

SERFF Tracking Number: TRST-127704193 State: Delaware  
Filing Company: Trustmark Life Insurance Company State Tracking Number: 45284  
Company Tracking Number: 11.00550  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO  
Product Name: S989C  
Project Name/Number: small group rate filing/11.00550

## Filing at a Glance

Company: Trustmark Life Insurance Company

Product Name: S989C

SERFF Tr Num: TRST-127704193 State: Delaware

TOI: H16G Group Health - Major Medical

SERFF Status: Assigned

State Tr Num: 45284

Sub-TOI: H16G.003A Small Group Only - PPO Co Tr Num: 11.00550

State Status: Filing Outsourced for Actuarial Review

Filing Type: Rate

Reviewer(s): Jennifer Dawson (LRF)

Author: Brenda Young

Disposition Date:

Date Submitted: 10/12/2011

Disposition Status:

Implementation Date Requested: 09/01/2011

Implementation Date:

State Filing Description:

## General Information

Project Name: small group rate filing

Status of Filing in Domicile: Not Filed

Project Number: 11.00550

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small

Group Market Type: Trust

Overall Rate Impact:

Filing Status Changed: 10/13/2011

State Status Changed: 10/14/2011

Deemer Date:

Created By: Brenda Young

Submitted By: Lisa Sayerstad

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Please find, for your review, a rate filing pertaining to our S989C small group major medical policy.

An actuarial memorandum and supporting materials are attached to provide you with more details regarding this filing.

We are requesting a 1% rate increase at this time.

Thank you for your time in this matter. If you have any questions, please contact me at 1-800-666-6977, ext. 32423 or at

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 byoung@trustmarkinsurance.com.

## Company and Contact

### Filing Contact Information

Brenda Young, Compliance Specialist BY0@trustmarkins.com  
 400 Field Drive 847-283-2423 [Phone]  
 Lake Forest, IL 60045 847-615-3872 [FAX]

### Filing Company Information

Trustmark Life Insurance Company	CoCode: 62863	State of Domicile: Illinois
400 Field Drive	Group Code: 276	Company Type:
Lake Forest, IL 60045	Group Name:	State ID Number:
(800) 666-6977 ext. [Phone]	FEIN Number: 36-3421358	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 per rate filing  
 Per Company: Yes

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Trustmark Life Insurance Company	\$50.00	10/12/2011	52739219

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## Rate Information

Rate data applies to filing.

### Filing Method:

### Rate Change Type:

Increase

### Overall Percentage of Last Rate Revision:

%

### Effective Date of Last Rate Revision:

### Filing Method of Last Filing:

informational

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
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Trustmark Life Insurance Company	Increase	1.000%	1.000%	\$2,148	9	\$183,120	1.000%	1.000%
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Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		3			24			
Policy Holders:		1			8			

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## Rate Review Details

### COMPANY:

Company Name: Trustmark Life Insurance Company  
HHS Issuer Id: 30542  
Product Names: Signature Series  
Consumer Health Series  
Trend Factors: 13% annually

### FORMS:

New Policy Forms:  
Affected Forms:  
Other Affected Forms: S989C

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period: Annual  
Member Months: 369  
Benefit Change: Increase  
Percent Change Requested: Min: 1.0 Max: 1.0 Avg: 1.0

#### PRIOR RATE:

Total Earned Premium: 211,917.20  
Total Incurred Claims: 62,329.95  
Annual \$: Min: 307.49 Max: 1,396.12 Avg: 574.30

#### REQUESTED RATE:

Projected Earned Premium: 214,065.15  
Projected Incurred Claims: 62,329.95

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*Annual \$:* Min: 310.60 Max: 1,410.22 Avg: 580.12

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## Supporting Document Schedules

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Small Employer Carrier Annual Information Filing Form

**Comments:**  
**Attachment:**  
 small employer health plan report 10122011.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** Health Actuarial Memorandum

**Comments:**  
**Attachment:**  
 actuarial memorandum 10102011.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** PPACA Uniform Compliance Summary

**Comments:**  
**Attachment:**  
 PPACAuniformcompliancesummary 10112011.pdf

**Item Status:** **Status**  
**Date:**

**Satisfied - Item:** HIOS rate review

**Comments:**  
**Attachment:**  
 HIOS Rate Review System Part 2 Written Description DE upd2.pdf

**Item Status:** **Status**  
**Date:**

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**Satisfied - Item:** rate summary nationwide data

**Comments:**

**Attachment:**

DE RateSummaryTemplate Trustmark Life nationwide data 20110912.pdf

## HIOS Rate Review System – Part 2: Written Description Justifying the Rate Increase

The increase requested within this filing is necessary to ensure the continued financial soundness of this Trustmark Life Insurance product offering. The request is made up of the following components:

1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization. This component is 4% of the 13% filed trend increase.
2. Medical Price Changes – Defined as the increase in total plan claim costs attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. This component is 9% of the 13% filed trend increase.

### Other Increases

1. Medical Benefit Changes Required by Law – Defined as any new mandated plan benefit changes, as mandated by either State or Federal Regulation. This component is 0% of the filed increase.
2. Medical Benefit Changes Not Required by Law – Defined as changes in plan benefit design made by Trustmark Life Insurance Company, which are not required by either State or Federal Regulation. This component is 0% of the filed increase.
3. Changes to Administration Costs – Defined as increases in the costs of providing insurance coverage. Examples include claims payment expenses, distribution costs, taxes, and general business expenses such as rent, salaries, and overhead. This component is 0% of the filed increase.
4. Insufficiency of Prior Rates – Defined as the experience rated component of the increase. This is based on market specific experience, to the extent that it is credible, and supplemented with nationwide experience. This component is the remainder of the filed increase.

Scope and Range of the Increase: This filing will impact 27 covered lives. Individuals within the group may vary from the aggregate of the above increase components, based on age, plan, and dependent status changes.

The 13% trend component of this filed increase was calculated using the nationwide experience of this product offering.

Financial Experience of the Product - Nationwide: The 2009 Actual Loss Ratio developed on target with the 2009 Expected Loss Ratio. The 2010 Actual Loss Ratio developed 2% higher than the 2010 Expected Loss Ratio. The 2011 Actual Loss Ratio through 7/31/2011 developed 5% lower than the 2011 Expected Loss Ratio. A significant portion of 2011 claims experience is estimated. Overall, rate adjustments are intended to meet the Expected Loss Ratio.