**Reset Form** 

## Long Term Care Insurance Rate Request Summary Part 1 – To Be Completed By Company

| Company Name and NAIC Number:                      | Physicians Mutual Insurance Company 80578   |
|--|---|
| SERFF Tracking Number:                             | PHYS-131032410  |
| Effective Date:                                    | at least 75 days after any increase approved by your State  |
| Revised Rates                                      |   |
| Average Annual Premium Per Me                      | \$1,277 smber:  |
| Average Requested Percentage R                     | ate Change Per Member: 20%  |
| Minimum Requested Percentage                       | Rate Change Per Member: 20%   |
| Maximum Requested Percentage                       | Rate Change Per Member: 20%   |
| Number of Policy Holders Affecte                   | d: 4  |
| Plans Affected<br>(The Form Number and "Product Na | me")  |
| Form#  | "Product Name"(if applicable)   |
| P124VA<br>R256<br>R257                             | Long-Term Care Policy Return of Premium Benefit Rider Inflation Protection Benefit Rider, optional compound interest (5%) |

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.

Like many Long-Term Care insurance providers, Physicians Mutual continues to experience higher than projected costs associated with Long-Term Care. This is due in part to individuals living longer and keeping their policies longer, which has resulted in more claims being filed than we anticipated when this policy was originally priced. As a result, premiums need to be adjusted to pay current and anticipated future claims.