



May 1, 2010



Re: NOTICE OF TERMINATION OF YOUR INSURANCE COVERAGE
Policy/Certificate Number:ARAI001369

Dear ROBERT 

The purpose of this letter is to provide you with important information regarding your major medical coverage with Guarantee Trust Life Insurance Company. The letter is intended to provide **notice** of an action Guarantee Trust will be taking that will result in the termination of all Major Medical plans in your state.

1. WHAT DOES THIS MEAN TO ME?

The terms and provisions of your policy state we must provide notice of termination to each covered person of termination at least 90 days prior to the date your coverage will terminate.

The 90 day notice of termination begins with the date of this notice as indicated above. Therefore, your current coverage will terminate no earlier than August 1, 2010.

2. WILL I BE OFFERED A REPLACEMENT PLAN?

YES! We are required by law and the terms of your policy to offer you replacement coverage. The replacement plan will be a high deductible major medical plan. A high deductible major medical plan is a type of plan that doesn't begin to pay for covered charges until such charges exceed a deductible of \$25,000. We will contact you during the 90 day period and provide you with details concerning a replacement plan. Any questions you may have will be fully answered at that time.

3. WILL I QUALIFY FOR THE REPLACEMENT PLAN?

YES! We must offer the replacement plan on a guarantee issue basis without regard to your health status.

If you have any questions about this termination and replacement, you may contact Policy Owner Service at 1-800-338-7452.

While this termination action is necessary, we're hopeful the replacement plan will meet your insurance needs for the future.

Sincerely,
Policy Owner Service

Visit us daily for the latest industry news and insight.
www.insurancenewsnet.com



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American National Exec: Company to Stop Selling Individual Health Plans

Two subsidiaries of American National Insurance Co. will stop selling individual medical expense health insurance plans due to the minimum medical loss ratio requirements contained in the new U.S. health reform law, an executive with the multiline insurer said.

American National Life Insurance Company of Texas and Standard Life and Accident Insurance Co. will discontinue selling these plans, starting June 30, American National Insurance said.

The 80% minimum medical loss ratio requirement "causes us to be uncomfortable" about the company's ability to make money on these plans in the future, Jim Pozzi, senior executive vice president and chief administrative officer of American National (NASDAQ: ANAT), told BestWire.

The individual health plans are mostly high-deductible, major medical products that are a small part of the corporation's overall business, he said. They comprise about one-third of American National's total health sales a year, or about \$30 million in annualized premium, Pozzi said.

The decision to stop new sales was made "after careful consideration of the recent health care legislation and based on the knowledge that the companies' individual medical expense plans will not meet the requirements" of the Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010, the company said.

Under the new law, small-group and individual plans must spend at least 80% of premiums on medical costs and large-group plans, 85%.

For publicly traded companies -- the medical loss ratio -- a measure of health care expenses as a percentage of premium revenue -- is watched closely by Wall Street analysts and seen as a key metric of profitability.

Pozzi wouldn't speculate on if he thinks other companies that sell similar plans may also exit the business.

American National said it continues to be committed to the health insurance market and will focus on Medicare supplement insurance and large group coverage, and other supplemental health plans

Companies of the Galveston, Texas-based American National sell, among other products, life insurance, annuities, health insurance, credit insurance and property/casualty insurance for personal lines, agribusiness, and targeted commercial exposures.

American National Insurance Co. currently has a Best's Financial Strength Rating of A (Excellent).

On the morning of April 20, American National's stock was trading at \$112.62 a share, up 0.93% from the previous close.

(By Fran Matso Lysiak, senior associate editor, BestWeek: fran.lysiak@ambest.com)



June 2, 2010

Dear nHealth Agent:

I wanted to share with you the decision by nHealth's board of directors to exit the health insurance market.

As I'm sure you are aware, the new federal healthcare legislation has created considerable uncertainties in the market for health insurance. Despite a product that was gaining increasing acceptance among companies throughout the Commonwealth, the uncertainties in the regulatory climate coupled with new demands imposed by national healthcare reforms have made it challenging to sustain the level of sales required to remain viable over the long run.

As you can imagine, this decision was not an easy one. We continue to believe that consumer-driven healthcare should be front and center as a solution to our nation's escalating healthcare challenges. And yet, the newly enacted healthcare legislation now demands significantly higher capital as well as much higher loss ratios than had been previously required, creating thresholds that run counter to the efficiencies built into our business model. The most prudent and sensible conclusion for us is to discontinue the sale of healthcare policies and withdraw from the healthcare business.

As we begin taking steps to wind down the business, our first priority is to stand behind the healthcare policy claims of our policyholders. We will honor all groups effective or renewing on or before June 1, 2010. We will not accept any new groups after June 1, 2010 and we will not renew any groups after July 1, 2010. nHealth will terminate all groups by December 31, 2010. Naturally, customers will have the option to move their business to another carrier at any time. However, we are currently meeting with several insurance carriers in Virginia to help transition coverage if possible, and we will update you on the status as information becomes available. We are preparing a letter to be sent to our mutual customers and we will copy you before it is mailed to your clients. We are also developing a Q and A document and will forward that to you as well when completed.

Please be assured that the company has ample capital to pay claims for business that remains on the books between now and December 31, 2010. Likewise, we will continue to pay commissions on business as long as it remains on nHealth's books.

Finally, on a personal note, I want to thank you for your support, counsel and the professional courtesies extended to my staff and me over the past few years. We are grateful for the many relationships we have forged and hope we can continue to stay in touch.

Should you have any questions, please do not hesitate to contact me or Paul Kitchen at our Richmond office, 804-836-1090.

Sincerely,

James A. Slabaugh
Executive Vice President

nHealth, Inc. 7202 Glen Forest Drive Suite 307 Richmond, Virginia 23226

Phone **804.836.1090** Fax **804.836.1100**

www.nHealth.com



May 4, 2010



Small Business Insurance Services



T3-B7-S795

Dear :

Effective May 1, 2010, American Medical Security Life Insurance Company (AMS) health and life insurance products will no longer be offered in the states of:

District of Columbia (D.C.)	Illinois	Indiana	Kansas
Missouri	Nebraska	Ohio	Oklahoma
South Carolina	Tennessee	Texas	Wisconsin
			Pennsylvania

No new business will be issued on or after May 1, 2010.* Marketing materials will no longer be available in print or online. **Existing business will remain in force.**

To continue to serve clients with health insurance needs, we recommend you become appointed with Golden Rule Insurance Company. We believe Golden Rule will be able to meet your clients' health and budget needs with its UnitedHealthOneSM plans for individuals and families.

To become appointed, please visit www.goldenrulehealth.com/EPBA and complete our online appointment application, or call (800) 474-4467, and select option 4 when prompted. **We will even pay your initial resident appointment fee!**** Simply type **TBULL** in the promotional code box, or provide the code to the licensing representative on the phone.

Already appointed with Golden Rule? Please visit E-Store at www.goldenrulehealth.com/broker to find the latest health product brochures, applications, and broker guide. You can also get a quick and easy quote for your new clients and help them apply online!

We apologize for any inconvenience this may cause your business. We do wish to continue to serve you and your client base. For Golden Rule support, you may contact our Broker Service Center at (800) 474-4467. If you have questions regarding your current AMS business, you may contact (800) 232-5432.

Sincerely,

Susan Fowler
Vice President, Individual Line of Sales

* May 11, 2010 in Kansas.

** If applicable.

38808-X-0510

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Upcoming major medical rate actions and PPO network change



5/4/2010

Starting June 1, 2010 we are implementing rate actions on the most recent private label major medical products. We believe it is necessary to take this action in order to address:

- A variance in the amount of actual medical costs incurred on this block versus the anticipated amounts initially priced into the product, and
- Changes in our PPO network pricing.

These rate actions combine a small base rate increase with area factor adjustments and apply to all in-force and new business. For existing customers, the rerate will take effect upon their renewal according to the terms of their policy/initial rate period (formerly 'rate guarantee').

These rate actions will be effective beginning with applications written on or after June 1 in most states and effective for other states as they are approved (see table below). Please refer to the attachment at the right to see how these changes affect rates in your zip codes.

Dates for Base & Area Factor Rate Actions


Date	States
June 1, 2010 (* Rates eff. June 15)	AR, AZ, DE, FL*, IA, IL, IN, LA*, MI, MO, NE, OK, PA, SC, TN, WY
July 1, 2010 (Subject to state approval. Date could be later)	AL, KS, KY, MN, NC, ND, NV, OH, SD, TX, VA, WI, WV
August 1, 2010 (Subject to state approval. Date could be later)	CO, GA, MS, MT, NM

In addition, a 1% quarterly trend increase (from 3.5% to 4.5%) will be effective July 1 in most states.

Advanced notifications outlining these rate actions will be sent to certificate/policyholders as required by each state. Your rate quoting software will be updated to account for these rate actions and we will notify you when it is available.

Factors influencing the above rate actions

These actions are the result of (1) claims costs that were greater than we had originally priced into the new product and (2) current network pricing levels. Here's why...

- Our underlying medical costs on this block of business have exceeded the amounts originally priced into the product. In our current volatile marketplace, it is critical that our price accurately reflects our experience and expected increases in medical trend, including upward pressure on underlying health care costs due to health care reform. 
- Our rates are being adjusted to reflect the current medical cost trends across all of our networks. The GWH-CIGNA PPO network will replace the Great-West Healthcare Network effective June 1. Our previous agreement with Great-West included a competitive, tiered pricing model that we passed along to our customers. The new GWH-CIGNA PPO network is strong and broad, and your customers will see virtually no change in provider access. Starting June 1, new customers will receive GWH-CIGNA PPO identification cards. Existing customers will receive new identification cards in the near future.

Downloads

[Major Medical Rate Actions \(June-August 2010\)](#) 