,337,900	94,752,887	1,136%	5,746	2,974,946	42,943,473	1,444%	3,978	74%	47%	1.58
	2044	7,470,860	94,024,297	1,259%	5,271	2,627,454	42,526,372	1,619%	3,635	77%	48%	1.60
	2045	6,659,332	92,556,364	1,390%	4,815	2,311,334	41,838,466	1,810%	3,311	79%	49%	1.61
	2046	5,905,972	90,415,126	1,531%	4,381	2,024,620	40,892,646	2,020%	3,008	82%	50%	1.63
	2047	5,209,888	87,630,637	1,682%	3,970	1,766,334	39,719,814	2,249%	2,724	84%	51%	1.64
	2048	4,574,321	84,362,278	1,844%	3,584	1,534,816	38,350,383	2,499%	2,461	86%	52%	1.66
	2049	3,995,571	80,782,453	2,022%	3,223	1,328,248	36,820,254	2,772%	2,216	88%	52%	1.67
	2050	3,475,401	76,815,130	2,210%	2,888	1,145,621	35,172,865	3,070%	1,990	89%	53%	1.68
	2051	3,008,297	72,601,301	2,413%	2,579	984,732	33,441,547	3,396%	1,783	91%	54%	1.69
	2052	2,593,623	68,226,709	2,631%	2,295	843,694	31,637,148	3,750%	1,592	92%	54%	1.70
	2053	2,227,091	63,854,736	2,867%	2,036	720,679	29,799,374	4,135%	1,419	93%	55%	1.71
	2054	1,904,455	59,541,742	3,126%	1,800	613,974	27,954,978	4,553%	1,261	94%	55%	1.71
	2055	1,623,081	55,197,382	3,401%	1,587	521,668	26,133,670	5,010%	1,117	95%	55%	1.72
	2056	1,378,476	50,855,289	3,689%	1,394	442,300	24,337,080	5,502%	988	96%	56%	1.72
	2057-2061	4,251,879	193,554,128	4,552%	4,722	1,368,104	96,235,488	7,034%	3,403	99%	57%	1.74
	2062-2066	1,720,244	109,954,356	6,392%	2,264	565,019	59,881,700	10,598%	1,682	100%	57%	1.75
	2067-2071	650,160	52,622,446	8,094%	994	218,641	33,995,719	15,549%	751	100%	57%	1.75
	2072-2076	229,943	21,184,001	9,213%	390	76,699	16,533,281	21,556%	290	100%	57%	1.75

Exhibit II-b
MedAmerica and Affinity Partners
Actual-to-Expected Experience by Calendar Year
Nationwide Experience After Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions				Expected Experience using Pricing Assumptions				Cumulative Loss Ratios with Interest		
		A	B	C = B / A	D	E	F	G = F / E	H	I	J	K = I / J
	Calendar Year	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Earned Premium	Incurred Claims	Incurred Loss Ratio	End of Year Lives	Actual (Column C) with 5.00% Interest	Expected (Column G) with Average 6.32% Interest	Actual-to-Expected Ratio
Historical Experience	2004	1,942,209	299,291	15%	3,080	1,903,107	36,407	2%	3,052	15%	2%	8.57
	2005	11,088,922	704,251	6%	8,665	10,863,747	219,527	2%	8,484	8%	2%	4.09
	2006	21,603,131	127,091	1%	16,067	20,803,594	505,098	2%	15,527	3%	2%	1.57
	2007	32,555,325	1,414,833	4%	20,865	30,852,300	911,239	3%	20,072	4%	2%	1.55
	2008	37,076,445	2,657,405	7%	21,435	34,514,154	1,361,280	4%	20,428	5%	3%	1.70
	2009	36,624,864	1,883,212	5%	20,619	33,839,026	1,887,897	6%	19,849	5%	3%	1.43
	2010	35,876,633	3,419,541	10%	20,167	33,068,837	2,521,366	8%	19,381	6%	4%	1.39
	2011	35,545,442	4,452,433	13%	19,805	32,466,904	3,252,031	10%	19,058	7%	5%	1.37
	2012	35,553,666	5,131,258	14%	19,771	32,182,743	4,016,954	12%	18,942	8%	6%	1.33
	2013	36,436,525	6,347,561	17%	19,563	32,715,004	4,786,046	15%	19,051	9%	7%	1.31
	2014	37,240,211	10,248,875	28%	18,840	31,763,890	5,545,091	17%	18,458	11%	8%	1.39
	2015	36,318,868	8,692,567	24%	18,269	29,223,533	6,321,957	22%	17,902	12%	9%	1.37
	2016	33,919,270	11,940,432	35%	17,437	26,469,188	7,149,952	27%	17,367	13%	10%	1.39
Projected Future Experience (60 Years)	2017	31,910,531	9,313,256	29%	16,822	23,546,632	8,045,983	34%	16,838	14%	11%	1.33
	2018	39,828,407	10,243,881	26%	15,996	21,552,448	9,031,250	42%	16,311	15%	12%	1.27
	2019	50,958,570	11,482,516	23%	15,655	20,425,905	10,090,523	49%	15,784	15%	13%	1.19
	2020	51,666,932	13,280,510	26%	15,367	19,370,449	11,121,594	57%	15,255	16%	14%	1.14
	2021	51,734,692	15,273,460	30%	15,033	18,424,226	12,159,350	66%	14,724	17%	15%	1.10
	2022	51,298,004	17,376,552	34%	14,724	17,436,056	13,234,511	76%	14,190	18%	17%	1.07
	2023	49,273,377	19,712,842	40%	14,415	16,320,487	14,439,536	88%	13,655	19%	18%	1.05
	2024	47,608,968	22,236,435	47%	14,089	15,377,246	15,801,878	103%	13,118	20%	19%	1.03
	2025	46,064,542	24,961,234	54%	13,748	14,505,786	17,269,520	119%	12,580	21%	21%	1.02
	2026	44,473,088	27,934,617	63%	13,390	13,655,287	18,856,228	138%	12,043	22%	22%	1.02
	2027	42,882,182	31,215,865	73%	13,017	12,826,749	20,562,333	160%	11,506	24%	23%	1.01
	2028	41,207,574	34,767,637	84%	12,628	12,007,003	22,379,855	186%	10,970	25%	25%	1.01
	2029	39,484,136	38,509,453	98%	12,224	11,203,416	24,305,115	217%	10,437	27%	27%	1.02
	2030	37,782,626	42,398,179	112%	11,805	10,429,340	26,296,139	252%	9,908	29%	28%	1.02
	2031	36,034,703	46,483,640	129%	11,372	9,674,947	28,320,073	293%	9,384	30%	30%	1.03
	2032	34,269,187	51,063,162	149%	10,925	8,952,714	30,344,516	339%	8,866	32%	31%	1.04
	2033	32,491,487	56,161,907	173%	10,463	8,262,021	32,331,780	391%	8,357	34%	33%	1.05
	2034	30,651,200	61,183,359	200%	9,987	7,590,128	34,268,613	451%	7,856	36%	34%	1.06
	2035	28,816,218	66,041,974	229%	9,501	6,950,722	36,095,986	519%	7,367	39%	36%	1.07
	2036	26,978,609	70,639,423	262%	9,007	6,340,133	37,764,926	596%	6,889	41%	38%	1.09
	2037	25,130,311	74,886,815	298%	8,506	5,759,396	39,262,827	682%	6,424	43%	39%	1.10
	2038	23,283,187	78,772,691	338%	8,001	5,208,821	40,557,369	779%	5,974	45%	41%	1.11
	2039	21,485,847	82,098,199	382%	7,497	4,695,962	41,612,756	886%	5,540	47%	42%	1.13
	2040	19,723,437	84,717,750	430%	6,995	4,214,821	42,400,871	1,006%	5,122	50%	43%	1.14
	2041	18,018,437	86,442,979	480%	6,501	3,769,601	42,885,988	1,138%	4,722	52%	45%	1.16
	2042	16,371,380	87,355,200	534%	6,015	3,354,835	43,067,211	1,284%	4,340	54%	46%	1.17
	2043	14,796,679	87,413,506	591%	5,542	2,974,946	42,943,473	1,444%	3,978	56%	47%	1.19
	2044	13,301,788	86,768,030	652%	5,085	2,627,454	42,526,372	1,619%	3,635	58%	48%	1.20
	2045	11,895,562	85,442,384	718%	4,647	2,311,334	41,838,466	1,810%	3,311	60%	49%	1.21
	2046	10,584,258	83,500,528	789%	4,229	2,024,620	40,892,646	2,020%	3,008	61%	50%	1.22
	2047	9,368,589	80,966,752	864%	3,834	1,766,334	39,719,814	2,249%	2,724	63%	51%	1.23
	2048	8,252,680	77,989,693	945%	3,462	1,534,816	38,350,383	2,499%	2,461	64%	52%	1.24
	2049	7,232,497	74,727,639	1,033%	3,114	1,328,248	36,820,254	2,772%	2,216	65%	52%	1.25
	2050	6,310,908	71,102,994	1,127%	2,791	1,145,621	35,172,865	3,070%	1,990	67%	53%	1.25
	2051	5,480,562	67,245,968	1,227%	2,493	984,732	33,441,547	3,396%	1,783	68%	54%	1.26
	2052	4,739,783	63,232,186	1,334%	2,220	843,694	31,637,148	3,750%	1,592	69%	54%	1.27
	2053	4,082,059	59,214,376	1,451%	1,969	720,679	29,799,374	4,135%	1,419	69%	55%	1.27
	2054	3,500,925	55,240,448	1,578%	1,742	613,974	27,954,978	4,553%	1,261	70%	55%	1.28
	2055	2,991,515	51,227,553	1,712%	1,536	521,668	26,133,670	5,010%	1,117	71%	55%	1.28
	2056	2,546,769	47,215,540	1,854%	1,350	442,300	24,337,080	5,502%	988	71%	56%	1.28
	2057-2061	7,893,373	179,807,019	2,278%	4,573	1,368,104	96,235,488	7,034%	3,403	73%	57%	1.30
	2062-2066	3,207,358	102,192,395	3,186%	2,194	565,019	59,881,700	10,598%	1,682	74%	57%	1.30
	2067-2071	1,212,909	48,881,855	4,030%	965	218,641	33,995,719	15,549%	751	75%	57%	1.30
	2072-2076	430,473	19,665,967	4,568%	379	76,699	16,533,281	21,556%	290	75%	57%	1.30

Exhibit III
MedAmerica and Affinity Partners
Actual-to-Expected Experience by Inflation Option and Issue Age Band
Nationwide Experience
Individual Simplicity Policy Forms

Inflation Option	Issue Age Band	Lifetime Loss Ratio with Interest			Actual-to-Expected	
		Before Increase	After Increase	Expected	Before Increase	After Increase
All	<45	129%	91%	60%	2.16	1.52
All	45-49	121%	85%	61%	1.96	1.38
All	50-54	109%	79%	60%	1.83	1.32
All	55-59	99%	73%	57%	1.74	1.28
All	60-64	82%	63%	53%	1.54	1.19
All	65-69	77%	63%	55%	1.40	1.14
All	70-74	85%	75%	56%	1.52	1.35
All	75+	74%	71%	49%	1.51	1.45
No Inflation	All	80%	67%	49%	1.65	1.39
Auto Inflation	All	105%	76%	59%	1.77	1.28
All	All	100%	75%	57%	1.75	1.30

Exhibit IV
MedAmerica and Affinity Partners
Comparison of Current and Original Pricing Assumptions
Individual Simplicity Policy Forms

Current Assumptions	Original Pricing Assumptions
Mortality	
1994 Group Annuitant Mortality (GAM) Static gender-distinct table with 22 years of retrospective improvement applied to bring this table forward to 2016 using scalars of 0.896 for females and 0.802 for males. These mortality rates are further adjusted based on historical mortality experience by issue age band and duration. Tables providing these adjustment factors are provided in Section 5 of the actuarial memorandum.	1983 GAM Table without selection was assumed in all jurisdictions except for in California where the 1994 GAM Table was used.
Lapse Rates	
Voluntary lapse rates vary by duration and premium payment option and were developed based on historical experience for Simplicity and Simplicity ii individual policies issued by MedAmerica and its affinity partners.	Lapse rates vary by duration, premium payment option, and issue age.

Duration	Lifetime-Pay Voluntary Lapse Rates
1	8.00%
2	6.50%
3	5.00%
4	4.00%
5	3.50%
6	2.50%
7	2.25%
8	1.50%
9	0.75%
10+	0.60%

For the 10-pay option, a reduction of 65% of these lapse rates was assumed for durations 1 to 4, a reduction of 70% of these lapse rates was assumed for durations 5 to 8, and 0% lapse thereafter. For the paid up at 65 option, a reduction of 50% of these lapse rates was assumed until age 55, a reduction of 75% of these lapse rates for ages 55 to 59, and 0% lapse thereafter. For the reduced after 65 and reduced after 70 pay options, a reduction of 50% of these lapse rates was assumed until age 60 or 65, respectively, and a reduction of 75% of these lapse rates after the reduction of premiums.

Lifetime-Pay Lapse Rates						
	Issue Age Band					
Duration	<60	60-64	65-69	70-74	75-79	80+
1	10.0%	11.0%	12.0%	12.0%	12.0%	12.0%
2	7.0%	7.0%	7.0%	6.0%	4.0%	2.0%
3	5.0%	4.0%	3.0%	3.0%	3.0%	2.0%
4	3.0%	3.0%	2.0%	2.0%	2.0%	2.0%
5	3.0%	2.0%	2.0%	2.0%	2.0%	2.0%
6+	2.0%	2.0%	2.0%	2.0%	2.0%	2.0%

For the 10-year payment option, a reduction of 50% of these lapse rates was assumed for durations 1 to 5, and 0% lapse thereafter. For the paid up at age 65 option, a reduction of 50% of these lapse rates was assumed until age 60, and 0% lapse thereafter. For the reduced after age 65 and reduced after age 70 payment options, a reduction of 50% of these lapse rates was assumed until age 60 or 65, respectively, and a reduction of 75% of these lapse rates was assumed after the reduction of premiums.

Exhibit IV
MedAmerica and Affinity Partners
Comparison of Current and Original Pricing Assumptions
Individual Simplicity Policy Forms

Current Assumptions	Original Pricing Assumptions
Benefit Expiry Rates	
Benefit expiry rates reflect assumed policy termination due to exhaustion of benefits on limited benefit period policies. The rates are based on the 2014 Milliman *Long-Term Care Guidelines* (*Guidelines*) with adjustments for historical benefit expiry experience, and vary by gender, benefit period, and attained age. A table containing the benefit expiry rates is provided in Section 5 of the actuarial memorandum.	Benefit expiry was not separated from the lapse assumption.
Morbidity	
Expected claim costs are developed using the 2014 *Guidelines* with adjustments for an all-lives exposure basis. The claim costs are further adjusted based on historical claim experience by attained age, duration, and coverage type, to the extent credible. Two years of retrospective improvement was applied to bring these assumptions forward to 2016 using scalars of 0.980 for females and 0.970 for males.	Original expected claim costs were developed using the 2002 *Guidelines* with best-estimate (with no explicit margin) adjustments for an all-lives exposure basis. The claim costs were further adjusted based on MedAmerica's available experience at the time.
Interest Rate	
5.00%	In all jurisdictions except California, 6.5% was assumed for issue ages less than 60, decreasing by 12.5 basis points for each age over 59 and less than 75. For example, at issue age 65 the assumed rate was 5.75%. For issue ages 75 and over, 4.5% was assumed. In California, 5.25% was assumed for all issue ages.
Improvement	
Annual improvement in the mortality and morbidity assumptions is assumed for 15 years starting in 2017. Annual mortality improvement is assumed to be 0.5% and 1.0% for females and males, respectively. Annual morbidity improvement is assumed to be 1.0% and 1.5% for females and males, respectively.	No mortality improvement was assumed. Morbidity improvement of 1.0% was assumed for 20 years for both females and males.

Exhibit V
MedAmerica and Affinity Partners
Nationwide Experience Restated to No Prior Rate Increases
Impact of Changing from Pricing to Current Assumptions
Individual Simplicity Policy Forms

Scenario	Lifetime Loss Ratio	Impact of Each Assumption on the Lifetime Loss Ratio[1]	Increase Needed to Produce Lifetime Loss Ratio Expected in Pricing[1][2]
Original Pricing Assumptions	57%	N/A	N/A
Historical Experience through 2016 & Projections with Original Pricing Assumptions	62%	8%	32%
Historical Experience through 2016 & Projections with Original Pricing Assumptions except for Current:			
Morbidity[3]	76%	24%	101%
Mortality	74%	21%	81%
Voluntary Lapse and Benefit Expiry	68%	10%	39%
Interest	77%	24%	91%
Improvement[4]	56%	-9%	-28%
Historical Experience through 2016 & Projections with All Current Most Likely Assumptions[5]	119%	108%	346%

[1] Isolates the impact on the lifetime loss ratio/needed increase due to changes in each projection assumption. To isolate these changes, these rows show the increase impact/needed increase relative to a lifetime loss ratio of 62% (i.e., actual historical experience with projections using pricing assumptions). However, the "Historical Experience through 2016 & Projections with Original Pricing Assumptions" row is calculated with regard to 57% to show the isolated impact of historical deviations from that expected based on original pricing from inception.

[2] Calculated without regard to CBUL, RBO, adverse selection, and higher waiver claims due to the needed rate increase.

[3] The original pricing morbidity assumption included morbidity improvement. The current assumption includes improvement, but the impact is captured in the separate Improvement row.

[4] As a modeling simplification, the isolated impact of improvement on the lifetime loss ratio was approximated by removing the improvement assumption from a projection based on all current assumptions.

[5] The lifetime loss ratios for each change in the rows above do not reflect any synergy of the changes. As a result, compositing across rows will not equal the value in the last row, which is calculated relative to 57% and captures all changes in unison.

Exhibit VI
Demonstration that the Requested Cumulative Rate Increase Passes the 58%/85% Loss Ratio Minimum
MedAmerica and Affinity Partners' Combined Nationwide Experience with Prior Approved Increases
Individual Simplicity Policy Forms

1	Accumulated value of initial earned premium	483,566,484	x	58%	=	280,468,561
2a	Accumulated value of earned premium	496,909,400				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	13,342,916	x	85%	=	11,341,478
3	Present value of future projected initial earned premium	235,351,716	x	58%	=	136,503,995
4a	Present value of future projected premium	658,186,914				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	422,835,198	x	85%	=	359,409,919
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**787,723,953**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					66,851,186
6b	Present value of future projected incurred claims without the inclusion of active life reserves					1,055,435,982
7	**Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b**					**1,122,287,168**
8	Test: 7 is not less than 5					Pass

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves applicable for the year of issue, which ranges from 3.5% to 4.5%.
Future projected initial earned premium schedule (i.e., without the requested rate increase) reflects the assumed impact of CBUL and RBO.
The future projected incurred claims (item 6b) were increased by 15% to reflect assumptions with moderately adverse experience.

Appendix A
Development and Justification of Current Assumptions

The assumptions for mortality, voluntary lapse, benefit expiry, and morbidity were developed by Milliman based on historical experience. Where actual experience had low credibility or did not exist, industry experience was also used. The experience used to develop these assumptions includes historical experience of MedAmerica Insurance Company (MAPA); MAPA's two sister companies, MedAmerica Insurance Company of Florida (MAFL) and MedAmerica Insurance Company of New York (MANY) (MAPA, MAFL, and MANY collectively referred to as MedAmerica); and MedAmerica's affinity partners that issued the same products. For persistency, policy termination experience through December 31, 2015 was used, except to develop the limited-pay voluntary lapse assumption, which used experience through March 31, 2015. For morbidity, claim experience through December 31, 2014 was used. The methodology used to develop these assumptions is provided below.

Persistency

The assumptions for mortality and lifetime-pay voluntary lapse were developed based on detailed historical experience through December 31, 2015 for MedAmerica's organic (including affinity partners) and acquired business. For the acquired business, experience prior to acquisition was excluded as it predates MedAmerica's administration of the block.

The benefit expiry assumption was developed using the 2014 Milliman *Long-Term Care Guidelines (Guidelines)* with adjustments based on MedAmerica's actual benefit expiry experience through December 31, 2015 on its organic business.

Mortality Durational Factors

Exhibit A-1a supports the mortality assumption and provides the following information for all companies and products (both individual and group) combined, but separately for issue age bands (i) 75 and older, (ii) 70 to 74, (iii) 65 to 69, and (iv) 60 to 64:

- Exposure that reflects a full year of exposure for each death and the length of time a covered life is exposed to the risk of death during the year for each life that does not die.
- Mortality rates for actual, expected, and an additional standard table for comparison. All of these rates were brought forward to 2015 for consistency with the basis of the expected table by applying mortality improvement factors that reflect annual improvement of 0.5% for females and 1.0% for males.

  Actual mortality rates equal the number of deaths divided by exposure. The number of deaths includes a scalar to capture improvement between the year of death and 2015. For example, if 10 males died in 2010, then the number of deaths (10) would be multiplied by 5 years of improvement (0.951).

  2015GAM mortality rates equal 94GAM with 21 years of improvement, which results in scalars of 0.900 for females and 0.810 for males. These are the expected mortality rates to which the factors in Section 5 of the actuarial memorandum are applied.

  2015IAM is equal to 2012 Individual Annuity Mortality Period (2012IAM) standard table mortality rates with 3 years of improvement (scalars of 0.985 for females and 0.970 for males).
- Ratios of actual and standard table mortality rates to the 2015GAM expected (A:E) mortality rates.
- Credibility percentage based on the number of deaths (with improvement scalars described above) and the credibility measure described at the end of this appendix.
- A:E ratio that is credibility weighted with the two standard table options for a complement.
- Smoothed durational factors that correspond to that shown in Section 5 of the actuarial memorandum.

We developed the smoothed factors by issue age band and duration. We started with the older issue ages to develop an ultimate factor and then worked backward to younger issue age bands, making experience adjustments for the first 20 durations. In developing these experience adjustments, we considered the A:E ratios, level of credibility, whether in the select or ultimate period, and A:E credibility-weighted ratios.

An ultimate level of 105% of 2015GAM was assumed based on the combined experience of issue ages 70 and older for attained ages older than 95 to the extent credible. For the first 20 durations, the factors were pegged for the mid-point of a quinquennial durational band and then interpolated in between to develop smoothed factors. The smoothed factors were determined such that the bands of quinquennial durations reproduced the actual experience, to the extent credible.

Theoretical adjustments are made, following the diagonal, according to the adjustments made for older issue age bands to maintain mortality relationships across attained ages. For example, we assume an 85% factor for attained age 80, which appears in duration 18 for issue age 62 and duration 23 for issue age 57 as shown in Section 5 of the actuarial memorandum; following along this diagonal the assumption is consistent.

Exhibit A-1b provides similar information as Exhibit A-1a for individual business only with issue ages under 60. For development of the mortality assumption for issue ages under 60, the experience was split between individual and group because there is a material amount of group experience under 60. Mortality can differ between individual and group business because of adverse selection associated with group underwriting.

For projection purposes, one year of additional improvement was applied to the 2015GAM mortality rates to bring them forward to 2016.

Lifetime-Pay Voluntary Lapse Rates

Exhibit A-2 provides total exposure, composite termination rates, expected mortality rates, derived voluntary lapse rates, credibility percent, and smoothed voluntary lapse rates by duration for lifetime-pay policies for the Simplicity and Simplicity ii blocks' combined experience.

In general, the smoothed voluntary lapse rates were set in such a way that the combined duration smoothed rates were close to the derived voluntary lapse rates (see the rows at the bottom of the exhibits). The smoothed voluntary lapse rates in the early durations were chosen to reproduce actual history, to the extent possible, so that the transition from historical to projected policy persistency was smooth. In developing the ultimate voluntary lapse rate, the level of credibility of the actual voluntary lapse experience and the experience of other forms were considered, as applicable. The degree of closeness of the smoothed voluntary lapse rate compared to actual experience depends on the level of credibility.

The actual composite (mortality and voluntary lapse) termination rates were calculated by duration as follows:

$$\text{Annualized Composite Termination Rate} = \frac{\text{Number of Deaths and Voluntary Lapses during the Year}}{\text{Number of Lives Exposed during the Year}}.$$

A death or voluntary lapse (excluding benefit expiry) was assigned to the duration in which it occurred, or the preceding duration, if the termination was on the anniversary date. Each death or voluntary lapse contributes 1.0 to the numerator and a full year to the denominator. For lives whose benefits expire or do not terminate, the number of lives exposed to termination is based on the length of time a covered life is exposed to the risk of termination due to death or voluntary lapse during the year. This calculation logic is consistent with that used in the LTC Insurance Persistency Experience reports sponsored by LIMRA International and the SOA LTC Experience Committee.

The expected mortality rate assumes the gender-distinct 2015GAM table with the durational factors shown in Section 5 of the actuarial memorandum applied by duration.

The derived voluntary lapse rate is then calculated according to the following formula:

$$\text{Derived Voluntary Lapse Rate} = 1 - \frac{1 - \text{Composite Termination Rate}}{1 - \text{Expected Mortality Rate}}.$$

Limited-Pay Voluntary Lapse Rates

The algorithm for the limited-pay options is similar to that used in original pricing. The smoothed lapse rates are a scalar of the lifetime-pay lapse rates. Only 16% of the in-force policies on these forms have a limited-pay option and thus the impact of these assumptions on the projections is assumed to be immaterial.

For the ten-pay, paid-up at age 65, reduced after age 65, and reduced after age 70 payment options, the scalars were developed from a comparison of the lifetime-pay derived lapse rates to the limited-pay option's derived lapse rates based on MedAmerica and its affinity partners' experience on all products combined. The relationships derived from this analysis were used to develop the smoothed lapse assumptions as shown in Section 5 of the actuarial memorandum.

Appendix A
Development and Justification of Current Assumptions

Benefit Expiry

Benefit expiry rates reflect assumed policy lapses due to exhaustion of benefits based on the 2014 *Guidelines* with adjustments for historical benefit expiry experience and vary by attained age, gender, and benefit period. Policies with lifetime benefits do not have an expiry assumption (i.e., rate of 0%).

We compared MedAmerica's actual benefit expiry experience through December 31, 2015 to that expected by the 2014 *Guidelines*. We developed adjustment factors by attained age based on the experience of a subset of MedAmerica's organic business. Factors were developed by quinquennial attained age band and then interpolated to produce scalars for each attained age. These scalars were then applied to the benefit expiry rates developed by the 2014 *Guidelines* in order to produce the final benefit expiry assumptions shown in Section 5 of the actuarial memorandum.

Exhibit A-3 provides exposure, actual and expected benefit expiry rates, A:E ratios, credibility percent, credibility-weighted A:E ratios, and smoothed adjustment factors. The exposure used reflects a full year of exposure for each benefit expiry and the length of time a covered life is exposed to the risk of benefit expiry during the year for each life that does not expire benefits.

Morbidity

The claims costs were developed using the 2014 *Guidelines*. A:E experience analyses were performed to develop most likely (with no explicit margin) morbidity experience adjustments to be applied to the 2014 *Guidelines* claim costs. The experience used includes historical experience for all products of MedAmerica, its affinity partners, and any acquired business from 2004 through 2014, with runout through June 2015. The claim costs were then further adjusted based on historical claim experience by policy duration, attained age, and coverage-type, to the extent credible.

A:E adjustment factors were developed using a complex and proprietary Excel-based model. Adjustments were developed by the following parameters: policy duration, attained age, coverage type, group/individual, benefit payment type, company, and product. The adjustment factors were calculated using an algorithm that simultaneously and iteratively updates the adjustment factors until the adjusted expected incurred claims match actual incurred claims, to the extent credible. The adjusted expected incurred claims equal the 2014 *Guidelines* (with adjustments for historical improvement) multiplied by the A:E adjustment factors. The iterative process normalizes the adjustments for each parameter because the adjusted expected incurred claims capture the adjustments made for the other characteristics and thus normalizes the underlying mix differences.

Exhibit A-4a provides separate A:E adjustment factors for the Simplicity blocks after multiplying the appropriate combination of factors for policy duration, attained age, and coverage type.

Exhibit A-4b provides an indication of the goodness of fit. Exhibit A-4b provides the credibility and ratio of actual to adjusted expected incurred claims by policy duration band and attained age band. The credibility and ratio's numerator (actual incurred claims) reflects the Simplicity and Simplicity ii individual blocks' combined experience. The ratio's denominator (adjusted expected incurred claims) is equal to the unadjusted expected incurred claims (2014 *Guidelines*) multiplied by the A:E adjustment factors. The actual-to-adjusted expected ratio provides an indication of the goodness of fit of the assumption relative to actual experience, where a ratio close to 1.00 is a good fit. The actual-to-adjusted expected ratio is close to 1.00 where the experience is fully credible. As can be seen from the Total row (shaded grey), the actual to adjusted expected ratio is close to 1.00. The goodness-of-fit test by attained age band includes only experience for durations seven and later to reduce the impact of the selection period.

For projection purposes, two years of additional improvement was applied to the 2014 experience claim costs to bring them forward to 2016.

Improvement

For projected mortality improvement, levels of 0.5% and 1.0% are assumed for 15 years beginning in calendar year 2017 for females and males, respectively. The Society of Actuaries (SOA) June 2011 study, *Global Mortality Improvement Experience and Projection Techniques*, provides most-likely mortality improvement assumptions for the period 2011 to 2025 by gender and attained age, for individual annuitants and the general population. For individual annuitants, the average annual improvement rates for males and females are approximately 1.5% and 1.0%, respectively. These rates were about 25 basis points higher than that for the general population. Based on this study, a reasonable range for mortality improvement is 0.0% to 1.5% for males and 0.0% to 1.0% for females for 10 to 20 years.

For projected morbidity improvement, levels of 1.0% and 1.5% are assumed for 15 years beginning in calendar year 2017 for females and males, respectively. This assumption is reasonable based on the SOA July 2016 study, *Long Term Care Morbidity Improvement Study: Estimates for the Non-Insured U.S. Elderly Population Based on the National Long Term Care Survey 1984-2004*. This study reported population annual morbidity improvement of 2.3% for unisex, 2.5% for males, and 2.1% for females. The SOA July 2016 study uses population data, so it is uncertain how well these findings will translate to an insured population. The SOA June 2011 study suggests that an annuitant cohort has more mortality improvement over the general population, so it is possible that this could be true for morbidity as well. Based on these studies, a reasonable range for morbidity improvement is between 0.0% to 2.5% for males and 0.0% to 2.1% for females for 10 to 20 years.

Rate Increase Dependent Assumptions

At the time of a rate increase, insureds have options to elect a contingent benefit upon lapse (CBUL) or reduced benefit options (RBO). Adverse selection is assumed relative to CBUL elections. In determining the justified rate increase amounts, rate increase dependent assumptions were also developed. Very little industry data exists to help determine these assumptions, especially for the magnitude of rate increases that are requested. These insured behavior assumptions are provided below, and are based on MedAmerica's actual CBUL/RBO election experience to the extent applicable, assumptions used for rate increase filings of other carriers in the LTC industry, and actuarial judgment.

Contingent Benefit Upon Lapse Election

Based on the average cumulative rate increase requests nationwide, we assume a CBUL election rate of 8% for the Simplicity nationwide rate increase across all issue ages. No CBUL elections are assumed for limited-pay policies.

Reduced Benefit Options

The assumed reductions to premium and benefits due to RBO elections were derived from actual RBO election rates based on the combined experience of MedAmerica and its affinity partners following a prior rate increase on this and similar blocks of business along with actuarial judgment. We assume that those electing RBO will reduce their benefits so that premiums after the increase are closer to those before the increase. We assume that the percent reduction in premium corresponds to an equivalent percent reduction in claims. Based on the nationwide average rate increase requested on the Simplicity policy forms, we assume 20% of lifetime-pay policyholders will elect RBO. The reduction to premium and claims then varies based on the level of the rate increase and can then be determined as follows:

Reduction to premium and claims due to the election of RBO
= 1 – (Average premium level after the rate increase with RBO election / Premium level after the full rate increase without any RBO election), where

Average premium level after the rate increase with RBO election
= weighted average premium level of those assumed to elect RBO with those assumed to accept the full rate increase

Adverse Selection

The 2% increase to morbidity due to adverse selection was developed from the following formula and actuarial judgment. We assume that at the time of the rate increase, insureds that elect a CBUL will be selective in that their relative morbidity is 25% lower than that of the remaining pool.

PoolMorb = AdvSelMorb x (1 – CBUL) + [(1 – 25%) x AdvSelMorb] x CBUL, where

PoolMorb =	morbidity of the pool before the rate increase = 1.0
AdvSelMorb =	adverse morbidity of the remaining pool after the rate increase due to selective lapses
CBUL =	percentage of policies that elect CBUL

Solving the above for the adverse selection component results in the following formula:

Adverse Selection = 1 / (1 – 25% x CBUL)
1.02 ~ 1 / (1 – 25% x 8%) for lifetime-pay policies

Appendix A
Development and Justification of Current Assumptions

Credibility

The methodology employed to develop the assumptions considers actual historical experience and its associated credibility. The credibility percentage for each assumption was determined as (Number of Events / Credibility Threshold)$^{1/2}$, with events defined as deaths, voluntary lapses, benefit expiries, or claims. A credibility standard of a 90% confidence interval for the number of events with an error of plus or minus 7.5% was chosen. Based on these parameters, 481 events is the criterion for full credibility.

Exhibit A-1a
Actual-to-Expected (A:E) Mortality Experience through December 31, 2015
All Products

Duration	Exposure	Mortality Rate Actual (A)	Mortality Rate 2015GAM (E)	Mortality Rate 2015IAM (X)	Ratios to 2015GAM Actual (A:E)	Ratios to 2015GAM 2015IAM (X:E)	Credibility Percent	A:E Credibility-Weighted with: 2015GAM (E:E=1.00)	A:E Credibility-Weighted with: 2015IAM (X:E)	Smoothed Durational Factors
Issue Age 75+										
1-5	24,998	1.8%	4.4%	3.1%	0.40	0.70	95%	0.43	0.41	0.41
6-10	20,553	5.0%	7.0%	5.5%	0.71	0.78	100%	0.71	0.71	0.71
11-15	11,268	10.1%	10.5%	8.8%	0.96	0.84	100%	0.96	0.96	0.96
16-20	3,330	16.3%	16.1%	14.2%	1.02	0.88	100%	1.02	1.02	1.04
21-25	415	25.3%	22.2%	20.6%	1.14	0.93	47%	1.07	1.03	1.05
26+	25	7.8%	32.1%	30.8%	0.24	0.96	6%	0.95	0.91	1.05
21+	440	24.3%	22.8%	21.2%	1.07	0.93	47%	1.03	0.99	1.05
All	60,589	5.4%	7.2%	5.7%	0.75	0.79	100%	0.75	0.75	0.75
Issue Ages 70 - 74										
1-5	39,706	0.9%	2.2%	1.4%	0.41	0.64	87%	0.49	0.45	0.40
6-10	38,186	2.4%	3.7%	2.5%	0.66	0.67	100%	0.66	0.66	0.65
11-15	27,286	4.9%	6.0%	4.4%	0.83	0.74	100%	0.83	0.83	0.84
16-20	10,157	9.1%	9.4%	7.7%	0.98	0.82	100%	0.98	0.98	0.98
21-25	2,029	14.6%	14.3%	12.3%	1.02	0.86	78%	1.02	0.99	1.04
26+	138	25.8%	20.4%	18.6%	1.27	0.91	27%	1.07	1.01	1.05
21+	2,167	15.3%	14.7%	12.7%	1.04	0.87	83%	1.03	1.01	1.04
All	117,501	3.3%	4.4%	3.2%	0.75	0.73	100%	0.75	0.75	0.75
Issue Ages 65 - 69										
1-5	67,094	0.6%	1.4%	0.9%	0.42	0.65	90%	0.48	0.44	0.40
6-10	65,409	1.4%	2.2%	1.4%	0.64	0.64	100%	0.64	0.64	0.65
11-15	50,103	2.9%	3.7%	2.4%	0.78	0.66	100%	0.78	0.78	0.79
16-20	23,101	5.3%	5.9%	4.3%	0.90	0.74	100%	0.90	0.90	0.90
21-25	6,829	9.5%	9.3%	7.6%	1.03	0.82	100%	1.03	1.03	0.99
26+	533	13.8%	13.6%	11.6%	1.01	0.86	39%	1.01	0.92	1.04
21+	7,362	9.8%	9.6%	7.9%	1.03	0.82	100%	1.03	1.03	0.99
All	213,069	2.2%	3.0%	2.0%	0.75	0.69	100%	0.75	0.75	0.74
Issue Ages 60 - 64										
1-5	93,335	0.3%	0.9%	0.6%	0.41	0.72	82%	0.51	0.46	0.39
6-10	85,284	0.8%	1.4%	0.9%	0.57	0.65	100%	0.57	0.57	0.59
11-15	58,636	1.5%	2.3%	1.5%	0.68	0.65	100%	0.68	0.68	0.67
16-20	27,386	3.2%	3.8%	2.5%	0.85	0.67	100%	0.85	0.85	0.83
21-25	9,435	5.5%	6.1%	4.5%	0.90	0.75	100%	0.90	0.90	0.90
26+	782	9.5%	9.1%	7.5%	1.05	0.82	39%	1.02	0.91	0.97
21+	10,217	5.8%	6.3%	4.8%	0.92	0.76	100%	0.92	0.92	0.91
All	274,857	1.2%	1.8%	1.2%	0.68	0.68	100%	0.68	0.68	0.67

Exhibit A-1b
Actual-to-Expected (A:E) Mortality Experience through December 31, 2015
Individual Products

Duration	Exposure	Mortality Rate			Ratios to 2015GAM		Credibility Percent	A:E Credibility-Weighted with:		Smoothed Durational Factors
		Actual (A)	2015GAM (E)	2015IAM (X)	Actual (A:E)	2015IAM (X:E)		2015GAM (E:E=1.00)	2015IAM (X:E)	
Issue Age <60										
1-5	213,822	0.1%	0.3%	0.2%	0.39	0.86	66%	0.59	0.55	0.38
6-10	134,800	0.3%	0.5%	0.4%	0.54	0.77	88%	0.59	0.56	0.54
11-15	57,646	0.6%	0.9%	0.7%	0.61	0.69	83%	0.67	0.62	0.60
16-20	24,577	1.1%	1.5%	1.0%	0.70	0.67	74%	0.78	0.69	0.70
21-25	9,193	1.7%	2.4%	1.6%	0.70	0.67	57%	0.83	0.68	0.79
26+	759	2.9%	4.4%	3.1%	0.65	0.72	21%	0.93	0.70	0.87
21+	9,952	1.8%	2.6%	1.7%	0.69	0.68	61%	0.81	0.68	0.80
All	440,797	0.3%	0.6%	0.4%	0.56	0.75	100%	0.56	0.56	0.57

Exhibit A-2
MedAmerica and Affinity Partners
Derived Lifetime-Pay Voluntary Lapse Experience from Inception through December 31, 2015
Simplicity and Simplicity ii Policy Forms Combined
Lifetime-Pay Policies

Duration	Exposure	Composite Termination Rates	Expected Mortality Rates	Derived Lapse Rates	Credibility Percent	Smoothed Lapse Rates
1	43,708	8.1%	0.1%	8.0%	100%	8.00%
2	40,123	6.5%	0.2%	6.3%	100%	6.50%
3	34,365	5.0%	0.2%	4.8%	100%	5.00%
4	28,644	4.1%	0.3%	3.9%	100%	4.00%
5	24,506	3.7%	0.3%	3.4%	100%	3.50%
6	21,161	3.1%	0.4%	2.7%	100%	2.50%
7	18,447	2.8%	0.5%	2.3%	96%	2.25%
8	15,701	2.2%	0.6%	1.6%	75%	1.50%
9	11,993	1.5%	0.7%	0.8%	50%	0.75%
10	7,544	1.4%	0.8%	0.5%	34%	0.60%
11	3,591	1.5%	1.0%	0.5%	20%	0.60%
12	618	1.6%	1.2%	0.4%	6%	0.60%
1-3	118,197	6.6%	0.1%	6.5%	100%	6.6%
4-6	74,310	3.7%	0.3%	3.4%	100%	3.4%
7-9	46,140	2.2%	0.6%	1.7%	100%	1.6%
5+	103,560	2.7%	0.5%	2.2%	100%	2.1%
6+	79,054	2.4%	0.6%	1.8%	100%	1.7%
7+	57,893	2.1%	0.6%	1.4%	100%	1.4%
8+	39,447	1.7%	0.7%	1.0%	99%	1.0%
9+	23,746	1.5%	0.8%	0.7%	64%	0.7%
10+	11,753	1.4%	0.9%	0.5%	40%	0.6%
All	250,400	4.7%	0.3%	4.4%	100%	4.5%

Exhibit A-3
Actual-to-Expected (A:E) Benefit Expiration Experience through December 31, 2015
Subset of MedAmerica Organic Business

Attained Age Band	Exposure	Actual Expiry Rate	Expected Expiry Rate	Expiry A:E	Credibility Percent	Credibility-Weighted A:E	Smoothed Adjustment Factors
<80	528,089	0.03%	0.04%	0.70	56%	0.83	0.85
80-84	50,683	0.52%	0.41%	1.27	74%	1.20	1.25
85-89	22,568	1.52%	1.04%	1.46	85%	1.39	1.45
90+	6,638	4.43%	2.47%	1.79	78%	1.62	1.65
All	607,979	0.17%	0.14%	1.28	100%	1.28	1.28

Exhibit A-4a
MedAmerica and Affinity Partners
Actual-to-Expected Morbidity Adjustment Factors
Applicable to the Simplicity Product

Duration	Non-MANY Adjustment Factor	MANY Adjustment Factor
1	1.28	0.97
2	1.23	0.98
3	1.19	0.99
4	1.15	1.01
5	1.11	1.02
6	1.07	1.03
7	1.03	1.05
8	0.99	1.06
9	0.97	1.04
10	0.94	1.02
11	0.92	1.01
12	0.89	0.99
13	0.87	0.97
14	0.89	0.97
15	0.91	0.96
16	0.93	0.95
17	0.95	0.95
18	0.97	0.94
19	0.97	0.95
20	0.98	0.96
21	0.98	0.97
22	0.98	0.98
23	0.98	0.98
24	0.98	0.98
25	0.98	0.98
26	0.98	0.98
27	0.99	0.98
28	0.99	0.98
29	0.99	0.98
30+	0.99	0.98

Attained Age	Adjustment Factor
<65	0.84
65-69	0.97
70-74	1.00
75-79	1.03
80-84	1.05
85-89	1.21
90+	1.23

Coverage Type	Adjustment Factor
Comprehensive	0.90
Nursing Home Only	1.09
Home Care Only	1.23

Exhibit A-4b
MedAmerica and Affinity Partners
Actual to Adjusted Expected Incurred Claims
Simplicity and Simplicity ii Policy Forms Combined

Experience By Policy Duration All Durations		
Duration	Credibility	Actual to Adjusted Expected
1	21%	1.36
2	26%	0.44
3	31%	1.40
4	30%	0.99
5	35%	1.03
6	32%	1.04
7	34%	1.00
8	35%	1.01
9	30%	1.15
10	16%	0.52
1-5	65%	1.02
6-10	68%	0.98
3-13	88%	1.02
Total	94%	0.99

Experience By Attained Age Durations 7 and Later		
Attained Age	Credibility	Actual to Adjusted Expected
<65	25%	0.88
65-69	26%	1.02
70-74	26%	0.87
75-79	27%	0.90
80-84	23%	0.85
85-89	14%	1.21
90+	11%	2.91
<70	36%	0.94
<75	44%	0.92
<80	52%	0.92
<85	57%	0.91
65-79	46%	0.93
70-84	44%	0.88
75-89	38%	0.92
70+	48%	0.96
75+	40%	1.01
80+	29%	1.13
85+	18%	1.68

Reset Form

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Company Name and NAIC Number: MedAmerica Insurance Company, NAIC # 69515

SERFF Tracking Number: MILL-131285847

Effective Date: This rate increase will apply to policies on their next premium payment date following at least a 75-day policyholder notification period following approval.

(Projected) Number of Insureds Affected: 278

New Rates

Average Annual Premium Per Member: N/A

Revised Rates

Average Annual Premium Per Member: $3,531

Average Requested Percentage Rate Change Per Member: 98.9%

Minimum Requested Percentage Rate Change Per Member: 30%

Maximum Requested Percentage Rate Change Per Member: 144%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
SPL-336	Simplicity Tax-Qualified Long-Term Care Policy Form

Attach a brief narrative to summarize the key information used to develop the rates including the main drivers for new or revised rates.

This document is intended to help explain the rate filing and it is only a summary of the company's request. It is not intended to describe or include all factors or information considered in the review process. For more detailed information, please refer to the complete filing.

Health Insurance Rate Request Summary
Summary of Key Information

Rates are increasing based on the fact that people are living longer and keeping their policies for a longer time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced.

VIRGINIA READABILITY COMPLIANCE CERTIFICATION

Name and Address of Insurer: **MedAmerica Insurance Company**
165 Court Street
Rochester, NY 14647

Title of Form: **Notice of Premium Increase**
Form Number: RIL-VA-0918

I hereby certify that the Flesch reading ease score of the above form is 47.6.
It contains 45 sentences, 929 words. The type size of the text of the form is 11 point type, 1 point leaded.

Title of Form: **Contingent Non-Forfeiture Benefit Election Form**
Policy Form Number: CNF-VA-0918

I hereby certify that the Flesch reading ease score of the above form is 51.6.
It contains 6 sentences, 223 words. The type size of the text of the policy form is 11 point type, 1 point leaded.

I also certify to the best of my knowledge and belief that the policy forms are in compliance with Section 38.2-3404 of the Code of Virginia and with the Rules and Regulations for Simplified and Readable Accident and Sickness Insurance Policies adopted pursuant thereto.

Certification by:

William L. Naylon

William L. Naylon

President
Title

Statement of Variability – Simplicity – SPL-336, Simplicityii – SPL2-336-VA, Premier – LTC-CD9-MA-VA, LTQ11-336-MA-VA-1100, NTQ11-337-MA-VA-1100, HTQ11-338-MA-VA-1100, CICA Assumed – 14515-VA

Rate Increase Letter (RIL-VA-0918) and Contingent Non-Forfeiture Election Form (CNF-VA-0918)

<<LOGO>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with the MedAmerica Insurance Company logo

MEDAmerica
INSURANCE COMPANY
Home Office: Pittsburgh, PA

<<DATE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with the date the documents were sent, in Month, Day (XX), Year (XXXX) format

<<FIRST_NAME>> <<LAST_NAME>>
<<STREET_ADDRESS1>>
<<STREET_ADDRESS2>>
<<CITY>> <<STATE>> <<ZIP>>
<<POLICY_NUMBER>>
<<SALUTATION LAST_NAME>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with demographic information of the insured receiving the rate increase notice.

<<PHASE_IN>>
Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a one year phase in, this field populates with: we have filed a premium increase of <<INC_AMT>>. This is displayed as a percentage.

If the insured has a multiple year phase in, this field populates with: <<PHASE_NUMBER>> consecutive annual premium increases have been filed. This is displayed as a numeric amount.

<<INC_AMT>>
Simplicity, Simplicityii, Premier, CICA Assumed - The rate increase percentage amount, 63% - 264%, or other amount approved by the Virginia Bureau of Insurance. This is displayed as a percentage.

<<PHASE_NUMBER>>
Simplicity, Simplicityii, Premier, CICA Assumed - The number of years that the insured's rate increase is phased over. This is displayed as a numeric amount.

<<REASON_FOR_RATE_INCREASE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with: Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced.

Should the reason for the rate increase change, the company will update the Statement of Variability.

<<CHANGE>>
Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a one year phase in, this field populates with the word: change

If the insured has a multiple year phase in, this field populates with the word: changes

<<NEXT_BILL _DATE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Next bill date of policy in Month, Day (XX), Year (XXXX) format

<<MODAL>>
Simplicity, Simplicityii, Premier, CICA Assumed - Monthly, Quarterly, Semi-Annual, Annual

<<CURRENT_RATE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with dollar amount for current premium in $999,999.99 format

<<FUTURE_RATE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with dollar amount for future rate increased premium in $9,999.99 format

<<INC_AMT_1>>

Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a phased in rate increase, this field will populate with the first year rate increase percentage amount approved by the Virginia Bureau of Insurance. If the insured has a single year rate increase, this field will populate with <<INC_AMT>>

<<INC_AMT_2>>
Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a phased in rate increase, this field will populate with the second year rate increase percentage amount approved by the Virginia Bureau of Insurance

<<YEAR_2>>
Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a phased in rate increase, this field will populate with the year that the second rate increase will be effective

<<INC_AMT_3>>
Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a phased in rate increase, this field will populate with the third year rate increase percentage amount approved by the Virginia Bureau of Insurance

<<YEAR_3>>
Simplicity, Simplicityii, Premier, CICA Assumed - If the insured has a phased in rate increase, this field will populate with the year that the third rate increase will be effective

<<CS_PHONE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with the Company's Customer Service phone number, 1-800-240-1675

<<RESULT_OF_CNF_FORMULA>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with Contingent Non-Forfeiture Benefit amount $9,999.99 format

<<INPUT_1>>
Simplicity - Populates with: Maximum Monthly Benefit

Simplicityii - Populates with: Monthly Cash Benefit

Premier, CICA Assumed - Populates with: Daily Benefit Amount

<<INPUT_2>>
Simplicity - Populates with: Lifetime Maximum

Simplicityii – Populates with: Cash Benefit Account

Premier, CICA Assumed – Populates with: Lifetime Benefit Amount

<<INPUT_3>>

Simplicity – Populates with: Your/my Maximum Monthly Benefit

Simplicityii – Populates with: Your/my Monthly Cash Benefit

Premier, CICA Assumed – Populates with: Thirty (30) times your/my Daily Benefit Amount

<<RIDERS_STATEMENT>>
Simplicity, Simplicityii - Populates with: All riders, with the exception of Community Only and Facility Only riders, will be terminated.

Premier, CICA Assumed - Populates with: All riders and inflation options will be terminated.

<<IMPORTANT_NOTE>>
*Simplicity, Simplicityii - Populates with: **IMPORTANT NOTE:** If your policy includes a Shared Care Rider, both you and your spouse/domestic partner must continue to maintain identical coverage. You must both select the same option regarding this rate increase.*

*Premier, CICA Assumed - Populates with: **IMPORTANT NOTE:** If your policy includes a Spousal Benefit Transfer Rider, both you and your spouse must continue to maintain identical coverage. You must both select the same option regarding this rate increase.*

<<OFFICE_ADDRESS>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with 165 Court St. Rochester, NY 14647

<<OFFICER_SIGNATURE>>
Simplicity, Simplicityii, Premier, CICA Assumed - Populates with Cheryl Bush's signature

<<OFFICER_NAME>>

Simplicity, Simplicityii, Premier, CICA Assumed - Populates with Cheryl Bush, RN

<<OFFICER_TITLE>>

Simplicity, Simplicityii, Premier, CICA Assumed - Populates with Senior Vice President, Operations

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437-3830
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

January 9, 2018

Honorable Jacqueline K. Cunningham
Commissioner of Insurance
Virginia Bureau of Insurance (Bureau)

Tyler Building, 1300 E. Main St.
Richmond, Virginia 23219

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Commissioner Cunningham:

On behalf of MedAmerica, we are submitting the referenced rate filing for your review. This is an existing individual policy form that provides comprehensive long-term care coverage. The company issued this form in Virginia from June 18, 2004 to January 1, 2008. The form is no longer being marketed in any jurisdiction.

The company is requesting a premium rate increase be filed for use on the above-listed form, including all associated riders. This form is in need of a premium rate increase due to emerging and projected experience running more adverse than previously expected.

The company is requesting a premium rate increase that varies by issue age and inflation option as shown in Exhibit I of the enclosed actuarial memorandum. The cumulative rate increase shown in Exhibit I was determined to allow certification to rate stability, and varies by issue age and inflation option to better align the rate increase with the adverse experience. The company is requesting a premium rate increase on the above-listed form as shown in the following table.

Offices in Principal Cities Worldwide

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Issue Ages	Requested Increase for Central Age	
	No Inflation	Auto Inflation
<40	191%	264%
40-44	191	264
45-49	171	239
50-54	155	219
55-59	144	205
60-64	124	180
65-69	101	151
70-74	83	129
75+	63	104

There have been no previous rate revisions on the above-referenced policy form. The company is seeking this current rate increase request to achieve what it believes is needed to alleviate the poor performance on this block of business.

The company will offer insureds affected by the premium increase the option of reducing their policy benefits to provide flexibility of choice for those insureds who wish to maintain a premium level reasonably similar to what they were paying prior to the rate increase. The company will offer a contingent benefit upon lapse to insureds that trigger a substantial rate increase. Additionally, the company will voluntarily offer a contingent benefit upon lapse to insureds affected by the rate increase, even if the increase is not considered substantial. If the cumulative requested rate increase is filed for use, a majority of policyholders will be eligible for a contingent benefit upon lapse.

To comply with rate stability regulation in this jurisdiction, enclosed with this filing is a plan, subject to the Bureau's approval, which demonstrates that appropriate administration and claims processing procedures are in effect.

Enclosed with this submission is a policyholder notification letter, provided by the company, which is in compliance with 14VAC5-200-75. Additionally, a contingent nonforfeiture (CNF) benefit election form that is provided to policyholders alongside the notification letter is also being filed with the Bureau. Enclosed with this submission are the appropriate statement of variability, certification of compliance, and readability certification for these forms, as required.

The following electronic items are included with this submission:

- cover letter
- Rate Review Requirements Checklist
- Health Insurance Rate Request Summary
- letter from MedAmerica authorizing us to submit this filing on their behalf
- claims and administration processing plan, as provided by MedAmerica
- actuarial memorandum
- supplement to the actuarial memorandum
- current and proposed premium rate schedules
- policyholder notification letter
- CNF election form
- statement of variability
- certificate of compliance
- readability certification

No filing fee is required for this submission.

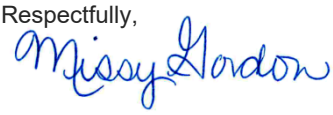
This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

The contact person for this filing is:

Shawn Stender
Assistant Actuary
Milliman, Inc.
8500 Normandale Lake Blvd., Suite 1850
Minneapolis, MN 55437
(952) 820-3104
shawn.stender@milliman.com

Thank you for your assistance in reviewing this filing.

Respectfully,



Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/ddm

Enclosures

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

MEDAmerica
INSURANCE COMPANY
An Excellus Company

Letter of Authorization

To: Department of Insurance

MedAmerica Insurance Company ("MedAmerica") has entered into a service agreement with Milliman, Inc. ("Milliman") effective October 3, 2016, that includes long-term care rate filing services on our behalf. The agreement provides, in part, that Milliman is responsible for preparing and filing for approval with state insurance departments MedAmerica's long-term care rate increase filings as directed by MedAmerica. Milliman is also authorized to receive, on MedAmerica's behalf, written and oral communication from each state department of insurance for the purpose of completing the rate increase filing process.

Please accept this letter of authorization for the purpose stated above. Should you have any questions regarding the above, please forward your comments to:

MedAmerica Insurance Company
165 Court Street
Rochester, NY 14647

Bill Naylon

Bill Naylon, President
MedAmerica Insurance Company

11/13/17
Date

MedAmerica Claim Administration and Processing Documentation

As the majority of policies to which this rate increase is applicable are eligible for a contingent benefit upon lapse, the following provides a demonstration that MedAmerica Insurance Company (MedAmerica) has consistently applied appropriate policy administration and claim processing procedures. These procedures are in place to assure that policyholders' long-term care claims are paid according to the provisions of our contracts.

Personal Care Advisors (PCAs) in our Claims Intake area determine whether a claimant qualifies for initial benefit eligibility, and create a plan of care for each eligible claimant. Our Rehabilitation/Case Management team then assigns a PCA to handle all aspects of the insured's contact with the Company, including care planning, ongoing care management, and supervision of claim payment.

While the PCAs are knowledgeable about all of the long term care products administered by the Company, each one specializes in a handful of products to increase claim payment accuracy. For chronically stable patients for whom rehabilitation is unlikely and site of care changes occur infrequently, specialized PCAs are assigned whose primary task is timely adjudication of claims and annual reassessment of benefit eligibility.

All claimants are reassessed at least once per year; claimants in Assisted Living or Home Care status are reassessed more frequently. All claims are reviewed prior to payment. Monthly claims audit procedures are in place. Anti-fraud activities are carried out by the staff of the Special Investigations Unit within our parent company.

MedAmerica management believes that these claims management practices are designed to pay claims correctly and help eliminate the potential for further deterioration of the policy form requiring further premium rate schedule increases.

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
CURRENT ANNUAL PREMIUM RATES
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Compound - No Maximum
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	34	46	54	62	73	101
30	36	48	57	65	77	106
31	37	49	59	67	80	110
32	38	51	61	70	82	114
33	40	53	63	72	85	118
34	41	55	66	75	88	122
35	42	56	68	77	91	126
36	44	58	70	80	94	130
37	45	60	73	83	98	135
38	47	63	75	86	101	140
39	49	65	78	89	105	144
40	50	67	81	92	109	150
41	52	69	84	95	112	155
42	54	72	87	99	117	160
43	56	75	90	102	121	166
44	58	77	93	106	125	172
45	60	80	97	110	130	179
46	62	83	100	114	135	185
47	65	86	104	118	140	192
48	67	90	108	123	145	199
49	70	93	112	128	151	207
50	72	97	117	133	157	215
51	75	101	122	138	163	223
52	78	105	127	144	170	232
53	82	109	132	150	177	241
54	85	114	137	156	184	251
55	90	121	146	165	195	266
56	94	126	152	173	204	277
57	98	132	159	180	213	289
58	103	138	166	188	222	302
59	107	144	174	197	233	315
60	117	156	189	214	253	342
61	124	166	201	228	269	363
62	132	177	213	242	286	386
63	140	188	227	258	304	409
64	149	200	241	274	323	434
65	160	215	260	295	348	469
66	170	229	277	314	371	499
67	181	244	295	335	396	532
68	193	260	314	357	422	567
69	205	277	335	381	451	605
70	219	295	358	407	481	645
71	233	315	382	435	514	689
72	248	336	407	464	549	735
73	264	358	434	495	586	784
74	281	381	463	528	625	836
75	354	482	588	672	801	1,080
76	375	511	624	715	852	1,148
77	397	542	662	759	905	1,219
78	420	574	702	805	961	1,294
79	444	609	745	855	1,021	1,373
80	482	662	812	933	N/A	N/A
81	511	702	863	992	N/A	N/A
82	541	745	916	1,053	N/A	N/A
83	572	788	970	1,117	N/A	N/A
84	603	833	1,026	1,181	N/A	N/A
85	692	962	1,191	1,376	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
CURRENT ANNUAL PREMIUM RATES
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Compound 2X
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	10	12	14	16	18	25
30	10	13	15	17	19	26
31	11	13	16	18	20	27
32	11	14	17	19	22	29
33	12	15	18	20	23	31
34	12	16	19	21	25	33
35	13	17	20	22	26	35
36	14	18	21	24	28	37
37	15	19	23	25	30	40
38	16	20	24	27	32	42
39	17	22	26	29	34	45
40	18	23	27	31	36	48
41	19	25	29	33	39	51
42	20	26	31	35	41	55
43	22	28	33	38	44	59
44	23	30	36	40	47	63
45	25	32	38	43	50	67
46	26	34	41	46	54	72
47	28	37	44	49	58	77
48	30	40	47	53	62	83
49	32	42	51	57	66	89
50	35	45	54	61	71	95
51	37	49	58	66	77	102
52	40	52	63	71	82	109
53	43	56	67	76	88	117
54	46	61	72	82	95	126
55	50	66	79	89	104	138
56	54	72	85	96	112	148
57	58	77	92	104	121	160
58	63	83	99	112	130	172
59	68	90	107	121	141	185
60	76	100	120	135	157	207
61	83	110	131	148	172	226
62	90	120	143	162	188	247
63	99	131	157	177	206	270
64	108	143	171	193	225	295
65	120	160	191	216	252	333
66	131	175	209	236	276	364
67	143	191	229	259	302	399
68	156	208	250	283	331	438
69	170	227	274	310	363	480
70	185	248	299	338	397	525
71	201	270	326	369	433	574
72	218	294	354	402	473	627
73	237	319	385	438	515	684
74	256	345	418	475	560	744
75	328	445	541	618	732	982
76	353	479	583	666	791	1,062
77	378	514	627	717	853	1,145
78	404	551	673	770	917	1,231
79	431	589	721	826	984	1,320
80	471	646	792	909	N/A	N/A
81	502	690	847	973	N/A	N/A
82	534	735	903	1,038	N/A	N/A
83	567	781	961	1,106	N/A	N/A
84	600	828	1,019	1,173	N/A	N/A
85	690	958	1,186	1,371	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
CURRENT ANNUAL PREMIUM RATES
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Simple
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	**24 Month Plan**	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**	**Unlimited Plan**
18-29	13	17	21	24	28	40
30	14	18	22	25	29	42
31	15	19	23	26	31	44
32	16	20	24	28	33	47
33	16	21	26	29	35	50
34	17	23	27	31	37	52
35	18	24	29	33	39	55
36	19	25	30	34	41	59
37	20	27	32	37	43	62
38	21	28	34	39	46	66
39	23	30	36	41	49	69
40	24	32	38	43	52	73
41	25	33	40	46	55	78
42	27	35	43	49	58	82
43	28	37	45	51	61	87
44	30	40	48	55	65	92
45	32	42	51	58	69	97
46	34	45	54	61	73	103
47	36	47	57	65	77	109
48	38	50	61	69	82	115
49	40	53	64	73	87	122
50	42	57	68	78	92	130
51	45	60	73	83	98	137
52	48	64	77	88	104	146
53	51	68	82	93	111	154
54	54	72	87	99	118	164
55	58	78	94	107	127	177
56	62	83	100	114	135	188
57	66	89	107	122	144	199
58	70	94	114	130	153	212
59	75	101	121	138	163	225
60	83	111	134	153	180	248
61	89	120	145	165	195	267
62	97	130	157	178	211	288
63	104	140	169	192	227	310
64	112	151	183	208	245	334
65	123	166	201	228	270	368
66	133	180	217	247	292	398
67	144	194	235	268	316	429
68	156	210	254	290	343	464
69	168	227	275	313	371	502
70	182	246	298	339	402	543
71	196	265	322	367	434	586
72	211	286	348	396	470	633
73	228	309	375	428	508	683
74	245	333	404	462	548	736
75	313	427	521	597	712	965
76	336	458	559	641	765	1,036
77	359	490	600	687	821	1,111
78	383	524	642	736	880	1,189
79	409	560	687	788	943	1,272
80	448	615	755	868	N/A	N/A
81	478	658	808	930	N/A	N/A
82	510	702	864	994	N/A	N/A
83	542	748	921	1,060	N/A	N/A
84	576	795	979	1,128	N/A	N/A
85	666	925	1,146	1,325	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
CURRENT ANNUAL PREMIUM RATES
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: None
Individual Underwriting
Rate Class II

	Premium Rates					
Issue Age	24 Month Plan	36 Month Plan	48 Month Plan	60 Month Plan	84 Month Plan	Unlimited Plan
18-29	7	9	10	10	12	15
30	7	9	10	11	13	16
31	8	9	11	12	13	17
32	8	10	11	12	14	18
33	8	10	12	13	15	19
34	9	11	12	14	16	20
35	9	11	13	15	17	21
36	10	12	14	15	18	22
37	10	13	15	16	19	24
38	11	13	16	17	20	25
39	11	14	17	18	21	27
40	12	15	18	20	22	29
41	13	16	19	21	24	30
42	13	17	20	22	25	32
43	14	18	21	24	27	35
44	15	19	23	25	29	37
45	16	20	24	27	31	39
46	17	22	26	29	33	42
47	18	23	27	31	35	45
48	19	25	29	33	38	48
49	21	27	31	35	40	51
50	22	29	34	38	43	55
51	24	31	36	40	47	59
52	25	33	39	43	50	63
53	27	35	42	47	54	68
54	29	38	45	50	58	73
55	32	41	49	55	63	80
56	34	45	53	59	68	86
57	37	48	57	64	73	92
58	40	52	61	69	79	99
59	43	56	66	74	85	107
60	48	63	74	83	95	120
61	52	68	81	91	104	130
62	57	75	89	99	114	142
63	62	82	97	108	125	155
64	68	89	106	119	136	170
65	76	100	119	133	154	191
66	84	110	131	147	169	210
67	92	121	144	161	185	230
68	101	133	158	177	204	253
69	111	146	174	195	224	278
70	121	161	191	215	247	306
71	133	177	210	236	272	337
72	146	194	231	259	299	370
73	160	213	254	285	329	407
74	175	233	279	313	361	446
75	231	309	370	417	483	600
76	252	337	404	456	528	656
77	274	367	441	498	577	717
78	298	400	481	543	629	781
79	324	435	524	591	686	850
80	362	487	587	664	N/A	N/A
81	393	530	640	724	N/A	N/A
82	427	577	696	788	N/A	N/A
83	462	625	756	856	N/A	N/A
84	499	676	818	927	N/A	N/A
85	592	808	982	1,116	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
TEN YEAR PREMIUM PAYMENT TERM FACTORS

	Premium Factors			
Issue Age	No Inflation	Simple Inflation	Compound 2X Inflation	Compound - No Maximum Inflation
18-29	2.99	3.75	3.29	4.70
30	2.96	3.60	3.19	4.27
31	2.94	3.56	3.16	4.19
32	2.93	3.52	3.13	4.11
33	2.91	3.48	3.11	4.02
34	2.90	3.44	3.08	3.94
35	2.88	3.40	3.05	3.86
36	2.85	3.35	3.02	3.78
37	2.83	3.31	2.98	3.70
38	2.80	3.26	2.95	3.63
39	2.78	3.22	2.91	3.55
40	2.75	3.17	2.88	3.47
41	2.72	3.12	2.84	3.40
42	2.69	3.07	2.80	3.33
43	2.65	3.01	2.76	3.25
44	2.62	2.96	2.72	3.18
45	2.59	2.91	2.68	3.11
46	2.55	2.86	2.64	3.04
47	2.51	2.80	2.59	2.97
48	2.47	2.75	2.55	2.90
49	2.43	2.69	2.50	2.83
50	2.39	2.64	2.46	2.76
51	2.35	2.58	2.41	2.69
52	2.30	2.53	2.36	2.63
53	2.26	2.47	2.32	2.56
54	2.21	2.42	2.27	2.50
55	2.17	2.36	2.22	2.43
56	2.12	2.30	2.17	2.37
57	2.08	2.25	2.13	2.31
58	2.03	2.19	2.08	2.24
59	1.99	2.14	2.04	2.18
60	1.94	2.08	1.99	2.12
61	1.86	2.04	1.95	2.07
62	1.79	1.99	1.92	2.03
63	1.71	1.95	1.88	1.98
64	1.64	1.90	1.85	1.94
65	1.56	1.86	1.81	1.89
66	1.56	1.81	1.77	1.84
67	1.56	1.76	1.72	1.79
68	1.56	1.71	1.68	1.74
69	1.56	1.66	1.63	1.69
70	1.56	1.61	1.59	1.64
71	1.52	1.56	1.55	1.59
72	1.47	1.51	1.50	1.54
73	1.43	1.47	1.46	1.49
74	1.38	1.42	1.41	1.44
75	1.34	1.37	1.37	1.39
76	1.30	1.33	1.33	1.35
77	1.27	1.30	1.30	1.31
78	1.23	1.26	1.26	1.28
79	1.20	1.23	1.23	1.24
80	1.16	1.19	1.19	1.20
81	1.13	1.16	1.16	1.17
82	1.10	1.13	1.13	1.14
83	1.08	1.11	1.11	1.11
84	1.05	1.08	1.08	1.08
85	1.02	1.05	1.05	1.05

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
PAID UP AT AGE 65 PREMIUM PAYMENT TERM FACTORS

	Premium Factors			
Issue Age	**No Inflation**	**Simple Inflation**	**Compound 2X Inflation**	**Compound - No Maximum Inflation**
18-29	1.24	1.50	1.35	1.76
30	1.30	1.55	1.39	1.76
31	1.31	1.56	1.40	1.76
32	1.32	1.56	1.41	1.76
33	1.33	1.57	1.41	1.76
34	1.34	1.57	1.42	1.76
35	1.35	1.58	1.43	1.76
36	1.37	1.59	1.44	1.76
37	1.38	1.60	1.45	1.76
38	1.40	1.62	1.47	1.77
39	1.41	1.63	1.48	1.77
40	1.43	1.64	1.49	1.77
41	1.45	1.66	1.51	1.78
42	1.47	1.68	1.53	1.80
43	1.49	1.69	1.55	1.81
44	1.51	1.71	1.57	1.83
45	1.53	1.73	1.59	1.84
46	1.57	1.77	1.63	1.87
47	1.61	1.80	1.67	1.90
48	1.65	1.84	1.70	1.94
49	1.69	1.87	1.74	1.97
50	1.73	1.91	1.78	2.00
51	1.82	2.00	1.87	2.09
52	1.91	2.09	1.96	2.17
53	1.99	2.18	2.04	2.26
54	2.08	2.27	2.13	2.34
55	2.17	2.36	2.22	2.43

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
REDUCED PAY AT AGE 65 PREMIUM PAYMENT TERM FACTORS

	Premium Factors			
Issue Age	**No Inflation**	**Simple Inflation**	**Compound 2X Inflation**	**Compound - No Maximum Inflation**
18-29	1.18	1.36	1.27	1.59
30	1.22	1.39	1.30	1.59
31	1.23	1.39	1.31	1.59
32	1.24	1.40	1.31	1.59
33	1.25	1.40	1.32	1.59
34	1.26	1.41	1.32	1.59
35	1.27	1.41	1.33	1.59
36	1.28	1.42	1.34	1.59
37	1.29	1.42	1.35	1.59
38	1.30	1.43	1.35	1.59
39	1.31	1.43	1.36	1.59
40	1.32	1.44	1.37	1.59
41	1.33	1.45	1.38	1.60
42	1.35	1.46	1.40	1.61
43	1.36	1.47	1.41	1.61
44	1.38	1.48	1.43	1.62
45	1.39	1.49	1.44	1.63
46	1.42	1.51	1.47	1.65
47	1.45	1.53	1.49	1.67
48	1.47	1.56	1.52	1.70
49	1.50	1.58	1.54	1.72
50	1.53	1.60	1.57	1.74
51	1.59	1.66	1.63	1.80
52	1.65	1.72	1.69	1.86
53	1.71	1.78	1.75	1.91
54	1.77	1.84	1.81	1.97
55	1.83	1.90	1.87	2.03

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
REDUCED PAY AT AGE 70 PREMIUM PAYMENT TERM FACTORS

	Premium Factors			
Issue Age	**No Inflation**	**Simple Inflation**	**Compound 2X Inflation**	**Compound - No Maximum Inflation**
18-29	1.16	1.35	1.24	1.50
30	1.19	1.36	1.26	1.50
31	1.20	1.36	1.26	1.50
32	1.20	1.36	1.27	1.50
33	1.21	1.37	1.27	1.50
34	1.21	1.37	1.28	1.50
35	1.22	1.37	1.28	1.50
36	1.23	1.37	1.29	1.50
37	1.24	1.37	1.29	1.50
38	1.24	1.37	1.30	1.50
39	1.25	1.37	1.30	1.50
40	1.26	1.37	1.31	1.50
41	1.27	1.37	1.32	1.50
42	1.28	1.38	1.32	1.50
43	1.28	1.38	1.33	1.51
44	1.29	1.39	1.33	1.51
45	1.30	1.39	1.34	1.51
46	1.31	1.40	1.35	1.52
47	1.33	1.41	1.37	1.53
48	1.34	1.42	1.38	1.53
49	1.36	1.43	1.40	1.54
50	1.37	1.44	1.41	1.55
51	1.40	1.47	1.44	1.57
52	1.42	1.49	1.46	1.59
53	1.45	1.52	1.49	1.62
54	1.47	1.54	1.51	1.64
55	1.50	1.57	1.54	1.66
56	1.56	1.63	1.60	1.72
57	1.62	1.69	1.66	1.77
58	1.68	1.74	1.72	1.83
59	1.74	1.80	1.78	1.88
60	1.80	1.86	1.84	1.94

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Shortened Benefit Period Rider
Form Number: SBPR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 60	1.20
60+	1.15

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Shared Care Rider
Form Number: SCR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Factors				
24 Month Plan	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**
N/A	1.20	1.16	1.14	1.10

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Return of Premium Rider
Form Number: ROPR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Lifetime Payment Term	Limited Payment Terms
< 40	1.11	1.35
40	1.13	1.38
41	1.14	1.39
42	1.15	1.39
43	1.15	1.40
44	1.16	1.40
45	1.17	1.41
46	1.18	1.41
47	1.19	1.41
48	1.19	1.40
49	1.20	1.40
50	1.21	1.40
51	1.22	1.39
52	1.24	1.37
53	1.25	1.36
54	1.27	1.35
55	1.28	1.34
56	1.30	1.36
57	1.31	1.38
58	1.33	1.40
59	1.34	1.43
60	1.36	1.46
61	1.38	1.49
62	1.40	1.52
63	1.43	1.56
64	1.45	1.60
65	1.47	1.64
66	1.50	1.67
67	1.52	1.71
68	1.55	1.75
69	1.57	1.79
70	1.60	1.83
71	1.65	1.88
72	1.69	1.94
73	1.74	2.00
74	1.78	2.06
75	1.83	2.12

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Full Return of Premium Rider
Form Number: FROPR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Lifetime Payment Term	Limited Payment Terms
< 40	1.23	1.90
40	1.26	1.95
41	1.28	1.97
42	1.30	1.99
43	1.31	2.02
44	1.33	2.05
45	1.35	2.08
46	1.38	2.08
47	1.41	2.08
48	1.44	2.08
49	1.47	2.08
50	1.50	2.08
51	1.55	2.05
52	1.60	2.01
53	1.64	1.97
54	1.69	1.93
55	1.74	1.89
56	1.83	2.03
57	1.93	2.17
58	2.02	2.31
59	2.12	2.45
60	2.21	2.60
61	2.45	3.17
62	2.69	3.74
63	2.92	4.31
64	3.16	4.88
65	3.40	5.48

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Survivor Rider
Form Number: SVR

If this rider is selected, multiply the annual premium by the appropriate factor below.

	Payment Term				
Issue Age	**Lifetime**	**To age 65**	**10 Year**	**Reduced 65**	**Reduced 70**
< 40	1.05	1.01	N/A	1.03	1.03
40-50	1.06	1.02	N/A	1.03	1.03
51-55	1.09	1.02*	N/A	1.05	1.05
56-60	1.09	N/A	N/A	N/A	1.05
61-70	1.11	N/A	N/A	N/A	N/A
71-79	1.10	N/A	N/A	N/A	N/A
80+	1.06	N/A	N/A	N/A	N/A

* the rate for issue age 55 is N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Restoration of Benefits Rider
Form Number: ROBR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Factors				
24 Month Plan	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**
1.08	1.04	1.03	1.02	1.01

VA

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Shared Waiver Rider
Form Number: SWR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 60	1.01
60-69	1.02
70-79	1.05
80+	1.10

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Facility Only Rider
Form Number: FACR-337

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 40	0.58
40-49	0.59
50-59	0.59
60-69	0.62
70-79	0.64
80+	0.68

VA

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Community Only Rider
Form Number: COMMR-338

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 40	0.85
40-49	0.84
50-59	0.83
60-69	0.82
70-79	0.80
80+	0.78

The Community only rider is available only with the 24 month or 36 month duration option.

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Risk Classifications

Marital Status

Multiply the annual premium by the appropriate factor below based on marital and insured status.

Marital Status	Factors
Single	1.25
Married one insured	1.00
Married both insured	0.75

Medical Underwriting

Underwriting rate class is determined by a point value system. Point values for each medical condition indicated from the application process are added together to determine the underwriting rate class. Multiply the annual premium by the appropriate factor below.

	Factors		
Rate Class	Single	Married One Insured	Married Both Insured
I	0.85	0.85	1.00
II	1.00	1.00	1.00
III	1.30	1.30	1.30

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Elimination Period Factors

Multiply the annual premium by the appropriate factor below based on the elimination period selected.

Factors			
30 Day	**60 Day**	**90 day**	**180 day**
1.15	1.06	1.00	0.95

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Community Care Benefit Factors

There are three options the policyholder may select at the time of issue. Multiply the annual premium by the appropriate factor below.

Community Care % of Facility Benefit	Factors
60%	0.92
80%	1.00
100%	1.12

VA

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Discounts

Employer Sponsored: Employer sponsored plans with 10 or more active employees receive a 10% discount

Affiliation and Multi life discount: a discount of 10% may apply

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Modal Factors

Multiply the annual premium by the appropriate factor below based on the modal factor selected.

Payment Mode	Factors
Bi-Weekly	0.0415
Monthly	0.0900
Quarterly	0.2600
Semi-Annually	0.5150
Annually	1.0000

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March 22, 2018

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Tyler Building, 1300 E. Main St.
Richmond, Virginia 23219

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore,

Thank you for reviewing this filing. This letter is in response to your letter dated March 9 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your March 9 letter. Each request is restated in italics for reference.

1. *Please remove the "VA MedAmerica Current Simplicity Premium Rates 20180109.pdf" from the Rate/Rule Schedule "Attach Document" section and place it under the Supporting Documentation tab. Only proposed rates should appear in the Rate/Rule Schedule.*

   The current rate tables have been moved from the Rate/Rule Schedule tab to the Supporting Documentation tab on SERFF.

2. *Please advise in what states the company has requested rate increases on this block, and describe how the rate changes requested in Virginia compare with those in other states, along with a listing of the status of the rate reviews in those other states. In the actuarial memorandum, in "Section 15. History of Previous Rate Revisions" it states that there have been two prior rate increase requests.*

   Attachment 1 provides a cumulative past rate increase history as well as the status of this current nationwide request for each jurisdiction in which there is business in-force as of December 31, 2016 on these and similar policy forms issued by either MedAmerica or its affinity partners. Also included in the attachment are the number of policies in-force and annualized premium as of December 31, 2016.

   As part of this rate increase process, an increase has been or is expected to be requested in all jurisdictions. Regardless of prior approvals, the cumulative rate increase level requested in all jurisdictions will be actuarially equivalent (to the extent possible), except where it is not practical to file an increase due to the limited amount of in-force business or regulatory requirements.

3. *Please provide an explanation of Rate Classes. The proposed rate sheet refers to Rate Class II but does not define the rate class.*

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

The Rate Classes refers to the underwriting rate classes of I, II, and III. The current and proposed rate tables enclosed with this letter have been updated to include the underwriting rate class factor's page. No change is being made to these factors as part of the rate increase request.

4. *Please explain which proposed rates apply to "No Inflation" and which to "Auto Inflation". The actuarial memorandum containing Exhibit 1 states that Virginia insureds are enrolled in both "No Inflation" and "Auto Inflation" plans and that the rate increase percentages are different.*

   The "Auto Inflation" rate increase is for policies that chose one of three riders providing inflation protection: simple inflation, compound inflation with no maximum, or compound inflation with a maximum of two times the original daily benefit amount. The "No Inflation" rate increase is for policies that did not elect one these three riders.

5. *Please advise if there are any riders associated with form SPL-336 rate filing and if they are affected by the rate revision request. The actuarial memorandum states that three rider options were available at date of issue. Explain why these riders are not attached in the Rate/Rule Schedule for Affected Forms.*

   There are riders associated with form SPL-336. These riders are factors applied to the base rate schedule. The requested rate increase is changing the base rate schedule and not the rider factors, which is why the riders were not attached in the Rate/Rule Schedule for Affected Forms. That said, enclosed with this letter are updated current and proposed rate tables that include the rider factor pages for the Bureau's reference.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

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❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Shawn Stender, the contact of record for this filing, at (952) 820-3104 or by e-mail at shawn.stender@milliman.com.

Respectfully,

Missy Gordon

Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/cmn

Attachment 1: Status Listing

Enclosures: Current and Proposed Rate Tables with Rider Factors

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Attachment 1
MedAmerica and Affinity Partners
Status of Filings as of March 21, 2018
All Jurisdictions in Which These Forms are In Force

				2012 Nationwide Request[1]			2016 Nationwide Request[1]			Current Requested Increases					Average
Jurisdiction	Company	12/31/2016 Policies In Force	12/31/2016 Annualized Premium	Average Requested Increase	Most Recent Disposition Date	Average Filed Increase[2]	Average Requested Increase[3]	Most Recent Disposition Date	Average Filed Increase[2]	Average Requested Increase[4]	Status[2][5]	Date Submitted	Disposition Date	Average Filed Increase[2]	Cumulative Increase Filed[2][3]
Alabama	MedAmerica	67	$117,260	38%	04/22/13	38%	75%	03/27/17	32%	52%	Not Yet Filed				82%
Alaska	MedAmerica	5	$15,065	40%	N/A[6]	40%	78%	N/A[6]	78%		No Follow-Up				150%
Alaska	Affinity	11	$44,150	37%	N/A[6]	37%	75%	N/A[6]	75%		No Follow-Up				140%
Arizona	MedAmerica	144	$284,546	37%	03/01/13	37%				114%	Pending	07/21/17			37%
Arkansas	MedAmerica	62	$92,301	33%	06/19/15	15%				132%	Filed	02/15/18	02/16/18	15%	33%
California	MedAmerica	1,282	$3,054,180				86%	04/26/17	15%	TBD	TBD				15%
Colorado	MedAmerica	168	$374,230	40%	10/28/13	40%	84%	11/10/16	33%	TBD[7]	TBD[7]				86%
Connecticut	MedAmerica	97	$225,224				137%	10/07/16	33%	110%	Filed	04/05/17	06/22/17	15%	53%
District of Columbia	MedAmerica	708	$1,567,143	38%	10/14/15	38%				112%	Not Yet Filed				38%
Florida	MedAmerica	675	$1,166,151							88%[8]	Filed	03/02/17	10/03/17	78%	78%
Georgia	MedAmerica	101	$221,500	35%	07/24/15	35%	76%	09/29/16	15%	82%	Filed	06/20/17	07/31/17	20%	86%
Hawaii	MedAmerica	196	$201,331	38%	12/08/17	38%				TBD[7]	TBD[7]				38%
Idaho	MedAmerica	34	$54,139	40%	12/04/14	40%	77%	04/13/17	25%	76%	Not Yet Filed				75%
Illinois	MedAmerica	401	$815,301	39%	05/27/14	39%	76%	12/16/16	76%		No Follow-Up				144%
Indiana	MedAmerica	273	$459,903							TBD	TBD				0%
Iowa	MedAmerica	191	$336,076	35%	06/26/13	35%	75%	12/19/16	17%	77%	Filed	03/31/17	06/05/17	18%	87%
Kansas	Affinity	339	$576,265	28%	02/05/15	28%				106%	Not Yet Filed				28%
Kansas	MedAmerica	142	$238,488	32%	11/14/14	32%				107%	Not Yet Filed				32%
Kentucky	MedAmerica	207	$362,167	36%	02/04/13	36%	74%	10/24/16	40%	52%	Filed	07/11/17	03/01/18	30%	147%
Louisiana	MedAmerica	268	$260,313	38%	09/22/14	20%	101%	11/18/16	25%	84%	Not Yet Filed				50%
Maine	MedAmerica	115	$239,850	43%	10/29/13	43%				106%	Pending	12/19/17			43%
Maryland	MedAmerica	113	$226,848	38%	05/07/15	32%	83%	12/14/17	32%	69%	Not Yet Filed				75%
Massachusetts	MedAmerica	92	$202,242							150%	Pending	08/04/17			0%
Michigan	MedAmerica	161	$343,042	35%	12/18/12	35%	73%	03/16/16	73%		No Follow-Up				134%
Minnesota	MedAmerica	824	$1,117,743				142%	06/30/16	68%	TBD[7]	TBD[7]				68%
Mississippi	MedAmerica	106	$193,488	39%	04/22/14	39%	76%	12/19/16	25%	52%	Filed	07/28/17	03/16/18	25%	116%
Missouri	MedAmerica	298	$489,996	35%	10/07/14	35%	75%	11/15/16	35%	35%	Filed	06/26/17	06/28/17	35%	144%
Montana	MedAmerica	70	$110,747	38%	07/01/14	24%				138%	Not Yet Filed				24%
Nebraska	MedAmerica	105	$201,316	33%	06/18/14	33%				105%	Filed	08/08/17	01/26/18	105%	173%
Nevada	MedAmerica	65	$126,083	37%	09/09/13	37%	85%	09/18/17	96%		No Follow-Up				169%
New Hampshire	MedAmerica	36	$79,028	42%	04/16/13	42%				47%	Pending	01/12/18			42%
New Mexico	MedAmerica	27	$38,369							189%	Filed	07/14/17	09/26/17	5%	5%
New York	MedAmerica	2,288	$5,151,973	36%	07/20/15	11%	113%	10/04/17	80%	43%	Not Yet Filed				100%

[1] Two prior rate increases have been requested nationwide; these increase requests varied by issue age. Certain jurisdictions have 2012 or 2016 requests that are still pending, so the "Current" request column is blank.

[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.

No follow-up is indicated for jurisdictions that approximately filed the full 2016 nationwide cumulative requested increase or represent jurisdictions in which filing for additional rate increases is not cost effective at this time.

[3] The original rates in California are higher than those nationwide because the Simplicity product in California was priced using updated assumptions. As a result, a lower rate increase is requested in California relative to nationwide.

[4] This current rate increase level varies by issue age and inflation option; average rate increase percentages are based on the distribution of in-force business as of December 31, 2015. Excludes policies assumed to be paid-up prior to rate increase implementation.

[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.

[6] Alaska does not require Long-Term Care rates to be filed before use.

[7] No rate increase can be requested at this time because the prior reduced rate increase was phased-in over multiple years.

[8] The company has filed an increase varying by issue age in Florida using the pooled experience of it's entire long-term care business.

Attachment 1
MedAmerica and Affinity Partners
Status of Filings as of March 21, 2018
All Jurisdictions in Which These Forms are In Force

				2012 Nationwide Request[1]			2016 Nationwide Request[1]			Current Requested Increases					Average
Jurisdiction	Company	12/31/2016 Policies In Force	12/31/2016 Annualized Premium	Average Requested Increase	Most Recent Disposition Date	Average Filed Increase[2]	Average Requested Increase[3]	Most Recent Disposition Date	Average Filed Increase[2]	Average Requested Increase[4]	Status[2][5]	Date Submitted	Disposition Date	Average Filed Increase[2]	Cumulative Increase Filed[2][3]
North Carolina	Affinity	97	$174,736	29%	07/11/13	12%	98%	01/12/17	47%	TBD[7]	TBD[7]				64%
North Carolina	MedAmerica	269	$580,139	37%	10/18/13	15%	109%	01/12/17	51%	TBD[7]	TBD[7]				74%
North Dakota	MedAmerica	401	$845,282	35%	04/28/14	31%	78%	04/19/16	15%	86%	Filed	03/17/17	04/24/17	30%	96%
North Dakota	Affinity	271	$463,676	31%	04/28/14	28%	76%	04/19/16	15%	80%	Filed	03/17/17	04/24/17	30%	92%
Ohio	MedAmerica	357	$754,593	35%	03/11/15	35%	74%	06/29/16	15%	83%	Filed	04/05/17	01/03/18	83%	183%
Oklahoma	MedAmerica	35	$77,358	36%	07/03/14	36%	73%	07/27/16	10%	88%	Filed	08/16/17	10/31/17	10%	64%
Oregon	MedAmerica	154	$274,221	39%	03/03/15	33%	83%	05/02/17	30%	71%	Not Yet Filed				73%
Pennsylvania	Affinity	389	$654,034	41%	07/31/15	41%	77%	09/22/16	20%	83%	Filed	03/09/17	09/19/17	20%	102%
Pennsylvania	Affinity	419	$929,661	40%	07/31/15	40%	77%	09/22/16	20%	82%	Filed	03/09/17	09/19/17	20%	102%
Pennsylvania	MedAmerica	306	$666,708	36%	07/31/15	36%	75%	09/22/16	20%	76%	Filed	03/09/17	09/19/17	20%	96%
Rhode Island	MedAmerica	21	$35,468	29%							Pending				0%
South Carolina	Affinity	308	$378,033	43%	09/02/14	41%	80%	06/06/16	20%	83%	Filed	04/05/17	05/16/17	20%	103%
South Carolina	MedAmerica	160	$263,797	39%	09/02/14	38%	77%	06/06/16	20%	69%	Filed	04/05/17	05/16/17	20%	99%
South Dakota	MedAmerica	131	$248,737	34%	02/15/13	34%	73%	04/13/16	73%		No Follow-Up				133%
Tennessee	MedAmerica	612	$909,894	39%	02/08/13	39%	76%	05/25/16	83%		No Follow-Up				153%
Texas	MedAmerica	614	$1,182,037	37%	04/10/13	37%	75%	11/01/16	75%		No Follow-Up				140%
Utah	MedAmerica	68	$106,909	37%	05/13/13	37%	85%	02/09/17	41%	52%	Pending	01/05/18			93%
Vermont	MedAmerica	88	$149,789							204%	Pending	06/08/17			0%
Virginia	MedAmerica	278	$493,411							193%	Pending	01/09/18			0%
Washington	MedAmerica	346	$711,979	37%	04/25/13	37%	76%	11/10/16	76%		No Follow-Up				140%
Washington	Affinity	349	$663,510	35%	04/12/13	35%	75%	11/10/16	75%		No Follow-Up				137%
West Virginia	MedAmerica	2	$12,671	33%	08/12/13	33%				109%	Filed	08/04/17	12/20/17	10%	46%
Wisconsin	MedAmerica	110	$209,448	35%	03/14/13	35%	76%	01/12/17	69%		No Follow-Up				128%
Wyoming	MedAmerica	13	$15,206				162%	08/04/16	180%		No Follow-Up				180%

[1] Two prior rate increases have been requested nationwide; these increase requests varied by issue age. Certain jurisdictions have 2012 or 2016 requests that are still pending, so the "Current" request column is blank.

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No follow-up is indicated for jurisdictions that approximately filed the full 2016 nationwide cumulative requested increase or represent jurisdictions in which filing for additional rate increases is not cost effective at this time.

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May 17, 2018

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Tyler Building, 1300 E. Main St.
Richmond, Virginia 23219

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated March 19, 2018 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your March 19 letter. Each request is restated in italics for reference.

1. *Please provide a copy of the original actuarial memorandum, including original pricing assumptions, original anticipated loss ratio, and mix of business.*

   Enclosed with this letter is the original pricing memorandum, as provided by MedAmerica. Please note that the original pricing memorandum does not include the original anticipated loss ratio or anticipated mix of business.

   While the original pricing memorandum did not provide the original anticipated loss ratio, the company was able to locate the original projections using the assumed mix of business. The company originally anticipated a lifetime loss ratio of 64% using the pricing earnings rate assumption (average 6.3%) that was used in the development of original premiums. In demonstrating compliance with the minimum loss ratio requirement, the originally anticipated lifetime loss ratio was 79% using the valuation interest rate assumption of 4.5%.

   Although the original pricing memorandum did not provide the anticipated mix of business, the company was able to locate the following distributions:

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Issue Ages	Percent Distribution
<30	2%
30-44	8
45-54	33
55-64	40
65-74	15
75+	2

Elimination Period	Percent Distribution
30-Day	0%
60-Day	0
90-Day	100
180-Day	0

Benefit Period	Percent Distribution
2-Year	0%
3-Year	50
4-Year	0
5-Year	25
7-Year	0
Lifetime	25

Inflation Option	Percent Distribution
None	40%
Simple for Life	0
Compound for Life	60
Compound with 2X Maximum	0

Premium Payment Option	Percent Distribution
Ten-Pay	10%
Pay to Age 65	5
Reduced at Age 70	2.5
Reduced at Age 65	2.5
Lifetime-Pay	80

Coverage Type	Percent Distribution
Facility Only	10%
Comprehensive	85
Home Health Only	5

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2. *For all projections requested below, please comply with the following:*
   a. *Please remove any policies in paid-up status from all projections, both past and future.*
   b. *Please use the average maximum valuation interest rate for accumulation and discounting, including any discounting of claim reserves back to the incurral year.*
   c. *Please re-compute nationwide earned premiums to assume Virginia rate levels (both the past and proposed rate changes in Virginia).*

   The historical and projected experience requested below in item 3 has been provided as requested.

   This includes providing experience for policies with a lifetime premium payment option only. The discounting and accumulation when using current assumptions is being done using the maximum valuation interest rate for contract reserves applicable to the year of issue (ranges from 3.5% to 4.5% and averages 4.1%), including the discounting of claims back to the incurral year. The discounting and accumulation when using original pricing assumptions is being done using the maximum valuation interest rate for contract reserves at the time of pricing (4.5%). Nationwide experience is restated to the actual rate increase level approved in Virginia, which reflects no prior rate increases.

3. *For each of the four subsets of the business corresponding to the combinations of (up to 5 year/>5 year benefit periods) and (none/auto-inflation protection), please provide (in Excel format) the following six projections (24 total):*
   a. *current assumptions and current rates*
   b. *current assumptions with the proposed rate increase*
   c. *current assumptions with the proposed rate increase, but with no RBO, CBUL, or adverse selection*
   d. *current assumptions with premiums restated as if the proposed rate schedule had been in effect from inception*
   e. *original assumptions and original premiums from inception*
   f. *actual past experience (claims, mortality, lapse) but original assumptions in the future, with all premiums at the original premium scale from inception*

   Attachments 1 through 4 to this letter provide experience for policies with the requirements outlined in item 2 above and with the following benefit combinations:

   1. Benefit periods <= 5 years with no inflation protection
   2. Benefit periods <= 5 years with auto-inflation protection
   3. Benefit periods > 5 years with no inflation protection
   4. Benefit periods > 5 years with auto-inflation protection

   Each of the four attachments includes the requested six projections labeled as A through F. The original pricing assumptions used in E and F appear in Exhibit IV of the actuarial memorandum.

   These 24 attachments include calendar year earned premiums, incurred claims, annual loss ratios, end of year lives, and cumulative loss ratios. Also included are undiscounted paid claims and year-end claim reserve balances as requested below in item 6. Please note that none of the experience splits provided in these attachments are considered fully credible, but are being provided as requested. These attachments are also provided in the enclosed Excel workbook, as requested.

   We note that E and F use the original pricing assumptions, except for interest. When demonstrating compliance with minimum loss ratio requirements, it is appropriate to use the maximum valuation rate as specified in Virginia regulation. However, when comparing current to original pricing loss ratios it is appropriate to use an earnings rate basis for consistency with that used in the development of the original premiums in order to capture deviations in interest.

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Interest is an important assumption in the development of premiums. Regulation that was in effect at the time of pricing did not prohibit interest deviations. If at the time of pricing deviations in interest was not permitted, then additional margin (lower interest) would have been used in the development of premiums. Furthermore, if consumers were to self-fund, they would also be exposed to investment risk and if their invested assets did not grow at the rate expected, they too may not have sufficient funds to cover their future long-term care costs. If consumers were not able to achieve as high of a spread as MedAmerica, then the decrease in the economic environment may have hurt consumers more had they self-funded their long-term care risk rather than purchasing insurance through MedAmerica.

The table below provides the nationwide lifetime loss ratios for the experience similar to that provided in Attachments A, B, and E of Attachments 1 through 4, except uses an earnings rate basis rather than a maximum valuation interest rate basis.

Benefit Period	Inflation Option	Lifetime Loss Ratio with Earnings Rate			Actual-to-Expected	
		Before Increase	After Increase	Expected	Before Increase	After Increase
<=5	None	80%	59%	49%	1.66	1.21
<=5	Auto	117%	65%	59%	1.99	1.10
>5	None	114%	76%	48%	2.37	1.59
>5	Auto	149%	81%	58%	2.56	1.38

It is also important to note that at the time of pricing a lifetime projection was captured by 50 durations. However, the expected experience provided in Attachments 1 through 4 captures more than 50 durations. The table below provides similar information as E of Attachments 1 through 4, except provides the original pricing loss ratios for 50 durations on both a valuation rate and earnings rate basis. As can be seen by comparing the results in this table to that above and with E of Attachments 1 through 4, 50 durations more adequately captures the lifetime loss ratio on an earnings rate basis than on a valuation rate basis (i.e., the lifetime loss ratios for E of Attachments 1 through 4 are materially different than the table below). This sensitivity further illustrates that at the time of pricing a valuation interest rate was used to confirm excess of minimum loss ratio requirements only and not to be used as a minimum benchmark. If the valuation rate is being used as a benchmark, then limiting the expected lifetime loss ratio to 50 durations is appropriate.

Benefit Period	Inflation Option	Expected Lifetime Loss Ratio with 50 Durations and:	
		Earnings Rate	Valuation Rate
<=5	None	48%	56%
<=5	Auto	57	76
>5	None	47	59
>5	Auto	56	76

Furthermore, we believe the Bureau's intent of restating the proposed increase from inception in D is to prevent companies from recouping past losses. This approach is one of the most restrictive as it assumes the company could have had perfect knowledge at issue. A number of methods exist to quantify or demonstrate whether an increase may be recouping past losses and offer the following for your consideration.

Lifetime Premium Equivalence

Using the Bureau's methodology that assumes perfect knowledge from inception suggests that rates should have been 120% higher from issue in order to reproduce the expected loss ratio of 61% based on original

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pricing assumptions and the actual mix of business sold in Virginia. However, policyholders have been paying substantially lower premiums since inception.

For the 272 lifetime-pay policies that are in-force in Virginia, they would have paid $15.2 million in the history and $27.2 million over the lifetime on a present value basis (at current interest assumption of 5.0%) had their premium rates reflected the 120% increase from issue. However, the actual premium paid by these policies has been $6.9 million on a present value basis, which is a savings of $8.3 million. A future rate increase of 271% results in these Virginia policyholders paying $27.2 million over their lifetime, which is equal to what they would have paid had they been charged the 120% higher premium from issue. This 271% is significantly greater than the average requested rate increase of 195%.

HATF Discussion

The subject and definition of "recoupment of past losses" was discussed by the NAIC Health Actuarial Task Force (HATF) in the development of the 2014 Long-Term Care Model Regulation. The Model Regulation contemplates recouping past losses in Section 20.1.C(3) for newly issued policies. Specifically, recouping past losses is limited by not allowing prior claims in excess of expected claims in the loss ratio test. Enclosed with this letter is an article titled "Recouping Past LTC Losses" that provides additional background on HATF's review of methods of defining past losses. The article was published in the April 2017 issue of the Society of Actuaries Long-Term Care Section newsletter, Long-Term Care News. It is my understanding that in developing the Model Regulation, HATF explored alternative variations of "not recouping past losses" before ultimately settling on the approach outlined above.

To demonstrate a rate increase is not recouping past losses, actuaries must use the lesser of actual and expected past claims in demonstrating compliance with loss ratio and rate stability requirements.

If Exhibit VI of the actuarial memorandum were revised to reflect this change in past claims described in Section 20.1.C(3), the requested rate increase would still pass the 58%/85% minimum loss ratio requirement. To demonstrate compliance, the rate increase passes the test even if the historical incurred claims are set to $0. This is an extremely simplified and easily created demonstration that shows the rate increase is not recouping past losses. Modeling the expected incurred claims as described in Section 20.1.C(3) (rather than simplified $0) results in passing the test to an even greater extent.

Furthermore, a significantly larger rate increase than that requested is needed to restore the performance of this block of business to the original pricing expectation as the company determined the rate increase such that the company is shouldering a portion of the needed rate increase for consumers. The cumulative rate increase being requested nationwide was determined such that the business would break even with margin going forward (i.e., 0% profit margin).

4. *For each of the four subsets of the business above, please provide the active life reserves on a nationwide basis.*

The following table provides the active life reserves by benefit period and inflation option on a nationwide basis for policies with a lifetime premium payment option only.

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Nationwide Lifetime Premium Payment Option Only
Active Life Reserves as of December 31, 2016

Benefit Period	Inflation Option	Active Life Reserve
<= 5 Years	None	$20,896,229
<= 5 Years	Auto	153,091,807
> 5 Years	None	12,414,531
> 5 Years	Auto	49,278,607
All	All	235,681,174

5. *Please specify whether waived premiums are included in earned premiums and incurred claims; provide the waived premium amounts and impact on requested increase.*

   Waiver of premiums are included in earned premiums and incurred claims. That is, earned premiums are not reduced and incurred claims are increased for the waiver of premium benefit. At the time of incurral, a waiver of premium reserve is established and is funded by treating as a liability. While on claim and receiving waiver, premiums are still being earned because the policy is still providing coverage. Therefore, treating the waiver of premium as a benefit in the incurred claims rather than reduction to earned premium is consistent with an incurred loss ratio definition. Reducing premiums for waiver would be more consistent with paid premiums and/or a financial loss ratio definition.

   While including waiver of premium is appropriate, removing waiver of premium (i.e., reducing earned premium and incurred claims) does not have a material impact on the requested rate increase as the impact on the lifetime loss ratio is less than 1%.

   Attachments 5 through 8 provide the waived premium amounts underlying the incurred claims in Attachments A and B of Attachments 1 through 4, respectively, which are discounted to the date of incurral at the maximum valuation interest rate for contract reserves applicable to the year of issue. Attachments 5 through 8 are also provided in the enclosed Excel workbook, as commonly requested.

6. *Please show both the claim reserve and the paid claims separately in the projections. Please specify whether the claim reserves are fixed at the time of the claim or adjusted over time to reflect experience as it emerges. Please provide a sufficiency analysis of the actual runout experience of historical claims over time versus the claim reserves that were assumed.*

   Attachments 1 through 4 show the paid claims and claim reserves as requested. The claim reserves are adjusted over time to reflect emerging experience through updated experience studies. The paid claims and claim reserves are calendar year values and not discounted to the year of incurral. The incurred claims reflects an incurral year definition (e.g., discounted paid claims and claim reserves to the date of incurral), which does not equal a financial definition that uses calendar year paid claims plus the change in claim reserves.

   The table below provides an analysis of the runout of claim reserves versus actual incurred claims. The "estimated" incurred claims for a given incurral year are equal to (a) claim reserves (IBNR + disabled life reserves) as of the end of the incurral year plus (b) any payments made in the year of claim incurral. The "actual" incurred claims for a given incurral year are equal to (a) claim reserves as of December 31, 2016 plus (b) payments made since incurral through 2016. The disabled life reserves and paid claims are discounted to the date of incurral at 4.5% interest. The incurred clams are consistent with those found in Exhibit II of the actuarial memorandum.

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Incurral Year	"Estimated" Incurred Claims as of Incurral Year			"Actual" Incurred Claims as of 12/31/2016			
	(a) Discounted Claim Reserves	(b) Discounted Paid Claims	(c) = (a) + (b) Incurred Claims	(d) Discounted Claim Reserves	(e) Discounted Paid Claims	(f) = (d) + (e) Incurred Claims	(g) = (f) / (c) "Actual" to "Estimated"
2011	2,639,182	529,042	3,168,224	190,620	4,261,814	4,452,433	1.41
2012	2,982,432	671,658	3,654,090	618,922	4,512,335	5,131,258	1.40
2013	5,383,645	975,664	6,359,309	1,475,027	4,872,533	6,347,561	1.00
2014	6,469,732	1,192,510	7,662,242	4,151,609	6,097,266	10,248,875	1.34
2015	7,875,589	1,522,461	9,398,050	4,616,213	4,076,354	8,692,567	0.92

As seen in the table above the claim reserves for Simplicity have generally not been sufficient. We would note that the company strengthened its disabled life reserve by $24 million in response to an updated experience study in 2015.

7. *Please provide in Excel format an exhibit showing the rate increase history and status of existing rate increase requests in each state, including the cumulative approved rate increase percentage and the in force annualized premium for each state.*

   Attachment 9 to this letter provides a cumulative past rate increase history as well as the status of this current nationwide request for each jurisdiction in which there is business in force as of December 31, 2016 on these and similar policy forms issued by either MedAmerica or its affinity partners. Also included in the attachment are the number of policies in force and annualized premium as of December 31, 2016. Attachment 9 is also provided in the enclosed Excel workbook, as requested.

   Regardless of the prior increase implemented in a particular jurisdiction, the company anticipates requesting an actuarially equivalent cumulative rate increase level in all jurisdictions, except where it is not practical to file an increase due to the limited amount of in-force business or regulatory requirements.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to

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search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

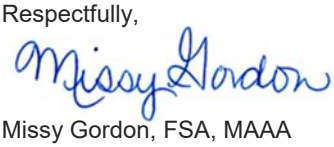
Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Shawn Stender, the contact of record for this filing, at (952) 820-3104 or by e-mail at shawn.stender@milliman.com.

Respectfully,



Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/ddm

Attachment 1:	Nationwide Experience for Policies with Benefit Periods <= 5 Years with No Inflation
Attachment 2:	Nationwide Experience for Policies with Benefit Periods <= 5 Years with Auto-Inflation
Attachment 3:	Nationwide Experience for Policies with Benefit Periods > 5 Years with No Inflation
Attachment 4:	Nationwide Experience for Policies with Benefit Periods > 5 Years with Auto-Inflation
Attachment 5:	Nationwide Historical and Projected Waiver of Premium for Policies with Benefit Periods <= 5 Years with No Inflation
Attachment 6:	Nationwide Historical and Projected Waiver of Premium for Policies with Benefit Periods <= 5 Years with Auto-Inflation
Attachment 7:	Nationwide Historical and Projected Waiver of Premium for Policies with Benefit Periods > 5 Years with No Inflation
Attachment 8:	Nationwide Historical and Projected Waiver of Premium for Policies with Benefit Periods > 5 Years with Auto-Inflation
Attachment 9:	State Status Listing

Enclosures: Original Pricing Memorandum
Response Attachments in Excel
“Recouping Past LTC Losses” Article from April 2017 Long-Term Care News

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Attachment 1A
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	319,950	285,657	32,559	260,164	89%	592	89%
	2005	1,718,546	90,776	96,424	264,425	5%	1,714	19%
	2006	3,043,554	61,157	136,694	199,108	2%	3,193	9%
	2007	4,187,127	206,212	191,739	226,529	5%	3,910	7%
	2008	4,494,641	282,244	218,613	305,973	6%	3,821	7%
	2009	4,305,535	741,664	299,953	776,783	17%	3,629	9%
	2010	4,153,335	825,983	520,276	1,128,109	20%	3,464	11%
	2011	4,107,617	1,205,625	885,251	1,517,058	29%	3,377	14%
	2012	4,089,478	2,533,639	1,038,136	3,119,967	62%	3,326	19%
	2013	4,088,679	2,026,320	1,943,685	3,353,293	50%	3,252	22%
	2014	3,872,566	2,287,627	1,955,916	3,844,660	59%	3,084	25%
	2015	3,649,800	2,365,898	2,276,360	4,113,536	65%	2,922	28%
	2016	3,365,195	1,929,166	2,421,797	3,391,177	57%	2,699	30%
Projected Future Experience (60 Years)	2017	3,166,313	2,005,289	1,460,725	4,399,219	63%	2,632	32%
	2018	3,045,279	2,164,651	1,706,855	4,995,629	71%	2,563	33%
	2019	2,923,909	2,348,179	1,917,940	5,580,980	80%	2,492	35%
	2020	2,794,297	2,548,468	2,127,565	6,173,608	91%	2,419	37%
	2021	2,663,192	2,761,425	2,349,368	6,774,394	104%	2,343	39%
	2022	2,530,368	2,969,776	2,568,342	7,381,608	117%	2,264	41%
	2023	2,396,019	3,159,384	2,779,683	7,983,838	132%	2,182	43%
	2024	2,260,897	3,334,227	2,986,409	8,570,460	147%	2,098	46%
	2025	2,125,972	3,498,316	3,187,721	9,135,532	165%	2,012	48%
	2026	1,992,109	3,643,649	3,380,616	9,667,808	183%	1,925	50%
	2027	1,859,899	3,779,750	3,562,088	10,168,539	203%	1,837	52%
	2028	1,729,986	3,905,779	3,731,790	10,638,481	226%	1,747	55%
	2029	1,603,084	4,004,357	3,886,539	11,063,844	250%	1,657	57%
	2030	1,479,788	4,073,512	4,022,454	11,432,436	275%	1,568	59%
	2031	1,360,494	4,123,968	4,138,250	11,744,059	303%	1,478	61%
	2032	1,245,319	4,172,491	4,237,466	12,012,088	335%	1,390	63%
	2033	1,134,328	4,214,827	4,323,286	12,242,654	372%	1,301	65%
	2034	1,028,279	4,217,459	4,390,269	12,413,240	410%	1,214	67%
	2035	927,407	4,186,051	4,433,394	12,511,691	451%	1,129	69%
	2036	832,091	4,109,785	4,447,159	12,520,070	494%	1,046	71%
	2037	742,686	4,003,243	4,429,481	12,437,044	539%	965	73%
	2038	659,365	3,863,885	4,379,615	12,259,418	586%	888	74%
	2039	582,315	3,701,214	4,298,475	11,992,725	636%	814	76%
	2040	511,673	3,514,741	4,187,307	11,640,883	687%	743	77%
	2041	447,408	3,312,031	4,048,562	11,213,171	740%	677	78%
	2042	389,401	3,097,067	3,885,569	10,719,806	795%	615	80%
	2043	337,389	2,879,952	3,703,152	10,176,713	854%	557	81%
	2044	291,075	2,662,364	3,505,796	9,597,380	915%	503	81%
	2045	250,188	2,447,925	3,298,246	8,994,527	978%	453	82%
	2046	214,332	2,242,373	3,085,076	8,382,411	1,046%	408	83%
	2047	183,057	2,046,577	2,870,433	7,772,322	1,118%	366	84%
	2048	155,915	1,861,907	2,657,923	7,173,570	1,194%	328	84%
	2049	132,503	1,690,208	2,450,716	6,594,369	1,276%	294	85%
	2050	112,379	1,533,794	2,251,657	6,042,613	1,365%	262	85%
	2051	95,185	1,392,210	2,062,855	5,523,774	1,463%	234	85%
	2052	80,529	1,259,516	1,884,770	5,036,909	1,564%	209	86%
	2053	68,049	1,141,106	1,718,446	4,585,511	1,677%	186	86%
	2054	57,460	1,034,997	1,564,543	4,170,458	1,801%	166	86%
	2055	48,504	938,157	1,422,806	3,789,803	1,934%	147	86%
	2056	40,918	850,540	1,292,780	3,441,963	2,079%	131	87%
	2057-2061	125,873	3,120,894	4,845,151	12,878,590	2,479%	457	87%
	2062-2066	52,428	1,676,906	2,809,745	7,412,851	3,199%	235	88%
	2067-2071	21,135	776,947	1,468,983	3,807,523	3,676%	111	88%
	2072-2076	8,282	320,860	683,557	1,728,448	3,874%	47	88%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 1B
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	319,950	285,657	32,559	260,164	89%	592	89%
	2005	1,718,546	90,776	96,424	264,425	5%	1,714	19%
	2006	3,043,554	61,157	136,694	199,108	2%	3,193	9%
	2007	4,187,127	206,212	191,739	226,529	5%	3,910	7%
	2008	4,494,641	282,244	218,613	305,973	6%	3,821	7%
	2009	4,305,535	741,664	299,953	776,783	17%	3,629	9%
	2010	4,153,335	825,983	520,276	1,128,109	20%	3,464	11%
	2011	4,107,617	1,205,625	885,251	1,517,058	29%	3,377	14%
	2012	4,089,478	2,533,639	1,038,136	3,119,967	62%	3,326	19%
	2013	4,088,679	2,026,320	1,943,685	3,353,293	50%	3,252	22%
	2014	3,872,566	2,287,627	1,955,916	3,844,660	59%	3,084	25%
	2015	3,649,800	2,365,898	2,276,360	4,113,536	65%	2,922	28%
	2016	3,365,195	1,929,166	2,421,797	3,391,177	57%	2,699	30%
Projected Future Experience (60 Years)	2017	3,166,313	2,005,289	1,460,725	4,399,219	63%	2,632	32%
	2018	4,166,751	2,029,137	1,678,676	4,885,447	49%	2,358	33%
	2019	5,099,952	2,050,141	1,825,455	5,256,628	40%	2,292	33%
	2020	4,893,574	2,220,090	1,969,061	5,665,589	45%	2,225	34%
	2021	4,683,903	2,400,502	2,132,105	6,104,351	51%	2,155	35%
	2022	4,470,333	2,575,982	2,297,886	6,565,749	58%	2,083	36%
	2023	4,253,011	2,734,398	2,460,529	7,035,938	64%	2,008	37%
	2024	4,033,038	2,879,439	2,622,457	7,502,115	71%	1,930	38%
	2025	3,811,909	3,014,662	2,782,642	7,955,874	79%	1,851	39%
	2026	3,590,973	3,133,328	2,937,782	8,385,045	87%	1,771	40%
	2027	3,371,173	3,243,498	3,084,181	8,789,127	96%	1,690	42%
	2028	3,153,545	3,344,570	3,220,955	9,167,875	106%	1,607	43%
	2029	2,939,272	3,421,835	3,345,108	9,509,011	116%	1,525	44%
	2030	2,729,380	3,473,673	3,453,226	9,801,779	127%	1,442	45%
	2031	2,524,603	3,509,488	3,544,184	10,045,938	139%	1,360	47%
	2032	2,325,182	3,543,652	3,621,005	10,252,888	152%	1,278	48%
	2033	2,131,261	3,572,532	3,686,402	10,427,851	168%	1,197	49%
	2034	1,944,510	3,567,875	3,735,803	10,551,887	183%	1,117	50%
	2035	1,765,322	3,534,517	3,765,002	10,614,828	200%	1,039	52%
	2036	1,594,514	3,463,561	3,769,427	10,601,793	217%	962	53%
	2037	1,432,875	3,367,491	3,747,426	10,511,998	235%	888	54%
	2038	1,280,922	3,244,405	3,698,505	10,343,202	253%	817	55%
	2039	1,139,199	3,102,294	3,623,554	10,100,395	272%	749	56%
	2040	1,008,139	2,940,860	3,523,736	9,787,215	292%	684	56%
	2041	887,890	2,766,476	3,401,211	9,411,725	312%	623	57%
	2042	778,419	2,582,509	3,258,857	8,982,725	332%	565	58%
	2043	679,433	2,397,314	3,100,765	8,513,640	353%	512	59%
	2044	590,560	2,212,384	2,930,739	8,015,898	375%	462	59%
	2045	511,435	2,030,723	2,752,785	7,500,221	397%	417	60%
	2046	441,468	1,857,099	2,570,749	6,978,568	421%	375	60%
	2047	379,932	1,692,138	2,388,093	6,460,320	445%	337	60%
	2048	326,082	1,536,920	2,207,803	5,953,165	471%	302	61%
	2049	279,231	1,392,910	2,032,486	5,463,836	499%	270	61%
	2050	238,623	1,261,951	1,864,466	4,998,752	529%	241	61%
	2051	203,621	1,143,633	1,705,456	4,562,332	562%	216	62%
	2052	173,522	1,033,071	1,555,811	4,153,732	595%	192	62%
	2053	147,667	934,593	1,416,351	3,775,689	633%	171	62%
	2054	125,534	846,523	1,287,569	3,428,788	674%	152	62%
	2055	106,640	766,332	1,169,212	3,111,296	719%	135	62%
	2056	90,496	693,950	1,060,861	2,821,787	767%	120	62%
	2057-2061	282,036	2,539,922	3,962,172	10,522,611	901%	420	63%
	2062-2066	119,340	1,360,706	2,287,069	6,030,252	1,140%	216	63%
	2067-2071	48,421	629,456	1,192,413	3,089,483	1,300%	102	63%
	2072-2076	19,005	259,796	554,025	1,400,567	1,367%	43	63%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 1C
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase without RBO, CBUL, and Adverse Selection
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
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	2009	4,305,535	741,664	299,953	776,783	17%	3,629	9%
	2010	4,153,335	825,983	520,276	1,128,109	20%	3,464	11%
	2011	4,107,617	1,205,625	885,251	1,517,058	29%	3,377	14%
	2012	4,089,478	2,533,639	1,038,136	3,119,967	62%	3,326	19%
	2013	4,088,679	2,026,320	1,943,685	3,353,293	50%	3,252	22%
	2014	3,872,566	2,287,627	1,955,916	3,844,660	59%	3,084	25%
	2015	3,649,800	2,365,898	2,276,360	4,113,536	65%	2,922	28%
	2016	3,365,195	1,929,166	2,421,797	3,391,177	57%	2,699	30%
Projected Future Experience (60 Years)	2017	3,166,313	2,005,289	1,460,725	4,399,219	63%	2,632	32%
	2018	4,769,112	2,208,783	1,715,956	5,031,584	46%	2,563	33%
	2019	6,271,070	2,444,610	1,947,682	5,686,412	39%	2,492	33%
	2020	6,020,436	2,649,939	2,177,587	6,334,847	44%	2,419	34%
	2021	5,765,645	2,868,207	2,416,256	6,981,173	50%	2,343	35%
	2022	5,505,916	3,081,214	2,649,283	7,625,586	56%	2,264	36%
	2023	5,241,398	3,274,441	2,872,290	8,257,825	62%	2,182	37%
	2024	4,973,415	3,452,188	3,088,617	8,868,449	69%	2,098	38%
	2025	4,703,770	3,618,659	3,297,649	9,452,736	77%	2,012	40%
	2026	4,434,099	3,765,635	3,496,625	10,000,222	85%	1,925	41%
	2027	4,165,546	3,902,876	3,682,848	10,512,886	94%	1,837	42%
	2028	3,899,372	4,029,539	3,856,221	10,991,980	103%	1,747	44%
	2029	3,637,021	4,127,823	4,013,642	11,423,703	113%	1,657	45%
	2030	3,379,753	4,195,668	4,151,214	11,795,781	124%	1,568	46%
	2031	3,128,478	4,244,277	4,267,719	12,108,358	136%	1,478	48%
	2032	2,883,498	4,290,916	4,366,896	12,375,462	149%	1,390	49%
	2033	2,644,994	4,331,131	4,452,082	12,603,538	164%	1,301	51%
	2034	2,415,075	4,330,554	4,517,743	12,769,614	179%	1,214	52%
	2035	2,194,223	4,295,016	4,558,772	12,861,327	196%	1,129	53%
	2036	1,983,466	4,213,529	4,569,581	12,860,440	212%	1,046	54%
	2037	1,783,803	4,101,164	4,548,106	12,765,795	230%	965	55%
	2038	1,595,901	3,955,406	4,493,660	12,574,344	248%	888	57%
	2039	1,420,466	3,785,985	4,407,241	12,291,916	267%	814	58%
	2040	1,258,062	3,592,494	4,290,192	11,922,720	286%	743	58%
	2041	1,108,900	3,382,714	4,145,086	11,476,431	305%	677	59%
	2042	972,971	3,160,746	3,975,385	10,963,653	325%	615	60%
	2043	849,937	2,936,869	3,786,060	10,400,748	346%	557	61%
	2044	739,368	2,712,871	3,581,734	9,801,616	367%	503	61%
	2045	640,830	2,492,448	3,367,290	9,179,338	389%	453	62%
	2046	553,613	2,281,472	3,147,429	8,548,548	412%	408	62%
	2047	476,835	2,080,766	2,926,396	7,920,776	436%	366	63%
	2048	409,582	1,891,677	2,707,865	7,305,489	462%	328	63%
	2049	351,015	1,716,043	2,495,051	6,711,003	489%	294	63%
	2050	300,204	1,556,173	2,290,831	6,145,281	518%	262	64%
	2051	256,366	1,411,593	2,097,332	5,613,832	551%	234	64%
	2052	218,633	1,276,262	1,915,005	5,115,647	584%	209	64%
	2053	186,191	1,155,589	1,744,885	4,654,185	621%	186	64%
	2054	158,392	1,047,535	1,587,610	4,230,249	661%	166	65%
	2055	134,637	948,996	1,442,893	3,841,779	705%	147	65%
	2056	114,323	859,926	1,310,247	3,487,100	752%	131	65%
	2057-2061	356,752	3,151,547	4,903,200	13,028,221	883%	457	65%
	2062-2066	151,187	1,690,514	2,837,200	7,483,167	1,118%	235	66%
	2067-2071	61,381	782,340	1,481,033	3,837,922	1,275%	111	66%
	2072-2076	24,095	322,924	688,474	1,740,579	1,340%	47	66%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 1D
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to Proposed Increase From Inception
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	632,537	285,657	32,559	260,164	45%	592	45%
	2005	3,464,574	90,776	96,424	264,425	3%	1,714	9%
	2006	6,283,718	61,157	136,694	199,108	1%	3,193	4%
	2007	8,759,128	206,212	191,739	226,529	2%	3,910	4%
	2008	9,422,221	282,244	218,613	305,973	3%	3,821	3%
	2009	9,038,862	741,664	299,953	776,783	8%	3,629	4%
	2010	8,729,985	825,983	520,276	1,128,109	9%	3,464	5%
	2011	8,627,230	1,205,625	885,251	1,517,058	14%	3,377	7%
	2012	8,590,847	2,533,639	1,038,136	3,119,967	29%	3,326	9%
	2013	8,598,129	2,026,320	1,943,685	3,353,293	24%	3,252	11%
	2014	8,158,001	2,287,627	1,955,916	3,844,660	28%	3,084	12%
	2015	7,709,037	2,365,898	2,276,360	4,113,536	31%	2,922	13%
	2016	7,143,056	1,929,166	2,421,797	3,391,177	27%	2,699	14%
Projected Future Experience (60 Years)	2017	6,734,560	2,092,636	1,478,680	4,470,455	31%	2,632	15%
	2018	6,502,859	2,256,167	1,745,216	5,123,452	35%	2,563	16%
	2019	6,271,070	2,444,610	1,973,190	5,754,715	39%	2,492	17%
	2020	6,020,436	2,649,939	2,197,002	6,385,179	44%	2,419	18%
	2021	5,765,644	2,868,207	2,430,883	7,017,943	50%	2,343	19%
	2022	5,505,916	3,081,214	2,660,332	7,652,085	56%	2,264	20%
	2023	5,241,398	3,274,441	2,880,504	8,276,670	62%	2,182	21%
	2024	4,973,415	3,452,188	3,094,494	8,881,816	69%	2,098	22%
	2025	4,703,770	3,618,659	3,301,793	9,462,241	77%	2,012	23%
	2026	4,434,099	3,765,635	3,499,575	10,006,978	85%	1,925	24%
	2027	4,165,545	3,902,876	3,684,992	10,517,642	94%	1,837	25%
	2028	3,899,372	4,029,539	3,857,782	10,995,275	103%	1,747	26%
	2029	3,637,021	4,127,823	4,014,763	11,425,946	113%	1,657	28%
	2030	3,379,753	4,195,668	4,152,006	11,797,280	124%	1,568	29%
	2031	3,128,478	4,244,277	4,268,268	12,109,340	136%	1,478	30%
	2032	2,883,498	4,290,916	4,367,269	12,376,092	149%	1,390	31%
	2033	2,644,993	4,331,131	4,452,329	12,603,934	164%	1,301	32%
	2034	2,415,075	4,330,554	4,517,904	12,769,858	179%	1,214	32%
	2035	2,194,223	4,295,016	4,558,874	12,861,474	196%	1,129	33%
	2036	1,983,466	4,213,529	4,569,644	12,860,527	212%	1,046	34%
	2037	1,783,803	4,101,164	4,548,144	12,765,846	230%	965	35%
	2038	1,595,901	3,955,406	4,493,683	12,574,373	248%	888	36%
	2039	1,420,466	3,785,985	4,407,254	12,291,932	267%	814	36%
	2040	1,258,062	3,592,494	4,290,200	11,922,729	286%	743	37%
	2041	1,108,900	3,382,714	4,145,091	11,476,435	305%	677	38%
	2042	972,971	3,160,746	3,975,387	10,963,655	325%	615	38%
	2043	849,937	2,936,869	3,786,061	10,400,749	346%	557	39%
	2044	739,368	2,712,871	3,581,734	9,801,616	367%	503	39%
	2045	640,830	2,492,448	3,367,290	9,179,338	389%	453	39%
	2046	553,613	2,281,472	3,147,429	8,548,548	412%	408	40%
	2047	476,835	2,080,766	2,926,396	7,920,776	436%	366	40%
	2048	409,582	1,891,677	2,707,865	7,305,489	462%	328	40%
	2049	351,015	1,716,043	2,495,051	6,711,003	489%	294	41%
	2050	300,204	1,556,173	2,290,831	6,145,281	518%	262	41%
	2051	256,366	1,411,593	2,097,332	5,613,832	551%	234	41%
	2052	218,633	1,276,262	1,915,005	5,115,647	584%	209	41%
	2053	186,191	1,155,589	1,744,885	4,654,185	621%	186	41%
	2054	158,392	1,047,535	1,587,610	4,230,249	661%	166	41%
	2055	134,637	948,996	1,442,893	3,841,779	705%	147	41%
	2056	114,323	859,926	1,310,247	3,487,100	752%	131	42%
	2057-2061	356,752	3,151,547	4,903,200	13,028,221	883%	457	42%
	2062-2066	151,187	1,690,514	2,837,200	7,483,167	1,118%	235	42%
	2067-2071	61,381	782,340	1,481,033	3,837,922	1,275%	111	42%
	2072-2076	24,095	322,924	688,474	1,740,579	1,340%	47	42%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 1E
MedAmerica and Affinity Partners
Projected Experience by Calendar Year
Nationwide Expected Experience
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and No Inflation

		Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
	2004	309,980	15,541	3,238	12,648	5%	587	5%
	2005	1,676,166	87,027	21,693	80,200	5%	1,681	5%
	2006	2,864,205	178,247	59,790	204,407	6%	3,095	6%
	2007	3,852,152	298,649	120,277	393,973	8%	3,940	7%
	2008	4,094,528	419,542	199,921	631,698	10%	3,881	8%
	2009	3,909,338	543,288	294,597	906,535	14%	3,768	9%
	2010	3,752,826	675,093	402,429	1,214,394	18%	3,648	11%
	2011	3,661,061	812,409	521,515	1,550,389	22%	3,596	12%
	2012	3,616,623	942,835	647,556	1,901,148	26%	3,541	14%
	2013	3,591,783	1,062,660	775,763	2,253,997	30%	3,512	15%
	2014	3,426,581	1,166,301	901,191	2,595,217	34%	3,374	17%
	2015	3,238,271	1,265,401	1,022,423	2,924,103	39%	3,244	18%
	2016	3,058,338	1,362,163	1,139,596	3,242,050	45%	3,118	20%
	2017	2,883,197	1,457,824	1,253,254	3,551,204	51%	2,993	21%
	2018	2,711,739	1,550,015	1,363,351	3,851,382	57%	2,869	23%
	2019	2,543,976	1,638,237	1,469,685	4,142,092	64%	2,747	24%
	2020	2,380,137	1,721,847	1,572,009	4,422,416	72%	2,625	26%
	2021	2,220,622	1,799,020	1,669,660	4,690,218	81%	2,505	27%
	2022	2,065,850	1,868,707	1,761,772	4,943,105	90%	2,386	29%
	2023	1,916,213	1,934,062	1,848,285	5,181,915	101%	2,268	31%
	2024	1,772,070	1,992,110	1,928,864	5,404,801	112%	2,153	32%
	2025	1,633,745	2,042,643	2,002,972	5,610,196	125%	2,039	33%
Projected Experience	2026	1,501,510	2,088,834	2,070,770	5,799,582	139%	1,929	35%
	2027	1,375,589	2,131,440	2,132,841	5,974,665	155%	1,820	36%
	2028	1,256,157	2,167,433	2,189,078	6,134,201	173%	1,715	38%
	2029	1,143,337	2,195,445	2,238,940	6,276,060	192%	1,612	39%
	2030	1,037,139	2,213,218	2,281,458	6,396,726	213%	1,513	41%
	2031	937,699	2,219,896	2,315,503	6,492,860	237%	1,417	42%
	2032	844,883	2,214,818	2,340,051	6,561,394	262%	1,324	43%
	2033	758,543	2,197,354	2,354,157	6,599,494	290%	1,236	44%
	2034	678,854	2,168,341	2,357,272	6,605,669	319%	1,151	45%
	2035	605,464	2,127,070	2,348,884	6,578,179	351%	1,070	46%
	2036	538,165	2,072,346	2,328,251	6,514,770	385%	993	47%
	2037	476,717	2,006,238	2,295,240	6,415,381	421%	919	48%
	2038	420,865	1,930,788	2,250,282	6,281,610	459%	850	49%
	2039	370,315	1,847,426	2,194,142	6,115,785	499%	785	50%
	2040	324,740	1,756,507	2,127,588	5,919,882	541%	723	51%
	2041	283,935	1,660,195	2,051,569	5,697,183	585%	666	51%
	2042	247,522	1,560,972	1,967,479	5,452,189	631%	612	52%
	2043	215,181	1,459,406	1,876,695	5,188,699	678%	561	53%
	2044	186,589	1,359,346	1,781,060	4,912,694	729%	514	53%
	2045	161,430	1,261,893	1,682,401	4,629,586	782%	471	54%
	2046	139,385	1,167,085	1,582,167	4,343,494	837%	430	54%
	2047	120,151	1,075,840	1,481,712	4,058,215	895%	393	54%
	2048	103,434	990,101	1,382,495	3,778,158	957%	358	55%
	2049	88,951	909,829	1,285,736	3,506,570	1,023%	326	55%
	2050	76,444	834,870	1,192,300	3,245,747	1,092%	297	55%
	2051	65,667	764,937	1,102,790	2,997,141	1,165%	270	55%
	2052	56,401	700,480	1,017,775	2,762,128	1,242%	245	55%
	2053	48,442	641,429	937,642	2,541,653	1,324%	222	56%
	2054	41,612	587,098	862,549	2,335,824	1,411%	200	56%
	2055	35,750	537,571	792,586	2,144,749	1,504%	181	56%
	2056	30,718	492,247	727,665	1,968,010	1,602%	163	56%
	2057-2061	99,655	1,895,053	2,822,663	7,627,808	1,902%	594	56%
	2062-2066	46,059	1,178,321	1,795,930	4,846,811	2,558%	326	57%
	2067-2071	20,284	710,229	1,109,888	2,991,886	3,501%	161	57%
	2072-2076	8,072	383,918	651,965	1,746,268	4,756%	68	57%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 1F
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and No Inflation

		Actual or Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
Historical Experience	2004	319,950	285,657	32,559	260,164	89%	592	89%
	2005	1,718,546	90,776	96,424	264,425	5%	1,714	19%
	2006	3,043,554	61,157	136,694	199,108	2%	3,193	9%
	2007	4,187,127	206,212	191,739	226,529	5%	3,910	7%
	2008	4,494,641	282,244	218,613	305,973	6%	3,821	7%
	2009	4,305,535	741,664	299,953	776,783	17%	3,629	9%
	2010	4,153,335	825,983	520,276	1,128,109	20%	3,464	11%
	2011	4,107,617	1,205,625	885,251	1,517,058	29%	3,377	14%
	2012	4,089,478	2,533,639	1,038,136	3,119,967	62%	3,326	19%
	2013	4,088,679	2,026,320	1,943,685	3,353,293	50%	3,252	22%
	2014	3,872,566	2,287,627	1,955,916	3,844,660	59%	3,084	25%
	2015	3,649,800	2,365,898	2,276,360	4,113,536	65%	2,922	28%
	2016	3,365,195	1,929,166	2,421,797	3,391,177	57%	2,699	30%
Projected Future Experience (60 Years)	2017	3,126,486	1,747,923	1,424,274	4,179,105	56%	2,573	31%
	2018	2,929,964	1,852,189	1,609,372	4,556,133	63%	2,447	33%
	2019	2,739,981	1,949,654	1,749,005	4,901,552	71%	2,324	34%
	2020	2,549,327	2,040,914	1,873,497	5,223,456	80%	2,201	35%
	2021	2,364,531	2,123,967	1,994,929	5,515,991	90%	2,081	37%
	2022	2,186,042	2,195,859	2,099,663	5,783,794	100%	1,962	38%
	2023	2,014,365	2,262,101	2,189,265	6,035,671	112%	1,845	40%
	2024	1,849,895	2,317,926	2,271,369	6,268,116	125%	1,731	41%
	2025	1,692,963	2,362,914	2,346,249	6,476,842	140%	1,620	43%
	2026	1,543,834	2,402,708	2,414,149	6,662,993	156%	1,512	44%
	2027	1,402,721	2,437,160	2,473,706	6,828,948	174%	1,407	46%
	2028	1,269,777	2,461,812	2,524,562	6,972,939	194%	1,306	47%
	2029	1,145,082	2,476,070	2,566,217	7,093,056	216%	1,209	49%
	2030	1,028,651	2,476,920	2,597,712	7,185,218	241%	1,116	50%
	2031	920,432	2,462,972	2,617,773	7,245,112	268%	1,027	51%
	2032	820,236	2,434,841	2,625,423	7,269,932	297%	942	53%
	2033	727,819	2,392,045	2,619,846	7,257,135	329%	862	54%
	2034	643,320	2,335,128	2,600,581	7,205,132	363%	786	55%
	2035	566,246	2,263,506	2,567,209	7,112,130	400%	715	56%
	2036	496,280	2,176,931	2,519,222	6,976,543	439%	649	57%
	2037	433,079	2,078,947	2,457,025	6,799,971	480%	586	58%
	2038	376,278	1,971,729	2,381,555	6,585,337	524%	529	59%
	2039	325,491	1,856,148	2,293,869	6,335,460	570%	475	59%
	2040	280,331	1,734,075	2,195,229	6,053,873	619%	426	60%
	2041	240,399	1,609,252	2,087,340	5,746,307	669%	381	61%
	2042	205,285	1,484,092	1,972,266	5,419,026	723%	340	61%
	2043	174,589	1,359,060	1,851,867	5,077,049	778%	302	62%
	2044	147,912	1,237,798	1,728,304	4,727,063	837%	268	62%
	2045	124,867	1,121,677	1,603,674	4,375,215	898%	238	62%
	2046	105,068	1,011,516	1,479,802	4,026,797	963%	210	63%
	2047	88,156	908,274	1,358,364	3,686,524	1,030%	185	63%
	2048	73,783	813,061	1,240,873	3,358,839	1,102%	163	63%
	2049	61,624	725,429	1,128,464	3,046,689	1,177%	144	63%
	2050	51,383	645,641	1,022,011	2,752,482	1,257%	126	64%
	2051	42,786	572,966	922,045	2,477,402	1,339%	111	64%
	2052	35,594	507,600	828,980	2,222,445	1,426%	97	64%
	2053	29,589	449,319	743,037	1,988,181	1,519%	85	64%
	2054	24,586	396,892	664,158	1,773,988	1,614%	74	64%
	2055	20,421	350,356	592,228	1,579,388	1,716%	65	64%
	2056	16,957	309,058	526,978	1,403,490	1,823%	56	64%
	2057-2061	50,140	1,066,989	1,860,568	4,941,593	2,128%	188	64%
	2062-2066	19,452	531,422	981,020	2,589,730	2,732%	89	64%
	2067-2071	7,304	250,862	488,849	1,279,371	3,435%	39	65%
	2072-2076	2,655	112,089	231,952	600,034	4,221%	16	65%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2A
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	779,719	0	0	0	0%	1,432	0%
	2005	4,298,455	18,877	0	19,297	0%	4,083	0%
	2006	8,981,373	42,310	40,132	23,720	0%	8,179	0%
	2007	14,299,305	57,661	45,287	38,889	0%	10,789	0%
	2008	16,395,200	1,537,268	240,362	1,375,730	9%	11,305	4%
	2009	16,350,902	598,549	582,778	1,447,072	4%	10,880	4%
	2010	16,031,674	1,986,933	739,648	2,783,465	12%	10,706	5%
	2011	15,924,872	1,667,284	1,132,068	3,435,661	10%	10,481	6%
	2012	15,943,604	1,210,925	1,266,398	3,509,912	8%	10,509	6%
	2013	16,286,078	2,453,272	1,992,577	4,150,736	15%	10,446	7%
	2014	15,687,514	3,251,926	2,250,049	5,385,207	21%	10,028	9%
	2015	15,126,973	3,338,937	2,679,190	6,283,272	22%	9,721	10%
	2016	14,454,222	3,734,504	3,509,173	5,845,835	26%	9,235	11%
Projected Future Experience (60 Years)	2017	13,844,679	4,263,567	2,757,457	8,477,882	31%	9,084	12%
	2018	13,576,145	5,004,218	3,479,207	10,284,591	37%	8,936	13%
	2019	13,311,360	5,910,072	4,196,233	12,337,211	44%	8,786	15%
	2020	13,031,894	6,990,038	5,013,858	14,717,951	54%	8,632	16%
	2021	12,745,054	8,209,932	5,964,198	17,443,665	64%	8,473	18%
	2022	12,443,436	9,558,313	7,032,777	20,534,366	77%	8,306	20%
	2023	12,124,512	11,012,050	8,216,277	23,990,142	91%	8,129	22%
	2024	11,787,348	12,588,193	9,527,088	27,816,078	107%	7,942	25%
	2025	11,432,267	14,289,087	10,969,926	32,015,068	125%	7,745	27%
	2026	11,059,971	16,140,735	12,551,962	36,609,416	146%	7,538	30%
	2027	10,670,917	18,172,006	14,282,700	41,641,874	170%	7,321	33%
	2028	10,265,826	20,335,709	16,163,611	47,106,357	198%	7,094	36%
	2029	9,845,733	22,602,475	18,186,949	52,974,332	230%	6,857	40%
	2030	9,411,916	24,923,676	20,335,365	59,184,352	265%	6,611	43%
	2031	8,966,026	27,332,631	22,598,330	65,718,310	305%	6,355	47%
	2032	8,509,219	30,011,531	25,009,241	72,710,174	353%	6,090	51%
	2033	8,042,325	32,933,518	27,599,925	80,237,291	410%	5,816	55%
	2034	7,567,393	35,746,432	30,318,462	88,071,011	472%	5,535	59%
	2035	7,087,319	38,430,750	33,096,828	96,026,011	542%	5,246	63%
	2036	6,605,324	40,907,537	35,868,064	103,899,585	619%	4,953	68%
	2037	6,124,632	43,142,044	38,568,779	111,512,786	704%	4,656	72%
	2038	5,648,610	45,120,570	41,145,522	118,722,368	799%	4,358	77%
	2039	5,180,995	46,689,917	43,526,191	125,297,868	901%	4,060	82%
	2040	4,725,479	47,827,929	45,642,166	131,050,140	1,012%	3,766	86%
	2041	4,285,538	48,426,103	47,418,160	135,750,877	1,130%	3,477	90%
	2042	3,864,092	48,573,735	48,807,775	139,304,747	1,257%	3,195	95%
	2043	3,463,673	48,198,536	49,769,526	141,582,286	1,392%	2,923	99%
	2044	3,086,612	47,419,814	50,290,438	142,586,210	1,536%	2,661	102%
	2045	2,734,775	46,250,036	50,372,290	142,330,289	1,691%	2,413	106%
	2046	2,409,569	44,714,809	50,022,000	140,848,027	1,856%	2,178	109%
	2047	2,111,482	42,927,022	49,271,376	138,257,159	2,033%	1,959	112%
	2048	1,840,409	40,926,448	48,158,012	134,680,894	2,224%	1,754	115%
	2049	1,595,853	38,798,317	46,731,356	130,282,510	2,431%	1,565	118%
	2050	1,376,917	36,516,653	45,033,417	125,160,175	2,652%	1,392	120%
	2051	1,182,456	34,148,922	43,107,607	119,439,632	2,888%	1,234	122%
	2052	1,010,931	31,734,280	40,998,786	113,244,329	3,139%	1,090	124%
	2053	860,589	29,363,069	38,759,565	106,739,865	3,412%	960	126%
	2054	729,567	27,107,872	36,449,019	100,110,192	3,716%	843	127%
	2055	616,028	24,937,632	34,112,334	93,466,122	4,048%	739	129%
	2056	518,176	22,798,580	31,772,579	86,842,815	4,400%	645	130%
	2057-2061	1,555,167	84,878,148	125,016,459	339,100,616	5,458%	2,157	134%
	2062-2066	593,856	46,824,486	76,441,188	204,166,676	7,885%	1,016	136%
	2067-2071	209,781	22,099,918	41,145,223	107,535,568	10,535%	441	137%
	2072-2076	68,100	8,921,878	19,263,154	49,102,345	13,101%	170	137%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2B
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	779,719	0	0	0	0%	1,432	0%
	2005	4,298,455	18,877	0	19,297	0%	4,083	0%
	2006	8,981,373	42,310	40,132	23,720	0%	8,179	0%
	2007	14,299,305	57,661	45,287	38,889	0%	10,789	0%
	2008	16,395,200	1,537,268	240,362	1,375,730	9%	11,305	4%
	2009	16,350,902	598,549	582,778	1,447,072	4%	10,880	4%
	2010	16,031,674	1,986,933	739,648	2,783,465	12%	10,706	5%
	2011	15,924,872	1,667,284	1,132,068	3,435,661	10%	10,481	6%
	2012	15,943,604	1,210,925	1,266,398	3,509,912	8%	10,509	6%
	2013	16,286,078	2,453,272	1,992,577	4,150,736	15%	10,446	7%
	2014	15,687,514	3,251,926	2,250,049	5,385,207	21%	10,028	9%
	2015	15,126,973	3,338,937	2,679,190	6,283,272	22%	9,721	10%
	2016	14,454,222	3,734,504	3,509,173	5,845,835	26%	9,235	11%
Projected Future Experience (60 Years)	2017	13,844,679	4,263,567	2,757,457	8,477,882	31%	9,084	12%
	2018	22,772,376	4,594,992	3,392,928	9,953,103	20%	8,221	13%
	2019	31,322,610	4,984,582	3,908,718	11,341,416	16%	8,083	13%
	2020	30,700,819	5,884,473	4,501,782	13,084,627	19%	7,941	13%
	2021	30,064,499	6,900,006	5,227,956	15,174,987	23%	7,795	14%
	2022	29,394,800	8,021,740	6,067,256	17,614,937	27%	7,641	15%
	2023	28,686,414	9,228,869	7,011,904	20,393,467	32%	7,479	16%
	2024	27,936,888	10,534,748	8,070,675	23,504,175	38%	7,307	17%
	2025	27,146,516	11,940,568	9,246,187	26,939,147	44%	7,126	18%
	2026	26,316,350	13,467,444	10,541,921	30,708,356	51%	6,935	20%
	2027	25,446,878	15,138,463	11,962,357	34,841,083	59%	6,736	21%
	2028	24,539,152	16,913,873	13,506,372	39,327,698	69%	6,527	23%
	2029	23,594,921	18,768,350	15,165,884	44,140,524	80%	6,309	24%
	2030	22,616,466	20,660,946	16,925,319	49,225,064	91%	6,082	26%
	2031	21,606,922	22,619,144	18,774,963	54,563,517	105%	5,847	28%
	2032	20,568,354	24,793,542	20,741,654	60,264,501	121%	5,603	30%
	2033	19,502,141	27,161,841	22,851,070	66,390,318	139%	5,351	32%
	2034	18,412,437	29,432,907	25,059,808	72,750,743	160%	5,092	34%
	2035	17,305,427	31,591,001	27,311,376	79,192,020	183%	4,826	36%
	2036	16,188,167	33,572,014	29,550,483	85,547,115	207%	4,556	39%
	2037	15,067,938	35,349,098	31,725,237	91,670,056	235%	4,283	41%
	2038	13,952,518	36,912,468	33,792,283	97,445,169	265%	4,009	43%
	2039	12,850,700	38,138,804	35,693,428	102,686,719	297%	3,736	45%
	2040	11,771,334	39,010,794	37,373,457	107,242,744	331%	3,465	48%
	2041	10,722,924	39,441,523	38,771,933	110,930,032	368%	3,199	50%
	2042	9,712,797	39,505,533	39,852,206	113,674,449	407%	2,940	52%
	2043	8,747,551	39,145,866	40,581,855	115,374,720	448%	2,689	54%
	2044	7,833,361	38,460,639	40,951,660	116,036,935	491%	2,449	56%
	2045	6,975,408	37,461,249	40,964,411	115,676,192	537%	2,220	58%
	2046	6,177,743	36,169,456	40,627,042	114,323,356	585%	2,004	59%
	2047	5,442,235	34,677,485	39,966,532	112,077,190	637%	1,802	61%
	2048	4,769,325	33,018,145	39,014,442	109,040,452	692%	1,614	62%
	2049	4,158,470	31,261,004	37,811,800	105,347,978	752%	1,440	64%
	2050	3,608,141	29,385,492	36,393,463	101,081,570	814%	1,280	65%
	2051	3,116,148	27,446,374	34,795,261	96,344,864	881%	1,135	66%
	2052	2,679,248	25,475,326	33,054,028	91,239,134	951%	1,003	67%
	2053	2,293,640	23,544,525	31,212,559	85,898,615	1,027%	883	68%
	2054	1,955,201	21,711,952	29,318,619	80,471,671	1,110%	776	69%
	2055	1,659,822	19,952,473	27,408,660	75,047,575	1,202%	680	69%
	2056	1,403,430	18,222,910	25,501,299	69,654,767	1,298%	594	70%
	2057-2061	4,263,417	67,682,517	100,064,440	271,246,888	1,588%	1,984	72%
	2062-2066	1,655,732	37,223,872	60,943,013	162,687,352	2,248%	935	73%
	2067-2071	589,864	17,538,909	32,716,772	85,474,985	2,973%	405	73%
	2072-2076	192,004	7,074,379	15,292,857	38,971,943	3,685%	156	73%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2C
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase without RBO, CBUL, and Adverse Selection
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	779,719	0	0	0	0%	1,432	0%
	2005	4,298,455	18,877	0	19,297	0%	4,083	0%
	2006	8,981,373	42,310	40,132	23,720	0%	8,179	0%
	2007	14,299,305	57,661	45,287	38,889	0%	10,789	0%
	2008	16,395,200	1,537,268	240,362	1,375,730	9%	11,305	4%
	2009	16,350,902	598,549	582,778	1,447,072	4%	10,880	4%
	2010	16,031,674	1,986,933	739,648	2,783,465	12%	10,706	5%
	2011	15,924,872	1,667,284	1,132,068	3,435,661	10%	10,481	6%
	2012	15,943,604	1,210,925	1,266,398	3,509,912	8%	10,509	6%
	2013	16,286,078	2,453,272	1,992,577	4,150,736	15%	10,446	7%
	2014	15,687,514	3,251,926	2,250,049	5,385,207	21%	10,028	9%
	2015	15,126,973	3,338,937	2,679,190	6,283,272	22%	9,721	10%
	2016	14,454,222	3,734,504	3,509,173	5,845,835	26%	9,235	11%
Projected Future Experience (60 Years)	2017	13,844,679	4,263,567	2,757,457	8,477,882	31%	9,084	12%
	2018	27,104,613	5,120,978	3,503,746	10,379,238	19%	8,936	13%
	2019	39,806,024	6,162,957	4,275,509	12,612,710	15%	8,786	13%
	2020	39,020,055	7,277,109	5,150,831	15,155,282	19%	8,632	14%
	2021	38,215,956	8,535,214	6,155,020	18,031,364	22%	8,473	14%
	2022	37,369,601	9,925,750	7,275,379	21,266,819	27%	8,306	15%
	2023	36,474,322	11,423,491	8,509,776	24,864,384	31%	8,129	16%
	2024	35,526,970	13,045,223	9,871,182	28,830,993	37%	7,942	18%
	2025	34,527,865	14,792,751	11,364,333	33,170,858	43%	7,745	19%
	2026	33,478,272	16,692,387	12,996,756	37,907,590	50%	7,538	20%
	2027	32,378,742	18,773,400	14,778,523	43,085,112	58%	7,321	22%
	2028	31,230,537	20,986,873	16,711,181	48,696,698	67%	7,094	23%
	2029	30,035,797	23,301,792	18,786,501	54,711,960	78%	6,857	25%
	2030	28,797,338	25,667,632	20,986,229	61,066,528	89%	6,611	27%
	2031	27,519,051	28,118,334	23,299,133	67,740,650	102%	6,355	29%
	2032	26,203,487	30,841,250	25,759,240	74,871,255	118%	6,090	31%
	2033	24,852,328	33,808,647	28,399,003	82,537,187	136%	5,816	33%
	2034	23,470,775	36,658,399	31,164,828	90,502,826	156%	5,535	36%
	2035	22,066,616	39,370,862	33,986,719	98,577,586	178%	5,246	38%
	2036	20,648,754	41,865,615	36,795,980	106,553,613	203%	4,953	40%
	2037	19,226,404	44,108,442	39,527,900	114,248,569	229%	4,656	43%
	2038	17,809,438	46,086,190	42,128,170	121,517,172	259%	4,358	45%
	2039	16,409,029	47,644,157	44,523,770	128,126,258	290%	4,060	48%
	2040	15,036,442	48,760,305	46,645,341	133,884,793	324%	3,766	50%
	2041	13,702,522	49,325,600	48,416,958	138,562,640	360%	3,477	52%
	2042	12,416,636	49,432,626	49,792,368	142,065,818	398%	3,195	55%
	2043	11,187,245	49,009,193	50,730,479	144,265,949	438%	2,923	57%
	2044	10,022,276	48,177,840	51,219,246	145,169,229	481%	2,661	59%
	2045	8,928,408	46,952,146	51,261,620	144,792,944	526%	2,413	61%
	2046	7,910,874	45,358,919	50,865,729	143,174,201	573%	2,178	63%
	2047	6,972,137	43,513,358	50,064,866	140,435,287	624%	1,959	64%
	2048	6,112,838	41,456,226	48,898,072	136,703,623	678%	1,754	66%
	2049	5,332,360	39,274,195	47,416,257	132,146,786	737%	1,565	67%
	2050	4,628,830	36,940,804	45,662,575	126,865,697	798%	1,392	68%
	2051	3,999,524	34,524,331	43,681,420	120,988,753	863%	1,234	70%
	2052	3,440,363	32,064,305	41,518,511	114,641,630	932%	1,090	71%
	2053	2,946,559	29,651,644	39,227,216	107,992,029	1,006%	960	71%
	2054	2,512,900	27,359,368	36,867,292	101,225,813	1,089%	843	72%
	2055	2,134,189	25,155,805	34,484,351	94,454,683	1,179%	739	73%
	2056	1,805,270	22,986,532	32,101,619	87,713,888	1,273%	645	74%
	2057-2061	5,489,422	85,468,963	126,132,905	342,023,409	1,557%	2,157	76%
	2062-2066	2,134,668	47,063,461	76,959,434	205,493,735	2,205%	1,016	77%
	2067-2071	760,983	22,185,558	41,358,071	108,066,907	2,915%	441	77%
	2072-2076	247,755	8,949,717	19,341,513	49,293,082	3,612%	170	77%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2D
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to Proposed Increase From Inception
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	2,279,380	0	0	0	0%	1,432	0%
	2005	12,608,455	18,877	0	19,297	0%	4,083	0%
	2006	26,683,000	42,310	40,132	23,720	0%	8,179	0%
	2007	42,888,442	57,661	45,287	38,889	0%	10,789	0%
	2008	49,229,843	1,537,268	240,362	1,375,730	3%	11,305	1%
	2009	49,036,699	598,549	582,778	1,447,072	1%	10,880	1%
	2010	48,051,438	1,986,933	739,648	2,783,465	4%	10,706	2%
	2011	47,682,916	1,667,284	1,132,068	3,435,661	3%	10,481	2%
	2012	47,657,591	1,210,925	1,266,398	3,509,912	3%	10,509	2%
	2013	48,614,554	2,453,272	1,992,577	4,150,736	5%	10,446	2%
	2014	46,793,298	3,251,926	2,250,049	5,385,207	7%	10,028	3%
	2015	45,109,139	3,338,937	2,679,190	6,283,272	7%	9,721	3%
	2016	43,111,983	3,734,504	3,509,173	5,845,835	9%	9,235	4%
Projected Future Experience (60 Years)	2017	41,312,323	4,462,931	2,799,238	8,639,625	11%	9,084	4%
	2018	40,552,260	5,228,082	3,571,183	10,586,268	13%	8,936	4%
	2019	39,806,023	6,162,957	4,333,854	12,765,724	15%	8,786	5%
	2020	39,020,054	7,277,109	5,194,911	15,267,414	19%	8,632	6%
	2021	38,215,955	8,535,214	6,187,976	18,112,884	22%	8,473	6%
	2022	37,369,600	9,925,750	7,300,112	21,325,311	27%	8,306	7%
	2023	36,474,321	11,423,491	8,528,068	24,905,806	31%	8,129	8%
	2024	35,526,969	13,045,223	9,884,208	28,860,255	37%	7,942	9%
	2025	34,527,864	14,792,751	11,373,475	33,191,590	43%	7,745	9%
	2026	33,478,271	16,692,387	13,003,237	37,922,275	50%	7,538	10%
	2027	32,378,741	18,773,400	14,783,211	43,095,416	58%	7,321	11%
	2028	31,230,537	20,986,873	16,714,582	48,703,816	67%	7,094	12%
	2029	30,035,796	23,301,792	18,788,934	54,716,794	78%	6,857	14%
	2030	28,797,337	25,667,632	20,987,941	61,069,751	89%	6,611	15%
	2031	27,519,050	28,118,334	23,300,316	67,742,757	102%	6,355	16%
	2032	26,203,486	30,841,250	25,760,041	74,872,605	118%	6,090	17%
	2033	24,852,327	33,808,647	28,399,534	82,538,034	136%	5,816	19%
	2034	23,470,775	36,658,399	31,165,172	90,503,346	156%	5,535	20%
	2035	22,066,615	39,370,862	33,986,937	98,577,899	178%	5,246	22%
	2036	20,648,753	41,865,615	36,796,115	106,553,798	203%	4,953	23%
	2037	19,226,404	44,108,442	39,527,982	114,248,677	229%	4,656	25%
	2038	17,809,438	46,086,190	42,128,219	121,517,233	259%	4,358	26%
	2039	16,409,028	47,644,157	44,523,798	128,126,291	290%	4,060	28%
	2040	15,036,441	48,760,305	46,645,358	133,884,810	324%	3,766	29%
	2041	13,702,522	49,325,600	48,416,967	138,562,649	360%	3,477	31%
	2042	12,416,636	49,432,626	49,792,373	142,065,822	398%	3,195	32%
	2043	11,187,245	49,009,193	50,730,482	144,265,950	438%	2,923	34%
	2044	10,022,276	48,177,840	51,219,247	145,169,230	481%	2,661	35%
	2045	8,928,407	46,952,146	51,261,620	144,792,945	526%	2,413	36%
	2046	7,910,874	45,358,919	50,865,729	143,174,201	573%	2,178	37%
	2047	6,972,136	43,513,358	50,064,866	140,435,287	624%	1,959	38%
	2048	6,112,838	41,456,226	48,898,072	136,703,623	678%	1,754	39%
	2049	5,332,360	39,274,195	47,416,257	132,146,786	737%	1,565	40%
	2050	4,628,830	36,940,804	45,662,575	126,865,697	798%	1,392	41%
	2051	3,999,524	34,524,331	43,681,420	120,988,753	863%	1,234	42%
	2052	3,440,363	32,064,305	41,518,511	114,641,630	932%	1,090	42%
	2053	2,946,559	29,651,644	39,227,216	107,992,029	1,006%	960	43%
	2054	2,512,900	27,359,368	36,867,292	101,225,813	1,089%	843	43%
	2055	2,134,189	25,155,805	34,484,351	94,454,683	1,179%	739	44%
	2056	1,805,270	22,986,532	32,101,619	87,713,888	1,273%	645	44%
	2057-2061	5,489,421	85,468,963	126,132,905	342,023,409	1,557%	2,157	45%
	2062-2066	2,134,668	47,063,461	76,959,434	205,493,735	2,205%	1,016	46%
	2067-2071	760,983	22,185,558	41,358,071	108,066,907	2,915%	441	46%
	2072-2076	247,755	8,949,717	19,341,513	49,293,082	3,612%	170	46%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2E
MedAmerica and Affinity Partners
Projected Experience by Calendar Year
Nationwide Expected Experience
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
	2004	759,121	10,164	2,216	8,174	1%	1,415	1%
	2005	4,187,854	63,083	16,041	56,802	2%	3,983	1%
	2006	8,629,237	162,431	51,453	172,659	2%	7,876	2%
	2007	13,457,038	318,271	118,323	383,531	2%	10,208	2%
	2008	15,069,782	498,520	218,080	683,598	3%	10,536	2%
	2009	14,884,127	719,430	353,047	1,081,202	5%	10,250	3%
	2010	14,571,609	997,018	529,477	1,594,988	7%	10,039	4%
	2011	14,349,723	1,330,195	752,594	2,237,681	9%	9,856	5%
	2012	14,269,030	1,693,525	1,020,574	2,998,111	12%	9,848	5%
	2013	14,621,806	2,071,300	1,326,664	3,855,553	14%	9,996	6%
	2014	14,298,461	2,457,967	1,663,479	4,790,532	17%	9,654	7%
	2015	13,757,109	2,872,197	2,029,339	5,803,905	21%	9,339	8%
	2016	13,251,091	3,324,932	2,426,647	6,905,328	25%	9,039	10%
	2017	12,760,863	3,823,382	2,859,547	8,107,902	30%	8,744	11%
	2018	12,274,635	4,377,173	3,333,587	9,429,311	36%	8,451	12%
	2019	11,789,948	4,977,085	3,851,640	10,875,332	42%	8,159	13%
	2020	11,304,188	5,576,696	4,405,243	12,412,884	49%	7,866	15%
	2021	10,816,923	6,186,565	4,987,188	14,026,144	57%	7,572	16%
	2022	10,328,701	6,810,267	5,593,344	15,706,727	66%	7,277	18%
	2023	9,839,433	7,508,578	6,233,840	17,498,062	76%	6,981	19%
	2024	9,351,198	8,287,611	6,921,859	19,437,608	89%	6,685	21%
	2025	8,864,949	9,119,858	7,661,805	21,531,133	103%	6,389	23%
Projected Experience	2026	8,381,447	10,009,160	8,455,794	23,786,346	119%	6,094	25%
	2027	7,901,968	10,953,731	9,305,294	26,207,834	139%	5,799	27%
	2028	7,427,896	11,951,608	10,211,071	28,797,511	161%	5,506	29%
	2029	6,960,690	12,995,406	11,171,891	31,551,019	187%	5,215	31%
	2030	6,501,859	14,056,757	12,180,227	34,442,432	216%	4,928	33%
	2031	6,052,937	15,116,260	13,224,328	37,437,164	250%	4,644	35%
	2032	5,615,448	16,153,672	14,289,739	40,493,622	288%	4,364	37%
	2033	5,190,874	17,146,933	15,360,020	43,563,177	330%	4,091	40%
	2034	4,780,621	18,090,908	16,420,299	46,605,738	378%	3,823	42%
	2035	4,385,984	18,945,481	17,451,083	49,558,809	432%	3,563	45%
	2036	4,008,124	19,689,935	18,430,593	52,359,102	491%	3,311	47%
	2037	3,648,051	20,317,592	19,339,769	54,954,156	557%	3,067	49%
	2038	3,306,623	20,813,253	20,161,194	57,292,224	629%	2,832	52%
	2039	2,984,531	21,165,592	20,878,631	59,325,060	709%	2,607	54%
	2040	2,682,200	21,352,256	21,474,461	60,998,120	796%	2,393	56%
	2041	2,399,999	21,360,313	21,931,590	62,259,517	890%	2,189	58%
	2042	2,138,130	21,203,769	22,239,175	63,081,370	992%	1,997	60%
	2043	1,896,406	20,887,155	22,390,981	63,446,047	1,101%	1,816	62%
	2044	1,674,572	20,419,475	22,384,454	63,347,278	1,219%	1,646	64%
	2045	1,472,186	19,816,610	22,221,368	62,793,118	1,346%	1,487	65%
	2046	1,288,642	19,094,693	21,907,456	61,802,556	1,482%	1,340	67%
	2047	1,123,178	18,281,455	21,453,683	60,412,390	1,628%	1,204	68%
	2048	974,910	17,391,773	20,873,231	58,662,263	1,784%	1,079	70%
	2049	842,849	16,453,928	20,182,795	56,604,913	1,952%	965	71%
	2050	725,911	15,486,208	19,400,480	54,294,843	2,133%	860	72%
	2051	622,956	14,510,772	18,545,636	51,791,071	2,329%	765	73%
	2052	532,804	13,538,045	17,636,722	49,146,124	2,541%	679	74%
	2053	454,269	12,584,224	16,691,656	46,412,342	2,770%	602	74%
	2054	386,185	11,661,876	15,727,451	43,639,059	3,020%	532	75%
	2055	327,426	10,781,402	14,759,643	40,871,805	3,293%	469	76%
	2056	276,919	9,945,643	13,801,476	38,146,783	3,592%	413	76%
	2057-2061	850,442	38,676,556	55,522,883	152,720,993	4,548%	1,410	78%
	2062-2066	347,005	24,263,441	36,560,648	99,945,079	6,992%	692	79%
	2067-2071	133,579	14,744,311	22,919,475	62,592,033	11,038%	308	79%
	2072-2076	46,769	8,115,014	13,635,059	37,147,262	17,351%	118	79%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2F
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Actual or Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
Historical Experience	2004	779,719	0	0	0	0%	1,432	0%
	2005	4,298,455	18,877	0	19,297	0%	4,083	0%
	2006	8,981,373	42,310	40,132	23,720	0%	8,179	0%
	2007	14,299,305	57,661	45,287	38,889	0%	10,789	0%
	2008	16,395,200	1,537,268	240,362	1,375,730	9%	11,305	4%
	2009	16,350,902	598,549	582,778	1,447,072	4%	10,880	4%
	2010	16,031,674	1,986,933	739,648	2,783,465	12%	10,706	5%
	2011	15,924,872	1,667,284	1,132,068	3,435,661	10%	10,481	6%
	2012	15,943,604	1,210,925	1,266,398	3,509,912	8%	10,509	6%
	2013	16,286,078	2,453,272	1,992,577	4,150,736	15%	10,446	7%
	2014	15,687,514	3,251,926	2,250,049	5,385,207	21%	10,028	9%
	2015	15,126,973	3,338,937	2,679,190	6,283,272	22%	9,721	10%
	2016	14,454,222	3,734,504	3,509,173	5,845,835	26%	9,235	11%
Projected Future Experience (60 Years)	2017	13,707,061	4,601,541	2,870,728	8,725,449	34%	8,915	12%
	2018	13,162,679	5,264,504	3,678,448	10,622,815	40%	8,596	13%
	2019	12,623,807	5,976,473	4,411,034	12,557,630	47%	8,278	15%
	2020	12,076,304	6,677,240	5,144,364	14,518,528	55%	7,959	17%
	2021	11,529,097	7,385,676	5,894,820	16,496,806	64%	7,639	18%
	2022	10,979,518	8,111,419	6,646,287	18,509,530	74%	7,318	20%
	2023	10,430,385	8,921,610	7,412,948	20,628,601	86%	6,996	22%
	2024	9,883,191	9,818,237	8,224,353	22,900,001	99%	6,674	24%
	2025	9,339,213	10,765,480	9,088,927	25,325,692	115%	6,353	26%
	2026	8,799,793	11,767,804	10,008,859	27,910,057	134%	6,033	28%
	2027	8,266,471	12,824,469	10,982,471	30,658,497	155%	5,715	30%
	2028	7,740,887	13,929,075	12,009,374	33,570,379	180%	5,399	32%
	2029	7,224,743	15,075,272	13,087,830	36,640,305	209%	5,086	34%
	2030	6,719,761	16,230,242	14,209,013	39,838,031	242%	4,778	37%
	2031	6,227,663	17,369,680	15,358,875	43,121,847	279%	4,475	39%
	2032	5,750,130	18,472,142	16,520,777	46,443,826	321%	4,179	41%
	2033	5,288,761	19,512,275	17,675,738	49,748,046	369%	3,889	44%
	2034	4,845,035	20,480,993	18,806,145	52,985,659	423%	3,608	46%
	2035	4,420,271	21,332,044	19,888,879	56,082,572	483%	3,335	49%
	2036	4,015,606	22,044,037	20,898,674	58,966,440	549%	3,072	51%
	2037	3,631,996	22,615,198	21,814,929	61,582,098	623%	2,820	54%
	2038	3,270,219	23,031,015	22,619,653	63,876,306	704%	2,579	56%
	2039	2,930,847	23,275,959	23,295,429	65,796,184	794%	2,350	59%
	2040	2,614,234	23,326,144	23,823,153	67,282,363	892%	2,133	61%
	2041	2,320,510	23,168,695	24,184,624	68,279,189	998%	1,928	63%
	2042	2,049,579	22,824,876	24,369,765	68,761,585	1,114%	1,736	65%
	2043	1,801,150	22,304,362	24,374,533	68,717,852	1,238%	1,558	67%
	2044	1,574,757	21,614,386	24,197,968	68,144,381	1,373%	1,392	69%
	2045	1,369,750	20,778,266	23,844,271	67,057,119	1,517%	1,238	70%
	2046	1,185,300	19,820,481	23,323,099	65,487,737	1,672%	1,098	72%
	2047	1,020,433	18,768,278	22,648,822	63,482,092	1,839%	970	73%
	2048	874,051	17,638,565	21,837,760	61,088,028	2,018%	853	74%
	2049	744,957	16,470,162	20,911,284	58,372,762	2,211%	748	75%
	2050	631,863	15,281,843	19,891,480	55,402,119	2,419%	653	76%
	2051	533,436	14,104,874	18,802,606	52,251,085	2,644%	569	77%
	2052	448,317	12,944,153	17,666,585	48,979,403	2,887%	494	78%
	2053	375,156	11,818,114	16,503,859	45,646,550	3,150%	428	79%
	2054	312,643	10,746,514	15,334,913	42,313,032	3,437%	369	79%
	2055	259,527	9,735,684	14,177,569	39,029,357	3,751%	318	80%
	2056	214,625	8,788,015	13,046,420	35,835,003	4,095%	273	80%
	2057-2061	616,553	31,735,581	49,742,702	135,719,373	5,147%	868	82%
	2062-2066	216,480	16,772,644	28,972,626	78,044,685	7,748%	373	82%
	2067-2071	69,894	8,116,616	15,312,118	40,721,167	11,613%	147	82%
	2072-2076	20,735	3,487,900	7,374,164	19,342,911	16,821%	51	82%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3A
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	149,769	0	0	0	0%	265	0%
	2005	813,044	594,597	41,446	567,284	73%	692	61%
	2006	1,411,509	0	99,278	482,791	0%	1,014	26%
	2007	1,853,799	1,112,540	142,308	1,490,282	60%	1,201	40%
	2008	2,005,941	443,369	246,017	1,734,701	22%	1,156	35%
	2009	1,936,882	0	384,510	1,395,696	0%	1,106	27%
	2010	1,858,356	235,386	300,437	1,372,069	13%	1,063	25%
	2011	1,825,786	865,436	511,490	1,784,612	47%	1,048	28%
	2012	1,830,071	64,295	607,251	1,318,942	4%	1,051	25%
	2013	1,855,233	1,130,078	511,084	1,999,652	61%	1,035	29%
	2014	1,791,166	1,353,184	687,403	2,763,503	76%	1,005	33%
	2015	1,733,573	1,846,375	1,021,492	3,710,605	107%	975	38%
	2016	1,673,279	2,326,251	1,284,094	4,981,439	139%	945	45%
Projected Future Experience (60 Years)	2017	1,618,723	838,529	1,426,482	4,647,908	52%	930	45%
	2018	1,583,717	930,618	1,369,103	4,326,965	59%	914	46%
	2019	1,548,192	1,042,782	1,340,745	4,142,345	67%	898	47%
	2020	1,510,699	1,172,188	1,344,253	4,082,654	78%	881	48%
	2021	1,472,272	1,312,230	1,372,558	4,136,568	89%	864	49%
	2022	1,431,300	1,462,589	1,418,103	4,299,755	102%	845	51%
	2023	1,388,350	1,612,824	1,484,353	4,553,645	116%	826	53%
	2024	1,343,513	1,759,652	1,575,425	4,871,804	131%	805	55%
	2025	1,296,937	1,904,426	1,687,405	5,232,543	147%	784	57%
	2026	1,248,762	2,060,664	1,817,260	5,630,551	165%	762	60%
	2027	1,199,118	2,220,179	1,957,317	6,059,729	185%	739	62%
	2028	1,148,198	2,385,188	2,106,657	6,517,026	208%	715	65%
	2029	1,096,232	2,557,285	2,264,751	7,001,482	233%	691	67%
	2030	1,043,438	2,714,111	2,427,467	7,493,429	260%	665	70%
	2031	990,043	2,876,161	2,593,651	7,994,867	291%	639	73%
	2032	936,180	3,039,804	2,763,220	8,504,212	325%	613	76%
	2033	881,935	3,221,804	2,939,124	9,034,024	365%	586	79%
	2034	827,531	3,379,355	3,116,379	9,558,403	408%	558	82%
	2035	773,265	3,509,251	3,287,801	10,054,822	454%	530	85%
	2036	719,423	3,606,262	3,446,646	10,501,686	501%	502	88%
	2037	666,277	3,670,170	3,587,107	10,882,523	551%	473	91%
	2038	614,148	3,708,802	3,706,137	11,191,562	604%	445	94%
	2039	563,397	3,714,254	3,800,087	11,418,504	659%	416	97%
	2040	514,315	3,675,450	3,864,049	11,546,443	715%	389	99%
	2041	467,179	3,605,914	3,896,150	11,573,785	772%	361	102%
	2042	422,210	3,507,814	3,896,006	11,501,500	831%	335	104%
	2043	379,649	3,392,980	3,865,864	11,340,446	894%	309	106%
	2044	339,647	3,256,455	3,807,367	11,095,009	959%	284	108%
	2045	302,335	3,108,362	3,723,267	10,777,263	1,028%	260	110%
	2046	267,801	2,942,987	3,615,353	10,391,894	1,099%	237	112%
	2047	236,060	2,769,633	3,486,443	9,950,366	1,173%	215	113%
	2048	207,095	2,600,536	3,341,695	9,471,718	1,256%	195	115%
	2049	180,822	2,435,649	3,185,921	8,970,538	1,347%	176	116%
	2050	157,166	2,268,907	3,021,676	8,452,954	1,444%	158	117%
	2051	135,953	2,100,340	2,850,497	7,923,707	1,545%	141	118%
	2052	117,101	1,927,301	2,673,212	7,384,094	1,646%	126	119%
	2053	100,398	1,760,420	2,492,440	6,843,664	1,753%	112	120%
	2054	85,651	1,603,952	2,311,630	6,313,067	1,873%	99	121%
	2055	72,796	1,453,482	2,133,079	5,796,363	1,997%	87	121%
	2056	61,598	1,305,041	1,957,554	5,292,874	2,119%	76	122%
	2057-2061	187,354	4,532,533	7,325,313	19,515,587	2,419%	253	123%
	2062-2066	73,757	2,078,422	3,955,159	10,215,342	2,818%	116	124%
	2067-2071	28,632	791,026	1,790,272	4,461,490	2,763%	49	124%
	2072-2076	12,540	322,402	727,256	1,783,040	2,571%	21	124%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3B
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	149,769	0	0	0	0%	265	0%
	2005	813,044	594,597	41,446	567,284	73%	692	61%
	2006	1,411,509	0	99,278	482,791	0%	1,014	26%
	2007	1,853,799	1,112,540	142,308	1,490,282	60%	1,201	40%
	2008	2,005,941	443,369	246,017	1,734,701	22%	1,156	35%
	2009	1,936,882	0	384,510	1,395,696	0%	1,106	27%
	2010	1,858,356	235,386	300,437	1,372,069	13%	1,063	25%
	2011	1,825,786	865,436	511,490	1,784,612	47%	1,048	28%
	2012	1,830,071	64,295	607,251	1,318,942	4%	1,051	25%
	2013	1,855,233	1,130,078	511,084	1,999,652	61%	1,035	29%
	2014	1,791,166	1,353,184	687,403	2,763,503	76%	1,005	33%
	2015	1,733,573	1,846,375	1,021,492	3,710,605	107%	975	38%
	2016	1,673,279	2,326,251	1,284,094	4,981,439	139%	945	45%
Projected Future Experience (60 Years)	2017	1,618,723	838,529	1,426,482	4,647,908	52%	930	45%
	2018	2,292,500	871,606	1,357,859	4,277,951	38%	841	44%
	2019	2,929,470	910,759	1,303,134	3,995,076	31%	826	43%
	2020	2,863,543	1,022,643	1,278,028	3,845,758	36%	811	43%
	2021	2,796,243	1,143,325	1,278,986	3,815,715	41%	794	43%
	2022	2,724,009	1,272,595	1,297,776	3,898,377	47%	777	43%
	2023	2,648,147	1,400,997	1,337,628	4,074,137	53%	760	43%
	2024	2,568,767	1,525,830	1,402,704	4,316,047	59%	741	44%
	2025	2,486,084	1,648,051	1,489,088	4,601,493	66%	721	45%
	2026	2,400,294	1,779,711	1,593,303	4,923,162	74%	701	46%
	2027	2,311,576	1,913,545	1,707,311	5,274,219	83%	680	47%
	2028	2,220,212	2,051,464	1,829,863	5,650,882	92%	658	48%
	2029	2,126,556	2,195,003	1,960,216	6,051,593	103%	635	50%
	2030	2,030,949	2,324,756	2,094,628	6,458,704	114%	612	51%
	2031	1,933,766	2,458,526	2,231,958	6,873,512	127%	588	52%
	2032	1,835,219	2,593,174	2,372,017	7,294,324	141%	564	54%
	2033	1,735,430	2,743,069	2,517,236	7,731,662	158%	539	56%
	2034	1,634,775	2,871,734	2,663,305	8,163,337	176%	513	57%
	2035	1,533,776	2,976,542	2,804,085	8,570,150	194%	488	59%
	2036	1,432,951	3,053,236	2,933,851	8,933,882	213%	462	61%
	2037	1,332,824	3,101,604	3,047,689	9,240,624	233%	435	62%
	2038	1,234,000	3,128,566	3,143,074	9,485,770	254%	409	64%
	2039	1,137,178	3,127,571	3,217,015	9,660,931	275%	383	66%
	2040	1,042,954	3,089,469	3,265,481	9,752,242	296%	358	67%
	2041	951,896	3,025,676	3,286,990	9,758,669	318%	332	69%
	2042	864,481	2,938,169	3,281,333	9,681,389	340%	308	70%
	2043	781,218	2,836,884	3,250,494	9,529,789	363%	284	71%
	2044	702,477	2,717,899	3,195,975	9,307,953	387%	261	72%
	2045	628,576	2,589,565	3,120,171	9,026,193	412%	239	73%
	2046	559,742	2,447,417	3,024,694	8,688,847	437%	218	74%
	2047	496,066	2,299,156	2,912,005	8,305,750	463%	198	75%
	2048	437,570	2,154,970	2,786,481	7,892,965	492%	179	76%
	2049	384,164	2,014,794	2,652,188	7,462,767	524%	162	77%
	2050	335,749	1,873,736	2,511,331	7,020,477	558%	145	78%
	2051	292,052	1,731,776	2,365,245	6,570,158	593%	130	78%
	2052	252,933	1,586,756	2,214,666	6,113,013	627%	116	79%
	2053	218,032	1,447,321	2,061,770	5,656,913	664%	103	79%
	2054	187,013	1,316,927	1,909,398	5,210,584	704%	91	79%
	2055	159,763	1,191,963	1,759,441	4,777,350	746%	80	80%
	2056	135,861	1,069,083	1,612,511	4,356,574	787%	70	80%
	2057-2061	418,131	3,703,979	6,014,764	16,012,691	886%	233	81%
	2062-2066	167,372	1,692,835	3,233,124	8,345,647	1,011%	106	81%
	2067-2071	65,530	642,844	1,459,016	3,634,271	981%	45	82%
	2072-2076	28,772	261,643	591,390	1,449,340	909%	19	82%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3C
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase without RBO, CBUL, and Adverse Selection
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	149,769	0	0	0	0%	265	0%
	2005	813,044	594,597	41,446	567,284	73%	692	61%
	2006	1,411,509	0	99,278	482,791	0%	1,014	26%
	2007	1,853,799	1,112,540	142,308	1,490,282	60%	1,201	40%
	2008	2,005,941	443,369	246,017	1,734,701	22%	1,156	35%
	2009	1,936,882	0	384,510	1,395,696	0%	1,106	27%
	2010	1,858,356	235,386	300,437	1,372,069	13%	1,063	25%
	2011	1,825,786	865,436	511,490	1,784,612	47%	1,048	28%
	2012	1,830,071	64,295	607,251	1,318,942	4%	1,051	25%
	2013	1,855,233	1,130,078	511,084	1,999,652	61%	1,035	29%
	2014	1,791,166	1,353,184	687,403	2,763,503	76%	1,005	33%
	2015	1,733,573	1,846,375	1,021,492	3,710,605	107%	975	38%
	2016	1,673,279	2,326,251	1,284,094	4,981,439	139%	945	45%
Projected Future Experience (60 Years)	2017	1,618,723	838,529	1,426,482	4,647,908	52%	930	45%
	2018	2,656,005	955,428	1,373,654	4,347,750	36%	914	44%
	2019	3,638,655	1,097,386	1,355,894	4,204,188	30%	898	43%
	2020	3,557,504	1,232,696	1,370,756	4,181,105	35%	881	42%
	2021	3,474,706	1,378,907	1,409,651	4,268,116	40%	864	42%
	2022	3,385,763	1,535,716	1,465,226	4,461,658	45%	845	42%
	2023	3,292,330	1,691,878	1,540,914	4,743,162	51%	826	43%
	2024	3,194,534	1,844,103	1,640,722	5,086,290	58%	805	43%
	2025	3,092,634	1,993,585	1,760,635	5,469,398	64%	784	44%
	2026	2,986,864	2,154,786	1,897,766	5,888,033	72%	762	45%
	2027	2,877,434	2,318,987	2,044,561	6,336,312	81%	739	47%
	2028	2,764,684	2,488,485	2,200,198	6,811,390	90%	715	48%
	2029	2,649,041	2,665,098	2,364,238	7,312,657	101%	691	49%
	2030	2,530,919	2,825,340	2,532,424	7,819,777	112%	665	51%
	2031	2,410,775	2,990,708	2,703,615	8,335,076	124%	639	52%
	2032	2,288,865	3,157,396	2,877,778	8,857,076	138%	613	54%
	2033	2,165,338	3,342,846	3,058,027	9,398,975	154%	586	56%
	2034	2,040,651	3,502,621	3,239,223	9,934,014	172%	558	58%
	2035	1,915,449	3,633,475	3,413,961	10,438,967	190%	530	60%
	2036	1,790,371	3,730,110	3,575,308	10,891,646	208%	502	61%
	2037	1,666,068	3,792,258	3,717,294	11,275,089	228%	473	63%
	2038	1,543,292	3,828,206	3,836,824	11,583,538	248%	445	65%
	2039	1,422,914	3,829,902	3,930,209	11,806,598	269%	416	67%
	2040	1,305,683	3,786,056	3,992,469	11,927,121	290%	389	68%
	2041	1,192,306	3,710,642	4,021,751	11,943,703	311%	361	70%
	2042	1,083,388	3,606,026	4,017,748	11,857,633	333%	335	71%
	2043	979,567	3,484,388	3,982,855	11,680,305	356%	309	73%
	2044	881,317	3,340,800	3,918,857	11,416,541	379%	284	74%
	2045	789,040	3,185,574	3,828,652	11,078,906	404%	260	75%
	2046	703,031	3,013,079	3,714,167	10,672,533	429%	237	76%
	2047	623,409	2,832,805	3,578,374	10,209,382	454%	215	77%
	2048	550,210	2,657,284	3,426,616	9,709,113	483%	195	78%
	2049	483,333	2,486,443	3,263,867	9,186,757	514%	176	79%
	2050	422,661	2,314,164	3,092,796	8,648,734	548%	158	79%
	2051	367,863	2,140,430	2,915,008	8,099,959	582%	141	80%
	2052	318,769	1,962,541	2,731,374	7,541,813	616%	126	81%
	2053	274,934	1,791,258	2,544,566	6,984,006	652%	112	81%
	2054	235,948	1,630,876	2,358,096	6,437,340	691%	99	82%
	2055	201,672	1,476,919	2,174,294	5,905,926	732%	87	82%
	2056	171,586	1,325,290	1,993,928	5,389,009	772%	76	82%
	2057-2061	528,694	4,596,156	7,448,084	19,835,081	869%	253	83%
	2062-2066	211,973	2,102,920	4,010,934	10,356,017	992%	116	84%
	2067-2071	83,060	798,945	1,811,912	4,514,059	962%	49	84%
	2072-2076	36,478	325,217	734,838	1,801,062	892%	21	84%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3D
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to Proposed Increase From Inception
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and No Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	348,938	0	0	0	0%	265	0%
	2005	1,877,817	594,597	41,446	567,284	32%	692	27%
	2006	3,279,991	0	99,278	482,791	0%	1,014	11%
	2007	4,338,563	1,112,540	142,308	1,490,282	26%	1,201	17%
	2008	4,690,770	443,369	246,017	1,734,701	9%	1,156	15%
	2009	4,518,677	0	384,510	1,395,696	0%	1,106	12%
	2010	4,335,269	235,386	300,437	1,372,069	5%	1,063	11%
	2011	4,255,255	865,436	511,490	1,784,612	20%	1,048	12%
	2012	4,260,207	64,295	607,251	1,318,942	2%	1,051	11%
	2013	4,324,208	1,130,078	511,084	1,999,652	26%	1,035	12%
	2014	4,185,450	1,353,184	687,403	2,763,503	32%	1,005	14%
	2015	4,057,924	1,846,375	1,021,492	3,710,605	46%	975	16%
	2016	3,917,301	2,326,251	1,284,094	4,981,439	59%	945	19%
Projected Future Experience (60 Years)	2017	3,791,814	883,499	1,434,733	4,685,585	23%	930	19%
	2018	3,715,536	979,959	1,387,468	4,397,472	26%	914	20%
	2019	3,638,655	1,097,386	1,368,426	4,242,440	30%	898	20%
	2020	3,557,504	1,232,696	1,380,785	4,210,147	35%	881	21%
	2021	3,474,706	1,378,907	1,417,642	4,289,788	40%	864	21%
	2022	3,385,763	1,535,716	1,471,494	4,477,525	45%	845	22%
	2023	3,292,330	1,691,878	1,545,678	4,754,604	51%	826	23%
	2024	3,194,534	1,844,103	1,644,211	5,094,490	58%	805	24%
	2025	3,092,634	1,993,585	1,763,138	5,475,269	64%	784	25%
	2026	2,986,863	2,154,786	1,899,567	5,892,229	72%	762	26%
	2027	2,877,434	2,318,987	2,045,882	6,339,276	81%	739	27%
	2028	2,764,684	2,488,485	2,201,168	6,813,449	90%	715	28%
	2029	2,649,041	2,665,098	2,364,937	7,314,061	101%	691	29%
	2030	2,530,919	2,825,340	2,532,918	7,820,716	112%	665	31%
	2031	2,410,775	2,990,708	2,703,958	8,335,692	124%	639	32%
	2032	2,288,865	3,157,396	2,878,012	8,857,472	138%	613	33%
	2033	2,165,338	3,342,846	3,058,182	9,399,224	154%	586	34%
	2034	2,040,651	3,502,621	3,239,324	9,934,167	172%	558	36%
	2035	1,915,449	3,633,475	3,414,025	10,439,059	190%	530	37%
	2036	1,790,371	3,730,110	3,575,348	10,891,701	208%	502	38%
	2037	1,666,068	3,792,258	3,717,318	11,275,121	228%	473	40%
	2038	1,543,292	3,828,206	3,836,839	11,583,556	248%	445	41%
	2039	1,422,914	3,829,902	3,930,217	11,806,608	269%	416	42%
	2040	1,305,682	3,786,056	3,992,474	11,927,126	290%	389	43%
	2041	1,192,306	3,710,642	4,021,753	11,943,706	311%	361	44%
	2042	1,083,388	3,606,026	4,017,749	11,857,634	333%	335	45%
	2043	979,567	3,484,388	3,982,855	11,680,306	356%	309	46%
	2044	881,317	3,340,800	3,918,857	11,416,541	379%	284	47%
	2045	789,040	3,185,574	3,828,652	11,078,906	404%	260	48%
	2046	703,030	3,013,079	3,714,167	10,672,533	429%	237	49%
	2047	623,409	2,832,805	3,578,374	10,209,382	454%	215	50%
	2048	550,210	2,657,284	3,426,616	9,709,113	483%	195	50%
	2049	483,333	2,486,443	3,263,867	9,186,757	514%	176	51%
	2050	422,661	2,314,164	3,092,796	8,648,734	548%	158	51%
	2051	367,863	2,140,430	2,915,008	8,099,959	582%	141	52%
	2052	318,769	1,962,541	2,731,374	7,541,813	616%	126	52%
	2053	274,934	1,791,258	2,544,566	6,984,006	652%	112	52%
	2054	235,948	1,630,876	2,358,096	6,437,340	691%	99	53%
	2055	201,672	1,476,919	2,174,294	5,905,926	732%	87	53%
	2056	171,586	1,325,290	1,993,928	5,389,009	772%	76	53%
	2057-2061	528,694	4,596,156	7,448,084	19,835,081	869%	253	54%
	2062-2066	211,973	2,102,920	4,010,934	10,356,017	992%	116	54%
	2067-2071	83,060	798,945	1,811,912	4,514,059	962%	49	54%
	2072-2076	36,478	325,217	734,838	1,801,062	892%	21	54%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3E
MedAmerica and Affinity Partners
Projected Experience by Calendar Year
Nationwide Expected Experience
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and No Inflation

		Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
	2004	145,164	4,299	840	3,555	3%	261	3%
	2005	787,476	25,609	5,943	23,871	3%	679	3%
	2006	1,333,882	55,012	17,107	63,531	4%	983	4%
	2007	1,729,292	89,935	34,692	122,189	5%	1,149	4%
	2008	1,821,232	128,043	58,232	197,567	7%	1,099	5%
	2009	1,735,240	171,291	87,585	289,481	10%	1,053	6%
	2010	1,674,814	221,759	123,179	399,437	13%	1,020	7%
	2011	1,634,632	275,209	164,581	525,077	17%	999	9%
	2012	1,611,280	326,520	210,090	660,457	20%	989	10%
	2013	1,628,536	374,016	257,742	799,751	23%	980	11%
	2014	1,575,710	417,500	305,874	938,464	26%	947	12%
	2015	1,513,051	459,512	353,731	1,075,352	30%	916	14%
	2016	1,452,819	501,945	401,258	1,211,138	35%	886	15%
	2017	1,393,552	546,168	448,821	1,347,589	39%	856	16%
	2018	1,334,560	592,939	496,970	1,486,739	44%	826	18%
	2019	1,275,701	642,068	546,189	1,629,989	50%	795	19%
	2020	1,216,880	693,008	596,816	1,777,874	57%	765	20%
	2021	1,158,159	745,844	649,028	1,930,848	64%	735	22%
	2022	1,099,645	799,525	702,767	2,088,364	73%	705	23%
	2023	1,041,460	854,071	757,894	2,250,018	82%	675	24%
	2024	983,739	908,551	814,126	2,414,728	92%	644	26%
	2025	926,630	964,117	871,399	2,582,633	104%	614	27%
Projected	2026	870,290	1,021,245	929,797	2,754,276	117%	585	29%
Experience	2027	814,889	1,080,155	989,479	2,930,278	133%	555	31%
	2028	760,605	1,138,016	1,050,054	3,108,769	150%	526	32%
	2029	707,618	1,193,600	1,110,800	3,287,308	169%	497	34%
	2030	656,100	1,246,906	1,171,111	3,464,001	190%	468	35%
	2031	606,215	1,295,951	1,230,097	3,635,775	214%	440	37%
	2032	558,115	1,338,145	1,286,415	3,798,187	240%	413	38%
	2033	511,939	1,373,519	1,338,841	3,947,947	268%	386	40%
	2034	467,805	1,400,671	1,386,274	4,081,364	299%	360	42%
	2035	425,815	1,419,320	1,427,729	4,195,359	333%	335	43%
	2036	386,051	1,427,343	1,461,934	4,285,886	370%	311	45%
	2037	348,574	1,424,866	1,487,813	4,350,017	409%	288	46%
	2038	313,426	1,412,624	1,504,705	4,386,169	451%	265	47%
	2039	280,628	1,390,264	1,512,095	4,392,878	495%	244	49%
	2040	250,187	1,359,194	1,509,813	4,370,257	543%	224	50%
	2041	222,089	1,319,661	1,497,852	4,318,681	594%	204	51%
	2042	196,301	1,273,039	1,476,511	4,239,638	649%	186	52%
	2043	172,772	1,220,646	1,446,421	4,135,368	707%	169	53%
	2044	151,432	1,164,520	1,408,521	4,009,302	769%	153	54%
	2045	132,192	1,105,253	1,363,825	3,864,542	836%	138	54%
	2046	114,944	1,044,195	1,313,392	3,704,576	908%	125	55%
	2047	99,570	982,025	1,258,225	3,532,664	986%	112	56%
	2048	85,941	919,535	1,199,343	3,351,928	1,070%	100	56%
	2049	73,922	856,782	1,137,603	3,164,761	1,159%	89	57%
	2050	63,375	794,799	1,073,842	2,973,827	1,254%	79	57%
	2051	54,161	733,770	1,008,813	2,781,287	1,355%	70	58%
	2052	46,144	674,634	943,286	2,589,538	1,462%	62	58%
	2053	39,196	616,992	877,852	2,400,030	1,574%	55	58%
	2054	33,198	561,933	813,197	2,214,677	1,693%	48	59%
	2055	28,038	509,972	749,975	2,035,304	1,819%	42	59%
	2056	23,613	460,787	688,664	1,862,972	1,951%	37	59%
	2057-2061	71,559	1,660,936	2,610,471	7,008,703	2,321%	121	60%
	2062-2066	28,413	850,873	1,491,955	3,956,849	2,995%	55	60%
	2067-2071	10,976	394,089	763,022	2,002,323	3,590%	23	60%
	2072-2076	4,371	172,095	359,743	934,097	3,937%	9	60%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3F
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and No Inflation

		Actual or Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
Historical Experience	2004	149,769	0	0	0	0%	265	0%
	2005	813,044	594,597	41,446	567,284	73%	692	61%
	2006	1,411,509	0	99,278	482,791	0%	1,014	26%
	2007	1,853,799	1,112,540	142,308	1,490,282	60%	1,201	40%
	2008	2,005,941	443,369	246,017	1,734,701	22%	1,156	35%
	2009	1,936,882	0	384,510	1,395,696	0%	1,106	27%
	2010	1,858,356	235,386	300,437	1,372,069	13%	1,063	25%
	2011	1,825,786	865,436	511,490	1,784,612	47%	1,048	28%
	2012	1,830,071	64,295	607,251	1,318,942	4%	1,051	25%
	2013	1,855,233	1,130,078	511,084	1,999,652	61%	1,035	29%
	2014	1,791,166	1,353,184	687,403	2,763,503	76%	1,005	33%
	2015	1,733,573	1,846,375	1,021,492	3,710,605	107%	975	38%
	2016	1,673,279	2,326,251	1,284,094	4,981,439	139%	945	45%
Projected Future Experience (60 Years)	2017	1,600,195	684,713	1,410,729	4,513,652	43%	910	44%
	2018	1,528,836	741,684	1,318,809	4,053,472	49%	876	45%
	2019	1,458,154	800,467	1,249,516	3,712,435	55%	841	45%
	2020	1,386,958	861,170	1,203,273	3,472,105	62%	806	46%
	2021	1,316,452	923,426	1,172,013	3,321,329	70%	772	46%
	2022	1,245,569	985,412	1,148,333	3,254,243	79%	737	47%
	2023	1,175,237	1,048,243	1,137,992	3,260,235	89%	703	48%
	2024	1,105,685	1,109,714	1,147,453	3,319,738	100%	668	50%
	2025	1,037,116	1,171,068	1,174,484	3,416,253	113%	634	51%
	2026	969,745	1,233,283	1,215,062	3,537,938	127%	600	52%
	2027	903,792	1,297,051	1,261,709	3,680,870	144%	567	54%
	2028	839,488	1,358,259	1,312,916	3,838,346	162%	534	55%
	2029	777,059	1,414,203	1,366,617	4,002,813	182%	501	56%
	2030	716,713	1,467,223	1,421,523	4,170,235	205%	470	58%
	2031	658,637	1,514,008	1,476,007	4,334,724	230%	439	59%
	2032	603,002	1,551,921	1,528,084	4,489,552	257%	409	61%
	2033	549,956	1,581,150	1,575,950	4,629,839	288%	379	62%
	2034	499,615	1,601,142	1,618,200	4,751,435	320%	351	64%
	2035	452,067	1,611,252	1,653,669	4,850,604	356%	324	65%
	2036	407,371	1,609,034	1,680,813	4,922,567	395%	298	67%
	2037	365,557	1,594,743	1,698,357	4,963,980	436%	273	68%
	2038	326,623	1,569,893	1,705,667	4,973,600	481%	250	69%
	2039	290,547	1,534,124	1,702,322	4,950,214	528%	227	71%
	2040	257,287	1,489,332	1,688,324	4,894,518	579%	206	72%
	2041	226,786	1,434,028	1,663,497	4,805,875	632%	187	73%
	2042	198,965	1,370,332	1,628,071	4,685,572	689%	168	74%
	2043	173,733	1,300,330	1,582,767	4,536,336	748%	151	75%
	2044	150,982	1,226,949	1,528,773	4,362,759	813%	135	75%
	2045	130,593	1,150,918	1,467,435	4,168,935	881%	120	76%
	2046	112,431	1,073,275	1,400,043	3,958,818	955%	107	77%
	2047	96,350	995,853	1,327,981	3,736,944	1,034%	94	77%
	2048	82,201	919,104	1,252,509	3,507,149	1,118%	83	78%
	2049	69,825	843,944	1,174,803	3,273,112	1,209%	73	78%
	2050	59,066	771,477	1,096,067	3,038,524	1,306%	64	79%
	2051	49,765	701,106	1,017,175	2,805,671	1,409%	56	79%
	2052	41,766	633,596	938,879	2,576,920	1,517%	48	79%
	2053	34,921	568,777	861,803	2,353,894	1,629%	42	80%
	2054	29,092	507,587	786,653	2,138,502	1,745%	36	80%
	2055	24,153	451,115	714,211	1,933,031	1,868%	31	80%
	2056	19,987	398,518	644,993	1,738,438	1,994%	26	80%
	2057-2061	57,752	1,329,866	2,315,150	6,169,172	2,303%	83	81%
	2062-2066	21,147	579,486	1,175,638	3,062,846	2,740%	34	81%
	2067-2071	8,064	229,300	522,621	1,329,537	2,844%	14	81%
	2072-2076	3,635	103,742	222,003	560,069	2,854%	6	81%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 4A
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	315,514	0	0	0	0%	405	0%
	2005	1,806,153	0	0	0	0%	1,123	0%
	2006	3,321,562	23,624	19,770	4,811	1%	1,778	0%
	2007	4,628,124	51,958	44,139	14,718	1%	2,212	1%
	2008	5,234,281	386,008	47,454	362,991	7%	2,200	3%
	2009	5,036,480	538,436	83,743	838,168	11%	2,100	5%
	2010	4,875,998	390,826	121,910	1,135,653	8%	2,068	5%
	2011	4,803,704	62,458	279,774	949,533	1%	2,040	5%
	2012	4,779,561	1,180,837	276,930	1,905,108	25%	2,026	7%
	2013	4,782,070	673,540	345,889	2,294,871	14%	1,969	8%
	2014	4,582,914	2,871,006	759,391	4,537,138	63%	1,910	13%
	2015	4,429,697	398,284	842,418	4,215,334	9%	1,859	12%
	2016	4,286,203	2,591,220	1,071,981	5,793,080	60%	1,800	15%
Projected Future Experience (60 Years)	2017	4,146,774	1,413,280	1,849,789	5,787,489	34%	1,777	17%
	2018	4,089,229	1,652,261	1,876,427	5,721,540	40%	1,754	18%
	2019	4,030,900	1,949,058	1,947,872	5,885,433	48%	1,731	19%
	2020	3,964,620	2,295,995	2,080,945	6,273,643	58%	1,706	21%
	2021	3,897,475	2,691,228	2,275,226	6,879,034	69%	1,681	23%
	2022	3,824,576	3,127,007	2,521,789	7,695,325	82%	1,653	25%
	2023	3,747,237	3,606,958	2,825,495	8,714,936	96%	1,625	27%
	2024	3,664,979	4,135,501	3,194,587	9,926,391	113%	1,595	29%
	2025	3,578,287	4,719,648	3,629,996	11,324,206	132%	1,563	32%
	2026	3,487,861	5,378,189	4,134,035	12,919,640	154%	1,530	35%
	2027	3,393,034	6,121,307	4,706,933	14,734,349	180%	1,495	38%
	2028	3,293,772	6,962,379	5,357,198	16,795,568	211%	1,458	41%
	2029	3,190,084	7,851,038	6,082,175	19,082,317	246%	1,420	45%
	2030	3,082,027	8,811,976	6,881,751	21,598,519	286%	1,379	49%
	2031	2,969,709	9,826,900	7,754,015	24,331,435	331%	1,337	53%
	2032	2,853,149	10,974,657	8,710,853	27,336,627	385%	1,293	58%
	2033	2,732,229	12,301,038	9,775,701	30,694,111	450%	1,247	62%
	2034	2,607,099	13,627,532	10,935,787	34,316,071	523%	1,199	68%
	2035	2,478,244	14,896,822	12,158,855	38,086,574	601%	1,149	73%
	2036	2,346,152	16,120,720	13,417,645	41,926,547	687%	1,097	78%
	2037	2,211,465	17,268,625	14,685,608	45,750,583	781%	1,044	84%
	2038	2,074,964	18,340,660	15,939,848	49,494,509	884%	989	90%
	2039	1,937,561	19,302,196	17,155,110	53,082,665	996%	934	96%
	2040	1,800,295	20,094,206	18,300,487	56,408,551	1,116%	878	102%
	2041	1,664,148	20,645,721	19,336,779	59,330,174	1,241%	822	107%
	2042	1,530,069	20,962,118	20,228,734	61,743,352	1,370%	767	113%
	2043	1,399,068	21,069,874	20,953,065	63,592,114	1,506%	712	118%
	2044	1,272,154	20,947,239	21,488,562	64,818,345	1,647%	658	124%
	2045	1,150,364	20,658,125	21,828,954	65,434,270	1,796%	605	129%
	2046	1,034,476	20,210,448	21,977,373	65,457,295	1,954%	554	133%
	2047	925,164	19,573,735	21,930,820	64,877,063	2,116%	506	137%
	2048	822,887	18,815,537	21,698,222	63,743,007	2,287%	460	141%
	2049	728,006	17,961,260	21,293,736	62,117,399	2,467%	416	145%
	2050	640,782	17,032,338	20,736,086	60,066,941	2,658%	375	148%
	2051	561,264	16,061,738	20,048,322	57,670,300	2,862%	337	151%
	2052	489,319	15,103,965	19,261,580	55,032,295	3,087%	301	154%
	2053	424,670	14,165,910	18,405,193	52,237,602	3,336%	269	156%
	2054	367,197	13,230,412	17,497,168	49,337,155	3,603%	239	159%
	2055	316,285	12,289,135	16,548,867	46,363,051	3,885%	212	161%
	2056	271,501	11,351,271	15,570,833	43,346,928	4,181%	187	162%
	2057-2061	862,700	43,985,650	63,183,883	172,848,608	5,099%	645	169%
	2062-2066	371,341	26,028,028	40,778,984	108,275,446	7,009%	317	172%
	2067-2071	150,028	13,434,101	23,324,304	60,130,347	8,954%	142	173%
	2072-2076	56,407	5,894,588	11,655,183	29,159,517	10,450%	56	173%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 4B
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	315,514	0	0	0	0%	405	0%
	2005	1,806,153	0	0	0	0%	1,123	0%
	2006	3,321,562	23,624	19,770	4,811	1%	1,778	0%
	2007	4,628,124	51,958	44,139	14,718	1%	2,212	1%
	2008	5,234,281	386,008	47,454	362,991	7%	2,200	3%
	2009	5,036,480	538,436	83,743	838,168	11%	2,100	5%
	2010	4,875,998	390,826	121,910	1,135,653	8%	2,068	5%
	2011	4,803,704	62,458	279,774	949,533	1%	2,040	5%
	2012	4,779,561	1,180,837	276,930	1,905,108	25%	2,026	7%
	2013	4,782,070	673,540	345,889	2,294,871	14%	1,969	8%
	2014	4,582,914	2,871,006	759,391	4,537,138	63%	1,910	13%
	2015	4,429,697	398,284	842,418	4,215,334	9%	1,859	12%
	2016	4,286,203	2,591,220	1,071,981	5,793,080	60%	1,800	15%
Projected Future Experience (60 Years)	2017	4,146,774	1,413,280	1,849,789	5,787,489	34%	1,777	17%
	2018	7,049,525	1,526,372	1,851,736	5,617,701	22%	1,614	17%
	2019	9,836,261	1,665,338	1,865,207	5,572,370	17%	1,592	17%
	2020	9,682,119	1,956,812	1,932,417	5,756,169	20%	1,570	17%
	2021	9,527,085	2,288,747	2,059,648	6,155,256	24%	1,546	18%
	2022	9,357,592	2,654,117	2,236,458	6,758,758	28%	1,521	18%
	2023	9,177,716	3,056,116	2,466,583	7,555,092	33%	1,495	19%
	2024	8,986,207	3,498,209	2,757,399	8,528,580	39%	1,467	20%
	2025	8,784,260	3,985,255	3,108,693	9,668,395	45%	1,438	22%
	2026	8,573,634	4,533,057	3,520,905	10,979,164	53%	1,408	23%
	2027	8,352,489	5,149,959	3,992,110	12,476,048	62%	1,375	24%
	2028	8,120,645	5,847,397	4,528,576	14,179,909	72%	1,342	26%
	2029	7,878,027	6,581,837	5,127,243	16,070,645	84%	1,306	28%
	2030	7,624,652	7,374,276	5,787,435	18,149,866	97%	1,269	30%
	2031	7,360,669	8,208,315	6,506,888	20,404,749	112%	1,230	32%
	2032	7,086,017	9,150,253	7,295,025	22,880,433	129%	1,189	34%
	2033	6,800,306	10,238,248	8,171,023	25,642,761	151%	1,147	36%
	2034	6,503,765	11,322,413	9,123,789	28,616,994	174%	1,103	39%
	2035	6,197,416	12,354,943	10,126,037	31,705,300	199%	1,057	41%
	2036	5,882,311	13,345,859	11,154,757	34,841,011	227%	1,009	44%
	2037	5,559,887	14,270,348	12,187,738	37,952,952	257%	960	47%
	2038	5,231,924	15,129,593	13,206,070	40,988,582	289%	910	50%
	2039	4,900,529	15,895,479	14,189,070	43,886,198	324%	859	53%
	2040	4,568,137	16,518,583	15,111,290	46,557,885	362%	808	56%
	2041	4,237,084	16,942,040	15,940,682	48,887,869	400%	757	59%
	2042	3,909,668	17,171,081	16,648,640	50,791,938	439%	705	61%
	2043	3,588,390	17,229,268	17,216,694	52,226,702	480%	655	64%
	2044	3,275,761	17,099,516	17,628,214	53,147,073	522%	605	66%
	2045	2,974,359	16,834,304	17,878,740	53,565,078	566%	557	69%
	2046	2,686,220	16,440,906	17,971,517	53,497,165	612%	510	71%
	2047	2,413,085	15,895,507	17,904,897	52,937,442	659%	465	73%
	2048	2,156,239	15,253,886	17,686,967	51,928,732	707%	423	75%
	2049	1,916,723	14,537,130	17,330,030	50,523,994	758%	383	77%
	2050	1,695,324	13,763,088	16,850,021	48,779,559	812%	345	79%
	2051	1,492,345	12,958,425	16,266,233	46,760,834	868%	310	80%
	2052	1,307,611	12,167,069	15,604,316	44,553,786	930%	277	81%
	2053	1,140,628	11,394,684	14,888,367	42,227,836	999%	247	83%
	2054	991,183	10,627,730	14,133,319	39,825,113	1,072%	220	84%
	2055	857,949	9,859,311	13,348,629	37,372,104	1,149%	195	85%
	2056	739,979	9,096,449	12,542,929	34,894,404	1,229%	172	85%
	2057-2061	2,378,138	35,152,763	50,724,888	138,681,454	1,478%	593	88%
	2062-2066	1,039,113	20,730,764	32,585,814	86,480,321	1,995%	292	90%
	2067-2071	422,555	10,679,829	18,581,605	47,888,484	2,527%	131	91%
	2072-2076	159,091	4,681,978	9,269,081	23,185,451	2,943%	52	91%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 4C
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase without RBO, CBUL, and Adverse Selection
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	315,514	0	0	0	0%	405	0%
	2005	1,806,153	0	0	0	0%	1,123	0%
	2006	3,321,562	23,624	19,770	4,811	1%	1,778	0%
	2007	4,628,124	51,958	44,139	14,718	1%	2,212	1%
	2008	5,234,281	386,008	47,454	362,991	7%	2,200	3%
	2009	5,036,480	538,436	83,743	838,168	11%	2,100	5%
	2010	4,875,998	390,826	121,910	1,135,653	8%	2,068	5%
	2011	4,803,704	62,458	279,774	949,533	1%	2,040	5%
	2012	4,779,561	1,180,837	276,930	1,905,108	25%	2,026	7%
	2013	4,782,070	673,540	345,889	2,294,871	14%	1,969	8%
	2014	4,582,914	2,871,006	759,391	4,537,138	63%	1,910	13%
	2015	4,429,697	398,284	842,418	4,215,334	9%	1,859	12%
	2016	4,286,203	2,591,220	1,071,981	5,793,080	60%	1,800	15%
Projected Future Experience (60 Years)	2017	4,146,774	1,413,280	1,849,789	5,787,489	34%	1,777	17%
	2018	8,429,197	1,705,458	1,886,634	5,765,636	20%	1,754	17%
	2019	12,541,779	2,069,877	1,982,209	6,019,452	17%	1,731	17%
	2020	12,346,104	2,432,454	2,141,424	6,489,293	20%	1,706	17%
	2021	12,149,430	2,845,452	2,360,642	7,171,223	23%	1,681	18%
	2022	11,934,273	3,300,331	2,631,545	8,060,814	28%	1,653	18%
	2023	11,705,929	3,800,996	2,959,407	9,152,249	32%	1,625	19%
	2024	11,462,794	4,351,826	3,352,676	10,435,605	38%	1,595	21%
	2025	11,206,393	4,959,117	3,812,377	11,906,161	44%	1,563	22%
	2026	10,938,975	5,642,441	4,341,126	13,576,447	52%	1,530	23%
	2027	10,658,169	6,412,326	4,939,582	15,469,340	60%	1,495	25%
	2028	10,363,737	7,282,972	5,616,809	17,613,604	70%	1,458	27%
	2029	10,055,570	8,200,679	6,369,898	19,986,670	82%	1,420	28%
	2030	9,733,675	9,191,541	7,198,594	22,592,416	94%	1,379	30%
	2031	9,398,232	10,235,266	8,100,599	25,416,402	109%	1,337	33%
	2032	9,049,149	11,414,461	9,088,072	28,516,017	126%	1,293	35%
	2033	8,685,916	12,776,757	10,185,252	31,974,216	147%	1,247	38%
	2034	8,308,813	14,135,585	11,378,622	35,698,699	170%	1,199	40%
	2035	7,919,121	15,431,309	12,634,409	39,568,111	195%	1,149	43%
	2036	7,518,168	16,676,503	13,924,131	43,499,840	222%	1,097	46%
	2037	7,107,769	17,839,872	15,220,190	47,405,207	251%	1,044	49%
	2038	6,690,182	18,922,552	16,498,983	51,218,439	283%	989	52%
	2039	6,268,079	19,889,243	17,734,625	54,862,190	317%	934	55%
	2040	5,844,553	20,678,202	18,895,268	58,226,413	354%	878	58%
	2041	5,422,575	21,218,053	19,940,770	61,166,018	391%	822	61%
	2042	5,005,075	21,515,139	20,835,249	63,575,280	430%	767	64%
	2043	4,595,245	21,598,495	21,555,429	65,399,259	470%	712	67%
	2044	4,196,292	21,446,383	22,080,267	66,580,738	511%	658	70%
	2045	3,811,508	21,124,617	22,403,998	67,134,292	554%	605	72%
	2046	3,443,507	20,642,116	22,530,518	67,079,992	599%	554	75%
	2047	3,094,516	19,968,403	22,457,490	66,409,526	645%	506	77%
	2048	2,766,197	19,173,326	22,194,790	65,175,816	693%	460	79%
	2049	2,459,892	18,283,008	21,757,568	63,444,434	743%	416	81%
	2050	2,176,622	17,319,534	21,165,521	61,285,138	796%	375	82%
	2051	1,916,794	16,316,337	20,442,603	58,779,285	851%	337	84%
	2052	1,680,205	15,328,651	19,620,827	56,034,310	912%	301	85%
	2053	1,466,241	14,363,457	18,730,275	53,136,895	980%	269	87%
	2054	1,274,644	13,403,442	17,789,487	50,139,339	1,052%	239	88%
	2055	1,103,739	12,440,002	16,810,166	47,074,514	1,127%	212	89%
	2056	952,332	11,482,164	15,803,070	43,974,465	1,206%	187	90%
	2057-2061	3,063,331	44,412,413	63,985,345	174,972,695	1,450%	645	93%
	2062-2066	1,340,062	26,216,447	41,167,504	109,273,010	1,956%	317	95%
	2067-2071	545,207	13,510,387	23,494,948	60,557,078	2,478%	142	95%
	2072-2076	205,291	5,923,207	11,724,275	29,328,186	2,885%	56	96%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 4D
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to Proposed Increase From Inception
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	988,981	0	0	0	0%	405	0%
	2005	5,672,741	0	0	0	0%	1,123	0%
	2006	10,368,972	23,624	19,770	4,811	0%	1,778	0%
	2007	14,439,684	51,958	44,139	14,718	0%	2,212	0%
	2008	16,308,594	386,008	47,454	362,991	2%	2,200	1%
	2009	15,658,808	538,436	83,743	838,168	3%	2,100	1%
	2010	15,156,075	390,826	121,910	1,135,653	3%	2,068	2%
	2011	14,934,197	62,458	279,774	949,533	0%	2,040	2%
	2012	14,844,306	1,180,837	276,930	1,905,108	8%	2,026	2%
	2013	14,827,283	673,540	345,889	2,294,871	5%	1,969	3%
	2014	14,224,819	2,871,006	759,391	4,537,138	20%	1,910	4%
	2015	13,767,965	398,284	842,418	4,215,334	3%	1,859	4%
	2016	13,315,900	2,591,220	1,071,981	5,793,080	19%	1,800	5%
Projected Future Experience (60 Years)	2017	12,885,798	1,508,498	1,867,977	5,866,506	12%	1,777	5%
	2018	12,714,732	1,758,866	1,917,022	5,870,444	14%	1,754	6%
	2019	12,541,779	2,069,877	2,009,472	6,099,191	17%	1,731	6%
	2020	12,346,103	2,432,454	2,162,911	6,549,212	20%	1,706	7%
	2021	12,149,430	2,845,452	2,377,495	7,215,541	23%	1,681	7%
	2022	11,934,273	3,300,331	2,644,603	8,093,000	28%	1,653	8%
	2023	11,705,929	3,800,996	2,969,235	9,175,281	32%	1,625	9%
	2024	11,462,794	4,351,826	3,359,808	10,451,986	38%	1,595	10%
	2025	11,206,393	4,959,117	3,817,454	11,917,808	44%	1,563	11%
	2026	10,938,975	5,642,441	4,344,749	13,584,713	52%	1,530	12%
	2027	10,658,169	6,412,326	4,942,216	15,475,144	60%	1,495	13%
	2028	10,363,737	7,282,972	5,618,728	17,617,611	70%	1,458	14%
	2029	10,055,570	8,200,679	6,371,271	19,989,388	82%	1,420	15%
	2030	9,733,675	9,191,541	7,199,559	22,594,226	94%	1,379	16%
	2031	9,398,232	10,235,266	8,101,264	25,417,584	109%	1,337	18%
	2032	9,049,149	11,414,461	9,088,522	28,516,774	126%	1,293	19%
	2033	8,685,916	12,776,757	10,185,550	31,974,690	147%	1,247	21%
	2034	8,308,813	14,135,585	11,378,815	35,698,991	170%	1,199	23%
	2035	7,919,121	15,431,309	12,634,531	39,568,287	195%	1,149	24%
	2036	7,518,168	16,676,503	13,924,206	43,499,944	222%	1,097	26%
	2037	7,107,769	17,839,872	15,220,236	47,405,267	251%	1,044	28%
	2038	6,690,182	18,922,552	16,499,010	51,218,473	283%	989	30%
	2039	6,268,079	19,889,243	17,734,642	54,862,209	317%	934	32%
	2040	5,844,553	20,678,202	18,895,277	58,226,423	354%	878	34%
	2041	5,422,575	21,218,053	19,940,775	61,166,023	391%	822	36%
	2042	5,005,075	21,515,139	20,835,252	63,575,283	430%	767	38%
	2043	4,595,245	21,598,495	21,555,430	65,399,260	470%	712	39%
	2044	4,196,292	21,446,383	22,080,268	66,580,738	511%	658	41%
	2045	3,811,508	21,124,617	22,403,998	67,134,292	554%	605	43%
	2046	3,443,507	20,642,116	22,530,518	67,079,992	599%	554	44%
	2047	3,094,516	19,968,403	22,457,490	66,409,526	645%	506	45%
	2048	2,766,197	19,173,326	22,194,790	65,175,816	693%	460	47%
	2049	2,459,892	18,283,008	21,757,568	63,444,434	743%	416	48%
	2050	2,176,622	17,319,534	21,165,521	61,285,138	796%	375	49%
	2051	1,916,794	16,316,337	20,442,603	58,779,285	851%	337	50%
	2052	1,680,205	15,328,651	19,620,827	56,034,310	912%	301	51%
	2053	1,466,241	14,363,457	18,730,275	53,136,895	980%	269	52%
	2054	1,274,644	13,403,442	17,789,487	50,139,339	1,052%	239	52%
	2055	1,103,739	12,440,002	16,810,166	47,074,514	1,127%	212	53%
	2056	952,332	11,482,164	15,803,070	43,974,465	1,206%	187	53%
	2057-2061	3,063,331	44,412,413	63,985,345	174,972,695	1,450%	645	55%
	2062-2066	1,340,062	26,216,447	41,167,504	109,273,010	1,956%	317	56%
	2067-2071	545,207	13,510,387	23,494,948	60,557,078	2,478%	142	57%
	2072-2076	205,291	5,923,207	11,724,275	29,328,186	2,885%	56	57%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 4E
MedAmerica and Affinity Partners
Projected Experience by Calendar Year
Nationwide Expected Experience
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
	2004	307,448	4,312	861	3,547	1%	401	1%
	2005	1,762,075	27,975	6,537	25,686	2%	1,087	2%
	2006	3,178,171	68,278	20,518	75,537	2%	1,692	2%
	2007	4,407,042	124,902	45,209	159,690	3%	2,091	2%
	2008	4,905,789	189,084	80,922	275,613	4%	2,048	3%
	2009	4,740,898	268,433	128,784	427,369	6%	1,968	3%
	2010	4,554,752	366,377	190,685	620,724	8%	1,905	4%
	2011	4,427,289	480,272	267,798	857,698	11%	1,864	5%
	2012	4,335,580	600,045	358,683	1,131,499	14%	1,828	6%
	2013	4,346,701	719,632	460,291	1,432,032	17%	1,809	7%
	2014	4,245,491	839,420	569,876	1,752,121	20%	1,756	8%
	2015	4,104,304	961,796	685,840	2,088,467	23%	1,704	9%
	2016	3,968,720	1,093,400	808,519	2,444,152	28%	1,654	11%
	2017	3,835,682	1,236,979	939,151	2,823,895	32%	1,604	12%
	2018	3,703,102	1,394,164	1,079,298	3,232,623	38%	1,554	13%
	2019	3,570,543	1,559,297	1,229,136	3,669,416	44%	1,504	14%
	2020	3,436,981	1,700,500	1,382,137	4,107,273	49%	1,453	16%
	2021	3,302,733	1,835,447	1,534,818	4,540,141	56%	1,403	17%
	2022	3,168,476	1,983,061	1,689,014	4,979,345	63%	1,352	18%
	2023	3,033,719	2,156,701	1,849,886	5,444,954	71%	1,301	20%
	2024	2,898,183	2,372,892	2,026,007	5,965,805	82%	1,250	21%
	2025	2,762,409	2,612,918	2,221,307	6,548,314	95%	1,199	23%
Projected	2026	2,627,133	2,874,677	2,437,160	7,195,515	109%	1,147	24%
Experience	2027	2,492,160	3,157,677	2,674,378	7,909,197	127%	1,096	26%
	2028	2,357,801	3,459,207	2,933,063	8,688,316	147%	1,044	28%
	2029	2,224,406	3,785,496	3,214,264	9,537,121	170%	993	30%
	2030	2,092,357	4,129,210	3,517,511	10,452,929	197%	942	32%
	2031	1,962,069	4,482,330	3,840,317	11,427,287	228%	891	34%
	2032	1,833,978	4,837,077	4,178,991	12,447,294	264%	841	36%
	2033	1,708,518	5,183,875	4,528,240	13,495,266	303%	791	38%
	2034	1,586,123	5,523,287	4,883,332	14,558,430	348%	742	41%
	2035	1,467,214	5,847,798	5,239,273	15,621,042	399%	694	43%
	2036	1,351,853	6,141,218	5,588,601	16,657,922	454%	647	45%
	2037	1,241,077	6,404,292	5,924,658	17,650,745	516%	602	48%
	2038	1,134,914	6,634,084	6,242,189	18,583,036	585%	558	50%
	2039	1,033,644	6,822,276	6,535,322	19,435,320	660%	515	52%
	2040	937,523	6,969,330	6,798,870	20,193,348	743%	474	55%
	2041	846,756	7,060,900	7,026,254	20,834,467	834%	435	57%
	2042	761,492	7,100,667	7,212,613	21,344,144	932%	397	59%
	2043	681,824	7,084,715	7,353,657	21,707,813	1,039%	362	61%
	2044	607,794	7,018,947	7,446,513	21,919,487	1,155%	329	63%
	2045	539,402	6,901,542	7,489,004	21,973,363	1,279%	297	65%
	2046	476,591	6,734,441	7,479,879	21,866,744	1,413%	268	66%
	2047	419,248	6,527,448	7,420,424	21,605,607	1,557%	240	68%
	2048	367,215	6,281,052	7,312,223	21,194,981	1,710%	215	69%
	2049	320,285	6,005,295	7,158,058	20,647,491	1,875%	192	71%
	2050	278,214	5,710,760	6,962,654	19,982,131	2,053%	170	72%
	2051	240,726	5,399,774	6,731,134	19,215,581	2,243%	151	73%
	2052	207,519	5,082,628	6,469,795	18,369,107	2,449%	133	74%
	2053	178,275	4,765,821	6,185,179	17,464,558	2,673%	117	75%
	2054	152,661	4,453,031	5,883,416	16,521,892	2,917%	103	76%
	2055	130,340	4,150,162	5,570,797	15,561,260	3,184%	90	76%
	2056	110,976	3,853,656	5,252,054	14,594,891	3,473%	78	77%
	2057-2061	346,148	15,204,060	21,534,063	59,005,896	4,392%	258	79%
	2062-2066	143,348	9,375,361	14,324,065	38,291,793	6,540%	116	80%
	2067-2071	53,707	5,169,699	8,602,390	22,403,483	9,626%	46	81%
	2072-2076	17,459	2,330,254	4,523,777	11,389,910	13,347%	15	81%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 4F
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Actual or Projected Experience using Original Pricing Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with 4.5% Max. Val. Int at Pricing
Historical Experience	2004	315,514	0	0	0	0%	405	0%
	2005	1,806,153	0	0	0	0%	1,123	0%
	2006	3,321,562	23,624	19,770	4,811	1%	1,778	0%
	2007	4,628,124	51,958	44,139	14,718	1%	2,212	1%
	2008	5,234,281	386,008	47,454	362,991	7%	2,200	3%
	2009	5,036,480	538,436	83,743	838,168	11%	2,100	5%
	2010	4,875,998	390,826	121,910	1,135,653	8%	2,068	5%
	2011	4,803,704	62,458	279,774	949,533	1%	2,040	5%
	2012	4,779,561	1,180,837	276,930	1,905,108	25%	2,026	7%
	2013	4,782,070	673,540	345,889	2,294,871	14%	1,969	8%
	2014	4,582,914	2,871,006	759,391	4,537,138	63%	1,910	13%
	2015	4,429,697	398,284	842,418	4,215,334	9%	1,859	12%
	2016	4,286,203	2,591,220	1,071,981	5,793,080	60%	1,800	15%
Projected Future Experience (60 Years)	2017	4,104,755	1,411,843	1,865,318	5,777,380	34%	1,744	17%
	2018	3,963,934	1,588,875	1,888,440	5,641,732	40%	1,687	18%
	2019	3,823,511	1,773,087	1,930,760	5,649,056	46%	1,630	19%
	2020	3,677,160	1,932,691	1,996,836	5,753,623	53%	1,574	20%
	2021	3,531,926	2,089,850	2,079,717	5,938,293	59%	1,517	22%
	2022	3,383,868	2,258,052	2,171,887	6,206,846	67%	1,459	23%
	2023	3,234,990	2,456,872	2,283,467	6,573,039	76%	1,402	24%
	2024	3,085,227	2,706,892	2,432,058	7,054,374	88%	1,344	26%
	2025	2,935,261	2,983,721	2,620,040	7,641,427	102%	1,286	27%
	2026	2,786,019	3,283,401	2,844,405	8,323,526	118%	1,227	29%
	2027	2,637,228	3,606,744	3,098,344	9,097,403	137%	1,169	31%
	2028	2,489,260	3,953,453	3,381,061	9,960,208	159%	1,111	33%
	2029	2,342,522	4,329,253	3,693,267	10,914,168	185%	1,053	35%
	2030	2,197,460	4,726,234	4,033,960	11,954,479	215%	995	37%
	2031	2,054,552	5,130,629	4,398,874	13,066,419	250%	938	39%
	2032	1,914,299	5,534,472	4,782,709	14,232,096	289%	882	42%
	2033	1,777,208	5,927,080	5,178,612	15,429,155	334%	826	44%
	2034	1,643,766	6,307,107	5,580,206	16,639,739	384%	771	47%
	2035	1,514,441	6,667,159	5,981,118	17,844,415	440%	718	49%
	2036	1,389,672	6,983,586	6,371,381	19,009,103	503%	666	52%
	2037	1,269,858	7,260,272	6,742,606	20,111,326	572%	616	54%
	2038	1,155,363	7,495,211	7,088,540	21,132,308	649%	567	57%
	2039	1,046,511	7,677,126	7,402,026	22,048,488	734%	521	59%
	2040	943,573	7,805,176	7,676,657	22,841,324	827%	476	61%
	2041	846,753	7,862,645	7,904,386	23,482,820	929%	434	64%
	2042	756,194	7,853,104	8,079,010	23,954,213	1,039%	394	66%
	2043	671,972	7,781,307	8,196,786	24,244,926	1,158%	356	68%
	2044	594,112	7,649,898	8,255,347	24,349,214	1,288%	321	70%
	2045	522,587	7,458,268	8,252,846	24,262,430	1,427%	287	72%
	2046	457,309	7,208,825	8,188,306	23,983,260	1,576%	257	73%
	2047	398,128	6,915,115	8,064,025	23,521,914	1,737%	228	75%
	2048	344,839	6,578,693	7,882,907	22,887,512	1,908%	203	76%
	2049	297,185	6,209,579	7,648,870	22,095,701	2,089%	179	78%
	2050	254,864	5,825,082	7,368,767	21,173,322	2,286%	157	79%
	2051	217,542	5,429,789	7,049,990	20,145,104	2,496%	138	80%
	2052	184,859	5,034,260	6,700,853	19,038,813	2,723%	121	81%
	2053	156,436	4,645,426	6,329,873	17,881,398	2,970%	105	82%
	2054	131,884	4,267,508	5,944,879	16,696,894	3,236%	91	82%
	2055	110,805	3,907,277	5,553,514	15,509,150	3,526%	79	83%
	2056	92,810	3,562,028	5,161,571	14,333,986	3,838%	68	84%
	2057-2061	277,322	13,293,225	20,223,338	55,323,788	4,793%	219	86%
	2062-2066	107,321	7,481,090	12,347,329	32,976,272	6,971%	96	86%
	2067-2071	39,129	3,926,916	6,892,845	18,093,067	10,036%	38	87%
	2072-2076	13,240	1,769,446	3,503,425	9,038,185	13,364%	13	87%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 5
MedAmerica and Affinity Partners
Discounted Waiver of Premium by Incurral Year
Nationwide Experience Restated to No Prior Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options,
Benefit Periods Up to 5 Years, and No Inflation

		Discounted to the Year of Incurral at the Maximum Valuation Interest Rate	
	Incurred Year	Before Increase Waiver of Premium	After Increase Waiver of Premium
Historical Experience	2004	1,353	1,353
	2005	5,779	5,779
	2006	2,231	2,231
	2007	5,214	5,214
	2008	9,214	9,214
	2009	67,744	67,744
	2010	43,914	43,914
	2011	91,226	91,226
	2012	169,279	169,279
	2013	220,472	220,472
	2014	147,957	147,957
	2015	138,822	138,822
	2016	94,646	94,646
Projected Future Experience (60 Years)	2017	105,819	105,819
	2018	108,476	137,741
	2019	111,822	175,753
	2020	115,087	182,518
	2021	118,528	189,647
	2022	121,002	195,388
	2023	122,171	199,142
	2024	122,452	201,539
	2025	122,097	202,956
	2026	121,006	203,139
	2027	119,343	202,415
	2028	117,199	200,869
	2029	114,224	197,861
	2030	110,424	193,333
	2031	106,282	188,091
	2032	102,281	182,952
	2033	98,273	177,633
	2034	93,567	170,860
	2035	88,308	162,892
	2036	82,415	153,527
	2037	76,288	143,502
	2038	69,993	132,895
	2039	63,685	122,018
	2040	57,413	110,978
	2041	51,321	100,070
	2042	45,482	89,446
	2043	39,992	79,329
	2044	34,918	69,859
	2045	30,291	61,123
	2046	26,175	53,277
	2047	22,516	46,238
	2048	19,285	39,960
	2049	16,459	34,419
	2050	14,017	29,589
	2051	11,934	25,434
	2052	10,139	21,812
	2053	8,624	18,729
	2054	7,345	16,101
	2055	6,255	13,830
	2056	5,339	11,903
	2057-2061	16,908	38,378
	2062-2066	7,248	16,795
	2067-2071	2,834	6,620
	2072-2076	1,081	2,530

Attachment 6
MedAmerica and Affinity Partners
Discounted Waiver of Premium by Incurral Year
Nationwide Experience Restated to No Prior Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options,
Benefit Periods Up to 5 Years, and Auto Inflation

		Discounted to the Year of Incurral at the Maximum Valuation Interest Rate	
	Incurred Year	Before Increase Waiver of Premium	After Increase Waiver of Premium
Historical Experience	2004	0	0
	2005	1,202	1,202
	2006	493	493
	2007	4,484	4,484
	2008	85,143	85,143
	2009	25,824	25,824
	2010	80,392	80,392
	2011	99,172	99,172
	2012	23,880	23,880
	2013	93,691	93,691
	2014	164,626	164,626
	2015	163,932	163,932
	2016	183,431	183,431
Projected Future Experience (60 Years)	2017	121,338	121,338
	2018	135,906	217,268
	2019	152,990	329,284
	2020	172,936	373,108
	2021	194,887	421,769
	2022	218,799	475,167
	2023	243,229	530,408
	2024	267,956	587,093
	2025	292,611	644,477
	2026	317,392	702,974
	2027	342,386	762,959
	2028	366,614	822,245
	2029	389,124	878,732
	2030	408,876	930,051
	2031	426,376	977,132
	2032	444,495	1,026,460
	2033	462,915	1,077,094
	2034	476,438	1,116,838
	2035	485,125	1,145,660
	2036	488,417	1,161,943
	2037	486,831	1,166,565
	2038	480,889	1,160,417
	2039	470,022	1,141,863
	2040	454,393	1,111,140
	2041	433,810	1,067,677
	2042	409,950	1,015,467
	2043	382,990	954,745
	2044	354,471	889,330
	2045	324,951	820,564
	2046	295,009	749,871
	2047	265,681	679,921
	2048	237,412	611,857
	2049	210,841	547,338
	2050	185,761	485,814
	2051	162,504	428,194
	2052	141,204	374,877
	2053	122,042	326,453
	2054	105,144	283,365
	2055	90,200	244,870
	2056	76,891	210,186
	2057-2061	235,948	655,308
	2062-2066	92,414	262,225
	2067-2071	32,615	93,499
	2072-2076	10,553	30,347

Attachment 7
MedAmerica and Affinity Partners
Discounted Waiver of Premium by Incurral Year
Nationwide Experience Restated to No Prior Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options,
Benefit Periods Greater Than 5 Years, and No Inflation

		Discounted to the Year of Incurral at the Maximum Valuation Interest Rate	
	Incurred Year	Before Increase Waiver of Premium	After Increase Waiver of Premium
Historical Experience	2004	0	0
	2005	12,446	12,446
	2006	0	0
	2007	63,614	63,614
	2008	31,006	31,006
	2009	0	0
	2010	3,627	3,627
	2011	64,903	64,903
	2012	5,062	5,062
	2013	67,779	67,779
	2014	76,060	76,060
	2015	110,756	110,756
	2016	129,653	129,653
Projected Future Experience (60 Years)	2017	44,817	44,817
	2018	48,807	65,530
	2019	53,561	90,363
	2020	58,783	99,599
	2021	64,028	109,051
	2022	69,370	118,801
	2023	73,907	127,411
	2024	77,708	134,942
	2025	80,599	141,112
	2026	83,536	147,514
	2027	86,055	153,318
	2028	88,233	158,659
	2029	90,312	163,926
	2030	91,343	167,403
	2031	92,242	170,683
	2032	92,899	173,535
	2033	93,917	177,025
	2034	94,023	178,758
	2035	93,212	178,701
	2036	91,488	176,807
	2037	88,811	173,002
	2038	85,602	168,019
	2039	81,765	161,660
	2040	77,178	153,653
	2041	72,134	144,603
	2042	66,778	134,792
	2043	61,352	124,703
	2044	55,889	114,389
	2045	50,493	104,087
	2046	45,240	93,929
	2047	40,228	84,143
	2048	35,643	75,123
	2049	31,451	66,816
	2050	27,628	59,163
	2051	24,130	52,086
	2052	20,926	45,517
	2053	18,069	39,603
	2054	15,569	34,382
	2055	13,389	29,777
	2056	11,441	25,608
	2057-2061	35,099	79,662
	2062-2066	13,102	30,287
	2067-2071	4,171	9,730
	2072-2076	1,476	3,452

Attachment 8
MedAmerica and Affinity Partners
Discounted Waiver of Premium by Incurral Year
Nationwide Experience Restated to No Prior Rate Increase
Individual Simplicity Policy Forms with Lifetime Payment Options,
Benefit Periods Greater Than 5 Years, and Auto Inflation

		Discounted to the Year of Incurral at the Maximum Valuation Interest Rate	
	Incurred Year	Before Increase Waiver of Premium	After Increase Waiver of Premium
Historical Experience	2004	0	0
	2005	0	0
	2006	0	0
	2007	0	0
	2008	14,630	14,630
	2009	41,005	41,005
	2010	35,328	35,328
	2011	1,772	1,772
	2012	67,251	67,251
	2013	97,121	97,121
	2014	142,073	142,073
	2015	19,681	19,681
	2016	143,232	143,232
Projected Future Experience (60 Years)	2017	53,670	53,670
	2018	59,979	97,231
	2019	67,906	152,453
	2020	76,399	171,908
	2021	85,930	193,900
	2022	95,897	217,279
	2023	106,588	242,524
	2024	117,990	269,591
	2025	129,527	297,414
	2026	141,711	327,048
	2027	154,663	358,861
	2028	168,948	393,984
	2029	182,594	428,122
	2030	196,400	463,054
	2031	209,319	496,329
	2032	223,339	532,573
	2033	239,442	574,061
	2034	253,473	610,973
	2035	264,321	640,566
	2036	272,372	663,761
	2037	277,457	679,889
	2038	280,192	690,274
	2039	280,301	694,162
	2040	276,533	688,385
	2041	268,750	672,516
	2042	257,475	647,753
	2043	244,005	617,193
	2044	228,423	580,923
	2045	211,585	541,143
	2046	193,966	499,035
	2047	175,631	454,655
	2048	157,615	410,666
	2049	140,259	367,910
	2050	123,868	327,154
	2051	108,619	288,906
	2052	94,787	253,958
	2053	82,399	222,401
	2054	71,391	194,066
	2055	61,607	168,609
	2056	52,935	145,802
	2057-2061	168,742	471,762
	2062-2066	72,400	206,315
	2067-2071	28,971	83,211
	2072-2076	10,843	31,192

Attachment 9
MedAmerica and Affinity Partners
Status of Filings as of May 13, 2018
All Jurisdictions in Which These Forms are In Force

				2012 Nationwide Request[1]			2016 Nationwide Request[1]			Current Requested Increases					Average
Jurisdiction	Company	12/31/2016 Policies In Force	12/31/2016 Annualized Premium	Average Requested Increase	Most Recent Disposition Date	Average Filed Increase[2]	Average Requested Increase[3]	Most Recent Disposition Date	Average Filed Increase[2]	Average Requested Increase[4]	Status[2][5]	Date Submitted	Disposition Date	Average Filed Increase[2]	Cumulative Increase Filed[2][3]
Alabama	MedAmerica	71	$126,155	38%	04/22/13	38%	75%	03/27/17	32%	52%	Not Yet Filed				82%
Alaska	MedAmerica	5	$15,109	40%	N/A[6]	40%	78%	N/A[6]	78%		No Follow-Up				150%
Alaska	Affinity	21	$62,315	37%	N/A[6]	37%	75%	N/A[6]	75%		No Follow-Up				140%
Arizona	MedAmerica	150	$311,703	37%	03/01/13	37%				114%	Pending	07/21/17			37%
Arkansas	MedAmerica	65	$93,324	33%	06/19/15	15%				132%	Filed	02/15/18	02/16/18	15%	33%
California	MedAmerica	1,323	$3,173,349				86%	04/26/17	15%	TBD	TBD				15%
Colorado	MedAmerica	182	$429,656	40%	10/28/13	40%	84%	11/10/16	33%	TBD[7]	TBD[7]				86%
Connecticut	MedAmerica	102	$241,519				137%	10/07/16	33%	110%	Filed	04/05/17	06/22/17	15%	53%
District of Columbia	MedAmerica	758	$1,682,693	38%	10/14/15	38%				TBD[7]	TBD[7]				38%
Florida	MedAmerica	704	$1,234,773							88%[8]	Filed	03/02/17	10/03/17	78%	78%
Georgia	MedAmerica	105	$229,442	35%	07/24/15	35%	76%	09/29/16	15%	82%	Filed	06/20/17	07/31/17	20%	86%
Hawaii	MedAmerica	202	$214,629	38%	12/08/17	38%				TBD[7]	TBD[7]				38%
Idaho	MedAmerica	35	$54,871	40%	12/04/14	40%	77%	04/13/17	25%	76%	Not Yet Filed				75%
Illinois	MedAmerica	409	$828,822	39%	05/27/14	39%	76%	12/16/16	76%		No Follow-Up				144%
Indiana	MedAmerica	278	$468,529							TBD	TBD				0%
Iowa	MedAmerica	198	$345,025	35%	06/26/13	35%	75%	12/19/16	17%	77%	Filed	03/31/17	06/05/17	18%	87%
Kansas	Affinity	353	$576,210	28%	02/05/15	28%				106%	Not Yet Filed				28%
Kansas	MedAmerica	157	$261,508	32%	11/14/14	32%				107%	Not Yet Filed				32%
Kentucky	MedAmerica	230	$399,817	36%	02/04/13	36%	74%	10/24/16	40%	52%	Filed	07/11/17	03/01/18	30%	147%
Louisiana	MedAmerica	318	$285,990	38%	09/22/14	20%	101%	11/18/16	25%	84%	Pending	04/12/18			50%
Maine	MedAmerica	116	$219,121	43%	10/29/13	43%				106%	Pending	12/19/17			43%
Maryland	MedAmerica	118	$241,170	38%	05/07/15	32%	83%	12/14/17	32%	TBD[7]	TBD[7]				75%
Massachusetts	MedAmerica	102	$245,728							150%	Pending	08/04/17			0%
Michigan	MedAmerica	218	$417,989	35%	12/18/12	35%	73%	03/16/16	73%		No Follow-Up				134%
Minnesota	MedAmerica	926	$1,272,646				142%	06/30/16	68%	TBD[7]	TBD[7]				68%
Mississippi	MedAmerica	124	$223,685	39%	04/22/14	39%	76%	12/19/16	25%	52%	Filed	07/28/17	03/16/18	25%	116%
Missouri	MedAmerica	357	$538,523	35%	10/07/14	35%	75%	11/15/16	35%	35%	Filed	06/26/17	06/28/17	35%	144%
Montana	MedAmerica	78	$128,982	38%	07/01/14	24%				138%	Pending	03/22/18			24%
Nebraska	MedAmerica	108	$206,849	33%	06/18/14	33%				105%	Filed	08/08/17	01/26/18	105%	173%
Nevada	MedAmerica	72	$168,597	37%	09/09/13	37%	85%	09/18/17	96%		No Follow-Up				169%
New Hampshire	MedAmerica	37	$82,877	42%	04/16/13	42%				47%	Not Yet Filed				42%
New Mexico	MedAmerica	28	$40,667							189%	Filed	07/14/17	09/26/17	5%	5%
New York	MedAmerica	2,378	$5,160,240	36%	07/20/15	11%	113%	10/04/17	80%	43%	Not Yet Filed				100%
North Carolina	Affinity	100	$182,331	29%	07/11/13	12%	98%	01/12/17	47%	TBD[7]	TBD[7]				64%
North Carolina	MedAmerica	294	$634,646	37%	10/18/13	15%	109%	01/12/17	51%	TBD[7]	TBD[7]				74%
North Dakota	MedAmerica	414	$849,365	35%	04/28/14	31%	78%	04/19/16	15%	86%	Filed	03/17/17	04/24/17	30%	96%
North Dakota	Affinity	289	$466,564	31%	04/28/14	28%	76%	04/19/16	15%	80%	Filed	03/17/17	04/24/17	30%	92%
Ohio	MedAmerica	374	$785,514	35%	03/11/15	35%	74%	06/29/16	15%	83%	Filed	04/05/17	01/03/18	83%	183%
Oklahoma	MedAmerica	37	$78,353	36%	07/03/14	36%	73%	07/27/16	10%	88%	Filed	08/16/17	10/31/17	10%	64%
Oregon	MedAmerica	164	$298,804	39%	03/03/15	33%	83%	05/02/17	30%	71%	Not Yet Filed				73%
Pennsylvania	Affinity	457	$941,020	41%	07/31/15	41%	77%	09/22/16	20%	83%	Filed	03/09/17	09/19/17	20%	102%
Pennsylvania	Affinity	413	$677,353	40%	07/31/15	40%	77%	09/22/16	20%	82%	Filed	03/09/17	09/19/17	20%	102%
Pennsylvania	MedAmerica	321	$676,889	36%	07/31/15	36%	75%	09/22/16	20%	76%	Filed	03/09/17	09/19/17	20%	96%
Rhode Island	MedAmerica	21	$35,357	29%							Pending				0%
South Carolina	Affinity	345	$393,032	43%	09/02/14	41%	80%	06/06/16	20%	83%	Filed	04/05/17	05/16/17	20%	103%
South Carolina	MedAmerica	170	$271,580	39%	09/02/14	38%	77%	06/06/16	20%	69%	Filed	04/05/17	05/16/17	20%	99%
South Dakota	MedAmerica	146	$232,341	34%	02/15/13	34%	73%	04/13/16	73%		No Follow-Up				133%
Tennessee	MedAmerica	763	$1,156,061	39%	02/08/13	39%	76%	05/25/16	83%		No Follow-Up				153%
Texas	MedAmerica	736	$1,491,650	37%	04/10/13	37%	75%	11/01/16	75%		No Follow-Up				140%
Utah	MedAmerica	76	$115,191	37%	05/13/13	37%	85%	02/09/17	41%	52%	Pending	01/05/18			93%
Vermont	MedAmerica	89	$152,854							204%	Pending	06/08/17			0%
Virginia	MedAmerica	289	$517,136							193%	Pending	01/09/18			0%
Washington	MedAmerica	363	$752,239	37%	04/25/13	37%	76%	11/10/16	76%		No Follow-Up				140%
Washington	Affinity	359	$683,564	35%	04/12/13	35%	75%	11/10/16	75%		No Follow-Up				137%
West Virginia	MedAmerica	2	$12,671	33%	08/12/13	33%				109%	Filed	08/04/17	12/20/17	10%	46%
Wisconsin	MedAmerica	110	$209,448	35%	03/14/13	35%	76%	01/12/17	69%		No Follow-Up				128%
Wyoming	MedAmerica	17	$32,306				162%	08/04/16	180%		No Follow-Up				180%

[1] Two prior rate increases have been requested nationwide; these increase requests varied by issue age. Certain jurisdictions have 2012 or 2016 requests that are still pending, so the "Current" request column is blank.

[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.

No follow-up is indicated for jurisdictions that approximately filed the full 2016 nationwide cumulative requested increase or represent jurisdictions in which filing for additional rate increases is not cost effective at this time.

[3] The original rates in California are higher than those nationwide because the Simplicity product in California was priced using updated assumptions. As a result, a lower rate increase is requested in California relative to nationwide.

[4] This current rate increase level varies by issue age and inflation option; average rate increase percentages are based on the distribution of in-force business as of December 31, 2016. Excludes policies assumed to be paid-up prior to rate increase implementation.

[5] "TBD" (to be determined) is used in jurisdictions where the company has not yet reached a decision regarding the rate increase request.

[6] Alaska does not require Long-Term Care rates to be filed before use.

[7] No rate increase can be requested at this time because the prior reduced rate increase was phased-in over multiple years.

[8] The company has filed an increase varying by issue age in Florida using the pooled experience of it's entire long-term care business.

Recouping Past LTC Losses

By David Plumb and Robert Eaton

There has been a fair amount of industry discussion over the years about recouping past losses on long-term care (LTC) policies. Both insurance carriers and regulators are generally in agreement that LTC insurers should not be able to recoup past losses through premium rate increases. Prior to the 2014 NAIC LTC Model Regulation (the Model Regulation), this prohibition had not been uniformly regulated, and in fact past losses on LTC had not even been defined.

During the latter part of 2013, an NAIC actuarial task force worked with the industry on revisions to the NAIC LTC Model Regulation regarding premium rate increases. One topic that the task force addressed was ensuring that past losses are not recouped through rate increases.

One idea that was floated in those discussions was that past losses should be defined as past premium inadequacies given current, updated information. That view says that companies should have charged higher premium rates from the beginning, as if they knew then what they know now. The company's failure to charge the higher premium rate from policy inception, in that view, is deemed to be a "past loss" that cannot be recouped. The way of determining a "past loss" is perhaps intended to reflect an opportunity cost of not charging higher past premiums. In reality, though, there is no opportunity for a company to have this perfect knowledge from policy inception.

Under this view, a company could show in a rate increase filing that past losses were not being recouped by assuming the proposed increased rates had been in effect from the policy's issuance. The company could then demonstrate compliance with the loss ratio test[1] under this alternate scenario.

After discussion, the NAIC task force agreed that it is not realistic to define past losses in this way. This line of reasoning greatly expands the risk in the product, injecting additional pricing risk by not allowing companies to seek the appropriate premium levels needed to maintain the future financial health of the policies. This risk is particularly germane as the bulk of LTC claims on today's inforce blocks will emerge in the coming decades.

The following examples illustrate this risk:

1. We assume that actual experience is exactly in-line with original pricing expectations for the first 20 policy years. After 20 years, a new type of care emerges which is more expensive and more desirable than the prior care options. LTC carriers now expect that future claims will be more than originally anticipated in pricing. Those higher future costs need to be funded by rate increases.

   However, if the industry has to assume those higher rates had been charged in the first 20 years to satisfy the loss ratio test, the industry could suffer extreme losses.

Figure 1
Original Pricing Expectation

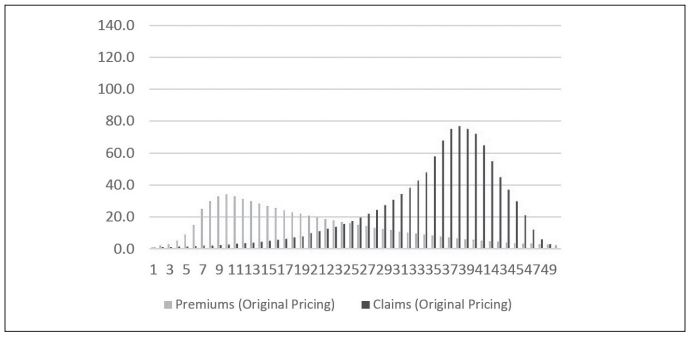


Figure 2
... with actual experience through duration 20

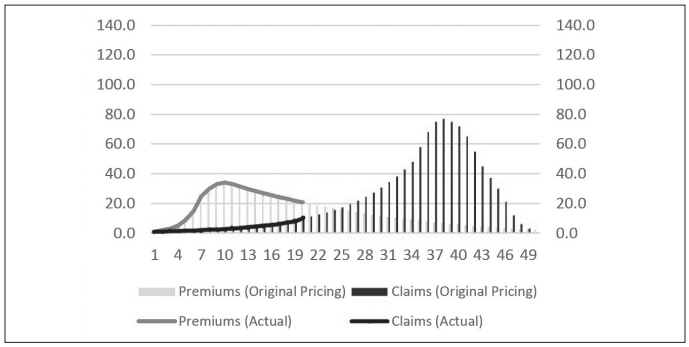


Figure 3
Original Pricing, Actual, and Projected Experience as of duration 20

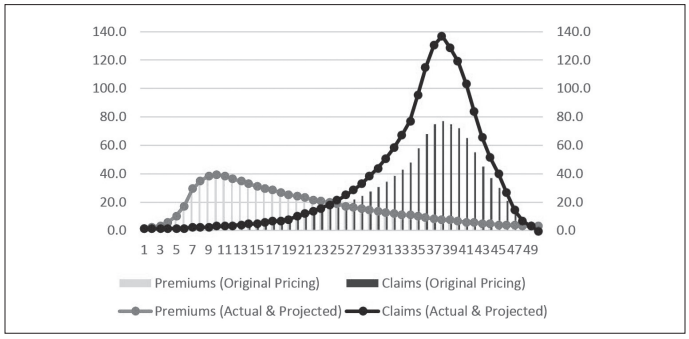


Figure 4

C. All premium rate schedule increases shall be determined in accordance with the following requirements:

(1) Exceptional increases shall provide that seventy percent (70%) of the present value of projected additional premiums from the exceptional increase will be returned to policyholders in benefits;

(2) Premium rate schedule increases shall be calculated such that the sum of the ***lesser of*** (i) the accumulated value of ***actual*** incurred ***claims,*** without the inclusion of active life reserves, or (ii) the accumulated value of historic ***expected claims***, without the inclusion of active life reserves, plus the present value of the future expected incurred claims, projected without the inclusion of active life reserves, will not be less than the sum of the following:

(a) The accumulated value of the initial earned premium times the greater of (i) fifty-eight percent (58%) and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience;

(b) Eighty-five percent (85%) of the accumulated value of prior premium rate schedule increases on an earned basis;

(c) The present value of future projected initial earned premiums times the greater of (i) fifty-eight percent (58%) and (ii) the lifetime loss ratio consistent with the original filing including margins for moderately adverse experience; and

(d) Eighty-five percent (85%) of the present value of future projected premiums not in Subparagraph (c) of this paragraph on an earned basis;

(3) *Expected claims shall be calculated based on the original filing assumptions assumed until new assumptions are filed as part of a rate increase. New assumptions shall be used for all periods beyond each requested effective date of a rate increase. Expected claims are calculated for each calendar year based on the in-force at the beginning of the calendar year. Expected claims shall include margins for moderately adverse experience; either amounts included in the claims that were used to determine the lifetime loss ratio consistent with the original filing or as modified in any rate increase filing;*

Figures 1, 2, and 3 reflect this block of policies initially filed with a 70 percent loss ratio calculated at the maximum statutory discount rate. Following the emergence of the new type of care, the actuary projects a lifetime loss ratio of 100 percent. The actuary determines the maximum allowable rate increase according to the "58/85" test found in the Model Regulation, and using the higher, originally filed 70 percent loss ratio as the basis.

Had the actuary been required to pass the test by applying a proposed rate increase to all historical periods as well, the loss ratio on the premium increase would be 365 percent. While the present value of claims would increase by 113, the present value of premiums would only increase by 31, meaning the company could only fund about 25 percent of the increased claims through premium increases.

2. A young block of business with lower issue ages has experienced modestly favorable claims for 10 years compared with the actuary's original pricing. The original pricing assumptions were based on industry data at the time the policy was first issued. Since that time, industry data have shown that ultimate voluntary lapse rates are likely to emerge much lower than originally anticipated. As a result, the actuary recommends an increase to premium rates for this young block of business.

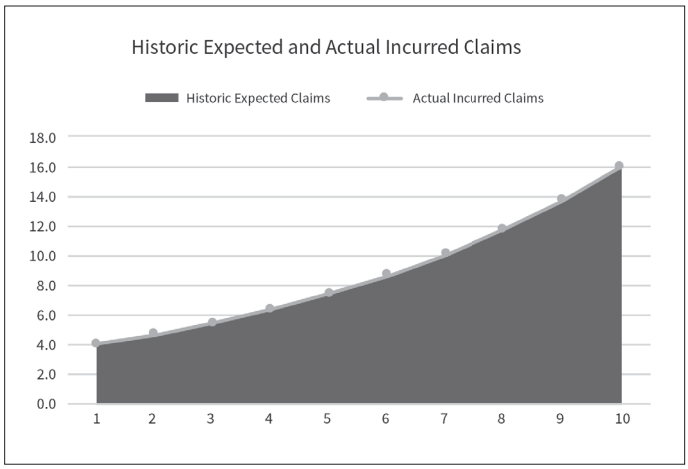
   The block of business has been closed for three years, and roughly half of the expected lifetime premium is in the past. If the actuary is required to pass the loss ratio test by re-stating all past premiums up to the proposed rate level, the allowable increase will be far lower and the company will suffer substantial future losses. This is true, in spite of the fact that there were no past claim losses on this block (in fact there were modest past gains).

Following much discussion, the NAIC task force decided that past losses should be defined as any excess of actual past claims over expected past claims. If a company has had years of claims losses and hasn't done anything about it, then those losses cannot be recouped. But if their losses are projected to be in the future as in the examples above, then there are no past losses. The portions (in bold italics) from Section 20.1 of the Model Regulation in Figure 4 illustrate how this concept ensures that past losses are not recouped through premium rate increases.

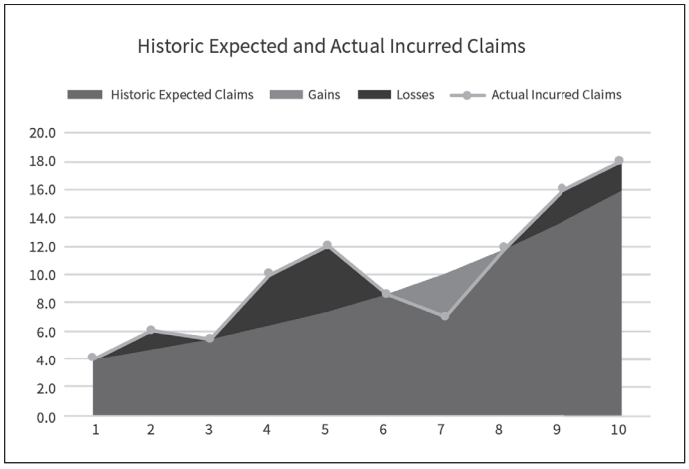
A numerical example, illustrated in Case 1, Case 2, and Case 3 demonstrates the application of this latest update to the Model Regulation. In each case an LTC actuary is considering re-pricing a block of policies that has not been re-priced in the past. To calculate the allowable premium rate increase according to Section 20.1, she examines the actual incurred claims and the historic expected claims based on the definitions above.

In each case the actuary must accumulate actual incurred claims and historical expected claims. Historical expected claims for a given year are based on original filing assumptions* applied to the policies inforce at the beginning of that year, including an expected margin for moderately adverse experience. Because the original filing* morbidity assumptions are applied to actual inforce policies, the expected claim calculation automatically adjusts for the actual persistency vs. the original filing* persistency assumption. Table 1 summarizes the three cases, and the past claims which may be used to determine the maximum premium rate increase.

Case 1
Actual incurred claims are equal to historic expected claims.



Case 2
Actual incurred claims are greater than historic expected claims.



Case 3
Actual incurred claims are less than historic expected claims.

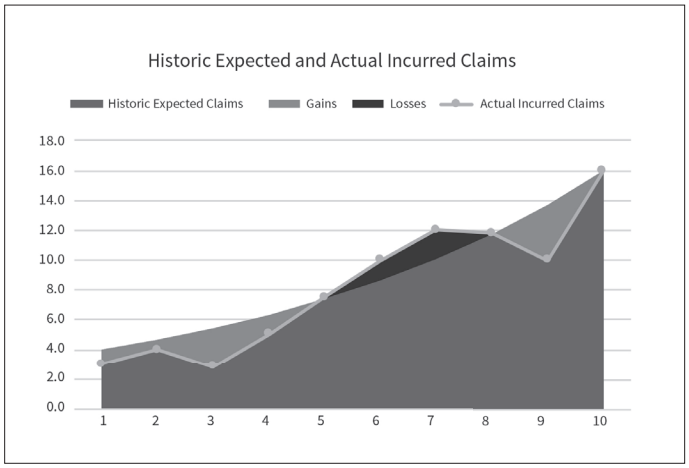


Table 1
Accumulated value at the end of year 10

Case	(a) Historic Expected Claims	(b) Actual Incurred Claims	Past losses	Lesser of (a) and (b)
1	100.7	100.7	0.0	100.7
2	100.7	113.5	12.8	100.7
3	100.7	93.3	0.0	93.3

In Case 2, there are past losses. The actuary is required to reflect the historic expected claims in determining the maximum allowable rate increase. This will produce a lower maximum rate increase than if actual incurred claims were used. In Case 3, where there are past claim gains, the actuary must reflect the favorable experience.

*In the calculation, the actuary must use prospective adjustments based on the assumptions established at the time of any prior rate filings.

POSSIBLE DRIVERS OF FUTURE LOSSES

Some companies today are finding themselves in the position that claims are higher than expected at the older attained ages and later policy durations. There are many reasons why this might be the case, including:

- The company's underwriting may have been better than originally expected. The company will not start to recognize its ultimate claim levels until this underwriting has worn off, and more policyholders reach the older attained ages. While a company may have years of favorable claims due to this good underwriting, they may be only starting to see what claims will be like at the older ages and later durations as the business matures.
- Companies may observe higher persistency, both in the form of lower mortality and lower voluntary lapse. This may result in more future claims and premiums. Since LTC claims are typically incurred in later durations while LTC premiums are earned mostly in early durations, this could cause a future loss scenario.
- New technology and innovation will likely produce LTC methods, institutions, and devices which insurers could not have anticipated at the time of original pricing. If policyholders prefer these innovations, and they are more costly than traditional LTC care, then current premium rates may be inadequate to fund future claims.

Each of these scenarios indeed reflects future losses, not past losses, and the 2014 NAIC Model Regulation appropriately treats them as such. ■

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ENDNOTES

1 Long-Term Care Insurance Model Regulation, Section 20 C and Section 20.1 C, http://www.naic.org/store/free/MDL-641.pdf, accessed Jan. 18, 2017

MedAmerica Insurance Company
Actuarial Memorandum

Long Term Care Policy Forms-Product Series Simplicity
Tax Qualified

PRODUCT OR RIDER	FORM NUMBER
Long Term Care Policy	SPL-336
Compound – 2 X Maximum Rider	CMP2X
Compound – No Maximum Rider	CMP
Simple Benefit Increase Rider	SBIR
Restoration of Benefits Rider	ROBR
Return of Premium Rider	ROPR
Full Return of Premium Rider	FROPR
Shortened Benefit Period Rider	SBPR
Shared Care Rider	SCR
Survivor Rider	SVR
Shared Waiver Rider	SWR
Community Only Rider	COMMR-338
Facility Only Rider	FACR-337

Policy Series SPL-336

This is an individual policy that pays benefits to the insured on a monthly basis. It is intended to be a Qualified Long Term Care Insurance Contract under the Federal Internal Revenue Code. It is available to Issue ages 18 through 85, based on age last birthday. Not all benefit options are available to every issue age. As used in this memorandum, spouse includes same or opposite sex domestic partners, and references to married and married couples include domestic partnerships, unless specifically indicated otherwise.

I. STANDARD POLICY BENEFITS

Facility Benefit. The Facility Monthly Benefit is paid each month that an eligible policyholder lives in a Qualified Facility or is receiving care under a Hospice Care Program. A Qualified Facility is a state or federally licensed, accredited or certified institution, including a nursing home, hospital-based long term care unit, Alzheimer's or Hospice Facility that:

- Provides 24-hour-a-day nursing care under the supervision of a registered nurse (R.N.) or a physician; and
- Maintains a daily medical record of each patient; and
- Provides skilled care, intermediate care and custodial care

Community Benefit. Benefits for eligible policyholders not living in a Qualified Facility or Hospice Care Program are payable at the Community Monthly Benefit. There are

three options the policyholder may select at the time of issue. The options consist of 60%, 80%, or 100% of the Facility Monthly Benefit.

Benefit Eligibility. To be eligible for benefits, a licensed health care practitioner must conduct an assessment of need for care and must determine that the required eligibility criteria have been met. These criteria consist of either:

- Requiring substantial assistance from another person to perform at least two of the Activities of Daily Living (Bathing, Dressing, Eating, Toileting, Transferring, or Continence) for a period expected to last at least 90 days, or
- Requiring substantial supervision due to Cognitive Impairment.

Certification must be received from a licensed health care practitioner at least every twelve (12) months that eligibility requirements are met.

Elimination Period. The elimination period for this contract is selected by the policyholder. Elimination Period options consist of 30, 60, 90, or 180 calendar days after benefit eligibility has been verified. The Elimination Period will be applied only once during the life of the policy. Days do not need to be consecutive.

There is no Elimination Period for Hospice Programs.

Benefit Payable. The benefit payable is the contract specified maximum monthly benefit. This maximum monthly benefit is selected by the policyholder at issue and is at least $2,100. Benefits payable are sold in monthly increments of $300.

The lifetime maximum is also selected by the policyholder at issue. The lifetime maximum is stated in terms of the number of years of coverage selected multiplied by 12 months. The coverage options consist of 2 years, 3 years, 4 years, 5 years, 7 years or unlimited benefits. For example, a policy with 3 years of coverage would have a lifetime benefit maximum of 36 monthly payments.

Premium Waiver. Premium payments, on a monthly basis, will be waived on the first day after satisfaction of the elimination period. Premiums will resume when the policyholder is no longer eligible for benefits.

II. OPTIONAL RIDERS

Inflation Protection. There are three (3) inflation protection riders that increase the monthly maximum benefit amounts in renewal years. The first is a Simple Benefit Increase Rider, where the monthly maximum benefit amount is increased by 5% of the original benefit each renewal year for as long as the policy is in force.

There are two Compound Inflation riders. The Compound – No Maximum Rider provides that the monthly maximum benefit amount is increased by 5% of the previous year's benefit amount each renewal year for as long as the policy is in force. The Compound – 2X Maximum Rider limits the amount of the monthly benefit increase to two (2) times the original benefit purchase.

Shortened Benefit Period Rider. This is an optional benefit where, if premiums have been paid for at least three (3) years, benefits will be available even if coverage ends due to nonpayment of premiums or cancellation of the policy. The policy will be in paid up status with no future premiums being required. The same benefits will be payable, except the lifetime maximum benefit will be the greater of:

- 100% of the sum of all premiums paid, including premiums paid before any change in benefits; or
- 30 times the maximum daily benefit in effect immediately prior to the date coverage ends. This is equivalent to the monthly benefit.

The sum of benefits paid will never exceed the lifetime maximum benefit that would have applied if coverage had remained in premium paying status.

Shared Care Rider. This rider provides for a married couple, both members of which individually purchased policies with identical benefits, to have available a combined lifetime benefit maximum for use by either individual.

The first spouse to access benefits under the policy may use benefits under the second spouse's policy once the benefits under the original policy are exhausted. In this instance the benefits available under the second spouse's policy will be decreased by the amount used by the first spouse. In no event will the Shared Care Rider result in either policyholder's benefit account being reduced below that amount which is necessary to ensure a minimum benefit period of 24 months.

Both policies and riders must remain in force for the provisions to be in effect. However, if one spouse dies, the other spouse may retain the benefits of the rider by paying only his/her policy and rider premium. In the event of death, the surviving spouse's lifetime benefits account will be increased by any unused benefits from the deceased spouse's policy.

In the case of divorce or lapse of a policy, either spouse may maintain his or her policy without the rider.

Return of Premium Riders. There are two return of premium options. Under the Return of Premium Rider, upon the death of the insured, all premiums paid less any benefits paid will be refunded. The amount of the refund is determined by calculating the total sum of premiums paid and reducing that amount by (A) and (B):

(*A*) = Any premiums which were subsequently waived and any unearned premiums refunded at death.

(*B*) = Total benefits paid or payable.

This rider is not available to issue ages over 75. Under the Full Return of Premium Rider, all premiums paid will be refunded. This is reduced only by (A) above. This rider is not available to issue ages over 65.

Survivor Rider. Premium payment will no longer be required after both of the following events have occurred:

- The insured's policy and the insured's spouse's policy had both been in force for ten (10) consecutive years, and
- The insured's spouse is deceased.

Restoration of Benefits Rider. The lifetime benefit amount will be restored to the amount that would have applied if no benefits had been paid whenever a period of 180 consecutive days elapses in which:

- the insured was not eligible for or being paid for benefits, and
- the policy did not lapse and all premiums were paid, and
- the lifetime benefit amount had not been reached, and
- the policy is currently in force.

The restoration of benefits rider is not available in conjunction with the Shared Care rider.

Shared Waiver Rider. This rider waives the premium payments on a monthly basis, for the policyholder's spouse (including domestic partner arrangements) if the policyholder is benefit eligible and has satisfied the elimination period. Premiums will resume for both insureds on the day after the policyholder is no longer eligible for benefits. This rider must terminate when one spouse dies or lapses. Both spouses' riders must remain in force.

Facility Only Rider. Under this rider, the policyholder in not entitled to benefits that would be payable under the Community Benefits section of the policy.

Community Only Rider. Under this rider, the policyholder is not entitled to benefits that would be payable under the Facility Benefits section of the policy. Only the 24 and 36 month duration options are available with this rider.

III. UNDERWRITING

All prospective individual insureds are subject to full medical underwriting. Employer sponsored groups are eligible for reduced underwriting for actively at work employees age 65 and less.

IV. RENEWABILITY

This policy is guaranteed renewable.

V. PREMIUM PAYMENT

There are five options for the term of premium payment:

- lifetime,
- 10 years,
- paid up at age 65 (not available to issue ages 56 and over),
- reduced premium at attained age 65 (not available to issue ages 56 and over)
- reduced premium at attained age 70 (not available to issue ages 61 and over)

For the last two payment options, initial premiums must be paid for at least 10 years. At age 65 or age 70, they are reduced to 50% of the lifetime premiums that otherwise would have been payable at the policyholder's original issue age.

Premiums are initially determined by the insured's age last birthday.

ISSUE AGES

This policy is individually issued to ages 18 through 85.

RISK CLASSIFICATIONS

Rates that follow this memorandum apply to married individuals when one spouse is insured. Rates for married couples and domestic partners when both spouses are insured are multiplied by a factor of 0.75. These rates are permanent unless one of the spouses voluntarily lapses in the first policy year.

Rates for single applicants are multiplied by a factor of 1.25.

Based upon medical underwriting insureds will be further classified in one of three rate categories:

Rate Group	Factors
I	0.85
II	1.00
III	1.30

DISCOUNTS

Employer Sponsored: Employer sponsored plans with 15 or more active employees are eligible for a 15% discount. The discount is funded by a reduction in commissions and lower underwriting and issue costs. In addition, married rates for employer sponsored plans will be a 30/70 blend of the married one insured and married two insured premium rates.

Affiliation and Multi Life Discount: A discount of 10% may apply when there exists a close relationship among a small group of insureds. Examples include employer sponsored plans for groups with less than 15 employees and Partners in a limited partnership or key personnel in a closed corporation. The discount is funded by a reduction in commissions.

VI. AVERAGE ANNUAL PREMIUM

The expected average annual initial premium is $2821, based on an average maximum monthly benefit of $3600.

VII. PRICING ASSUMPTIONS

The nursing home and home health care incidence rates and continuance tables were taken from the *Milliman USA Long Term Care Cost Guidelines (LTCCGs)*, adjusted for MedAmerica Insurance Company's experience relative to the *LTCCGs*. All values were adjusted to reflect the effects of elimination periods, policy maximums, and the eligibility standards.

Expenses:

Underwriting and Issue $200 per policy for issue ages less than 75

$300 per policy for issue ages 75 +

Field Compensation:

Age	Year 1	Years 2-10	Years 11+
Less than 65	40-90%	5-15%	0-15%
65 and Older	30-80%	5-15%	0-15%

Commissions for limited pay options are reduced to levels that are approximately equivalent to the above Life Pay levels, on a present value basis.

Marketing support	10% of first year premium, plus $100
Claim Administrative Expense	4% of paid claims for products with automatic inflation protection and 8% for the no inflation option
General Office Expense	4% of premium for automatic inflation options 10% of premium for the no inflation option
Premium Tax	3% of premium for all policy years
Risk/Contingency	8 - 12% depending on issue age

The annual premium rates for this product were developed by dividing (a) by (b), where (a) is the present value of future benefits and expenses and (b) is the present value of $1 of premium rate per year. To calculate a present value, we used a discount rate of 6.5% for issue ages under 60, decreasing by 12.5 basis points for each age over 59 and less than 75. For example, at issue age 65, the assumed rate is 5.75 %. For issue ages 75 and over, 4.5% is used.

The present value of $1 of premium rate is calculated over the premium payment period using the decrements of mortality and voluntary lapse rates. Mortality is based on the 1983 Group Annuitant Mortality Tables. Lapse rates are based on typical expectations of an individual policy block of business. The present value is reduced for the probability of waiver of premium.

Withdrawal rates reflect the risk of voluntary lapse. Lapse rates for the life pay plan by age are presented in the following table:

	Age			
Duration	**<60**	**60**	**61**	**62**
1	0.10	0.11	0.11	0.11
2	0.07	0.07	0.07	0.07
3	0.05	0.04	0.04	0.04
4	0.03	0.03	0.03	0.03
5	0.03	0.02	0.02	0.02
6+	0.02	0.02	0.02	0.02

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Tax Qualified

	Age			
Duration	**63**	**64**	**65**	**66**
1	0.11	0.11	0.12	0.12
2	0.07	0.07	0.07	0.07
3	0.04	0.04	0.03	0.03
4	0.03	0.03	0.02	0.02
5	0.02	0.02	0.02	0.02
6+	0.02	0.02	0.02	0.02
	Age			
Duration	**67**	**68**	**69**	**70**
1	0.12	0.12	0.12	0.12
2	0.07	0.07	0.07	0.06
3	0.03	0.03	0.03	0.03
4	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.02
6+	0.02	0.02	0.02	0.02
	Age			
Duration	**71**	**72**	**73**	**74**
1	0.12	0.12	0.12	0.12
2	0.06	0.06	0.06	0.06
3	0.03	0.03	0.03	0.03
4	0.02	0.02	0.02	0.02
	0.02	0.02	0.02	0.02
6+	0.02	0.02	0.02	0.02
	Age			
Duration	**75**	**76**	**77**	**78**
1	0.12	0.12	0.12	0.12
2	0.04	0.04	0.04	0.04
3	0.03	0.03	0.03	0.03
4	0.02	0.02	0.02	0.02
5	0.02	0.02	0.02	0.02
6+	0.02	0.02	0.02	0.02
	Age			
Duration	**79**	**80+**		
1	0.12	0.12		
2	0.04	0.02		
3	0.03	0.02		
4	0.02	0.02		
5	0.02	0.02		
6+	0.02	0.02		

For the 10-pay option, we assume a reduction of 50% of these lapse rates for durations 1 to 5, and 0% lapse thereafter. For the paid up at 65 option, we assumed a reduction of 50% for these lapse rates until age 60, and 0% thereafter. For the reduced after 65 and reduced after 70 pay options, we assumed 50% of these rates until age 60 or 65 respectively, and a lapse rate of 0.5% after the reduction of premiums.

Statutory reserves are held using the following standards: one-year preliminary term, 4.5% discount rate, 1983 Group Annuitant Mortality, and restricted lapse rates. Lapse rates are calculated as the lesser of 80% of the voluntary lapse rate used in pricing and 8% for years 1 through 4 and the lesser of 100% of the voluntary lapse rate used in pricing and 4% for years thereafter. Sample reserve amounts for selected policies are presented in the following table.

Duration	Age 75, 36 Month Benefit, 90 Day EP, Lifetime Payment Term, No Inflation, No Riders, per $300 Monthly Benefit	Age 65, 60 Month Benefit, 30 Day EP, Lifetime Payment Term, Compound Inflation, Nonforfeiture Rider, per $300 Monthly Benefit
0	$0.00	$0.00
5	556.42	1,553.30
10	1,230.74	4,446.60
15	1,620.62	7,852.31
20	1,505.35	11,589.87
Premium:	**$385.93**	**$483.38**

ACTUARIAL CERTIFICATION

The initial premium rate schedule is expected to be sufficient to cover anticipated costs under moderately adverse experience, and the premium rate schedule is reasonably expected to be sustainable over the life of the form with no future premium increase anticipated. Premium rates are sufficient to cover any one of the following moderately adverse scenarios: a) gender mix of up to 100% female for unmarried policyholders, b) claims experience up to 20% in excess of expectation, c) Voluntary lapse as low as 10% of the rates assumed in pricing, d) Discount rates as low as 160 basis points less than assumed in pricing, e) No morbidity improvement (1% improvement per year for the first 20 years was assumed in pricing), or f) mortality rates as low as 75% of 1983 Group

Annuitant Mortality tables. In addition, premium rates are sufficient to cover any combination of a proportion of the preceding moderately adverse scenarios such that the total proportion is 100% (for example, 50% of the adverse claims experience [10% increase] and 50% of the mortality rate decrease [87.5% of 1983 GAM]).

The policy design and coverage provided, described above, have been reviewed and taken into consideration in the development of premium rates.

The underwriting and claims adjudication processes have been reviewed and taken into consideration in the development of premium rates.

Reserves held using statutory principles above for a 75 year old would be 2% higher in year 10, and 30% higher in year 20 than a comparable reserve using pricing assumptions. The assumptions used for the calculation of reserves contain reasonable margins for adverse experience.

The net valuation premium for renewal years does not increase.

The difference between the gross premium and the net valuation premium for renewal years is sufficient to cover expected renewal expenses, in aggregate, using a 5.5% discount rate, maximum statutory lapses, and 1983 Group Annuitant Mortality.

In aggregate, the premium rate schedule is not less than the premium rate schedule for an existing policy form also available from MedAmerica Insurance Company except for reasonable differences attributable to benefits.

MedAmerica Insurance Company
Actuarial Memorandum

Long Term Care Policy Forms-Product Series Simplicity
Tax Qualified

The above demonstration was developed for the purpose of this rate filing, and may not be appropriate for other uses. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of this Commonwealth and the premiums are reasonable in relation to the benefits provided.

Jonathan L. Shreve

Jonathan L. Shreve, F.S.A., M.A.A.A
Consulting Actuary

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Compound - No Maximum
Individual Underwriting
Rate Class II

Issue Age	Premium Rates 24 Month Plan	36 Month Plan	48 Month Plan	60 Month Plan	84 Month Plan	Unlimited Plan
18-29	$ 34	$ 46	$ 54	$ 62	$ 73	$ 101
30	36	48	57	65	77	106
31	37	49	59	67	80	110
32	38	51	61	70	82	114
33	40	53	63	72	85	118
34	41	55	66	75	88	122
35	42	56	68	77	91	126
36	44	58	70	80	94	130
37	45	60	73	83	98	135
38	47	63	75	86	101	140
39	49	65	78	89	105	144
40	50	67	81	92	109	150
41	52	69	84	95	112	155
42	54	72	87	99	117	160
43	56	75	90	102	121	166
44	58	77	93	106	125	172
45	60	80	97	110	130	179
46	62	83	100	114	135	185
47	65	86	104	118	140	192
48	67	90	108	123	145	199
49	70	93	112	128	151	207
50	72	97	117	133	157	215
51	75	101	122	138	163	223
52	78	105	127	144	170	232
53	82	109	132	150	177	241
54	85	114	137	156	184	251
55	90	121	146	165	195	266
56	94	126	152	173	204	277
57	98	132	159	180	213	289
58	103	138	166	188	222	302
59	107	144	174	197	233	315
60	117	156	189	214	253	342
61	124	166	201	228	269	363
62	132	177	213	242	286	386
63	140	188	227	258	304	409
64	149	200	241	274	323	434
65	160	215	260	295	348	469
66	170	229	277	314	371	499
67	181	244	295	335	396	532
68	193	260	314	357	422	567
69	205	277	335	381	451	605
70	219	295	358	407	481	645
71	233	315	382	435	514	689
72	248	336	407	464	549	735
73	264	358	434	495	586	784
74	281	381	463	528	625	836
75	354	482	588	672	801	1,080
76	375	511	624	715	852	1,148
77	397	542	662	759	905	1,219
78	420	574	702	805	961	1,294
79	444	609	745	855	1,021	1,373
80	482	662	812	933	N/A	N/A
81	511	702	863	992	N/A	N/A
82	541	745	916	1,053	N/A	N/A
83	572	788	970	1,117	N/A	N/A
84	603	833	1,026	1,181	N/A	N/A
85	692	962	1,191	1,376	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Compound 2X
Individual Underwriting
Rate Class II

Issue Age	Premium Rates					
	24 Month Plan	36 Month Plan	48 Month Plan	60 Month Plan	84 Month Plan	Unlimited Plan
18-29	$ 10	$ 12	$ 14	$ 16	$ 18	$ 25
30	10	13	15	17	19	26
31	11	13	16	18	20	27
32	11	14	17	19	22	29
33	12	15	18	20	23	31
34	12	16	19	21	25	33
35	13	17	20	22	26	35
36	14	18	21	24	28	37
37	15	19	23	25	30	40
38	16	20	24	27	32	42
39	17	22	26	29	34	45
40	18	23	27	31	36	48
41	19	25	29	33	39	51
42	20	26	31	35	41	55
43	22	28	33	38	44	59
44	23	30	36	40	47	63
45	25	32	38	43	50	67
46	26	34	41	46	54	72
47	28	37	44	49	58	77
48	30	40	47	53	62	83
49	32	42	51	57	66	89
50	35	45	54	61	71	95
51	37	49	58	66	77	102
52	40	52	63	71	82	109
53	43	56	67	76	88	117
54	46	61	72	82	95	126
55	50	66	79	89	104	138
56	54	72	85	96	112	148
57	58	77	92	104	121	160
58	63	83	99	112	130	172
59	68	90	107	121	141	185
60	76	100	120	135	157	207
61	83	110	131	148	172	226
62	90	120	143	162	188	247
63	99	131	157	177	206	270
64	108	143	171	193	225	295
65	120	160	191	216	252	333
66	131	175	209	236	276	364
67	143	191	229	259	302	399
68	156	208	250	283	331	438
69	170	227	274	310	363	480
70	185	248	299	338	397	525
71	201	270	326	369	433	574
72	218	294	354	402	473	627
73	237	319	385	438	515	684
74	256	345	418	475	560	744
75	328	445	541	618	732	982
76	353	479	583	666	791	1,062
77	378	514	627	717	853	1,145
78	404	551	673	770	917	1,231
79	431	589	721	826	984	1,320
80	471	646	792	909	N/A	N/A
81	502	690	847	973	N/A	N/A
82	534	735	903	1,038	N/A	N/A
83	567	781	961	1,106	N/A	N/A
84	600	828	1,019	1,173	N/A	N/A
85	690	958	1,186	1,371	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: Simple
Individual Underwriting
Rate Class II

Issue Age	Premium Rates					
	24 Month Plan	36 Month Plan	48 Month Plan	60 Month Plan	84 Month Plan	Unlimited Plan
18-29	$ 13	$ 17	$ 21	$ 24	$ 28	$ 40
30	14	18	22	25	29	42
31	15	19	23	26	31	44
32	16	20	24	28	33	47
33	16	21	26	29	35	50
34	17	23	27	31	37	52
35	18	24	29	33	39	55
36	19	25	30	34	41	59
37	20	27	32	37	43	62
38	21	28	34	39	46	66
39	23	30	36	41	49	69
40	24	32	38	43	52	73
41	25	33	40	46	55	78
42	27	35	43	49	58	82
43	28	37	45	51	61	87
44	30	40	48	55	65	92
45	32	42	51	58	69	97
46	34	45	54	61	73	103
47	36	47	57	65	77	109
48	38	50	61	69	82	115
49	40	53	64	73	87	122
50	42	57	68	78	92	130
51	45	60	73	83	98	137
52	48	64	77	88	104	146
53	51	68	82	93	111	154
54	54	72	87	99	118	164
55	58	78	94	107	127	177
56	62	83	100	114	135	188
57	66	89	107	122	144	199
58	70	94	114	130	153	212
59	75	101	121	138	163	225
60	83	111	134	153	180	248
61	89	120	145	165	195	267
62	97	130	157	178	211	288
63	104	140	169	192	227	310
64	112	151	183	208	245	334
65	123	166	201	228	270	368
66	133	180	217	247	292	398
67	144	194	235	268	316	429
68	156	210	254	290	343	464
69	168	227	275	313	371	502
70	182	246	298	339	402	543
71	196	265	322	367	434	586
72	211	286	348	396	470	633
73	228	309	375	428	508	683
74	245	333	404	462	548	736
75	313	427	521	597	712	965
76	336	458	559	641	765	1,036
77	359	490	600	687	821	1,111
78	383	524	642	736	880	1,189
79	409	560	687	788	943	1,272
80	448	615	755	868	N/A	N/A
81	478	658	808	930	N/A	N/A
82	510	702	864	994	N/A	N/A
83	542	748	921	1,060	N/A	N/A
84	576	795	979	1,128	N/A	N/A
85	666	925	1,146	1,325	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
ANNUAL PREMIUMS PER $300 FACILITY MONTHLY BENEFIT
LONG TERM CARE POLICIES

Integrated Plan HHC at 80%
Lifetime Payment Plan
90 day Elimination Period
Married one insured rates

Indexing: None
Individual Underwriting
Rate Class II

Issue Age	Premium Rates					
	24 Month Plan	36 Month Plan	48 Month Plan	60 Month Plan	84 Month Plan	Unlimited Plan
18-29	$ 7	$ 9	$ 10	$ 10	$ 12	$ 15
30	7	9	10	11	13	16
31	8	9	11	12	13	17
32	8	10	11	12	14	18
33	8	10	12	13	15	19
34	9	11	12	14	16	20
35	9	11	13	15	17	21
36	10	12	14	15	18	22
37	10	13	15	16	19	24
38	11	13	16	17	20	25
39	11	14	17	18	21	27
40	12	15	18	20	22	29
41	13	16	19	21	24	30
42	13	17	20	22	25	32
43	14	18	21	24	27	35
44	15	19	23	25	29	37
45	16	20	24	27	31	39
46	17	22	26	29	33	42
47	18	23	27	31	35	45
48	19	25	29	33	38	48
49	21	27	31	35	40	51
50	22	29	34	38	43	55
51	24	31	36	40	47	59
52	25	33	39	43	50	63
53	27	35	42	47	54	68
54	29	38	45	50	58	73
55	32	41	49	55	63	80
56	34	45	53	59	68	86
57	37	48	57	64	73	92
58	40	52	61	69	79	99
59	43	56	66	74	85	107
60	48	63	74	83	95	120
61	52	68	81	91	104	130
62	57	75	89	99	114	142
63	62	82	97	108	125	155
64	68	89	106	119	136	170
65	76	100	119	133	154	191
66	84	110	131	147	169	210
67	92	121	144	161	185	230
68	101	133	158	177	204	253
69	111	146	174	195	224	278
70	121	161	191	215	247	306
71	133	177	210	236	272	337
72	146	194	231	259	299	370
73	160	213	254	285	329	407
74	175	233	279	313	361	446
75	231	309	370	417	483	600
76	252	337	404	456	528	656
77	274	367	441	498	577	717
78	298	400	481	543	629	781
79	324	435	524	591	686	850
80	362	487	587	664	N/A	N/A
81	393	530	640	724	N/A	N/A
82	427	577	696	788	N/A	N/A
83	462	625	756	856	N/A	N/A
84	499	676	818	927	N/A	N/A
85	592	808	982	1,116	N/A	N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Community Care Benefit Factors

There are three options the policyholder may select at the time of issue. Multiply the annual premium by the appropriate factor below.

Community Care % of Facility Benefit	Factors
60%	0.92
80%	1.00
100%	1.12

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Elimination Period Factors

Multiply the annual premium by the appropriate factor below based on the elimination period selected.

Factors			
30 Day	60 Day	90 day	180 day
1.15	1.06	1.00	0.95

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Shortened Benefit Period Rider
Form Number: SBPR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 60	1.20
60+	1.15

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Shared Care Rider
Form Number: SCR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Factors				
24 Month Plan	36 Month Plan	48 Month Plan	60 Month Plan	84 Month Plan
N/A	1.20	1.16	1.14	1.10

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Return of Premium Rider
Form Number: ROPR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Lifetime Payment Term	Limited Payment Terms
< 40	1.11	1.35
40	1.13	1.38
41	1.14	1.39
42	1.15	1.39
43	1.15	1.40
44	1.16	1.40
45	1.17	1.41
46	1.18	1.41
47	1.19	1.41
48	1.19	1.40
49	1.20	1.40
50	1.21	1.40
51	1.22	1.39
52	1.24	1.37
53	1.25	1.36
54	1.27	1.35
55	1.28	1.34
56	1.30	1.36
57	1.31	1.38
58	1.33	1.40
59	1.34	1.43
60	1.36	1.46
61	1.38	1.49
62	1.40	1.52
63	1.43	1.56
64	1.45	1.60
65	1.47	1.64
66	1.50	1.67
67	1.52	1.71
68	1.55	1.75
69	1.57	1.79
70	1.60	1.83
71	1.65	1.88
72	1.69	1.94
73	1.74	2.00
74	1.78	2.06
75	1.83	2.12

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Full Return of Premium Rider
Form Number: FROPR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Lifetime Payment Term	Limited Payment Terms
< 40	1.23	1.90
40	1.26	1.95
41	1.28	1.97
42	1.30	1.99
43	1.31	2.02
44	1.33	2.05
45	1.35	2.08
46	1.38	2.08
47	1.41	2.08
48	1.44	2.08
49	1.47	2.08
50	1.50	2.08
51	1.55	2.05
52	1.60	2.01
53	1.64	1.97
54	1.69	1.93
55	1.74	1.89
56	1.83	2.03
57	1.93	2.17
58	2.02	2.31
59	2.12	2.45
60	2.21	2.60
61	2.45	3.17
62	2.69	3.74
63	2.92	4.31
64	3.16	4.88
65	3.40	5.48

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Survivor Rider
Form Number: SVR

If this rider is selected, multiply the annual premium by the appropriate factor below.

	Payment Term				
Issue Age	**Lifetime**	**To age 65**	**10 Year**	**Reduced 65**	**Reduced 70**
< 40	1.05	1.01	N/A	1.03	1.03
40-50	1.06	1.02	N/A	1.03	1.03
51-55	1.09	1.02*	N/A	1.05	1.05
56-60	1.09	N/A	N/A	N/A	1.05
61-70	1.11	N/A	N/A	N/A	N/A
71-79	1.10	N/A	N/A	N/A	N/A
80+	1.06	N/A	N/A	N/A	N/A

* the rate for issue age 55 is N/A

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Restoration of Benefits Rider
Form Number: ROBR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Factors				
24 Month Plan	**36 Month Plan**	**48 Month Plan**	**60 Month Plan**	**84 Month Plan**
1.08	1.04	1.03	1.02	1.01

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Shared Waiver Rider
Form Number: SWR

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 60	1.01
60-69	1.02
70-79	1.05
80+	1.10

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Facility Only Rider
Form Number: FACR-337

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 40	0.58
40-49	0.59
50-59	0.59
60-69	0.62
70-79	0.64
80+	0.68

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Community Only Rider
Form Number: COMMR-338

If this rider is selected, multiply the annual premium by the appropriate factor below.

Issue Age	Factor
< 40	0.85
40-49	0.84
50-59	0.83
60-69	0.82
70-79	0.80
80+	0.78

The Community only rider is available only with the 24 month or 36 month duration option.

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
TEN YEAR PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors: No Inflation	Simple Inflation	Compound 2X Inflation	Compound - No Maximum Inflation
18-29	2.99	3.75	3.29	4.70
30	2.96	3.60	3.19	4.27
31	2.94	3.56	3.16	4.19
32	2.93	3.52	3.13	4.11
33	2.91	3.48	3.11	4.02
34	2.90	3.44	3.08	3.94
35	2.88	3.40	3.05	3.86
36	2.85	3.35	3.02	3.78
37	2.83	3.31	2.98	3.70
38	2.80	3.26	2.95	3.63
39	2.78	3.22	2.91	3.55
40	2.75	3.17	2.88	3.47
41	2.72	3.12	2.84	3.40
42	2.69	3.07	2.80	3.33
43	2.65	3.01	2.76	3.25
44	2.62	2.96	2.72	3.18
45	2.59	2.91	2.68	3.11
46	2.55	2.86	2.64	3.04
47	2.51	2.80	2.59	2.97
48	2.47	2.75	2.55	2.90
49	2.43	2.69	2.50	2.83
50	2.39	2.64	2.46	2.76
51	2.35	2.58	2.41	2.69
52	2.30	2.53	2.36	2.63
53	2.26	2.47	2.32	2.56
54	2.21	2.42	2.27	2.50
55	2.17	2.36	2.22	2.43
56	2.12	2.30	2.17	2.37
57	2.08	2.25	2.13	2.31
58	2.03	2.19	2.08	2.24
59	1.99	2.14	2.04	2.18
60	1.94	2.08	1.99	2.12
61	1.86	2.04	1.95	2.07
62	1.79	1.99	1.92	2.03
63	1.71	1.95	1.88	1.98
64	1.64	1.90	1.85	1.94
65	1.56	1.86	1.81	1.89
66	1.56	1.81	1.77	1.84
67	1.56	1.76	1.72	1.79
68	1.56	1.71	1.68	1.74
69	1.56	1.66	1.63	1.69
70	1.56	1.61	1.59	1.64
71	1.52	1.56	1.55	1.59
72	1.47	1.51	1.50	1.54
73	1.43	1.47	1.46	1.49
74	1.38	1.42	1.41	1.44
75	1.34	1.37	1.37	1.39
76	1.30	1.33	1.33	1.35
77	1.27	1.30	1.30	1.31
78	1.23	1.26	1.26	1.28
79	1.20	1.23	1.23	1.24
80	1.16	1.19	1.19	1.20
81	1.13	1.16	1.16	1.17
82	1.10	1.13	1.13	1.14
83	1.08	1.11	1.11	1.11
84	1.05	1.08	1.08	1.08
85	1.02	1.05	1.05	1.05

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
PAID UP AT AGE 65 PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors			
	No Inflation	Simple Inflation	Compound 2X Inflation	Compound - No Maximum Inflation
18-29	1.24	1.50	1.35	1.76
30	1.30	1.55	1.39	1.76
31	1.31	1.56	1.40	1.76
32	1.32	1.56	1.41	1.76
33	1.33	1.57	1.41	1.76
34	1.34	1.57	1.42	1.76
35	1.35	1.58	1.43	1.76
36	1.37	1.59	1.44	1.76
37	1.38	1.60	1.45	1.76
38	1.40	1.62	1.47	1.77
39	1.41	1.63	1.48	1.77
40	1.43	1.64	1.49	1.77
41	1.45	1.66	1.51	1.78
42	1.47	1.68	1.53	1.80
43	1.49	1.69	1.55	1.81
44	1.51	1.71	1.57	1.83
45	1.53	1.73	1.59	1.84
46	1.57	1.77	1.63	1.87
47	1.61	1.80	1.67	1.90
48	1.65	1.84	1.70	1.94
49	1.69	1.87	1.74	1.97
50	1.73	1.91	1.78	2.00
51	1.82	2.00	1.87	2.09
52	1.91	2.09	1.96	2.17
53	1.99	2.18	2.04	2.26
54	2.08	2.27	2.13	2.34
55	2.17	2.36	2.22	2.43

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
REDUCED PAY AT AGE 65 PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors			
	No Inflation	Simple Inflation	Compound 2X Inflation	Compound - No Maximum Inflation
18-29	1.18	1.36	1.27	1.59
30	1.22	1.39	1.30	1.59
31	1.23	1.39	1.31	1.59
32	1.24	1.40	1.31	1.59
33	1.25	1.40	1.32	1.59
34	1.26	1.41	1.32	1.59
35	1.27	1.41	1.33	1.59
36	1.28	1.42	1.34	1.59
37	1.29	1.42	1.35	1.59
38	1.30	1.43	1.35	1.59
39	1.31	1.43	1.36	1.59
40	1.32	1.44	1.37	1.59
41	1.33	1.45	1.38	1.60
42	1.35	1.46	1.40	1.61
43	1.36	1.47	1.41	1.61
44	1.38	1.48	1.43	1.62
45	1.39	1.49	1.44	1.63
46	1.42	1.51	1.47	1.65
47	1.45	1.53	1.49	1.67
48	1.47	1.56	1.52	1.70
49	1.50	1.58	1.54	1.72
50	1.53	1.60	1.57	1.74
51	1.59	1.66	1.63	1.80
52	1.65	1.72	1.69	1.86
53	1.71	1.78	1.75	1.91
54	1.77	1.84	1.81	1.97
55	1.83	1.90	1.87	2.03

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336
REDUCED PAY AT AGE 70 PREMIUM PAYMENT TERM FACTORS

Issue Age	Premium Factors: No Inflation	Simple Inflation	Compound 2X Inflation	Compound - No Maximum Inflation
18-29	1.16	1.35	1.24	1.50
30	1.19	1.36	1.26	1.50
31	1.20	1.36	1.26	1.50
32	1.20	1.36	1.27	1.50
33	1.21	1.37	1.27	1.50
34	1.21	1.37	1.28	1.50
35	1.22	1.37	1.28	1.50
36	1.23	1.37	1.29	1.50
37	1.24	1.37	1.29	1.50
38	1.24	1.37	1.30	1.50
39	1.25	1.37	1.30	1.50
40	1.26	1.37	1.31	1.50
41	1.27	1.37	1.32	1.50
42	1.28	1.38	1.32	1.50
43	1.28	1.38	1.33	1.51
44	1.29	1.39	1.33	1.51
45	1.30	1.39	1.34	1.51
46	1.31	1.40	1.35	1.52
47	1.33	1.41	1.37	1.53
48	1.34	1.42	1.38	1.53
49	1.36	1.43	1.40	1.54
50	1.37	1.44	1.41	1.55
51	1.40	1.47	1.44	1.57
52	1.42	1.49	1.46	1.59
53	1.45	1.52	1.49	1.62
54	1.47	1.54	1.51	1.64
55	1.50	1.57	1.54	1.66
56	1.56	1.63	1.60	1.72
57	1.62	1.69	1.66	1.77
58	1.68	1.74	1.72	1.83
59	1.74	1.80	1.78	1.88
60	1.80	1.86	1.84	1.94

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Risk Classifications

Marital Status

Multiply the annual premium by the appropriate factor below based on marital and insured status.

Marital Status	Factors
Single	1.25
Married one insured	1.00
Married both insured	0.75

Medical Underwriting

Underwriting rate class is determined by a point value system. Point values for each medical condition indicated from the application process are added together to determine the underwriting rate class. Multiply the annual premium by the appropriate factor below.

Rate Class	Factors
I	0.85
II	1.00
III	1.30

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Discounts

Employer Sponsored: Employer sponsored plans with 15 or more active employees receive a 15% discount

Affiliation and Multi life discount: a discount of 10% may apply

MEDAMERICA INSURANCE COMPANY
POLICY SERIES SPL-336

Modal Factors

Multiply the annual premium by the appropriate factor below based on the modal factor selected.

Payment Mode	Factors
Bi-Weekly	0.0415
Monthly	0.0900
Quarterly	0.2600
Semi-Annually	0.5150
Annually	1.0000

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

August 15, 2018

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated July 12, 2018 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

1. *Previous Long Term Care annual reports filed for the years 2015 and 2016 (SERFF Tr. #s MEAM-130629455 and MEAM-131082253) certified by the Company actuary states that rate action is necessary based upon projected lifetime loss ratios. Pursuant to 14VAC5-200-125, when a statement that the premium rate schedule is no longer sufficient is certified, the insurer shall submit to the commission within 60 days of the date of the actuarial certification a plan of action, including a timeframe for the reestablishment of adequate margins for moderately adverse experience.*

I am the company actuary who submitted the annual rate reports referenced above. Allow me to clarify that the Company's plan of action has always been to work with our external consultants and the Bureau to achieve a rate increase the Company considers necessary to certify to rate stability under moderately adverse conditions.

At the time of my 2015 annual rate report, such a rate increase filing was pending. During the review of that filing, the Company was made aware of a requirement to file a summary of benefits form for approval by the Bureau, and to make modifications to our policyholder notification letter to satisfy the requirements of Virginia Regulation 14VAC5-200-75.D. In my 2016 annual rate report certification, I stated that "we plan to resubmit a rate increase filing once MedAmerica receives approval of its pending form filing that may allow the rate increase to be reviewed." That form filing (SERFF # MEAM-131057979) was approved 10/19/2017. Our revised policyholder notification letter is included for review with the current rate increase filing.

The Company has taken the necessary steps to carry out our plan of action. Any timeframe for the reestablishment of adequate margins for moderately adverse experience is dependent on approval

by the Bureau of our relevant rate increase filings. The Company will commit to promptly implement the approved rate increases.

2 *A) Please provide the experience and supporting documentation only for form SPL-336 affected by the rate increase, as provided under the Rate/Rule Schedule.*

B) In addition, please provide the experience and supporting documentation for the individual forms and do not include group or affinity business.

From your phone conversation with Milliman on July 12, 2018, we understand the Bureau wants to ensure the rate increase is justified based on the individual and group regulations in Virginia. Only individual experience has been used in this filing. Group experience has not been included in any of the experience or supporting documentation provided in this filing. Furthermore, the experience and supporting documentation provided throughout this filing includes the policies on form SPL-336 (i.e., Simplicity forms) only.

Also, as discussed with Milliman, the affinity partners issued the same product as MedAmerica (i.e., the same policy form). It is appropriate to combine MedAmerica and affinity partner experience because the products issued by each affinity partner are identical to those included in this filing, the marketing and distribution employed by each affinity partner is similar to that of MedAmerica, and the same company (MedAmerica) administers and manages the entire block (including underwriting and claims handling). The experience provided in this response and filing continues to include the affinity experience.

C) Provide actual-to-expected analysis for each assumption (lapse, mortality, morbidity).

Attachment 1 to this letter provides actual-to-expected (A:E) lifetime-pay voluntary lapse experience for the above-listed product, where "A" is the historical voluntary lapse rate and "E" is either 1) the original pricing lapse assumption (includes benefit expiry) or 2) the current voluntary lapse assumption.

Please note that the current lapse rate was developed using derived lapse rates. The derived lapse rate is developed from actual total terminations and expected mortality as described in Appendix A of the actuarial memorandum. The derived lapse rate was used to set the voluntary lapse assumption to ensure that the total terminations produced by the current mortality and current lapse assumptions reconcile with actual total termination experience to the extent credible. Exhibit A-2 of Appendix A to the actuarial memorandum provides a comparison of the derived lapse rate experience to the current assumption. Also in developing the ultimate lapse rate, the level of credibility of the actual voluntary lapse experience and the ultimate lapse rate experience of other products (0.6%) was considered.

Attachment 2 to this letter provides A:E mortality experience for the above-listed product. This attachment provides similar information as Attachment 1, except uses actual or assumed deaths for the "A" and "E", respectively.

Attachment 3 to this letter provides A:E incurred claims for the above-listed product. This attachment provides similar information as Attachment 1, except uses actual or assumed claims for the "A" and "E", respectively.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

Attachment 1: A:E Simplicity Individual Lapse Experience
Attachment 2: A:E Simplicity Individual Mortality Experience
Attachment 3: A:E Simplicity Individual Morbidity Experience

Attachment 1
MedAmerica and Affinity Partners
Actual-to-Expected Lifetime-Pay Voluntary Lapse by Duration
with Expected as the Original Pricing and Current Assumptions
Experience through December 31, 2015
Individual Simplicity Policy Forms

Policy Duration	Actual Exposures	Actual Voluntary Lapses	(A) Actual Voluntary Lapse Rate	(B) Original Assumed Lapse Rate*	(C) Current Assumed Voluntary Lapse Rate	(D) = (A) / (B) Actual to Original Assumed	(E) = (A) / (C) Actual to Current Assumed	(F) Credibility
1	22,409	1,563	7.0%	10.4%	8.00%	0.67	0.87	100%
2	20,826	1,278	6.1%	6.9%	6.50%	0.88	0.94	100%
3	19,334	914	4.7%	4.6%	5.00%	1.02	0.95	100%
4	17,772	685	3.9%	2.9%	4.00%	1.33	0.96	100%
5	16,762	570	3.4%	2.8%	3.50%	1.24	0.97	100%
6	15,926	443	2.8%	2.0%	2.50%	1.39	1.11	96%
7	15,203	370	2.4%	2.0%	2.25%	1.22	1.08	88%
8	14,300	252	1.8%	2.0%	1.50%	0.88	1.17	72%
9	11,920	120	1.0%	2.0%	0.75%	0.50	1.34	50%
10	7,544	55	0.7%	2.0%	0.60%	0.36	1.22	34%
11	3,591	20	0.6%	2.0%	0.60%	0.28	0.93	20%
12	618	2	0.3%	2.0%	0.60%	0.16	0.54	6%
1-3	62,569	3,755	6.0%	7.5%	6.57%	0.81	0.91	100%
4-6	50,460	1,698	3.4%	2.6%	3.36%	1.31	1.00	100%
7-9	41,423	742	1.8%	2.0%	1.56%	0.90	1.15	100%
10+	11,753	77	0.7%	2.0%	0.60%	0.33	1.09	40%
All	166,205	6,272	3.8%	4.2%	3.93%	0.89	0.96	100%

*The original filing used a lapse rate assumption only (i.e., implicitly captures both voluntary lapse and benefit expiry), whereas the current filing uses separate voluntary lapse and benefit expiry assumptions.

Attachment 2
MedAmerica and Affinity Partners
Actual-to-Expected Mortality by Duration
with Expected as the Original Pricing and Current Assumptions
Experience through December 31, 2015
Individual Simplicity Policy Forms

Policy Duration	Actual Exposures	(A) Actual Deaths	(B) Original Assumed Deaths	(C) Current Assumed Deaths	(D) = (A) / (B) Actual to Original Assumed	(E) = (A) / (C) Actual to Current Assumed	(F) Credibility
1	25,485	21	134	25	0.15	0.81	21%
2	23,810	44	140	37	0.31	1.18	30%
3	22,197	44	146	46	0.30	0.97	30%
4	20,540	55	150	52	0.37	1.06	34%
5	19,454	51	158	60	0.32	0.85	33%
6	18,607	60	168	69	0.36	0.87	35%
7	17,864	67	180	79	0.37	0.85	37%
8	16,903	67	189	89	0.35	0.75	37%
9	14,034	66	179	88	0.37	0.75	37%
10	8,853	50	134	68	0.37	0.73	32%
11	4,227	34	76	40	0.44	0.85	27%
12	724	9	15	8	0.60	1.11	14%
1-3	71,492	109	420	108	0.26	1.00	48%
4-6	58,602	166	477	181	0.35	0.92	59%
7-9	48,802	200	547	256	0.37	0.78	64%
10+	13,803	92	225	116	0.41	0.80	44%
All	192,699	568	1,669	662	0.34	0.86	100%

Attachment 3
MedAmerica and Affinity Partners
Actual to Expected Incurred Claims by Duration
with Expected as the Original Pricing and Current Assumptions
Experience through December 31, 2016
Individual Simplicity Policy Forms

Policy Duration	(A) Historical Actual Incurred Claims	(B) Original Assumed Incurred Claims	(C) Current Assumed Incurred Claims	(D) = (A) / (B) Actual to Original Assumed	(E) = (A) / (C) Actual To Current Assumed	(F) Claim Counts	(G) Credibility
1	1,645,646	711,138	893,719	2.31	1.84	18	19%
2	1,083,134	1,174,177	1,599,332	0.92	0.68	21	21%
3	2,991,011	1,736,733	2,079,125	1.72	1.44	46	31%
4	3,060,892	2,327,760	2,630,808	1.31	1.16	40	29%
5	3,148,082	3,158,678	3,198,219	1.00	0.98	59	35%
6	4,457,158	4,060,815	3,869,645	1.10	1.15	53	33%
7	5,903,573	4,950,545	4,733,652	1.19	1.25	63	36%
8	5,975,599	5,658,822	5,580,346	1.06	1.07	79	41%
9	8,104,697	6,383,132	6,348,182	1.27	1.28	90	43%
10	9,647,204	6,334,827	6,397,966	1.52	1.51	90	43%
11	6,670,563	4,859,352	5,004,464	1.37	1.33	79	41%
12	4,484,954	2,810,344	2,965,401	1.60	1.51	45	31%
13	146,238	558,370	587,492	0.26	0.25	3	8%
1-3	5,719,790	3,622,048	4,572,176	1.58	1.25	85	42%
4-6	10,666,132	9,547,253	9,698,672	1.12	1.10	152	56%
7-9	19,983,868	16,992,499	16,662,180	1.18	1.20	232	69%
10+	20,948,959	14,562,893	14,955,322	1.44	1.40	217	67%
Total	57,318,749	44,724,693	45,888,350	1.28	1.25	686	100%

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

September 21, 2018

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated September 10, 2018 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Objection 1
- L&H Actuarial Memorandum (Supporting Document)

As previously requested, please provide the experience and supporting documentation only for form SPL-336 and not for other companies, affinity partners or forms that were not filed and approved in Virginia, and to which the proposed rate increase does not apply in Virginia if approved. In Virginia, it is not considered appropriate to justify a rate increase by combining the experience of other forms issued by the company, affiliated companies or blocks of business that the company administers or manages.

Attachment 1 to this letter provides the same information as Attachment 1 of the January 9, 2018 supplement to the actuarial memorandum, except provides the experience of MedAmerica only.

Attachment 2 to this letter provides the same information as Attachment 3 of the January 9 supplement to the actuarial memorandum, except provides the experience of MedAmerica only.

Objection 2
- Notice of Premium Increase, SRIL-VA-1117 (Form)

1) *Pursuant to 14VAC -200-75 D, an insurer is required to provide notice of an upcoming premium rate schedule increase to all policyholders at least 75 days prior to the implementation of the premium rate schedule increase. Please confirm that the company will comply with this requirement.*

MedAmerica will assure that notices are provided to policyholders at least 75 days prior to implementation of the premium rate schedule increase.

2) *The policyholder notification letter states that, "New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced." What exactly is the relevance of the "New data" as the reason for the rate increase and how (or why) does this impact the policyholders?*

MedAmerica is requesting a premium rate increase to pay for anticipated claim costs that are higher than expected. This is due in part to insured individuals living longer and keeping their policies longer, which has resulted in more claims than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to ensure adequate funding of all future claim payments.

Because the Company has submitted similar policyholder notification language for this and several other pending rate increase filings in Virginia, we would appreciate the Bureau's guidance as to what specific explanatory language would allow the premium rate increases to move forward to approval. Would the language above (replacing "requesting" with "implementing") be acceptable?

3) *Is the Contingent Non-Forfeiture Benefit Election Form part of the policyholder notification letter, even though it is listed as a separate form? Will it become part of the policy upon receipt? Is the CBUL form sent along with every policy holder notification letter?*

The Contingent Non-Forfeiture Benefit Election Form is a separate form that is mailed along with every policyholder notification letter. When a policyholder elects the Contingent Non-Forfeiture Benefit, or elects another benefit reduction available under the policy, they will receive a revised Summary of Benefits page to become part of the policy.

4) *Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholder's right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.*

The Summary of Benefits provides a policyholder's revised premium rate.

5) *Pursuant to 14VAC 5-100-40 A 3, please include a certification similar to the following for the policyholder notification letter, or any other filed form if applicable.*

6) *A statement identical to the following which is signed by the General Counsel or an officer of the company or any attorney or actuary representing the company: The company has reviewed the enclosed policy form(s) and certifies that, to the best of its knowledge and belief, each form submitted is consistent and complies with the requirements of Title 38.2 of the Code of Virginia and the regulations promulgated pursuant thereto.*

A Certificate of Compliance, signed by the Company President, is included under the "Certification of Compliance" item on the Supporting Documentation tab of SERFF.

7) *Prior to resubmitting, the company may wish to review the requirements of 14VAC5-200-75 D and 14VAC5-100 et seq. to ensure that all applicable requirements have been met.*

The company has reviewed the requirements of the cited regulations and believes it has met all applicable requirements.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

Attachment 1: Restated Nationwide Historical and Projected Experience MedAmerica Only
Attachment 2: Restated Nationwide 58%/85% Test MedAmerica Only

Attachment 1-a
MedAmerica
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,254,367	13,634	9,000	24,926	1%	3%	1,858	1%
	2005	6,728,297	660,177	64,511	2,574,535	10%	48%	5,508	8%
	2006	13,657,009	119,262	188,516	7,769,800	1%	58%	10,272	4%
	2007	20,786,205	1,240,350	271,883	15,030,465	6%	78%	13,725	5%
	2008	23,878,717	2,033,808	604,583	22,041,070	9%	101%	14,086	6%
	2009	23,488,355	1,045,687	899,272	23,541,753	4%	105%	13,486	6%
	2010	23,003,426	1,314,095	1,070,741	23,976,260	6%	110%	13,182	6%
	2011	22,962,018	2,600,835	1,615,373	24,973,378	11%	120%	13,022	7%
	2012	23,235,224	2,749,592	1,949,295	25,978,717	12%	124%	13,150	7%
	2013	24,118,661	3,499,295	2,876,835	25,018,739	15%	118%	13,222	8%
	2014	23,123,663	5,824,040	3,464,315	25,300,239	25%	135%	12,717	10%
	2015	21,291,328	5,169,430	4,134,420	25,392,136	24%	144%	12,341	11%
	2016	19,041,598	7,854,387	5,279,341	20,969,779	41%	151%	11,688	13%
Projected Future Experience (60 Years)	2017	16,716,631	5,598,827	5,035,867	23,095,904	33%	172%	11,500	14%
	2018	15,532,547	6,438,976	5,630,895	22,799,041	41%	188%	11,315	15%
	2019	15,077,024	7,482,940	6,267,855	22,898,089	50%	202%	11,128	16%
	2020	14,617,652	8,740,058	7,061,781	22,952,526	60%	217%	10,936	18%
	2021	14,203,281	10,172,798	8,045,708	23,033,950	72%	234%	10,739	19%
	2022	13,739,375	11,744,958	9,180,972	22,967,751	85%	253%	10,533	21%
	2023	13,122,582	13,414,633	10,464,340	22,612,149	102%	275%	10,315	23%
	2024	12,653,379	15,192,408	11,911,381	22,278,648	120%	296%	10,085	25%
	2025	12,220,357	17,102,873	13,521,629	21,780,249	140%	318%	9,843	28%
	2026	11,778,544	19,204,347	15,302,822	21,116,870	163%	342%	9,590	30%
	2027	11,336,326	21,521,336	17,259,979	20,216,765	190%	368%	9,326	33%
	2028	10,871,177	24,073,575	19,411,424	19,038,918	221%	397%	9,050	36%
	2029	10,393,527	26,777,537	21,755,435	17,577,606	258%	427%	8,763	39%
	2030	9,919,751	29,610,342	24,281,873	15,849,338	298%	458%	8,464	42%
	2031	9,434,582	32,577,597	26,981,601	13,869,669	345%	492%	8,156	45%
	2032	8,946,435	35,904,522	29,894,219	11,557,967	401%	531%	7,836	49%
	2033	8,455,782	39,612,429	33,070,781	8,948,428	468%	574%	7,506	53%
	2034	7,952,157	43,286,963	36,464,912	6,090,067	544%	621%	7,167	57%
	2035	7,451,259	46,855,155	39,999,853	3,054,371	629%	670%	6,819	61%
	2036	6,952,607	50,240,668	43,597,715	-64,374	723%	722%	6,466	65%
	2037	6,454,567	53,409,698	47,184,838	-3,271,942	827%	777%	6,107	70%
	2038	5,959,881	56,323,191	50,695,876	-6,501,545	945%	836%	5,746	74%
	2039	5,480,325	58,868,847	54,054,074	-9,653,728	1,074%	898%	5,386	79%
	2040	5,013,068	60,927,560	57,172,666	-12,656,167	1,215%	963%	5,027	83%
	2041	4,562,327	62,380,447	59,954,189	-15,419,706	1,367%	1,029%	4,673	88%
	2042	4,129,267	63,247,401	62,317,423	-17,920,649	1,532%	1,098%	4,326	92%
	2043	3,717,812	63,498,814	64,198,114	-20,099,475	1,708%	1,167%	3,989	96%
	2044	3,329,397	63,250,852	65,565,508	-21,924,081	1,900%	1,241%	3,662	100%
	2045	2,966,150	62,474,545	66,403,710	-23,358,433	2,106%	1,319%	3,348	104%
	2046	2,629,059	61,277,123	66,717,911	-24,408,878	2,331%	1,402%	3,049	107%
	2047	2,318,108	59,628,580	66,514,715	-25,122,465	2,572%	1,489%	2,766	111%
	2048	2,034,261	57,683,349	65,828,323	-25,456,846	2,836%	1,584%	2,500	114%
	2049	1,776,134	55,495,371	64,704,560	-25,491,982	3,125%	1,689%	2,251	117%
	2050	1,544,019	52,965,501	63,169,532	-25,254,437	3,430%	1,795%	2,019	119%
	2051	1,335,860	50,263,380	61,269,877	-24,784,210	3,763%	1,907%	1,805	122%
	2052	1,151,123	47,412,213	59,055,591	-24,133,248	4,119%	2,022%	1,609	124%
	2053	987,886	44,589,191	56,599,424	-23,332,302	4,514%	2,152%	1,429	126%
	2054	844,358	41,756,995	53,959,764	-22,413,913	4,945%	2,291%	1,265	128%
	2055	719,180	38,890,155	51,178,125	-21,403,145	5,408%	2,432%	1,116	129%
	2056	610,372	35,996,144	48,287,046	-20,288,063	5,897%	2,574%	982	131%
	2057-2061	1,878,245	138,267,665	196,510,276	-83,470,321	7,362%	2,917%	3,339	136%
	2062-2066	755,316	79,536,757	126,130,736	-54,096,199	10,530%	3,368%	1,614	138%
	2067-2071	284,145	38,079,433	70,079,149	-31,265,348	13,401%	2,398%	717	139%
	2072-2076	100,885	14,967,520	33,035,223	-15,025,546	14,836%	-58%	284	139%

With Interest Accum./Disc. To 12/31/2016 at Max. Val. Interest

History	313,423,410	39,877,863	25,721,811	242,591,797	13%	90%
Future	188,708,507	659,118,804	652,540,404	-241,902,832	349%	221%
Lifetime	502,131,917	698,996,668	678,262,215	688,964	139%	139%

Attachment 1-b
MedAmerica
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,254,367	13,634	9,000	24,926	1%	3%	1,858	1%
	2005	6,728,297	660,177	64,511	2,574,535	10%	48%	5,508	8%
	2006	13,657,009	119,262	188,516	7,769,800	1%	58%	10,272	4%
	2007	20,786,205	1,240,350	271,883	15,030,465	6%	78%	13,725	5%
	2008	23,878,717	2,033,808	604,583	22,041,070	9%	101%	14,086	6%
	2009	23,488,355	1,045,687	899,272	23,541,753	4%	105%	13,486	6%
	2010	23,003,426	1,314,095	1,070,741	23,976,260	6%	110%	13,182	6%
	2011	22,962,018	2,600,835	1,615,373	24,973,378	11%	120%	13,022	7%
	2012	23,235,224	2,749,592	1,949,295	25,978,717	12%	124%	13,150	7%
	2013	24,118,661	3,499,295	2,876,835	25,018,739	15%	118%	13,222	8%
	2014	23,123,663	5,824,040	3,464,315	25,300,239	25%	135%	12,717	10%
	2015	21,291,328	5,169,430	4,134,420	25,392,136	24%	144%	12,341	11%
	2016	19,041,598	7,854,387	5,279,341	20,969,779	41%	151%	11,688	13%
Projected Future Experience (60 Years)	2017	16,716,631	5,598,827	5,035,867	23,095,904	33%	172%	11,500	14%
	2018	25,915,943	6,006,439	5,540,988	-17,000,112	23%	-42%	10,559	14%
	2019	34,836,865	6,513,116	5,969,216	19,031,392	19%	73%	10,386	15%
	2020	33,751,039	7,593,604	6,531,905	19,054,845	22%	79%	10,208	15%
	2021	32,818,318	8,824,494	7,286,538	19,111,631	27%	85%	10,026	16%
	2022	31,736,175	10,173,390	8,188,689	19,037,376	32%	92%	9,835	17%
	2023	30,192,093	11,601,841	9,231,066	18,706,113	38%	100%	9,633	18%
	2024	29,127,721	13,123,392	10,427,313	18,432,559	45%	108%	9,420	19%
	2025	28,181,877	14,757,721	11,775,652	18,022,144	52%	116%	9,196	20%
	2026	27,219,940	16,553,896	13,279,633	17,481,014	61%	125%	8,961	22%
	2027	26,270,205	18,533,813	14,939,193	16,746,496	71%	134%	8,716	23%
	2028	25,253,298	20,714,233	16,768,082	15,778,872	82%	145%	8,460	25%
	2029	24,201,760	23,024,883	18,763,905	14,577,999	95%	155%	8,193	26%
	2030	23,174,319	25,444,944	20,917,441	13,158,835	110%	167%	7,916	28%
	2031	22,113,004	27,978,799	23,220,193	11,530,235	127%	179%	7,629	30%
	2032	21,044,410	30,821,870	25,705,997	9,624,207	146%	192%	7,333	32%
	2033	19,970,332	33,991,564	28,418,572	7,469,413	170%	208%	7,026	34%
	2034	18,851,252	37,136,479	31,318,856	5,104,141	197%	224%	6,710	37%
	2035	17,737,583	40,191,731	34,341,401	2,588,411	227%	241%	6,387	39%
	2036	16,623,946	43,091,603	37,419,466	-3,343	259%	259%	6,057	41%
	2037	15,500,346	45,809,440	40,490,270	-2,675,054	296%	278%	5,723	44%
	2038	14,372,650	48,310,183	43,497,927	-5,371,805	336%	299%	5,387	46%
	2039	13,279,284	50,503,186	46,377,854	-8,008,467	380%	320%	5,051	49%
	2040	12,205,760	52,278,659	49,055,458	-10,528,053	428%	342%	4,716	52%
	2041	11,163,576	53,537,064	51,446,854	-12,858,608	480%	364%	4,386	54%
	2042	10,154,126	54,292,971	53,481,583	-14,974,763	535%	387%	4,062	56%
	2043	9,189,300	54,523,956	55,104,417	-16,825,562	593%	410%	3,746	59%
	2044	8,272,415	54,335,560	56,290,166	-18,384,893	657%	435%	3,440	61%
	2045	7,409,708	53,693,349	57,024,946	-19,623,726	725%	460%	3,147	63%
	2046	6,603,884	52,693,829	57,313,081	-20,543,890	798%	487%	2,867	65%
	2047	5,855,018	51,301,217	57,158,440	-21,180,231	876%	514%	2,602	67%
	2048	5,167,487	49,651,544	56,589,291	-21,497,399	961%	545%	2,352	69%
	2049	4,537,535	47,798,861	55,645,940	-21,560,309	1,053%	578%	2,118	71%
	2050	3,967,573	45,644,885	54,349,390	-21,394,189	1,150%	611%	1,901	72%
	2051	3,452,282	43,341,462	52,738,970	-21,029,451	1,255%	646%	1,700	74%
	2052	2,991,945	40,902,186	50,856,034	-20,504,538	1,367%	682%	1,515	75%
	2053	2,582,305	38,482,880	48,762,074	-19,849,805	1,490%	722%	1,346	76%
	2054	2,219,215	36,049,261	46,506,533	-19,086,555	1,624%	764%	1,192	77%
	2055	1,900,382	33,575,674	44,123,878	-18,241,959	1,767%	807%	1,052	78%
	2056	1,621,233	31,081,621	41,643,241	-17,303,128	1,917%	850%	926	79%
	2057-2061	5,049,843	119,378,384	169,548,299	-71,248,957	2,364%	953%	3,147	82%
	2062-2066	2,064,678	68,633,889	108,840,269	-46,162,667	3,324%	1,088%	1,522	83%
	2067-2071	782,365	32,742,825	60,414,539	-26,551,815	4,185%	791%	676	84%
	2072-2076	277,277	12,738,940	28,362,905	-12,581,300	4,594%	57%	268	84%

With Interest Accum./Disc. To 12/31/2016 at Max. Val. Interest

History	313,423,410	39,877,863	25,721,811	242,591,797	13%	90%
Future	410,003,763	568,172,237	564,398,052	-242,027,574	139%	80%
Lifetime	723,427,173	608,050,100	590,119,864	564,223	84%	84%

Attachment 2
Demonstration that the Requested Cumulative Rate Increase Passes the 58%/85% Loss Ratio Minimum
MedAmerica
Nationwide Experience Restated to Reflect No Prior Rate Increase
Individual Simplicity Policy Forms

1	Accumulated value of initial earned premium	313,423,410	x	58%	=	181,785,578
2a	Accumulated value of earned premium	313,423,410				
2b	Accumulated value of prior premium rate schedule increases (2a - 1)	0	x	85%	=	0
3	Present value of future projected initial earned premium	154,849,355	x	58%	=	89,812,626
4a	Present value of future projected premium	410,003,763				
4b	Present value of future projected premium in excess of the projected initial earned premiums (4a - 3)	255,154,408	x	85%	=	216,881,247
5	**Lifetime Earned Premium Times Prescribed Factor: Sum of 1, 2b, 3, and 4b**					**488,479,450**
6a	Accumulated value of incurred claims without the inclusion of active life reserves					39,877,863
6b	Present value of future projected incurred claims without the inclusion of active life reserves					653,398,072
7	**Lifetime Incurred Claims with Rate Increase: Sum 6a and 6b**					**693,275,935**
8	Test: 7 is not less than 5					Pass

All values are accumulated or discounted at the maximum valuation interest rate for contract reserves applicable for the year of issue, which ranges from 3.5% to 4.5%.
Future projected initial earned premium schedule (i.e., without the requested rate increase) reflects the assumed impact of CBUL and RBO.
The future projected incurred claims (item 6b) were increased by 15% to reflect assumptions with moderately adverse experience.

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milliman.com

January 15, 2019

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated January 9, 2019 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your January 9 letter. Each request is restated in italics for reference.

1. *Per Exhibit 1 in the Actuarial Memorandum, it appears that the Company is requesting a minimum rate increase of 47% for Issue Age 85 on plans with No Inflation and a maximum rate increase of 264% for Issue Ages < 45 for Auto Inflation plans. If this is correct, please revise the Rate/Rule Schedule to correct the Minimum % Change from "79%" to "47%". This may also require a correction to the Overall % Indicated Change and the Overall % Rate Impact. Please revise as necessary.*

   We have updated the minimum requested increase as requested on the rate/rule schedule in SERFF via a post submission update.

   Please note that due to the distribution of business of inforce policyholders, the minimum increase being requested in Virginia is 79%. That is, the highest issue age on plans without inflation protection in Virginia is 74. As such, no revisions are needed to the Overall % fields on the rate/rule schedule tab in SERFF.

2. *If the proposed rate increase is granted as requested, please advise if the company is prepared to certify that no further rate increases will be required on this block of business.*

   The cumulative rate increase requests were determined to allow certification to rate stability. Company management has indicated that if the requested premium rate schedule increase is implemented and the underlying assumptions, with moderately adverse conditions reflected, are realized, no further premium rate schedule increases are anticipated.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Offices in Principal Cities Worldwide

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

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In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Shawn Stender, the contact of record for this filing, at (952) 820-3104 or by e-mail at shawn.stender@milliman.com.

Respectfully,

Missy Gordon

Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/tcr

Post Submission Update

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

January 29, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated January 17, 2019 regarding the above-referenced filing. The Bureau's requests are restated in italics below for reference.

Objection 1
- Statement of Variability - Simplicity Product Line (Supporting Document)
Comments: The following bracketed items that appear on RIL-VA-0918 or CNF-VA-0918 are not explained on the Statement of Variability.

1) <<DATE>>

2) <<NEXT BILL DATE>> We note that the Statement of Variability contains the bracketed item <<NEXT_ANNIV_DATE>> which does not appear on either document.

Enclosed is a revised Statement of Variability resolving the above issues.

Objection 2
- Long Term Care Insurance Rate Request Summary (Supporting Document)
Comments: Please revise the Rate Review Summary to reflect the change to the Minimum Requested Percentage Rate Change Per Member that was updated in the Rate/Rule Schedule through your Post-Submission Update.

Enclosed is a revised Rate Review Summary reflecting the change.

Objection 3
- Notice of Premium Increase, RIL-VA-0918 (Form)
Comments: Please replace the following sentence in the first paragraph, "The rate increase is necessary because the emerging experience, industry wide, reveals more insureds are keeping their policies in force

than anticipated, resulting in higher than expected claim costs. This is necessary to ensure adequate funding of all future claim payments."
The sentence should be rewritten to include the "Summary of Key Information" found in your Health Insurance Rate Request Summary, which reads, "Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced."

You may also want to consider making this statement variable, should a future rate increase be required for a different set of facts.

Enclosed is a revised Notice of Premium Increase, RIL-VA-0918, reflecting the changes requested.

Objection 4
- Notice of Premium Increase, RIL-VA-0918 (Form)
Comments: Please consider if the company's address, contact information or officer name, title and signature should be made variable.

Thank you for suggesting the use of variable language where appropriate. We have made the changes suggested on the Notice and the CNF Election Form CNF-VA-0918. We have also included a revised Readability Compliance Certification form reflecting the changes to the language in the Notice letter and CNF election form.

Thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

Enclosures (via SERFF):

Revised Statement of Variability
Revised Rate Review Summary
Revised Notice of Premium Increase Form
Revised CNF Election Form
Updated Certificate of Readability

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

February 26, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated February 12, 2019 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Objection 1
- Notice of Premium Increase, RIL-VA-0918 (Form)
- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Please provide a "John Doe" letter illustrating how the Notice of Premium Increase letter and the Contingent Non-Forfeiture Benefit Election forms will appear. These should be placed under the "Supporting Documentation" tab.

Samples of the letter and election form have been placed under the Supporting Documentation tab as requested.

Objection 2
- Response to January 9, 2019 Objection (Supporting Document)
Comments: Thank you for your response to Objection 2 in your January 15, 2019 response letter.

1. *For clarity, is the Company willing to "certify" that there will be no further rate increases, if the rate increase is granted as requested?*

The response to Objection 2 in our January 15, 2019 letter stated that "if the requested premium rate schedule increase is implemented and the underlying assumptions, with moderately adverse conditions reflected, are realized, no further premium rate schedule increases are anticipated."

Based on our telephone conversation, I understand that "certification" would require a statement that the company will not increase premiums in the future, as described in the "Instructions for Annual Rate Reports Required by 14 VAC 5-200-125." Given the significant uncertainties involved in long-term care insurance coverage, MedAmerica management cannot commit itself to what would become noncancelable premium rates on a guaranteed renewable product. Although we do not currently anticipate further premium rate schedule increases, we must reserve the right to request further increases from the Bureau should experience develop more adversely than expected.

2. *Please advise if the Company is willing to consider a series of increases rather than a large single increase. If a series is an option, provide the Company's recommendation.*

MedAmerica is willing to consider phasing in a series of annual increases that would be actuarially equivalent to the requested increase. A proposed phase-in schedule is shown in Attachment I. This phase-in schedule would produce the same projected lifetime loss ratio as our original request.

If the Bureau plans to approve a three-year phase-in rate increase, please let me know as soon as possible so that we can provide revised policyholder notification letter language to describe the phase-in.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

Attachment I

MedAmerica Insurance Company

Individual Simplicity Policy Forms

Actuarial Equivalence for 3-Year Phase-in

Virginia-Specific Experience

	Premium		Original Request		Revised Rate Increase with No Inflation				Revised Rate Increase with Inflation			
Issue Age	No Inflation	With Inflation	No Inflation	With Inflation	Year 1	Year 2	Year 3	Cumulative	Year 1	Year 2	Year 3	Cumulative
<40	3,019	8,312	191%	264%	48.7%	48.7%	48.7%	228.8%	60.2%	60.2%	60.2%	311.3%
40	0	1,647	191%	264%	48.7%	48.7%	48.7%	228.8%	60.2%	60.2%	60.2%	311.3%
41	0	4,636	191%	264%	48.7%	48.7%	48.7%	228.8%	60.2%	60.2%	60.2%	311.3%
42	1,715	4,287	191%	264%	48.7%	48.7%	48.7%	228.8%	60.2%	60.2%	60.2%	311.3%
43	0	3,604	191%	264%	48.7%	48.7%	48.7%	228.8%	60.2%	60.2%	60.2%	311.3%
44	0	4,151	191%	264%	48.7%	48.7%	48.7%	228.8%	60.2%	60.2%	60.2%	311.3%
45	433	1,841	181%	251%	47.0%	47.0%	47.0%	217.5%	58.3%	58.3%	58.3%	296.6%
46	752	4,805	176%	245%	46.1%	46.1%	46.1%	211.9%	57.4%	57.4%	57.4%	289.9%
47	0	5,819	171%	239%	45.2%	45.2%	45.2%	206.2%	56.5%	56.5%	56.5%	283.1%
48	1,809	2,902	166%	233%	44.3%	44.3%	44.3%	200.6%	55.5%	55.5%	55.5%	276.3%
49	0	6,804	160%	225%	43.2%	43.2%	43.2%	193.8%	54.3%	54.3%	54.3%	267.3%
50	378	15,834	159%	224%	43.0%	43.0%	43.0%	192.7%	54.1%	54.1%	54.1%	266.1%
51	0	17,904	157%	221%	42.7%	42.7%	42.7%	190.4%	53.7%	53.7%	53.7%	262.7%
52	2,670	18,446	155%	219%	42.3%	42.3%	42.3%	188.2%	53.3%	53.3%	53.3%	260.5%
53	304	21,072	153%	216%	41.9%	41.9%	41.9%	185.9%	52.9%	52.9%	52.9%	257.1%
54	0	29,958	151%	214%	41.6%	41.6%	41.6%	183.6%	52.5%	52.5%	52.5%	254.8%
55	249	29,333	151%	214%	41.6%	41.6%	41.6%	183.6%	52.5%	52.5%	52.5%	254.8%
56	4,015	40,095	147%	209%	40.8%	40.8%	40.8%	179.1%	51.7%	51.7%	51.7%	249.2%
57	0	32,693	144%	205%	40.2%	40.2%	40.2%	175.7%	51.1%	51.1%	51.1%	244.7%
58	727	30,161	140%	200%	39.5%	39.5%	39.5%	171.2%	50.2%	50.2%	50.2%	239.0%
59	4,364	27,043	137%	196%	38.9%	38.9%	38.9%	167.8%	49.6%	49.6%	49.6%	234.5%
60	2,491	18,624	137%	196%	38.9%	38.9%	38.9%	167.8%	49.6%	49.6%	49.6%	234.5%
61	6,235	12,177	130%	188%	37.5%	37.5%	37.5%	159.9%	48.2%	48.2%	48.2%	225.4%
62	3,126	21,946	124%	180%	36.3%	36.3%	36.3%	153.1%	46.8%	46.8%	46.8%	216.4%
63	6,094	9,248	117%	171%	34.9%	34.9%	34.9%	145.2%	45.2%	45.2%	45.2%	206.2%
64	0	13,040	111%	164%	33.6%	33.6%	33.6%	138.4%	44.0%	44.0%	44.0%	198.3%
65	1,244	27,130	111%	164%	33.6%	33.6%	33.6%	138.4%	44.0%	44.0%	44.0%	198.3%
66	0	11,818	106%	158%	32.5%	32.5%	32.5%	132.8%	42.9%	42.9%	42.9%	191.5%
67	460	7,971	101%	151%	31.5%	31.5%	31.5%	127.1%	41.6%	41.6%	41.6%	183.6%
68	4,742	2,646	95%	144%	30.1%	30.1%	30.1%	120.4%	40.2%	40.2%	40.2%	175.7%
69	0	2,520	90%	138%	29.0%	29.0%	29.0%	114.7%	39.1%	39.1%	39.1%	168.9%
70	1,045	0	87%	134%	28.3%	28.3%	28.3%	111.3%	38.3%	38.3%	38.3%	164.4%
71	2,640	0	85%	131%	27.9%	27.9%	27.9%	109.1%	37.7%	37.7%	37.7%	161.0%
72	0	0	83%	129%	27.4%	27.4%	27.4%	106.8%	37.3%	37.3%	37.3%	158.8%
73	0	0	81%	126%	26.9%	26.9%	26.9%	104.5%	36.7%	36.7%	36.7%	155.4%
74	6,429	0	79%	124%	26.5%	26.5%	26.5%	102.3%	36.3%	36.3%	36.3%	153.1%
75	0	0	79%	124%	26.5%	26.5%	26.5%	102.3%	36.3%	36.3%	36.3%	153.1%
76	0	0	75%	119%	25.5%	25.5%	25.5%	97.8%	35.3%	35.3%	35.3%	147.5%
77	0	0	72%	115%	24.8%	24.8%	24.8%	94.4%	34.4%	34.4%	34.4%	143.0%
78	0	0	69%	111%	24.1%	24.1%	24.1%	91.0%	33.6%	33.6%	33.6%	138.4%
79	0	0	66%	108%	23.3%	23.3%	23.3%	87.6%	33.0%	33.0%	33.0%	135.0%
80	0	0	63%	104%	22.6%	22.6%	22.6%	84.2%	32.1%	32.1%	32.1%	130.5%
81	0	0	60%	100%	21.8%	21.8%	21.8%	80.8%	31.2%	31.2%	31.2%	126.0%
82	0	0	56%	95%	20.8%	20.8%	20.8%	76.3%	30.1%	30.1%	30.1%	120.4%
83	0	0	53%	91%	20.0%	20.0%	20.0%	72.9%	29.2%	29.2%	29.2%	115.8%
84	0	0	50%	88%	19.2%	19.2%	19.2%	69.5%	28.6%	28.6%	28.6%	112.4%
85	0	0	47%	84%	18.4%	18.4%	18.4%	66.1%	27.6%	27.6%	27.6%	107.9%

MEDAmerica
INSURANCE COMPANY

Home Office: Pittsburgh, PA

MedAmerica Insurance Company

Time-Sensitive! Review Options and Make Your Decision

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

John Doe
123 Main St.
Anytown, VA 12345

August 1, 2020
Billing Account ID: 1234-5678

Dear Mr. Doe:

We are writing to notify you that three consecutive annual premium increases have been filed with the Virginia Bureau of Insurance. Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced. This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming changes to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of August 1, 2020, $3,083.60 annual	$4,524.87 annual	46.74%	November 14, 2020
		46.74%	November 14, 2021
		46.74%	November 14, 2022

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below and make the decision that best meets your needs.

All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on November 14, 2020. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Non-Forfeiture Benefit outlined in Option #3 below.

- **Option #2: Offset the increased premium by reducing your level of benefits**. You **may** be able to adjust your benefits to reduce your premium. Options to reduce your benefits include, but are not

limited to, increasing your Elimination Period, reducing your Maximum Monthly Benefit, and/or dropping riders. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at 1-800-240-1675 to discuss your options.

- **Option #3: Elect the reduced Contingent Non-Forfeiture Benefit.**

  If you elect the Contingent Non-Forfeiture Benefit option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Non-Forfeiture Benefit would be $49,337.60.

  There are two ways to elect the Contingent Non-Forfeiture Benefit:

  - Choose this option today by signing and dating the enclosed Contingent Non-Forfeiture Benefit Election Form and returning it in the enclosed postage-paid envelope; OR

  - If you do not pay the increased premium **within 120 days of the due date,** which is November 14, 2020, you will be entitled to the Contingent Non-Forfeiture Benefit. We will automatically change your coverage to the Contingent Non-Forfeiture Benefit in lieu of your policy lapsing for non-payment of premium.

  IMPORTANT: Paying the increased premium for coverage through 120 days from November 14, 2020, constitutes your acceptance of the rate increase and voids the Contingent Non-Forfeiture Benefit offer.

  What is the Contingent Non-Forfeiture Benefit?

  The Contingent Non-Forfeiture Benefit Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same Maximum Monthly Benefit in effect at the time of lapse will be payable, but the Lifetime Maximum will be equal to the greater of the items a) or b) below:

  a) The total amount of premiums paid and applied to Your Policy; **OR**

  b) Your Maximum Monthly Benefit

  The total of all benefits paid under your policy will not exceed the Lifetime Maximum that would have been payable if your policy did not lapse.

  Important facts to know about this reduced benefit are:

  - No future premium is due.

  - The Lifetime Maximum is significantly less than the benefit provided if you choose to continue paying your premium.

  - All riders, with the exception of Community Only and Facility Only riders, will be terminated.

  - All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Non-Forfeiture Benefit.

IMPORTANT NOTE: If your policy includes a Shared Care Rider, both you and your spouse/domestic partner must continue to maintain identical coverage. You must both select the same option regarding this rate increase.

If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at 1-800-240-1675.

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

Cheryl Bush RN

Cheryl Bush, RN

Senior Vice President, Long Term Care Operations

Enclosures: Contingent Non-Forfeiture Benefit Election Form; Postage-Paid Return Envelope

MEDAmerica
INSURANCE COMPANY

Home Office: Pittsburgh, PA

MedAmerica Insurance Company

Contingent Non-Forfeiture Benefit Election Form

John Doe
123 Main St.
Anytown, VA 12345

August 1, 2020
Billing Account ID: 1234-5678

I have decided to stop future premium payments and accept the Contingent Non-Forfeiture Benefit.

I understand the following:

- No future premium is due; and
- I will have a reduced Lifetime Maximum equal to the total amount of premiums paid and applied to my policy **OR** my Maximum Monthly Benefit in effect at the time my policy lapses, whichever is greater; and
- The Contingent Non-Forfeiture Benefit is significantly less than the benefit provided if I chose to keep paying my premium; and
- The Contingent Non-Forfeiture Benefit is only available if I satisfy the requirements for Benefit Eligibility as defined in my policy or certificate; and
- The Contingent Non-Forfeiture Benefit will be payable up to my current Maximum Monthly Benefit in effect on the date of this change; and
- All riders, with the exception of Community Only and Facility Only riders, will be terminated; and
- All other terms, conditions, limitations and exclusions in my current coverage apply to the Contingent Non-Forfeiture Benefit.

Signature:
I request my current long term care insurance coverage be reduced to the Contingent Non-Forfeiture Benefit offered by the company. This option becomes effective as of my current paid through date. A summary of Contingent Non-Forfeiture Benefits will be sent to me when this request is processed.

_____

Signature **Date**

Mailing Instructions: Sign and date this form and return in the enclosed postage-paid envelope.

MEDAmerica
INSURANCE COMPANY

Home Office: Pittsburgh, PA

MedAmerica Insurance Company

Time-Sensitive! Review Options and Make Your Decision

RE: Your Long Term Care Insurance

Notice of Premium Increase — Please Read & Retain for Your Records

John Doe
123 Main St.
Anytown, VA 12345

August 1, 2020
Billing Account ID: 1234-5678

Dear Mr. Doe:

We are writing to notify you that we have filed a premium increase of 216% with the Virginia Bureau of Insurance. Rates are increasing based on the fact that people are living longer and keeping their policies for a longer period of time than expected. This means we, as the company, expect to pay more claims in the future. New data on the company and industry-wide claim costs show that those costs are higher than originally expected when the product was priced. This premium change is based on the overall experience of all contracts in your class and has nothing to do with your current age, health status, claims history or any other personal factors. This increase applies to all insureds who have the same policy form as you, regardless of the effective date of coverage.

The following chart represents the upcoming change to your premium.

Your Current Premium	New Premium	Percentage of Increase	Increase Effective Date
As of August 1, 2020, $3,083.60 annual	$9,744.18 annual	216%	November 14, 2020

We understand this premium increase may affect your ability to afford your current level of benefits. Please review the options regarding your coverage that are outlined below and make the decision that best meets your needs.

All options may not be of equal value.

- **Option #1: Continue your coverage at your current level of benefits.** You may keep your current level of benefits by paying the increased premium when it is due on November 14, 2020. If you choose this option, no additional action, other than your premium payment, is required. Please understand that paying the increased premium for coverage through 120 days from the date of the rate increase constitutes your acceptance of the rate increase and voids the offer of the Contingent Non-Forfeiture Benefit outlined in Option #3 below.

- **Option #2: Offset the increased premium by reducing your level of benefits**. You **may** be able to adjust your benefits to reduce your premium. Options to reduce your benefits include, but are not limited to, increasing your Elimination Period, reducing your Maximum Monthly Benefit, and/or dropping riders. Please understand that this option is not always available as you may have selected the state-mandated minimum benefits allowable for long term care insurance. Please call Customer Service toll-free at 1-800-240-1675 to discuss your options.

- **Option #3: Elect the reduced Contingent Non-Forfeiture Benefit.**

  If you elect the Contingent Non-Forfeiture Benefit option, no further premium is due. This option becomes effective as of your current paid through date. As of the date of this letter, your Contingent Non-Forfeiture Benefit would be $49,337.60.

  There are two ways to elect the Contingent Non-Forfeiture Benefit:

  - Choose this option today by signing and dating the enclosed Contingent Non-Forfeiture Benefit Election Form and returning it in the enclosed postage-paid envelope; OR

  - If you do not pay the increased premium **within 120 days of the due date,** which is November 14, 2020, you will be entitled to the Contingent Non-Forfeiture Benefit. We will automatically change your coverage to the Contingent Non-Forfeiture Benefit in lieu of your policy lapsing for non-payment of premium.

  IMPORTANT: Paying the increased premium for coverage through 120 days from November 14, 2020, constitutes your acceptance of the rate increase and voids the Contingent Non-Forfeiture Benefit offer.

  What is the Contingent Non-Forfeiture Benefit?

  The Contingent Non-Forfeiture Benefit Option allows you to retain reduced long term care insurance benefits in the event you can no longer afford your premium due to a substantial premium increase. Under this option, the same Maximum Monthly Benefit in effect at the time of lapse will be payable, but the Lifetime Maximum will be equal to the greater of the items a) or b) below:

  a) The total amount of premiums paid and applied to Your Policy; **OR**

  b) Your Maximum Monthly Benefit

  The total of all benefits paid under your policy will not exceed the Lifetime Maximum that would have been payable if your policy did not lapse.

  Important facts to know about this reduced benefit are:

  - No future premium is due.

  - The Lifetime Maximum is significantly less than the benefit provided if you choose to continue paying your premium.

  - All riders, with the exception of Community Only and Facility Only riders, will be terminated.

  - All other terms, conditions, limitations and exclusions in your current coverage apply to the Contingent Non-Forfeiture Benefit.

IMPORTANT NOTE: If your policy includes a Shared Care Rider, both you and your spouse/domestic partner must continue to maintain identical coverage. You must both select the same option regarding this rate increase.

If you choose to reduce your benefits, please be aware that some reduction options may result in a loss in Partnership status that may reduce your protections.

The rate increase request was reviewed by Virginia's State Corporation Commission and was found to be compliant with applicable Virginia laws and regulations addressing long-term care insurance. All premium rate filings are available for public inspection and may be accessed online through the Virginia Bureau of Insurance's webpage at https://scc.virginia.gov/boi/SERFFInquiry/LtcFilings.aspx.

Please be advised that premiums are subject to future rate increases. If future rate increases are requested and approved, we will offer you options similar to those in this letter.

If you have questions on the above options, please call Customer Service toll free at 1-800-240-1675.

At any time, you may request a Summary of Benefits, with your new premium rate, by contacting Customer Service.

If you are currently on claim and your premium is being waived, the increase will be applied when your premium is no longer being waived. Please be assured that your benefits are not affected and that your claims will continue to be paid.

As always, thank you for your business with the company.

Sincerely,

Cheryl Bush RN

Cheryl Bush, RN

Senior Vice President, Long Term Care Operations

Enclosures: Contingent Non-Forfeiture Benefit Election Form; Postage-Paid Return Envelope

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

April 12, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

This is to let you know that MedAmerica has revised in SERFF its Notice of Premium Increase form, RIL-VA-0918, and associated Statement of Variability and readability certification.

The updates to the form incorporate your suggestions to the company in other pending rate filings (TRIP-131197689 and MILL-131285919) regarding language suitable for phased-in rate increases.

Revised "John Doe" samples of the policyholder notification letter and CNF election form have been placed under the Supporting Documentation tab.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

MEDAmerica
An Excellus Company

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

June 13, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated May 17, 2019 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Objection 1
- Notice of Premium Increase, RIL-VA-0918 (Form)
- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

1. 14VAC5-100-50 2 requires that the full and proper corporate name of the insurer must prominently appear on the cover sheet of all policies, certificates, riders, endorsements, applications, and other forms required to be submitted. The corporate name can not be made variable. It appears that the corporate name is included as a part of the logo and does not appear in the body of the policyholder notification form. As a result, the logo cannot be variable. Please revise the applicable forms and the statement of variability.

The applicable forms have been revised to remove the variability of the company logo.

2. Pursuant to 14VAC5-200-75 A 4 b, please include a statement in the form regarding the policyholders right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed.

There is a statement in the form regarding the policyholder's right to a revised premium rate or rate schedule if the premium rate or rate schedule is changed. Form RIL-VA-0918 states, in the third paragraph from the end (*italics added*):

> "At any time, you may request a Summary of Benefits, *with your new premium rate*, by contacting Customer Service."

The Company's Summary of Benefits amendment form 238SUMMARY-1216, along with appropriate Statements of Variability for use with our various policy forms, was approved by the Bureau on 10/19/2017 under SERFF# MEAM-131057979.

3. The statement of variability for RIL-VA-0918 identifies the reason for the rate increase as being variable. Please advise how the reason is subject to change from the text as presented in the form. Please note that any reason given would require approval by the Virginia Bureau of Insurance.

Form RIL-VA-0918 is intended to be used as a template policyholder notification letter, which may be applicable for a number of different LTC policy forms. Per your advice, we will submit a Statement of Variability under each separate rate filing that will capture language specific to each of the forms approved for a rate increase. The variable text presented in the Statement of Variability will match the language submitted in each rate filing as a "brief narrative" summarizing the main drivers for revised rates, as found on the required Health Insurance Rate Request Summary submitted with each rate filing. Because the main drivers for a rate increase may differ across products, we need to use a variable language field in Form RIL-VA-0918. Review and approval by the Bureau of our rate increase filings includes the "brief narrative" explanation, which we then communicate to policyholders via the notification letter.

4. Option 3 on form RIL-VA-0918 offers the Contingent Non-Forfeiture Benefit. Please advise if this benefit is offered only to those who satisfied one of the triggering events or if it will be offered to all as an option to reduce premium.

The Contingent Non-Forfeiture Benefit will be offered to all policyholders affected by an approved rate increase, regardless of whether a triggering event is satisfied.

5. Please advise if the Contingent Non-Forfeiture Benefit is the contingent benefit upon lapse that is offered by the policy.

Yes, the Contingent Non-Forfeiture Benefit is the contingent benefit upon lapse that is offered by the policy. See page 17 of Form SPL-336.

Objection 2

Please provide us with a copy of the policy form SP[L]-336 and the schedule page SPL-238. We would like to check policy references.

A copy of the policy form SPL-336, which includes the original schedule page(s) SPL-238 on pages 3 and 4 of the policy, has been added to the Supporting Documentation tab in SERFF.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

MEDAmerica
INSURANCE COMPANY
An Excellus Company Home Office: Pittsburgh, PA

Administrative Offices:
[165 Court Street]
[Rochester, NY 14647]
[1-800-544-0327]

MedAmerica Insurance Company
CareDirections Simplicity.

Thank You for selecting MedAmerica Insurance Company as Your long term care insurer. We are pleased to provide You with this **Policy**. Your coverage, if the first premium is paid, as stated herein begins at 12:01 a.m. Standard time at Your home on the Effective Date of this Policy. It ends on 12:01 a.m. Standard time at Your home on the termination date of this Policy.

This Policy is a qualified long-term care insurance contract under section 7702B(b) of the Internal Revenue Code.

NOTICE TO BUYER: This **Policy** may not cover all of the costs associated with long term care incurred by the buyer during the period of coverage. The buyer is advised to review carefully all **Policy** limitations. THIS POLICY IS NOT A MEDICARE SUPPLEMENT POLICY. If You are eligible for Medicare, review the *Guide to Health Insurance for People with Medicare* available from Us.

GUARANTEED RENEWABLE/PREMIUM INCREASES: This Policy is guaranteed renewable. That means Your coverage will continue for life as long as You pay the premiums within the allowable time. We cannot make any change in the coverage or Benefits without Your consent. We can change Your premium with 60 days written notice, but only if We change the premiums for all policies like Yours that We have issued in the state where this Policy has been approved.

IMPORTANT 30-DAY REVIEW: If You feel this **Policy** does not meet Your needs, You may return it to Your agent or Us within 30 days. If You do so: (1) We will return the premium You paid; and (2) We will not provide any Benefits under this **Policy**.

Caution: This Policy may not apply when You have a claim! Please read! The issuance of this long-term care insurance Policy is based upon Your responses to the questions on Your application. A copy of Your application is enclosed. If Your answers are incorrect or untrue, the Company has the right to deny Benefits or rescind Your Policy. The best time to clear up any questions is now, before a claim arises! If, for any reason, any of Your answers are incorrect, contact the Company at the above mailing address.

This long term care Policy is intended to qualify for favorable federal tax treatment. As such, it must meet federal standards in addition to all applicable standards in the state in which the Policy was issued or issued for delivery. If You have any questions regarding the tax qualification of this product, You should direct such questions to the appropriate federal agency, or You should contact Your tax advisor.

This Policy is signed on Our behalf by Our President.

[ ]
[Christopher D. Perna]
[President]

APPROVED
Commonwealth Of Virginia
State Corporation Commission
Bureau Of Insurance
DATE 4/9/04
BY EBOmdy

TABLE OF CONTENTS

SCHEDULE ..... [3]

DEFINITIONS ..... [5]

PART 1: BENEFITS ..... [9]

PART 2: ELIGIBILITY FOR PAYMENT OF BENEFITS ..... [11]

PART 3. LIMITATIONS OR EXCLUSIONS ..... [13]

PART 4: PREMIUM ..... [13]

PART 5: GENERAL PROVISIONS ..... [14]

PART 6: CONTINGENT NON-FORFEITURE PROVISIONS ..... [16]

SCHEDULE OF POLICY BENEFITS

CareDirections Simplicity.

POLICY NUMBER: SPL-336

POLICY EFFECTIVE DATE: MM/DD/YY
POLICYHOLDER ISSUE AGE: [(18-85)]
MODAL PREMIUM:

INSURED NAME: XXXXXXXXXX X XXXXXXXXXXXXXX XXX
ADDRESS: Line 1
Line 2
City, State, ZIP Code

BASE BENEFITS

ELIMINATION PERIOD:	(30); (60); (90); (180) Days
FACILITY MAXIMUM MONTHLY BENEFIT	[$99,999] Per Month [Minimum of $2,100: Multiples of $300]
COMMUNITY MAXIMUM MONTHLY BENEFIT	[$99,999] Per Month [Minimum of $2,100: Multiples of $300]
LIFETIME MAXIMUM	(24); (36); (48); (60); (84); (Unlimited) Months

OPTIONAL RIDERS INCLUDED IN THIS POLICY

Inflation/Benefit Increase Rider: None; Simple Benefit Increase Rider ; 5% Compound Inflation Rider – 2X Maximum; 5% Compound Inflation Rider – No Maximum;

Restoration of Benefits Rider; Shared Waiver Rider; Non-Forfeiture Rider; SBPR; ROPR; FROPR; Survivor Rider; Shared Care Rider; Facility Only Rider; Community Only Rider

SCHEDULE OF POLICY BENEFITS
PREMIUM INFORMATION

POLICY NUMBER: SPL-336	INSURED: [FIRST NAME] [LAST NAME]

Premium Payment Option: <u>Lifetime:</u> Premiums are payable as long as Your Policy is in force.: <u>[10 Year:</u> Premiums are payable when due until the 10th Policy Anniversary Date. : <u>Paid Up At Age 65</u>: Premiums are payable until the first Policy Anniversary Date on or after Your 65th birthday : <u>Reduced Premium:</u> Premiums are payable as long as Your Policy is in force. However, on the first Policy Anniversary Date on or after Your 65th or 70th birthday, in accordance with the option You selected, Your premium will be reduced to 50% of the premium that would have been payable had You originally selected the Lifetime Premium Payment option.	Lifetime; 10 Year; Paid Up at Age 65; Reduced Premium 65 OR 70
Basic Benefits Modal Premium: Long Term Care Insurance; Facility Only; Community Only]	[$ 99,999.99]

Optional Riders Modal Premium		[$ 99,999.99]
[Optional Inflation Rider]	[$ 9,999.99]	
[Restoration of Benefits Rider]	[$ 9.999.99]	
[Survivor Rider]	[$ 9,999.99]	
[Shared Waiver Rider]	[$ 9.999.99]	
[Shared Care Rider]	[$ 9.999.99]	
[Non-Forfeiture Rider: [SBPR], [ROPR], [FROPR]	[$ 9.999.99]	
Discounts Applied: [Affiliation] [Employer Program]		
Total Modal Premium Including Optional Riders and Discounts		[$ 99,999.99]

Total Annualized Premium Including Optional Riders and Discounts	[$ 99,999.99]

DEFINITIONS

ACTIVITIES OF DAILY LIVING (ADL)

Each of the following is an **Activity of Daily Living**:

Bathing: This means washing Yourself by sponge bath; or in either a tub or shower, including the task of getting into or out of the tub or shower.

Continence: This means the ability to maintain control of bowel or bladder functions; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).

Dressing: This means the ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.

Eating: This means the ability to feed oneself by getting food into Your body from a receptacle (such as plate, cup or table) or by a feeding tube or intravenously.

Toileting: This means the ability to go to and from the toilet, getting on and off the toilet, and performing associated personal hygiene.

Transferring: This means the ability to move into or out of a bed, chair, or wheelchair.

ASSESSMENT

An **Assessment** is an evaluation of Your ability to perform **Activities of Daily Living** and Your cognitive condition to certify whether You are **Chronically Ill**. **A Licensed Health Care Practitioner** using recognized and accepted, objective standards of measurement must perform the **Assessment**. The **Assessment** must be made at the time You wish to establish **Benefit Eligibility**.

BENEFICIARY

A **Beneficiary** is a person or entity with an insurable interest, named by You, and is to receive any premiums that may be due in the event of Your death.

BENEFITS

Benefits are the payments this **Policy** pays. They are described in Your **Schedule of Policy Benefits** and any Riders attached to Your **Policy**.

BENEFIT ELIGIBLE or BENEFIT ELIGIBILITY

This means You will receive **Benefits**. To be **Benefit Eligible** or achieve **Benefit Eligibility** under this **Policy** all of the following conditions must be met.

1. We have verified You are **Chronically Ill** and have a **Plan of Care**;
2. You are not **Chronically Ill** due to war or any act of war, declared or undeclared;
3. Your **Elimination Period** has been met. (Does not apply to Benefits that do not require meeting the **Elimination Period**.)

CARE PARTNER

A **Care Partner** is any policyholder who is a **Spouse** or **Domestic Partner**.

CHRONICALLY ILL

Chronically Ill means that as the result of an Assessment You have been certified by a **Licensed Health Care Practitioner** as having a chronic illness or disability that causes You to:

a) Require **Substantial Assistance** with at least two **Activities of Daily Living** expected to last at least 90 days, or
b) Have a **Severe Cognitive Impairment** that requires **Substantial Supervision.**

DOMESTIC PARTNER

Domestic Partners are persons at least 18 years of age, of the same or opposite sex in an exclusive and committed relationship. They must have lived together for at least 12 months in a common household and have an exclusive mutual commitment, including financial interdependence. They must not be related by blood or a degree of closeness, which would prohibit marriage in the law of the state in which they reside.

ELIMINATION PERIOD

The **Elimination Period** is the number of calendar days You must wait before You will receive **Benefits**. Your **Elimination Period** begins the earliest of the date We have verified You are **Chronically Ill** and have a **Plan of Care** or the date You contact Us to establish **Benefit Eligibility.**

The **Elimination Period** will end after the number of days chosen by You and shown in Your **Schedule of Policy Benefits** has ended. **Benefits** are not payable during the **Elimination Period** except where the **Policy** so states.

Days in an **Elimination Period** are combined, and do not need to be consecutive. You need to meet Your **Policy's Elimination Period** only once.

HOSPICE CARE PROGRAM

A state or federally licensed, accredited or certified program that provides a program of care designed to provide palliative care with the philosophy of alleviating the physical, emotional, and spiritual discomforts of a person who:

a) Is in the last phases of life due to a terminal disease; and
b) has a physician-certified prognosis of less than six (6) months to live.

The program must be administered by an interdisciplinary team that consists of a physician, a registered nurse, clergy or counselors, trained volunteers and other appropriate staff having expertise in meeting the needs of terminal patients.

Hospice Care Program services may be provided in a Qualified Facility or in Your Home.

LICENSED HEALTH CARE PRACTITIONER

A **Licensed Health Care Practitioner** means any of the following other than a family member: a physician (as defined in Section 1861(r)(1) of the Social Security Act); a registered professional nurse; a licensed social worker; or another professional individual who meets the requirements prescribed by the United States Secretary of the Treasury.

LIFETIME MAXIMUM

The **Lifetime Maximum** is the total number of months Your **Policy** will pay Your **Maximum Monthly Benefit.** It equals the number of months of coverage You have chosen as shown in Your **Schedule of Policy Benefits.** All payments under this **Policy** are deducted from the total number of months available in Your lifetime.

MAXIMUM MONTHLY BENEFIT

This is the amount We will pay in a single month for the Benefits You have chosen. The **Maximum Monthly Benefit** You have chosen is stated in Your **Schedule of Policy Benefits.**

PERSONAL CARE ADVISOR

This is a health care professional chosen by Us whose profession and training includes experience or expertise in managing and arranging for long term care services. Where required, he or she must be licensed and acting within the scope of that license.

PLAN OF CARE

This is a written, individualized plan for care and support services for You that:

1. Has been prescribed by a **Licensed Health Care Practitioner**; and
2. Has been developed as a result of an **Assessment** and incorporates any information provided by Your personal physician; and
3. Fairly, accurately and appropriately addresses Your long term care and support service needs; and
4. Specifies the type, frequency and duration of all services required to meet those needs and the providers appropriate to furnish those services.

A **Plan of Care** is completed at the same time the **Assessment** is performed.

POLICY

This is a legal agreement between You and Us. It includes this document, Your application, and any attached riders or endorsements.

POLICY ANNIVERSARY DATE

This is the date each year that coincides with the date Your **Policy** went into effect. Your first **Policy Anniversary Date** will be one year from the date Your **Policy** went into effect.

QUALIFIED FACILITY

A **Qualified Facility** is a state or federally regulated, licensed, accredited or certified facility that meets all of the following criteria:

- Provides accommodations to 3 or more unrelated individuals and supervision and personal care services for at least 3 of these individuals; and
- Provides 24-hour-a-day care and services; and
- Has a trained, awake, and ready-to-respond employee on duty in the facility at all times to provide necessary care; and
- Provides two (2) meals a day and accommodates special dietary needs; and
- Conducts an assessment of the resident on admission that includes a history and physical by a physician, nurse practitioner, or physician assistant in the last 60 days, the resident's ability to perform both instrumental activities of daily living and activities of daily living, safety evaluation, risk of fall assessment, cognitive assessment, and the resident's ability to manage medication administration; and
- Develops a **Plan of Care** or service plan for each resident that is customized to the resident and includes both the services provided by or contracted by the residence and identifies services that will be provided by outside agencies directly contracted with the insured including the scope of services, frequency of services and monitoring of services delivered; and
- Reviews the service plan at least every six months or as the resident's needs change.

A Qualified Facility must meet the above criteria for the **Benefits** to be paid at the Facility **Maximum Monthly Benefit**; otherwise, the Community **Maximum Monthly Benefit** will apply.

A Qualified Facility is:

- A hospital or clinic; or
- A place that operates primarily for the treatment of alcoholism, drug addiction or mental illness;
- An Adult Day Care or similar establishment.

SEVERE COGNITIVE IMPAIRMENT

Severe Cognitive Impairment means a deterioration or irreversible loss in intellectual capacity that requires **Substantial Supervision** to assure You and others' safety. The deterioration or loss is established by clinical evidence and standardized tests that reliably measure:

- short-term or long-term memory;
- orientation as to people, place, or time;
- deductive or abstract reasoning; and
- judgement as it relates to safety awareness.

SPOUSE

A **Spouse** is a married policyholder or the person to whom they are married. The marriage must be recognized as legal in accordance with the laws of the state in which this **Policy** is sold.

SUBSTANTIAL ASSISTANCE

There are two types of **Substantial Assistance.**

1. *Hands-on Assistance:* The physical assistance of another person without which an individual could not perform an **Activity of Daily Living,** or
2. *Stand-by Assistance:* The presence of another person within arm's reach necessary to prevent, by physical intervention, injury to an individual while they are performing an **Activity of Daily Living.**

SUBSTANTIAL SUPERVISION

This is continual oversight that may include cueing by verbal prompting, gestures, or other demonstrations by another person, and that is necessary to protect You or others from threats to Your health or safety.

WE, US, OUR

These refer to MedAmerica Insurance Company when used in this **Policy.**

YOU, YOUR, YOURSELF

This refers to the person insured under this **Policy** and whose name appears in the **Schedule of Policy Benefits.**

YOUR LONG TERM CARE INSURANCE BENEFITS

PART 1: BENEFITS

Below are descriptions of the **Benefits** under this **Policy**. Except the terms We, Us, Our, You, Your, and Yourself, words that are **bolded** are defined in the Definition section.

Your **Benefits** are described in Your **Policy** or the Riders attached to it. **Benefit** and Rider limits and effective dates are stated on Your **Schedule of Policy Benefits**.

FACILITY BENEFITS

NOTE: This Section does not apply if You have elected the Facility Only or Community Only Rider.

The Facility **Maximum Monthly Benefit** will be paid each month if:

a) You are **Benefit Eligible*** ; and
b) You reside in a **Qualified Facility**; or
c) You receive care under a **Hospice Care Program**.

* If You are receiving care under a **Hospice Care Program, Benefit Eligibility** does not require You to satisfy Your **Elimination Period** for payments to be made.

Payments made under this section will reduce Your **Lifetime Maximum.**

COMMUNITY BENEFITS

NOTE: This Section does not apply if You have elected the Facility Only or Community Only Rider.

The Community **Maximum Monthly Benefit** will be paid each month if:

a) You are **Benefit Eligible**; and
b) You do not reside in a **Qualified Facility**.

Payments of Community **Maximum Monthly Benefits** will reduce Your **Lifetime Maximum.**

ADDITIONAL POLICY BENEFITS AND FEATURES

This section will be modified if You have selected certain Riders under this Policy. Please see Your Rider language for details of coverage under those options.

CARE ADVISOR SERVICES

You may use the services of Our **Personal Care Advisors** at any time. They can help You and/or Your family members plan for Your care. Our **Personal Care Advisors** can provide support by assisting in developing a written **Plan of Care** and in arranging needed services for You.

Our **Personal Care Advisors** can help You obtain long term care services. We do not guarantee that a provider will accept You neither are We responsible for the quality of care You receive.

Personal Care Advisor services are not subject to the **Elimination Period.** Using them will not reduce Your **Lifetime Maximum.**

OTHER GOODS AND SERVICES

From time to time, We may offer or provide certain goods and services to You in addition to Your insurance coverage. We may also arrange for third party vendors to provide goods and services at a discount including without limitation, beneficiary financial counseling services and employee assistance programs to You. Though We may make the arrangements, the third party vendors are solely liable for providing the goods and services. We shall not be responsible for providing or failing to provide the goods and services to You. Further, We shall not be liable to You for the negligent provision of the goods and services by third party vendors.

WAIVER OF PREMIUMS

This Section is modified if You have elected the Shared Waiver and/or the Survivor Riders. Please see Your Shared Waiver and/or Survivor Riders for details of Your coverage under those Riders.

The premiums for Your **Policy** will be waived the day after the date Your **Elimination Period** is met. The waiver ends on the date We determine You are no longer **Benefit Eligible.**

PART 2: ELIGIBILITY FOR PAYMENT OF BENEFITS

ESTABLISHING BENEFIT ELIGIBILITY

To start the process of establishing Benefit Eligibility, You should contact Us. If You think You might be Chronically Ill, please call Our Customer Service Representative at [1-800-544-0327].

We will review Your Assessment to verify You are Chronically Ill. We will work with You, Your family and Your physician when We need information about Your condition. This information will be gathered by Us or one of Our representatives. You may contact Us with any questions regarding Our decision.

You will also need a **Plan of Care**. The **Plan of Care** is updated as Your needs change. You may use the services of Our **Personal Care Advisors**. These services are provided at no cost to You.

To continue **Benefit Eligibility**, We must verify You are **Chronically Ill** and have an updated **Plan of Care** at least every 12 months.

NOTICE OF CLAIM

When You become **Benefit Eligible**, You and Your representative must submit a completed Request for Benefits form each month to receive Your monthly Benefit payment. Written **Notice of Claim** must be given to Us within twenty (20) days after the occurrence or commencement of Your **Benefit Eligibility**, or as soon thereafter as is reasonably possible. **Notice of Claim** is deemed to have been given when You or Your representative submit a Request for Benefits form to Us at the address provided below or by calling our Customer Service area at [1-800-544-0327.]

MedAmerica Insurance Company
[165 Court Street]
[Rochester, NY 14647]

You do not have to submit provider bills to receive Benefits.

CLAIM FORMS / REQUEST FOR BENEFITS FORMS

A **Request for Benefits** form will be sent to You within fifteen (15) days after You have given **Notice of Claim.** The **Request for Benefits** form is Your **Claim Form** requesting **Benefits.** If We do not supply you with the **Request for Benefits** form within fifteen (15) days after giving such notice, You will be deemed to have met the timeliness of the **Request for Benefits** filing requirements upon submitting, within the time fixed in this **Policy** for filing proof of loss, a letter describing the occurrence, the character and the extent of the loss for which Your Request for Benefits is made.

PROOF OF LOSS: A written **Request for Benefits** form must be received by Us within 90 days after the end of the initial **Benefits** period for which We are liable. Thereafter, You or Your representative must submit a completed Request for Benefits form to Us at the beginning of each month for which We will provide **Benefits** prospectively. Failure to furnish proof within the time required neither invalidates nor reduces any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible and in no event, except in the absence of Your legal capacity, later than 1 year from the time proof is otherwise required.

After You are **Benefit Eligible**, if We do not receive a completed Request for Benefits form from You for more than 90 days, You must re-establish Your **Benefit Eligibility**. You may contact Our Customer Service Representatives for assistance in re-establishing Your eligibility for **Benefits**.

PAYMENT OF CLAIM

Benefit payments will be payable prospectively from the day after the date You become **Benefit Eligible**. Thereafter, as long as You remain **Benefit Eligible** and submit Your claim, You will be paid Your **Benefits** on a monthly basis.

Named Payee: While You are living, all **Benefits** will be paid to You unless there is an Assignment of Benefits to a Named Payee. An Assignment of Benefits is You or Your legal representative's request for payments to be sent to someone other than You. An Assignment of Benefits cannot be irrevocable and You may change Your Named Payee at any time. If You or Your legal representative wish to have **Benefit** payments sent to another individual, We must receive the Assignment of Benefits request *in writing* no later than the time Your claim is submitted. No Assignment of Benefits will be considered valid unless it has been received in writing by Our administrative office.

Unassigned **Benefits** due and unpaid at Your death will be paid to Your estate.

Currency: **Benefits** will be paid in US currency.

WHEN YOU HAVE CLAIMS QUESTIONS

If You would like an explanation of Our claim payment or procedures, please call or write to us.

APPEALS

If We contest a claim or a portion of a claim, You or Your legal representative will be notified in writing that the claim is contested or denied.

You have a right to appeal Our claims decision. The appeal must be filed in writing with Our office within 3 years of the time the denied claim being appealed was filed. Include the reason for the appeal and any documents You feel are pertinent to the situation.

We will send You a written acknowledgement of Your appeal. If no additional information is needed, the acknowledgement will include an explanation of the denial. If additional information is required, We will explain what is needed. If We do not receive the requested information within 21 days, We will notify You in writing.

Within 60 days of the receipt of required information, We will notify You in writing of the outcome of the reconsideration of Your claim, and the contested claim or portion thereof that will be paid or denied.

LATE PAYMENTS

If **Benefits** are not paid to You or Your Named Payee on time, We will pay interest on any such late claim payments in accordance with the state or federal laws then in effect.

TIME LIMIT FOR LEGAL ACTION

You may not begin legal action against Us to recover **Benefits** under this **Policy** until at least 60 days has passed since Your claim was submitted to Us. No such action may be brought more than three (3) years after the claim is furnished.

RECOVERY OF OVERPAYMENT

If, due to an error in processing, a claim results in an overpayment, We will explain the overpayment to You. You must return the amount of overpayment within 60 days of Our request. Any overpayment that is not returned to Us within 60 days of Our request will be deducted from future claim payments.

PHYSICAL EXAMINATION

We, at Our expense, can have You examined as often as reasonably needed while a claim is pending.

WORLDWIDE COVERAGE

You may receive **Benefits** anywhere in the world.

PART 3. POLICY EXCLUSIONS

POLICY EXCLUSIONS

There are no Exclusions in this **Policy**.

PART 4: PREMIUM

PREMIUM AMOUNT

The initial premium is shown in Your **Schedule of Policy Benefits**. It will remain the same unless You change Your coverage or We change the premium. If We change the premium, We will notify You at least 60 days in advance. No change will be made to the premium amount unless We change the premium rates for all **Policies** like Yours that We have issued in the state where this **Policy** has been approved and, where applicable, Your State Department of Insurance has approved the increase.

PAYMENT

Premiums are due in advance.

GRACE PERIOD

An initial Grace Period of 31 days will be granted for each premium that is unpaid on the date due. After the initial Grace Period of 31 days elapses, a notice will be sent to You explaining that a payment has been missed and that Your **Policy** risks lapsing. If You have designated an individual to be notified in case of lapse, We will also send notice to the address You provided for that designee. You will have an additional 35 days Grace Period that begins the date We mail the second notice to pay the unpaid premium. During the Grace Period, Your **Policy** will continue in force.

Payment will allow Your **Policy** to continue in force without interruption. Failure to pay any unpaid premium by the end of the second Grace Period will result in the termination of Your **Policy** as of the premium due date.

Lapse Designee: If You have designated an individual to be notified of lapse, We will provide You the opportunity, no less frequently than every 2 years, to change such designation.

REINSTATEMENT

If Your **Policy** lapses because You did not pay Your premium within the Grace Period, You may request reinstatement with no break in coverage. If We honor this request, Your **Policy** will be reinstated back to the termination date. If We do not approve or disapprove Your request within 45 days of receipt of the request and a premium was accepted by Us or one of Our authorized representatives, Your **Policy** will be reinstated as of the date Your **Policy** terminated.

EXTENDED REINSTATEMENT BENEFIT FOR SEVERE COGNITIVE IMPAIRMENT AND LOSS OF FUNCTIONAL CAPACITY

You may request reinstatement up to 5 months after termination, if You did not pay Your premium due to a condition that would qualify You for **Benefits**. Your condition is subject to verification. An **Assessment** is required before deciding on reinstatement. If reinstated, You must pay Your premium retroactive to the date Your **Policy** terminated.

UNEARNED PREMIUM

When We are notified of Your cancellation or death, We will refund any premium paid for the period beyond Your cancellation or death. If You have died, all premiums paid for the period beyond Your death will be refunded to Your **Beneficiary**. In the absence of a named **Beneficiary**, we will refund unearned premium to Your estate. In the event of Your cancellation or if your Policy is terminated, premiums paid for the period beyond Your cancellation or termination will be refunded to You.

PART 5: GENERAL PROVISIONS

ENTIRE CONTRACT; CHANGES

This **Policy** document, Your application and any Riders and attached papers establish the entire contract of insurance. Any change must be approved by one of Our officers and mutually agreed to by You. It must also be endorsed on or attached to this **Policy**. No insurance agent has the authority to change this **Policy** or to waive any of its provisions.

YOUR BENEFITS

This Section is modified if You have elected the Shared Waiver and/or Shared Care Benefit Riders. Please see Your Shared Waiver and/or Shared Care Rider details of Your coverage under those Riders.

With the exception of a Named Payee or Your estate, only You are eligible for **Benefit** payments other than returned premiums under this **Policy**.

WHEN YOUR POLICY COVERAGE BEGINS

The date that Your **Policy** begins is shown in the **Schedule of Policy Benefits**. All time periods begin on that date at 12:01 a.m. standard time at Your residence.

WHEN YOUR POLICY COVERAGE ENDS

Your **Policy** ends on the day after the date one of the following occurs. As of 12:01 a.m. standard time at Your residence, You will no longer be entitled to **Benefits** under this **Policy**:

- Nonpayment of premium (subject to the Grace Period); or
- Your **Lifetime Maximum** is exhausted; or
- You elect to cancel this **Policy**; or
- Your death.

EXTENSION OF BENEFITS

If You are **Benefit Eligible** on the date this **Policy** is cancelled, We will continue to pay Your applicable **Maximum Monthly Benefit** without interruption until the first of the following dates:

- It is determined that You are no longer **Benefit Eligible** under this **Policy**; or
- You have used up Your **Lifetime Maximum**.

We will not pay more than You would have been entitled to receive if Your **Policy** had not terminated.

INCONTESTABLE PERIOD

If your Policy has been in force for less than six (6) months, We may rescind Your **Policy** or deny a claim if it can be shown that a misrepresentation by You was material to Our acceptance of You.

If your Policy has been in force for at least six (6) months but less than 2 (two) years, We may rescind Your **Policy** or deny a claim if it is shown that a misrepresentation by You both was material to Our acceptance of You and pertained to the condition for which Benefits are sought.

After 2 years, We may rescind Your **Policy** or deny a claim only if it is shown that You knowingly and intentionally misrepresented relevant facts relating to Your health.

These provisions also apply if You provide additional evidence of insurability to purchase additional coverage after Your **Policy Effective Date.**

CLERICAL ERROR

Clerical error, whether by You or Us, will not reduce Your insurance if the insurance would otherwise have been in effect. Neither will it extend Your insurance if the insurance would otherwise have ended or been reduced as provided in this **Policy**.

MISSTATEMENT OF FACT

If Your age or information regarding Your **Care Partner** eligibility was misstated on Your Application, Your benefits will be adjusted to that which Your collect annual premium would have purchased at a) Your correct age or b) Your actual Care Partner eligibility status.

Our liability will be limited to a refund of the premiums You have paid for this **Policy** if:

1. Your application would have been declined if Your age was not misstated; or
2. You would have been subject to additional evidence of insurability.

NON-PARTICIPATING

This **Policy** does not participate in Our profits or surplus earnings.

TAX STATUS OF PREMIUMS AND BENEFITS

Your Policy is intended to be a Qualified Long Term Care Insurance Contract as defined by the Internal Revenue Code Section 7702B(b). The Benefits under this **Policy** are paid without regard to the type and amount of expenses You may have. Generally, if the Benefits paid under Your **Policy** exceed the per diem limit as prescribed in law, they could be considered taxable income. You should consult Your tax advisor with respect to the potential tax implications of ownership of this **Policy**.

COMMUNICATION THROUGH ELECTRONIC MEANS

We reserve the right to designate the form and means of all communications or notices required by Your **Policy**.

If We agree, You may contact Us about Your **Policy** using electronic means or technologies.

If You agree, We may contact You regarding Your **Policy** using electronic means or technologies.

Except where barred by state or federal law, electronic communication is equal to other communication methods. Information exchanged has the same legal effect, validity, and enforceability.

CONFORMITY WITH FEDERAL AND STATE STATUTES

If on this **Policy's Effective Date**, any part conflicts with federal statutes or statutes in the state You reside in, this **Policy** is hereby amended to conform to the minimum requirement of such statutes.

If changes are necessary in order to maintain the tax-qualified status of this **Policy**, We will provide You with the opportunity to accept or reject the necessary amendments to this **Policy**.

PAYOR OF LAST RESORT

The Virginia Department of Medical Assistance Services shall be the payor of last resort.

If You have NOT selected the Shortened Benefit Period Option, the following Contingent Non-Forfeiture provisions will apply immediately upon **Policy** issue. These provisions change Your coverage to provide options to You in the event Your **Policy** ends due to non-payment of premium after a Substantial Premium Increase.

A Substantial Premium Increase is one that results in a cumulative increase to Your annual premium that is equal to or exceeds a certain percentage of Your original premium. It does not include premium increases that result from a voluntary purchase of additional coverage. The limits of cumulative increase as a percentage of Your annual premium are based on Your age as of the **Policy Effective Date** shown in Your **Schedule of Policy Benefits**. The following table shows the cumulative increase that will trigger the Contingent Non-Forfeiture Provision.

TRIGGERS FOR A SUBSTANTIAL PREMIUM INCREASE			
POLICY ISSUE AGE	PERCENT OF INCREASE OVER INITIAL PREMIUM	POLICY ISSUE AGE	PERCENT OF INCREASE OVER INITIAL PREMIUM
Less than 30	200%	72	36%
30-34	190%	73	34%
35-39	170%	74	32%
49-44	150%	75	30%
45-49	130%	76	28%
50-54	110%	77	26%
55-59	90%	78	24%
60	70%	79	22%
61	66%	80	20%
62	62%	81	19%
63	58%	82	18%
64	54%	83	17%
65	50%	84	16%
66	48%	85	15%
67	46%	86	14%
68	44%	87	13%
69	42%	88	12%
70	40%	89	11%
71	38%	90 and over	10%

Contingency Options: You will be notified of any Substantial Premium Increase 60 days prior to the change of Your premium. The notice will include the amount of the premium, its due date, and the following contingency options in the event of lapse.

1. Alternative Benefit options at a lower premium without additional underwriting
2. A lesser **Lifetime Maximum** with no further premium required. You will have 120 days following the premium due date to elect this option. Under this option, the same **Maximum Monthly Benefit** amounts in effect at the time of lapse will be payable, but the **Lifetime Maximum** will be equal to the greater of items a) or b) below.
   a) The total amount of premiums paid for Your **Policy**
   b) Your **Maximum Monthly Benefit**

The total of all Benefits paid under Your **Policy** will not exceed the **Lifetime Maximum** that would have been payable if Your **Policy** did not lapse.

Option 2 will automatically take effect if all of the following apply.

1. Your **Policy** lapses within 120 days of the premium due date for the Substantially Increased Premium; and
2. You have not made an election.

MEDAmerica
INSURANCE COMPANY
[An Excellus Company Home Office: Pittsburgh, PA]

[DATE]

[INSURED NAME] Re: ACCOUNT#: [XX]
[INSURED ADDRESS – LINE 1]
[INSURED ADDRESS – LINE 2]
[INSURED ADDRESS – CITY, STATE, ZIP]

AMENDMENT
SUMMARY OF BENEFITS

PRODUCT NAME: [XX]
FORM ID #: [XX]
ORIGINAL EFFECTIVE DATE: [XX]
EFFECTIVE DATE OF CHANGE: [XX]
ISSUE AGE: [XX]
DATE OF BIRTH: [Month Day, Year]
PREMIUM PAYMENT TERM: [XX]
BENEFITS SELECTED: **ORIGINAL / CURRENT**

[NURSING HOME DAILY BENEFIT AMOUNT/FACILITY MAXIMUM MONTHLY BENFIT]

[HOME CARE DAILY BENEFIT AMOUNT/COMMUNITY MAXIMUM MONTHLY BENFIT]

[BENEFIT DURATION]: [XX]

[WAITING/ELIMINATION PERIOD]**:** [XX]

[INFLATION PROTECTION]: [XX]

[BILLING FREQUENCY]: [XX]

[CYCLE RATE]: [XX]

[RIDERS SELECTED]: [XX]

This Amendment is a part of Your Policy and is subject to all of its terms and conditions.

STATEMENT OF VARIABILITY: 238SUMMARY-1216

Simplicity Product Line

[CARRIER LOGO]
Populated with carrier logo.

[DATE]
[INSURED NAME]
[INSURED ADDRESS – LINE 1]
[INSURED ADDRESS – LINE 2]
[INSURED ADDRESS – CITY, STATE, ZIP]
Re: ACCOUNT #: [XX]
Populated with demographic information of the insured.

PRODUCT NAME: [XX]
Simplicity

FORM ID : [XX]
SPL-336

ORIGINAL EFFECTIVE DATE: [XX]
EFFECTIVE DATE OF CHANGE: [XX]
ISSUE AGE: [XX]
DATE OF BIRTH: [XX]
Populated with information of the insured.

PREMIUM PAYMENT TERM: [XX]
Lifetime
10 Pay
Paid Up at Age 65
Reduced Premium Age 65
Reduced Premium Age 70

BENEFITS SELECTED:
Customized per insured's benefit selection. The insured selections will remain; all other options and riders not selected will be omitted.

NURSING HOME DAILY BENEFIT AMOUNT/FACILITY MAXIMUM MONTHLY BENEFIT: [XX]
If insured selected facility benefits at issue, Facility Maximum Monthly Benefit will appear and populated with chosen amount. Benefit amount, within approved product parameters.

HOME CARE DAILY BENEFIT AMOUNT/COMMUNITY MAXIMUM MONTHLY BENEFIT: [XX]
If insured selected community benefits at issue, Community Maximum Monthly Benefit will appear and populated with chosen amount. Benefit amount, within approved product parameters.

BENEFIT DURATION: [XX]
24 months
36 months
48 months
60 months
84 months
Unlimited months

WAITING/ELIMINATION PERIOD: [XX]
30 Days
60 Days
90 Days
180 Days

INFLATION PROTECTION: [XX]
If insured selected inflation, populated with chosen inflation option.
5% Compound Inflation Rider – No Maximum
5% Compound Inflation Rider – 2X Maximum
5% Simple Inflation Rider – No Maximum
None

BILLING FREQUENCY: [XX]
Monthly
Quarterly
Semi-Annual
Annual

CYCLE RATE: [XX]
Within approved product parameters

RIDERS SELECTED: [XX]
If insured selected rider(s), populated with chosen rider(s) option.
Shortened Benefit Period Rider
Restoration of Benefit Rider
Shared Waiver Rider
Return of Premium Rider
Full Return of Premium Rider
Survivor Benefit Rider
Shared Care Rider

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USA

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milliman.com

September 18, 2019

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Bill Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated August 23, 2019 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your August 23 letter. The request is restated in italics for reference.

The Virginia Bureau of Insurance request that the Company reduce their requested rate increase on the subset of policies with Auto Inflation and consider revising the rate increase for policies containing no inflation to be more in line with those approved in other states.

The Bureau of Insurance has concerns that the requested increase is too high using Loss Ratio Testing. Using the loss ratio calculations set forth in 14VAC5-200-153 G. 2 the test fails for the subset of policies with the Auto Inflation.

Inflation	Original LR	No Increase Future*	No Increase Lifetime	With Increase Future*	With Increase Lifetime	From Inception
None	61%	148%	102%	72%	73%	47%
Auto	86%	226%	147%	82%	83%	50%
Total	80%	212%	138%	81%	81%	49%

*after deducting ALR

Inflation	Required Claims	Projected Claims	P/F
None	130,346,762	140,582,570	PASS
Auto	793,717,349	768,980,650	FAIL
Total	924,055,962	909,563,220	FAIL

We also have a concern when examining State Rate Equity. The Company provided documentation that indicates the current weighted average rate increase in all states is 87%. In those states which have reached a resolution on the current round of increases, the average rate increase is 107%. The rate increase request in Virginia is 193%, far higher than what has been approved in other states.

While we believe that the requested rate increase complies with the applicable loss ratio regulations as demonstrated in the actuarial memorandum and any rate increase variation by jurisdiction is only temporary, the company is willing

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to reduce the requested rate increase at this time in order to expedite the resolution of this filing that has been pending since January 2018. However, as the company believes that the originally requested rate increase is reasonable, needed, and justified, it plans to pursue additional rate increase requests in Virginia until the cumulative rate increase approved is actuarially equivalent to the original request. The table below provides the revised rate increase by issue age and inflation option.

Revised Requested Rate Increase

Issue Age	No Inflation	Auto Inflation
< 45	140%	243%
45	132	232
46	128	226
47	124	220
48	120	214
49	115	207
50	114	206
51	112	203
52	111	201
53	109	199
54	107	196
55	107	196
56	104	191
57	102	188
58	98	183
59	96	180
60	96	180
61	90	171
62	85	164
63	79	156
64	74	149

Issue Age	No Inflation	Auto Inflation
65	74%	149%
66	70	143
67	66	137
68	61	130
69	57	124
70	55	121
71	53	118
72	51	116
73	50	114
74	48	111
75	48	111
76	45	107
77	42	103
78	40	99
79	37	96
80	35	92
81	32	89
82	29	84
83	26	81
84	24	77
85	21	73
Average[1]	87	187

[1] Based on Virginia policies in force as of December 31, 2016 and excludes policies assumed to be paid up prior to implementation of the requested rate increase. The average revised request in Virginia is 176% across all inflation options.

For policies with auto inflation, the rate increase was reduced in order to pass the Bureau's calculations, which we understand from your phone conversation with Courtney Williamson were based on attachments to the May 17, 2018 response letter. Attachments 1 and 2 to this letter provide similar information to Attachments 2C and 4C of the May 17 response letter, respectively, except to reflect the revised increase for auto inflation policies. The following tables demonstrate that the reduced rate increase complies with the Bureau's loss ratio tests for policies with auto inflation.

Inflation	Original LR	No Increase Future*	No Increase Lifetime	With Increase Future*	With Increase Lifetime	From Inception
Auto	86%	226%	147%	87%	86%	50%

*after deducting ALR

Inflation	Required Claims	Projected Claims	P/F
Auto	763,927,850	767,496,190	Pass

For policies with no inflation, the rate increase was reduced to be consistent with the average rate increase that has been approved nationwide for states that made a decision on the current round of increases. Attachment 3 to this letter provides updated average cumulative rate increases filed nationwide on the above-listed policy form for policies with no inflation. Also included are in-force policy count and annualized premium as of December 31, 2016. The company has the goal of achieving similar cumulative rate increases across all jurisdictions, and therefore anticipates

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requesting an actuarially equivalent cumulative rate increase nationwide, except where limited by regulatory restrictions or the limited amount of in-force business as stated in the January 9 actuarial memorandum.

Attachments 1 through 3 of this response are also included in the enclosed Excel file as generally requested by the Bureau.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

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In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

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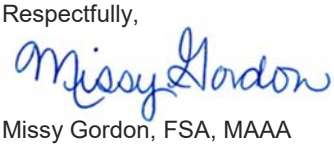
❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Shawn Stender, the contact of record for this filing, at (952) 820-3104 or by e-mail at shawn.stender@milliman.com.

Respectfully,



Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/cmn

Attachment 1: Nationwide Experience for Policies with Benefit Periods <= 5 Years with Auto-Inflation After Revised Requested Rate Increase
Attachment 2: Nationwide Experience for Policies with Benefit Periods > 5 Years with Auto-Inflation After Revised Requested Rate Increase
Attachment 3: Average Cumulative Increases Filed for Policies with No Inflation

Enclosure: Response Attachments in Excel

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 1
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase without RBO, CBUL, and Adverse Selection
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Up to 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	779,719	0	0	0	0%	1,432	0%
	2005	4,298,455	18,877	0	19,297	0%	4,083	0%
	2006	8,981,373	42,310	40,132	23,720	0%	8,179	0%
	2007	14,299,305	57,661	45,287	38,889	0%	10,789	0%
	2008	16,395,200	1,537,268	240,362	1,375,730	9%	11,305	4%
	2009	16,350,902	598,549	582,778	1,447,072	4%	10,880	4%
	2010	16,031,674	1,986,933	739,648	2,783,465	12%	10,706	5%
	2011	15,924,872	1,667,284	1,132,068	3,435,661	10%	10,481	6%
	2012	15,943,604	1,210,925	1,266,398	3,509,912	8%	10,509	6%
	2013	16,286,078	2,453,272	1,992,577	4,150,736	15%	10,446	7%
	2014	15,687,514	3,251,926	2,250,049	5,385,207	21%	10,028	9%
	2015	15,126,973	3,338,937	2,679,190	6,283,272	22%	9,721	10%
	2016	14,454,222	3,734,504	3,509,173	5,845,835	26%	9,235	11%
Projected Future Experience (60 Years)	2017	13,844,679	4,263,567	2,757,457	8,477,882	31%	9,084	12%
	2018	25,959,115	5,110,349	3,501,511	10,370,623	20%	8,936	13%
	2019	37,562,726	6,139,997	4,268,305	12,587,682	16%	8,786	13%
	2020	36,821,126	7,251,090	5,138,400	15,115,600	20%	8,632	14%
	2021	36,062,418	8,505,793	6,137,725	17,978,113	24%	8,473	14%
	2022	35,263,844	9,892,593	7,253,425	21,200,564	28%	8,306	15%
	2023	34,419,108	11,386,468	8,483,266	24,785,461	33%	8,129	16%
	2024	33,525,235	13,004,229	9,840,170	28,739,588	39%	7,942	18%
	2025	32,582,528	14,747,734	11,328,878	33,067,052	45%	7,745	19%
	2026	31,592,177	16,643,267	12,956,887	37,791,351	53%	7,538	20%
	2027	30,554,701	18,720,074	14,734,223	42,956,321	61%	7,321	22%
	2028	29,471,288	20,929,385	16,662,429	48,555,301	71%	7,094	23%
	2029	28,343,956	23,240,334	18,733,323	54,558,072	82%	6,857	25%
	2030	27,175,358	25,602,567	20,928,732	60,900,532	94%	6,611	27%
	2031	25,969,165	28,049,962	23,237,487	67,563,072	108%	6,355	29%
	2032	24,727,781	30,769,423	25,693,562	74,682,366	124%	6,090	31%
	2033	23,452,789	33,733,274	28,329,351	82,337,115	144%	5,816	33%
	2034	22,149,094	36,580,226	31,091,396	90,292,268	165%	5,535	36%
	2035	20,824,042	39,290,638	33,909,862	98,357,666	189%	5,246	38%
	2036	19,486,034	41,784,205	36,716,191	106,325,866	214%	4,953	40%
	2037	18,143,767	44,026,666	39,445,779	114,014,802	243%	4,656	43%
	2038	16,806,557	46,004,813	42,044,380	121,279,343	274%	4,358	45%
	2039	15,484,951	47,564,054	44,439,046	127,886,528	307%	4,060	48%
	2040	14,189,587	48,682,325	46,560,469	133,645,445	343%	3,766	50%
	2041	12,930,702	49,250,631	48,332,765	138,326,086	381%	3,477	52%
	2042	11,717,141	49,361,286	49,709,665	141,834,337	421%	3,195	55%
	2043	10,556,890	48,942,085	50,650,034	144,041,712	464%	2,923	57%
	2044	9,457,432	48,115,302	51,141,748	144,954,110	509%	2,661	59%
	2045	8,425,072	46,894,419	51,187,655	144,588,511	557%	2,413	61%
	2046	7,464,749	45,306,141	50,795,780	142,981,712	607%	2,178	63%
	2047	6,578,790	43,465,474	49,999,288	140,255,615	661%	1,959	64%
	2048	5,767,803	41,413,100	48,837,098	136,537,285	718%	1,754	66%
	2049	5,031,208	39,235,578	47,359,997	131,993,943	780%	1,565	67%
	2050	4,367,237	36,906,487	45,611,047	126,726,282	845%	1,392	68%
	2051	3,773,323	34,494,043	43,634,559	120,862,486	914%	1,234	70%
	2052	3,245,620	32,037,750	41,476,185	114,528,053	987%	1,090	71%
	2053	2,779,609	29,628,480	39,189,233	107,890,519	1,066%	960	71%
	2054	2,370,372	27,339,224	36,833,405	101,135,600	1,153%	843	72%
	2055	2,013,006	25,138,362	34,454,284	94,374,933	1,249%	739	73%
	2056	1,702,643	22,971,528	32,075,085	87,643,768	1,349%	645	74%
	2057-2061	5,176,328	85,421,928	126,043,318	341,789,225	1,650%	2,157	76%
	2062-2066	2,012,223	47,044,473	76,918,095	205,387,977	2,338%	1,016	77%
	2067-2071	717,167	22,178,751	41,341,135	108,024,647	3,093%	441	77%
	2072-2076	233,467	8,947,503	19,335,283	49,277,916	3,832%	170	77%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 2
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Requested Rate Increase without RBO, CBUL, and Adverse Selection
Individual Simplicity Policy Forms with Lifetime Payment Options, Benefit Periods Greater than 5 Years, and Auto Inflation

		Actual or Projected Experience using Current Assumptions						Cumulative LR with Interest
		A	B	C	D	E = B / A	F	G
	Calendar Year	Earned Premium	Incurred Claims[1]	Paid Claims[1]	Claim Reserves[1]	Incurred Loss Ratio	End of Year Lives	Actual (Column E) with Max. Val. Interest
Historical Experience	2004	315,514	0	0	0	0%	405	0%
	2005	1,806,153	0	0	0	0%	1,123	0%
	2006	3,321,562	23,624	19,770	4,811	1%	1,778	0%
	2007	4,628,124	51,958	44,139	14,718	1%	2,212	1%
	2008	5,234,281	386,008	47,454	362,991	7%	2,200	3%
	2009	5,036,480	538,436	83,743	838,168	11%	2,100	5%
	2010	4,875,998	390,826	121,910	1,135,653	8%	2,068	5%
	2011	4,803,704	62,458	279,774	949,533	1%	2,040	5%
	2012	4,779,561	1,180,837	276,930	1,905,108	25%	2,026	7%
	2013	4,782,070	673,540	345,889	2,294,871	14%	1,969	8%
	2014	4,582,914	2,871,006	759,391	4,537,138	63%	1,910	13%
	2015	4,429,697	398,284	842,418	4,215,334	9%	1,859	12%
	2016	4,286,203	2,591,220	1,071,981	5,793,080	60%	1,800	15%
Projected Future Experience (60 Years)	2017	4,146,774	1,413,280	1,849,789	5,787,489	34%	1,777	17%
	2018	8,068,626	1,700,807	1,885,741	5,761,781	21%	1,754	17%
	2019	11,834,722	2,059,273	1,979,198	6,007,703	17%	1,731	17%
	2020	11,650,067	2,420,491	2,136,121	6,470,388	21%	1,706	17%
	2021	11,464,462	2,831,952	2,353,157	7,145,626	25%	1,681	18%
	2022	11,261,425	3,285,191	2,621,937	8,028,833	29%	1,653	18%
	2023	11,045,946	3,784,084	2,947,700	9,114,042	34%	1,625	19%
	2024	10,816,508	4,333,011	3,338,876	10,391,192	40%	1,595	21%
	2025	10,574,552	4,938,344	3,796,485	11,855,504	47%	1,563	22%
	2026	10,322,200	5,619,580	4,323,117	13,519,401	54%	1,530	23%
	2027	10,057,215	6,387,223	4,919,397	15,405,659	64%	1,495	25%
	2028	9,779,373	7,255,393	5,594,339	17,542,907	74%	1,458	27%
	2029	9,488,569	8,170,693	6,345,058	19,908,724	86%	1,420	28%
	2030	9,184,811	9,159,095	7,171,316	22,506,997	100%	1,379	30%
	2031	8,868,268	10,200,481	8,070,848	25,323,440	115%	1,337	33%
	2032	8,538,853	11,377,131	9,055,791	28,415,285	133%	1,293	35%
	2033	8,196,085	12,736,512	10,150,317	31,865,232	155%	1,247	38%
	2034	7,840,225	14,092,737	11,340,967	35,581,357	180%	1,199	40%
	2035	7,472,483	15,386,364	12,594,096	39,442,755	206%	1,149	43%
	2036	7,094,113	16,629,904	13,881,324	43,367,109	234%	1,097	46%
	2037	6,706,824	17,792,116	15,175,139	47,266,011	265%	1,044	49%
	2038	6,312,749	18,874,046	16,451,998	51,073,817	299%	989	52%
	2039	5,914,410	19,840,448	17,686,064	54,713,314	335%	934	55%
	2040	5,514,727	20,629,798	18,845,563	58,074,737	374%	878	58%
	2041	5,116,503	21,170,745	19,890,430	61,013,242	414%	822	61%
	2042	4,722,504	21,469,552	20,784,831	63,423,220	455%	767	64%
	2043	4,335,742	21,555,039	21,505,484	65,249,633	497%	712	67%
	2044	3,959,243	21,405,463	22,031,330	66,435,180	541%	658	70%
	2045	3,596,117	21,086,483	22,356,558	66,994,236	586%	605	72%
	2046	3,248,829	20,606,929	22,484,999	66,946,639	634%	554	75%
	2047	2,919,482	19,936,321	22,414,257	66,283,900	683%	506	77%
	2048	2,609,644	19,144,318	22,154,128	65,058,645	734%	460	79%
	2049	2,320,584	18,256,987	21,719,678	63,336,171	787%	416	81%
	2050	2,053,265	17,296,362	21,130,522	61,185,984	842%	375	82%
	2051	1,808,074	16,295,842	20,410,542	58,689,223	901%	337	84%
	2052	1,584,817	15,310,602	19,591,678	55,953,112	966%	301	85%
	2053	1,382,919	14,347,620	18,703,954	53,064,175	1,037%	269	87%
	2054	1,202,134	13,389,595	17,765,867	50,074,602	1,114%	239	88%
	2055	1,040,881	12,427,946	16,789,093	47,017,206	1,194%	212	89%
	2056	898,034	11,471,717	15,784,374	43,924,005	1,277%	187	90%
	2057-2061	2,888,127	44,378,428	63,921,084	174,802,559	1,537%	645	93%
	2062-2066	1,263,045	26,201,469	41,136,510	109,193,485	2,074%	317	95%
	2067-2071	513,785	13,504,321	23,481,366	60,523,125	2,628%	142	95%
	2072-2076	193,449	5,920,931	11,718,780	29,314,772	3,061%	56	96%

[1] Incurred Claims are discounted to the year of incurral, whereas Paid Claims and Claim Reserves are calendar year values that are not discounted to the date of incurral.

Attachment 3
MedAmerica and Affinity Partners
Average Cumulative Rate Increases Filed as of September 12, 2019
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms with No Inflation

Issue State	Company	12/31/2016 Policies In Force[1]	12/31/2016 Annualized Premium[1]	Average Cumulative Increase Filed[2]
Alaska[3]	MedAmerica Insurance Company	2	$9,485	110%
	Premera BCBS	1	$1,370	130%
Alabama[4]	MedAmerica Insurance Company	35	$62,812	75%
Arkansas	MedAmerica Insurance Company	24	$36,502	51%
Arizona	MedAmerica Insurance Company	26	$42,711	41%
California	MedAmerica Insurance Company	287	$610,526	15%
Colorado	MedAmerica Insurance Company	15	$33,257	70%
Connecticut	MedAmerica Insurance Company	40	$104,682	72%
District of Columbia	MedAmerica Insurance Company	170	$374,810	31%
Florida[5]	MedAmerica Insurance Company of Florida	302	$441,035	73%
Georgia	MedAmerica Insurance Company	36	$63,183	105%
Hawaii	MedAmerica Insurance Company	47	$34,794	28%
Iowa	MedAmerica Insurance Company	74	$129,408	113%
Idaho	MedAmerica Insurance Company	3	$1,745	79%
Illinois	MedAmerica Insurance Company	94	$252,575	127%
Indiana	MedAmerica Insurance Company	14	$24,545	0%
Kansas	Blue Cross Blue Shield of Kansas	74	$107,925	19%
	MedAmerica Insurance Company	50	$51,060	23%
Kentucky	MedAmerica Insurance Company	28	$50,767	141%
Louisiana	MedAmerica Insurance Company	123	$148,819	73%
Massachusetts	MedAmerica Insurance Company	10	$15,219	40%
Maryland	MedAmerica Insurance Company	23	$28,452	75%
Maine	MedAmerica Insurance Company	8	$9,402	64%
Michigan	MedAmerica Insurance Company	63	$151,900	115%
Minnesota	MedAmerica Insurance Company	219	$384,308	59%
Missouri	MedAmerica Insurance Company	65	$199,480	125%
Mississippi	MedAmerica Insurance Company	80	$170,863	115%
Montana	MedAmerica Insurance Company	9	$13,753	70%
North Carolina[4]	Blue Cross and Blue Shield of North Carolina	29	$69,316	57%
	MedAmerica Insurance Company	78	$152,078	64%
North Dakota	MedAmerica Insurance Company	87	$230,604	102%
	Noridian Mutual BCBS of North Dakota	101	$195,976	114%
Nebraska	MedAmerica Insurance Company	35	$59,203	111%
New Mexico	MedAmerica Insurance Company	7	$9,441	16%
Nevada	MedAmerica Insurance Company	15	$23,593	168%
New York	MedAmerica Insurance Company of New York	522	$1,033,559	90%
Ohio	MedAmerica Insurance Company	79	$154,668	119%
Oklahoma	MedAmerica Insurance Company	12	$20,456	69%
Oregon[4]	MedAmerica Insurance Company	34	$53,938	66%
Pennsylvania	Highmark BCBS	24	$30,822	122%
	Highmark BS	39	$38,324	110%
	MedAmerica Insurance Company	58	$131,428	108%
Rhode Island	MedAmerica Insurance Company	6	$12,219	0%
South Carolina	Blue Cross and Blue Shield of South Carolina	46	$52,326	98%
	MedAmerica Insurance Company	70	$147,093	99%
South Dakota	MedAmerica Insurance Company	59	$151,116	124%
Tennessee	MedAmerica Insurance Company	145	$374,053	133%
Texas	MedAmerica Insurance Company	150	$397,098	118%
Utah	MedAmerica Insurance Company	15	$27,445	116%
Virginia[4]	MedAmerica Insurance Company	54	$54,943	0%
Vermont	MedAmerica Insurance Company	5	$3,969	33%
Washington	MedAmerica Insurance Company	66	$212,676	123%
	Premera BCBS	70	$130,391	123%
Wisconsin	MedAmerica Insurance Company	30	$90,611	120%
Wyoming	MedAmerica Insurance Company	1	$3,953	167%
All[4]	All	3,759	$7,416,683	88%

[1] Excludes policies assumed to be paid up prior to implementation of the requested rate increase. Annualized premium reflects all rate increases filed for use nationwide as of June 30, 2017.

[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.

[3] Alaska does not require Long-Term Care rates to be filed before use.

[4] The state department of insurance has not yet reached a resolution on the current request in this jurisdiction. The 'All' row reflects the average cumulative increase filed nationwide for states that have reached a decision on the current round.

[5] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

MEDAmerica

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

December 10, 2019

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your two letters dated November 19, 2019 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Notice of Premium Increase, RIL-VA-0918 (Form)

Please consider making the logo ~~and company name~~ variable since this letter is intended to be used for notice to both MedAmerica Insurance Company and Combined Insurance Company of America policyholders. The letter needs to be amended so that it can be used for either insurer.

The letter has been revised to reinstate the variability of the company logo. We had submitted it this way originally, and explained the logo variability in a letter dated October 3, 2018. However, we removed the variable brackets in response to your May 17, 2019 objection. We do prefer to use the same letter, so we appreciate your allowing variability in the company logo.

Per our December 6, 2019 phone conversation, however, we understand that the company *name* may not be a variable. Therefore, we have added the MedAmerica Insurance Company name outside of the variable logo. A corresponding form for Combined Insurance Company of America has been submitted under SERFF # MILL-131588701.

1. *Please make Enclosure variable and explain the options that may be included as an enclosure (i.e. Long Term Care Rate Increase, Business Reply Envelope, etc.)*

Please see revised Notice letter RIL-VA-0918 and Statement(s) of Variability.

My understanding is that template versions of MedAmerica's policyholder notification and CNF election forms are to be filed for approval under MILL-131285847 (this filing). Because these notifications are intended to be used for several different long-term care insurance policy forms, including policies originally issued by MedAmerica or Combined Insurance Company of America, a revised Statement of Variability has been included for approval under MILL-131285847 (this filing; Simplicity) for policy forms associated with each of several rate increase filings: MILL-131285847 (this filing); MILL-131285919 (Premier, aka Series 11 and prior); MILL-131333141 (CICA-MedAmerica); and TRIP-131197689 (Simplicity[ii]).

The Statement of Variability appropriate to the language in each policy form will also be included in the policy-specific rate filings for information and future reference.

2. *Explain if the Company considered making the Customer Service phone number variable.*

Please see revised Notice letter and Statement(s) of Variability. We have maintained our dedicated customer service phone line for years, and had not considered the phone number to be variable. However, we have adopted your suggestion.

3. *Please provide a copy of the original policy or rider that explains the coverage for the Contingent Non-Forfeiture Benefit.*

A copy of the policy form SPL-336, which includes the explanation of the Contingent Non-Forfeiture Benefit on page 17, the final page of the policy, was added to the Supporting Documentation tab in SERFF on June 13, 2019 in response to your May 17, 2019 objection. As stated in our June 13 response letter, the Contingent Non-Forfeiture Benefit will be offered to all policyholders affected by an approved rate increase, regardless of whether the increase is considered to be a “Substantial Premium Increase” triggering the policy’s CNF requirement.

4. Please provide the most current version of a "John Doe" Notice of Premium Increase letter.

Per our December 6 phone conversation, the company will provide the final “John Doe” version once the Bureau is satisfied with our Notice letter. Please let me know as soon as possible so that we may complete this filing.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

Virginia Rate Increase Filings - Notification Letters and Statements of Variability
MedAmerica Insurance Company and its Acquired Blocks

Carrier	Product	SERFF #	Policyholder Notification Form(s)	Applicable Statement of Variability 12.10.19
MedAmerica Insurance Company	Premier Individual	MILL-131285919	RIL-VA-0918 CNF-VA-0918 (filed for approval under MILL-131285847)	**Premier** Product Line
	Pre Premier			
	Simplicity	MILL-131285847		**Simplicity** Product Line
	Simplicity ii	TRIP-131197689		**Simplicity ii** Product Line
	CICA 515 Series	MILL-131333141		**CICA Assumed** Product Line
Combined Insurance Company of America (CICA)[a]	CICA 515 Series	MILL-131588701	CRIL-VA-0918 CCNF-VA-0918	**CICA** Product Line
Principal Life Insurance Company[a]	Group*	TRIP-131594000	PFGP-VA-0718 PFGOEF-VA-0718	**Principal**
	Individual**	TRIP-131593732	PFGN-VA-0718 PFGCNF-VA-0718	

[a] Acquired Block, 100% Reinsured and Administered by MedAmerica

* Unique forms for use with Group Certificate FR 601

** Forms for use with Individual policy forms and with Group certificate FR 142

MEDAmerica

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

January 23, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated January 3, 2020 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Objection 1
- Notice of Premium Increase, RIL-VA-0918 (Form)

This page contains rate increase history for forms that are not applicable to MedAmerica Insurance Company. As the rate increase history is not required as a part of the policyholder notification letter the company may elect to eliminate this information or revise it for the correct content and variability since the company advised it may seek future rate increases.

We have revised the policyholder notification letter (RIL-VA-0918) to eliminate the rate increase history table.

Objection 2
- Notice of Premium Increase, RIL-VA-0918 (Form)

Comments: The sentence on page 2 regarding "partnership status" should be bolded since it is a disclosure.

The revised letter includes the partnership disclosure in bold type.

Objection 3
- Response to November 19, 2019 Objection (Supporting Document)
- Notice of Premium Increase, RIL-VA-0918 (Form)
- Contingent Non-Forfeiture Benefit Election Form, CNF-VA-0918 (Form)

Comments: After considering the suggested revisions in this current objection letter, please submit the "John Doe" version of the Notice of Premium Increase and the Contingent Non-Forfeiture Benefit Election Form for approval.

"John Doe" versions will be submitted once the company has responded to the Bureau's recent request for modification to several of our requested rate increases. The Notice of Premium Increase has variable language to accommodate a one-time rate increase or a phase-in of up to three years.

Objection 4
- Statements of Variability (Supporting Document)

Comments: Please combine the Statement of Variability ("SOV") into one document consistent with the Notice of Premium Increase form (RIL-VA-0918) and Contingent Non-Forfeiture Benefit Election form (CNF-VA-0918). It is too confusing to use a different SOV for each policy form. Variances for each policy form can be noted under the variable item on a single SOV.

Please remove three of the four SOV documents that are currently under the Supporting Documentation tab so that there is only one.

We have combined the Statement of Variability into one document as requested, and replaced all four of the previous SOV documents with this omnibus version.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

8500 Normandale Lake Blvd.
Suite 1850
Minneapolis, MN 55437-3830
USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

February 21, 2020

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Bill Dismore:

Thank you for reviewing this filing. This letter is in response to your email dated January 21, 2020 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your January 21 email. The requests are restated in italics for reference.

Currently, there are 272 active VA policyholders. There have been no prior rate increase approvals for this block. Loss Ratio Testing triggered by the substantial rate increase, pursuant to 14VAC5-200-153 G. 2., indicates that the inflation subset of policies does not pass for the requested increase. It also does not pass for the combined no inflation/inflation policy basis. As discussed, the Bureau requests:

- *An updated nationwide cumulative average rate increase chart by state and overall.*
- *A revised proposed rate exhibit whereby the VA cumulative rate increase is in line with the nationwide approved cumulative rate increase, and actuarially, passes the Loss Ratio Testing for each subset (no inflation/inflation) as well as combined and the Present Value of Future Losses Test.*
- *A plan of action, including specific action steps, estimated times, and targeted lifetime loss ratio to which they intend to manage the block going forward and a description of the triggers that would require a future rate increase filing*.

Attachments 1 through 3 of this letter provide the nationwide cumulative average rate increases by jurisdiction and overall for policies with (1) no inflation, (2) automatic inflation, and (3) all inflation options combined, respectively. These attachments also include the policy count and annualized premium in force as of December 31, 2016.

While the company believes that the originally requested rate increase complies with the applicable loss ratio regulations as demonstrated in the actuarial memorandum and any rate increase variation by jurisdiction is only temporary, it is willing to further reduce the rate increase. However, as the company believes that the originally requested rate increase is reasonable, needed, and justified, it plans to pursue additional rate increase requests in Virginia until the cumulative rate increase approved is actuarially equivalent to the original request. Table 1 below provides the revised rate increase by issue age and inflation option.

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Table 1
Reduced Requested Increase

Issue Age	No Inflation	Auto Inflation
< 45	112%	144%
45	104	135
46	101	131
47	97	127
48	93	122
49	89	117
50	88	116
51	87	115
52	85	113
53	84	112
54	83	110
55	83	110
56	80	107
57	77	104
58	75	101
59	72	98
60	72	98
61	67	92
62	63	87
63	58	82
64	53	76

Issue Age	No Inflation	Auto Inflation
65	53%	76%
66	50	73
67	46	68
68	42	63
69	38	59
70	36	56
71	35	55
72	33	53
73	32	52
74	30	50
75	30	50
76	27	46
77	25	44
78	23	41
79	21	39
80	19	37
81	16	33
82	13	30
83	11	28
84	9	25
85	7	23
Average[1]	65	103

[1] Based on Virginia policies in force as of December 31, 2016 and excludes policies assumed to be paid up prior to January 1, 2021.

The rate increases in Table 1 above were determined by targeting the average approved rate levels nationwide in Attachments 1 and 2 (86% and 103%, respectively) as well as limiting the average increases to the Bureau's independent analysis on the maximum increase justified from the Present Value of Future Losses test. It is understood that the Bureau's independent analysis justified increases of 65% for no inflation and 161% for automatic inflation.

Tables 2 and 3 below demonstrate that the reduced rate increase complies with the Bureau's loss ratio testing. Tables 2 and 3 are similar to those provided in the response letter dated September 18, 2019, except reflect the revised increases shown in Table 1 above.

Table 2
Lifetime Loss Ratio Testing

Inflation	Original LR	No Increase Future*	No Increase Lifetime	With Increase Future*	With Increase Lifetime	From Inception**
None	61%	148%	102%	104%	88%	64%
Auto	86	226	147	133	112	73
All	80	212	138	128	108	72

** After deducting active life reserves.*
*** We believe the intent of restating the increase from inception is to prevent companies from recouping past losses. This approach is one of the most restrictive as it assumes the company could have had perfect knowledge at issue. We respectfully ask that the Bureau consider the alternatives and additional information in item 3 of the May 17, 2018 response letter demonstrating that the increase does not recoup past losses.*

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Table 3
Present Value of Future Losses Test

Inflation	Required Claims (in millions)	Projected Claims (in millions)	Pass/Fail
None	$101	$138	Pass
Auto	579	760	Pass
All	680	898	Pass

The company understands that the Bureau prefers to approve a series of increases rather than a single large increase. MedAmerica is willing to accept a series of annual increases that would be actuarially equivalent to the one-time revised requested increase. A proposed phase-in schedule is shown in Attachment 4 to this letter. This phase-in schedule would produce the same projected lifetime loss ratio as the reduced one-time request shown in Table 1 above.

Attachments 1 through 4 referenced above are provided in the enclosed Excel workbook, as commonly requested by the Bureau.

Enclosed with this response is a letter prepared by MedAmerica in response to the Bureau's request for the company's plan of action regarding the management of this block of business in Virginia.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

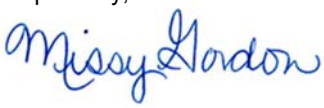
I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

This work product was prepared solely to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Michael Emmert, the contact of record for this filing, at (952) 820-3116 or by e-mail at michael.emmert@milliman.com.

Respectfully,



Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/tcr

Attachment 1: Average Cumulative Increases Filed for Policies with No Inflation
Attachment 2: Average Cumulative Increases Filed for Policies with Automatic Inflation
Attachment 3: Average Cumulative Increases Filed for Policies for All Policies
Attachment 4: Virginia-Specific Actuarial Equivalence for 3-Year Phase-In

Enclosures: Microsoft Excel Spreadsheet Containing Numerical Data
Letter from MedAmerica – "VA Simplicity Plan of Action February 2020"

This work product was prepared solely to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 1
MedAmerica and Affinity Partners
Average Cumulative Rate Increases Filed as of February 11, 2020
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms with No Inflation

Issue State	Company	12/31/2016 Policies In Force[1]	12/31/2016 Annualized Premium[1]	Average Cumulative Increase Filed[2]
Alaska[3]	MedAmerica Insurance Company	2	$9,485	110%
	Premera BCBS	1	$1,370	130%
Alabama	MedAmerica Insurance Company	34	$61,043	77%
Arkansas	MedAmerica Insurance Company	24	$36,502	51%
Arizona	MedAmerica Insurance Company	26	$42,711	42%
California	MedAmerica Insurance Company	285	$603,022	15%
Colorado	MedAmerica Insurance Company	15	$33,257	68%
Connecticut	MedAmerica Insurance Company	40	$104,682	72%
District of Columbia[4]	MedAmerica Insurance Company	169	$373,964	31%
Florida[5]	MedAmerica Insurance Company of Florida	302	$441,035	72%
Georgia	MedAmerica Insurance Company	36	$63,183	105%
Hawaii[4]	MedAmerica Insurance Company	47	$34,794	28%
Iowa	MedAmerica Insurance Company	74	$129,408	111%
Idaho	MedAmerica Insurance Company	3	$1,745	79%
Illinois	MedAmerica Insurance Company	94	$252,575	128%
Indiana[4]	MedAmerica Insurance Company	14	$24,545	0%
Kansas[4]	Blue Cross Blue Shield of Kansas	74	$107,925	18%
	MedAmerica Insurance Company	50	$51,060	23%
Kentucky	MedAmerica Insurance Company	28	$50,767	138%
Louisiana	MedAmerica Insurance Company	123	$148,819	115%
Massachusetts	MedAmerica Insurance Company	10	$15,219	40%
Maryland	MedAmerica Insurance Company	23	$28,452	75%
Maine	MedAmerica Insurance Company	8	$9,402	64%
Michigan	MedAmerica Insurance Company	63	$151,900	117%
Minnesota	MedAmerica Insurance Company	195	$311,927	60%
Missouri	MedAmerica Insurance Company	65	$199,480	125%
Mississippi	MedAmerica Insurance Company	80	$170,863	113%
Montana	MedAmerica Insurance Company	9	$13,753	70%
North Carolina	Blue Cross and Blue Shield of North Carolina	29	$69,316	56%
	MedAmerica Insurance Company	77	$149,741	62%
North Dakota	MedAmerica Insurance Company	87	$230,604	103%
	Noridian Mutual BCBS of North Dakota	101	$195,976	112%
Nebraska	MedAmerica Insurance Company	33	$53,995	107%
New Hampshire[4]	MedAmerica Insurance Company	0	$0	0%
New Mexico	MedAmerica Insurance Company	7	$9,441	16%
Nevada	MedAmerica Insurance Company	15	$23,593	148%
New York	MedAmerica Insurance Company of New York	522	$1,033,559	89%
Ohio	MedAmerica Insurance Company	78	$151,639	121%
Oklahoma	MedAmerica Insurance Company	12	$20,456	69%
Oregon	MedAmerica Insurance Company	34	$53,938	66%
Pennsylvania	Highmark BCBS	22	$28,271	110%
	Highmark BS	39	$38,324	121%
	MedAmerica Insurance Company	58	$131,428	104%
Rhode Island[4]	MedAmerica Insurance Company	6	$12,219	0%
South Carolina	Blue Cross and Blue Shield of South Carolina	45	$50,386	97%
	MedAmerica Insurance Company	68	$129,942	95%
South Dakota	MedAmerica Insurance Company	58	$147,554	122%
Tennessee	MedAmerica Insurance Company	144	$372,558	131%
Texas	MedAmerica Insurance Company	150	$397,098	117%
Utah	MedAmerica Insurance Company	15	$27,445	99%
Virginia[4]	MedAmerica Insurance Company	54	$54,943	0%
Vermont	MedAmerica Insurance Company	5	$3,969	33%
Washington	MedAmerica Insurance Company	65	$210,467	120%
	Premera BCBS	68	$124,808	123%
Wisconsin	MedAmerica Insurance Company	30	$90,611	117%
West Virginia	MedAmerica Insurance Company	0	$0	0%
Wyoming	MedAmerica Insurance Company	1	$3,953	167%
All[4]	All	3,717	$7,289,120	86%

[1] Excludes policies assumed to be paid up prior to January 1, 2021. Annualized premium reflects all rate increases filed for use nationwide as of June 30, 2017.

[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.

[3] Alaska does not require Long-Term Care rates to be filed before use.

[4] The state department of insurance has not yet reached a resolution on the current request in this jurisdiction. The 'All' row reflects the average cumulative increase filed nationwide for states that have reached a decision on the current round. The average cumulative increase was developed by weighting the in-force annualized premium assuming no rate increases had been implemented nationwide with the cumulative rate level approved in a jurisdiction.

[5] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Attachment 2
MedAmerica and Affinity Partners
Average Cumulative Rate Increases Filed as of February 11, 2020
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms with Automatic Inflation

Issue State	Company	12/31/2016 Policies In Force[1]	12/31/2016 Annualized Premium[1]	Average Cumulative Increase Filed[2]
Alaska[3]	MedAmerica Insurance Company	3	$9,344	177%
	Premera BCBS	10	$53,467	142%
Alabama	MedAmerica Insurance Company	32	$92,130	84%
Arkansas	MedAmerica Insurance Company	38	$55,799	54%
Arizona	MedAmerica Insurance Company	116	$236,525	94%
California	MedAmerica Insurance Company	985	$2,828,643	15%
Colorado	MedAmerica Insurance Company	149	$450,115	81%
Connecticut	MedAmerica Insurance Company	57	$240,057	72%
District of Columbia[4]	MedAmerica Insurance Company	534	$1,619,221	38%
Florida[5]	MedAmerica Insurance Company of Florida	352	$647,341	80%
Georgia	MedAmerica Insurance Company	65	$191,541	125%
Hawaii[4]	MedAmerica Insurance Company	144	$149,142	39%
Iowa	MedAmerica Insurance Company	112	$307,053	122%
Idaho	MedAmerica Insurance Company	31	$66,167	79%
Illinois	MedAmerica Insurance Company	304	$1,144,538	146%
Indiana[4]	MedAmerica Insurance Company	258	$431,836	0%
Kansas[4]	Blue Cross Blue Shield of Kansas	265	$468,340	31%
	MedAmerica Insurance Company	90	$182,469	31%
Kentucky	MedAmerica Insurance Company	177	$448,145	148%
Louisiana	MedAmerica Insurance Company	145	$176,572	133%
Massachusetts	MedAmerica Insurance Company	75	$158,055	40%
Maryland	MedAmerica Insurance Company	88	$186,789	75%
Maine	MedAmerica Insurance Company	106	$246,790	101%
Michigan	MedAmerica Insurance Company	98	$299,699	138%
Minnesota	MedAmerica Insurance Company	568	$1,286,131	69%
Missouri	MedAmerica Insurance Company	230	$676,216	150%
Mississippi	MedAmerica Insurance Company	25	$64,053	120%
Montana	MedAmerica Insurance Company	57	$85,447	78%
North Carolina	Blue Cross and Blue Shield of North Carolina	66	$181,807	69%
	MedAmerica Insurance Company	178	$592,863	75%
North Dakota	MedAmerica Insurance Company	311	$954,863	184%
	Noridian Mutual BCBS of North Dakota	166	$432,379	175%
Nebraska	MedAmerica Insurance Company	70	$142,113	202%
New Hampshire[4]	MedAmerica Insurance Company	36	$79,028	42%
New Mexico	MedAmerica Insurance Company	20	$28,929	16%
Nevada	MedAmerica Insurance Company	49	$97,539	169%
New York	MedAmerica Insurance Company of New York	1,742	$4,065,704	103%
Ohio	MedAmerica Insurance Company	278	$683,747	199%
Oklahoma	MedAmerica Insurance Company	23	$62,629	82%
Oregon	MedAmerica Insurance Company	120	$302,550	74%
Pennsylvania	Highmark BCBS	358	$723,422	143%
	Highmark BS	345	$790,945	143%
	MedAmerica Insurance Company	247	$661,957	140%
Rhode Island[4]	MedAmerica Insurance Company	15	$23,249	0%
South Carolina	Blue Cross and Blue Shield of South Carolina	261	$420,944	105%
	MedAmerica Insurance Company	90	$214,517	100%
South Dakota	MedAmerica Insurance Company	71	$164,399	141%
Tennessee	MedAmerica Insurance Company	442	$1,058,490	159%
Texas	MedAmerica Insurance Company	462	$1,654,702	142%
Utah	MedAmerica Insurance Company	53	$122,922	161%
Virginia[4]	MedAmerica Insurance Company	221	$430,875	0%
Vermont	MedAmerica Insurance Company	83	$145,820	59%
Washington	MedAmerica Insurance Company	278	$1,028,702	144%
	Premera BCBS	274	$962,050	137%
Wisconsin	MedAmerica Insurance Company	79	$257,000	134%
West Virginia	MedAmerica Insurance Company	2	$12,671	46%
Wyoming	MedAmerica Insurance Company	12	$34,665	181%
All[4]	All	11,466	$29,133,103	103%

[1] Excludes policies assumed to be paid up prior to January 1, 2021. Annualized premium reflects all rate increases filed for use nationwide as of June 30, 2017.

[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.

[3] Alaska does not require Long-Term Care rates to be filed before use.

[4] The state department of insurance has not yet reached a resolution on the current request in this jurisdiction. The 'All' row reflects the average cumulative increase filed nationwide for states that have reached a decision on the current round. The average cumulative increase was developed by weighting the in-force annualized premium assuming no rate increases had been implemented nationwide with the cumulative rate level approved in a jurisdiction.

[5] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Attachment 3
MedAmerica and Affinity Partners
Average Cumulative Rate Increases Filed as of February 11, 2020
All Jurisdictions in Which These Forms are In Force
Simplicity Individual Policy Forms

Issue State	Company	12/31/2016 Policies In Force[1]	12/31/2016 Annualized Premium[1]	Average Cumulative Increase Filed[2]
Alaska[3]	MedAmerica Insurance Company	5	$18,828	138%
	Premera BCBS	11	$54,837	141%
Alabama	MedAmerica Insurance Company	66	$153,172	81%
Arkansas	MedAmerica Insurance Company	62	$92,301	53%
Arizona	MedAmerica Insurance Company	142	$279,235	85%
California	MedAmerica Insurance Company	1,270	$3,431,665	15%
Colorado	MedAmerica Insurance Company	164	$483,372	80%
Connecticut	MedAmerica Insurance Company	97	$344,739	72%
District of Columbia[4]	MedAmerica Insurance Company	703	$1,993,185	37%
Florida[5]	MedAmerica Insurance Company of Florida	654	$1,088,376	77%
Georgia	MedAmerica Insurance Company	101	$254,725	119%
Hawaii[4]	MedAmerica Insurance Company	191	$183,936	37%
Iowa	MedAmerica Insurance Company	186	$436,461	118%
Idaho	MedAmerica Insurance Company	34	$67,912	79%
Illinois	MedAmerica Insurance Company	398	$1,397,113	142%
Indiana[4]	MedAmerica Insurance Company	272	$456,381	0%
Kansas[4]	Blue Cross Blue Shield of Kansas	339	$576,265	28%
	MedAmerica Insurance Company	140	$233,529	30%
Kentucky	MedAmerica Insurance Company	205	$498,912	147%
Louisiana	MedAmerica Insurance Company	268	$325,391	125%
Massachusetts	MedAmerica Insurance Company	85	$173,273	40%
Maryland	MedAmerica Insurance Company	111	$215,241	75%
Maine	MedAmerica Insurance Company	114	$256,192	99%
Michigan	MedAmerica Insurance Company	161	$451,600	130%
Minnesota	MedAmerica Insurance Company	763	$1,598,058	67%
Missouri	MedAmerica Insurance Company	295	$875,696	144%
Mississippi	MedAmerica Insurance Company	105	$234,915	115%
Montana	MedAmerica Insurance Company	66	$99,200	77%
North Carolina	Blue Cross and Blue Shield of North Carolina	95	$251,122	65%
	MedAmerica Insurance Company	255	$742,603	72%
North Dakota	MedAmerica Insurance Company	398	$1,185,467	167%
	Noridian Mutual BCBS of North Dakota	267	$628,355	155%
Nebraska	MedAmerica Insurance Company	103	$196,108	174%
New Hampshire[4]	MedAmerica Insurance Company	36	$79,028	42%
New Mexico	MedAmerica Insurance Company	27	$38,369	16%
Nevada	MedAmerica Insurance Company	64	$121,132	165%
New York	MedAmerica Insurance Company of New York	2,264	$5,099,263	100%
Ohio	MedAmerica Insurance Company	356	$835,385	184%
Oklahoma	MedAmerica Insurance Company	35	$83,086	78%
Oregon	MedAmerica Insurance Company	154	$356,488	73%
Pennsylvania	Highmark BCBS	380	$751,694	141%
	Highmark BS	384	$829,269	142%
	MedAmerica Insurance Company	305	$793,384	133%
Rhode Island[4]	MedAmerica Insurance Company	21	$35,468	0%
South Carolina	Blue Cross and Blue Shield of South Carolina	306	$471,330	104%
	MedAmerica Insurance Company	158	$344,459	98%
South Dakota	MedAmerica Insurance Company	129	$311,952	132%
Tennessee	MedAmerica Insurance Company	586	$1,431,048	151%
Texas	MedAmerica Insurance Company	612	$2,051,801	137%
Utah	MedAmerica Insurance Company	68	$150,368	148%
Virginia[4]	MedAmerica Insurance Company	275	$485,818	0%
Vermont	MedAmerica Insurance Company	88	$149,789	58%
Washington	MedAmerica Insurance Company	343	$1,239,169	139%
	Premera BCBS	342	$1,086,859	135%
Wisconsin	MedAmerica Insurance Company	109	$347,611	129%
West Virginia	MedAmerica Insurance Company	2	$12,671	46%
Wyoming	MedAmerica Insurance Company	13	$38,618	180%
All[4]	All	15,183	$36,422,223	99%

[1] Excludes policies assumed to be paid up prior to January 1, 2021. Annualized premium reflects all rate increases filed for use nationwide as of June 30, 2017.

[2] "Filed" is used in a generic sense to indicate that a rate increase has been approved, accepted, filed for use, etc., by a jurisdiction. Certain jurisdictions may have filed a multi-year increase, which results in a slightly higher rate level than requested.

[3] Alaska does not require Long-Term Care rates to be filed before use.

[4] The state department of insurance has not yet reached a resolution on the current request in this jurisdiction. The 'All' row reflects the average cumulative increase filed nationwide for states that have reached a decision on the current round. The average cumulative increase was developed by weighting the in-force annualized premium assuming no rate increases had been implemented nationwide with the cumulative rate level approved in a jurisdiction.

[5] The company has filed an increase varying by issue age in Florida using the pooled experience of its entire long-term care business.

Attachment 4
MedAmerica Insurance Company
Individual Simplicity Policy Forms
Actuarial Equivalence for 3-Year Phase-in
Virginia-Specific Experience

	Premium[1]		Reduced Request		Revised Rate Increase with No Inflation				Revised Rate Increase with Inflation			
Issue Age	No Inflation	With Inflation	No Inflation	With Inflation	Year 1	Year 2	Year 3	Cumulative	Year 1	Year 2	Year 3	Cumulative
<40	3,019	8,312	112%	144%	32.21%	32.21%	32.21%	131%	41.05%	41.05%	41.05%	181%
40	0	1,647	112%	144%	32.21%	32.21%	32.21%	131%	41.05%	41.05%	41.05%	181%
41	0	4,636	112%	144%	32.21%	32.21%	32.21%	131%	41.05%	41.05%	41.05%	181%
42	1,715	4,287	112%	144%	32.21%	32.21%	32.21%	131%	41.05%	41.05%	41.05%	181%
43	0	3,604	112%	144%	32.21%	32.21%	32.21%	131%	41.05%	41.05%	41.05%	181%
44	0	4,151	112%	144%	32.21%	32.21%	32.21%	131%	41.05%	41.05%	41.05%	181%
45	433	1,841	104%	135%	30.52%	30.52%	30.52%	122%	39.29%	39.29%	39.29%	170%
46	752	4,805	101%	131%	29.88%	29.88%	29.88%	119%	38.50%	38.50%	38.50%	166%
47	0	5,819	97%	127%	29.01%	29.01%	29.01%	115%	37.69%	37.69%	37.69%	161%
48	1,809	2,902	93%	122%	28.13%	28.13%	28.13%	110%	36.67%	36.67%	36.67%	155%
49	0	6,804	89%	117%	27.24%	27.24%	27.24%	106%	35.64%	35.64%	35.64%	150%
50	378	15,834	88%	116%	27.02%	27.02%	27.02%	105%	35.43%	35.43%	35.43%	148%
51	0	16,624	87%	115%	26.79%	26.79%	26.79%	104%	35.22%	35.22%	35.22%	147%
52	2,670	18,446	85%	113%	26.34%	26.34%	26.34%	102%	34.80%	34.80%	34.80%	145%
53	304	17,722	84%	112%	26.11%	26.11%	26.11%	101%	34.59%	34.59%	34.59%	144%
54	0	26,995	83%	110%	25.88%	25.88%	25.88%	99%	34.16%	34.16%	34.16%	142%
55	249	29,333	83%	110%	25.88%	25.88%	25.88%	99%	34.16%	34.16%	34.16%	142%
56	4,015	40,095	80%	107%	25.19%	25.19%	25.19%	96%	33.52%	33.52%	33.52%	138%
57	0	32,693	77%	104%	24.49%	24.49%	24.49%	93%	32.87%	32.87%	32.87%	135%
58	727	30,161	75%	101%	24.02%	24.02%	24.02%	91%	32.22%	32.22%	32.22%	131%
59	4,364	27,043	72%	98%	23.31%	23.31%	23.31%	87%	31.56%	31.56%	31.56%	128%
60	2,491	18,624	72%	98%	23.31%	23.31%	23.31%	87%	31.56%	31.56%	31.56%	128%
61	6,235	12,177	67%	92%	22.10%	22.10%	22.10%	82%	30.22%	30.22%	30.22%	121%
62	3,126	21,946	63%	87%	21.12%	21.12%	21.12%	78%	29.08%	29.08%	29.08%	115%
63	6,094	9,248	58%	82%	19.87%	19.87%	19.87%	72%	27.92%	27.92%	27.92%	109%
64	0	13,040	53%	76%	18.59%	18.59%	18.59%	67%	26.49%	26.49%	26.49%	102%
65	1,244	27,130	53%	76%	18.59%	18.59%	18.59%	67%	26.49%	26.49%	26.49%	102%
66	0	11,818	50%	73%	17.81%	17.81%	17.81%	64%	25.77%	25.77%	25.77%	99%
67	460	7,971	46%	68%	16.75%	16.75%	16.75%	59%	24.55%	24.55%	24.55%	93%
68	4,742	2,646	42%	63%	15.67%	15.67%	15.67%	55%	23.30%	23.30%	23.30%	87%
69	0	2,520	38%	59%	14.58%	14.58%	14.58%	50%	22.28%	22.28%	22.28%	83%
70	1,045	0	36%	56%	14.02%	14.02%	14.02%	48%	21.51%	21.51%	21.51%	79%
71	2,640	0	35%	55%	13.74%	13.74%	13.74%	47%	21.25%	21.25%	21.25%	78%
72	0	0	33%	53%	13.18%	13.18%	13.18%	45%	20.72%	20.72%	20.72%	76%
73	0	0	32%	52%	12.89%	12.89%	12.89%	44%	20.46%	20.46%	20.46%	75%
74	6,429	0	30%	50%	12.32%	12.32%	12.32%	42%	19.93%	19.93%	19.93%	73%
75	0	0	30%	50%	12.32%	12.32%	12.32%	42%	19.93%	19.93%	19.93%	73%
76	0	0	27%	46%	11.45%	11.45%	11.45%	38%	18.85%	18.85%	18.85%	68%
77	0	0	25%	44%	10.86%	10.86%	10.86%	36%	18.31%	18.31%	18.31%	66%
78	0	0	23%	41%	10.27%	10.27%	10.27%	34%	17.48%	17.48%	17.48%	62%
79	0	0	21%	39%	9.67%	9.67%	9.67%	32%	16.92%	16.92%	16.92%	60%
80	0	0	19%	37%	9.06%	9.06%	9.06%	30%	16.36%	16.36%	16.36%	58%
81	0	0	16%	33%	8.13%	8.13%	8.13%	26%	15.22%	15.22%	15.22%	53%
82	0	0	13%	30%	7.19%	7.19%	7.19%	23%	14.34%	14.34%	14.34%	50%
83	0	0	11%	28%	6.56%	6.56%	6.56%	21%	13.75%	13.75%	13.75%	47%
84	0	0	9%	25%	5.91%	5.91%	5.91%	19%	12.86%	12.86%	12.86%	44%
85	0	0	7%	23%	5.26%	5.26%	5.26%	17%	12.25%	12.25%	12.25%	41%

[1] Excludes policies assumed to be paid up prior to January 1, 2021. Annualized premium reflects data as of December 31, 2016.

MEDAmerica

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

February 21, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

I am submitting this letter in tandem with a letter from Milliman proposing a revised rate increase on the above policy form. Based on our conversation on January 14, 2020, and your follow-up email on January 21, 2020, Milliman has determined a reduced rate increase request, with a three-year phase-in schedule that will produce a cumulative rate increase actuarially equivalent to the nationwide average cumulative increase obtained by MedAmerica through February 11, 2020. I respectfully request that the Bureau approve this revised rate increase.

Because the requested increase has been reduced significantly from our original request, my Annual Rate Report to be submitted in June of 2020 will continue to state that "the premium rate schedule is not sufficient to cover anticipated costs under best estimate assumptions and the premium rate schedule may not be reasonably expected to be sustainable over the life of the policy with no future premium increases anticipated." Absent a significant future change in best estimate assumptions, this is likely to be the case in future years as well. Therefore, the company is required to submit a plan of action as described in your January 21, 2020 email:

> *A plan of action, including specific action steps, estimated times, and targeted lifetime loss ratio to which they intend to manage the block going forward and a description of the triggers that would require a future rate increase filing.*

Please accept this letter as MedAmerica's plan of action, assuming the revised rate increase is approved by the Bureau. If a different format is required, please let me know so that I may appropriately include the required plan of action along with my Annual Rate Reports.

Plan of Action

- MedAmerica will implement the three-year phase-in of the approved rate increase in 2020, 2021 and 2022. The company will commit to no further rate increases until the three-year phase-in is complete.
- In 2023, based on experience through 12/31/2022 and the then-current best estimate assumptions, the company will re-evaluate its expected loss ratio. The targeted lifetime loss ratio is 85% with moderately adverse experience, as stated in Section 17 of the Actuarial Memorandum.
- In the interest of maintaining equity in rate increases for Virginia policyholders compared to other jurisdictions, the company will seek a new rate increase in Virginia only once the nationwide average cumulative increase exceeds 120%. (The nationwide average cumulative increase on this policy form is 99% as of February 11, 2020.)
- If the above lifetime loss ratio and average cumulative rate increase triggers are met, in 2023 or thereafter, MedAmerica plans to submit an additional rate increase filing in Virginia, unless the size of the remaining block at that time is considered by company management to be too small to pursue a rate filing.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

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USA

Tel +1 952 897 5300
Fax +1 952 897 5301

milliman.com

March 24, 2020

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Bill Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated February 28, 2020 and follow-up conversation with Michael Emmert from Milliman on March 2 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your February 28 letter. Each request is restated in italics for reference.

1. *Regarding the requested reduced increase outlined in Table 1 of your response, please submit updated exhibits and documentation in support of the revised increase. This should include updated projected and lifetime loss ratios with the increase. Please also provide an updated Rate Request Summary and actuarial memorandum.*

   As discussed on March 2, the following items were updated in support of the revised rate increase: actuarial memorandum, Rate Request Summary, rate tables, and projected and lifetime loss ratios from Attachment 1 of the supplement to the actuarial memorandum.

   The actuarial memorandum, Rate Request Summary, and proposed rate tables have been updated for the revised three year phased-in rate increase (please see item 2 below for the company's acceptance of the three year phased-in rate increase). These files are enclosed with this letter. Please note that the actual rates implemented may vary slightly from those in the enclosed rate tables due to implementation rounding algorithms.

   Attachment A to this letter provides updated projected and lifetime loss ratios from Attachment 1 of the January 9, 2018 supplement to the actuarial memorandum that reflects the revised three year phased-in rate increase with the first year being implemented on January 1, 2021. Attachment A is provided in the enclosed Excel workbook, as commonly requested by the Bureau.

2. *The choice of a single increase or a series of increases is for the Company to decide. The Virginia Bureau of Insurance does not have a preference. The BOI does require the actuarial equivalence to be documented should the Company choose a series increase over a single increase.*

   MedAmerica has chosen to accept the series of rate increases over three years. Attachment 4 of the February 21, 2020 response letter provided the three year phased-in rate increase. However, as the company believes

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

that the originally requested rate increase is reasonable, needed, and justified, it plans to pursue additional rate increase requests in Virginia until the cumulative rate increase approved is actuarially equivalent to the original request.

Attachment B to this letter provides similar information as Attachment A-ii, except reflects the single rate increase provided in Table 1 of the February 21 response letter. Attachments A-ii and B demonstrate the actuarial equivalence as the phased-in increase produces the same projected lifetime loss ratio as the one-time increase.

Attachment B is provided in the enclosed Excel workbook, as commonly requested by the Bureau.

3. *Please provide a current attained age count of the remaining VA policyholders that corresponds with the reduced requested increase shown in Table 1, separate those without inflation from those with inflation.*

Attachment C to this letter provides a seriatim count of affected policies in Virginia. Included in the seriatim listing is the attained age as of December 31, 2016, inflation protection option, and cumulative phased-in rate increase. As the company is requesting the phased-in rather than single increase, the increases correspond to the cumulative increase from Attachment 4 rather than Table 1 of the February 21 response letter. Attachment C is provided in the enclosed Excel workbook, as commonly requested by the Bureau.

Table 1 below provides the current attained age counts from Attachment C, separate for policies (a) without inflation and (b) with inflation. For each attained age band, Table 1 provides the count of policies and the minimum, maximum, and average cumulative phased-in rate increase.

Table 1a
Virginia-Specific Summary of Rate Increase by Attained Age
Policies with No Inflation

Attained Age at 12/31/2016	Policy Count*	Minimum Cumulative Increase	Maximum Cumulative Increase	Average Cumulative Increase
<45	6	131%	131%	131%
45-49	7	131	131	131
50-54	4	122	131	129
55-59	4	105	119	112
60-64	4	101	102	102
65-69	7	87	99	93
70-74	15	72	87	80
75-79	4	55	67	58
80+	3	42	48	44

** Excludes policies assumed to be paid up prior to January 1, 2021*

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Table 1b
Virginia-Specific Summary of Rate Increase by Attained Age
Policies with Inflation

Attained Age at 12/31/2016	Policy Count*	Minimum Cumulative Increase	Maximum Cumulative Increase	Average Cumulative Increase
<45	7	181%	181%	181%
45-49	5	181	181	181
50-54	14	170	181	181
55-59	17	148	181	159
60-64	48	142	150	145
65-69	72	128	144	136
70-74	42	102	131	116
75-79	16	83	109	97
80+	0	0	0	0

** Excludes policies assumed to be paid up prior to January 1, 2021*

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Michael Emmert, the contact of record for this filing, at (952) 820-3116 or by e-mail at michael.emmert@milliman.com.

Respectfully,

Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/dpl

Attachment A: Restated Nationwide Historical and Projected Experience for Phased-In Revised Increase
Attachment B: Restated Nationwide Historical and Projected Experience for Single Revised Increase
Attachment C: Virginia Seriatim Listing of Revised Phased-In Rate Increase by Attained Age

Enclosures: Revised Rate Request Summary
Revised Actuarial Memorandum
Phased-In Rate Tables with Revised Increase
Microsoft Excel Spreadsheet Containing Numerical Data

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment A-i
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Rate Increase
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,942,209	299,291	41,559	48,342	15%	18%	3,080	15%
	2005	11,088,922	704,251	142,647	3,968,087	6%	42%	8,665	8%
	2006	21,603,131	127,091	295,873	12,262,995	1%	57%	16,067	3%
	2007	32,555,325	1,414,833	423,473	22,918,117	4%	75%	20,865	4%
	2008	37,076,445	2,657,405	752,446	33,103,323	7%	96%	21,435	5%
	2009	36,624,864	1,883,212	1,360,620	34,946,639	5%	101%	20,619	5%
	2010	35,876,633	3,419,541	1,701,866	36,559,272	10%	111%	20,167	6%
	2011	35,545,442	4,452,433	2,882,928	37,361,949	13%	118%	19,805	7%
	2012	35,553,666	5,131,258	3,530,577	38,789,849	14%	124%	19,771	8%
	2013	36,111,806	6,347,561	4,963,942	37,014,442	18%	120%	19,563	9%
	2014	34,589,199	10,248,875	5,849,607	37,323,463	30%	138%	18,840	11%
	2015	31,885,264	8,692,567	7,213,194	36,874,216	27%	143%	18,269	12%
	2016	28,705,344	11,940,432	8,833,343	31,818,956	42%	152%	17,437	14%
Projected Future Experience (60 Years)	2017	25,460,110	9,371,148	8,305,543	34,317,186	37%	172%	17,166	15%
	2018	23,795,684	10,741,350	9,328,891	33,910,124	45%	188%	16,894	16%
	2019	23,044,458	12,423,027	10,401,122	33,835,556	54%	201%	16,616	18%
	2020	22,284,446	14,401,454	11,701,236	33,839,790	65%	216%	16,328	19%
	2021	21,647,222	16,630,599	13,274,434	33,875,884	77%	233%	16,029	21%
	2022	20,953,946	19,065,086	15,067,225	33,737,325	91%	252%	15,714	23%
	2023	20,108,249	21,664,669	17,080,461	33,215,309	108%	273%	15,382	25%
	2024	19,398,144	24,464,038	19,348,396	32,611,489	126%	294%	15,032	27%
	2025	18,723,664	27,490,645	21,877,892	31,788,211	147%	317%	14,666	30%
	2026	18,031,774	30,796,682	24,677,791	30,684,157	171%	341%	14,282	32%
	2027	17,335,580	34,445,914	27,754,937	29,228,298	199%	367%	13,881	35%
	2028	16,610,987	38,397,004	31,124,940	27,375,071	231%	396%	13,464	38%
	2029	15,870,066	42,563,840	34,779,838	25,105,045	268%	426%	13,030	41%
	2030	15,132,957	46,894,943	38,698,793	22,445,994	310%	458%	12,581	44%
	2031	14,381,355	51,448,896	42,872,643	19,400,800	358%	493%	12,117	48%
	2032	13,624,402	56,553,566	47,366,529	15,875,695	415%	532%	11,637	52%
	2033	12,864,008	62,235,710	52,258,424	11,909,755	484%	576%	11,142	56%
	2034	12,086,785	67,831,380	57,472,043	7,581,287	561%	624%	10,633	60%
	2035	11,313,944	73,244,281	62,885,043	3,017,861	647%	674%	10,113	64%
	2036	10,544,525	78,367,769	68,377,244	-1,664,287	743%	727%	9,584	68%
	2037	9,777,533	83,099,842	73,828,742	-6,455,409	850%	784%	9,048	73%
	2038	9,018,210	87,428,381	79,137,584	-11,250,380	969%	845%	8,509	77%
	2039	8,281,338	91,124,512	84,178,689	-15,896,032	1,100%	908%	7,970	82%
	2040	7,564,349	94,037,009	88,814,628	-20,277,894	1,243%	975%	7,434	86%
	2041	6,874,748	95,953,113	92,889,593	-24,268,605	1,396%	1,043%	6,906	90%
	2042	6,213,569	96,962,332	96,284,869	-27,830,952	1,560%	1,113%	6,389	95%
	2043	5,585,819	97,019,433	98,909,533	-30,884,143	1,737%	1,184%	5,884	99%
	2044	4,994,040	96,283,006	100,720,481	-33,387,626	1,928%	1,259%	5,397	103%
	2045	4,441,177	94,790,376	101,705,030	-35,293,505	2,134%	1,340%	4,931	106%
	2046	3,929,101	92,606,902	101,869,947	-36,639,882	2,357%	1,424%	4,486	110%
	2047	3,457,840	89,767,130	101,233,132	-37,463,052	2,596%	1,513%	4,066	113%
	2048	3,028,090	86,432,983	99,844,011	-37,750,497	2,854%	1,608%	3,670	116%
	2049	2,638,151	82,777,912	97,784,855	-37,591,622	3,138%	1,713%	3,301	119%
	2050	2,288,205	78,725,364	95,122,231	-37,032,850	3,440%	1,822%	2,958	121%
	2051	1,975,358	74,419,150	91,931,569	-36,165,315	3,767%	1,937%	2,642	124%
	2052	1,698,237	69,947,241	88,295,829	-35,027,804	4,119%	2,056%	2,351	126%
	2053	1,453,992	65,475,644	84,315,275	-33,660,991	4,503%	2,188%	2,086	128%
	2054	1,239,900	61,063,874	80,085,915	-32,128,390	4,925%	2,334%	1,844	129%
	2055	1,053,613	56,620,659	75,672,729	-30,483,773	5,374%	2,481%	1,626	131%
	2056	892,193	52,179,655	71,126,570	-28,754,652	5,848%	2,626%	1,429	132%
	2057-2061	2,731,095	198,714,994	286,602,735	-116,593,922	7,276%	3,007%	4,841	137%
	2062-2066	1,091,382	113,036,342	181,347,063	-74,325,797	10,357%	3,547%	2,323	139%
	2067-2071	409,575	54,218,056	99,969,214	-42,914,998	13,238%	2,760%	1,022	140%
	2072-2076	145,329	21,894,227	47,317,290	-21,226,828	15,065%	459%	402	140%

Attachment A-ii
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Rate Increase[1]
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,942,209	299,291	41,559	48,342	15%	18%	3,080	15%
	2005	11,088,922	704,251	142,647	3,968,087	6%	42%	8,665	8%
	2006	21,603,131	127,091	295,873	12,262,995	1%	57%	16,067	3%
	2007	32,555,325	1,414,833	423,473	22,918,117	4%	75%	20,865	4%
	2008	37,076,445	2,657,405	752,446	33,103,323	7%	96%	21,435	5%
	2009	36,624,864	1,883,212	1,360,620	34,946,639	5%	101%	20,619	5%
	2010	35,876,633	3,419,541	1,701,866	36,559,272	10%	111%	20,167	6%
	2011	35,545,442	4,452,433	2,882,928	37,361,949	13%	118%	19,805	7%
	2012	35,553,666	5,131,258	3,530,577	38,789,849	14%	124%	19,771	8%
	2013	36,111,806	6,347,561	4,963,942	37,014,442	18%	120%	19,563	9%
	2014	34,589,199	10,248,875	5,849,607	37,323,463	30%	138%	18,840	11%
	2015	31,885,264	8,692,567	7,213,194	36,874,216	27%	143%	18,269	12%
	2016	28,705,344	11,940,432	8,833,343	31,818,956	42%	152%	17,437	14%
Projected Future Experience (60 Years)	2017	25,460,110	9,371,148	8,305,543	34,317,186	37%	172%	17,166	15%
	2018	23,795,684	10,741,350	9,328,891	33,910,124	45%	188%	16,894	16%
	2019	23,044,458	12,423,027	10,401,122	33,835,556	54%	201%	16,616	18%
	2020	22,284,446	14,401,454	11,701,236	33,839,790	65%	216%	16,328	19%
	2021	22,947,489	15,779,290	13,098,999	-22,580,598	69%	-30%	14,656	21%
	2022	27,040,860	17,244,102	14,502,353	29,487,613	64%	173%	14,370	22%
	2023	33,893,634	19,742,199	16,132,526	28,995,715	58%	144%	14,069	24%
	2024	37,122,337	22,369,810	18,065,968	28,461,238	60%	137%	13,751	25%
	2025	35,910,098	25,112,077	20,272,379	27,737,677	70%	147%	13,418	27%
	2026	34,663,073	28,104,823	22,744,759	26,771,769	81%	158%	13,069	29%
	2027	33,416,135	31,406,488	25,482,918	25,500,383	94%	170%	12,705	31%
	2028	32,103,225	34,979,151	28,499,275	23,880,697	109%	183%	12,326	33%
	2029	30,752,989	38,745,133	31,783,029	21,898,931	126%	197%	11,932	35%
	2030	29,421,080	42,657,005	35,310,967	19,581,245	145%	212%	11,524	37%
	2031	28,053,638	46,768,837	39,071,995	16,925,549	167%	227%	11,101	40%
	2032	26,672,684	51,378,012	43,123,873	13,848,849	193%	245%	10,665	42%
	2033	25,282,896	56,508,417	47,536,817	10,385,820	224%	265%	10,214	45%
	2034	23,844,673	61,560,888	52,241,661	6,602,709	258%	286%	9,751	48%
	2035	22,411,651	66,447,966	57,127,551	2,612,886	296%	308%	9,277	51%
	2036	20,977,300	71,072,972	62,085,543	-1,486,480	339%	332%	8,795	54%
	2037	19,534,933	75,342,179	67,006,714	-5,685,998	386%	357%	8,306	57%
	2038	18,094,597	79,246,805	71,798,748	-9,894,154	438%	383%	7,814	61%
	2039	16,693,595	82,582,570	76,349,224	-13,973,442	495%	411%	7,322	64%
	2040	15,320,469	85,208,822	80,533,753	-17,828,448	556%	440%	6,833	67%
	2041	13,992,577	86,935,618	84,211,468	-21,348,302	621%	469%	6,350	70%
	2042	12,710,049	87,842,198	87,274,664	-24,496,630	691%	498%	5,877	73%
	2043	11,484,737	87,890,332	89,641,486	-27,201,390	765%	528%	5,415	76%
	2044	10,322,034	87,227,949	91,274,218	-29,426,723	845%	560%	4,969	79%
	2045	9,228,780	85,883,046	92,161,721	-31,132,846	931%	593%	4,542	82%
	2046	8,209,746	83,918,215	92,310,599	-32,349,436	1,022%	628%	4,134	84%
	2047	7,265,415	81,357,927	91,736,082	-33,105,223	1,120%	664%	3,748	87%
	2048	6,398,904	78,350,573	90,482,455	-33,388,806	1,224%	703%	3,385	89%
	2049	5,606,997	75,056,069	88,624,588	-33,276,996	1,339%	745%	3,045	91%
	2050	4,891,876	71,399,560	86,222,070	-32,812,630	1,460%	789%	2,730	93%
	2051	4,247,770	67,512,100	83,342,518	-32,074,000	1,589%	834%	2,439	94%
	2052	3,673,309	63,470,167	80,059,750	-31,090,679	1,728%	881%	2,171	96%
	2053	3,163,378	59,425,361	76,463,604	-29,901,839	1,879%	933%	1,927	97%
	2054	2,712,916	55,429,599	72,640,057	-28,557,887	2,043%	991%	1,704	99%
	2055	2,318,142	51,397,192	68,646,752	-27,111,404	2,217%	1,048%	1,503	100%
	2056	1,973,530	47,367,767	64,530,241	-25,585,301	2,400%	1,104%	1,321	101%
	2057-2061	6,117,550	180,388,220	260,073,204	-103,823,625	2,949%	1,252%	4,476	104%
	2062-2066	2,486,625	102,572,022	164,566,672	-66,203,174	4,125%	1,463%	2,149	106%
	2067-2071	940,217	49,095,806	90,660,732	-38,129,181	5,222%	1,166%	945	106%
	2072-2076	333,544	19,751,425	42,832,119	-18,753,183	5,922%	299%	371	107%

[1] The three-year phased-in rate increases provided in Attachment 4 of the February 21, 2020 response letter are reflected and are implemented on January 1 of 2021, 2022, and 2023.

Attachment B
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Rate Increase[1]
Individual Simplicity Policy Forms

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,942,209	299,291	41,559	48,342	15%	18%	3,080	15%
	2005	11,088,922	704,251	142,647	3,968,087	6%	42%	8,665	8%
	2006	21,603,131	127,091	295,873	12,262,995	1%	57%	16,067	3%
	2007	32,555,325	1,414,833	423,473	22,918,117	4%	75%	20,865	4%
	2008	37,076,445	2,657,405	752,446	33,103,323	7%	96%	21,435	5%
	2009	36,624,864	1,883,212	1,360,620	34,946,639	5%	101%	20,619	5%
	2010	35,876,633	3,419,541	1,701,866	36,559,272	10%	111%	20,167	6%
	2011	35,545,442	4,452,433	2,882,928	37,361,949	13%	118%	19,805	7%
	2012	35,553,666	5,131,258	3,530,577	38,789,849	14%	124%	19,771	8%
	2013	36,111,806	6,347,561	4,963,942	37,014,442	18%	120%	19,563	9%
	2014	34,589,199	10,248,875	5,849,607	37,323,463	30%	138%	18,840	11%
	2015	31,885,264	8,692,567	7,213,194	36,874,216	27%	143%	18,269	12%
	2016	28,705,344	11,940,432	8,833,343	31,818,956	42%	152%	17,437	14%
Projected Future Experience (60 Years)	2017	25,460,110	9,371,148	8,305,543	34,317,186	37%	172%	17,166	15%
	2018	23,795,684	10,741,350	9,328,891	33,910,124	45%	188%	16,894	16%
	2019	23,044,458	12,423,027	10,401,122	33,835,556	54%	201%	16,616	18%
	2020	22,284,446	14,401,454	11,701,236	33,839,790	65%	216%	16,328	19%
	2021	28,081,752	15,544,706	13,050,420	-40,636,404	55%	-89%	14,656	21%
	2022	33,320,557	16,653,427	14,327,910	28,082,909	50%	134%	14,370	22%
	2023	31,917,310	18,894,344	15,786,216	27,592,699	59%	146%	14,069	23%
	2024	30,812,780	21,305,065	17,527,519	27,072,507	69%	157%	13,751	25%
	2025	29,790,284	23,908,870	19,544,897	26,373,079	80%	169%	13,418	27%
	2026	28,739,689	26,749,790	21,833,174	25,443,756	93%	182%	13,069	28%
	2027	27,691,456	29,883,665	24,387,345	24,224,089	108%	195%	12,705	30%
	2028	26,587,879	33,274,202	27,216,802	22,672,499	125%	210%	12,326	32%
	2029	25,454,350	36,848,470	30,309,151	20,777,211	145%	226%	11,932	35%
	2030	24,339,121	40,560,814	33,640,140	18,564,135	167%	243%	11,524	37%
	2031	23,195,110	44,464,072	37,197,426	16,029,898	192%	261%	11,101	40%
	2032	22,041,704	48,840,246	41,034,503	13,094,997	222%	281%	10,665	42%
	2033	20,882,851	53,711,667	45,217,212	9,792,987	257%	304%	10,214	45%
	2034	19,683,706	58,511,750	49,679,728	6,186,470	297%	329%	9,751	48%
	2035	18,491,028	63,157,542	54,316,890	2,384,364	342%	354%	9,277	51%
	2036	17,298,712	67,556,792	59,025,222	-1,522,180	391%	382%	8,795	54%
	2037	16,100,521	71,619,593	63,701,076	-5,524,123	445%	411%	8,306	57%
	2038	14,904,918	75,338,301	68,256,681	-9,534,562	505%	441%	7,814	61%
	2039	13,743,814	78,519,633	72,585,429	-13,421,196	571%	474%	7,322	64%
	2040	12,606,758	81,028,395	76,568,987	-17,095,100	643%	507%	6,833	67%
	2041	11,508,378	82,684,457	80,073,300	-20,450,949	718%	541%	6,350	70%
	2042	10,448,336	83,561,491	82,995,484	-23,453,127	800%	575%	5,877	73%
	2043	9,436,502	83,623,519	85,257,436	-26,032,761	886%	610%	5,415	76%
	2044	8,477,128	83,012,955	86,823,415	-28,155,849	979%	647%	4,969	79%
	2045	7,575,781	81,752,961	87,682,455	-29,785,551	1,079%	686%	4,542	82%
	2046	6,736,262	79,904,290	87,840,514	-30,948,841	1,186%	727%	4,134	85%
	2047	5,958,771	77,486,664	87,311,096	-31,672,247	1,300%	769%	3,748	87%
	2048	5,245,864	74,641,749	86,135,643	-31,945,017	1,423%	814%	3,385	89%
	2049	4,594,650	71,523,248	84,385,230	-31,839,881	1,557%	864%	3,045	91%
	2050	4,007,047	68,057,160	82,115,949	-31,398,625	1,698%	915%	2,730	93%
	2051	3,478,034	64,368,862	79,391,643	-30,695,342	1,851%	968%	2,439	95%
	2052	3,006,521	60,529,634	76,281,827	-29,756,733	2,013%	1,024%	2,171	96%
	2053	2,588,200	56,684,819	72,871,548	-28,621,629	2,190%	1,084%	1,927	98%
	2054	2,218,826	52,883,069	69,242,238	-27,336,058	2,383%	1,151%	1,704	99%
	2055	1,895,315	49,041,337	65,448,261	-25,952,280	2,588%	1,218%	1,503	100%
	2056	1,613,049	45,202,034	61,534,283	-24,491,586	2,802%	1,284%	1,321	101%
	2057-2061	4,996,539	172,185,900	248,097,142	-99,377,651	3,446%	1,457%	4,476	104%
	2062-2066	2,029,196	97,930,330	157,064,124	-63,348,581	4,826%	1,704%	2,149	106%
	2067-2071	767,318	46,838,929	86,531,644	-36,440,178	6,104%	1,355%	945	107%
	2072-2076	272,713	18,811,674	40,854,365	-17,879,134	6,898%	342%	371	107%

[1] The one-time rate increase provided in Table 1 of the February 21, 2020 response letter is reflected and is implemented on January 1, 2021.

Attachment C
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Cumulative Phased-In Increase Request
1	35	No Inflation	131%
2	37	No Inflation	131%
3	39	No Inflation	131%
4	40	No Inflation	131%
5	41	No Inflation	131%
6	42	No Inflation	131%
7	45	No Inflation	131%
8	45	No Inflation	131%
9	47	No Inflation	131%
10	47	No Inflation	131%
11	48	No Inflation	131%
12	48	No Inflation	131%
13	48	No Inflation	131%
14	51	No Inflation	131%
15	51	No Inflation	131%
16	53	No Inflation	131%
17	54	No Inflation	122%
18	58	No Inflation	119%
19	58	No Inflation	119%
20	58	No Inflation	110%
21	59	No Inflation	105%
22	63	No Inflation	101%
23	63	No Inflation	102%
24	63	No Inflation	102%
25	64	No Inflation	102%
26	65	No Inflation	96%
27	66	No Inflation	99%
28	66	No Inflation	96%
29	66	No Inflation	96%
30	67	No Inflation	91%
31	67	No Inflation	96%
32	68	No Inflation	87%
33	70	No Inflation	87%
34	70	No Inflation	87%
35	70	No Inflation	82%
36	71	No Inflation	87%
37	71	No Inflation	87%
38	72	No Inflation	72%
39	72	No Inflation	82%
40	72	No Inflation	82%
41	73	No Inflation	82%
42	73	No Inflation	78%
43	73	No Inflation	72%
44	73	No Inflation	72%
45	73	No Inflation	72%
46	74	No Inflation	78%
47	74	No Inflation	72%
48	77	No Inflation	67%
49	78	No Inflation	55%
50	79	No Inflation	59%
51	79	No Inflation	55%
52	81	No Inflation	48%
53	82	No Inflation	47%
54	85	No Inflation	42%
55	51	Auto Inflation	181%
56	54	Auto Inflation	181%
57	58	Auto Inflation	161%
58	59	Auto Inflation	155%
59	59	Auto Inflation	150%
60	60	Auto Inflation	150%
61	60	Auto Inflation	148%
62	60	Auto Inflation	147%
63	62	Auto Inflation	145%
64	63	Auto Inflation	147%
65	63	Auto Inflation	142%
66	64	Auto Inflation	144%
67	64	Auto Inflation	142%
68	65	Auto Inflation	142%
69	65	Auto Inflation	138%
70	66	Auto Inflation	138%

Attachment C
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Cumulative Phased-In Increase Request
71	66	Auto Inflation	138%
72	66	Auto Inflation	135%
73	67	Auto Inflation	138%
74	67	Auto Inflation	135%
75	67	Auto Inflation	131%
76	67	Auto Inflation	131%
77	67	Auto Inflation	131%
78	68	Auto Inflation	135%
79	68	Auto Inflation	128%
80	68	Auto Inflation	128%
81	69	Auto Inflation	131%
82	69	Auto Inflation	128%
83	71	Auto Inflation	121%
84	71	Auto Inflation	128%
85	73	Auto Inflation	102%
86	73	Auto Inflation	115%
87	73	Auto Inflation	115%
88	73	Auto Inflation	115%
89	74	Auto Inflation	102%
90	75	Auto Inflation	109%
91	76	Auto Inflation	102%
92	76	Auto Inflation	93%
93	76	Auto Inflation	99%
94	77	Auto Inflation	99%
95	77	Auto Inflation	99%
96	77	Auto Inflation	99%
97	77	Auto Inflation	87%
98	78	Auto Inflation	93%
99	78	Auto Inflation	83%
100	35	Auto Inflation	181%
101	36	Auto Inflation	181%
102	39	Auto Inflation	181%
103	41	Auto Inflation	181%
104	43	Auto Inflation	181%
105	46	Auto Inflation	181%
106	48	Auto Inflation	181%
107	48	Auto Inflation	181%
108	50	Auto Inflation	181%
109	51	Auto Inflation	181%
110	52	Auto Inflation	181%
111	54	Auto Inflation	181%
112	54	Auto Inflation	181%
113	56	Auto Inflation	170%
114	56	Auto Inflation	166%
115	57	Auto Inflation	161%
116	58	Auto Inflation	155%
117	59	Auto Inflation	161%
118	59	Auto Inflation	148%
119	60	Auto Inflation	150%
120	61	Auto Inflation	147%
121	61	Auto Inflation	150%
122	61	Auto Inflation	148%
123	61	Auto Inflation	148%
124	61	Auto Inflation	148%
125	61	Auto Inflation	145%
126	62	Auto Inflation	147%
127	62	Auto Inflation	145%
128	62	Auto Inflation	145%
129	63	Auto Inflation	147%
130	63	Auto Inflation	144%
131	64	Auto Inflation	142%
132	64	Auto Inflation	142%
133	64	Auto Inflation	144%
134	64	Auto Inflation	144%
135	64	Auto Inflation	142%
136	64	Auto Inflation	142%
137	64	Auto Inflation	142%
138	64	Auto Inflation	142%
139	65	Auto Inflation	144%
140	65	Auto Inflation	142%

Attachment C
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Cumulative Phased-In Increase Request
141	65	Auto Inflation	142%
142	65	Auto Inflation	142%
143	65	Auto Inflation	142%
144	65	Auto Inflation	142%
145	65	Auto Inflation	138%
146	65	Auto Inflation	138%
147	66	Auto Inflation	135%
148	66	Auto Inflation	142%
149	66	Auto Inflation	142%
150	66	Auto Inflation	142%
151	66	Auto Inflation	138%
152	66	Auto Inflation	138%
153	66	Auto Inflation	138%
154	67	Auto Inflation	135%
155	67	Auto Inflation	138%
156	67	Auto Inflation	138%
157	67	Auto Inflation	138%
158	67	Auto Inflation	138%
159	67	Auto Inflation	138%
160	67	Auto Inflation	138%
161	67	Auto Inflation	138%
162	67	Auto Inflation	135%
163	67	Auto Inflation	131%
164	68	Auto Inflation	135%
165	68	Auto Inflation	138%
166	68	Auto Inflation	135%
167	68	Auto Inflation	135%
168	68	Auto Inflation	135%
169	68	Auto Inflation	131%
170	68	Auto Inflation	131%
171	69	Auto Inflation	135%
172	69	Auto Inflation	128%
173	70	Auto Inflation	131%
174	70	Auto Inflation	131%
175	70	Auto Inflation	128%
176	70	Auto Inflation	128%
177	70	Auto Inflation	128%
178	71	Auto Inflation	128%
179	71	Auto Inflation	128%
180	71	Auto Inflation	121%
181	72	Auto Inflation	128%
182	72	Auto Inflation	121%
183	73	Auto Inflation	102%
184	74	Auto Inflation	109%
185	74	Auto Inflation	102%
186	74	Auto Inflation	102%
187	76	Auto Inflation	93%
188	33	Auto Inflation	181%
189	38	Auto Inflation	181%
190	47	Auto Inflation	181%
191	49	Auto Inflation	181%
192	51	Auto Inflation	181%
193	52	Auto Inflation	181%
194	53	Auto Inflation	181%
195	53	Auto Inflation	181%
196	54	Auto Inflation	170%
197	54	Auto Inflation	181%
198	54	Auto Inflation	181%
199	55	Auto Inflation	166%
200	55	Auto Inflation	166%
201	56	Auto Inflation	181%
202	57	Auto Inflation	166%
203	57	Auto Inflation	166%
204	58	Auto Inflation	150%
205	59	Auto Inflation	148%
206	59	Auto Inflation	148%
207	61	Auto Inflation	148%
208	61	Auto Inflation	148%
209	61	Auto Inflation	148%
210	61	Auto Inflation	148%

Attachment C
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Cumulative Phased-In Increase Request
211	61	Auto Inflation	147%
212	61	Auto Inflation	147%
213	62	Auto Inflation	144%
214	62	Auto Inflation	145%
215	62	Auto Inflation	144%
216	62	Auto Inflation	144%
217	62	Auto Inflation	144%
218	63	Auto Inflation	145%
219	63	Auto Inflation	145%
220	63	Auto Inflation	145%
221	63	Auto Inflation	145%
222	63	Auto Inflation	144%
223	64	Auto Inflation	145%
224	64	Auto Inflation	145%
225	64	Auto Inflation	144%
226	64	Auto Inflation	142%
227	65	Auto Inflation	138%
228	65	Auto Inflation	142%
229	65	Auto Inflation	142%
230	66	Auto Inflation	142%
231	66	Auto Inflation	142%
232	66	Auto Inflation	142%
233	66	Auto Inflation	142%
234	66	Auto Inflation	142%
235	66	Auto Inflation	135%
236	67	Auto Inflation	142%
237	67	Auto Inflation	131%
238	68	Auto Inflation	138%
239	68	Auto Inflation	135%
240	68	Auto Inflation	135%
241	68	Auto Inflation	131%
242	68	Auto Inflation	128%
243	69	Auto Inflation	128%
244	69	Auto Inflation	131%
245	69	Auto Inflation	135%
246	69	Auto Inflation	128%
247	69	Auto Inflation	131%
248	69	Auto Inflation	131%
249	69	Auto Inflation	128%
250	70	Auto Inflation	128%
251	70	Auto Inflation	128%
252	70	Auto Inflation	128%
253	70	Auto Inflation	128%
254	72	Auto Inflation	128%
255	72	Auto Inflation	121%
256	72	Auto Inflation	121%
257	72	Auto Inflation	121%
258	72	Auto Inflation	115%
259	72	Auto Inflation	115%
260	72	Auto Inflation	115%
261	72	Auto Inflation	115%
262	72	Auto Inflation	109%
263	73	Auto Inflation	109%
264	73	Auto Inflation	121%
265	73	Auto Inflation	115%
266	73	Auto Inflation	115%
267	73	Auto Inflation	115%
268	73	Auto Inflation	109%
269	74	Auto Inflation	102%
270	74	Auto Inflation	102%
271	75	Auto Inflation	102%
272	75	Auto Inflation	102%
273	76	Auto Inflation	102%
274	76	Auto Inflation	102%
275	76	Auto Inflation	99%

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milliman.com

April 10, 2020

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Bill Dismore:

Thank you for reviewing this filing. This letter is in response to your letters dated March 27, 2020 and March 30, 2020 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your March 27 and March 30 letters. Each request is restated in italics for reference.

Based on the clarification regarding a phased-in rate increase provided in item 2 of the March 30 letter (i.e., the cumulative phased-in increase cannot exceed the one-time increase), the company has chosen to revise the increase to be the single increase described in Table 1 of the February 21 response letter. As the company believes that the originally requested rate increase is reasonable, needed, and justified, it plans to pursue additional rate increase requests in Virginia until the cumulative rate increase approved is actuarially equivalent to the original request. The remainder of this response is in reference to the revised single increase.

Response to March 27, 2020 Letter

1. *Please revise the Company Rate Information for consistency with the Long Term Care Rate Request Summary document that was revised on 3/26/2020.*

   Please note that the "Overall % Indicated Change" should state the % increase needed to return the block to the original anticipated loss ratio.

   The "Overall % Rate Impact" is the Average Requested Percentage Change Per Member as shown on the Rate Request Summary.

   Through a SERFF post-submission update, we revised the Rate/Rule Schedule tab to be consistent with the enclosed Long Term Care Rate Request Summary document (see item 2 below). The “Overall % Indicated Change” and “Overall % Rate Impact” were also updated as requested. Please note, the “Overall % Indicated Change” is calculated based on nationwide experience and is consistent with that shown in Exhibit V of the enclosed actuarial memorandum.

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

2. *The Minimum Requested Percentage Rate Change Per Member indicates 17%. However, on Attachment C provided in the Excel document in the 3/26/2020 objection response, the minimum cumulative increase is 42%. Please reconcile and revise the Rate Request Summary as necessary.*

   The 17% indicated on the March 26 Rate Request Summary reflected the minimum across all permutations of the phased-in increase and was consistent with the minimum cumulative phased-in request provided in Attachment 4 of the February 21 response letter. Attachment C of the response letter submitted March 26, however, only included information for Virginia policyholders in-force as of December 31, 2016.

   Enclosed with this response is a revised Rate Request Summary to reflect the minimum rate increase based on in-force Virginia insureds and the revised single increase as stated above.

Response to March 30, 2020 Letter

1. *Under Section 17. Requested Rate Increase, the table provided shows "Current Average Requested Increase for Age Band" for both No Inflation and Auto Inflation. In this table the current average requested rate increase for No Inflation goes up higher for ages 55-59 than for 50-54 and 75+ than for the prior years 70-74. Please explain the reason for this as the rate increase decreases as the age increases.*

   The nationwide cumulative rate increase decreases as the issue age increases as shown in Exhibit I of the enclosed actuarial memorandum. However, as the prior approved increases varied from state to state, the average requested increases shown in Section 17 of the enclosed actuarial memorandum may not be monotonically non-increasing.

2. *We are unclear if the Company prefers to offer a single rate increase or a series of increases.*

   The BOI has no preference as to which the Company selects. If they wish to exercise the single rate increase over a three year period, the rates should be the single increase divided by 3.

   As the Bureau is not willing to allow a phase-in rate increase that is actuarially equivalent based on the lifetime loss ratio to the single increase, MedAmerica has chosen to accept the single one-time rate increase as stated above.

   Enclosed with this response is a revised actuarial memorandum, Rate Request Summary, and proposed rate tables reflecting the revised single rate increase; lifetime loss ratios with the revised single increase were previously provided in Attachment B of the March 24, 2020 response letter. Please note that the actual rates implemented may vary slightly from those in the enclosed rate tables due to implementation rounding algorithms.

   Attachment 1 of this response, provides similar information as Attachment C of the March 24 response except that it reflects the revised single increase. Attachment 1 is also provided in the enclosed Excel workbook, as commonly requested by the Bureau.

   Also enclosed is a revised document providing the company's plan of action regarding the management of this block of business in Virginia; this was updated as needed to account for a one-time rate increase.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third

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parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

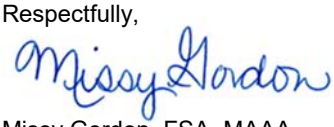
Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Courtney Williamson, the contact of record for this filing, at (952) 820-2413 or by e-mail at courtney.williamson@milliman.com.

Respectfully,



Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/dpl

Attachment 1: Virginia Seriatim Listing of Revised Single Increase by Attained Age

Enclosures: Revised Rate Request Summary
Revised Actuarial Memorandum
Rate Tables with Revised Single Increase
Simplicity Filing Plan of Action
Microsoft Excel Spreadsheet Containing Numerical Data

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 1
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Revised Single Increase
1	35	No Inflation	112%
2	37	No Inflation	112%
3	39	No Inflation	112%
4	40	No Inflation	112%
5	41	No Inflation	112%
6	42	No Inflation	112%
7	45	No Inflation	112%
8	45	No Inflation	112%
9	47	No Inflation	112%
10	47	No Inflation	112%
11	48	No Inflation	112%
12	48	No Inflation	112%
13	48	No Inflation	112%
14	51	No Inflation	112%
15	51	No Inflation	112%
16	53	No Inflation	112%
17	54	No Inflation	104%
18	58	No Inflation	101%
19	58	No Inflation	101%
20	58	No Inflation	93%
21	59	No Inflation	88%
22	63	No Inflation	84%
23	63	No Inflation	85%
24	63	No Inflation	85%
25	64	No Inflation	85%
26	65	No Inflation	80%
27	66	No Inflation	83%
28	66	No Inflation	80%
29	66	No Inflation	80%
30	67	No Inflation	75%
31	67	No Inflation	80%
32	68	No Inflation	72%
33	70	No Inflation	72%
34	70	No Inflation	72%
35	70	No Inflation	67%
36	71	No Inflation	72%
37	71	No Inflation	72%
38	72	No Inflation	58%
39	72	No Inflation	67%
40	72	No Inflation	67%
41	73	No Inflation	67%
42	73	No Inflation	63%
43	73	No Inflation	58%
44	73	No Inflation	58%
45	73	No Inflation	58%
46	74	No Inflation	63%
47	74	No Inflation	58%
48	77	No Inflation	53%
49	78	No Inflation	42%
50	79	No Inflation	46%
51	79	No Inflation	42%
52	81	No Inflation	36%
53	82	No Inflation	35%
54	85	No Inflation	30%
55	51	Auto Inflation	144%
56	54	Auto Inflation	144%
57	58	Auto Inflation	127%
58	59	Auto Inflation	122%
59	59	Auto Inflation	117%
60	60	Auto Inflation	117%
61	60	Auto Inflation	116%
62	60	Auto Inflation	115%
63	62	Auto Inflation	113%
64	63	Auto Inflation	115%
65	63	Auto Inflation	110%
66	64	Auto Inflation	112%
67	64	Auto Inflation	110%
68	65	Auto Inflation	110%
69	65	Auto Inflation	107%
70	66	Auto Inflation	107%

Attachment 1
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Revised Single Increase
71	66	Auto Inflation	107%
72	66	Auto Inflation	104%
73	67	Auto Inflation	107%
74	67	Auto Inflation	104%
75	67	Auto Inflation	101%
76	67	Auto Inflation	101%
77	67	Auto Inflation	101%
78	68	Auto Inflation	104%
79	68	Auto Inflation	98%
80	68	Auto Inflation	98%
81	69	Auto Inflation	101%
82	69	Auto Inflation	98%
83	71	Auto Inflation	92%
84	71	Auto Inflation	98%
85	73	Auto Inflation	76%
86	73	Auto Inflation	87%
87	73	Auto Inflation	87%
88	73	Auto Inflation	87%
89	74	Auto Inflation	76%
90	75	Auto Inflation	82%
91	76	Auto Inflation	76%
92	76	Auto Inflation	68%
93	76	Auto Inflation	73%
94	77	Auto Inflation	73%
95	77	Auto Inflation	73%
96	77	Auto Inflation	73%
97	77	Auto Inflation	63%
98	78	Auto Inflation	68%
99	78	Auto Inflation	59%
100	35	Auto Inflation	144%
101	36	Auto Inflation	144%
102	39	Auto Inflation	144%
103	41	Auto Inflation	144%
104	43	Auto Inflation	144%
105	46	Auto Inflation	144%
106	48	Auto Inflation	144%
107	48	Auto Inflation	144%
108	50	Auto Inflation	144%
109	51	Auto Inflation	144%
110	52	Auto Inflation	144%
111	54	Auto Inflation	144%
112	54	Auto Inflation	144%
113	56	Auto Inflation	135%
114	56	Auto Inflation	131%
115	57	Auto Inflation	127%
116	58	Auto Inflation	122%
117	59	Auto Inflation	127%
118	59	Auto Inflation	116%
119	60	Auto Inflation	117%
120	61	Auto Inflation	115%
121	61	Auto Inflation	117%
122	61	Auto Inflation	116%
123	61	Auto Inflation	116%
124	61	Auto Inflation	116%
125	61	Auto Inflation	113%
126	62	Auto Inflation	115%
127	62	Auto Inflation	113%
128	62	Auto Inflation	113%
129	63	Auto Inflation	115%
130	63	Auto Inflation	112%
131	64	Auto Inflation	110%
132	64	Auto Inflation	110%
133	64	Auto Inflation	112%
134	64	Auto Inflation	112%
135	64	Auto Inflation	110%
136	64	Auto Inflation	110%
137	64	Auto Inflation	110%
138	64	Auto Inflation	110%
139	65	Auto Inflation	112%
140	65	Auto Inflation	110%

Attachment 1
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Revised Single Increase
141	65	Auto Inflation	110%
142	65	Auto Inflation	110%
143	65	Auto Inflation	110%
144	65	Auto Inflation	110%
145	65	Auto Inflation	107%
146	65	Auto Inflation	107%
147	66	Auto Inflation	104%
148	66	Auto Inflation	110%
149	66	Auto Inflation	110%
150	66	Auto Inflation	110%
151	66	Auto Inflation	107%
152	66	Auto Inflation	107%
153	66	Auto Inflation	107%
154	67	Auto Inflation	104%
155	67	Auto Inflation	107%
156	67	Auto Inflation	107%
157	67	Auto Inflation	107%
158	67	Auto Inflation	107%
159	67	Auto Inflation	107%
160	67	Auto Inflation	107%
161	67	Auto Inflation	107%
162	67	Auto Inflation	104%
163	67	Auto Inflation	101%
164	68	Auto Inflation	104%
165	68	Auto Inflation	107%
166	68	Auto Inflation	104%
167	68	Auto Inflation	104%
168	68	Auto Inflation	104%
169	68	Auto Inflation	101%
170	68	Auto Inflation	101%
171	69	Auto Inflation	104%
172	69	Auto Inflation	98%
173	70	Auto Inflation	101%
174	70	Auto Inflation	101%
175	70	Auto Inflation	98%
176	70	Auto Inflation	98%
177	70	Auto Inflation	98%
178	71	Auto Inflation	98%
179	71	Auto Inflation	98%
180	71	Auto Inflation	92%
181	72	Auto Inflation	98%
182	72	Auto Inflation	92%
183	73	Auto Inflation	76%
184	74	Auto Inflation	82%
185	74	Auto Inflation	76%
186	74	Auto Inflation	76%
187	76	Auto Inflation	68%
188	33	Auto Inflation	144%
189	38	Auto Inflation	144%
190	47	Auto Inflation	144%
191	49	Auto Inflation	144%
192	51	Auto Inflation	144%
193	52	Auto Inflation	144%
194	53	Auto Inflation	144%
195	53	Auto Inflation	144%
196	54	Auto Inflation	135%
197	54	Auto Inflation	144%
198	54	Auto Inflation	144%
199	55	Auto Inflation	131%
200	55	Auto Inflation	131%
201	56	Auto Inflation	144%
202	57	Auto Inflation	131%
203	57	Auto Inflation	131%
204	58	Auto Inflation	117%
205	59	Auto Inflation	116%
206	59	Auto Inflation	116%
207	61	Auto Inflation	116%
208	61	Auto Inflation	116%
209	61	Auto Inflation	116%
210	61	Auto Inflation	116%

Attachment 1
MedAmerica Insurance Company
Seriatim Listing of Virginia Policyholders In Force as of December 31, 2016
Excludes Policies Assumed to be Paid Up Prior to January 1, 2021

Virginia Policy Count	Attained Age at 12/31/2016	Inflation Protection Option	Revised Single Increase
211	61	Auto Inflation	115%
212	61	Auto Inflation	115%
213	62	Auto Inflation	112%
214	62	Auto Inflation	113%
215	62	Auto Inflation	112%
216	62	Auto Inflation	112%
217	62	Auto Inflation	112%
218	63	Auto Inflation	113%
219	63	Auto Inflation	113%
220	63	Auto Inflation	113%
221	63	Auto Inflation	113%
222	63	Auto Inflation	112%
223	64	Auto Inflation	113%
224	64	Auto Inflation	113%
225	64	Auto Inflation	112%
226	64	Auto Inflation	110%
227	65	Auto Inflation	107%
228	65	Auto Inflation	110%
229	65	Auto Inflation	110%
230	66	Auto Inflation	110%
231	66	Auto Inflation	110%
232	66	Auto Inflation	110%
233	66	Auto Inflation	110%
234	66	Auto Inflation	110%
235	66	Auto Inflation	104%
236	67	Auto Inflation	110%
237	67	Auto Inflation	101%
238	68	Auto Inflation	107%
239	68	Auto Inflation	104%
240	68	Auto Inflation	104%
241	68	Auto Inflation	101%
242	68	Auto Inflation	98%
243	69	Auto Inflation	98%
244	69	Auto Inflation	101%
245	69	Auto Inflation	104%
246	69	Auto Inflation	98%
247	69	Auto Inflation	101%
248	69	Auto Inflation	101%
249	69	Auto Inflation	98%
250	70	Auto Inflation	98%
251	70	Auto Inflation	98%
252	70	Auto Inflation	98%
253	70	Auto Inflation	98%
254	72	Auto Inflation	98%
255	72	Auto Inflation	92%
256	72	Auto Inflation	92%
257	72	Auto Inflation	92%
258	72	Auto Inflation	87%
259	72	Auto Inflation	87%
260	72	Auto Inflation	87%
261	72	Auto Inflation	87%
262	72	Auto Inflation	82%
263	73	Auto Inflation	82%
264	73	Auto Inflation	92%
265	73	Auto Inflation	87%
266	73	Auto Inflation	87%
267	73	Auto Inflation	87%
268	73	Auto Inflation	82%
269	74	Auto Inflation	76%
270	74	Auto Inflation	76%
271	75	Auto Inflation	76%
272	75	Auto Inflation	76%
273	76	Auto Inflation	76%
274	76	Auto Inflation	76%
275	76	Auto Inflation	73%

MEDAmerica

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

April 10, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

I am submitting this letter in tandem with a letter from Milliman dated April 10, 2020 proposing a revised rate increase on the above policy form.

Because the requested increase has been reduced significantly from our original request, my Annual Rate Report expected to be submitted in June of 2020 will continue to state that "the premium rate schedule is not sufficient to cover anticipated costs under best estimate assumptions and the premium rate schedule may not be reasonably expected to be sustainable over the life of the policy with no future premium increases anticipated." Absent a significant future change in best estimate assumptions, this is likely to be the case in future years as well. Therefore, the company is required to submit a plan of action as described in your January 21, 2020 email:

> *A plan of action, including specific action steps, estimated times, and targeted lifetime loss ratio to which they intend to manage the block going forward and a description of the triggers that would require a future rate increase filing.*

Please accept this letter as MedAmerica's plan of action, assuming the revised rate increase is approved by the Bureau. If a different format is required, please let me know so that I may appropriately include the required plan of action along with my Annual Rate Reports.

Plan of Action

- MedAmerica will implement the approved rate increase in 2020.
- In 2022 and after, based on experience through 12/31 of the preceding calendar year and the then-current best estimate assumptions, the company will re-evaluate its expected loss ratio. The targeted lifetime loss ratio is 85% with moderately adverse experience, as stated in Section 17 of the Actuarial Memorandum.
- In the interest of maintaining equity in rate increases for Virginia policyholders compared to other jurisdictions, the company will seek a new rate increase in Virginia only once the nationwide average cumulative increase exceeds 120%. (The nationwide average cumulative increase on this policy form is 99% as of February 11, 2020.)
- If the above lifetime loss ratio and average cumulative rate increase triggers are met, in 2022 or thereafter, MedAmerica plans to submit an additional rate increase filing in Virginia, unless the size of the remaining block at that time is considered by company management to be too small to pursue a rate filing.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (585) 238-4379 or by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Managing Actuary, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

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milliman.com

May 6, 2020

Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

Re: MedAmerica Insurance Company (MedAmerica)
Company NAIC # 69515
SERFF Tracking # MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Bill Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated April 13 and follow-up conversation with Courtney Williamson from Milliman on April 21 regarding information needed for the above-referenced filing. The remainder of this letter provides the additional information requested in your April 13 letter. Each request is restated in italics for reference.

Please note, the requested rate increase was revised as part of the April 10 response letter. The responses provided below are with respect to the revised increase described in the April 10 letter.

1. *Attachment C to the 3/24/2020 response letter has incorrect data in the first column (Virginia Policy Count). Please revise.*

   Attachment C of the March 24 response letter was revised in Attachment 1 of the April 10 response letter. The following is relative to the latter.

   The "Virginia Policy Count" is correct and excludes policies assumed to be paid up prior to the assumed implementation of January 1, 2021.

   The total policy count in Attachment 1 (275) differs from that shown in Sections 19 and 22 of the April 10 actuarial memorandum (278) due to differences in the assumed implementation dates, which are documented within each location.

2. *Please provide all projections and data required to calculate the increase allowed under the Prospective PV Approach and the Blended If-Knew/Make-up Approach, separately for No Inflation and Auto Inflation (see attached description).*

   As discussed on April 21, demonstrations of the Prospective PV Approach (i.e., Texas Method) and Blended If-Knew/Make-up Approach (i.e., Minnesota Method) are not being provided. The Texas and Minnesota methods are methodologies used to develop a rate increase. The company has already revised the increase of this filing to be based on the nationwide average and the Bureau's independent justified increase analysis as discussed in

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the February 21 response letter. Furthermore, the Texas and Minnesota methods require a substantial amount of work effort to produce the results. Therefore, we believe these demonstrations are not needed for this filing at this time.

3. *There is a significant difference in both future earned premiums and future incurred claims between Attachment A-ii and Attachment B. While we expect differences in earned premiums during the phase in period, the difference in years 2024 and beyond does not seem reasonable. Please explain exactly how these values were calculated.*

   As the rate increase was revised in the April 10 response letter, this objection is no longer applicable.

   That being said, the future earned premium and incurred claims differ between Attachments A-ii and B of the March 24 response letter as the total rate increase between the two attachments is different. The rate increases shown in Attachment A-ii reflect the three-year phased-in rate increase shown in Attachment 4 of the February 21 response (average cumulative 127.7%) whereas Attachment B reflects the single increase shown in Table 1 of the February 21 response (average single 98.9%). The phased-in rate increase was determined to be actuarially equivalent based on the lifetime loss ratio to the single increase; however, the total increase reflected in Attachment A-ii is approximately 14% higher than the single increase shown in Attachment B.

4. *The 3/24/2020 responses provided projections only in the aggregate. Please provide all projections split between No Inflation and Auto Inflation.*

   Attachment 1 provides similar information to Attachment A of the March 24 response letter, except reflects experience split by a) no inflation and b) auto inflation and the April 10 revised rate increase. Attachment 1 is provided in the enclosed Excel workbook, as commonly requested by the Bureau.

Limitations and Qualifications

Milliman's work has been prepared for the use and benefit of MedAmerica. Milliman's work may not be provided to third parties without Milliman's prior written consent. Milliman does not intend to benefit any third party recipient of its work product, even if Milliman consents to the release of its work product to such third party.

Milliman's work is being delivered to the Bureau, in accordance with its statutory and regulatory requirements. Milliman recognizes that materials it delivers to the Bureau may be public records subject to disclosure to third parties, however, Milliman does not intend to benefit and assumes no duty or liability to any third parties, including the Bureau, who receive Milliman's work and may include disclaimer language on its work product so stating. To the extent that Milliman's work is not subject to disclosure under applicable public records laws, the Bureau agrees that it shall not disclose Milliman's work product to third parties without Milliman's prior written consent; provided, however, that the Bureau may distribute Milliman's work to (i) its professional service providers who are subject to a duty of confidentiality and who agree to not use Milliman's work product for any purpose other than to provide services to the Bureau, or (ii) any applicable regulatory or governmental agency, as required.

In performing this analysis, we relied on data and other information provided by MedAmerica. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete. In that event, the results of our analysis may not be suitable for the intended purpose. We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our projections and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is certain that actual experience will not conform exactly to the

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assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

I, Missy Gordon, am a Principal and Consulting Actuary for Milliman, Inc. I am a member of the American Academy of Actuaries and I meet the Qualification Standards of the American Academy of Actuaries to render an actuarial opinion as described herein.

❖❖❖

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly at (952) 820-2478 or by e-mail at missy.gordon@milliman.com. Alternatively, you may contact Courtney Williamson, the contact of record for this filing, at (952) 820-2413 or by e-mail at courtney.williamson@milliman.com.

Respectfully,

Missy Gordon

Missy Gordon, FSA, MAAA
Principal and Consulting Actuary

MAG/dpl

Attachment 1: Restated Nationwide Historical and Projected Experience Split by Inflation Protection

Enclosures: Microsoft Excel Spreadsheet Containing Numerical Data

This work product was prepared to provide assistance to MedAmerica. Milliman does not intend to benefit and assumes no duty or liability to other parties who receive this work. Milliman recommends Recipient be aided by its own actuary or other qualified professional when reviewing the Milliman work product.

Attachment 1-a-i
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Rate Increase
Individual Simplicity Policy Forms with No Inflation

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	525,994	299,291	41,559	29,427	57%	62%	918	57%
	2005	2,817,875	685,374	142,647	682,632	24%	49%	2,581	30%
	2006	4,980,242	61,157	235,971	2,057,383	1%	43%	4,493	13%
	2007	6,787,066	1,305,386	334,048	3,338,251	19%	68%	5,501	16%
	2008	7,352,986	725,505	464,631	4,278,587	10%	68%	5,392	14%
	2009	7,089,774	759,854	684,463	4,370,547	11%	72%	5,141	13%
	2010	6,846,029	1,058,424	840,183	4,263,903	15%	78%	4,929	14%
	2011	6,764,342	2,512,537	1,458,352	4,229,619	37%	100%	4,828	17%
	2012	6,749,218	2,615,838	1,744,572	4,241,650	39%	102%	4,780	19%
	2013	6,770,468	3,138,844	2,535,069	3,878,568	46%	104%	4,690	22%
	2014	6,440,752	4,054,340	2,717,989	3,918,003	63%	124%	4,482	26%
	2015	5,972,326	4,285,576	3,483,006	3,472,016	72%	130%	4,287	29%
	2016	5,427,343	4,280,453	3,941,002	2,822,763	79%	131%	4,025	32%
Projected Future Experience (60 Years)	2017	4,998,160	2,974,240	3,025,741	3,414,260	60%	128%	3,940	33%
	2018	4,743,291	3,242,047	3,230,032	3,230,194	68%	136%	3,853	35%
	2019	4,564,041	3,559,895	3,427,212	3,074,363	78%	145%	3,762	36%
	2020	4,387,291	3,915,947	3,657,309	2,903,659	89%	155%	3,669	38%
	2021	4,205,090	4,299,852	3,928,272	2,706,255	102%	167%	3,572	40%
	2022	4,019,615	4,692,300	4,216,463	2,489,680	117%	179%	3,471	42%
	2023	3,833,085	5,068,332	4,521,006	2,244,738	132%	191%	3,365	44%
	2024	3,641,789	5,428,866	4,849,938	1,991,825	149%	204%	3,256	46%
	2025	3,454,588	5,784,395	5,199,417	1,730,199	167%	218%	3,144	49%
	2026	3,267,615	6,134,044	5,563,036	1,440,720	188%	232%	3,029	51%
	2027	3,081,562	6,482,016	5,929,594	1,117,975	210%	247%	2,911	53%
	2028	2,894,524	6,828,887	6,297,897	774,967	236%	263%	2,791	56%
	2029	2,711,627	7,157,822	6,663,994	421,215	264%	280%	2,670	58%
	2030	2,532,661	7,446,851	7,019,975	53,849	294%	296%	2,547	61%
	2031	2,356,638	7,722,327	7,362,773	-317,630	328%	314%	2,424	63%
	2032	2,186,351	8,004,918	7,696,482	-696,839	366%	334%	2,300	66%
	2033	2,020,834	8,304,771	8,027,796	-1,073,314	411%	358%	2,176	68%
	2034	1,858,364	8,536,648	8,344,750	-1,438,309	459%	382%	2,051	71%
	2035	1,702,758	8,704,209	8,633,494	-1,780,147	511%	407%	1,928	73%
	2036	1,553,466	8,785,842	8,879,425	-2,083,897	566%	431%	1,806	76%
	2037	1,410,336	8,796,685	9,072,715	-2,349,677	624%	457%	1,685	78%
	2038	1,274,880	8,740,516	9,207,792	-2,574,885	686%	484%	1,568	80%
	2039	1,146,964	8,620,104	9,280,869	-2,752,822	752%	512%	1,454	82%
	2040	1,027,007	8,422,165	9,287,243	-2,885,623	820%	539%	1,343	84%
	2041	915,404	8,166,860	9,226,183	-2,968,395	892%	568%	1,238	86%
	2042	812,225	7,861,338	9,099,579	-3,010,592	968%	597%	1,136	88%
	2043	717,514	7,525,933	8,913,490	-3,011,338	1,049%	629%	1,040	89%
	2044	631,062	7,156,911	8,673,555	-2,981,045	1,134%	662%	949	91%
	2045	552,862	6,771,140	8,387,380	-2,922,382	1,225%	696%	863	92%
	2046	482,470	6,367,238	8,061,234	-2,842,740	1,320%	731%	783	93%
	2047	419,454	5,961,293	7,702,806	-2,749,324	1,421%	766%	708	94%
	2048	363,274	5,562,656	7,321,375	-2,643,671	1,531%	804%	639	95%
	2049	313,326	5,174,485	6,925,303	-2,525,596	1,651%	845%	575	96%
	2050	269,545	4,792,010	6,520,343	-2,398,428	1,778%	888%	516	97%
	2051	231,137	4,422,508	6,111,844	-2,261,965	1,913%	935%	462	98%
	2052	197,630	4,050,692	5,701,358	-2,124,625	2,050%	975%	412	98%
	2053	168,447	3,695,583	5,292,960	-1,982,377	2,194%	1,017%	367	99%
	2054	143,111	3,364,749	4,892,443	-1,834,778	2,351%	1,069%	326	99%
	2055	121,300	3,047,080	4,502,828	-1,690,390	2,512%	1,118%	288	100%
	2056	102,516	2,743,293	4,125,797	-1,547,583	2,676%	1,166%	255	100%
	2057-2061	313,227	9,734,237	15,502,432	-5,712,634	3,108%	1,284%	877	101%
	2062-2066	126,185	4,880,007	8,688,784	-3,056,057	3,867%	1,445%	436	102%
	2067-2071	49,767	2,162,000	4,303,549	-1,548,380	4,344%	1,233%	202	102%
	2072-2076	20,822	927,773	1,946,310	-766,784	4,456%	773%	86	102%

Attachment 1-a-ii
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Rate Increase
Individual Simplicity Policy Forms with No Inflation

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	525,994	299,291	41,559	29,427	57%	62%	918	57%
	2005	2,817,875	685,374	142,647	682,632	24%	49%	2,581	30%
	2006	4,980,242	61,157	235,971	2,057,383	1%	43%	4,493	13%
	2007	6,787,066	1,305,386	334,048	3,338,251	19%	68%	5,501	16%
	2008	7,352,986	725,505	464,631	4,278,587	10%	68%	5,392	14%
	2009	7,089,774	759,854	684,463	4,370,547	11%	72%	5,141	13%
	2010	6,846,029	1,058,424	840,183	4,263,903	15%	78%	4,929	14%
	2011	6,764,342	2,512,537	1,458,352	4,229,619	37%	100%	4,828	17%
	2012	6,749,218	2,615,838	1,744,572	4,241,650	39%	102%	4,780	19%
	2013	6,770,468	3,138,844	2,535,069	3,878,568	46%	104%	4,690	22%
	2014	6,440,752	4,054,340	2,717,989	3,918,003	63%	124%	4,482	26%
	2015	5,972,326	4,285,576	3,483,006	3,472,016	72%	130%	4,287	29%
	2016	5,427,343	4,280,453	3,941,002	2,822,763	79%	131%	4,025	32%
Projected Future Experience (60 Years)	2017	4,998,160	2,974,240	3,025,741	3,414,260	60%	128%	3,940	33%
	2018	4,743,291	3,242,047	3,230,032	3,230,194	68%	136%	3,853	35%
	2019	4,564,041	3,559,895	3,427,212	3,074,363	78%	145%	3,762	36%
	2020	4,387,291	3,915,947	3,657,309	2,903,659	89%	155%	3,669	38%
	2021	5,136,933	4,140,399	3,895,960	-2,901,173	81%	24%	3,316	40%
	2022	5,814,259	4,343,678	4,110,668	2,214,802	75%	113%	3,222	41%
	2023	5,566,050	4,689,177	4,340,169	1,994,818	84%	120%	3,125	42%
	2024	5,308,146	5,019,966	4,603,450	1,768,416	95%	128%	3,024	44%
	2025	5,057,045	5,346,066	4,894,851	1,534,910	106%	136%	2,920	45%
	2026	4,804,729	5,666,388	5,206,347	1,276,643	118%	145%	2,814	47%
	2027	4,552,329	5,984,864	5,525,575	988,656	131%	153%	2,705	49%
	2028	4,295,269	6,301,994	5,850,696	682,473	147%	163%	2,594	51%
	2029	4,043,519	6,602,457	6,177,105	367,053	163%	172%	2,482	53%
	2030	3,796,096	6,866,216	6,496,524	39,486	181%	182%	2,369	54%
	2031	3,550,488	7,117,235	6,805,321	-291,811	200%	192%	2,255	56%
	2032	3,312,288	7,375,063	7,106,844	-629,939	223%	204%	2,140	58%
	2033	3,079,357	7,648,790	7,407,017	-965,601	248%	217%	2,025	60%
	2034	2,847,658	7,859,956	7,694,636	-1,291,323	276%	231%	1,909	62%
	2035	2,624,871	8,012,078	7,956,822	-1,596,478	305%	244%	1,795	64%
	2036	2,409,485	8,085,228	8,180,020	-1,867,868	336%	258%	1,682	66%
	2037	2,200,889	8,093,324	8,355,102	-2,105,435	368%	272%	1,570	68%
	2038	2,002,138	8,039,986	8,476,891	-2,307,066	402%	286%	1,461	69%
	2039	1,812,778	7,927,897	8,541,929	-2,466,807	437%	301%	1,355	71%
	2040	1,633,614	7,745,012	8,545,951	-2,586,363	474%	316%	1,253	73%
	2041	1,465,533	7,509,577	8,488,260	-2,661,483	512%	331%	1,154	74%
	2042	1,308,838	7,228,277	8,370,572	-2,700,393	552%	346%	1,060	76%
	2043	1,163,839	6,919,326	8,198,361	-2,702,471	595%	362%	971	77%
	2044	1,030,413	6,579,497	7,976,783	-2,676,647	639%	379%	886	78%
	2045	908,819	6,224,268	7,712,803	-2,625,299	685%	396%	806	79%
	2046	798,489	5,852,433	7,412,165	-2,555,247	733%	413%	732	80%
	2047	698,924	5,479,005	7,081,949	-2,472,583	784%	430%	662	81%
	2048	609,406	5,111,976	6,730,617	-2,378,729	839%	449%	597	82%
	2049	529,073	4,754,271	6,365,770	-2,273,558	899%	469%	537	82%
	2050	458,212	4,401,545	5,992,656	-2,159,653	961%	489%	482	83%
	2051	395,548	4,061,071	5,616,274	-2,037,143	1,027%	512%	432	84%
	2052	340,414	3,718,476	5,238,069	-1,913,644	1,092%	530%	385	84%
	2053	292,002	3,390,988	4,861,723	-1,785,597	1,161%	550%	343	84%
	2054	249,635	3,085,888	4,492,582	-1,652,338	1,236%	574%	305	85%
	2055	212,839	2,792,832	4,133,427	-1,521,661	1,312%	597%	270	85%
	2056	180,896	2,512,889	3,785,875	-1,392,395	1,389%	619%	238	85%
	2057-2061	559,913	8,906,146	14,208,772	-5,131,358	1,591%	674%	820	86%
	2062-2066	229,493	4,467,176	7,953,512	-2,744,087	1,947%	751%	408	87%
	2067-2071	91,255	1,987,922	3,944,005	-1,400,228	2,178%	644%	189	87%
	2072-2076	38,267	856,020	1,789,115	-698,336	2,237%	412%	81	87%

Attachment 1-b-i
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - Before Rate Increase
Individual Simplicity Policy Forms with Auto Inflation

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,416,215	0	0	18,914	0%	1%	2,162	0%
	2005	8,271,047	18,877	0	3,285,455	0%	40%	6,084	0%
	2006	16,622,889	65,934	59,902	10,205,611	0%	62%	11,574	0%
	2007	25,768,259	109,447	89,425	19,579,866	0%	76%	15,364	0%
	2008	29,723,459	1,931,900	287,815	28,824,736	6%	103%	16,043	3%
	2009	29,535,090	1,123,358	676,157	30,576,092	4%	107%	15,478	3%
	2010	29,030,604	2,361,117	861,682	32,295,368	8%	119%	15,238	4%
	2011	28,781,099	1,939,896	1,424,576	33,132,329	7%	122%	14,977	4%
	2012	28,804,448	2,515,419	1,786,005	34,548,198	9%	129%	14,991	5%
	2013	29,341,338	3,208,717	2,428,873	33,135,874	11%	124%	14,873	6%
	2014	28,148,447	6,194,535	3,131,618	33,405,459	22%	141%	14,358	7%
	2015	25,912,937	4,406,991	3,730,188	33,402,200	17%	146%	13,982	8%
	2016	23,278,001	7,659,979	4,892,341	28,996,193	33%	157%	13,412	9%
Projected Future Experience (60 Years)	2017	20,461,951	6,396,908	5,279,802	30,902,927	31%	182%	13,226	10%
	2018	19,052,393	7,499,303	6,098,859	30,679,930	39%	200%	13,042	12%
	2019	18,480,417	8,863,132	6,973,910	30,761,192	48%	214%	12,854	13%
	2020	17,897,154	10,485,507	8,043,926	30,936,132	59%	231%	12,659	15%
	2021	17,442,133	12,330,747	9,346,162	31,169,629	71%	249%	12,457	16%
	2022	16,934,331	14,372,786	10,850,762	31,247,646	85%	269%	12,244	18%
	2023	16,275,165	16,596,337	12,559,455	30,970,571	102%	292%	12,017	20%
	2024	15,756,355	19,035,172	14,498,457	30,619,664	121%	315%	11,776	23%
	2025	15,269,077	21,706,250	16,678,475	30,058,012	142%	339%	11,522	25%
	2026	14,764,160	24,662,638	19,114,755	29,243,437	167%	365%	11,253	28%
	2027	14,254,017	27,963,898	21,825,343	28,110,322	196%	393%	10,970	31%
	2028	13,716,462	31,568,117	24,827,043	26,600,104	230%	424%	10,673	34%
	2029	13,158,439	35,406,017	28,115,843	24,683,830	269%	457%	10,361	37%
	2030	12,600,296	39,448,092	31,678,818	22,392,145	313%	491%	10,034	41%
	2031	12,024,717	43,726,569	35,509,870	19,718,430	364%	528%	9,693	44%
	2032	11,438,051	48,548,648	39,670,047	16,572,534	424%	569%	9,337	48%
	2033	10,843,174	53,930,938	44,230,627	12,983,069	497%	617%	8,966	52%
	2034	10,228,421	59,294,732	49,127,292	9,019,596	580%	668%	8,582	57%
	2035	9,611,186	64,540,072	54,251,548	4,798,008	672%	721%	8,185	62%
	2036	8,991,059	69,581,927	59,497,819	419,610	774%	779%	7,778	66%
	2037	8,367,197	74,303,156	64,756,027	-4,105,732	888%	839%	7,363	71%
	2038	7,743,331	78,687,866	69,929,792	-8,675,495	1,016%	904%	6,941	76%
	2039	7,134,374	82,504,408	74,897,821	-13,143,210	1,156%	972%	6,516	81%
	2040	6,537,342	85,614,845	79,527,385	-17,392,271	1,310%	1,044%	6,091	86%
	2041	5,959,344	87,786,252	83,663,410	-21,300,210	1,473%	1,116%	5,669	91%
	2042	5,401,344	89,100,994	87,185,290	-24,820,360	1,650%	1,190%	5,252	96%
	2043	4,868,305	89,493,500	89,996,042	-27,872,804	1,838%	1,266%	4,845	101%
	2044	4,362,978	89,126,095	92,046,926	-30,406,580	2,043%	1,346%	4,449	105%
	2045	3,888,315	88,019,236	93,317,650	-32,371,123	2,264%	1,431%	4,067	110%
	2046	3,446,630	86,239,663	93,808,712	-33,797,142	2,502%	1,522%	3,703	114%
	2047	3,038,386	83,805,836	93,530,326	-34,713,727	2,758%	1,616%	3,357	118%
	2048	2,664,816	80,870,327	92,522,637	-35,106,826	3,035%	1,717%	3,031	121%
	2049	2,324,825	77,603,427	90,859,552	-35,066,025	3,338%	1,830%	2,726	124%
	2050	2,018,660	73,933,354	88,601,888	-34,634,422	3,662%	1,947%	2,442	127%
	2051	1,744,221	69,996,643	85,819,724	-33,903,349	4,013%	2,069%	2,180	130%
	2052	1,500,607	65,896,549	82,594,470	-32,903,179	4,391%	2,199%	1,939	132%
	2053	1,285,546	61,780,061	79,022,315	-31,678,615	4,806%	2,342%	1,719	135%
	2054	1,096,788	57,699,124	75,193,472	-30,293,612	5,261%	2,499%	1,519	137%
	2055	932,313	53,573,579	71,169,900	-28,793,383	5,746%	2,658%	1,338	138%
	2056	789,677	49,436,362	67,000,773	-27,207,069	6,260%	2,815%	1,174	140%
	2057-2061	2,417,868	188,980,757	271,100,303	-110,881,288	7,816%	3,230%	3,964	145%
	2062-2066	965,198	108,156,335	172,658,280	-71,269,741	11,206%	3,822%	1,887	148%
	2067-2071	359,808	52,056,056	95,665,665	-41,366,618	14,468%	2,971%	820	149%
	2072-2076	124,506	20,966,454	45,370,980	-20,460,044	16,840%	407%	315	149%

Attachment 1-b-ii
MedAmerica and Affinity Partners
Actual and Projected Experience by Calendar Year
Nationwide Experience Restated to No Prior Rate Increase - After Rate Increase
Individual Simplicity Policy Forms with Auto Inflation

		Actual or Projected Experience using Current Assumptions							Cumulative LR with Interest
		A	B	C	D	E = B / A	F = (B + D) / A	G	H
	Calendar Year	Earned Premium	Incurred Claims	Paid Claims	Change in Active Life Reserves	Incurred Loss Ratio	Loss Ratio with Chg in ALR	End of Year Lives	Actual (Column E) with Max Val Interest
Historical Experience	2004	1,416,215	0	0	18,914	0%	1%	2,162	0%
	2005	8,271,047	18,877	0	3,285,455	0%	40%	6,084	0%
	2006	16,622,889	65,934	59,902	10,205,611	0%	62%	11,574	0%
	2007	25,768,259	109,447	89,425	19,579,866	0%	76%	15,364	0%
	2008	29,723,459	1,931,900	287,815	28,824,736	6%	103%	16,043	3%
	2009	29,535,090	1,123,358	676,157	30,576,092	4%	107%	15,478	3%
	2010	29,030,604	2,361,117	861,682	32,295,368	8%	119%	15,238	4%
	2011	28,781,099	1,939,896	1,424,576	33,132,329	7%	122%	14,977	4%
	2012	28,804,448	2,515,419	1,786,005	34,548,198	9%	129%	14,991	5%
	2013	29,341,338	3,208,717	2,428,873	33,135,874	11%	124%	14,873	6%
	2014	28,148,447	6,194,535	3,131,618	33,405,459	22%	141%	14,358	7%
	2015	25,912,937	4,406,991	3,730,188	33,402,200	17%	146%	13,982	8%
	2016	23,278,001	7,659,979	4,892,341	28,996,193	33%	157%	13,412	9%
Projected Future Experience (60 Years)	2017	20,461,951	6,396,908	5,279,802	30,902,927	31%	182%	13,226	10%
	2018	19,052,393	7,499,303	6,098,859	30,679,930	39%	200%	13,042	12%
	2019	18,480,417	8,863,132	6,973,910	30,761,192	48%	214%	12,854	13%
	2020	17,897,154	10,485,507	8,043,926	30,936,132	59%	231%	12,659	15%
	2021	22,944,819	11,404,307	9,154,460	-37,735,231	50%	-115%	11,340	16%
	2022	27,506,297	12,309,749	10,217,242	25,868,107	45%	139%	11,148	17%
	2023	26,351,260	14,205,167	11,446,047	25,597,881	54%	151%	10,944	19%
	2024	25,504,634	16,285,099	12,924,068	25,304,091	64%	163%	10,727	20%
	2025	24,733,240	18,562,805	14,650,046	24,838,169	75%	175%	10,498	22%
	2026	23,934,960	21,083,402	16,626,827	24,167,113	88%	189%	10,256	24%
	2027	23,139,127	23,898,800	18,861,770	23,235,434	103%	204%	10,000	26%
	2028	22,292,609	26,972,208	21,366,106	21,990,026	121%	220%	9,732	28%
	2029	21,410,831	30,246,014	24,132,046	20,410,158	141%	237%	9,450	30%
	2030	20,543,024	33,694,597	27,143,616	18,524,649	164%	254%	9,155	33%
	2031	19,644,622	37,346,837	30,392,105	16,321,710	190%	273%	8,847	36%
	2032	18,729,417	41,465,183	33,927,659	13,724,936	221%	295%	8,525	38%
	2033	17,803,493	46,062,877	37,810,194	10,758,588	259%	319%	8,190	41%
	2034	16,836,048	50,651,795	41,985,093	7,477,793	301%	345%	7,841	45%
	2035	15,866,157	55,145,464	46,360,068	3,980,842	348%	373%	7,482	48%
	2036	14,889,226	59,471,564	50,845,201	345,689	399%	402%	7,113	51%
	2037	13,899,632	63,526,269	55,345,975	-3,418,689	457%	432%	6,736	55%
	2038	12,902,781	67,298,315	59,779,790	-7,227,495	522%	466%	6,353	59%
	2039	11,931,036	70,591,736	64,043,500	-10,954,389	592%	500%	5,967	62%
	2040	10,973,144	73,283,383	68,023,037	-14,508,737	668%	536%	5,580	66%
	2041	10,042,845	75,174,879	71,585,040	-17,789,466	749%	571%	5,196	69%
	2042	9,139,498	76,333,213	74,624,912	-20,752,735	835%	608%	4,816	73%
	2043	8,272,663	76,704,193	77,059,075	-23,330,290	927%	645%	4,445	76%
	2044	7,446,715	76,433,458	78,846,632	-25,479,201	1,026%	684%	4,084	80%
	2045	6,666,962	75,528,693	79,969,653	-27,160,253	1,133%	725%	3,735	83%
	2046	5,937,774	74,051,857	80,428,349	-28,393,594	1,247%	769%	3,402	86%
	2047	5,259,847	72,007,659	80,229,147	-29,199,664	1,369%	814%	3,086	88%
	2048	4,636,458	69,529,773	79,405,026	-29,566,288	1,500%	862%	2,787	91%
	2049	4,065,578	66,768,976	78,019,460	-29,566,323	1,642%	915%	2,508	93%
	2050	3,548,835	63,655,615	76,123,293	-29,238,972	1,794%	970%	2,248	95%
	2051	3,082,486	60,307,791	73,775,369	-28,658,200	1,956%	1,027%	2,007	97%
	2052	2,666,107	56,811,159	71,043,759	-27,843,089	2,131%	1,087%	1,786	99%
	2053	2,296,198	53,293,831	68,009,825	-26,836,033	2,321%	1,152%	1,584	101%
	2054	1,969,191	49,797,181	64,749,657	-25,683,720	2,529%	1,225%	1,400	102%
	2055	1,682,476	46,248,504	61,314,834	-24,430,619	2,749%	1,297%	1,233	103%
	2056	1,432,154	42,689,144	57,748,408	-23,099,191	2,981%	1,368%	1,083	105%
	2057-2061	4,436,626	163,279,753	233,888,370	-94,246,294	3,680%	1,556%	3,656	109%
	2062-2066	1,799,703	93,463,154	149,110,612	-60,604,493	5,193%	1,826%	1,741	110%
	2067-2071	676,062	44,851,007	82,587,639	-35,039,950	6,634%	1,451%	756	111%
	2072-2076	234,445	17,955,654	39,065,250	-17,180,799	7,659%	331%	290	111%

MEDAmerica

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

July 10, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated July 7, 2020 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Objection 1
- Notice of Premium Increase, RIL-VA-0918 (Form)

We did not find an "Option Election Form" under the Form Schedule. Please advise if the company intends to produce one to send as an Enclosure as stated on the Statement of Variability. Please place the "Option Election Form for review under the Form Schedule tab.

The Option Election Form is not applicable to this filing, and therefore the company does not intend to produce one.

The Statement of Variability (SOV) submitted via SERFF on January 24, 2020 ("Statement of Variability All Product Lines") along with our objection response dated January 23, 2020 is applicable to this filing and three other filings submitted on behalf of MedAmerica Insurance Company. The products covered by the four filings are indicated within the SOV ("Statement of Variability – Simplicity, Simplicityii, Premier, CICA Assumed Product Lines"). This SOV does not reference an "Option Election Form". Neither does our Notice of Premium Increase, Form RIL-VA-0918. The Option Election Form is not applicable to the MedAmerica Insurance Company filings.

Your reference to the Option Election Form refers to a filing on behalf of another company. On December 12, 2019 we submitted a "Road Map for Form Filing" as Supporting Documentation via SERFF ("MedAmerica Filings - Virginia - Applicable Statements of Variability.pdf"). In that exhibit, under a filing for Principal Life Insurance Company, SERFF# TRIP-131594000, is the only reference to an Option Election Form (PFGOEF-VA-0718). As footnoted in that exhibit, this is a form unique to Principal Group Certificate FR 601, which applied to employees of Principal. It introduced a downgrade option that was not available under the certificate as issued, therefore an explicit election was included.

In response to your objection dated June 25, 2020, MedAmerica is currently revising its policyholder notice of premium increase RIL-VA-0918 and its associated SOV. We will respond to that objection with the revised forms on or before the July 25 deadline.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Director, LTC Pricing
MedAmerica Insurance Company
165 Court Street, Rochester NY 14647
(585) 238-4379

MEDAmerica

MedAmerica Insurance Company
Home Office: Pittsburgh, PA

MedAmerica Insurance Company of New York
Home Office: Rochester, NY

MedAmerica Insurance Company of Florida
Home Office: Orlando, FL

July 24, 2020

Mr. Bill Dismore
Virginia Bureau of Insurance (Bureau)

Via SERFF

RE: MedAmerica Insurance Company (MedAmerica)
Company NAIC #69515
SERFF Tracking #MILL-131285847
Tax-Qualified Long-Term Care Policy Form SPL-336

Dear Mr. Dismore:

Thank you for reviewing this filing. This letter is in response to your letter dated June 25, 2020 regarding the above-referenced filing. The Bureau's requests are restated in italics below, followed by my responses.

Objection 1
Please provide the required narrative to the Health Insurance Rate Request Summary - Part 1. Please structure the narrative so that the intended audience (the policyholder) can easily understand and avoid technical/actuarial terminology where possible.

Please combine Part 1 and the narrative as one PDF document instead of two separate documents.

A combined document as requested has been submitted via SERFF.

In response to **Objections 2 through 7** *(not quoted)*, MedAmerica has revised its policyholder notice of premium increase form RIL-VA-0918 and its associated Statement of Variability (SOV) as requested. These revised documents have been submitted via SERFF.

Objection 8
Please provide a John Doe letter package along with the Contingent Non-Forfeiture Benefit Election Form assuming a single rate increase and a separate John Doe letter package illustrating the phased in option.

John Doe letters as requested have been submitted via SERFF.

Bill, thank you for working with us to complete this filing in Virginia. Please let me know if you have any additional questions. You can reach me directly by e-mail at: patrick.kinney@medamericaltc.com.

Respectfully,

J. Patrick Kinney III, FSA, MAAA
Director, LTC Pricing
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