

Health Insurance Rate Request Summary
Part 1 – To Be Completed By Company

Reset Form

Company Name and NAIC Number: MedAmerica Insurance Company, NAIC # 69515

SERFF Tracking Number: MILL-131285919

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: 20

New Rates
Average Annual Premium Per Member: N/A

Revised Rates
Average Annual Premium Per Member: 4,284

Average Requested Percentage Rate Change Per Member: 106.1%

Minimum Requested Percentage Rate Change Per Member: 85%

Maximum Requested Percentage Rate Change Per Member: 131%

Plans Affected
(The Form Number and "Product Name")

Form#	"Product Name"(if applicable)
LTC-CD9-MA-VA LTQ11-336-MA-VA-1100 HTQ11-338-MA-VA-1100 NTQ11-337-MA-VA-1100	Prior to Series 11 Individual Comprehensive Form Series 11 Individual Comprehensive Form Series 11 Individual Home Health Only Form Series 11 Individual Facility Only 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.