

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

Filing at a Glance

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

State: District of Columbia **Filing Company:** United of Omaha Life Insurance Company
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General Information

Project Name: Accident Only 2014 Status of Filing in Domicile:
 Project Number: ACC-CERT-14 DC Rates Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
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 Submission Type: New Submission Group Market Size: Small and Large
 Group Market Type: Employer, Association, Trust Overall Rate Impact:
 Filing Status Changed: 04/09/2014
 State Status Changed: Deemer Date:
 Created By: Krysia Gannon Submitted By: Shelly Kaipust
 Corresponding Filing Tracking Number: MUTM-129429361
 (forms)

Filing Description:
 See cover letter.

Company and Contact

Filing Contact Information

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Filing Company Information

| | | |
|--|-------------------------|------------------------------|
| United of Omaha Life Insurance Company | CoCode: 69868 | State of Domicile: Nebraska |
| Mutual of Omaha Plaza | Group Code: 261 | Company Type: Life Insurance |
| Omaha, NE 68175 | Group Name: | State ID Number: |
| (402) 351-6910 ext. [Phone] | FEIN Number: 47-0322111 | |

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

MUTM-129429360

State Tracking #:

Company Tracking #:

BRANDI LASHLEY

State:

District of Columbia

Filing Company:

United of Omaha Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Group Accident Rates

Project Name/Number:

Accident Only 2014/ACC-CERT-14 DC Rates

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

SERFF

Company Rate Information

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

SERFF Tracking #:

MUTM-129429360

State Tracking #:**Company Tracking #:**

BRANDI LASHLEY

State:

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Accident Only 2014/ACC-CERT-14 DC Rates

Rate/Rule Schedule

| Item No. | Schedule Item Status | Document Name | Affected Form Numbers (Separated with commas) | Rate Action | Rate Action Information | Attachments |
|----------|----------------------|---------------------------|---|-------------|-------------------------|----------------------|
| 1 | | Group Accident Rate Pages | ACC-CERT-14 DC | New | | ACC_RatePages_U.pdf, |

UNITED OF OMAHA LIFE INSURANCE COMPANY
OMAHA, NEBRASKA

ACCIDENT INSURANCE

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

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

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

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

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

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

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

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

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

Table 1.03 - Base Claim Adjustments for Fractures and Dislocations

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

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

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

Table 1.04 - Base Claim Adjustments for Hospital Benefits

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

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

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

Table 1.05 - Base Claim Adjustments for Follow-up Benefits

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

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

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

Table 1.06 - Base Claim Adjustments for Family Care Benefits

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

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

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

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

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

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

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

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

Table 1.08 - Base Claim Adjustments for Number of Plan Options

| Plan Options Available | Factor |
|-------------------------------|---------------|
| Single | 1.000 |
| Multiple | 1.013 |

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

Table 1.10 - Age/Gender Factor

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

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

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

Table 1.15 - SIC Factor

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

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

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

Table 1.20 - Participation Factor

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

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

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

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

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

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

Table 1.30 - Catastrophic Plan Type

| Plan Type | Factor |
|------------------------|---------------|
| Non-Contributory | 1.000 |
| Contributory/Voluntary | 1.100 |

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

Table 1.35 - Area Factor

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

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

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

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

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

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

Table 1.45 - Health Screening Adjustment

Health Screening Benefit

| Amount | Factor |
|---------------|---------------|
| \$25 | 1.000 |
| \$50 | 2.589 |
| \$75 | 4.816 |
| \$100 | 7.732 |
| \$125 | 11.355 |
| \$150 | 15.847 |

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

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

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

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

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

Table 1.50 - Annual Benefit Maximum (ABM) Factor

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

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

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

Table 1.55 - Portability

| Portability Option | Factor |
|---------------------------|---------------|
| No | 1.00 |
| Yes | 1.01 |

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

Table 1.60 - Rate Guarantee

| Rate Guarantee Period | Factor |
|----------------------------------|---------------|
| 1 Year | 1.000 |
| 2 Years | 1.000 |
| 3 Years | 1.030 |
| 4 Years | 1.050 |
| 5 Years | 1.070 |

UNITED OF OMAHA LIFE INSURANCE COMPANY
OMAHA, NEBRASKA

ACCIDENT INSURANCE

Final Monthly Rate

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

The Annual Premium is calculated based on the following formula:

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

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

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

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

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

Supporting Document Schedules

| | |
|--------------------------|---|
| Satisfied - Item: | Cover Letter All Filings |
| Comments: | |
| Attachment(s): | DC Rates - Group Accident Filing Letter.pdf |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|----------------------------------|
| Bypassed - Item: | Certificate of Authority to File |
| Bypass Reason: | Not applicable. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|------------------------------------|
| Satisfied - Item: | Actuarial Memorandum |
| Comments: | |
| Attachment(s): | Actuarial Memo Acc_U_CR_040914.pdf |
| Item Status: | |
| Status Date: | |

| | |
|--------------------------|--|
| Satisfied - Item: | Actuarial Justification |
| Comments: | Please refer to the Actuarial Memorandum for detailed claim cost data sources. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Loss Ratio Analysis (P&C) |
| Bypass Reason: | Not applicable with this filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

| | |
|-------------------------|--|
| Bypassed - Item: | District of Columbia and Countrywide Experience for the Last 5 Years (P&C) |
| Bypass Reason: | Not applicable with this filing. |
| Attachment(s): | |
| Item Status: | |
| Status Date: | |

SERFF Tracking #:

MUTM-129429360

State Tracking #:

Company Tracking #:

BRANDI LASHLEY

State:

District of Columbia

Filing Company:

United of Omaha Life Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

Group Accident Rates

Project Name/Number:

Accident Only 2014/ACC-CERT-14 DC Rates

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

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

UNITED OF OMAHA LIFE INSURANCE COMPANY

A MUTUAL of OMAHA COMPANY

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



NAIC # 261-69868

Group Accident Insurance

Actuarial Memorandum

Rate Manual Pages

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

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

Sincerely,

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

Phone: 402-351-4005

Fax: 402-351-5298

Email: brandi.lashley@mutualofomaha.com

United of Omaha Life Insurance Company

Actuarial Memorandum

RE: United of Omaha Group Accident

Accident Policy Form: ACC-CERT-14

Scope and Purpose

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

Description of Benefits:

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

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

Initial Care and Emergency Benefits

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

Specified Injury

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

Hospital, Surgical and Diagnostic

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

Follow-up Care

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

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

United of Omaha Life Insurance Company

Actuarial Memorandum

Renewability Provision:

Policies issued are conditionally renewable.

Applicability:

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

Marketing Method:

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

Underwriting Method:

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

Issue Age Limits:

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

Premium Basis:

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

Proposed Rate Methodology:

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

Overall Premium Impact of Filing on DC Policyholders:

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

Filed Minimum Loss Ratio:

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

Interest Rate Assumptions:

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

Trend Assumptions:

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

Persistency:

United of Omaha Life Insurance Company

Actuarial Memorandum

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

Anticipated Loss Ratio:

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

Expenses:

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

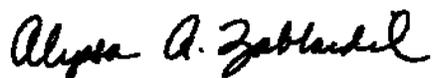
| | |
|--------------------------|-----|
| Commission and Brokerage | 19% |
| Taxes, License, Fees | 2% |
| General Administrative | 21% |
| Risk Retention/Profit | 3% |

Proposed Effective Date:

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

Actuarial Certification

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



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

United of Omaha Life Insurance Company

Actuarial Memorandum

Exhibit A - Claim Cost Data Sources

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

United of Omaha Life Insurance Company Actuarial Memorandum

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

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

Superseded Schedule Items

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

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

United of Omaha Life Insurance Company

Actuarial Memorandum

RE: United of Omaha Group Accident

Accident Policy Form: ACC-CERT-14

Scope and Purpose

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

Description of Benefits:

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

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

Initial Care and Emergency Benefits

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

Specified Injury

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

Hospital, Surgical and Diagnostic

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

Follow-up Care

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

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

United of Omaha Life Insurance Company

Actuarial Memorandum

Renewability Provision:

Policies issued are conditionally renewable.

Applicability:

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

Marketing Method:

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

Underwriting Method:

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

Issue Age Limits:

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

Premium Basis:

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

Proposed Rate Methodology:

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

Overall Premium Impact of Filing on DC Policyholders:

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

Filed Minimum Loss Ratio:

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

Interest Rate Assumptions:

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

Trend Assumptions:

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

Persistency:

United of Omaha Life Insurance Company

Actuarial Memorandum

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

Anticipated Loss Ratio:

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

Expenses:

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

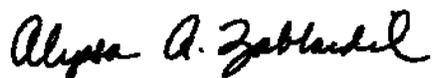
| | |
|--------------------------|-----|
| Commission and Brokerage | 19% |
| Taxes, License, Fees | 2% |
| General Administrative | 21% |
| Risk Retention/Profit | 3% |

Proposed Effective Date:

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

Actuarial Certification”

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



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

United of Omaha Life Insurance Company

Actuarial Memorandum

Exhibit A - Claim Cost Data Sources

| Benefit | Data Source(s) |
|---------------------------------------|---|
| Initial Care and Emergency | <ul style="list-style-type: none"> • Milliman’s Health Cost Guidelines™, Milliman, Inc. • CDC’s NCHS Vital Health Statistics Number 26, “National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary” August 6, 2010 • CDC’s NCHS Vital Health Statistics Number 27, “National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary” November 3, 2010 • National Safety Council’s Injury Facts, 2013 |
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| Hospital, Surgical, Diagnostic | <ul style="list-style-type: none"> • Milliman’s Health Cost Guidelines™, Milliman, Inc. • CDC’s NCHS Vital Health Statistics Number 26, “National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary” August 6, 2010 • CDC’s NCHS Vital Health Statistics Number 27, “National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department 2007 Summary” November 3, 2010 • CDC’s NCHS Vital and Health Statistics Series 10, Number 202, Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997 July 2000 • Epidural Steroid in the Management of Chronic Pain: A Systematic Review • NCHS No. 29, National Hospital Discharge Survey: 2007 Annual Summary • Milliman’s Long-term Care Guidelines • NCHS Series 13, No. 139, “Ambulatory and Inpatient Procedures in the United States, 1996” • National Safety Council’s Injury Facts, 2013 |
| Follow-up Care | <ul style="list-style-type: none"> • Milliman’s Health Cost Guidelines™, Milliman, Inc. |

United of Omaha Life Insurance Company Actuarial Memorandum

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

United of Omaha Life Insurance Company

Actuarial Memorandum

RE: United of Omaha Group Accident

Accident Policy Form: ACC-CERT-14

Scope and Purpose

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

Description of Benefits:

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

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

Initial Care and Emergency Benefits

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

Specified Injury

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

Hospital, Surgical and Diagnostic

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

Follow-up Care

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United of Omaha Life Insurance Company

Actuarial Memorandum

Renewability Provision:

Policies issued are optionally renewable.

Applicability:

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

Marketing Method:

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

Underwriting Method:

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

Issue Age Limits:

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

Premium Basis:

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

Proposed Rate Methodology:

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

Overall Premium Impact of Filing on DC Policyholders:

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

Filed Minimum Loss Ratio:

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

Interest Rate Assumptions:

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

Trend Assumptions:

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

Persistency:

United of Omaha Life Insurance Company

Actuarial Memorandum

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

Anticipated Loss Ratio:

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

Expenses:

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

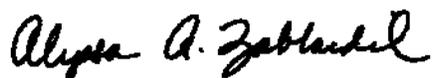
| | |
|--------------------------|-----|
| Commission and Brokerage | 19% |
| Taxes, License, Fees | 2% |
| General Administrative | 21% |
| Risk Retention/Profit | 3% |

Proposed Effective Date:

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

Actuarial Certification

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



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

United of Omaha Life Insurance Company

Actuarial Memorandum

Exhibit A - Claim Cost Data Sources

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

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