

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H02I Individual Health - Accident Only/H02I.000 Health - Accident Only
Product Name: Accident Only
Project Name/Number: Accident Only/

Filing at a Glance

Company: Combined Insurance Company of America
Product Name: Accident Only
State: District of Columbia
TOI: H02I Individual Health - Accident Only
Sub-TOI: H02I.000 Health - Accident Only
Filing Type: Rate
Date Submitted: 07/29/2013
SERFF Tr Num: ACEH-129137080
SERFF Status: Pending State Action
State Tr Num:
State Status:
Co Tr Num: 14185-RB-DC
Implementation: On Approval
Date Requested:
Author(s): Debra McNally, Sue Thill, Marivic Chiong
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Accident Only
Project Name/Number: Accident Only/

General Information

Project Name: Accident Only	Status of Filing in Domicile: Not Filed
Project Number:	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 08/27/2013
	State Status Changed:
Deemer Date:	Created By: Marivic Chiong
Submitted By: Sue Thill	Corresponding Filing Tracking Number: ACEH-129137081

Filing Description:

This is a new filing. Rate Sheet 7215 is a new rate sheet for the Accident Only Form No. 14185-RB-DC filed under SERFF Tracking No. ACEH-129137081.

These forms will be marketed by licensed brokers and will be guaranteed issue to actively at work individuals who are eligible for coverage. These forms will also be solicited on a face-to-face basis by our Insurance Producers and will be home office issued. The application form will be completed and/or transmitted either by paper or through electronic means. We certify that we will comply with your state's statutes regarding privacy and electronic signatures.

The premium will be paid by payroll deduction or other premium collection means.

Combined requests that the documents be treated as confidential and excepted from disclosure under the relevant sections of the District of Columbia Code Freedom of Information law Section 5-534(a)(1). This filing contains confidential and proprietary information which if disclosed may cause irreparable harm to Combined.

We appreciate your time in reviewing this filing. Please feel free to call me at our toll free number or email me if you have further questions or need additional information.

Company and Contact

Filing Contact Information

Marivic Chiong,	marivic.Chiong@combined.com
1000 N. Milwaukee Ave.	847-953-8359 [Phone]
6th Floor (6-1245)	
Glenview, IL 60025	

Filing Company Information

Combined Insurance Company of America	CoCode: 62146	State of Domicile: Illinois
1000 North Milwaukee Ave.	Group Code: 626	Company Type: A&H
Glenview, IL 60025	Group Name: ACE USA	State ID Number:
(847) 953-2025 ext. [Phone]	FEIN Number: 36-2136262	

State: District of Columbia **Filing Company:** Combined Insurance Company of America
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Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

SERFF Tracking #:

ACEH-129137080

State Tracking #:

Company Tracking #:

14185-RB-DC

State: District of Columbia

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: Accident Only

Project Name/Number: Accident Only/

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	08/07/2013	08/07/2013

Response Letters

Responded By	Created On	Date Submitted
Sue Thill	08/27/2013	08/27/2013

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
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Project Name/Number: Accident Only/

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/07/2013
Submitted Date	08/07/2013
Respond By Date	08/28/2013

Dear Marivic Chiong,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

Comments: Please explain why this has not been filed in the State of Domiciliary.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please provide the average annual premium for the proposed product.

Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please provide a detailed make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, claims, commission, e.g. should be included.

Objection 4

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: It is noted in IV. Renewability Provision of the Actuarial Memorandum that coverage is guaranteed renewable for life subject to the companys right to change premium rates by class. Please note any change in premium rates by class must be approved by the State before implementation.

Objection 5

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)

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Project Name/Number: Accident Only/

- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

Objection 6

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Conclusion:

Sincerely,
Darniece Shirley

State: District of Columbia **Filing Company:** Combined Insurance Company of America
TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only
Product Name: Accident Only
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Response Letter

Response Letter Status Submitted to State
Response Letter Date 08/27/2013
Submitted Date 08/27/2013

Dear Darniece Shirley,

Introduction:

Dear Ms. Shirley,

Response 1

Comments:

These forms will only be marketed in a few states, including DC, but will not be marketed in our State of Domicile.

Related Objection 1

Comments: Please explain why this has not been filed in the State of Domiciliary.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The average annual premium is \$352.

Related Objection 2

Applies To:

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please provide the average annual premium for the proposed product.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 3

Comments:

State: District of Columbia **Filing Company:** Combined Insurance Company of America
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The expense breakdown as a percentage of premium is as follows:

Expense Item / % PV Premium
Paid Claims / 50.0%
Commissions / 18.3%
Claims Expense / 3.0%
Premium Tax / 2.0%
Administrative / 12.5%
Marketing and Home Office / 5.2%
Pre-tax Profit and Contingencies / 9.0%

Related Objection 3

Applies To:

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please provide a detailed make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, claims, commission, e.g. should be included.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4

Comments:

The company will file any change to shelf rates.

Related Objection 4

Applies To:

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: It is noted in IV. Renewability Provision of the Actuarial Memorandum that coverage is guaranteed renewable for life subject to the companys right to change premium rates by class. Please note any change in premium rates by class must be approved by the State before implementation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

State: District of Columbia **Filing Company:** Combined Insurance Company of America
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Product Name: Accident Only
Project Name/Number: Accident Only/

Yes, we confirm that dispositions, with respects to this filing, are being made on behalf of residents of the District of Columbia only.

Related Objection 5

Applies To:

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please confirm: Dispositions with respects to this filing are being made on behalf of residents of the District of Columbia only.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

Please be advised that the forms were recently approved by Your Department on August 20, 2013 under SERFF Tracking Number ACEH-129137081.

Related Objection 6

Applies To:

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rate Sheet 7215, [14185-RB-DC] (Rate)
- Actuarial Memorandum, [14185-RB-DC] (Rate)

Comments: Please note, this rate filing is subject to conformity with the corresponding forms filing. This department reserves the right to withdraw the filing if not.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

State: District of Columbia **Filing Company:** Combined Insurance Company of America
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Product Name: Accident Only
Project Name/Number: Accident Only/

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Sue Thill

Sincerely,

Sue Thill

SERFF Tracking #:

ACEH-129137080

State Tracking #:

Company Tracking #:

14185-RB-DC

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TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

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Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	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 req'd):	Minimum % Change (where req'd):
Combined Insurance Company of America	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

ACEH-129137080

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

14185-RB-DC

State: District of Columbia**Filing Company:**

Combined Insurance Company of America

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only**Product Name:** Accident Only**Project Name/Number:** Accident Only/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Sheet 7215	14185-RB-DC	New		Combined Ind Accident Actuarial - DC - IMO rate sheet 7215.pdf,
2		Actuarial Memorandum	14185-RB-DC	New		Combined Ind Accident Actuarial - DC - IMO.pdf,

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Rate Sheet 7215: Gross Monthly Premium Rates*

<u>Form</u>	<u>Unit</u> <u>Definition</u>	<u>24-Hour Coverage</u>			<u>Off-Job Only Coverage</u>		
		<u>Employee</u>	<u>Spouse</u>	<u>Children</u>	<u>Employee</u>	<u>Spouse</u>	<u>Children</u>
Standard Benefits - Option 1	Schedule	2.54	2.15	3.20	2.04	1.72	3.20
Standard Benefits - Option 2	Schedule	3.70	3.20	4.63	2.97	2.56	4.63
Standard Benefits - Option 3	Schedule	4.63	3.99	5.93	3.70	3.20	5.93
Hospital/Facility Admission Benefit Package	\$500 Hosp	0.93	0.79	0.61	0.73	0.61	0.61
Hospital/Facility Confinement Benefit Package	\$25/\$25/day	0.08	0.08	0.15	0.08	0.06	0.15
Recovery Benefit	\$25	0.29	0.26	0.18	0.24	0.21	0.18
Emergency Room Treatment Benefit	\$25	0.21	0.18	0.32	0.15	0.15	0.32
Urgent Care Benefit	\$25	0.18	0.15	0.26	0.15	0.11	0.26
Initial Doctor's Office Visit Benefit	\$25	0.15	0.15	0.21	0.11	0.11	0.21
Follow-up Office Visit Benefit - Option 1	\$10	0.37	0.32	0.37	0.32	0.26	0.37
Follow-up Office Visit Benefit - Option 2	\$10	0.64	0.50	0.58	0.53	0.40	0.58
Follow-up Office Visit Benefit - Option 3	\$10	0.73	0.55	0.58	0.58	0.47	0.58
Fractures and Dislocations Benefits - Option 1	\$1,000	1.40	1.19	2.15	1.14	0.96	2.15
Fractures and Dislocations Benefits - Option 2	\$1,000	1.72	1.46	2.65	1.40	1.16	2.65
Fractures and Dislocations Benefits - Option 3	\$1,000	1.93	1.64	2.91	1.51	1.28	2.91
Fractures and Dislocations Benefits - Option 4	\$1,000	1.34	1.11	2.04	1.05	0.93	2.04
Fractures and Dislocations Benefits - Option 5	\$1,000	1.64	1.40	2.51	1.28	1.11	2.51
Fractures and Dislocations Benefits - Option 6	\$1,000	1.98	1.64	2.97	1.57	1.28	2.97
<u>Employer Option Benefits</u>							
Specialty Benefit Package	\$25/day	0.40	0.32	0.18	0.35	0.26	0.18
Sports Cap Increase	\$1,000	0.24	0.21	0.29	0.18	0.15	0.29
First Occurrence Benefit	\$100	0.40	0.37	0.58	0.35	0.29	0.58

* Fractional units can also be made available.

Rate Adjustment Factors

<u>Modal Adjustment</u>	
Weekly	0.2308
Monthly	1.0000
Quarterly	3.0000
Semi-annually	6.0000
Annually	12.0000

ACTUARIAL MEMORANDUM

COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC

I. Purpose of Filing

The purpose of this rate filing is to demonstrate that the anticipated loss ratio of this policy meets minimum state requirements. This rate filing is not intended to be used for any other purposes.

II. Policy Benefits

The following is intended to be a general description of benefits provided by this policy and optional benefits. For a detailed description of the benefits, limitations, and exclusions, please refer to the policy forms themselves.

All benefits are limited to one benefit per covered accident and are paid independently of one another unless specifically noted otherwise. There are two coverage levels available with this policy - Non-Occupational Accident Only and 24-Hour coverage.

Hospital/Facility Admission Benefit Package

<u>Hospital Admission Benefit</u>	<u>Per Unit</u>
Pays the scheduled amount per admission if any covered person is confined to a hospital as the result of injuries received in a covered accident. This benefit is payable once per Covered Accident and is not payable in addition to the Hospital Admission ICU Benefit.	\$500
<u>Hospital Admission ICU Benefit</u> Pays the scheduled amount per admission if any covered person is confined to a hospital intensive care unit as the result of injuries received in a covered accident. This benefit is payable once per Covered Accident and is not payable in addition to the Hospital Admission Benefit.	\$1,000
<u>Hospital Rehabilitation Unit Admission Benefit</u> Pays the scheduled amount per admission if a covered person is confined in a Rehabilitation Unit for physical, occupational or speech therapy for treatment of Injuries sustained in a Covered Accident. The rehabilitation unit confinement must be immediately preceded by confinement in a hospital.	\$500

Hospital/Facility Confinement Benefit Package

<u>Hospital Confinement Benefit</u> Pays the scheduled amount if any covered person is confined in a hospital or a hospital sub-acute intensive care unit as the result of injuries received in a Covered Accident. Pays for only one hospital confinement at a time even if it is caused by more than one Covered Accident. This benefit pays this amount up to 365 days per Covered Accident. This benefit will not be paid concurrently with the Hospital Confinement ICU benefit.	\$25
<u>Hospital Confinement ICU Benefit</u> Pays the scheduled amount per day if any covered person is confined in a hospital intensive care unit as the result of injuries received in a covered accident. This benefit is payable for up to 30 days per covered accident. This benefit will not be paid concurrently with the Hospital Confinement benefit.	\$50
<u>Rehabilitation Unit Confinement Benefit</u> Pays the scheduled amount per day when a covered person is confined in a Rehabilitation Unit for physical, occupational or speech therapy for treatment of Injuries sustained in a Covered Accident. We will pay this benefit for each day of Confinement in a Rehabilitation Unit up to the Maximum Benefit Period shown in the Schedule of Benefits. The rehabilitation unit confinement must be immediately preceded by confinement in a hospital. This benefit is limited to a maximum of 30 days per covered person per Covered Accident. The Rehabilitation Unit benefit and the Hospital Confinement benefit will not be paid for the same day; only the highest eligible benefit will be paid.	\$15

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Recovery While Disabled

Recovery Benefit

Pays the scheduled benefit if a Covered Person is Totally Disabled immediately preceded by Confinement in a Hospital as a result of an Injury sustained in a Covered Accident. This benefit is payable for each day of Total Disability up to 7 days. This benefit is not payable when the Hospital Confinement Benefit or Rehabilitation Unit Benefit are payable on the same day. We will pay the largest of the three benefits for that day.

Per Unit
\$25

Emergency Room

Emergency Room Treatment Benefit

Pays the scheduled amount if any covered person is injured as the result of a covered accident and the covered person requires examination and treatment by a physician in a hospital emergency room. This benefit is payable once per covered accident. Follow-up treatment prescribed by a physician will be paid under the Follow-up Treatment benefit.

Per Unit
\$25

Urgent Care

Urgent Care Benefit

Pays the scheduled amount if any covered person receives initial treatment and/or advice by a physician in an Urgent Care Facility for injuries as the result of a covered accident. The services provided must be the result of a covered accident and not for routine examinations or preventive testing. This benefit is paid once per covered accident. Follow-up treatment prescribed by a physician will be paid under the Follow-up Treatment benefit.

Per Unit
\$25

Initial Doctor Visit

Initial Doctor's Office Visit Benefit

Pays the scheduled amount if any covered person receives initial treatment and/or advice by a physician in a Physician's Office for injuries as the result of a covered accident. The services provided must be the result of a covered accident and not for routine examinations or preventive testing. This benefit is paid once per covered accident. Follow-up treatment prescribed by a physician will be paid under the Follow-up Treatment benefit.

Per Unit
\$25

Follow-Up Office Visit (3 options)

Follow-Up Treatment Benefit

Pays the scheduled amount for follow-up treatment recommended or advised by a physician for injuries received as the result of a covered accident. This benefit is payable up to the maximum number of days per covered person per covered accident.

	<u>Per Unit</u>	<u>Per Unit</u>	<u>Per Unit</u>
	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Benefit	\$10	\$10	\$10
Maximum Days Covered	1	2	3

Physical Therapy Benefit

Pays the scheduled amount per day if any covered person requires physical therapy treatment as the result of a covered accident. The therapy must begin within 60 days after the covered accident and must be completed within six months after treatment begins. We will pay this benefit per visit per Covered Person per Covered Accident, up to the Maximum Visits listed. This benefit is not payable for the same visit that the Follow-Up Treatment benefit is paid.

Benefit	\$10	\$10	\$10
Maximum Days Covered	6	10	10

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Standard Benefit Schedule (3 options)

	<u>Per Unit</u> <u>Option 1</u>	<u>Per Unit</u> <u>Option 2</u>	<u>Per Unit</u> <u>Option 3</u>
<u>Air Ambulance Benefit</u> Pays the scheduled amount for air ambulance transportation to or from a hospital or between medical facilities. This benefit is payable once per covered accident.	\$1,000	\$2,000	\$2,000
<u>Ambulance Benefit</u> Pays the scheduled amount for ground ambulance transportation to or from a hospital or between medical facilities. This benefit is payable once per covered accident.	\$120	\$200	\$200
<u>Appliance Benefit</u> Pays the scheduled amount if any covered person is injured as the result of a covered accident and a physician prescribes the use of a medical appliance as an aid in personal locomotion or mobility. This benefit is payable once per covered accident.	\$75	\$100	\$100
<u>Blood, Plasma, Platelets Benefit</u> Pays the scheduled amount if any covered person is injured as the result of a covered accident and requires the transfusion, administration, cross matching, typing and processing of blood/plasma/platelets as the result of the injury. This benefit is payable once per covered accident.	\$200	\$300	\$300
<u>Burn Benefit</u> Pays the applicable amount per unit listed below if a covered person receives burns as the result of a covered accident;			
Second Degree (at least 36% of body surface)	\$750	\$1,000	\$1,000
Third Degree (9-34 square inches)	\$1,500	\$2,000	\$2,000
Third Degree (35 or more square inches)	\$7,500	\$10,000	\$10,000
Only one benefit amount per covered accident is payable.			
<u>Coma</u> Coma must begin within 30 days of a covered accident, must last at least 7 days and requires intubation for respiratory assistance.	\$7,500	\$10,000	\$12,500
<u>Concussion Benefit</u> Pays the scheduled amount if any covered person sustains a concussion as the result of a covered accident and is diagnosed by a physician within 72 hours from the date of the covered accident using any type of medical imaging procedure. This benefit is payable once per covered person per 12-month period.	\$60	\$100	\$100
<u>Emergency Dental Benefit</u> Pays the applicable amount per unit listed below for dental work required by a covered person as a result of injuries received in a covered accident;			
Broken teeth repaired with crown(s)	\$200	\$300	\$400
Broken teeth resulting in extractions	\$50	\$75	\$100
These benefits are payable only once per covered person per covered accident, regardless of the number of teeth involved.			
<u>Eye Injury Benefit</u> Pays the scheduled amount if any covered person receives an eye injury as the result of a covered accident. The injury must require surgery or the removal of a foreign object by a physician within 90 days after the covered accident. This amount is payable once per covered person per covered accident.	\$200	\$250	\$300
<u>Herniated Disc Benefit</u> We will pay this benefit if a Covered Person sustains a herniated disc Injury in the spine as the result of a Covered Accident. The herniated disc must be treated by a Physician within 60 days after the Covered Accident and must be repaired through surgery by a Physician within 365 days after the Covered Accident. We will pay this benefit only once per Covered Person per Covered Accident.	\$400	\$500	\$750

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Knee Cartilage Torn Benefit

Pays the scheduled amount if any covered person undergoes surgery within 60 days after a covered accident to repair a torn knee cartilage received as the result of a covered accident. This benefit will be paid once per covered accident.

	\$400	\$500	\$750
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Knee Cartilage Torn - Exploratory Surgery Benefit

Pays the scheduled amount if any covered person undergoes surgery within 6 months after a covered accident for exploratory arthroscopic surgery performed with no repair. This benefit will be paid once per covered accident.

	\$150	\$200	\$200
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Laceration Benefit

Pays the applicable amount per unit below if any covered person receives a laceration as the result of a covered accident;

Laceration(s) not requiring stitches, staples or glue	\$20	\$30	\$30
Not more than 5 cm (total of all lacerations)	\$40	\$60	\$60
Greater than 5 cm but not more than 15 cm (total of all lacerations)	\$150	\$200	\$250
Over 15 cm (total of all lacerations)	\$300	\$400	\$500

Lodging Benefit

Pays the scheduled amount per night for one motel/hotel room for a companion to accompany the covered person for up to 30 days per covered accident. This benefit is paid if any covered person is confined in a hospital as the result of a covered accident. The hospital must be more than 100 miles from the residence of the covered person.

	\$100	\$125	\$150
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Loss of Finger, Toe, Hand, Foot or Sight Benefit

Pays the scheduled benefit listed below for loss received as the result of a covered accident;

Both hands	\$10,000	\$14,000	\$20,000
Both feet	\$10,000	\$14,000	\$20,000
Sight of both eyes	\$10,000	\$14,000	\$20,000
Combination of two or more listed above	\$10,000	\$14,000	\$20,000
One hand	\$5,000	\$7,000	\$10,000
One foot	\$5,000	\$7,000	\$10,000
Sight of one eye	\$5,000	\$7,000	\$10,000
Two or more fingers	\$1,200	\$1,500	\$2,000
Two or more toes	\$1,200	\$1,500	\$2,000
Combination of two or more listed above	\$1,200	\$1,500	\$2,000
One finger	\$600	\$750	\$1,000
One toe	\$600	\$750	\$1,000

If the covered person loses a finger or toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same covered accident, the amount paid for the loss of a finger or toe will be subtracted from the amount paid for the loss of a hand or foot. Primary Insured, Spouse and Child benefits are 100% of the amounts shown.

Major Diagnostic Exam Benefit

Pays the scheduled benefit if a covered person incurs a charge for one of the following required exams for injuries sustained in a covered accident: CT or CAT scan, DTI scan, EEG, Joint Imaging scan, MRA scan, MRI, PET scan, or SPECT. This benefit is payable only once per twelve month period per covered person per covered accident.

	\$100	\$150	\$200
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ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Internal Organ Loss Benefit

Pays the scheduled benefit for removal of at least 50% of an internal organ damaged in a Covered Accident within 90 days from the Covered Accident. Covered organs are bladder, esophagus, gall bladder, genitals, kidney, large intestine, liver, lungs, ovary, pancreas, small intestine, spleen, stomach, thyroid, and uterus. This benefit is payable once per Covered Accident and is payable in addition to the Abdominal and Thoracic Surgery Benefit.	\$2,500	\$2,500	\$2,500
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Prosthetic Device or Artificial Limb Benefit

Pays the scheduled amount for a prosthetic device/artificial limb which is prescribed by a physician for functional use when the covered person loses a hand, foot or sight of an eye due to a covered accident;

One prosthetic device or artificial limb	\$500	\$1,000	\$1,500
More than one device or artificial limb	\$1,000	\$2,000	\$3,000

Surgery - Abdominal or Thoracic Benefit

Pays the scheduled amount if any covered person undergoes open abdominal or thoracic surgery within 72 hours after a covered accident to repair injuries received as the result of a covered accident. This benefit will be paid once per covered person per covered accident.	\$750	\$1,500	\$1,500
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Tendon, Ligament, Rotator Cuff Benefit

Pays the scheduled amount if any covered person undergoes surgery to repair a damaged tendon, ligament, or rotator cuff within 60 days after a covered accident to repair injuries received as the result of a covered accident. This benefit will be paid once per covered accident.

Repair of more than one	\$600	\$750	\$1,125
Repair of one	\$400	\$500	\$750
Exploratory arthroscopic surgery w/o repair	\$150	\$200	\$200

Transportation Benefit

Pays the scheduled amount per trip to the hospital if a covered person requires special treatment and confinement in a hospital located more than 100 miles from the covered person's residence or site of the accident for injuries sustained in a covered accident. The physician must prescribe the treatment, and the treatment must not be available locally. This benefit is not payable for transportation by ambulance or air ambulance to the hospital. This benefit is payable up to three trips per covered accident.	\$300	\$500	\$600
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X-Ray Benefit

Pays the scheduled amount for X-ray if any covered person incurs a charge for and receives an x-ray as the result of a covered accident. The test must be prescribed by a doctor and performed in a doctor's office or in a hospital on an inpatient or outpatient basis and performed within 90 days of the covered accident. This benefit is payable once per covered person per covered accident.	\$20	\$30	\$40
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Skin Graft Benefit

Pays the scheduled percentage of the burn benefit if any covered person receives a skin graft for a burn for which a benefit was received under the burn benefit of this policy. This benefit will be payable only once per covered person per covered accident.	25%	25%	25%
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Sports Package Benefit

Pays the scheduled percentage of all benefits payable up to the scheduled maximum for injuries sustained while participating in an organized sporting activity. This benefit is not applicable to the Accidental Death Benefit, Common Carrier Death Benefit, or the Catastrophic Accident Benefit.	25% up to \$1,000	25% up to \$1,000	25% up to \$1,000
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ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Fractures and Dislocations (6 options)

Option 1 for Fractures and Option 1 for Dislocations are packaged together, as are Option 2 for each, and Option 3.

Fracture (Broken Bone) Benefit

Options 1, 2, 3

Pays the percentage shown of \$1000 per unit for open reduction of a fracture as the result of a covered accident. The amount payable for closed reduction of a fracture is 50% of the scheduled amount. A chip fracture is 12.5% of the scheduled amount.

<u>Bone</u>	<u>Per Unit Option 1</u>	<u>Per Unit Option 2</u>	<u>Per Unit Option 3</u>
Ankle	60%	72%	80%
Coccyx	32%	40%	44%
Face	63%	77%	84%
Finger or toe	18%	22%	24%
Foot (excluding toes)	60%	72%	80%
Forearm	60%	72%	80%
Hand, wrist (except fingers)	54%	66%	72%
Hip, Thigh(Femur)	300%	360%	400%
Kneecap	60%	72%	80%
Leg	150%	180%	200%
Lower Jaw (except Alveolar process)	48%	60%	66%
Nose	70%	85%	90%
Pelvis (excluding coccyx)	120%	160%	165%
Rib	45%	55%	60%
Shoulder Blade or Collarbone	48%	60%	66%
Skull (except bones of face or nose) - Depressed	500%	600%	700%
Skull (except bones of face or nose) - Simple	160%	200%	220%
Upper Arm (Elbow to Shoulder)	70%	85%	90%
Upper Jaw (except Alveolar process)	56%	70%	77%
Vertebrae (body of)	135%	165%	180%
Vertebral Process	54%	66%	72%

Options 4, 5, 6

Pays the percentage shown of \$1000 per unit for open reduction of a fracture as the result of a covered accident. The amount payable for closed reduction of a fracture is 100% of the scheduled amount. A chip fracture is 25% of the scheduled amount.

<u>Bone</u>	<u>Per Unit Option 4</u>	<u>Per Unit Option 5</u>	<u>Per Unit Option 6</u>
Ankle	30%	40%	50%
Coccyx	30%	40%	50%
Face	30%	40%	50%
Finger or toe	5%	10%	20%
Foot (excluding toes)	30%	40%	50%
Forearm	30%	40%	50%
Hand, wrist (except fingers)	30%	40%	50%
Hip, Thigh(Femur)	100%	100%	100%
Kneecap	30%	40%	50%
Leg	30%	40%	50%
Lower Jaw (except Alveolar process)	30%	40%	50%
Nose	30%	40%	50%
Pelvis (excluding coccyx)	30%	40%	50%
Rib	30%	40%	50%
Shoulder Blade or Collarbone	30%	40%	50%
Skull (except bones of face or nose) - Depressed	100%	100%	100%
Skull (except bones of face or nose) - Simple	100%	100%	100%
Upper Arm (Elbow to Shoulder)	30%	40%	50%
Upper Jaw (except Alveolar process)	30%	40%	50%
Vertebrae (body of)	100%	100%	100%
Vertebral Process	30%	40%	50%

If there is more than one fracture, this benefit will pay for all fractures individually, but the total payment under this benefit cannot exceed two times the HIGHEST individual bone amount.

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Dislocation (Separated Joint) Benefit

Options 1, 2, 3

Pays the percentage shown of \$1000 per unit for open reduction with anesthesia of a dislocation as the result of a covered accident. The amount payable for closed reduction of a dislocation with anesthesia is half of the scheduled amount and the amount payable for closed reduction without anesthesia is 12.5% of the scheduled amount.

<u>Joint</u>	<u>Option 1</u>	<u>Option 2</u>	<u>Option 3</u>
Ankle/Foot	144%	176%	192%
Hand	54%	66%	72%
Collarbone (acromioclavicular & separation)	18%	22%	24%
Collarbone (sternoclavicular)	90%	110%	120%
Elbow	48%	60%	66%
Hip	360%	440%	480%
Knee	180%	220%	240%
Lower Jaw	48%	60%	60%
Finger/Toe	20%	26%	30%
Shoulder	60%	72%	80%
Wrist	54%	66%	72%

Options 4, 5, 6

Pays the percentage shown of \$1000 per unit for open reduction with anesthesia of a dislocation as the result of a covered accident. The amount payable for closed reduction of a dislocation with anesthesia is 100% of the scheduled amount and the amount payable for closed reduction without anesthesia is 12.5% of the scheduled amount.

<u>Joint</u>	<u>Option 4</u>	<u>Option 5</u>	<u>Option 6</u>
Ankle/Foot	100%	100%	100%
Hand	30%	40%	50%
Collarbone (acromioclavicular & separation)	30%	40%	50%
Collarbone (sternoclavicular)	30%	40%	50%
Elbow	30%	40%	50%
Hip	100%	100%	100%
Knee	100%	100%	100%
Lower Jaw	30%	40%	50%
Finger/Toe	5%	10%	20%
Shoulder	30%	40%	50%
Wrist	30%	40%	50%

If there is more than one dislocation, this benefit will pay for all dislocations individually, but the total payment under this benefit cannot exceed two times the HIGHEST individual dislocated joint amount.

Optional Benefit Packages

The following benefits can be added to the policy at the option of the policyholder.

Specialty Benefit Package

Chiropractic Treatment Benefit

Pays \$25 per unit if any Covered Person suffers a structural imbalance as a result of Injuries sustained in a Covered Accident and receives Chiropractic Care Services by a chiropractor in a chiropractor's office. Treatment must begin within 60 days after the Covered Accident and must be completed within 180 days after the Covered Accident. The benefit is payable up to 3 visits per accident and 6 visits per year.

Family Care Benefit

Pays \$25 per unit for each dependent child attending a Child Care Center if a Covered Parent is Confined in a Hospital or Rehabilitation Unit as a result of Injuries sustained in a Covered Accident and the Covered Parent. This benefit is payable up to 30 days. The child attending a Child Care Center does not need to be a Covered Person for this benefit to be payable but must meet the definition of Dependent.

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

Outpatient Surgery Facility Service Benefit

Pays \$25 per unit for each Covered Person who has surgery for the Injuries specified below in a surgical center licensed for the treatment of Injuries sustained as a result of a Covered Accident. This does not include surgery received in the Emergency Room or while Confined. The following specified Injuries must be treated by a Physician within 60 days from the date of the Covered Accident and the specified surgery must be performed within the specified time listed below:

- 1) Knee Cartilage – One year after the Covered Accident;
- 2) Ruptured Disc – One year after the Covered Accident;
- 3) Tendon, Ligament, Rotator Cuff – 180 days after the Covered Accident;
- 4) Eye Injury – 90 days after the Covered Accident;
- 5) Hernia – 60 days after the Covered Accident.

Sports Cap Increase

Increases the maximum benefit payable under the Sports Package Benefit by \$1,000 per unit.

First Occurrence Accident Benefit

Pays \$100 per Unit for the first Covered Accident claim for covered Benefits while this Certificate is in force.

IV. Renewability Provision

Coverage is guaranteed renewable for life subject to the company's right to change premium rates by class.

V. Marketing and Underwriting

This policy will be marketed by licensed brokers and agents and will be guaranteed issue to eligible individuals (in other words, those who are Actively At Work in an accepted industry).

VI. Gross Premium Assumptions

Gross monthly premium rates are attached in Rate Sheet 7215. They were developed using the asset share method and the pricing assumptions attached in Exhibit A.

VII. Anticipated Loss Ratio

The lifetime anticipated loss ratio is calculated over a 30-year projection period as the Present Value of Incurred Claims divided by the Present Value of Earned Premiums. Incurred Claims are equal to paid claims plus the change in claim reserves. Active life reserves are not used in the calculation of the Anticipated Loss Ratio.

The lifetime anticipated loss ratio for this product is equal to 50.0% and therefore meets the minimum state requirements for this type of coverage. Expected loss ratios by duration are as follows:

<u>Policy Year</u>	<u>Incurred Loss Ratio</u>	<u>Policy Year</u>	<u>Incurred Loss Ratio</u>	<u>Policy Year</u>	<u>Incurred Loss Ratio</u>
1	58.9%	11	46.0%	21	49.3%
2	52.8%	12	45.9%	22	50.4%
3	49.5%	13	45.9%	23	51.7%
4	48.8%	14	45.9%	24	52.8%
5	48.2%	15	46.0%	25	54.1%
6	47.7%	16	46.2%	26	55.4%
7	47.2%	17	46.6%	27	57.2%
8	46.8%	18	47.2%	28	59.0%
9	46.4%	19	47.8%	29	60.6%
10	46.2%	20	48.5%	30	62.4%

ACTUARIAL MEMORANDUM

**COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC**

VIII. Actuarial Certification

I, John D. Kidder, consulting actuary for Kidder LLC, am a member of the American Academy of Actuaries, and I meet the Qualification Standards of the American Academy of Actuaries to render this statement of Actuarial Opinion.

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws of this state and Actuarial Standard of Practice No. 8, Regulatory Filings for Rates and Financial Projections for Health Plans; that the anticipated loss ratio submitted herein is expected to develop over the period for which rates are computed to provide coverage; and that the benefits are reasonable in relation to the premiums charged. In my opinion, the rates are not excessive, inadequate, or unfairly discriminatory.

Respectfully submitted,



John D. Kidder, F.S.A., M.A.A.A.
Consulting Actuary
Kidder LLC
Tampa, Florida

Attachments:

Exhibit A: Pricing Assumptions
Exhibit B: Sample Expected Aggregate Ultimate Claim Costs Per Unit

COMBINED INSURANCE COMPANY OF AMERICA
Accident Product
Exhibit A: Pricing Assumptions

1) Total Decrement Rate

Policy Year	Issue Age									
	22	27	32	37	42	47	52	57	62	
1	40.5%	39.3%	34.2%	30.5%	29.1%	26.2%	23.2%	22.5%	22.7%	
2	31.0%	30.4%	26.6%	22.1%	22.2%	19.9%	19.2%	16.9%	17.0%	
3	25.1%	23.6%	21.3%	19.0%	18.3%	16.8%	15.3%	15.3%	15.4%	
4	22.2%	21.4%	19.1%	16.8%	16.8%	15.3%	13.7%	12.9%	13.0%	
5	19.2%	18.4%	16.9%	15.3%	14.5%	12.9%	12.1%	11.3%	11.3%	
6	17.8%	17.0%	15.4%	13.8%	13.0%	12.2%	11.3%	10.5%	10.5%	
7	17.2%	15.5%	14.7%	13.1%	12.2%	11.4%	10.6%	10.5%	10.5%	
8	15.7%	14.9%	14.0%	12.3%	11.5%	10.6%	10.6%	10.6%	9.7%	
9	14.2%	13.3%	13.3%	11.6%	11.5%	10.7%	9.8%	9.8%	8.9%	
10	11.8%	11.8%	11.7%	10.8%	10.8%	9.9%	9.0%	9.0%	8.9%	
11+	11.1%	11.0%	11.0%	10.1%	10.0%	9.1%	8.2%	8.2%	8.1%	

2) Interest

Pre-tax - 4.0%

3) Claim Costs

a. Claim Costs are derived from Kidder Accident Claim Cost Guidelines.

b. Claim costs will be adjusted by duration for accidents as follows:

Policy Year	Accident Factor
1	1.15
2	1.05
3+	1.00

4) Reserves

Statutory: Gross unearned premiums plus the tabular reserves will be held. Tabular reserves are 2 year preliminary term, 2001 CSO Mortality (60% male, 40% female), and 3.5% interest. Voluntary lapse rates are used in the calculation of the tabular reserve.

5) Percentage of Premium Expenses

Year	Issue	Maintenance	Prem Tax	Total
1	15.0%	12.5%	2.0%	29.5%
2+	0.0%	12.5%	2.0%	14.5%

6) Commissions

Policy Year	Maximum Commission
1	74.0%
2+	10.0%

7) Per Policy Expenses

Converted to Percent of Premium above.

COMBINED INSURANCE COMPANY OF AMERICA
Accident Product
Exhibit A: Pricing Assumptions

8) Percent of Paid Claims Expense

6% of paid claims

9) Modal Assumption

100% monthly

10) Sales Distribution (Percent of Policies Issued)

a) Distribution by mode

100% monthly

b) Distribution by Type of Coverage

<u>Type of Coverage</u>	<u>Percent Distribution</u>
Individual	100%
Spouse	40%
Children	30%

c) Distribution by Benefit Option

<u>Benefit Option</u>	<u>Units</u>	<u>Percent Distribution</u>		<u>Average Size</u>
		<u>24-hour</u>	<u>Off-Job Only</u>	
Standard Benefits - Option 1	Schedule	9.0%	1.0%	1 Unit
Standard Benefits - Option 2	Schedule	58.5%	6.5%	1 Unit
Standard Benefits - Option 3	Schedule	22.5%	2.5%	1 Unit
Hospital/Facility Admission Benefit Package	\$500 Hosp	90.0%	10.0%	2 Units
Hospital/Facility Confinement Benefit Package	\$25/day Hosp	90.0%	10.0%	8 Units
Recovery Benefit	\$25	90.0%	10.0%	4 Units
Emergency Room Treatment Benefit	\$25	90.0%	10.0%	12 Units
Urgent Care Benefit	\$25	90.0%	10.0%	8 Units
Initial Doctor's Office Visit Benefit	\$25	90.0%	10.0%	4 Units
Follow-up Office Visit Benefit - Option 1	\$10	36.0%	4.0%	3 Units
Follow-up Office Visit Benefit - Option 2	\$10	36.0%	4.0%	3 Units
Follow-up Office Visit Benefit - Option 3	\$10	18.0%	2.0%	3 Units
Fractures and Dislocations Benefits - Option 1	\$4,000	8.1%	0.9%	1 Unit
Fractures and Dislocations Benefits - Option 2	\$5,000	52.7%	5.9%	1 Unit
Fractures and Dislocations Benefits - Option 3	\$5,500	20.3%	2.3%	1 Unit
Fractures and Dislocations Benefits - Option 4	\$500	0.9%	0.1%	8 Units
Fractures and Dislocations Benefits - Option 5	\$500	5.9%	0.7%	10 Units
Fractures and Dislocations Benefits - Option 6	\$500	2.3%	0.3%	11 Units
Specialty Benefit Package	\$25/day	45.0%	5.0%	2 Units
First Occurrence Benefit	\$100	4.5%	0.5%	1 Unit

d) Distribution by Age

<u>Issue Age</u>	<u>Percent Distribution</u>
18-24	13%
25-29	19%
30-34	20%
35-39	16%
40-44	11%
45-49	8%
50-54	6%
55-59	4%
<u>60+</u>	<u>3%</u>
Total	100%

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC
Exhibit B - Sample Expected Aggregate Claim Costs Per Unit *

Main Insured - 24 Hour

Primary Insured Issue Age	Standard Benefit Option 1	Standard Benefit Option 2	Standard Benefit Option 3	Hospital/Facility Admission Benefit Package	Hospital/Facility Confinement Benefit	Recovery Benefit	Emergency Room	Urgent Care
25	19.38	28.37	35.55	4.62	0.37	1.44	1.79	1.22
35	15.73	23.16	28.93	4.24	0.34	1.32	1.34	1.12
45	12.57	18.58	23.18	4.72	0.41	1.48	0.96	1.01
55	10.16	15.07	18.79	5.20	0.49	1.63	0.68	0.94
65	10.32	15.42	18.96	7.96	0.84	2.49	0.62	0.94

Primary Insured Issue Age	Initial Doctor Visit	Follow-Up Office Visit - Option 1	Follow-Up Office Visit - Option 2	Follow-Up Office Visit - Option 3	Fractures and Dislocations - Option 1	Fractures and Dislocations - Option 2	Fractures and Dislocations - Option 3	Fractures and Dislocations - Option 4
25	0.83	3.07	5.15	5.68	12.24	15.07	16.62	5.81
35	0.89	2.41	4.08	4.54	9.22	11.35	12.51	4.37
45	0.92	1.86	3.19	3.58	6.61	8.13	8.97	3.14
55	0.94	1.45	2.52	2.86	4.74	5.83	6.43	2.25
65	0.97	1.41	2.44	2.76	4.76	5.86	6.46	2.26

Primary Insured Issue Age	Fractures and Dislocations - Option 5	Fractures and Dislocations - Option 6	Specialty Benefit Package	First Occ
25	7.11	8.54	2.88	11.48
35	5.35	6.42	2.44	9.62
45	3.84	4.61	2.15	8.08
55	2.75	3.30	1.91	6.99
65	2.76	3.32	2.01	7.23

* Off-Job only claim costs are 60.7% of 24-Hr claim costs.

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC
Exhibit B - Sample Expected Aggregate Claim Costs Per Unit *

Spouse - 24 Hour

Primary Insured Issue Age	Standard Benefit Option 1	Standard Benefit Option 2	Standard Benefit Option 3	Hospital/Facility Admission Benefit Package	Hospital/Facility Confinement Benefit	Recovery Benefit	Emergency Room	Urgent Care
25	14.99	22.09	27.06	4.08	0.32	1.27	1.64	1.15
35	12.19	18.08	22.06	3.81	0.30	1.19	1.24	1.07
45	9.90	14.79	17.98	4.42	0.38	1.38	0.91	0.99
55	8.29	12.48	15.09	5.04	0.47	1.57	0.66	0.93
65	8.77	13.26	15.89	7.92	0.83	2.48	0.61	0.93

Primary Insured Issue Age	Initial Doctor Visit	Follow-Up Office Visit - Option 1	Follow-Up Office Visit - Option 2	Follow-Up Office Visit - Option 3	Fractures and Dislocations - Option 1	Fractures and Dislocations - Option 2	Fractures and Dislocations - Option 3	Fractures and Dislocations - Option 4
25	0.81	2.69	4.47	4.90	11.23	13.83	15.25	5.33
35	0.87	2.11	3.54	3.90	8.49	10.46	11.53	4.03
45	0.92	1.65	2.78	3.10	6.24	7.69	8.48	2.96
55	0.95	1.29	2.21	2.48	4.59	5.66	6.24	2.18
65	0.97	1.26	2.15	2.41	4.61	5.68	6.26	2.19

Primary Insured Issue Age	Fractures and Dislocations - Option 5	Fractures and Dislocations - Option 6	Specialty Benefit Package	First Occ
25	6.52	7.83	2.34	10.66
35	4.93	5.92	1.99	9.02
45	3.63	4.35	1.76	7.78
55	2.67	3.20	1.58	6.89
65	2.68	3.22	1.70	7.12

* Off-Job only claim costs are 60.7% of 24-Hr claim costs.

ACTUARIAL MEMORANDUM
COMBINED INSURANCE COMPANY OF AMERICA
Individual Accident Policy Form 14185-RB-DC
Exhibit B - Sample Expected Aggregate Claim Costs Per Unit *

Dependent Children - 24 Hour

Primary Insured Issue Age	Standard Benefit Option 1	Standard Benefit Option 2	Standard Benefit Option 3	Hospital/Facility Admission Benefit Package	Hospital/Facility Confinement Benefit	Recovery Benefit	Emergency Room	Urgent Care
25	20.70	29.91	38.45	4.05	0.92	1.27	2.00	1.76
35	24.30	35.10	45.11	4.74	1.07	1.48	2.34	2.06
45	19.01	27.45	35.29	3.69	0.83	1.15	1.82	1.61
55	14.47	20.89	26.86	2.80	0.63	0.87	1.38	1.22
65	14.91	21.46	27.59	2.80	0.63	0.87	1.38	1.22

Primary Insured Issue Age	Initial Doctor Visit	Follow-Up Office Visit - Option 1	Follow-Up Office Visit - Option 2	Follow-Up Office Visit - Option 3	Fractures and Dislocations - Option 1	Fractures and Dislocations - Option 2	Fractures and Dislocations - Option 3	Fractures and Dislocations - Option 4
25	1.46	2.48	3.84	3.97	13.69	16.85	18.58	6.49
35	1.71	2.91	4.51	4.65	16.06	19.77	21.80	7.62
45	1.33	2.27	3.52	3.64	12.55	15.45	17.04	5.96
55	1.01	1.73	2.69	2.77	9.59	11.80	13.02	4.55
65	1.01	1.89	2.92	3.01	10.54	12.98	14.31	5.00

Primary Insured Issue Age	Fractures and Dislocations - Option 5	Fractures and Dislocations - Option 6	Specialty Benefit Package	First Occ
25	7.95	9.54	1.19	13.51
35	9.32	11.19	1.39	15.79
45	7.29	8.75	1.08	12.29
55	5.57	6.68	0.82	9.33
65	6.12	7.35	0.84	9.33

* Off-Job only claim costs are 60.7% of 24-Hr claim costs.

State: District of Columbia

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: Accident Only

Project Name/Number: Accident Only/

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	Please see Filing Description.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not applicable. This filing is not a third part filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum
Bypass Reason:	Submitted under the Rate/rule Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Please see Actuarial Memorandum under the Rate Schedule.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	The rate is for a new form.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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SERFF Tracking #:

ACEH-129137080

State Tracking #:

Company Tracking #:

14185-RB-DC

State: District of Columbia

Filing Company:

Combined Insurance Company of America

TOI/Sub-TOI: H021 Individual Health - Accident Only/H021.000 Health - Accident Only

Product Name: Accident Only

Project Name/Number: Accident Only/

Bypass Reason:	The rate is for a new form.
Attachment(s):	
Item Status:	
Status Date:	

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

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