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Filing Company: Amalgamated Life Insurance Company State Tracking Number:
Company Tracking Number: ALSLP-11 RATES
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.001 Accident & Sickness
Product Name: Excess Loss 2011
Project Name/Number: Excess Loss 2011/ALSLP-11

Correspondence Summary

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Please advise the status of this filing. The associated forms were approved on 10/26/11.

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	Specific Stop Loss Manual	ALSLP-11	New		Specific Stop Loss Manual 1-11 part 1.pdf Specific Stop Loss Manual 1-11 part 2.pdf
	Aggregate Stop Loss Manual	ALSLP-11	New		Aggregate Stop Loss Manual 1-11.pdf

AMALGAMATED LIFE INSURANCE COMPANY

2011

Specific Stop Loss Manual

January 2011

NOT TO BE DUPLICATED IN WHOLE OR IN PART

**QUESTIONS REGARDING THE CONTENTS OF THIS MANUAL SHOULD BE SENT TO
Mr. Robert McCready, Amalgamated Life Insurance Company, 333 Westchester Avenue, White
Plains, NY 10604; Phone 914-367-5000.**

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I. OVERVIEW OF SPECIFIC STOP LOSS MANUAL

Description of Manual

This manual and its accompanying software allow the user to determine estimated net monthly premium rates for stop loss medical coverage by area and for deductibles ranging from \$5,000 to \$900,000. Unless indicated otherwise, all of the tables presented and calculations illustrated in the printed manual are resident in the software.

Net monthly premium rates are presented separately for three underwriting and renewal situations (or “Types”) as described below.

Net Monthly Premium Rates		
Type	Underwriting	Actively at Work
I	New Business	Required or Disclosure
II	New Business or Renewal	Waived
III	Automatic Renewal	Not Applicable

These situations are described in more detail in the Definitions and in the Initial and Renewal Underwriting Practices portions of Section I. For each of these three Types, net monthly premium rates are presented for three plans of stop loss coverage:

- Incurred in Twelve (12) Months, Paid in Twelve (12) Months
- Paid in Twelve (12) Months
- Incurred in Twelve (12) Months, Paid in Fifteen (15) Months

A set of percentage adjustments is also provided for companies, like Amalgamated Life, that wish to set Type I and Type II rates by utilizing a base set of net monthly premium rates for a single plan of stop loss coverage (such as Type II Paid in Twelve Months) and then set net monthly rates for other plans as a percentage of these base rates. These percentage adjustments are located in the Alternative Calculation Methods for Underwritten Business portion of Section I.

The Type III net monthly premiums in this manual were derived by adjusting a historical claim database. The Type I and Type II net monthly premiums were derived by adjusting the Type III claim costs to reflect the current experience of underwritten stop loss business and the contractual provisions applicable to coverage of employees and dependents who are not actively at work or who are disabled.

The stop-loss net monthly premiums assume a base medical plan with a \$200 calendar year deductible, 80% coverage of the next \$5,000 of expense, and 100% thereafter. The maximum employee out-of-pocket amount is \$1,200. The specific stop loss deductible represents the plan sponsor's liability in excess of the out-of-pocket amount. The stop loss net monthly premium rates cover the reimbursement of eligible expenses in excess of the employee's out-of-pocket expense up to \$1,000,000, less the stop loss deductible. Adjustment tables for other employee out-of-pocket amounts and various stop loss maximums are also provided. The basic specific stop loss rates assume that the medical plan requires pre-admission certification and concurrent review. A surcharge of 10% is added when the underlying base medical plan does not require pre-certification, as discussed in Section II.

The net monthly premium rates are assumed to be appropriate for a year beginning July 1, 2011. A table of adjustments is provided for other effective dates in this section.

Definitions

- **“Incurred” claim date** means the date the service is actually received. The normal insurance company procedure of considering the full hospital confinement as being incurred on the date of admission does not apply to specific stop loss coverage. An example will illustrate this point.

A person is hospitalized on June 28, 2011, and has a continuous confinement through July 3, 2010, with a surgical operation July 1, 2011. Hospital charges are assumed to be billed on a calendar month basis.

Expense	Date of Expense	Amount	Incurred Month	
			June 2011	July 2011
Hospital	June 28-June 30	\$7,500	\$7,500	
	July 1- July 3	7,000		\$7,000
Physicians Attendance	Out of Hospital			
	June 1-June 27	200	200	
	In Hospital			
	June 28-June 30	200	200	
	July 1-July 3	100		100
Surgery	July 1	2,000		2,000
Anesthesia	July 1	<u>500</u>	<u> </u>	<u>500</u>
TOTAL		\$17,500	\$7,900	\$9,600

If the specific stop loss contract year runs from January 1 to December 31, the distribution is not important for this example. However, if the contract year runs July 1 to June 30, the specific stop loss deductible will apply separately to expenses in two contract years when the contract covers incurred claims rather than paid claims.

- **Actively at Work** provision means that an employee confined in a hospital or disabled at the inception of the stop loss contract will only be included in the stop loss coverage after the employee returns to work. For dependents, the standard for coverage will be non-confinement in a hospital and the ability to engage in normal activities appropriate for a person of that age. In some instances, Amalgamated Life will eliminate the actively at work provision when the extended coverage from the previous carrier expires or at the inception of the contract for a group without extended benefits for disabled persons. The actively at work provision is discussed more fully later in this section.

Actively at work in this context is different from the actively at work provision that was commonly employed (prior to the Health Insurance Portability and Accountability Act — “HIPAA”) in both insured and self-insured plans to delay the effective date of coverage of an employee enrolling during the contract year until that employee returned to work or until non-confinement for dependents.

- **Incurred and Paid in Twelve (12) Months** means that the only charges that are eligible for reimbursement under the stop loss contract are charges “incurred” within the contract year and paid by the administrator within the same contract year.
- **Incurred in Twelve (12) Months, Paid in Fifteen (15) Months** means that the services must be “incurred” as previously defined, but the payment can be made within three months after the end of the contract year and be considered as an eligible stop loss expense for that year.
- **Paid in Twelve (12) Months** means that services “incurred” in a prior contract year will also be eligible expenses when they are paid within the current contract year. This is a typical renewal contract for a group that has been continuously covered by the stop loss carrier. It may also be applicable to a new group that has a “paid” type stop loss contract with another carrier.

A run-in period, as defined below, may limit the incurred dates covered. Therefore, the term “15/12 contract” is used to describe a paid contract with incurred dates that are within three (3) months of the beginning of the policy year. Usually Amalgamated Life underwrites to be sure that there are no significant pending claims and that the payments are made in a consistent manner, without an attempt to heap all the payments into a single year.

The net premium for the Paid in Twelve (12) Months contract should be less than the premium for an otherwise similar Incurred in Twelve (12), Paid in Fifteen (15) Months contract. This is because the payments are usually for services in a period which is two months earlier. This Manual reflects this adjustment. The Incurred in Twelve (12), Paid in Fifteen (15) Months contract eliminates the possibility of deliberate attempts at “gaming” the system, while the Paid in Twelve (12) Months contract encourages attempts to heap claims within a single year. For Type II underwriting, we reflect this offset and have shown the same net monthly premiums for Paid in Twelve (12) Months and Incurred in Twelve (12) Months, Paid in Fifteen (15) Months.

- **Run-in Period** means that a carrier will cover claims on a paid basis, including services incurred in a prior (“run-in”) period. A 60-day or 90-day run-in period is common. The contract may also require that the bills for services prior to the effective date of the contract must not have been available for adjudication for more than two weeks. These provisions are meant to allow for coverage of medical expenses reimbursed within normal claim lags for reporting and handling but to prevent the accumulation of claim expenses incurred much earlier and/or available for reimbursement during a prior year.

An incurred in Twelve (12) Months, Paid in Twelve (12) Months contract (“12/12 contract”) or a contract with a run-in period would both typically renew to a Paid in Twelve (12) Months contract in the second and later years. Both contracts would have the same expected claim costs in the renewal year regardless of form of coverage in the first year.

Initial and Renewal Underwriting Practices

The Description of this Manual, in Section I, indicates that the net monthly premium rates vary by the underwriting practice and by the coverage or exclusion of medical expenses on disabled employees or their dependents. The alternative rate Types are discussed below.

Type I

We believe that, with HIPAA in effect, the circumstances that would be consistent with a Type I stop loss contract would be where:

- Amalgamated Life believes that there are no unknown disabled persons at the stop loss contract date and requires the plan sponsor to be fully liable for expenses that may occur on any such known but non-disclosed disabled persons in order to receive a lower stop loss premium,
- a prior stop loss contract has an extended benefits provision,
- a prior fully insured contract contains an extension of benefits provision.

Type II

Underwritten New Business or Renewal, Actively at Work Provision Waived. This is similar to Type I except the Actively at Work Provision does not apply to persons covered by the previous carrier. This coverage transfers stop loss coverage to a new stop loss insurance carrier where the plan sponsor does not have an extension of benefits with its previous stop loss carrier, and that wishes to avoid gaps in coverage. This is also the renewal coverage type needed by plan sponsors that want to avoid gaps in coverage.

The Type II net monthly premiums must be higher than the Type I contracts because of the possible expenses on disabled persons. The carrier has underwritten a new group or re-underwritten an in-force group to determine whether the expected claims fall into a standard rating class. Depending on the size of the group, the deductible and the health status of specific persons, the group may be a standard risk, substandard risk or uninsurable.

Since Amalgamated Life performs re-underwriting on renewal groups, as well as on new business, Amalgamated Life may charge a lower premium (using Type I rates or providing an underwriters discretion factor) for a standard risk by offering a non-standard renewal on groups who do not qualify as standard. Examples of the non-standard renewal are:

- premium surcharge,
- special higher deductible on certain individuals (lasering),
- higher deductible for all,
- exclude certain persons from coverage.

Lasering practices vary within the industry. Typically lasers apply to all causes and are often set equal to expected claims for the identified condition as estimated by the large case manager and/or underwriter.

- Direct Writing Companies - Most companies including Amalgamated Life will unilaterally impose lasers for new business quotes. For renewal quotes, existing lasers will be re-evaluated to see if

they are still appropriate. If "new" potential high claimants (i.e., someone not identified and lasered when the case was initially written or if circumstances warrant increasing an existing laser) are identified during the renewal underwriting process, the same practice will be used. For an additional 7.5% of current premium, a group can chose a no laser option for their future renewal (at the time of renewal, if there is a claimant that would normally be lasered, e.g., renal dialysis case, that persons actual claims will be included in the rate renewal calculation, but the future unknown "laser" claim will not be included in the rate renewal calculation)

Type III

Automatic Renewal represents an automatic renewal without any underwriting for experience or ongoing claim status. The Actively at Work Provision is not applicable to currently covered persons. A number of claims will be incurred in the new contract year that would have been identified in an underwritten situation and would have been compensated for by premium surcharges, special deductibles or rejection of the group. Therefore, the Type III net monthly premium rates will be higher than those for Type II re-underwritten cases.

In accordance with HIPAA, for all three Types of underwriting, rates do not exclude from stop loss coverage new participants who are disabled as of the date their insurance is to become effective, provided that this date is after the effective date of the stop loss contract. However, these rates do assume that a preexisting limitation is in place to protect the self-funded plan from abuse by such participants.

Other Adjustments

Adjustments to Type II Paid in 12 Months Rates – The following tables are for illustrative purposes only and show the between Type II Paid in Twelve (12) Months net premiums to other Type and base options.

Adjustment Factors to Apply to Rates for Type II Paid in 12 Months Contract (3 month run-in limit)

Contract	Actively at Work	Adjustment Factor
Paid in 12 months with:		
1 month run-in limit	Waived (Type II)	.93
2 month run-in limit	Waived (Type II)	.98
3 month run-in limit	Waived (Type II)	1.00
6 month run-in limit	Waived (Type II)	1.01
12+ month run-in limit	Waived (Type II)	1.02
Incurred in 12 months and:		
Paid in 12 Months	Waived (Type II)	.83
Paid in 13 Months	Waived (Type II)	.93
Paid in 14 Months	Waived (Type II)	.98
Paid in 15 Months	Waived (Type II)	1.00

**Adjustment Factors to Apply to Rates for
Type II Paid in 12 Months Contract (3 month run-in limit)**

Contract	Actively at Work	Adjustment Factor
Paid in 18 Months	Waived (Type II)	1.03
Paid in 24 Months	Waived (Type II)	1.04
Paid in 36+ Months	Waived (Type II)	1.05

**Adjustment Factors to Apply to Rates for
Type II Paid in 12 Months Contract (3 month run-in limit)**

Contract	Actively at Work	Adjustment Factor
Paid in 12 months with:		
1 month run-in limit	Required (Type I)	.81
2 month run-in limit	Required (Type I)	.85
3 month run-in limit	Required (Type I)	.87
6 month run-in limit	Required (Type I)	.88
12+ month run-in limit	Required (Type I)	.89
Incurred in 12 months and:		
Paid in 12 Months	Required (Type I)	.76
Paid in 13 Months	Required (Type I)	.86
Paid in 14 Months	Required (Type I)	.90
Paid in 15 Months	Required (Type I)	.92
Paid in 18 Months	Required (Type I)	.95
Paid in 24 Months	Required (Type I)	.96
Paid in 36+ Months	Required (Type I)	.97

Adjustments to \$50,000 Deductible Rates – The following are adjustment factors are for illustrative purposes only and show the relationship between the \$50,000 deductible premiums to produce premiums for other deductibles. These adjustments do not produce the exact premiums shown in the manual because the relationships vary by area and by employee versus dependent. Note that these adjustments do not vary by contract type or actively at work provision.

Ratio of Rates for Specific Deductible To Rates for \$50,000 Deductible	
Deductible	Adjustment Factor
\$ 5,000	3.770
10,000	2.810
15,000	2.340
20,000	1.930
25,000	1.660
30,000	1.460
40,000	1.190
50,000	1.000
60,000	0.879
75,000	0.744
100,000	0.588
125,000	0.480
150,000	0.400
200,000	0.296
250,000	0.225
300,000	0.178
400,000	0.113
500,000	0.073

Age/Gender Adjustment Factors

The following table shows estimated relative costs for stop loss coverage by age and gender (please note that the tables show deductibles below \$25,000: Amalgamated will not issue policies with deductibles below \$25,000). A composite employee factor is obtained by multiplying the number of employees in each age bracket by the applicable factor and then dividing the sum of the products by the total number of employees.

A composite dependent factor can be obtained by multiplying the number of employees with dependents in each age bracket by the applicable factor and then dividing the sum of the products by the total number of employees with dependents.

If the number of employees with dependents in each age bracket is not available then the composite dependent age/gender factor is calculated using the following formula: Composite Dependent = .5 + .5 x Employee Factor

The net monthly premium rates for dependents are shown as Composite Dependent. The corresponding net premium rates suggested for Spouse Only, Children Only, and Spouse & Children are 66%, 60%, and 126%, respectively, of the Composite Dependent net premium rate. Children are covered up to age 26 (i.e., through age 25) as required in the 2010 Federal Health Care Reform.

Employee Age/Gender Adjustment Factors

Employee Age	Stop Loss Ded. Under \$25,000		Stop Loss Ded. \$25,000 to \$99,999		Stop Loss Ded. \$100,000 & Over	
	Male	Female	Male	Female	Male	Female
Under 30	0.40	0.55	0.37	0.33	0.43	0.32
30 – 34	0.45	0.75	0.41	0.37	0.43	0.32
35 – 39	0.60	0.85	0.53	0.49	0.51	0.43
40 – 44	0.85	1.05	0.74	0.74	0.67	0.63
45 – 49	1.20	1.35	1.11	1.03	1.02	0.99
50 – 54	1.75	1.70	1.56	1.39	1.54	1.14
55 – 59	2.55	2.10	2.42	1.72	2.36	1.54
60 – 64	3.45	2.75	2.95	2.21	2.96	2.33
65 – 69	4.10	3.05	3.49	2.72	3.55	3.11
70 & Over	4.75	3.35	4.02	3.20	4.14	3.90
Retired – Medicare Primary	0.80	0.80	0.70	0.70	0.60	0.60

Composite Dependent Age/Gender Adjustment Factors

Employee Age	Stop Loss Ded. Under \$25,000 Gender of Employees with Dependents		Stop Loss Ded. \$25,000 to \$99,999 Gender of Employees with Dependents		Stop Loss Ded. \$100,000 & Over Gender of Employees with Dependents	
	Male	Female	Male	Female	Male	Female
Under 30	0.95	0.60	1.05	0.70	1.20	0.80
30 – 34	1.05	0.70	1.05	0.75	1.20	0.85
35 – 39	1.05	0.75	1.05	0.75	1.15	0.85
40 – 44	1.05	0.75	1.00	0.75	1.00	0.85
45 – 49	1.05	0.90	1.00	0.85	0.90	0.85
50 – 54	1.25	1.10	1.10	1.10	0.90	0.95
55 – 59	1.45	1.50	1.35	1.50	1.10	1.30
60 – 64	1.85	2.05	1.75	2.10	1.40	1.85
65 – 69	2.10	2.85	2.05	2.85	1.80	2.50
70 & Over	2.30	3.30	2.20	3.15	2.10	2.75
Retired – Medicare Primary	0.55	0.55	0.50	0.50	0.40	0.40

Employee Age Adjustment Factors (Unisex)

Employee Age	Stop Loss Ded. Under \$25,000	Stop Loss Ded. \$25,000 to \$99,999	Stop Loss Ded. \$100,000 & Over
Under 30	0.475	0.349	0.374
30 – 34	0.600	0.390	0.374
35 – 39	0.725	0.513	0.473
40 – 44	0.950	0.738	0.650
45 – 49	1.275	1.066	1.005
50 – 54	1.725	1.476	1.034
55 – 59	2.325	2.071	1.951
60 – 64	3.100	2.583	2.641
65 – 69	3.575	3.096	3.331
70 & Over	4.050	3.608	4.020
Retired – Medicare Primary	0.800	0.700	0.600

Composite Dependent Age Adjustment Factors (Unisex)

Employee Age	Stop Loss Ded. Under \$25,000 Employees with Dependents	Stop Loss Ded. \$25,000 to \$99,999 Employees with Dependents	Stop Loss Ded. \$100,000 & Over Employees with Dependents
Under 30	0.775	0.875	1.000
30 – 34	0.875	0.900	1.025
35 – 39	0.900	0.900	1.000
40 – 44	0.900	0.875	0.925
45 – 49	0.975	0.925	0.875
50 – 54	1.175	1.100	0.925
55 – 59	1.475	1.425	1.200
60 – 64	1.950	1.925	1.625
65 – 69	2.475	2.450	2.150
70 & Over	2.800	2.675	2.425
Retired – Medicare Primary	0.550	0.500	0.400

Trend Factors

This Manual shows net monthly rates for a 12-month period **beginning July 1, 2011**. For other starting dates, the following factors are applied. These factors take into consideration the leveraging effect of increasing medical expense charges on excess coverage and changes in medical technology.

12-Month Period Beginning	Trend Factor Adjustments for Specific Deductibles				
	\$ 5,000– 14,999	\$ 15,000– 74,999	\$ 75,000– 174,999	\$175,000– 299,999	\$300,000 & Over
January 2011	0.928	0.922	0.910	0.898	0.886
February 2011	0.940	0.935	0.925	0.915	0.905
March 2011	0.952	0.948	0.940	0.932	0.924
April 2011	0.964	0.961	0.955	0.949	0.943
May 2011	0.976	0.974	0.970	0.966	0.962
June 2011	0.988	0.987	0.985	0.983	0.981
July 2011	1.000	1.000	1.000	1.000	1.000
August 2011	1.012	1.013	1.015	1.017	1.019
September 2011	1.024	1.026	1.030	1.034	1.038
October 2011	1.036	1.039	1.045	1.051	1.057
November 2011	1.048	1.052	1.060	1.068	1.076
December 2011	1.060	1.065	1.075	1.085	1.095

For periods beyond December, 2011, a monthly factor of 1.015 (i.e. a 19.6% annual trend primarily due to leverage effect) will be used. An example of the application of the trend factor adjustment is shown below.

Area C, Type III — \$25,000 Specific Stop Loss for a Paid in Twelve (12) Month contract with a starting date of June 1, 2011.

	Employee	Composite Dependent
1. Manual Rate	\$152.12	\$290.10
2. Trend Adjustment	.987	.987
3. Net Monthly Rate (1) x (2)	\$150.14	\$286.33

Multi-Year Rate Guarantees

Given the high trends inherent in stop loss costs, multi-year rate guarantees are not commonly offered. If a multi-year level rate guarantee is needed then the following procedure will be followed.

A rate guaranteed for two years should be calculated as the average of the appropriate first year rate and the second year rate. To the extent that a two-year rate guarantee is offered to a group in a renewal year, the rate charged should be an average of the next two renewal years.

The second year rate needs to take into account the following:

- The appropriate form of coverage for the second year (i.e., 12/12 typically renews to a Paid/12, etc.). If the first year of a two-year rate guarantee is a renewal year, the form of coverage for both years will likely be the same;
- Leveraged trend to the renewal year;
- The load necessary to offset the inability to underwrite the renewal for poor experience (i.e., Type III coverage);

Example — consider the development of a two-year level rate guarantee for a \$25,000 Specific Stop Loss Deductible, \$1,000,000 annual maximum, Age/Gender Factor = 1.00, Area C, Type II, effective 7/1/2011, 12/12 first year renewing to Type III Paid/12.

First year Employee monthly net premium* =	\$ 110.80
Renewal Employee monthly net premium* = (Type III Paid/12)	\$152.12 (a)
(Paid/12 to 24/12 adjustment)	1.02 (b)
(Annual leveraged trend: $1 + [.013 \times 12]$)	<u>1.156 (c)</u>
	\$179.37 (a)x(b)x(c)

* See Section II

(b) See Section II – Run-In Adjustments

(c) See Section I – Trend Factors

The average expected Employee monthly net premium is $.5 \times (\$110.80 + \$179.37)$ or \$145.09.

Alternatives to the sample calculation above may be as follows: If the underwriter chooses to take additional risk for such reasons as knowledge of the case or competitive considerations, the rate for the second year may be taken as a Type II rate with an additional margin added of 5% to 10%.

Non-Standard Contract Year

The specific net monthly premiums in this manual assume that the standard contract year or period of coverage (e.g., the “incurred” period) is 12 months. On occasion, a group may request a reduced or extended period of coverage so that its plan year will correspond to its tax year or for some other reason.

The tables below provide factors that adjust the rates for a 12-month contract year to the periods ranging from 6 months to 18 months. The impact of reducing or extending the period of coverage on net monthly premiums varies by specific deductible size.

The first table is used for contracts without a run-in or run-out period. The second table is for all contracts with either a run-in or run-out period.

For example, the adjustment factor for changing from a standard paid contract (incurred in 15 months and paid in 12 months) to a contract period of 17/14 (incurred in 17 months and paid in 14 months) for a \$50,000 specific deductible is 103% — or, a 3% increase in the net monthly premiums.

**Non-Standard Contract Year Specific Rating Adjustment Percentages
Contracts without a Run-in or Run-out Period**

Deductible	6 month	7 month	8 month	9 month	10 month	11 month
\$ 5,000	83%	87%	90%	93%	96%	98%
10,000	82%	87%	90%	93%	95%	98%
15,000	82%	87%	90%	93%	95%	98%
20,000	81%	86%	89%	93%	95%	98%
25,000	81%	85%	89%	92%	95%	98%
30,000	80%	85%	89%	92%	95%	98%
40,000	79%	84%	88%	92%	95%	98%
50,000	78%	84%	88%	91%	95%	97%
60,000	77%	83%	87%	91%	94%	97%
75,000	76%	82%	87%	91%	94%	97%
100,000	73%	80%	85%	90%	94%	97%
125,000	72%	79%	84%	89%	93%	97%
150,000	70%	78%	84%	89%	93%	97%
200,000	66%	75%	82%	87%	92%	96%
250,000	62%	73%	80%	86%	91%	96%
300,000	60%	70%	78%	85%	91%	96%
400,000	57%	65%	75%	82%	89%	95%
500,000	53%	60%	71%	81%	88%	94%

**Non-Standard Contract Year Specific Rating Adjustment Percentages
Contracts without a Run-in or Run-out Period (continued)**

Deductible	12 month	13 month	14 month	15 month	16 month	17 month	18 month
\$ 5,000	100%	102%	104%	106%	107%	109%	111%
10,000	100%	102%	104%	106%	108%	109%	111%
15,000	100%	102%	104%	106%	108%	110%	111%
20,000	100%	102%	104%	106%	108%	110%	111%
25,000	100%	102%	104%	106%	108%	110%	112%
30,000	100%	102%	104%	106%	108%	110%	112%
40,000	100%	102%	104%	106%	108%	110%	112%
50,000	100%	102%	105%	107%	109%	111%	113%
60,000	100%	102%	105%	107%	109%	111%	113%
75,000	100%	103%	105%	107%	109%	111%	113%
100,000	100%	103%	105%	108%	110%	112%	114%
125,000	100%	103%	106%	108%	111%	113%	115%
150,000	100%	103%	106%	109%	111%	114%	116%

Non-Standard Contract Year Specific Rating Adjustment Percentages
Contracts without a Run-in or Run-out Period (continued)

Deductible	12 month	13 month	14 month	15 month	16 month	17 month	18 month
200,000	100%	103%	106%	109%	112%	115%	117%
250,000	100%	104%	107%	110%	113%	116%	120%
300,000	100%	104%	108%	111%	114%	117%	120%
400,000	100%	104%	109%	113%	117%	120%	123%
500,000	100%	105%	110%	114%	118%	121%	126%

**Non-Standard Contract Year Specific Rating Adjustment Percentages
Contracts with Either a Run-in or Run-out Period (continued)**

Deductible	6 month	7 month	8 month	9 month	10 month	11 month
\$ 5,000	93%	94%	95%	96%	98%	99%
10,000	93%	94%	95%	96%	98%	99%
15,000	93%	94%	95%	96%	98%	99%
20,000	92%	93%	95%	96%	97%	99%
25,000	92%	93%	95%	96%	97%	99%
30,000	92%	93%	95%	96%	97%	99%
40,000	91%	93%	94%	96%	97%	99%
50,000	91%	93%	94%	96%	97%	99%
60,000	90%	92%	94%	96%	97%	99%
75,000	90%	92%	94%	95%	97%	99%
100,000	89%	91%	93%	95%	97%	98%
125,000	88%	90%	92%	94%	96%	98%
150,000	87%	89%	92%	94%	96%	98%
200,000	85%	89%	91%	94%	96%	98%
250,000	82%	86%	89%	92%	95%	98%
300,000	80%	85%	88%	92%	95%	97%
400,000	76%	82%	86%	90%	94%	97%
500,000	71%	79%	84%	88%	93%	97%

Non-Standard Contract Year Specific Rating Adjustment Percentages
Contracts with Either a Run-in or Run-out Period (continued)

Deductible	12 month	13 month	14 month	15 month	16 month	17 month	18 month
\$ 5,000	100%	101%	102%	104%	105%	106%	107%
10,000	100%	101%	102%	104%	105%	106%	107%
15,000	100%	101%	102%	104%	105%	106%	107%
20,000	100%	101%	103%	104%	105%	106%	108%
25,000	100%	101%	103%	104%	105%	106%	108%
30,000	100%	101%	103%	104%	105%	107%	108%
40,000	100%	101%	103%	104%	105%	107%	108%
50,000	100%	101%	103%	104%	105%	107%	108%
60,000	100%	101%	103%	104%	106%	107%	108%
75,000	100%	101%	103%	104%	106%	107%	108%
100,000	100%	102%	103%	105%	106%	108%	109%
125,000	100%	102%	103%	105%	107%	108%	110%
150,000	100%	102%	104%	105%	107%	108%	110%
200,000	100%	102%	104%	105%	107%	109%	110%
250,000	100%	102%	104%	106%	108%	110%	112%
300,000	100%	102%	105%	107%	109%	111%	113%
400,000	100%	103%	105%	108%	110%	112%	115%
500,000	100%	103%	106%	109%	112%	114%	117%

Dependent Participation Factors

Dependent participation in this manual is assumed to be 75% of total employees with dependents. If the dependent participation percentage is known, the appropriate factor from the table below is used to adjust the Composite Dependent premium. If the dependent participation factor is not known but the portion of the dependent premium paid by the employer is known, then the corresponding factor noted below is used. If adjustments are not being made for dependent participation, then use 1.00 as the factor.

Dependent Participation Adjustments			
Factors Apply Only to Composite Dependent Net Premium			
Dependent Participation %*	Factor	Employer Dependent Contribution % (Dependent Participation Unknown)	Factor
100%	0.85	100%	0.85
90%-99%	0.90	90%-99%	0.88
80%-89%	0.95	80%-89%	0.90
70%-79%	1.00	60%-79%	0.95
60%-69%	1.04	40%-59%	1.00
50%-59%	1.08	20%-39%	1.03
Under 50%	1.10	1%-19%	1.08
		0%	1.10

* % of Employees with Dependents whom Dependents participate in the plan

Hospital Domestic Reimbursement Adjustment Factor

For self-funded groups, reimbursement on domestic utilization (i.e. a hospital employee or dependent who utilizes the hospital for medical care) is usually reduced. The table below varies by the domestic reimbursement percentage and domestic utilization. Note that a 1.000 factor is assigned to the 80% reimbursement level.

Hospital Domestic Reimbursement Adjustment Factors

Stop Loss Reimbursement % on Domestic Claims	Domestic Hospital Utilization % for Stop Loss Claims					
	0%	20%	40%	60%	80%	100%
0%	1.000	0.850	0.700	0.550	0.400	0.250
10%	1.000	0.867	0.734	0.601	0.468	0.336
20%	1.000	0.885	0.769	0.654	0.539	0.423
30%	1.000	0.903	0.805	0.708	0.611	0.514
40%	1.000	0.921	0.843	0.764	0.685	0.606
50%	1.000	0.940	0.880	0.821	0.761	0.701
60%	1.000	0.960	0.919	0.879	0.839	0.798
70%	1.000	0.980	0.959	0.939	0.918	0.898
80%	1.000	1.000	1.000	1.000	1.000	1.000
90%	1.000	1.027	1.054	1.082	1.109	1.136
100%	1.000	1.056	1.113	1.169	1.225	1.281

II. SPECIFIC STOP LOSS RATES

Run-In Adjustment

The “Paid in 12 Month” premium rates in this manual assume a 90-day or a 3-month run-in. The table below shows the cost for other run-in periods as a percentage of the standard 3 month provision.

Relative Cost for Run-In Periods

Run-In Period	Percentage of 3 Month Run-In
1 month	93%
2 months	98%
3 months	100%
6 months	101%
12+ months	102%

Adjustment for Other Annual Maximum Benefits

The tables in Section II show the net stop loss premiums for a \$1,000,000 annual maximum medical plan, including the stop loss deductible, for deductibles up to and including \$900,000.

The following table shows adjustments to these net premiums, expressed as percentages of the \$1,000,000 annual maximum, \$500,000 stop loss deductible plan net premiums, for several higher stop loss maximums.

To illustrate how this table is used, the employee net premium for a \$50,000 deductible, \$1,000,000 annual maximum, Type II, 12/15 contract for area table E is \$92.88, and the net premium for a \$500,000 deductible is \$5.00. The net premium for a \$50,000 deductible and \$2,000,000 annual maximum is calculated as $\$92.88 + (\$5.00 \times .45) = \$95.13$.

**Stop Loss Annual Maximum* Greater than \$1,000,000
Adjustments to Net Premiums**

Stop Loss Plan Maximum*	Percentage of \$500,000 Deductible \$1,000,000 Annual Maximum* Plan
\$1,500,000	30%
2,000,000	45%
3,000,000	55%
5,000,000	60%
Unlimited	65%

*Including stop loss deductible

If the stop loss annual maximum including stop loss deductible is less than \$1,000,000 then the adjustment is simply equal to the stop loss base rate (with \$1,000,000 annual maximum) with specific deductible equal to the plan annual maximum times minus one. For example, the net employee premium for a \$50,000 deductible and \$300,000 annual maximum Type II, 12/15, Area E is calculated as $\$92.88 - \$13.51 = \$79.37$.

Run-Out Adjustment

For the Incurred in 12 Months contracts, the cost of a contract that extends the payment period beyond 12 months (i.e., run-out) is shown below, expressed as a percentage of the Incurred in 12, Paid in 15 Months ("12/15") net premiums.

**Run-Out Adjustments
to Incurred in 12 Months Contract**

Run-out Period	Percentage of 12/15
1 month	93%
2 months	98
3 Months	100
6 Months	103
12 Months	104
24 + months	105

Adjustment for Family Deductible

All the net monthly premiums displayed are based on a separate stop loss deductible for each insured person. Net monthly premiums for a family deductible equal to one times, one and one-half times or two times the individual deductible are obtained by multiplying the composite dependent net monthly premiums by the factors shown below. Under this option, benefits are payable when either any individual's eligible medical expenses exceed the individual deductible or all the eligible medical expenses of the covered family members exceed the family deductible. No one person must exceed the individual deductible to trigger the stop loss benefits. No adjustment is used if the family deductible is 3 or more.

Adjustment for Family Deductible

Individual Deductible	Percentage of Composite Dependent Rate for Family Deductible of		
	1X	1.5X	2X
\$ 5,000	140%	125%	109%
10,000	145	126	107
15,000	150	128	105
20,000	150	127	103
25,000	150	127	103
30,000	145	124	102
40,000	145	124	102
50,000	140	121	101
60,000	140	121	101
75,000	135	118	101
100,000 & Over	125	113	101

Adjustment for Pre-admission Certification and Continued Stay Review

This manual assumes that pre-admission certification and continued stay review is a requirement of the base medical plan. When a group does not have a pre-certification requirement, a 10% surcharge is employed. The reason for the extra cost applicable to the specific stop loss is that most large claims involve hospitalizations of significant duration. The savings for pre-certification and continuing stay review is almost entirely based on the avoidance of unnecessary prolonged hospital confinements rather than a denial of the original submission. When the administrator is limited to reviewing hospital bills after the fact, an opportunity is lost to discuss the need for further confinement with the physician.

Adjustment for Case Management

Case Management is defined as a program that provides for a representative of the administrator or plan sponsor to intervene in the delivery of medical services, with the mutual consent of the patient and his physician, to achieve a more efficient and appropriate treatment for a serious medical problem. This may include providing payment for services not explicitly covered in the medical plan such as home health care, home remodeling, purchase of hospital equipment for home use, etc., which will result in equal to or superior treatment at equal or lower cost to the program.

Case management is generally only suitable for certain types of medical problems, but it can be effective in reducing costs. This manual assumes that the self-funded group uses case management. When a group does not have a case management program, a 5% surcharge of the net monthly premium cost for a specific deductible of \$100,000 is applied to a group which has a deductible of \$100,000 or less. For cases with larger specific stop loss deductibles, the 5% surcharge would be applicable to the stop loss premium for the actual deductible.

Example 1

Type II — Area A — Deductible \$25,000 — Paid in 12 Months Contract

Deductible	Employee Net Monthly Premium
\$ 25,000	\$111.03
100,000	33.71

Surcharge for absence of Case Management = $.05 \times \$33.71 = \1.69

Example 2

Type II — Area A — Deductible \$200,000 — Paid in 12 Months Contract

Deductible	Employee Net Monthly Premium
\$200,000	\$15.39

Surcharge for absence of Case Management = $.05 \times \$15.39 = \0.77 Adjustment for Exclusion of Organ Transplants

The net monthly premiums in this manual include the cost of non-experimental organ transplants. A company's need to identify the portion of net monthly premiums due to organ transplant coverage may arise due to a group having fully insured coverage on organ transplants or due to separate reinsurance agreements on organ transplants.

Organ transplant costs vary by area and deductible. To exclude organ transplant costs from the specific stop loss coverage, the tables below are used to identify the adjustment to net monthly premiums in this manual.

The transplants included in the tables below are heart, lung, heart-lung, bone marrow, liver, pancreas, kidney, cornea, and intestine.

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
	AREA A			
\$ 5,000	(3.15)	(5.43)	(3.79)	(6.54)
10,000	(3.14)	(5.42)	(3.78)	(6.53)
15,000	(3.13)	(5.41)	(3.77)	(6.52)
20,000	(3.12)	(5.40)	(3.76)	(6.51)
25,000	(3.11)	(5.39)	(3.75)	(6.50)
30,000	(3.10)	(5.38)	(3.74)	(6.49)
40,000	(2.73)	(5.37)	(3.29)	(6.48)
50,000	(2.47)	(4.99)	(2.98)	(6.02)
60,000	(2.23)	(4.57)	(2.69)	(5.51)
75,000	(1.92)	(4.02)	(2.31)	(4.84)
100,000	(1.57)	(3.45)	(1.89)	(4.16)

2011 Specific Stop Loss

125,000	(1.33)	(3.10)	(1.61)	(3.74)
150,000	(1.15)	(2.76)	(1.39)	(3.32)
200,000	(0.93)	(2.35)	(1.12)	(2.84)
250,000	(0.63)	(1.68)	(0.76)	(2.03)
300,000	(0.45)	(1.26)	(0.54)	(1.52)
400,000	(0.22)	(0.69)	(0.27)	(0.83)
500,000	(0.11)	(0.38)	(0.14)	(0.45)

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA B				
\$ 5,000	(3.42)	(5.91)	(4.12)	(7.12)
10,000	(3.41)	(5.90)	(4.11)	(7.11)
15,000	(3.40)	(5.89)	(4.10)	(7.10)
20,000	(3.39)	(5.88)	(4.09)	(7.09)
25,000	(3.38)	(5.87)	(4.08)	(7.08)
30,000	(3.37)	(5.86)	(4.07)	(7.07)
40,000	(3.04)	(5.85)	(3.66)	(7.06)
50,000	(2.78)	(5.60)	(3.34)	(6.75)
60,000	(2.52)	(5.16)	(3.04)	(6.21)
75,000	(2.17)	(4.54)	(2.61)	(5.47)
100,000	(1.78)	(3.90)	(2.14)	(4.70)
125,000	(1.51)	(3.51)	(1.82)	(4.23)
150,000	(1.33)	(3.17)	(1.60)	(3.82)
200,000	(1.05)	(2.67)	(1.27)	(3.22)
250,000	(0.73)	(1.94)	(0.88)	(2.34)
300,000	(0.51)	(1.44)	(0.62)	(1.73)
400,000	(0.26)	(0.80)	(0.31)	(0.96)
500,000	(0.13)	(0.44)	(0.16)	(0.53)
AREA C				
\$ 5,000	(3.66)	(6.31)	(4.40)	(7.61)
10,000	(3.65)	(6.30)	(4.39)	(7.60)
15,000	(3.64)	(6.29)	(4.38)	(7.59)
20,000	(3.63)	(6.28)	(4.37)	(7.58)
25,000	(3.62)	(6.27)	(4.36)	(7.57)
30,000	(3.61)	(6.26)	(4.35)	(7.56)
40,000	(3.26)	(6.25)	(3.92)	(7.55)
50,000	(3.00)	(6.06)	(3.62)	(7.30)
60,000	(2.74)	(5.61)	(3.30)	(6.75)
75,000	(2.39)	(5.00)	(2.88)	(6.02)
100,000	(1.96)	(4.31)	(2.36)	(5.19)
125,000	(1.67)	(3.87)	(2.01)	(4.67)
150,000	(1.46)	(3.49)	(1.76)	(4.21)
200,000	(1.16)	(2.95)	(1.40)	(3.55)
250,000	(0.80)	(2.14)	(0.97)	(2.58)
300,000	(0.57)	(1.59)	(0.68)	(1.91)
400,000	(0.29)	(0.89)	(0.35)	(1.07)
500,000	(0.15)	(0.48)	(0.18)	(0.58)

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA D				
\$ 5,000	(3.90)	(6.73)	(4.70)	(8.11)
10,000	(3.89)	(6.72)	(4.69)	(8.10)
15,000	(3.88)	(6.71)	(4.68)	(8.09)
20,000	(3.87)	(6.70)	(4.67)	(8.08)
25,000	(3.86)	(6.69)	(4.66)	(8.07)
30,000	(3.80)	(6.68)	(4.58)	(8.06)
40,000	(3.47)	(6.67)	(4.19)	(8.05)
50,000	(3.27)	(6.60)	(3.94)	(7.96)
60,000	(3.00)	(6.14)	(3.61)	(7.39)
75,000	(2.61)	(5.47)	(3.15)	(6.59)
100,000	(2.15)	(4.72)	(2.59)	(5.69)
125,000	(1.83)	(4.24)	(2.20)	(5.11)
150,000	(1.60)	(3.83)	(1.93)	(4.61)
200,000	(1.29)	(3.27)	(1.55)	(3.94)
250,000	(0.88)	(2.35)	(1.06)	(2.83)
300,000	(0.63)	(1.76)	(0.76)	(2.13)
400,000	(0.32)	(1.00)	(0.39)	(1.20)
500,000	(0.17)	(0.55)	(0.20)	(0.66)

AREA E				
\$ 5,000	(4.18)	(7.22)	(5.04)	(8.70)
10,000	(4.17)	(7.21)	(5.03)	(8.69)
15,000	(4.16)	(7.20)	(5.02)	(8.68)
20,000	(4.15)	(7.19)	(5.01)	(8.67)
25,000	(4.14)	(7.18)	(5.00)	(8.66)
30,000	(4.04)	(7.17)	(4.87)	(8.65)
40,000	(3.80)	(7.16)	(4.58)	(8.64)
50,000	(3.61)	(7.15)	(4.35)	(8.63)
60,000	(3.32)	(6.80)	(4.01)	(8.20)
75,000	(2.90)	(6.07)	(3.49)	(7.31)
100,000	(2.41)	(5.29)	(2.90)	(6.38)
125,000	(2.05)	(4.76)	(2.47)	(5.73)
150,000	(1.80)	(4.29)	(2.16)	(5.17)
200,000	(1.45)	(3.67)	(1.74)	(4.42)
250,000	(1.00)	(2.66)	(1.20)	(3.21)
300,000	(0.72)	(2.00)	(0.86)	(2.41)
400,000	(0.37)	(1.13)	(0.44)	(1.36)
500,000	(0.19)	(0.63)	(0.23)	(0.75)

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA F				
\$ 5,000	(4.46)	(7.70)	(5.37)	(9.27)
10,000	(4.45)	(7.69)	(5.36)	(9.26)
15,000	(4.44)	(7.68)	(5.35)	(9.25)
20,000	(4.43)	(7.67)	(5.34)	(9.24)
25,000	(4.42)	(7.66)	(5.33)	(9.23)
30,000	(4.29)	(7.65)	(5.17)	(9.22)
40,000	(4.06)	(7.64)	(4.89)	(9.21)
50,000	(3.85)	(7.63)	(4.63)	(9.20)
60,000	(3.58)	(7.32)	(4.31)	(8.82)
75,000	(3.17)	(6.64)	(3.82)	(8.00)
100,000	(2.68)	(5.89)	(3.22)	(7.09)
125,000	(2.29)	(5.32)	(2.76)	(6.41)
150,000	(2.01)	(4.80)	(2.42)	(5.78)
200,000	(1.62)	(4.10)	(1.95)	(4.94)
250,000	(1.12)	(2.98)	(1.35)	(3.59)
300,000	(0.80)	(2.24)	(0.96)	(2.70)
400,000	(0.41)	(1.26)	(0.49)	(1.52)
500,000	(0.21)	(0.70)	(0.26)	(0.84)

AREA G				
\$ 5,000	(4.71)	(8.14)	(5.68)	(9.81)
10,000	(4.70)	(8.13)	(5.67)	(9.80)
15,000	(4.69)	(8.12)	(5.66)	(9.79)
20,000	(4.68)	(8.11)	(5.65)	(9.78)
25,000	(4.67)	(8.10)	(5.64)	(9.77)
30,000	(4.50)	(8.09)	(5.43)	(9.76)
40,000	(4.24)	(8.08)	(5.11)	(9.75)
50,000	(4.05)	(8.07)	(4.88)	(9.74)
60,000	(3.80)	(7.78)	(4.58)	(9.37)
75,000	(3.40)	(7.12)	(4.10)	(8.58)
100,000	(2.91)	(6.41)	(3.51)	(7.72)
125,000	(2.51)	(5.82)	(3.02)	(7.02)
150,000	(2.20)	(5.25)	(2.65)	(6.33)
200,000	(1.77)	(4.49)	(2.13)	(5.41)
250,000	(1.22)	(3.26)	(1.47)	(3.93)
300,000	(0.88)	(2.45)	(1.05)	(2.95)
400,000	(0.45)	(1.38)	(0.54)	(1.67)
500,000	(0.23)	(0.77)	(0.28)	(0.92)

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA H				
\$ 5,000	(4.97)	(8.57)	(5.98)	(10.33)
10,000	(4.96)	(8.56)	(5.97)	(10.32)
15,000	(4.95)	(8.55)	(5.96)	(10.31)
20,000	(4.94)	(8.54)	(5.95)	(10.30)
25,000	(4.93)	(8.53)	(5.94)	(10.29)
30,000	(4.76)	(8.52)	(5.74)	(10.28)
40,000	(4.47)	(8.51)	(5.39)	(10.27)
50,000	(4.29)	(8.50)	(5.16)	(10.26)
60,000	(4.07)	(8.32)	(4.90)	(10.03)
75,000	(3.67)	(7.68)	(4.42)	(9.26)
100,000	(3.20)	(7.03)	(3.85)	(8.48)
125,000	(2.76)	(6.42)	(3.33)	(7.74)
150,000	(2.43)	(5.79)	(2.92)	(6.98)
200,000	(1.97)	(4.99)	(2.37)	(6.01)
250,000	(1.36)	(3.62)	(1.64)	(4.37)
300,000	(0.97)	(2.72)	(1.17)	(3.28)
400,000	(0.50)	(1.55)	(0.60)	(1.87)
500,000	(0.26)	(0.86)	(0.31)	(1.03)
AREA I & J				
\$ 5,000	(5.16)	(8.91)	(6.22)	(10.74)
10,000	(5.15)	(8.90)	(6.21)	(10.73)
15,000	(5.14)	(8.89)	(6.20)	(10.72)
20,000	(5.13)	(8.88)	(6.19)	(10.71)
25,000	(5.03)	(8.87)	(6.06)	(10.70)
30,000	(4.84)	(8.86)	(5.84)	(10.69)
40,000	(4.56)	(8.85)	(5.50)	(10.68)
50,000	(4.36)	(8.81)	(5.25)	(10.61)
60,000	(4.18)	(8.56)	(5.04)	(10.32)
75,000	(3.81)	(7.98)	(4.59)	(9.62)
100,000	(3.40)	(7.49)	(4.10)	(9.02)
125,000	(2.96)	(6.87)	(3.56)	(8.28)
150,000	(2.59)	(6.20)	(3.13)	(7.47)
200,000	(2.10)	(5.33)	(2.53)	(6.42)
250,000	(1.45)	(3.87)	(1.75)	(4.67)
300,000	(1.05)	(2.93)	(1.26)	(3.53)
400,000	(0.54)	(1.65)	(0.65)	(1.99)
500,000	(0.28)	(0.92)	(0.34)	(1.11)

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA K & L				
\$ 5,000	(5.44)	(9.40)	(6.56)	(11.33)
10,000	(5.43)	(9.39)	(6.55)	(11.32)
15,000	(5.42)	(9.38)	(6.54)	(11.31)
20,000	(5.41)	(9.37)	(6.53)	(11.30)
25,000	(5.29)	(9.36)	(6.37)	(11.29)
30,000	(5.12)	(9.35)	(6.17)	(11.28)
40,000	(4.83)	(9.34)	(5.82)	(11.27)
50,000	(4.63)	(9.33)	(5.58)	(11.26)
60,000	(4.50)	(9.20)	(5.42)	(11.08)
75,000	(4.14)	(8.66)	(4.98)	(10.43)
100,000	(3.76)	(8.26)	(4.52)	(9.95)
125,000	(3.28)	(7.62)	(3.95)	(9.18)
150,000	(2.90)	(6.92)	(3.49)	(8.34)
200,000	(2.33)	(5.91)	(2.81)	(7.12)
250,000	(1.62)	(4.32)	(1.95)	(5.21)
300,000	(1.17)	(3.27)	(1.41)	(3.93)
400,000	(0.60)	(1.86)	(0.72)	(2.24)
500,000	(0.31)	(1.04)	(0.38)	(1.25)

AREA M				
\$ 5,000	(5.72)	(9.88)	(6.89)	(11.90)
10,000	(5.71)	(9.87)	(6.88)	(11.89)
15,000	(5.70)	(9.86)	(6.87)	(11.88)
20,000	(5.69)	(9.85)	(6.86)	(11.87)
25,000	(5.48)	(9.84)	(6.60)	(11.86)
30,000	(5.29)	(9.83)	(6.38)	(11.85)
40,000	(5.00)	(9.82)	(6.03)	(11.84)
50,000	(4.80)	(9.69)	(5.78)	(11.68)
60,000	(4.75)	(9.68)	(5.72)	(11.67)
75,000	(4.42)	(9.25)	(5.32)	(11.14)
100,000	(4.08)	(8.98)	(4.92)	(10.82)
125,000	(3.58)	(8.32)	(4.32)	(10.03)
150,000	(3.16)	(7.55)	(3.81)	(9.10)
200,000	(2.56)	(6.49)	(3.09)	(7.82)
250,000	(1.77)	(4.72)	(2.13)	(5.68)
300,000	(1.27)	(3.56)	(1.53)	(4.29)
400,000	(0.66)	(2.03)	(0.79)	(2.45)
500,000	(0.34)	(1.13)	(0.41)	(1.37)

Adjustment to Net Monthly Premium for Exclusion of Organ Transplant Benefits				
Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
	AREA N			
\$ 5,000	(5.92)	(10.22)	(7.13)	(12.31)
10,000	(5.88)	(10.21)	(7.09)	(12.30)
15,000	(5.87)	(10.20)	(7.08)	(12.29)
20,000	(5.80)	(10.19)	(6.99)	(12.28)
25,000	(5.55)	(10.18)	(6.69)	(12.27)
30,000	(5.35)	(10.17)	(6.44)	(12.26)
40,000	(5.05)	(10.09)	(6.09)	(12.16)
50,000	(4.83)	(9.76)	(5.82)	(11.75)
60,000	(4.82)	(9.75)	(5.81)	(11.74)
75,000	(4.56)	(9.55)	(5.49)	(11.51)
100,000	(4.29)	(9.44)	(5.17)	(11.37)
125,000	(3.79)	(8.80)	(4.56)	(10.60)
150,000	(3.34)	(7.98)	(4.03)	(9.62)
200,000	(2.71)	(6.86)	(3.26)	(8.26)
250,000	(1.88)	(5.01)	(2.26)	(6.03)
300,000	(1.35)	(3.78)	(1.63)	(4.56)
400,000	(0.70)	(2.15)	(0.84)	(2.59)
500,000	(0.36)	(1.20)	(0.44)	(1.45)

If organ transplant benefits are limited (as opposed to a total exclusion) then the rate adjustment corresponds to the maximum of the specific deductible and the benefit limit.

Example 1

Area E, 12/15 Contract — Specific Deductible of \$25,000 and a Transplant Benefit Limit of \$100,000, then the Employee Adjustment is found by looking up the exclusion adjustment for a \$100,000 deductible which is \$(2.90).

Example 2

Area E, 12/15 Contract — Specific Deductible of \$150,000 and a Transplant Benefit Limit of \$100,000, then the Employee Adjustment is found by looking up the exclusion adjustment for a \$150,000 deductible which is \$(2.16).

Adjustment for Exclusion of Prescription Drugs

The net monthly premiums in the manual include the cost of outpatient prescription drugs. Some plan sponsors wish to exclude outpatient prescription drugs from specific stop loss coverage. Prescription drugs are sometime excluded when the drug program is managed by a third party prescription drug benefit manager. Prescription drug costs vary by deductible and decrease as a percentage of net monthly premiums for higher deductibles.

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
	AREA A			
\$ 5,000	(30.01)	(51.82)	(36.15)	(62.43)
10,000	(18.30)	(32.19)	(22.05)	(38.79)
15,000	(12.77)	(23.09)	(15.39)	(27.82)
20,000	(8.46)	(15.77)	(10.19)	(19.00)
25,000	(5.68)	(10.83)	(6.84)	(13.05)
30,000	(4.80)	(9.25)	(5.78)	(11.14)
40,000	(3.70)	(7.38)	(4.45)	(8.89)
50,000	(2.92)	(5.90)	(3.52)	(7.10)
60,000	(2.49)	(5.09)	(3.00)	(6.14)
75,000	(1.96)	(4.10)	(2.36)	(4.94)
100,000	(1.39)	(3.06)	(1.67)	(3.68)
125,000	(1.06)	(2.47)	(1.28)	(2.98)
150,000	(0.83)	(1.98)	(1.00)	(2.39)
200,000	(0.55)	(1.39)	(0.66)	(1.67)
250,000	(0.38)	(1.02)	(0.46)	(1.23)
300,000	(0.28)	(0.79)	(0.34)	(0.95)
400,000	(0.15)	(0.46)	(0.18)	(0.55)
500,000	(0.08)	(0.27)	(0.10)	(0.33)

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA B				
\$ 5,000	(32.64)	(56.36)	(39.32)	(67.91)
10,000	(20.26)	(35.63)	(24.41)	(42.93)
15,000	(14.13)	(25.56)	(17.03)	(30.79)
20,000	(9.37)	(17.47)	(11.29)	(21.05)
25,000	(6.29)	(12.00)	(7.58)	(14.46)
30,000	(5.40)	(10.40)	(6.50)	(12.53)
40,000	(4.16)	(8.31)	(5.01)	(10.01)
50,000	(3.29)	(6.65)	(3.97)	(8.01)
60,000	(2.81)	(5.74)	(3.38)	(6.92)
75,000	(2.21)	(4.64)	(2.67)	(5.59)
100,000	(1.57)	(3.46)	(1.90)	(4.17)
125,000	(1.20)	(2.80)	(1.45)	(3.37)
150,000	(0.95)	(2.28)	(1.15)	(2.74)
200,000	(0.62)	(1.57)	(0.75)	(1.90)
250,000	(0.44)	(1.17)	(0.53)	(1.41)
300,000	(0.32)	(0.89)	(0.38)	(1.08)
400,000	(0.17)	(0.53)	(0.21)	(0.64)
500,000	(0.10)	(0.32)	(0.12)	(0.38)

AREA C				
\$ 5,000	(34.87)	(60.22)	(42.02)	(72.56)
10,000	(21.95)	(38.62)	(26.45)	(46.52)
15,000	(15.32)	(27.70)	(18.45)	(33.37)
20,000	(10.17)	(18.96)	(12.25)	(22.84)
25,000	(6.83)	(13.02)	(8.23)	(15.69)
30,000	(5.85)	(11.28)	(7.05)	(13.59)
40,000	(4.52)	(9.02)	(5.45)	(10.87)
50,000	(3.58)	(7.23)	(4.31)	(8.71)
60,000	(3.05)	(6.24)	(3.68)	(7.52)
75,000	(2.44)	(5.11)	(2.94)	(6.15)
100,000	(1.74)	(3.82)	(2.09)	(4.60)
125,000	(1.33)	(3.09)	(1.60)	(3.72)
150,000	(1.05)	(2.51)	(1.27)	(3.03)
200,000	(0.69)	(1.74)	(0.83)	(2.10)
250,000	(0.49)	(1.30)	(0.59)	(1.56)
300,000	(0.35)	(0.99)	(0.43)	(1.19)
400,000	(0.19)	(0.59)	(0.23)	(0.71)
500,000	(0.11)	(0.35)	(0.13)	(0.42)

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA D				
\$ 5,000	(37.19)	(64.22)	(44.80)	(77.37)
10,000	(23.70)	(41.69)	(28.56)	(50.23)
15,000	(16.54)	(29.90)	(19.92)	(36.03)
20,000	(10.99)	(20.48)	(13.24)	(24.68)
25,000	(7.38)	(14.07)	(8.89)	(16.95)
30,000	(6.33)	(12.19)	(7.62)	(14.69)
40,000	(4.89)	(9.76)	(5.89)	(11.76)
50,000	(3.92)	(7.92)	(4.72)	(9.54)
60,000	(3.34)	(6.84)	(4.03)	(8.24)
75,000	(2.67)	(5.59)	(3.22)	(6.73)
100,000	(1.90)	(4.18)	(2.29)	(5.04)
125,000	(1.45)	(3.38)	(1.75)	(4.07)
150,000	(1.15)	(2.75)	(1.39)	(3.32)
200,000	(0.76)	(1.93)	(0.92)	(2.32)
250,000	(0.53)	(1.42)	(0.64)	(1.71)
300,000	(0.39)	(1.10)	(0.47)	(1.32)
400,000	(0.21)	(0.66)	(0.26)	(0.80)
500,000	(0.12)	(0.39)	(0.14)	(0.48)

AREA E				
\$ 5,000	(39.90)	(68.90)	(48.07)	(83.02)
10,000	(25.71)	(45.22)	(30.97)	(54.48)
15,000	(17.93)	(32.43)	(21.61)	(39.08)
20,000	(12.05)	(22.46)	(14.52)	(27.06)
25,000	(8.09)	(15.43)	(9.75)	(18.59)
30,000	(6.94)	(13.37)	(8.36)	(16.10)
40,000	(5.42)	(10.82)	(6.53)	(13.04)
50,000	(4.35)	(8.77)	(5.24)	(10.57)
60,000	(3.70)	(7.58)	(4.46)	(9.13)
75,000	(2.96)	(6.20)	(3.57)	(7.47)
100,000	(2.13)	(4.69)	(2.57)	(5.65)
125,000	(1.63)	(3.79)	(1.96)	(4.57)
150,000	(1.29)	(3.09)	(1.56)	(3.72)
200,000	(0.85)	(2.16)	(1.03)	(2.61)
250,000	(0.60)	(1.61)	(0.73)	(1.94)
300,000	(0.44)	(1.24)	(0.54)	(1.50)
400,000	(0.24)	(0.75)	(0.29)	(0.90)
500,000	(0.14)	(0.45)	(0.17)	(0.54)

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA F				
\$ 5,000	(43.01)	(74.28)	(51.82)	(89.49)
10,000	(27.97)	(49.20)	(33.70)	(59.27)
15,000	(19.51)	(35.29)	(23.51)	(42.51)
20,000	(13.23)	(24.66)	(15.94)	(29.71)
25,000	(8.88)	(16.94)	(10.70)	(20.41)
30,000	(7.62)	(14.68)	(9.18)	(17.68)
40,000	(6.00)	(11.99)	(7.23)	(14.44)
50,000	(4.81)	(9.72)	(5.80)	(11.71)
60,000	(4.10)	(8.40)	(4.94)	(10.12)
75,000	(3.31)	(6.93)	(3.99)	(8.35)
100,000	(2.38)	(5.24)	(2.87)	(6.32)
125,000	(1.82)	(4.24)	(2.20)	(5.11)
150,000	(1.44)	(3.45)	(1.74)	(4.16)
200,000	(0.95)	(2.42)	(1.15)	(2.91)
250,000	(0.68)	(1.80)	(0.81)	(2.17)
300,000	(0.50)	(1.39)	(0.60)	(1.68)
400,000	(0.27)	(0.84)	(0.33)	(1.01)
500,000	(0.15)	(0.51)	(0.18)	(0.61)

AREA G				
\$ 5,000	(46.05)	(79.52)	(55.48)	(95.80)
10,000	(30.18)	(53.09)	(36.36)	(63.96)
15,000	(21.23)	(38.40)	(25.58)	(46.27)
20,000	(14.27)	(26.59)	(17.19)	(32.04)
25,000	(9.66)	(18.42)	(11.64)	(22.19)
30,000	(8.28)	(15.96)	(9.98)	(19.23)
40,000	(6.52)	(13.03)	(7.86)	(15.70)
50,000	(5.28)	(10.65)	(6.36)	(12.83)
60,000	(4.50)	(9.20)	(5.42)	(11.08)
75,000	(3.62)	(7.59)	(4.36)	(9.14)
100,000	(2.61)	(5.74)	(3.14)	(6.91)
125,000	(2.00)	(4.64)	(2.40)	(5.59)
150,000	(1.58)	(3.78)	(1.90)	(4.55)
200,000	(1.04)	(2.65)	(1.26)	(3.19)
250,000	(0.74)	(1.97)	(0.89)	(2.38)
300,000	(0.54)	(1.52)	(0.66)	(1.83)
400,000	(0.30)	(0.92)	(0.36)	(1.11)
500,000	(0.17)	(0.55)	(0.20)	(0.67)

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA H				
\$ 5,000	(49.08)	(84.75)	(59.13)	(102.11)
10,000	(32.90)	(57.88)	(39.64)	(69.73)
15,000	(23.14)	(41.84)	(27.87)	(50.41)
20,000	(15.54)	(28.97)	(18.73)	(34.91)
25,000	(10.52)	(20.05)	(12.67)	(24.16)
30,000	(9.09)	(17.51)	(10.95)	(21.10)
40,000	(7.15)	(14.28)	(8.62)	(17.21)
50,000	(5.82)	(11.76)	(7.02)	(14.17)
60,000	(4.96)	(10.15)	(5.98)	(12.23)
75,000	(4.00)	(8.37)	(4.81)	(10.08)
100,000	(2.88)	(6.33)	(3.47)	(7.63)
125,000	(2.20)	(5.12)	(2.65)	(6.16)
150,000	(1.74)	(4.17)	(2.10)	(5.02)
200,000	(1.16)	(2.94)	(1.40)	(3.54)
250,000	(0.82)	(2.19)	(0.99)	(2.64)
300,000	(0.60)	(1.69)	(0.73)	(2.04)
400,000	(0.33)	(1.03)	(0.40)	(1.24)
500,000	(0.19)	(0.62)	(0.23)	(0.75)

AREA I & J				
\$ 5,000	(51.63)	(89.16)	(62.21)	(107.42)
10,000	(34.81)	(61.22)	(41.93)	(73.76)
15,000	(24.46)	(44.24)	(29.47)	(53.30)
20,000	(16.43)	(30.64)	(19.80)	(36.91)
25,000	(11.11)	(21.20)	(13.39)	(25.54)
30,000	(9.60)	(18.50)	(11.57)	(22.29)
40,000	(7.61)	(15.19)	(9.17)	(18.30)
50,000	(6.19)	(12.50)	(7.45)	(15.05)
60,000	(5.27)	(10.79)	(6.35)	(13.00)
75,000	(4.24)	(8.89)	(5.11)	(10.71)
100,000	(3.08)	(6.77)	(3.71)	(8.16)
125,000	(2.35)	(5.47)	(2.84)	(6.59)
150,000	(1.87)	(4.46)	(2.25)	(5.37)
200,000	(1.24)	(3.14)	(1.50)	(3.79)
250,000	(0.88)	(2.34)	(1.06)	(2.82)
300,000	(0.65)	(1.82)	(0.78)	(2.19)
400,000	(0.36)	(1.10)	(0.43)	(1.32)
500,000	(0.20)	(0.67)	(0.24)	(0.80)

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
AREA K & L				
\$ 5,000	(55.14)	(95.23)	(66.44)	(114.73)
10,000	(37.58)	(66.11)	(45.28)	(79.65)
15,000	(26.40)	(47.74)	(31.81)	(57.52)
20,000	(17.98)	(33.51)	(21.66)	(40.37)
25,000	(12.15)	(23.17)	(14.64)	(27.92)
30,000	(10.56)	(20.34)	(12.72)	(24.51)
40,000	(8.41)	(16.79)	(10.13)	(20.23)
50,000	(6.87)	(13.88)	(8.28)	(16.73)
60,000	(5.86)	(11.99)	(7.06)	(14.44)
75,000	(4.71)	(9.87)	(5.68)	(11.89)
100,000	(3.41)	(7.51)	(4.11)	(9.05)
125,000	(2.61)	(6.07)	(3.15)	(7.32)
150,000	(2.08)	(4.97)	(2.51)	(5.99)
200,000	(1.38)	(3.49)	(1.66)	(4.20)
250,000	(0.98)	(2.61)	(1.18)	(3.15)
300,000	(0.73)	(2.03)	(0.87)	(2.45)
400,000	(0.40)	(1.23)	(0.48)	(1.48)
500,000	(0.23)	(0.75)	(0.27)	(0.90)

AREA M

\$ 5,000	(58.66)	(101.29)	(70.67)	(122.03)
10,000	(40.36)	(70.99)	(48.62)	(85.53)
15,000	(28.52)	(51.57)	(34.36)	(62.13)
20,000	(19.28)	(35.94)	(23.23)	(43.30)
25,000	(13.10)	(24.99)	(15.79)	(30.11)
30,000	(11.37)	(21.92)	(13.70)	(26.41)
40,000	(9.10)	(18.18)	(10.97)	(21.90)
50,000	(7.47)	(15.09)	(9.00)	(18.18)
60,000	(6.41)	(13.11)	(7.72)	(15.80)
75,000	(5.15)	(10.78)	(6.20)	(12.99)
100,000	(3.73)	(8.21)	(4.49)	(9.89)
125,000	(2.85)	(6.63)	(3.44)	(7.99)
150,000	(2.27)	(5.43)	(2.74)	(6.54)
200,000	(1.51)	(3.83)	(1.82)	(4.61)
250,000	(1.07)	(2.85)	(1.29)	(3.44)
300,000	(0.79)	(2.21)	(0.95)	(2.67)
400,000	(0.44)	(1.35)	(0.53)	(1.63)
500,000	(0.25)	(0.82)	(0.30)	(0.99)

Adjustment to Net Monthly Premium for Exclusion of Prescription Drugs				
Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months and Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent
	AREA N			
\$ 5,000	(61.45)	(106.11)	(74.03)	(127.85)
10,000	(42.42)	(74.61)	(51.10)	(89.89)
15,000	(29.95)	(54.16)	(36.09)	(65.26)
20,000	(20.36)	(37.96)	(24.53)	(45.73)
25,000	(13.83)	(26.38)	(16.67)	(31.78)
30,000	(12.00)	(23.12)	(14.46)	(27.86)
40,000	(9.65)	(19.26)	(11.62)	(23.21)
50,000	(7.91)	(15.97)	(9.53)	(19.24)
60,000	(6.78)	(13.87)	(8.17)	(16.71)
75,000	(5.45)	(11.40)	(6.56)	(13.74)
100,000	(3.94)	(8.67)	(4.75)	(10.45)
125,000	(3.02)	(7.01)	(3.63)	(8.45)
150,000	(2.40)	(5.74)	(2.89)	(6.91)
200,000	(1.60)	(4.04)	(1.92)	(4.87)
250,000	(1.14)	(3.03)	(1.37)	(3.65)
300,000	(0.84)	(2.35)	(1.01)	(2.83)
400,000	(0.46)	(1.42)	(0.56)	(1.72)
500,000	(0.26)	(0.87)	(0.32)	(1.05)

Adjustment for Different Out-of-Pocket Maximums

As indicated previously, the net monthly premiums are based upon a \$1,200 out-of-pocket maximum with respect to the employee. Below are two examples that illustrate how an adjustment for a greater or lesser out-of-pocket maximum is made.

Example 1

- Area A — Incurred in 12 Months Paid in 15 Months — \$20,000 Specific Stop Loss
 — Type I
 — Base Plan has \$100 deductible, 80% of next \$2,500 for a \$600 out-of-pocket maximum.

<u>Stop Loss Deductible</u>	<u>Charges Including Out-of-Pocket Maximum</u>	<u>Manual Net Monthly Premium</u>
\$17,500	\$18,700	\$132.56
\$20,000	21,200	(-) <u>119.58</u>
		\$12.98

Charges of \$20,600, including an out-of-pocket maximum of \$600, would have a net monthly premium calculated as:

$$\$119.58 + \frac{\$600}{\$2,500} \times \$12.98 = \$122.70$$

Example 2

- Area A — Paid in 12 Months — \$50,000 Specific Stop Loss
 — Type III
 — Base Plan has \$2,000 out-of-pocket maximum.

<u>Stop Loss Deductible</u>	<u>Charges Including Out-of-Pocket Maximum</u>	<u>Manual Net Monthly Premium</u>
\$50,000	\$51,200	\$75.89
\$55,000	56,200	(-) <u>70.55</u>
		\$5.34

Charges of \$52,000 would have a net monthly rate calculated as:

$$\$75.89 - \frac{\$800}{\$5,000} \times \$5.34 = \$75.04$$

If copays are applicable, then the out-of-pocket maximum includes the following amounts.

Copay Addition to Out-of-Pocket Maximum

<u>Copay Category</u>	<u>Formula for Addition to Out-of-Pocket Maximum</u>
Office Visits	8.900 x copay amount
Hospital Inpatient per stay	1.000 x copay amount
Hospital Inpatient per day	5.300 x copay amount
Outpatient Surgical Center	1.940 x copay amount
CT Scan/MRI	1.000 x copay amount
Emergency Room	0.335 x copay amount
Prescription Drug	
– Generic	5.810 x copay amount
– Brand Name Formulary	6.480 x copay amount
– Brand Name Non-Formulary	4.320 x copay amount

Example 3

— \$200 deductible, 90% of first \$5,000 then 100%, \$10 office visit copay.

— \$5/\$15/\$25 generic / brand formulary / brand non-formulary drug copays.

Out-of-pocket maximum:

$$\$200 + .1 \times \$5,000 + \$10 \times 8.9 + \$5 \times 5.810 + \$15 \times 6.480 + \$25 \times 4.320 = \$1,023.25$$

Adjustment for Extended Benefits

The base medical plan may offer an extended benefit that provides for continued coverage after termination of the group for a disabled employee or dependent during the next policy year (assuming the termination occurs on the anniversary). The deductible for the policy year must be satisfied, and the extension will have a maximum period of 12 months during which the insured person must be totally disabled.

If the stop loss contract covers this additional base plan liability, the first year cost for this extension is included in the initial stop loss rates by increasing the base rate by a percentage varying by stop loss deductible and underwriting (see table below). The stop loss renewal cost is equal to the tabular percentage below multiplied by the increase in premium rates on the anniversary.

Extended Benefits Adjustment Percentage

Deductible	Premium for Extension of Benefits as a % of Base Stop Loss Premium	
	Type I First Year Actively at Work	Types II and III Renewal Year or Waiver of Actively at Work
\$10,000 or less	10%	5%
\$20,000	15%	10%
\$30,000	20%	15%
\$50,000	25%	20%
\$100,000	30%	23%
\$200,000+	35%	25%

An example of the adjustment is shown below. Group ABC with a \$30,000 specific deductible has required premiums in 2009, 2010, and 2011 of \$15.20, \$20.00, and \$26.00, respectively. The adjustment for extended benefits is 15% (uses second column in the table) of the basic premium rates in this example.

Enter the following computations on lines 23 and 23a of the Stop Loss Worksheet. Note that line 23a is subtracted from line 23 and is, therefore, taken into account in line 23 of the worksheet. For software users, line 23 information is selected in the Specific Stop Loss Additional Parameters dialog box. Line 23a is manually entered in the Additional Rating Factors dialog box.

Example				
Year	Premium Rate	Adjustment for Extended Benefit (Line 23)	Credit for Prior Year Extended Benefit (Line 23a)	Adjustment for Extended Benefit (Line 23 – Line 23a) included in Line 24
2009	\$15.20	$15.20 \times .15 = 2.28$	N/A	2.28
2010	20.00	$20.00 \times .15 = 3.00$	2.28	.72
2011	26.00	$26.00 \times .15 = 3.90$	3.00	.90

Adjustment for Infertility Benefits

If the base medical plan covers infertility benefits and if the stop loss plan also covers the infertility benefits then include the following rate adjustment. Note the following:

- The rate adjustment is the same for employees and dependents.
- Only low deductibles less than \$40,000 are affected.

Adjustment to Net Monthly Premium for Inclusion of Infertility Benefits

Specific Stop Loss Deductible	Employee and Composite Dependent Rates (*)					
	Area A	Area B	Area C	Area D	Area E	Area F
\$ 5,000	1.64	1.92	2.16	2.40	2.64	2.84
10,000	0.62	0.83	1.02	1.21	1.42	1.59
15,000	0.14	0.24	0.34	0.46	0.61	0.73
20,000	0.02	0.05	0.08	0.13	0.19	0.26
25,000	0.00	0.00	0.01	0.03	0.05	0.08
30,000	0.00	0.00	0.00	0.00	0.01	0.01
40,000	0.00	0.00	0.00	0.00	0.00	0.00
50,000	0.00	0.00	0.00	0.00	0.00	0.00
60,000	0.00	0.00	0.00	0.00	0.00	0.00
75,000	0.00	0.00	0.00	0.00	0.00	0.00
100,000	0.00	0.00	0.00	0.00	0.00	0.00
125,000	0.00	0.00	0.00	0.00	0.00	0.00
150,000	0.00	0.00	0.00	0.00	0.00	0.00
200,000	0.00	0.00	0.00	0.00	0.00	0.00
250,000	0.00	0.00	0.00	0.00	0.00	0.00
300,000	0.00	0.00	0.00	0.00	0.00	0.00
400,000	0.00	0.00	0.00	0.00	0.00	0.00
500,000	0.00	0.00	0.00	0.00	0.00	0.00

* Note that employee and composite dependent rates are the same.

Adjustment to Net Monthly Premium for Inclusion of Infertility Benefits

Specific Stop Loss Deductible	Employee and Composite Dependent Rates (*)					
	Area G	Area H	Area I&J	Area K&L	Area M	Area N
\$ 5,000	3.03	3.23	3.43	3.63	3.83	4.03
10,000	1.77	1.95	2.14	2.32	2.51	2.70
15,000	0.86	1.00	1.15	1.30	1.46	1.62
20,000	0.33	0.41	0.51	0.61	0.73	0.85
25,000	0.11	0.14	0.19	0.24	0.30	0.37
30,000	0.03	0.04	0.06	0.09	0.11	0.15
40,000	0.00	0.00	0.00	0.00	0.00	0.01
50,000	0.00	0.00	0.00	0.00	0.00	0.00
60,000	0.00	0.00	0.00	0.00	0.00	0.00
75,000	0.00	0.00	0.00	0.00	0.00	0.00
100,000	0.00	0.00	0.00	0.00	0.00	0.00
125,000	0.00	0.00	0.00	0.00	0.00	0.00
150,000	0.00	0.00	0.00	0.00	0.00	0.00
200,000	0.00	0.00	0.00	0.00	0.00	0.00
250,000	0.00	0.00	0.00	0.00	0.00	0.00
300,000	0.00	0.00	0.00	0.00	0.00	0.00
400,000	0.00	0.00	0.00	0.00	0.00	0.00
500,000	0.00	0.00	0.00	0.00	0.00	0.00

* Note that employee and composite dependent rates are the same.

Credibility and Experience Rating

In almost all instances, the underwriter will have prior experience data on the group and will use that experience, along with a manual rate and a credibility factor, to determine an experience adjusted net premium. The following two examples demonstrate the use of this technique using Low Credibility. The methodology shown is used by the software.

The major steps in the procedure are:

- Adjust each experience period for trend to the rating period.
- Adjust for the difference in the stop loss coverage between the experience and rating periods. Note that the Non-standard Contract Factor is used in calculations for the most recent partial experience year.
- Weight the experience periods to get a combined experience net premium.
- Weight manual and experience net premiums together using the credibility of the experience.
- Apply any underwriting discretion either plus or minus 40%.

Example 1 – Paid Contract with Run-in

Experience on the group for the most recent 2- $\frac{2}{3}$ years is known.

A. Experience Information – Example 1

Contract Period		1	2	3
Start	Month	January	January	January
	Year	2008	2009	2010
End	Month	December	December	December
	Year	2008	2009	2010
Underwriting Type		I	II	II
Deductible (000)		\$40.0	\$50.0	\$55.0
Run-In Period ⁽¹⁾		0	3	6
Claims Paid thru ⁽²⁾				
	Month	December	December	August
	Year	2008	2009	2010
Stop Loss Claims (000) ⁽³⁾		\$165.0	\$155.0	\$100.0
Average Number of Employees Per Month		200	210	205

Notes:

- (1) Run-in period is positive for "paid contracts" (e.g., equals 3 for 15/12 contract and 6 for 18/12 contract) and zero for "incurred contracts" (e.g., 12/12, 12/15)
- (2) a) for a "paid" or "12/12" contract the "claims paid thru" entry will generally be the contract end month except for the most recent contract year.
b) for a "12/15" contract the "claims paid thru" entry will be 3 months past the end of the contract year except for the most recent contract year (6 months for 12/18 etc.)
- (3) Only includes amount above specific deductible.

B. Rating Parameters – Example 1

- Effective Month 1/2011 (Rating Period is calendar year 2011)
- Area E
- Base Plan out-of-pocket is \$1,200
- Specific Coverage Type II; 24/12; \$60,000 deductible
- Ratio of Number of Covered Dependent Units to Number of Covered Employees is 0.40

B. Experience Projection to Rating Period (Example 1)

	1			2			3		
	Employee	Comp. Dep.		Employee	Comp. Dep.		Employee	Comp. Dep.	
1. Start Date of Exp. Period	1/1/2008			1/1/2009			1/1/2010		
2. Start Date of Rating Period	1/1/2011			1/1/2011			1/1/2011		
3. No. Months Between Start Dates	36			24			12		
4. Monthly Trend ⁽¹⁾	0.013			0.013			0.013		
5. Trend Factor ⁽²⁾	1.592			1.363			1.168		
6. Benefit Adjustment									
<u>Experience Period Net Premium</u>									
Base Rate	\$84.52	\$168.75		\$92.88	\$187.57		\$86.35	\$175.58	
Underwriter Type	I			II			II		
Deductible (000)	\$40.0			\$50.0			\$55.0		
Contract Type	12/12			Paid in 12			Paid in 12		
Run-In/Run-Out Adj.	0/0	1.0	1.0	3/0	1.0	1.0	6/0	1.01	1.01
Contract Length Adj.	12	1.000	1.000	12	1.000	1.000	8	.940	.940
Product	\$84.52	\$168.75		\$92.88	\$187.57		\$81.98	\$166.70	
<u>Rating Period Net Premium</u>									
Base Rate	\$81.09	\$165.92		\$81.09	\$165.92		\$81.09	\$165.92	
Underwriter Type	II			II			II		
Deductible (000)	\$60.0			\$60.0			\$60.0		
Contract Type	Paid in 12			Paid in 12			Paid in 12		
Run-In/Run-Out Adj.	12/0	1.02	1.02	12/0	1.02	1.02	12/0	1.02	1.02
Contract Length Adj.	12	1.000	1.000	12	1.000	1.000	12	1.000	1.000
Product	\$82.71	\$169.24		\$82.71	\$169.24		\$82.71	\$169.24	
Dependent %	0.40			0.40			0.40		
Adjustment ⁽³⁾	0.989			0.896			1.012		
7. No. of Exp. Months	12			12			8		
8. Claims	\$165,000			\$155,000			\$100,000		
9. No. of EE/Month	200			210			205		
10. Projected Claims/EE/Month ⁽⁴⁾	108.25			75.12			72.07		
11. Weights ⁽⁵⁾	0.366			0.384			0.250		
Composite Experience Rate⁽⁶⁾	\$86.48								

Notes:

(1) Monthly trend from Section I (software allows user defined trends too)

(2) Trend factor = $(1 + L4)^{L3}$: Note L4 means Line 4(3) Rating period adjustment = $[Ee + (Dep\%) \times Comp. Dep.] / Exp. Period [Ee + (Dep\%) \times Comp. Dep.]$ (4) Proj. Claims/EE/Mo = $(L5) \times (L6) \times (L8) / [(L7) \times (L9)]$

(5) Based on employee life months (software allows for user defined weights also)

(6) Sum product of (L10) and (L11).

D. Credibility (Example 1)

- Number of Employee Years = $[200 \times 12 + 210 \times 12 + 205 \times 8] / 12 = 547$
- Credibility (per the table following the examples) is 14.8%.

E. Credibility Weighted Net Premiums (Example 1)

1. Assume an employee age/gender factor of .8 and a composite dependent age/gender factor of 1.0.
- 2.

Manual Expected Net Premiums		
	Employee	Dependent
Base Rate	\$ 81.09	\$ 165.92
Run-In Period ADJ	+ <u>1.62</u>	+ <u>3.32</u>
	82.71	169.24
Age/Gender	x .8	x 1.0
Trend Factor	x <u>.922</u>	x <u>.922</u>
	61.01	156.04

Composite employee manual net premium is $61.01 + .4 \times 156.04 = 123.43$

- 3.

Experience Net Premiums		
	Employee	Dependent
i. Composite Employee Exp. Rate	\$ 86.48	\$ 86.48
ii. Composite Employee Manual Rate	123.46	123.46
iii. Manual Rate	61.01	156.04
iv. (i) x $\frac{(iii)}{(ii)}$	42.74	109.30

4.

Credibility Weighted Net Premiums

	Employee	Dependent
a. Experience (3.iv.)	\$ 42.74	\$ 109.30
Credibility	x <u>.148</u>	x <u>.148</u>
(i)	6.33	16.18
b. Manual	61.01	156.04
1.0 – Credibility	x <u>.852</u>	x <u>.852</u>
(ii)	51.98	132.95
c. (i) + (ii)	58.31	149.13

Example 2 – Incurred Contract with Run-out

Experience on the group for the most recent 2- $\frac{2}{3}$ years is known.

A. Experience Information (Example 2)

Contract Period		1	2	3
Start	Month	January	January	January
	Year	2008	2009	2010
End	Month	December	December	December
	Year	2008	2009	2010
Underwriting Type		I	II	II
Deductible (000)		\$40.0	\$50.0	\$55.0
Run-In Period ⁽¹⁾		0	0	0
Claims Paid thru ⁽²⁾				
	Month	June	June	August
	Year	2009	2010	2010
Stop Loss Claims (000) ⁽³⁾		\$165.0	\$155.0	\$100.0
Average Number of Employees Per Month		200	210	205

Notes:

- (1) Run-in period is positive for "paid contracts" (e.g., equals 3 for 15/12 contract and 6 for 18/12 contract) and zero for "incurred contracts" (e.g., 12/12, 12/15)
- (2) a) for a "paid" or "12/12" contract the "claims paid thru" entry will generally be the contract end month except for the most recent contract year
b) for a "12/15" contract the "claims paid thru" entry will be 3 months past the end of the contract year except for the most recent contract year (6 months for 12/18 etc.)
- (3) Only includes amount above specific deductible.

B. Rating Parameters (Example 2)

- Effective Month 1/2011 (Rating Period is calendar year 2011)
- Area E
- Base Plan out-of-pocket is \$1,200
- Specific Coverage Type II; 12/18; \$60,000 deductible
- Ratio of Number of Covered Dependent Units to Number of Covered Employees is 0.40

C. Experience Projection to Rating Period (Example 2)

	1			2			3		
	Employee	Comp. Dep.		Employee	Comp. Dep.		Employee	Comp. Dep.	
1. Start Date of Exp. Period	1/1/2008			1/1/2009			1/1/2010		
2. Start Date of Rating Period	1/1/2011			1/1/2011			1/1/2011		
3. No. Months Between Start Dates	36			24			12		
4. Monthly Trend ⁽¹⁾	0.013			0.013			0.013		
5. Trend Factor ⁽²⁾	1.592			1.363			1.168		
6. Benefit Adjustment									
<u>Experience Period Net Premium</u>									
Base Rate	\$101.83	\$203.32		\$92.88	\$187.57		\$71.67	\$145.73	
Underwriter Type	I			II			II		
Deductible (000)	\$40.0			\$50.0			\$55.0		
Contract Type	12/15			12/15			12/12		
Run-In/Run-Out Adj.	0/6	1.03	1.03	0/6	1.03	1.03	0/0	1.0	1.0
Contract Length Adj.	12	1.000	1.000	12	1.000	1.000	8	0.875	0.875
Product	\$104.88	\$209.42		\$95.67	\$193.20		\$62.71	\$127.51	
<u>Rating Period Net Premium</u>									
Base Rate	\$81.09	\$165.92		\$81.09	\$165.92		\$81.09	\$165.92	
Underwriter Type	II			II			II		
Deductible (000)	\$60.0			\$60.0			\$60.0		
Contract Type	12/15			12/15			12/15		
Run-In/Run-Out Adj.	0/6	1.03	1.03	0/6	1.03	1.03	0/6	1.03	1.03
Contract Length Adj.	12	1.000	1.000	12	1.000	1.000	12	1.000	1.000
Product	\$83.52	\$170.90		\$83.52	\$170.90		\$83.52	\$170.90	
Dependent %	0.4			0.4			0.4		
Adjustment ⁽³⁾	0.805			0.878			1.336		
7. No. of Exp. Months	12			12			8		
8. Claims	\$165,000			\$155,000			\$100,000		
9. No. of EE/Month	200			210			205		
10. Projected Claims/EE/Month ⁽⁴⁾	88.11			73.61			95.15		
11. Weights ⁽⁵⁾	0.366			0.384			0.250		
Composite Experience Rate⁽⁶⁾	\$84.30								

Notes:

(1) Monthly trend from Section I (software allows user defined trends too)

(2) Trend factor = $(1 + L4)^{L3}$: Note L4 means Line 4(3) Rating period adjustment = $[Ee + (Dep\%) \times Comp. Dep.] / Exp. Period [Ee + (Dep\%) \times Comp. Dep.]$ (4) Proj. Claims/EE/Mo = $(L5) \times (L6) \times (L8) / [(L7) \times (L9)]$

(5) Based on employee life months (software allows for user defined weights also)

(6) Sum product of (L10) and (L11).

D. Credibility (Example 2)

- Number of Employee Years = $[200 \times 12 + 210 \times 12 + 205 \times 8] / 12 = 547$
- Credibility (per the table following the examples) is 14.8%.

E. Credibility Weighted Net Premiums (Example 2)

1. Assume an employee age/gender factor of .8 and a composite dependent age/gender factor of 1.0.
- 2.

Manual Expected Net Premiums		
	Employee	Dependent
Base Rate	\$ 81.09	\$ 165.92
Run-Out Period ADJ	+ <u>2.43</u>	+ <u>4.98</u>
	83.52	170.90
Age/Gender	x .8	X 1.0
Trend Factor	x <u>.922</u>	x <u>.922</u>
	61.60	157.57

Composite employee manual net premium is $61.60 + .4 \times 157.57 = 124.63$

- 3.

Experience Net Premiums		
	Employee	Dependent
i. Composite Employee Exp. Rate	\$ 84.30	\$ 84.30
ii. Composite Employee Manual Rate	124.63	124.63
iii. Manual Rate	61.60	157.57
iv. (i) x $\frac{(iii)}{(ii)}$	41.67	106.58

4.

Credibility Weighted Net Premiums

	Employee	Dependent
a. Experience (3.iv.)	\$ 41.67	\$ 106.58
Credibility	x <u>.148</u>	X <u>.148</u>
(i)	6.17	15.77
b. Manual	61.60	157.57
1.0 – Credibility	x <u>.852</u>	x <u>.852</u>
(ii)	52.48	134.25
c. (i) + (ii)	58.65	150.02

Low Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	50	75	100	150	200	300	500	750	1,000
25,000	0%	8%	13%	16%	18%	21%	24%	34%	42%
30,000	0%	7%	11%	13%	15%	19%	21%	30%	38%
40,000	0%	6%	9%	11%	12%	16%	18%	24%	30%
50,000	0%	0%	7%	9%	10%	13%	16%	20%	25%
60,000	0%	0%	5%	8%	9%	11%	14%	18%	22%
75,000	0%	0%	0%	6%	7%	10%	12%	15%	19%
100,000	0%	0%	0%	0%	6%	7%	9%	12%	15%
125,000	0%	0%	0%	0%	5%	6%	8%	10%	13%
150,000	0%	0%	0%	0%	0%	5%	6%	9%	11%
200,000	0%	0%	0%	0%	0%	0%	5%	7%	8%
250,000	0%	0%	0%	0%	0%	0%	0%	5%	7%
300,000	0%	0%	0%	0%	0%	0%	0%	0%	6%
400,000	0%	0%	0%	0%	0%	0%	0%	0%	0%
500,000	0%	0%	0%	0%	0%	0%	0%	0%	0%

Low Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	1,500	2,000	3,000	5,000	7,500	10,000	15,000	20,000	25,000
25,000	58%	72%	88%	96%	100%	100%	100%	100%	100%
30,000	52%	64%	86%	92%	100%	100%	100%	100%	100%
40,000	41%	51%	68%	85%	100%	100%	100%	100%	100%
50,000	34%	42%	57%	77%	94%	97%	100%	100%	100%
60,000	30%	37%	50%	67%	82%	94%	100%	100%	100%
75,000	26%	32%	43%	58%	71%	82%	90%	100%	100%
100,000	21%	26%	35%	46%	57%	66%	80%	93%	100%
125,000	17%	21%	29%	39%	47%	55%	67%	77%	86%
150,000	15%	18%	25%	33%	40%	47%	57%	66%	74%
200,000	11%	14%	19%	25%	31%	36%	44%	51%	57%
250,000	9%	11%	15%	21%	25%	29%	36%	41%	46%
300,000	8%	10%	13%	17%	21%	24%	30%	35%	39%
400,000	6%	7%	10%	13%	16%	18%	22%	26%	29%
500,000	0%	6%	7%	10%	12%	14%	17%	20%	22%

Low Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	30,000	40,000	50,000	75,000	100,000	125,000	150,000	200,000	300,000
25,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
40,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
50,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
75,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
100,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
125,000	94%	100%	100%	100%	100%	100%	100%	100%	100%
150,000	81%	93%	100%	100%	100%	100%	100%	100%	100%
200,000	62%	72%	80%	98%	100%	100%	100%	100%	100%
250,000	50%	58%	65%	80%	92%	100%	100%	100%	100%
300,000	42%	49%	55%	67%	77%	87%	95%	100%	100%
400,000	32%	37%	41%	50%	58%	65%	71%	82%	100%
500,000	24%	28%	31%	38%	44%	50%	54%	63%	77%

Low Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period						
	400,000	500,000	750,000	1,000,000	1,250,000	1,500,000	2,000,000
25,000	100%	100%	100%	100%	100%	100%	100%
30,000	100%	100%	100%	100%	100%	100%	100%
40,000	100%	100%	100%	100%	100%	100%	100%
50,000	100%	100%	100%	100%	100%	100%	100%
60,000	100%	100%	100%	100%	100%	100%	100%
75,000	100%	100%	100%	100%	100%	100%	100%
100,000	100%	100%	100%	100%	100%	100%	100%
125,000	100%	100%	100%	100%	100%	100%	100%
150,000	100%	100%	100%	100%	100%	100%	100%
200,000	100%	100%	100%	100%	100%	100%	100%
250,000	100%	100%	100%	100%	100%	100%	100%
300,000	100%	100%	100%	100%	100%	100%	100%
400,000	100%	100%	100%	100%	100%	100%	100%
500,000	89%	99%	100%	100%	100%	100%	100%

Medium Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	50	75	100	150	200	300	500	750	1,000
25,000	4%	8%	13%	22%	29%	38%	46%	52%	58%
30,000	3%	7%	11%	19%	26%	35%	43%	49%	55%
40,000	2%	6%	9%	16%	24%	32%	40%	46%	51%
50,000	1%	4%	7%	13%	21%	29%	36%	42%	47%
60,000	0%	2%	5%	10%	18%	26%	33%	38%	43%
75,000	0%	0%	3%	7%	15%	23%	30%	35%	40%
100,000	0%	0%	0%	4%	13%	20%	27%	32%	36%
125,000	0%	0%	0%	0%	10%	17%	23%	28%	32%
150,000	0%	0%	0%	0%	0%	10%	20%	25%	29%
200,000	0%	0%	0%	0%	0%	0%	5%	15%	25%
250,000	0%	0%	0%	0%	0%	0%	0%	5%	7%
300,000	0%	0%	0%	0%	0%	0%	0%	0%	6%
400,000	0%	0%	0%	0%	0%	0%	0%	0%	0%
500,000	0%	0%	0%	0%	0%	0%	0%	0%	0%

Medium Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	1,500	2,000	3,000	5,000	7,500	10,000	15,000	20,000	25,000
25,000	68%	78%	88%	96%	100%	100%	100%	100%	100%
30,000	65%	76%	86%	92%	100%	100%	100%	100%	100%
40,000	57%	62%	68%	85%	100%	100%	100%	100%	100%
50,000	52%	58%	63%	77%	94%	97%	100%	100%	100%
60,000	48%	53%	58%	68%	82%	94%	100%	100%	100%
75,000	45%	49%	54%	64%	71%	82%	90%	100%	100%
100,000	40%	45%	49%	60%	65%	69%	80%	93%	100%
125,000	36%	40%	44%	56%	61%	66%	73%	79%	86%
150,000	32%	36%	39%	52%	58%	63%	67%	71%	75%
200,000	28%	32%	35%	48%	54%	59%	64%	68%	73%
250,000	15%	22%	30%	44%	50%	56%	61%	66%	71%
300,000	8%	11%	13%	40%	47%	53%	58%	64%	69%
400,000	6%	7%	10%	15%	33%	50%	56%	61%	67%
500,000	0%	6%	7%	10%	18%	25%	38%	52%	65%

Medium Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	30,000	40,000	50,000	75,000	100,000	125,000	150,000	200,000	300,000
25,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
40,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
50,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
75,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
100,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
125,000	94%	100%	100%	100%	100%	100%	100%	100%	100%
150,000	83%	93%	100%	100%	100%	100%	100%	100%	100%
200,000	77%	82%	86%	98%	100%	100%	100%	100%	100%
250,000	75%	80%	84%	93%	100%	100%	100%	100%	100%
300,000	74%	78%	83%	92%	100%	100%	100%	100%	100%
400,000	72%	77%	82%	91%	100%	100%	100%	100%	100%
500,000	70%	76%	81%	90%	100%	100%	100%	100%	100%

Medium Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period						
	400,000	500,000	750,000	1,000,000	1,250,000	1,500,000	2,000,000
25,000	100%	100%	100%	100%	100%	100%	100%
30,000	100%	100%	100%	100%	100%	100%	100%
40,000	100%	100%	100%	100%	100%	100%	100%
50,000	100%	100%	100%	100%	100%	100%	100%
60,000	100%	100%	100%	100%	100%	100%	100%
75,000	100%	100%	100%	100%	100%	100%	100%
100,000	100%	100%	100%	100%	100%	100%	100%
125,000	100%	100%	100%	100%	100%	100%	100%
150,000	100%	100%	100%	100%	100%	100%	100%
200,000	100%	100%	100%	100%	100%	100%	100%
250,000	100%	100%	100%	100%	100%	100%	100%
300,000	100%	100%	100%	100%	100%	100%	100%
400,000	100%	100%	100%	100%	100%	100%	100%
500,000	89%	99%	100%	100%	100%	100%	100%

High Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	50	75	100	150	200	300	500	750	1,000
25,000	4%	8%	13%	24%	36%	45%	53%	60%	66%
30,000	3%	7%	11%	22%	35%	41%	51%	56%	61%
40,000	2%	6%	9%	20%	34%	38%	50%	53%	56%
50,000	1%	4%	7%	17%	33%	34%	48%	51%	53%
60,000	0%	2%	5%	15%	23%	30%	46%	48%	50%
75,000	0%	0%	3%	12%	18%	27%	45%	45%	45%
100,000	0%	0%	0%	10%	13%	24%	43%	42%	40%
125,000	0%	0%	0%	0%	10%	20%	42%	39%	35%
150,000	0%	0%	0%	0%	0%	12%	40%	35%	30%
200,000	0%	0%	0%	0%	0%	3%	15%	20%	25%
250,000	0%	0%	0%	0%	0%	0%	4%	8%	15%
300,000	0%	0%	0%	0%	0%	0%	0%	3%	6%
400,000	0%	0%	0%	0%	0%	0%	0%	0%	0%
500,000	0%	0%	0%	0%	0%	0%	0%	0%	0%

High Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	1,500	2,000	3,000	5,000	7,500	10,000	15,000	20,000	25,000
25,000	73%	81%	88%	96%	100%	100%	100%	100%	100%
30,000	69%	78%	86%	93%	100%	100%	100%	100%	100%
40,000	65%	74%	83%	92%	100%	100%	100%	100%	100%
50,000	62%	72%	81%	91%	96%	100%	100%	100%	100%
60,000	59%	69%	78%	89%	95%	100%	100%	100%	100%
75,000	55%	66%	76%	88%	94%	100%	100%	100%	100%
100,000	51%	63%	74%	87%	94%	100%	100%	100%	100%
125,000	47%	60%	72%	85%	92%	100%	100%	100%	100%
150,000	43%	55%	69%	84%	92%	100%	100%	100%	100%
200,000	39%	53%	67%	83%	91%	100%	100%	100%	100%
250,000	32%	48%	65%	81%	90%	95%	100%	100%	100%
300,000	17%	29%	40%	80%	78%	90%	95%	97%	100%
400,000	16%	10%	15%	55%	53%	75%	83%	92%	97%
500,000	3%	7%	8%	30%	29%	59%	58%	67%	75%

High Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period								
	30,000	40,000	50,000	75,000	100,000	125,000	150,000	200,000	300,000
25,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
30,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
40,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
50,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
60,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
75,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
100,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
125,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
150,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
200,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
250,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
300,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
400,000	100%	100%	100%	100%	100%	100%	100%	100%	100%
500,000	100%	100%	100%	100%	100%	100%	100%	100%	100%

High Credibility Table — Weight Given to Stop Loss Experience

Specific Deductible	Employee Years During Experience Period						
	400,000	500,000	750,000	1,000,000	1,250,000	1,500,000	2,000,000
25,000	100%	100%	100%	100%	100%	100%	100%
30,000	100%	100%	100%	100%	100%	100%	100%
40,000	100%	100%	100%	100%	100%	100%	100%
50,000	100%	100%	100%	100%	100%	100%	100%
60,000	100%	100%	100%	100%	100%	100%	100%
75,000	100%	100%	100%	100%	100%	100%	100%
100,000	100%	100%	100%	100%	100%	100%	100%
125,000	100%	100%	100%	100%	100%	100%	100%
150,000	100%	100%	100%	100%	100%	100%	100%
200,000	100%	100%	100%	100%	100%	100%	100%
250,000	100%	100%	100%	100%	100%	100%	100%
300,000	100%	100%	100%	100%	100%	100%	100%
400,000	100%	100%	100%	100%	100%	100%	100%
500,000	100%	100%	100%	100%	100%	100%	100%

Claim Frequency and Average Claim Size

The frequency of claims exceeding various specific deductible levels and their average claim size are shown in the following table. The assumptions underlying this table are as follows:

- Both Employee and Dependent Age/Gender factors are 1.0.
- For composite employee statistics 50% of employees cover dependents.
- Average area cost (Area E).
- 12/15 contract and Type III underwriting (automatic renewal).
- No PPO discounts.
- 1 million maximum (including specific deductible).

Some uses of the table are as follows:

- Help set deductible levels for different size groups.

For example:

A 200 life employer is acquiring another company with 100 lives and combining their medical plans and wants a higher specific deductible (assume current specific deductible is \$50,000). The table can be used to set the new higher deductible so that the employer has the same number of expected specific claims as prior to the acquisition.

A. Expected number of specific claims for 200 life group with \$50,000 specific deductible
 $= 200 \times 375.12/10,000 = 7.50$

B. Annual frequency per 10,000 to produce 7.50 claims in 300 life group

$$= \frac{7.50}{300} \times 10,000 = 250.00 \text{ claims per 10,000}$$

C. Interpolate between \$75,000 and \$60,000 specific deductibles

$$60,000 \times \frac{(250.00 - 214.35)}{(295.85 - 214.35)} + 75,000 \times \frac{(295.85 - 250.00)}{(295.85 - 214.35)} = 68,439$$

Thus a 300 life group with a 68,000 specific deductible has approximately the same number of expected claims as the 200 life group with a \$50,000 specific.

- Help assess reasonableness of historical claim experience.

For example:

A 200 life group with a \$50,000 specific deductible has had no specific claims for two years. The underwriter wants to calculate the probability of that occurrence.

A. The probability of a claim over \$50,000 for 1 employee is:

$$\frac{375.12}{10,000} = .037512$$

- B. The probability of no claims for 1 employee = $1 - .037512 = .962488$
- C. The probability of no claims for a 200 life group for 2 years (i.e., 400 life years) = $(.962488)^{400} < .00001$

However, the expected number of claims is: $400 \times .037512 = 15.0$

Clearly the probability of no claims is very low and follow-up questions are needed.

**Type III Automatic Renewal
Claim Frequency and Average Claim Size — No PPO Discount**

Specific Deductible	Employee		Spouse		Child		Comp. Dep		Comp. Emp	
	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (2)	Severity (4)	Freq. (3)	Severity (4)
\$ 5,000	2,864.24	\$ 17,400	3,690.08	\$ 18,400	1,360.75	\$ 14,500	5,071.88	\$ 16,970	5,400.18	\$ 17,200
10,000	1,605.24	23,000	2,155.61	24,000	585.23	24,900	2,675.98	24,270	2,943.23	23,580
15,000	1,016.83	29,800	1,421.40	30,600	346.22	35,800	1,710.25	32,040	1,871.96	30,820
20,000	708.01	35,700	967.10	38,400	227.92	47,500	1,153.17	40,860	1,284.60	38,020
25,000	547.63	40,300	796.68	41,300	177.00	55,600	935.25	45,000	1,015.26	42,460
30,000	417.98	47,100	610.06	48,200	136.88	66,000	718.00	52,840	776.98	49,750
40,000	276.35	58,400	431.19	56,900	88.65	89,700	496.41	64,910	524.56	61,480
50,000	198.97	69,500	298.51	70,100	67.68	105,000	352.29	79,270	375.12	74,090
60,000	156.80	77,000	232.88	78,300	55.18	117,100	278.09	88,830	295.85	82,560
75,000	111.53	91,600	169.54	91,200	42.49	136,600	205.63	104,030	214.35	97,560
100,000	73.80	106,400	112.66	107,300	29.71	166,300	138.66	124,590	143.13	115,210
125,000	51.24	121,400	80.05	122,600	23.13	187,000	101.29	142,710	101.89	131,990
150,000	38.11	134,000	60.15	133,800	18.22	208,500	77.26	157,890	76.74	146,030
200,000	23.24	156,700	36.56	158,100	12.90	237,900	49.45	186,590	47.97	172,090
250,000	15.36	174,400	24.26	176,100	9.71	258,200	34.39	207,810	32.56	192,020
300,000	10.86	189,000	17.24	191,200	7.71	272,800	25.55	224,860	23.64	208,340
400,000	5.71	214,100	9.59	210,400	5.23	282,400	15.50	243,610	13.46	231,090
500,000	3.32	228,600	5.71	221,300	3.79	270,500	10.15	246,480	8.40	239,270
600,000	2.34	209,400	3.64	214,900	2.74	248,700	6.92	233,060	5.80	223,510
750,000	1.36	171,300	2.07	170,800	1.74	192,800	4.18	183,380	3.45	178,620

(1) annual frequency per 10,000 employees, spouses or children

(2) annual frequency per 10,000 composite dependent units (composite dependent = .87 spouses + .72 * 1.9 children)

(3) annual frequency per 10,000 composite employee units (composite employee = 1.0 employees + .5 composite dependents)

(4) severity equals the average claim size excess of the specific deductible.

For a PPO discount of 20%, the table of frequency and severity is as follows.

**Type III Automatic Renewal
Claim Frequency and Average Claim Size — 20% PPO Discount**

Specific Deductible	Employee		Spouse		Child		Comp. Dep		Comp. Emp	
	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (2)	Severity (4)	Freq. (3)	Severity (4)
\$ 5,000	2,411.99	\$ 16,500	3,107.44	\$ 17,500	1,145.89	\$ 13,800	4,271.05	\$ 16,140	4,547.52	\$ 16,330
10,000	1,334.88	21,900	1,792.56	22,800	486.66	23,700	2,225.28	23,070	2,447.52	22,430
15,000	824.17	28,300	1,152.08	29,100	280.62	34,000	1,386.20	30,460	1,517.27	29,290
20,000	566.41	33,900	773.68	36,500	182.34	45,100	922.54	38,830	1,027.68	36,110
25,000	438.10	38,300	637.34	39,200	141.60	52,800	748.19	42,720	812.20	40,340
30,000	334.38	44,700	488.05	45,800	109.50	62,700	574.40	50,210	621.58	47,250
40,000	218.17	55,500	340.41	54,100	69.99	85,200	391.90	61,700	414.12	58,430
50,000	157.08	66,000	235.67	66,600	53.43	99,800	278.13	75,320	296.15	70,380
60,000	122.14	73,200	181.40	74,400	42.98	111,200	216.61	84,390	230.45	78,460
75,000	86.88	87,000	132.06	86,600	33.10	129,800	160.17	98,810	166.97	92,660
100,000	56.71	101,100	86.57	101,900	22.83	158,000	106.55	118,340	109.99	109,450
125,000	38.83	115,300	60.67	116,500	17.53	177,700	76.76	135,630	77.21	125,410
150,000	28.88	127,300	45.59	127,100	13.81	198,100	58.56	150,000	58.16	138,730
200,000	17.12	148,900	26.94	150,200	9.51	226,000	36.45	177,240	35.35	163,490
250,000	11.16	165,700	17.62	167,300	7.05	245,300	24.97	197,450	23.65	182,430
300,000	7.89	179,600	12.52	181,600	5.60	259,200	18.55	213,680	17.17	197,960
400,000	4.15	203,400	6.97	199,900	3.80	268,300	11.26	231,520	9.78	219,590
500,000	2.41	217,200	4.15	210,200	2.75	257,000	7.37	234,160	6.10	227,270
600,000	1.70	198,900	2.64	204,200	1.99	236,300	5.02	221,570	4.21	212,420
750,000	0.99	162,700	1.50	162,300	1.26	183,200	3.03	174,120	2.51	169,270

(1) annual frequency per 10,000 employees, spouses or children

(2) annual frequency per 10,000 composite dependent units (composite dependent = .87 spouses + .72 * 1.9 children)

(3) annual frequency per 10,000 composite employee units (composite employee = 1.0 employees + .5 composite dependents)

(4) severity equals the average claim size excess of the specific deductible.

For a PPO discount of 30%, the table of frequency and severity is as follows.

**Type III Automatic Renewal
Claim Frequency and Average Claim Size — 30% PPO Discount**

Specific Deductible	Employee		Spouse		Child		Comp. Dep		Comp. Emp	
	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (2)	Severity (4)	Freq. (3)	Severity (4)
\$ 5,000	2,203.26	\$ 15,800	2,838.52	\$ 16,700	1,046.73	\$ 13,200	3,901.44	\$ 15,420	4,153.98	\$ 15,620
10,000	1,217.16	20,900	1,634.47	21,800	443.75	22,700	2,029.04	22,070	2,231.68	21,430
15,000	748.66	27,100	1,046.53	27,800	254.91	32,600	1,259.20	29,130	1,378.26	28,030
20,000	505.72	32,500	690.79	34,900	162.80	43,200	823.70	37,140	917.57	34,580
25,000	391.16	36,700	569.06	37,600	126.43	50,600	668.04	40,970	725.18	38,670
30,000	298.56	42,900	435.76	43,900	97.77	60,100	512.86	48,120	554.99	45,310
40,000	197.39	53,100	307.99	51,800	63.32	81,600	354.57	59,080	374.68	55,930
50,000	139.93	63,200	209.94	63,800	47.60	95,600	247.76	72,160	263.81	67,410
60,000	110.28	70,100	163.78	71,300	38.81	106,600	195.58	80,880	208.07	75,170
75,000	77.21	83,400	117.37	83,000	29.42	124,300	142.36	94,680	148.39	88,810
100,000	50.28	96,800	76.76	97,600	20.24	151,300	94.47	113,340	97.52	104,810
125,000	34.35	110,500	53.66	111,600	15.50	170,200	67.89	129,900	68.30	120,130
150,000	25.13	121,900	39.66	121,800	12.01	189,700	50.93	143,710	50.60	132,860
200,000	14.81	142,600	23.30	143,900	8.22	216,500	31.52	169,780	30.57	156,610
250,000	9.62	158,700	15.20	160,300	6.08	235,000	21.54	189,160	20.39	174,790
300,000	6.80	172,000	10.80	174,000	4.83	248,200	16.00	204,680	14.80	189,660
400,000	3.58	194,800	6.01	191,500	3.28	257,000	9.72	221,650	8.44	210,260
500,000	2.08	208,000	3.58	201,400	2.37	246,200	6.36	224,140	5.26	217,760
600,000	1.47	190,600	2.28	195,600	1.72	226,300	4.34	212,090	3.64	203,410
750,000	0.85	155,900	1.30	155,400	1.09	175,400	2.62	166,910	2.16	162,580

(1) annual frequency per 10,000 employees, spouses or children

(2) annual frequency per 10,000 composite dependent units (composite dependent = .87 spouses + .72 * 1.9 children)

(3) annual frequency per 10,000 composite employee units (composite employee = 1.0 employees + .5 composite dependents)

(4) severity equals the average claim size excess of the specific deductible.

For Type II underwriting, the tables for No PPO discount, 20% PPO and 30% PPO discount are as follows.

**Type II Underwritten New Business or Renewal
Claim Frequency and Average Claim Size — No PPO Discount**

Specific Deductible	Employee		Spouse		Child		Comp. Dep		Comp. Emp	
	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (2)	Severity (4)	Freq. (3)	Severity (4)
\$ 5,000	2,574.95	\$ 17,400	3,317.38	\$ 18,400	1,223.31	\$ 14,500	4,559.62	\$ 16,970	4,854.76	\$ 17,200
10,000	1,443.11	23,000	1,937.89	24,000	526.12	24,900	2,405.70	24,270	2,645.96	23,580
15,000	914.13	29,800	1,277.84	30,600	311.25	35,800	1,537.51	32,040	1,682.89	30,820
20,000	622.34	35,700	850.08	38,400	200.34	47,500	1,013.64	40,860	1,129.16	38,020
25,000	470.96	40,300	685.14	41,300	152.22	55,600	804.31	45,000	873.12	42,460
30,000	351.52	47,100	513.06	48,200	115.12	66,000	603.84	52,840	653.44	49,750
40,000	227.44	58,400	354.87	56,900	72.96	89,700	408.54	64,910	431.71	61,480
50,000	160.37	69,500	240.60	70,100	54.55	105,000	283.95	79,270	302.34	74,090
60,000	126.38	77,000	187.70	78,300	44.48	117,100	224.14	88,830	238.45	82,560
75,000	88.11	91,600	133.94	91,200	33.57	136,600	162.44	104,040	169.33	97,570
100,000	58.30	106,400	89.00	107,300	23.47	166,300	109.54	124,590	113.07	115,210
125,000	40.48	121,400	63.24	122,600	18.27	187,000	80.02	142,710	80.49	131,990
150,000	30.11	134,000	47.52	133,800	14.39	208,500	61.03	157,910	60.62	146,040
200,000	18.36	156,700	28.88	158,100	10.19	237,900	39.07	186,570	37.89	172,120
250,000	12.13	174,400	19.17	176,100	7.67	258,200	27.17	207,790	25.72	192,030
300,000	8.58	189,000	13.62	191,200	6.09	272,800	20.18	224,910	18.67	208,400
400,000	4.51	214,100	7.58	210,400	4.13	282,400	12.24	243,710	10.63	231,170
500,000	2.62	228,600	4.51	221,300	2.99	270,500	8.02	246,440	6.63	239,490
600,000	1.85	209,400	2.88	214,900	2.16	248,700	5.46	233,350	4.58	223,610
750,000	1.07	171,300	1.64	170,800	1.37	192,800	3.30	183,500	2.72	178,980

(1) annual frequency per 10,000 employees, spouses or children

(2) annual frequency per 10,000 composite dependent units (composite dependent = .87 spouses + .72 * 1.9 children)

(3) annual frequency per 10,000 composite employee units (composite employee = 1.0 employees + .5 composite dependents)

(4) severity equals the average claim size excess of the specific deductible.

**Type II Underwritten New Business or Renewal
Claim Frequency and Average Claim Size — 20% PPO Discount**

Specific Deductible	Employee		Spouse		Child		Comp. Dep		Comp. Emp	
	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (2)	Severity (4)	Freq. (3)	Severity (4)
\$ 5,000	2,168.38	\$ 16,500	2,793.59	\$ 17,500	1,030.16	\$ 13,800	3,839.67	\$ 16,140	4,088.21	\$ 16,330
10,000	1,200.06	21,900	1,611.51	22,800	437.51	23,700	2,000.52	23,070	2,200.32	22,430
15,000	740.93	28,300	1,035.72	29,100	252.28	34,000	1,246.19	30,460	1,364.02	29,290
20,000	497.87	33,900	680.06	36,500	160.28	45,100	810.92	38,830	903.33	36,110
25,000	376.77	38,300	548.11	39,200	121.78	52,800	643.45	42,720	698.49	40,340
30,000	281.21	44,700	410.45	45,800	92.09	62,700	483.07	50,210	522.75	47,250
40,000	179.55	55,500	280.16	54,100	57.60	85,200	322.54	61,700	340.82	58,430
50,000	126.61	66,000	189.95	66,600	43.06	99,800	224.17	75,320	238.69	70,380
60,000	98.44	73,200	146.21	74,400	34.64	111,200	174.59	84,390	185.74	78,460
75,000	68.64	87,000	104.33	86,600	26.15	129,800	126.54	98,810	131.91	92,660
100,000	44.80	101,100	68.39	101,900	18.04	158,000	84.17	118,350	86.89	109,450
125,000	30.68	115,300	47.93	116,500	13.85	177,700	60.64	135,630	61.00	125,400
150,000	22.82	127,300	36.02	127,100	10.91	198,100	46.26	150,000	45.95	138,710
200,000	13.52	148,900	21.28	150,200	7.51	226,000	28.79	177,280	27.92	163,530
250,000	8.82	165,700	13.92	167,300	5.57	245,300	19.73	197,420	18.68	182,460
300,000	6.23	179,600	9.89	181,600	4.42	259,200	14.66	213,600	13.56	198,020
400,000	3.28	203,400	5.51	199,900	3.00	268,300	8.90	231,400	7.73	219,480
500,000	1.90	217,200	3.28	210,200	2.17	257,000	5.82	234,250	4.81	227,690
600,000	1.34	198,900	2.09	204,200	1.57	236,300	3.97	221,340	3.33	212,160
750,000	0.78	162,700	1.19	162,300	1.00	183,200	2.39	174,390	1.98	169,520

(1) annual frequency per 10,000 employees, spouses or children

(2) annual frequency per 10,000 composite dependent units (composite dependent = .87 spouses + .72 * 1.9 children)

(3) annual frequency per 10,000 composite employee units (composite employee = 1.0 employees + .5 composite dependents)

(4) severity equals the average claim size excess of the specific deductible.

**Type II Underwritten New Business or Renewal
Claim Frequency and Average Claim Size — 30% PPO Discount**

Specific Deductible	Employee		Spouse		Child		Comp. Dep		Comp. Emp	
	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (1)	Severity (4)	Freq. (2)	Severity (4)	Freq. (3)	Severity (4)
\$ 5,000	1,980.73	\$ 15,800	2,551.83	\$ 16,700	941.01	\$ 13,200	3,507.39	\$ 15,420	3,734.43	\$ 15,620
10,000	1,094.23	20,900	1,469.39	21,800	398.93	22,700	1,824.11	22,070	2,006.28	21,430
15,000	673.05	27,100	940.83	27,800	229.16	32,600	1,132.02	29,130	1,239.06	28,030
20,000	444.53	32,500	607.20	34,900	143.10	43,200	724.03	37,140	806.54	34,580
25,000	336.40	36,700	489.39	37,600	108.73	50,600	574.51	40,970	623.65	38,670
30,000	251.09	42,900	366.47	43,900	82.22	60,100	431.32	48,120	466.75	45,310
40,000	162.45	53,100	253.48	51,800	52.11	81,600	291.81	59,080	308.36	55,930
50,000	112.78	63,200	169.21	63,800	38.37	95,600	199.70	72,160	212.63	67,410
60,000	88.89	70,100	132.01	71,300	31.28	106,600	157.64	80,880	167.71	75,160
75,000	61.00	83,400	92.72	83,000	23.24	124,300	112.46	94,680	117.23	88,810
100,000	39.72	96,800	60.64	97,600	15.99	151,300	74.63	113,340	77.04	104,810
125,000	27.14	110,500	42.39	111,600	12.25	170,200	53.63	129,910	53.95	120,150
150,000	19.85	121,900	31.33	121,800	9.49	189,700	40.24	143,690	39.97	132,880
200,000	11.70	142,600	18.41	143,900	6.49	216,500	24.90	169,790	24.15	156,620
250,000	7.60	158,700	12.01	160,300	4.80	235,000	17.02	189,120	16.11	174,770
300,000	5.37	172,000	8.53	174,000	3.82	248,200	12.64	204,680	11.69	189,700
400,000	2.83	194,800	4.75	191,500	2.59	257,000	7.68	221,620	6.67	210,190
500,000	1.64	208,000	2.83	201,400	1.87	246,200	5.02	224,330	4.15	218,040
600,000	1.16	190,600	1.80	195,600	1.36	226,300	3.43	212,000	2.88	203,100
750,000	0.67	155,900	1.03	155,400	0.86	175,400	2.07	166,890	1.71	162,230

(1) annual frequency per 10,000 employees, spouses or children

(2) annual frequency per 10,000 composite dependent units (composite dependent = .87 spouses + .72 * 1.9 children)

(3) annual frequency per 10,000 composite employee units (composite employee = 1.0 employees + .5 composite dependents)

(4) severity equals the average claim size excess of the specific deductible.

Claim Cost Distribution by Diagnosis

Specific stop loss claim cost distribution by diagnosis for a \$20,000 specific deductible is shown in the table below. The underlying assumptions for this table are the same as those underlying the table in the prior section.

Some uses for this table are as follows:

- A benchmark for use in setting laser amounts. Note that the stated costs are excess of \$20,000 specific deductible.
- Benchmark against internal cost distribution data. For example, injury and poisoning is 8.5% of costs. If internal statistics are significantly higher (say 20%) then underwriting results may be skewed upward by an adverse fluctuation in accident claims.

Average Size Claim and Cost Distribution by Diagnosis

Description	ICD 9 Range	Specific Stop Loss Claim Size (1)				Cost Distribution (1)
		Average	25 th P'tile	50 th P'tile	75 th P'tile	
Infectious and parasitic diseases	1 - 139	53,121	7,462	18,062	51,234	2.62%
Malignant neoplasms - tongue, mouth, lips, oral cavity, pharynx	140 - 149	71,199	23,582	56,052	98,504	0.42%
Malignant neoplasms - stomach, colon, anus (digestive organs)	150 - 159	74,489	22,655	52,210	99,957	3.58%
Malignant neoplasms - nasal cavity, lung, thymus	160 - 164	64,153	22,968	46,442	84,727	1.65%
Malignant neoplasms - bone, skin	170-173,178	49,144	8,860	22,944	57,535	0.49%
Malignant neoplasms - breast	174 - 176	48,302	16,365	34,770	65,022	3.93%
Malignant neoplasms - uterus and other female genital organs	179 - 184	47,341	13,227	30,610	60,971	0.85%
Malignant neoplasms - prostate and testis	185 - 187	27,626	7,885	17,129	35,174	0.79%
Malignant neoplasms - bladder and urinary	188 - 189	39,694	9,891	21,724	48,817	0.48%
Malignant neoplasms - eye, brain nerves	190 - 192	82,081	22,972	54,054	108,356	0.85%
Malignant neoplasms - thyroid, endocrine, other	193-199,230-					
Malignant neoplasms - lymphatic tissue	200 - 203	72,252	17,274	41,051	88,823	2.15%
Leukemia	204 - 208	127,032	19,994	49,711	154,718	1.49%
Benign neoplasm	210 - 229	21,173	5,623	11,310	23,695	1.00%
Disorders of the thyroid	240 - 246	13,655	4,630	8,286	15,395	0.09%
Diseases of the other endocrine glands	250 - 259	33,810	6,895	15,074	34,607	1.02%
Other metabolic and immunity disorders	260 - 279	31,329	7,408	14,869	31,094	2.31%
Diseases of the blood and blood-forming organs	280 - 289	66,509	9,947	25,225	66,171	1.61%
Mental disorders	290 - 319	19,795	5,840	11,620	23,440	1.27%
Central nervous system disorders	320 - 349	29,494	7,092	13,808	28,486	2.21%
Peripheral nervous system disorders	350 - 359	42,571	7,580	17,884	46,919	0.73%
Sense organ disorders	360 - 389	16,375	4,867	9,154	18,286	0.35%
Heart disease	390 - 429	39,665	10,707	23,533	48,382	10.71%
Cerebrovascular disease	430 - 438	49,601	9,014	21,973	56,009	1.59%
Other circulatory diseases	440 - 459	38,308	8,366	19,432	43,766	1.51%
Other diseases of upper respiratory tract	460 - 478	17,270	4,916	9,092	17,578	0.44%
Pneumonia and Influenza	480 - 487	42,351	7,722	17,463	41,649	0.82%
Chronic obstructive pulmonary disease	490 - 496	27,193	6,532	13,544	27,733	0.51%

Average Size Claim and Cost Distribution by Diagnosis

Description	ICD 9 Range	Specific Stop Loss Claim Size (1)				Cost Distribution (1)
		Average	25 th P'tile	50 th P'tile	75 th P'tile	
Other respiratory diseases	500 - 519	76,999	12,349	29,929	76,891	2.30%
Digestive system disease - denofacial and jaw	520 - 529	21,196	5,861	11,163	22,699	0.12%
Digestive system disease - esophagus, stomach, and duodenum	530 - 537	30,082	6,406	13,380	29,559	0.67%
Appendicitis and abdominal hernia	540 - 553	17,882	5,186	9,965	19,658	0.70%
Enteritis and colitis	555 - 558	29,100	7,649	16,261	33,465	1.02%
Intestinal and peritoneal disorders	560 - 569	35,532	8,029	17,461	37,304	1.66%
Liver disorders	570 - 573	72,696	10,101	26,321	71,963	0.71%
Gallbladder disorders	574 - 575	15,622	4,946	8,989	16,854	0.71%
Pancreas disorders	576 - 579	44,255	7,958	18,286	43,141	0.98%
Renal failure	580 - 588	95,991	22,797	57,030	124,943	3.86%
Other urinary tract disorders	589 - 599	18,081	5,474	10,493	20,263	0.92%
Male genital and female breast and genital disorders	600 - 628	13,261	4,740	8,468	15,743	1.03%
Complication of pregnancy, childbirth, and puerperium	629 - 677	16,901	4,619	8,438	16,870	1.42%
Skin and subcutaneous tissue disorders	680 - 709	26,591	6,055	12,425	26,786	0.79%
Arthropathies and related disorders (Osteoarthritis)	710 - 719	20,904	7,617	14,479	26,131	3.95%
Dorsopathies	720 - 724	29,123	8,353	17,968	37,075	5.24%
Rheumatism, osteopathis and acquired deformity	725 - 738	29,475	6,358	13,692	32,304	2.29%
Congenital anomalies	740 - 759	58,824	11,067	26,443	60,190	2.17%
Certain conditions originating in the perinatal period	760 - 779	84,493	11,124	27,703	77,698	1.34%
Symptoms, signs and ill-defined conditions	780 - 799	18,999	5,111	9,672	19,416	2.02%
Injury and poisoning	800 - 999	41,420	7,520	16,863	40,961	8.50%
Other supplementary classification	v01-v29,v39-v99	63,306	12,240	32,403	77,008	6.82%
Single liveborn	v30	73,178	10,769	26,426	72,139	1.70%
Multiple birth	v31 - v37	123,342	19,908	52,261	131,723	1.12%
(1) Assumes \$20,000 specific deductible						100.00%

Types of Retention

Manual Premium Worksheet Examples

There are three separate worksheets, with sample data and calculations, on the following pages. The worksheets are:

- Plan Specifications — for recording plan specific information necessary for rate determination.
- Net Premium Calculation — for calculating the net monthly stop loss premium before any retention provision.
- Gross Premium Calculation — for converting net to gross premium, separately for MGU and direct writer settings. Amalgamated Life is a direct writer of stop loss and does not market to MGU's. Therefore, all MGU references are for information purposes only and not used in the final calculations.

Plan Specification Worksheet — The plan specification page outlines the information that is necessary to identify the group, its location, industry and details of the underlying medical plan that affect the stop loss risk. Additional factors describe the stop loss deductible, underwriting type, contract type, and effective date of the stop loss coverage used in the premium calculation. There are several potential net premium adjustments in the manual for non-standard run-in periods applicable to paid contracts, payment periods applicable to incurred contracts, maximum benefits, family deductible, extended benefits, etc.

The age/gender distribution is based on the active and retired lives. A retired person over age 65 for whom Medicare is primary has a separate age/gender factor.

In the example, we assume that the group is a renewal which has no continuing medical problems requiring special handling such as a premium surcharge, individual special deductible for a disabled person or exclusions.

The run-in period for new cases is frequently established on a contractual basis as 60 or 90 days (i.e., 14/12 or 15/12) while for renewals, the run-in may be for all services from the time the group was covered by the initial stop loss contract. This is often referred to as a 24/12 contract.

Net Premium Worksheet — This worksheet allows for recording of a base net premium and various adjustment factors as discussed earlier in this manual.

The worksheet also contains provisions for entry of a number of rating factors that will be applicable to the case, including:

- Reinsurance (line 10) — This represents reinsurance premiums which exceed the expected costs built into the basic net monthly premiums. One way of calculating such excess costs is to compare the gross reinsurance cost to the expected net monthly premium for the same benefit. Another

method is to assume that some fraction of the gross reinsurance cost is for the reinsurer's retention. Perhaps 30% to 50% is a reasonable estimate for large deductible coverage.

- Experience (line 12) — This represents the experience factor in the worksheet that allows for adjusting the net premiums by area, producer, contract type.
- PPO (line 13) — This line will be used to enter a factor to reflect the estimated effects of specific preferred provider discounts or other managed care features. The Preferred Provider analysis portion of this manual presents one method of determining such a factor.
- Industry (line 16) — Section V contains a comprehensive set of industry adjustment factors.

Gross Premium Worksheet — The retention examples are based on the same group and stop loss data as in the net premium worksheet and used in Section III in pricing an aggregating specific stop loss benefit with a deductible of \$50,000. The MGU retention has a net to underwriter factor of .87 and certain commission and expense assumptions. These assumptions may vary depending upon group size, deductible amount, competition, commission overrides, etc. The second retention example for a direct writing company such as Amalgamated Life uses a factor of 1.00 for the net to underwriter factor and utilizes Profit and Contingency margin to provide the risk premium. Blank copies of these three worksheets are provided in Section VII. The example for the MGU retention formula continues for an aggregating specific deductible of \$50,000. The other additional information required for Section III is the number of dependent units which is assumed to be as 78 units.

Amalgamated will use the following retention schedule in pricing their stop loss:

Annual		Maximum	Minimum	Maximum	Minimum
Premium	Expenses	Margin	Margin	Retention	Retention
< \$150,000	16.00%	13.00%	8.00%	29.00%	24.00%
\$150,000 - \$249,999	14.00%	12.00%	7.00%	26.00%	21.00%
\$250,000 - \$349,999	12.00%	11.00%	6.50%	23.00%	18.50%
\$350,000 - \$499,999	11.00%	10.00%	6.00%	21.00%	17.00%
\$500,000 - \$749,999	10.00%	9.00%	5.50%	19.00%	15.50%
\$750,000 - \$999,999	9.50%	8.50%	5.00%	18.00%	14.50%
\$1,000,000 +	7.50%	6.00%	2.50%	13.50%	10.00%

EXAMPLE
PLAN SPECIFICATIONS

Name	Jones Office Supplies
Effective Date	04/01/2011
Location & Zip Code	Orlando, FL ZIP 327
Industry	0811
Base Deductible	\$200
Base Coinsurance Out-of-Pocket Maximum	\$1300
Pre-Certification/Concurrent Review	Yes
Case Management	Yes, costs not reimbursable
Mental Illness And Substance Abuse Benefits	SAAO
Underwriting & Type	Underwritten Renewal — Type II
Contract Type	12/15
Specific Stop Loss Deductible	\$50,000
Family Specific Deductible	Yes, 2 times individual specific deductible
Dependent Participation	85%
Employer Dependent Contribution Percentage	N/A
Maximum Benefits	\$2,000,000
Organ Transplant Coverage	No, carve out
Prescription Drug Coverage	Yes
Nonstandard Contract Year	18 months
Payment Period For Incurred Contracts	18 months
Run-In Period For Paid Contracts	N/A
Extended Benefit Provision	N/A
Infertility Benefits	N/A
Preferred Provider Plan	Yes, 20% discount
Hospital Domestic Reimbursement	N/A

Age/Gender Factor Calculation for Employees

Age Group	No. of Employees		Age/Gender		Product	
	Male (1)	Female (2)	Male (3)	Female (4)	(1)x(3) (5)	(2)x(4) (6)
Under 30	14	12	.40	.40	5.60	4.80
30 – 34	13	9	.50	.60	6.50	5.40
35 – 39	12	9	.65	.70	7.80	6.30
40 – 44	10	5	.90	.90	9.00	4.50
45 – 49	7	4	1.30	1.25	9.10	5.00
50 – 54	5	4	1.95	1.65	9.75	6.60
55 – 59	4	3	2.80	2.10	11.20	6.30
60 – 64	3	2	3.80	2.85	11.40	5.70
65 – 69	1	1	4.25	3.10	4.25	3.10
70 +	0	0	4.70	3.35	0.00	0.00
Retired – Medicare Primary	1	1	.80	.80	.80	.80
Total	70	50	xxxx	xxxx	75.40	48.50

$$\text{Employee Factor} = \frac{(5) + (6)}{(1) + (2)} = 1.033$$

Age/Gender Factor Calculation for Dependents

Age Group	No. of Employees With Dependents		Age/Gender Factors		Product	
	Male (1)	Female (2)	Male (3)	Female (4)	(1)x(3) (5)	(2)x(4) (6)
Under 30	6	5	1.05	.70	6.30	3.50
30 – 34	10	4	1.05	.75	10.50	3.00
35 – 39	10	4	1.05	.75	10.50	3.00
40 – 44	9	3	1.00	.75	9.00	2.25
45 – 49	6	2	1.00	.85	6.00	1.70
50 – 54	4	2	1.10	1.10	4.40	2.20
55 – 59	4	2	1.35	1.50	5.40	3.00
60 – 64	3	2	1.75	2.10	5.25	4.20
65 – 69	1	0	2.05	2.85	2.05	0.00
70 +	0	0	2.20	3.15	0.00	0.00
Dependent–Medicare Primary	1	0	.50	.50	.50	0.00
Total	54	24	xxxx	xxxx	59.90	22.85

$$\text{Dependent Factor} = \frac{(5) + (6)}{(1) + (2)} = 1.061$$

**EXAMPLE
STOP LOSS WORKSHEET**

REGULAR NET MONTHLY PREMIUM CALCULATION

Group Name	<u>Jones Office Supplies</u>	Net Premium Basis	<u>Regular</u>
Location	<u>Orlando, FL ZIP 327</u>	Area Table	<u>E</u>
Underwriting Type	<u>Type II</u>	Contract	<u>12/15</u>
Deductible	<u>\$50,000</u>	Effective Date	<u>04/01/2011</u>

	Employee	Composite Dependent
1. Base Net Premium	\$92.88	\$187.57
1a. Adjustment for Out-of-Pocket \$1500 Including Deductible	<u>(0.39)</u>	<u>(0.72)</u>
2. Adjusted Base Rate	\$92.49	\$186.85
3. Adjustment for Payment Period	2.77	5.61
4. Adjustment for Run-In Period	0.00	0.00
5. Adjustment for Maximum Benefit	2.25	7.41
6. Adjustment for Case Management	0.00	0.00
7. Adjustment for Mental Illness & Substance Abuse	1.86	3.75
8. Adjustment for Exclusion of Organ Transplants	(4.35)	(8.63)
9. Adjustment for Prescription Drugs	0.00	0.00
10. Reinsurance Cost/Infertility Adjustment	<u>0.00</u>	<u>0.00</u>
11. Subtotal (2) through (10)	\$95.02	\$194.99
12. Experience Factor	1.00	1.00
13. PPO Adjustment	.80	.80
14. Adjustment for Family Specific Deductible	N/A	1.01
15. Adjustment for No Pre-Certification	1.000	1.000
16. Industry Factor	1.050	1.050
17. Age/Gender Factor	1.033	1.061
18. Dep. Part./Employer Dep. Contrib. Factor	N/A	.95
19. Hospital Domestic Reimbursement Adj.	1.000	1.000
20. Nonstandard Plan Year Factor	1.08	1.08
21. Trend Factor	<u>.961</u>	<u>.961</u>
22. Adjusted Base Net Premium (11)x(12)x(13)x(14)x(15)x(16)x(17)x(18)x(19)x(20)x(21)	\$85.57	\$173.06
23. Addition for Extended Benefits	0.00	0.00
23a. Credit for Prior Year Extended Benefits	N/A	N/A
24. Net Premium (22)+(23) - (23a)	\$85.57	\$173.06

EXAMPLE
STOP LOSS WORKSHEET

GROSS PREMIUM CALCULATION

Group Name	<u>Jones Office Supplies</u>	Net Premium Basis	<u>Regular</u>
Location	<u>Orlando, FL ZIP 327</u>	Area Table	<u>E</u>
Underwriting Type	<u>Type II</u>	Contract	<u>12/15</u>
Deductible	<u>\$50,000</u>	Effective Date	<u>04/01/2011</u>

	<u>MGU Retention Formula</u>		<u>Direct Writer Retention Formula</u>	
	<u>Employee</u>	<u>Composite Dependent</u>	<u>Employee</u>	<u>Composite Dependent</u>
Net Premium				
24. (22)+(23) – (23a)	\$85.57	\$173.06	\$85.57	\$173.06
25. Net to Underwriter Factor	.870	.870	1.000	1.000
26. (24) ÷ (25)	\$98.36	\$198.92	\$85.57	\$173.06
27. Retention Component*	27.5%	27.5%	32.5%	32.5%
28. Constant Expense	\$0.00	\$0.00	\$0.00	\$0.00
29. Preliminary Gross Premium Rate				
<u>(26)+ (28)</u>	\$135.67	\$274.37	\$126.77	\$256.39
<u>1 – (27)</u>				

<u>*Retention</u>	<u>MGU Retention Formula</u>	<u>Direct Writer Retention Formula</u>
Commissions	10.0%	10.0%
Administrative Allowance	7.5%	7.5%
Marketing Allowance	2.5%	2.5%
Fronting Fee	5.0%	N/A
Premium Taxes	2.5%	2.5%
Profit & Contingency	N/A	10.0%

Net Monthly Premium Rates

The tables in Section II present the manual net monthly stop loss premium rates by deductible, area and plan Types I, II, and III separately for employees and composite dependents.

Details on area designations, by ZIP code and city/state, are found in Section VI.

TYPE I – Underwritten New Business Actively at Work Provision

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
\$ 5,000	214.40	370.23	244.27	421.82	258.31	446.07
10,000	150.38	264.52	171.34	301.38	181.18	318.70
15,000	123.42	223.19	140.62	254.29	148.70	268.90
20,000	99.25	185.02	113.08	210.80	119.58	222.91
25,000	84.78	161.69	96.60	184.22	102.15	194.81
30,000	72.91	140.50	83.07	160.08	87.84	169.28
40,000	57.64	115.09	65.67	131.13	69.45	138.66
50,000	47.66	96.25	54.30	109.66	57.42	115.96
60,000	41.61	85.14	47.41	97.01	50.14	102.58
75,000	34.00	71.19	38.73	81.11	40.96	85.77
100,000	25.74	56.62	29.32	64.51	31.01	68.22
125,000	20.39	47.38	23.23	53.99	24.56	57.09
150,000	16.48	39.37	18.78	44.86	19.86	47.44
200,000	11.75	29.78	13.39	33.93	14.16	35.88
250,000	8.51	22.70	9.70	25.87	10.26	27.35
300,000	6.52	18.25	7.43	20.79	7.86	21.99
400,000	3.76	11.61	4.28	13.23	4.53	13.99
500,000	2.30	7.57	2.62	8.63	2.77	9.12
AREA B						
\$ 5,000	233.22	402.73	265.71	458.85	280.98	485.22
10,000	166.43	292.76	189.62	333.55	200.52	352.72
15,000	136.59	247.01	155.63	281.43	164.57	297.61
20,000	109.99	205.05	125.32	233.62	132.52	247.04
25,000	93.96	179.19	107.06	204.16	113.21	215.90
30,000	81.97	157.97	93.39	179.98	98.76	190.32
40,000	64.91	129.60	73.96	147.66	78.21	156.15
50,000	53.76	108.57	61.25	123.69	64.77	130.80
60,000	46.94	96.04	53.48	109.42	56.55	115.71
75,000	38.41	80.44	43.77	91.64	46.28	96.91
100,000	29.13	64.09	33.19	73.02	35.10	77.21
125,000	23.08	53.63	26.29	61.11	27.80	64.62
150,000	18.95	45.26	21.59	51.57	22.83	54.53
200,000	13.33	33.77	15.18	38.48	16.06	40.69
250,000	9.80	26.15	11.17	29.79	11.81	31.51
300,000	7.41	20.73	8.44	23.62	8.93	24.98
400,000	4.35	13.44	4.95	15.31	5.24	16.19
500,000	2.66	8.78	3.03	10.00	3.21	10.58

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
\$ 5,000	249.18	430.30	283.90	490.26	300.22	518.43
10,000	180.37	317.28	205.51	361.49	217.32	382.26
15,000	148.04	267.70	168.66	305.00	178.36	322.53
20,000	119.32	222.44	135.95	253.43	143.76	268.00
25,000	101.93	194.39	116.14	221.48	122.81	234.21
30,000	88.92	171.37	101.31	195.24	107.13	206.47
40,000	70.49	140.74	80.31	160.35	84.93	169.57
50,000	58.44	118.02	66.58	134.47	70.41	142.19
60,000	51.02	104.40	58.13	118.95	61.48	125.78
75,000	42.32	88.61	48.21	100.96	50.98	106.76
100,000	32.13	70.69	36.61	80.54	38.71	85.17
125,000	25.45	59.16	29.00	67.40	30.67	71.27
150,000	20.90	49.92	23.81	56.88	25.18	60.15
200,000	14.72	37.30	16.77	42.50	17.73	44.94
250,000	10.83	28.88	12.34	32.91	13.05	34.80
300,000	8.19	22.93	9.34	26.12	9.87	27.62
400,000	4.82	14.88	5.49	16.95	5.80	17.93
500,000	2.95	9.73	3.36	11.09	3.56	11.73
AREA D						
\$ 5,000	265.72	458.85	302.74	522.79	320.14	552.84
10,000	194.73	342.54	221.87	390.27	234.62	412.70
15,000	159.82	289.02	182.09	329.29	192.56	348.22
20,000	128.94	240.36	146.90	273.85	155.35	289.59
25,000	110.15	210.06	125.49	239.33	132.71	253.08
30,000	96.09	185.17	109.47	210.98	115.77	223.10
40,000	76.24	152.21	86.86	173.42	91.85	183.39
50,000	63.97	129.19	72.89	147.19	77.08	155.65
60,000	55.85	114.28	63.64	130.21	67.29	137.69
75,000	46.32	97.00	52.78	110.51	55.81	116.86
100,000	35.21	77.46	40.12	88.25	42.42	93.33
125,000	27.89	64.83	31.78	73.86	33.61	78.10
150,000	22.90	54.71	26.09	62.33	27.59	65.91
200,000	16.33	41.38	18.60	47.15	19.67	49.86
250,000	11.88	31.68	13.53	36.10	14.31	38.17
300,000	9.10	25.47	10.37	29.02	10.97	30.68
400,000	5.42	16.74	6.17	19.07	6.53	20.17
500,000	3.33	10.97	3.79	12.49	4.01	13.21

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
\$ 5,000	285.10	492.33	324.83	560.94	343.50	593.17
10,000	211.21	371.52	240.64	423.29	254.47	447.61
15,000	173.34	313.47	197.50	357.15	208.85	377.67
20,000	141.38	263.55	161.08	300.28	170.34	317.54
25,000	120.78	230.33	137.60	262.42	145.51	277.50
30,000	105.36	203.04	120.04	231.33	126.94	244.63
40,000	84.52	168.75	96.30	192.27	101.83	203.32
50,000	70.92	143.23	80.81	163.19	85.45	172.56
60,000	61.92	126.70	70.55	144.35	74.61	152.65
75,000	51.36	107.54	58.51	122.52	61.87	129.56
100,000	39.48	86.84	44.98	98.94	47.56	104.63
125,000	31.27	72.67	35.63	82.80	37.67	87.56
150,000	25.67	61.33	29.25	69.88	30.93	73.89
200,000	18.31	46.39	20.86	52.86	22.05	55.89
250,000	13.47	35.92	15.34	40.93	16.23	43.28
300,000	10.32	28.87	11.76	32.90	12.43	34.79
400,000	6.14	18.98	7.00	21.62	7.40	22.86
500,000	3.82	12.58	4.35	14.33	4.60	15.15
AREA F						
\$ 5,000	307.34	530.74	350.17	604.69	370.29	639.44
10,000	229.80	404.21	261.82	460.54	276.86	487.00
15,000	188.60	341.06	214.88	388.58	227.23	410.91
20,000	155.23	289.38	176.86	329.71	187.03	348.65
25,000	132.61	252.90	151.09	288.14	159.77	304.70
30,000	115.68	222.94	131.80	254.00	139.38	268.60
40,000	93.65	186.98	106.70	213.03	112.83	225.27
50,000	78.58	158.70	89.53	180.81	94.68	191.20
60,000	68.61	140.38	78.17	159.94	82.66	169.14
75,000	57.42	120.23	65.42	136.98	69.18	144.85
100,000	44.13	97.09	50.28	110.61	53.17	116.97
125,000	34.96	81.25	39.83	92.57	42.12	97.89
150,000	28.70	68.57	32.70	78.12	34.58	82.61
200,000	20.47	51.87	23.32	59.09	24.66	62.49
250,000	15.06	40.16	17.16	45.76	18.14	48.39
300,000	11.54	32.28	13.14	36.78	13.90	38.89
400,000	6.87	21.22	7.82	24.17	8.27	25.56
500,000	4.27	14.06	4.86	16.02	5.14	16.94

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
\$ 5,000	329.01	568.15	374.85	647.32	396.40	684.52
10,000	247.96	436.16	282.51	496.94	298.75	525.50
15,000	205.24	371.15	233.84	422.86	247.28	447.17
20,000	167.39	312.05	190.72	355.53	201.68	375.96
25,000	144.21	275.01	164.30	313.33	173.74	331.34
30,000	125.80	242.43	143.32	276.21	151.56	292.08
40,000	101.76	203.18	115.94	231.49	122.60	244.79
50,000	86.10	173.88	98.10	198.11	103.74	209.49
60,000	75.17	153.81	85.65	175.25	90.57	185.32
75,000	62.86	131.62	71.62	149.96	75.73	158.58
100,000	48.32	106.29	55.05	121.10	58.21	128.06
125,000	38.27	88.95	43.61	101.35	46.11	107.17
150,000	31.43	75.07	35.80	85.53	37.86	90.44
200,000	22.41	56.78	25.53	64.70	26.99	68.41
250,000	16.49	43.97	18.78	50.09	19.86	52.97
300,000	12.63	35.34	14.39	40.27	15.22	42.58
400,000	7.52	23.23	8.57	26.47	9.06	27.99
500,000	4.67	15.39	5.32	17.54	5.63	18.55
AREA H						
\$ 5,000	350.68	605.57	399.54	689.95	422.50	729.60
10,000	270.35	475.55	308.02	541.81	325.72	572.95
15,000	223.61	404.38	254.77	460.72	269.41	487.20
20,000	182.38	339.99	207.79	387.36	219.73	409.62
25,000	157.01	299.42	178.89	341.15	189.17	360.75
30,000	138.02	265.98	157.25	303.05	166.29	320.46
40,000	111.57	222.75	127.11	253.79	134.42	268.38
50,000	95.04	191.93	108.28	218.67	114.50	231.24
60,000	82.98	169.78	94.54	193.43	99.97	204.55
75,000	69.33	145.17	78.99	165.40	83.53	174.91
100,000	53.29	117.23	60.72	133.57	64.21	141.24
125,000	42.21	98.11	48.10	111.78	50.86	118.20
150,000	34.66	82.80	39.49	94.33	41.76	99.75
200,000	24.90	63.09	28.36	71.88	29.99	76.02
250,000	18.32	48.85	20.87	55.66	22.07	58.86
300,000	14.03	39.27	15.99	44.74	16.91	47.31
400,000	8.41	26.00	9.59	29.62	10.14	31.32
500,000	5.23	17.23	5.96	19.63	6.30	20.76

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREAS I & J						
\$ 5,000	368.92	637.08	420.33	725.85	444.49	767.57
10,000	285.98	503.04	325.83	573.13	344.55	606.07
15,000	236.44	427.57	269.39	487.15	284.87	515.15
20,000	192.84	359.49	219.71	409.58	232.34	433.12
25,000	165.94	316.47	189.07	360.56	199.93	381.29
30,000	145.81	281.01	166.13	320.16	175.68	338.56
40,000	118.66	236.93	135.20	269.94	142.97	285.45
50,000	100.99	203.96	115.07	232.38	121.68	245.73
60,000	88.18	180.42	100.47	205.56	106.24	217.37
75,000	73.64	154.21	83.91	175.69	88.73	185.79
100,000	57.00	125.40	64.95	142.87	68.68	151.08
125,000	45.15	104.94	51.45	119.56	54.40	126.44
150,000	37.07	88.56	42.24	100.90	44.67	106.70
200,000	26.62	67.45	30.32	76.85	32.07	81.27
250,000	19.58	52.23	22.31	59.51	23.59	62.93
300,000	15.11	42.27	17.21	48.16	18.20	50.93
400,000	8.99	27.78	10.24	31.65	10.83	33.47
500,000	5.62	18.54	6.41	21.12	6.78	22.33
AREAS K & L						
\$ 5,000	394.01	680.40	448.92	775.21	474.72	819.76
10,000	308.79	543.16	351.81	618.85	372.03	654.41
15,000	255.16	461.43	290.72	525.72	307.42	555.94
20,000	210.94	393.22	240.33	448.02	254.14	473.76
25,000	181.40	345.95	206.68	394.15	218.56	416.81
30,000	160.35	309.03	182.70	352.09	193.20	372.32
40,000	131.17	261.90	149.45	298.40	158.04	315.55
50,000	112.20	226.59	127.83	258.16	135.18	273.00
60,000	97.96	200.44	111.61	228.37	118.03	241.49
75,000	81.76	171.20	93.15	195.05	98.50	206.26
100,000	63.24	139.12	72.05	158.50	76.19	167.61
125,000	50.09	116.42	57.07	132.65	60.35	140.27
150,000	41.39	98.86	47.15	112.64	49.86	119.11
200,000	29.51	74.78	33.62	85.20	35.55	90.10
250,000	21.85	58.26	24.89	66.38	26.32	70.20
300,000	16.84	47.12	19.19	53.69	20.29	56.78
400,000	10.09	31.16	11.49	35.50	12.15	37.54
500,000	6.30	20.77	7.18	23.67	7.59	25.03

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
\$ 5,000	419.10	723.73	477.50	824.57	504.94	871.96
10,000	331.60	583.29	377.80	664.56	399.52	702.76
15,000	275.62	498.42	314.02	567.87	332.07	600.50
20,000	226.21	421.69	257.72	480.45	272.54	508.06
25,000	195.66	373.13	222.92	425.12	235.73	449.55
30,000	172.78	332.99	196.86	379.39	208.17	401.19
40,000	141.99	283.50	161.78	323.01	171.07	341.57
50,000	121.99	246.35	138.99	280.68	146.97	296.81
60,000	107.13	219.19	122.05	249.73	129.07	264.09
75,000	89.36	187.11	101.81	213.18	107.66	225.44
100,000	69.08	151.97	78.71	173.14	83.23	183.10
125,000	54.72	127.18	62.35	144.90	65.93	153.23
150,000	45.19	107.94	51.48	122.98	54.44	130.05
200,000	32.40	82.11	36.91	93.55	39.04	98.93
250,000	23.84	63.58	27.16	72.44	28.72	76.60
300,000	18.37	51.40	20.93	58.56	22.13	61.92
400,000	11.06	34.16	12.60	38.92	13.32	41.16
500,000	6.91	22.76	7.87	25.93	8.32	27.42
AREA N						
\$ 5,000	439.06	758.19	500.24	863.84	528.99	913.49
10,000	348.50	613.01	397.05	698.43	419.87	738.56
15,000	289.48	523.49	329.82	596.44	348.78	630.72
20,000	238.93	445.41	272.22	507.47	287.87	536.64
25,000	206.53	393.86	235.30	448.74	248.83	474.53
30,000	182.27	351.26	207.66	400.20	219.60	423.21
40,000	150.44	300.38	171.41	342.23	181.26	361.90
50,000	129.08	260.68	147.07	297.00	155.52	314.07
60,000	113.32	231.86	129.11	264.17	136.53	279.35
75,000	94.49	197.87	107.66	225.44	113.85	238.39
100,000	73.03	160.65	83.21	183.04	87.99	193.56
125,000	57.85	134.45	65.91	153.18	69.70	161.98
150,000	47.75	114.07	54.41	129.97	57.53	137.44
200,000	34.23	86.75	39.00	98.84	41.24	104.52
250,000	25.32	67.53	28.85	76.94	30.51	81.36
300,000	19.50	54.57	22.22	62.18	23.50	65.75
400,000	11.67	36.06	13.30	41.08	14.06	43.44
500,000	7.33	24.14	8.35	27.51	8.83	29.09

TYPE II – Underwritten New Business or Renewal Actively at Work Waived

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE II – Underwritten New Business or Renewal –****Actively at Work Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
\$ 5,000	233.04	402.43	280.77	484.85	280.77	484.85
10,000	163.46	287.52	196.94	346.41	196.94	346.41
15,000	134.15	242.60	161.63	292.29	161.63	292.29
20,000	107.88	201.10	129.97	242.29	129.97	242.29
25,000	92.16	175.75	111.03	211.75	111.03	211.75
30,000	79.25	152.72	95.48	184.00	95.48	184.00
40,000	62.65	125.10	75.49	150.72	75.49	150.72
50,000	51.80	104.62	62.42	126.05	62.42	126.05
60,000	45.23	92.55	54.49	111.50	54.49	111.50
75,000	36.95	77.38	44.52	93.23	44.52	93.23
100,000	27.98	61.54	33.71	74.15	33.71	74.15
125,000	22.16	51.50	26.70	62.05	26.70	62.05
150,000	17.92	42.80	21.59	51.56	21.59	51.56
200,000	12.77	32.37	15.39	39.00	15.39	39.00
250,000	9.25	24.68	11.15	29.73	11.15	29.73
300,000	7.09	19.84	8.54	23.90	8.54	23.90
400,000	4.09	12.62	4.92	15.21	4.92	15.21
500,000	2.50	8.23	3.01	9.91	3.01	9.91

AREA B

\$ 5,000	253.49	437.75	305.42	527.41	305.42	527.41
10,000	180.91	318.22	217.96	383.39	217.96	383.39
15,000	148.47	268.49	178.88	323.49	178.88	323.49
20,000	119.56	222.88	144.04	268.52	144.04	268.52
25,000	102.13	194.78	123.05	234.67	123.05	234.67
30,000	89.09	171.70	107.34	206.87	107.34	206.87
40,000	70.56	140.87	85.01	169.72	85.01	169.72
50,000	58.43	118.01	70.40	142.18	70.40	142.18
60,000	51.02	104.39	61.47	125.77	61.47	125.77
75,000	41.75	87.43	50.31	105.34	50.31	105.34
100,000	31.67	69.66	38.15	83.93	38.15	83.93
125,000	25.08	58.30	30.22	70.24	30.22	70.24
150,000	20.60	49.20	24.81	59.27	24.81	59.27
200,000	14.49	36.71	17.45	44.23	17.45	44.23
250,000	10.66	28.42	12.84	34.25	12.84	34.25
300,000	8.05	22.53	9.70	27.15	9.70	27.15
400,000	4.73	14.60	5.69	17.60	5.69	17.60
500,000	2.89	9.54	3.49	11.50	3.49	11.50

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
\$ 5,000	270.85	467.72	326.32	563.51	326.32	563.51
10,000	196.06	344.87	236.21	415.50	236.21	415.50
15,000	160.91	290.98	193.86	350.58	193.86	350.58
20,000	129.70	241.78	156.26	291.30	156.26	291.30
25,000	110.80	211.30	133.49	254.58	133.49	254.58
30,000	96.65	186.27	116.45	224.42	116.45	224.42
40,000	76.62	152.98	92.31	184.31	92.31	184.31
50,000	63.52	128.28	76.53	154.56	76.53	154.56
60,000	55.46	113.48	66.82	136.72	66.82	136.72
75,000	46.00	96.31	55.42	116.04	55.42	116.04
100,000	34.93	76.83	42.08	92.57	42.08	92.57
125,000	27.67	64.30	33.33	77.47	33.33	77.47
150,000	22.72	54.26	27.37	65.38	27.37	65.38
200,000	16.00	40.54	19.27	48.85	19.27	48.85
250,000	11.77	31.39	14.18	37.82	14.18	37.82
300,000	8.91	24.92	10.73	30.02	10.73	30.02
400,000	5.23	16.17	6.31	19.48	6.31	19.48
500,000	3.21	10.58	3.87	12.75	3.87	12.75
AREA D						
\$ 5,000	288.82	498.76	347.98	600.91	347.98	600.91
10,000	211.67	372.33	255.02	448.59	255.02	448.59
15,000	173.72	314.15	209.30	378.50	209.30	378.50
20,000	140.15	261.26	168.85	314.77	168.85	314.77
25,000	119.72	228.32	144.25	275.09	144.25	275.09
30,000	104.44	201.28	125.83	242.50	125.83	242.50
40,000	82.87	165.45	99.84	199.34	99.84	199.34
50,000	69.54	140.43	83.78	169.19	83.78	169.19
60,000	60.71	124.22	73.15	149.66	73.15	149.66
75,000	50.35	105.43	60.66	127.03	60.66	127.03
100,000	38.27	84.20	46.11	101.44	46.11	101.44
125,000	30.32	70.46	36.53	84.89	36.53	84.89
150,000	24.89	59.46	29.99	71.64	29.99	71.64
200,000	17.75	44.98	21.38	54.19	21.38	54.19
250,000	12.91	34.44	15.56	41.49	15.56	41.49
300,000	9.89	27.68	11.92	33.35	11.92	33.35
400,000	5.89	18.19	7.09	21.92	7.09	21.92
500,000	3.62	11.92	4.36	14.36	4.36	14.36

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
\$ 5,000	309.90	535.15	373.37	644.75	373.37	644.75
10,000	229.58	403.83	276.60	486.54	276.60	486.54
15,000	188.42	340.73	227.01	410.52	227.01	410.52
20,000	153.67	286.47	185.15	345.15	185.15	345.15
25,000	131.28	250.35	158.17	301.63	158.17	301.63
30,000	114.52	220.70	137.97	265.90	137.97	265.90
40,000	91.87	183.43	110.69	220.99	110.69	220.99
50,000	77.09	155.68	92.88	187.57	92.88	187.57
60,000	67.31	137.72	81.09	165.92	81.09	165.92
75,000	55.82	116.89	67.25	140.83	67.25	140.83
100,000	42.91	94.39	51.70	113.72	51.70	113.72
125,000	33.99	78.99	40.95	95.17	40.95	95.17
150,000	27.91	66.66	33.62	80.32	33.62	80.32
200,000	19.90	50.43	23.97	60.75	23.97	60.75
250,000	14.64	39.05	17.64	47.04	17.64	47.04
300,000	11.22	31.39	13.51	37.81	13.51	37.81
400,000	6.68	20.63	8.04	24.85	8.04	24.85
500,000	4.15	13.67	5.00	16.47	5.00	16.47
AREA F						
\$ 5,000	334.07	576.89	402.49	695.04	402.49	695.04
10,000	249.78	439.36	300.94	529.35	300.94	529.35
15,000	205.00	370.71	246.98	446.64	246.98	446.64
20,000	168.73	314.55	203.29	378.97	203.29	378.97
25,000	144.14	274.89	173.67	331.19	173.67	331.19
30,000	125.74	242.32	151.49	291.96	151.49	291.96
40,000	101.79	203.24	122.64	244.86	122.64	244.86
50,000	85.42	172.50	102.91	207.83	102.91	207.83
60,000	74.58	152.59	89.85	183.84	89.85	183.84
75,000	62.41	130.68	75.19	157.45	75.19	157.45
100,000	47.97	105.53	57.80	127.14	57.80	127.14
125,000	38.00	88.31	45.78	106.40	45.78	106.40
150,000	31.20	74.53	37.59	89.79	37.59	89.79
200,000	22.24	56.38	26.80	67.92	26.80	67.92
250,000	16.37	43.65	19.72	52.59	19.72	52.59
300,000	12.54	35.09	15.11	42.28	15.11	42.28
400,000	7.46	23.06	8.99	27.79	8.99	27.79
500,000	4.64	15.28	5.59	18.41	5.59	18.41

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
\$ 5,000	357.62	617.56	430.87	744.05	430.87	744.05
10,000	269.52	474.09	324.72	571.20	324.72	571.20
15,000	223.09	403.42	268.78	486.05	268.78	486.05
20,000	181.95	339.18	219.21	408.65	219.21	408.65
25,000	156.75	298.92	188.85	360.15	188.85	360.15
30,000	136.73	263.51	164.74	317.48	164.74	317.48
40,000	110.61	220.84	133.26	266.08	133.26	266.08
50,000	93.59	189.00	112.76	227.71	112.76	227.71
60,000	81.71	167.19	98.45	201.43	98.45	201.43
75,000	68.33	143.07	82.32	172.37	82.32	172.37
100,000	52.52	115.53	63.28	139.20	63.28	139.20
125,000	41.60	96.69	50.12	116.49	50.12	116.49
150,000	34.16	81.60	41.15	98.31	41.15	98.31
200,000	24.35	61.72	29.34	74.36	29.34	74.36
250,000	17.92	47.79	21.59	57.58	21.59	57.58
300,000	13.73	38.42	16.54	46.28	16.54	46.28
400,000	8.17	25.25	9.85	30.42	9.85	30.42
500,000	5.08	16.73	6.12	20.16	6.12	20.16
AREA H						
\$ 5,000	381.17	658.23	459.24	793.05	459.24	793.05
10,000	293.86	516.90	354.04	622.77	354.04	622.77
15,000	243.06	439.54	292.84	529.57	292.84	529.57
20,000	198.24	369.55	238.84	445.24	238.84	445.24
25,000	170.66	325.46	205.61	392.12	205.61	392.12
30,000	150.02	289.11	180.74	348.33	180.74	348.33
40,000	121.27	242.12	146.10	291.71	146.10	291.71
50,000	103.30	208.62	124.46	251.34	124.46	251.34
60,000	90.19	184.54	108.67	222.34	108.67	222.34
75,000	75.36	157.80	90.79	190.12	90.79	190.12
100,000	57.93	127.43	69.79	153.53	69.79	153.53
125,000	45.89	106.64	55.28	128.48	55.28	128.48
150,000	37.67	90.00	45.39	108.43	45.39	108.43
200,000	27.06	68.58	32.60	82.63	32.60	82.63
250,000	19.91	53.10	23.99	63.98	23.99	63.98
300,000	15.25	42.68	18.38	51.43	18.38	51.43
400,000	9.15	28.26	11.02	34.05	11.02	34.05
500,000	5.68	18.73	6.85	22.56	6.85	22.56

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREAS I & J						
\$ 5,000	401.01	692.48	483.14	834.31	483.14	834.31
10,000	310.84	546.78	374.51	658.77	374.51	658.77
15,000	257.00	464.75	309.64	559.94	309.64	559.94
20,000	209.61	390.75	252.54	470.78	252.54	470.78
25,000	180.37	343.99	217.32	414.44	217.32	414.44
30,000	158.49	305.44	190.95	368.00	190.95	368.00
40,000	128.98	257.53	155.40	310.28	155.40	310.28
50,000	109.78	221.69	132.26	267.10	132.26	267.10
60,000	95.85	196.11	115.48	236.28	115.48	236.28
75,000	80.05	167.62	96.44	201.95	96.44	201.95
100,000	61.96	136.30	74.65	164.22	74.65	164.22
125,000	49.08	114.07	59.13	137.43	59.13	137.43
150,000	40.30	96.26	48.55	115.98	48.55	115.98
200,000	28.93	73.32	34.86	88.34	34.86	88.34
250,000	21.29	56.77	25.65	68.40	25.65	68.40
300,000	16.42	45.95	19.78	55.36	19.78	55.36
400,000	9.77	30.20	11.78	36.38	11.78	36.38
500,000	6.11	20.15	7.37	24.27	7.37	24.27
AREAS K & L						
\$ 5,000	428.28	739.57	516.00	891.05	516.00	891.05
10,000	335.64	590.39	404.38	711.32	404.38	711.32
15,000	277.35	501.55	334.16	604.28	334.16	604.28
20,000	229.28	427.42	276.24	514.96	276.24	514.96
25,000	197.18	376.03	237.56	453.05	237.56	453.05
30,000	174.30	335.90	210.00	404.70	210.00	404.70
40,000	142.58	284.68	171.78	342.98	171.78	342.98
50,000	121.96	246.29	146.94	296.74	146.94	296.74
60,000	106.48	217.87	128.29	262.49	128.29	262.49
75,000	88.87	186.08	107.07	224.20	107.07	224.20
100,000	68.74	151.21	82.82	182.19	82.82	182.19
125,000	54.45	126.55	65.60	152.47	65.60	152.47
150,000	44.99	107.46	54.20	129.47	54.20	129.47
200,000	32.07	81.29	38.64	97.94	38.64	97.94
250,000	23.75	63.33	28.61	76.30	28.61	76.30
300,000	18.31	51.22	22.05	61.71	22.05	61.71
400,000	10.96	33.87	13.21	40.81	13.21	40.81
500,000	6.85	22.58	8.25	27.21	8.25	27.21

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
\$ 5,000	455.55	786.66	548.85	947.79	548.85	947.79
10,000	360.43	634.01	434.26	763.86	434.26	763.86
15,000	299.58	541.76	360.94	652.72	360.94	652.72
20,000	245.88	458.36	296.24	552.24	296.24	552.24
25,000	212.67	405.57	256.23	488.64	256.23	488.64
30,000	187.81	361.94	226.28	436.07	226.28	436.07
40,000	154.34	308.16	185.95	371.27	185.95	371.27
50,000	132.60	267.77	159.75	322.62	159.75	322.62
60,000	116.44	238.25	140.29	287.05	140.29	287.05
75,000	97.13	203.38	117.02	245.04	117.02	245.04
100,000	75.09	165.18	90.47	199.02	90.47	199.02
125,000	59.48	138.24	71.66	166.55	71.66	166.55
150,000	49.12	117.33	59.18	141.36	59.18	141.36
200,000	35.22	89.25	42.43	107.53	42.43	107.53
250,000	25.91	69.11	31.22	83.27	31.22	83.27
300,000	19.97	55.87	24.05	67.31	24.05	67.31
400,000	12.02	37.13	14.48	44.74	14.48	44.74
500,000	7.51	24.74	9.04	29.81	9.04	29.81
AREA N						
\$ 5,000	477.24	824.12	574.99	992.92	574.99	992.92
10,000	378.80	666.31	456.38	802.79	456.38	802.79
15,000	314.66	569.02	379.10	685.56	379.10	685.56
20,000	259.71	484.14	312.90	583.30	312.90	583.30
25,000	224.48	428.11	270.46	515.79	270.46	515.79
30,000	198.12	381.80	238.69	460.01	238.69	460.01
40,000	163.53	326.50	197.02	393.37	197.02	393.37
50,000	140.30	283.34	169.04	341.38	169.04	341.38
60,000	123.17	252.02	148.40	303.64	148.40	303.64
75,000	102.71	215.07	123.75	259.12	123.75	259.12
100,000	79.38	174.62	95.64	210.39	95.64	210.39
125,000	62.88	146.14	75.76	176.07	75.76	176.07
150,000	51.91	123.99	62.54	149.39	62.54	149.39
200,000	37.21	94.30	44.83	113.61	44.83	113.61
250,000	27.52	73.41	33.16	88.44	33.16	88.44
300,000	21.20	59.32	25.54	71.47	25.54	71.47
400,000	12.68	39.19	15.28	47.22	15.28	47.22
500,000	7.96	26.24	9.59	31.62	9.59	31.62

TYPE III – Automatic Renewal Actively at Work Provision Not Applicable

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Not Applicable, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
\$ 5,000	259.22	447.64	306.07	528.54	312.32	539.33
10,000	181.82	319.83	214.68	377.63	219.06	385.33
15,000	149.22	269.85	176.19	318.62	179.79	325.12
20,000	122.73	228.79	144.91	270.13	147.86	275.65
25,000	107.16	204.36	126.52	241.29	129.11	246.22
30,000	94.23	181.60	111.26	214.41	113.53	218.79
40,000	76.13	152.00	89.89	179.47	91.72	183.13
50,000	64.27	129.80	75.89	153.26	77.44	156.39
60,000	56.12	114.82	66.26	135.57	67.61	138.34
75,000	46.78	97.95	55.23	115.65	56.36	118.01
100,000	35.41	77.90	41.81	91.98	42.67	93.86
125,000	28.05	65.19	33.12	76.98	33.80	78.55
150,000	22.68	54.17	26.78	63.97	27.32	65.27
200,000	16.17	40.98	19.09	48.38	19.48	49.37
250,000	11.71	31.24	13.83	36.88	14.11	37.63
300,000	8.97	25.11	10.60	29.65	10.81	30.25
400,000	5.17	15.98	6.11	18.87	6.23	19.25
500,000	3.16	10.42	3.73	12.30	3.81	12.55

AREA B

\$ 5,000	281.97	486.93	332.93	574.93	339.73	586.66
10,000	201.23	353.97	237.60	417.94	242.45	426.46
15,000	165.15	298.66	195.00	352.63	198.98	359.83
20,000	136.01	253.56	160.60	299.38	163.87	305.49
25,000	118.76	226.48	140.22	267.41	143.08	272.87
30,000	105.94	204.16	125.08	241.06	127.64	245.98
40,000	85.73	171.17	101.22	202.10	103.29	206.23
50,000	72.50	146.41	85.60	172.87	87.35	176.40
60,000	63.30	129.52	74.74	152.92	76.26	156.04
75,000	52.85	110.67	62.41	130.67	63.68	133.34
100,000	40.08	88.18	47.33	104.11	48.29	106.24
125,000	31.75	73.79	37.49	87.13	38.26	88.91
150,000	26.07	62.28	30.78	73.53	31.41	75.03
200,000	18.34	46.47	21.65	54.87	22.09	55.99
250,000	13.49	35.98	15.93	42.48	16.25	43.35
300,000	10.19	28.53	12.04	33.68	12.28	34.37
400,000	5.98	18.49	7.06	21.83	7.21	22.27
500,000	3.66	12.08	4.33	14.26	4.42	14.55

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Not Applicable, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
\$ 5,000	301.28	520.26	355.73	614.29	362.99	626.82
10,000	218.08	383.61	257.50	452.94	262.75	462.18
15,000	178.99	323.67	211.33	382.17	215.64	389.97
20,000	147.55	275.07	174.22	324.78	177.77	331.40
25,000	128.83	245.70	152.12	290.10	155.22	296.02
30,000	114.93	221.48	135.70	261.51	138.47	266.85
40,000	93.10	185.88	109.92	219.47	112.16	223.95
50,000	78.81	159.16	93.06	187.92	94.95	191.76
60,000	68.81	140.79	81.25	166.24	82.90	169.63
75,000	58.22	121.92	68.75	143.95	70.15	146.89
100,000	44.21	97.26	52.20	114.84	53.27	117.18
125,000	35.02	81.39	41.35	96.10	42.19	98.06
150,000	28.75	68.69	33.95	81.10	34.64	82.76
200,000	20.25	51.32	23.91	60.59	24.40	61.83
250,000	14.90	39.74	17.59	46.92	17.95	47.88
300,000	11.27	31.54	13.31	37.25	13.58	38.01
400,000	6.63	20.47	7.82	24.17	7.98	24.66
500,000	4.06	13.39	4.80	15.81	4.90	16.14
AREA D						
\$ 5,000	321.27	554.79	379.33	655.05	387.07	668.42
10,000	235.45	414.16	278.00	489.01	283.67	498.99
15,000	193.24	349.45	228.16	412.60	232.82	421.02
20,000	159.44	297.23	188.26	350.94	192.10	358.11
25,000	139.21	265.49	164.37	313.47	167.73	319.87
30,000	124.19	239.33	146.63	282.58	149.62	288.35
40,000	100.69	201.03	118.88	237.36	121.31	242.21
50,000	86.27	174.23	101.86	205.71	103.94	209.91
60,000	75.32	154.12	88.94	181.97	90.75	185.69
75,000	63.74	133.46	75.25	157.58	76.79	160.79
100,000	48.45	106.58	57.20	125.84	58.37	128.41
125,000	38.38	89.19	45.31	105.31	46.24	107.46
150,000	31.51	75.27	37.20	88.87	37.96	90.69
200,000	22.47	56.94	26.53	67.23	27.07	68.60
250,000	16.34	43.59	19.30	51.47	19.69	52.52
300,000	12.52	35.04	14.79	41.37	15.09	42.22
400,000	7.45	23.03	8.80	27.19	8.98	27.75
500,000	4.58	15.09	5.41	17.81	5.52	18.18

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Not Applicable, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
\$ 5,000	344.71	595.27	407.01	702.85	415.32	717.19
10,000	255.37	449.20	301.52	530.37	307.67	541.20
15,000	209.58	379.01	247.46	447.50	252.51	456.64
20,000	174.83	325.91	206.42	384.81	210.63	392.66
25,000	152.65	291.11	180.23	343.72	183.91	350.73
30,000	136.17	262.42	160.78	309.85	164.06	316.17
40,000	111.63	222.87	131.80	263.15	134.49	268.52
50,000	95.65	193.16	112.93	228.06	115.24	232.72
60,000	83.51	170.87	98.60	201.74	100.61	205.86
75,000	70.66	147.96	83.43	174.70	85.13	178.26
100,000	54.31	119.48	64.13	141.07	65.44	143.95
125,000	43.02	99.99	50.80	118.06	51.84	120.47
150,000	35.32	84.38	41.71	99.63	42.56	101.67
200,000	25.19	63.83	29.74	75.37	30.34	76.90
250,000	18.53	49.42	21.88	58.36	22.33	59.55
300,000	14.20	39.73	16.76	46.91	17.11	47.87
400,000	8.45	26.11	9.98	30.83	10.18	31.46
500,000	5.25	17.30	6.20	20.43	6.33	20.85
AREA F						
\$ 5,000	371.60	641.70	438.76	757.67	447.71	773.13
10,000	277.84	488.72	328.05	577.05	334.75	588.82
15,000	228.03	412.36	269.24	486.88	274.73	496.82
20,000	191.96	357.85	226.65	422.52	231.28	431.14
25,000	167.61	319.64	197.90	377.40	201.94	385.11
30,000	149.51	288.14	176.53	340.21	180.14	347.16
40,000	123.68	246.95	146.03	291.57	149.01	297.52
50,000	105.98	214.02	125.13	252.69	127.68	257.85
60,000	92.53	189.32	109.25	223.53	111.48	228.09
75,000	79.00	165.42	93.27	195.31	95.18	199.30
100,000	60.72	133.58	71.70	157.72	73.16	160.94
125,000	48.10	111.79	56.79	131.99	57.95	134.69
150,000	39.49	94.34	46.63	111.39	47.58	113.66
200,000	28.16	71.36	33.25	84.26	33.93	85.98
250,000	20.72	55.26	24.46	65.24	24.96	66.57
300,000	15.87	44.42	18.74	52.44	19.12	53.51
400,000	9.45	29.19	11.16	34.47	11.38	35.17
500,000	5.87	19.34	6.93	22.84	7.07	23.31

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Not Applicable, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
\$ 5,000	397.80	686.94	469.69	811.08	479.27	827.64
10,000	299.80	527.36	353.98	622.66	361.21	635.37
15,000	248.15	448.75	292.99	529.84	298.97	540.66
20,000	206.99	385.87	244.40	455.61	249.39	464.91
25,000	182.26	347.58	215.20	410.40	219.59	418.78
30,000	162.59	313.33	191.97	369.96	195.89	377.51
40,000	134.40	268.34	158.69	316.84	161.93	323.30
50,000	116.11	234.49	137.10	276.87	139.90	282.52
60,000	101.38	207.43	119.70	244.92	122.14	249.92
75,000	86.49	181.10	102.12	213.83	104.20	218.19
100,000	66.48	146.25	78.50	172.68	80.10	176.20
125,000	52.66	122.39	62.18	144.51	63.45	147.46
150,000	43.24	103.29	51.05	121.95	52.09	124.44
200,000	30.83	78.13	36.40	92.25	37.14	94.13
250,000	22.68	60.50	26.78	71.43	27.33	72.89
300,000	17.38	48.63	20.52	57.42	20.94	58.59
400,000	10.34	31.96	12.21	37.74	12.46	38.51
500,000	6.43	21.18	7.59	25.01	7.74	25.52
AREA H						
\$ 5,000	424.00	732.18	500.62	864.50	510.84	882.14
10,000	326.87	574.97	385.94	678.88	393.82	692.73
15,000	270.36	488.92	319.23	577.28	325.74	589.06
20,000	225.53	420.42	266.28	496.40	271.72	506.53
25,000	198.44	378.44	234.31	446.84	239.09	455.95
30,000	178.38	343.77	210.62	405.90	214.92	414.18
40,000	147.35	294.19	173.98	347.36	177.53	354.45
50,000	128.17	258.83	151.33	305.60	154.42	311.84
60,000	111.90	228.96	132.12	270.34	134.82	275.85
75,000	95.39	199.74	112.63	235.84	114.93	240.65
100,000	73.32	161.30	86.58	190.45	88.34	194.34
125,000	58.08	134.99	68.58	159.38	69.98	162.64
150,000	47.69	113.92	56.31	134.51	57.46	137.25
200,000	34.25	86.81	40.44	102.50	41.27	104.59
250,000	25.20	67.22	29.76	79.36	30.36	80.98
300,000	19.31	54.03	22.80	63.80	23.26	65.10
400,000	11.58	35.77	13.67	42.24	13.95	43.10
500,000	7.19	23.70	8.49	27.99	8.67	28.56

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Not Applicable, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREAS I & J						
\$ 5,000	446.06	770.28	526.67	909.48	537.42	928.04
10,000	345.77	608.21	408.26	718.13	416.59	732.78
15,000	285.87	516.97	337.54	610.39	344.43	622.85
20,000	238.46	444.54	281.56	524.88	287.30	535.59
25,000	209.74	399.98	247.64	472.27	252.70	481.91
30,000	188.46	363.19	222.52	428.83	227.06	437.58
40,000	156.72	312.92	185.05	369.47	188.82	377.01
50,000	136.20	275.05	160.81	324.76	164.10	331.39
60,000	118.92	243.31	140.41	287.28	143.27	293.15
75,000	101.33	212.17	119.64	250.52	122.08	255.63
100,000	78.43	172.53	92.60	203.71	94.49	207.87
125,000	62.13	144.39	73.35	170.48	74.85	173.96
150,000	51.01	121.85	60.23	143.87	61.46	146.81
200,000	36.62	92.81	43.24	109.58	44.12	111.82
250,000	26.94	71.86	31.81	84.85	32.46	86.58
300,000	20.79	58.16	24.54	68.67	25.04	70.08
400,000	12.37	38.23	14.61	45.14	14.91	46.06
500,000	7.74	25.50	9.14	30.11	9.32	30.73

AREAS K & L

\$ 5,000	476.39	822.66	562.49	971.33	573.97	991.16
10,000	373.35	656.72	440.82	775.41	449.82	791.23
15,000	308.51	557.90	364.26	658.72	371.70	672.17
20,000	260.84	486.25	307.98	574.13	314.27	585.85
25,000	229.28	437.25	270.71	516.27	276.24	526.80
30,000	207.25	399.41	244.70	471.59	249.70	481.21
40,000	173.24	345.90	204.55	408.41	208.73	416.75
50,000	151.31	305.57	178.66	360.80	182.30	368.16
60,000	132.11	270.31	155.99	319.16	159.17	325.67
75,000	112.49	235.55	132.82	278.12	135.53	283.79
100,000	87.01	191.41	102.74	226.00	104.83	230.61
125,000	68.92	160.19	81.38	189.14	83.04	193.00
150,000	56.94	136.03	67.23	160.61	68.61	163.89
200,000	40.60	102.89	47.94	121.49	48.92	123.97
250,000	30.06	80.17	35.49	94.65	36.21	96.59
300,000	23.17	64.84	27.36	76.55	27.92	78.12
400,000	13.88	42.87	16.38	50.62	16.72	51.66
500,000	8.67	28.58	10.24	33.75	10.45	34.44

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Not Applicable, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
\$ 5,000	506.73	875.04	598.30	1033.18	610.51	1054.27
10,000	400.93	705.24	473.38	832.69	483.04	849.68
15,000	333.24	602.62	393.46	711.53	401.49	726.05
20,000	279.72	521.45	330.27	615.69	337.01	628.25
25,000	247.29	471.60	291.98	556.83	297.94	568.19
30,000	223.32	430.37	263.67	508.15	269.06	518.52
40,000	187.53	374.43	221.42	442.10	225.94	451.12
50,000	164.51	332.23	194.24	392.27	198.21	400.27
60,000	144.47	295.60	170.58	349.02	174.06	356.14
75,000	122.95	257.45	145.17	303.97	148.13	310.18
100,000	95.05	209.09	112.23	246.88	114.52	251.92
125,000	75.29	174.99	88.90	206.61	90.71	210.83
150,000	62.17	148.52	73.41	175.36	74.91	178.94
200,000	44.58	112.98	52.64	133.40	53.71	136.12
250,000	32.80	87.48	38.73	103.29	39.52	105.40
300,000	25.27	70.72	29.84	83.50	30.45	85.20
400,000	15.21	47.00	17.96	55.49	18.33	56.63
500,000	9.50	31.32	11.22	36.98	11.45	37.73
AREA N						
\$ 5,000	530.86	916.71	626.79	1082.38	639.59	1104.47
10,000	421.36	741.17	497.50	875.12	507.66	892.98
15,000	350.01	632.94	413.26	747.33	421.69	762.58
20,000	295.46	550.78	348.85	650.32	355.97	663.59
25,000	261.03	497.80	308.20	587.76	314.49	599.76
30,000	235.57	453.99	278.14	536.04	283.82	546.97
40,000	198.70	396.72	234.60	468.41	239.39	477.97
50,000	174.08	351.54	205.53	415.07	209.73	423.55
60,000	152.82	312.68	180.44	369.19	184.12	376.73
75,000	130.01	272.24	153.51	321.44	156.64	328.00
100,000	100.48	221.04	118.64	260.99	121.06	266.31
125,000	79.59	184.99	93.98	218.42	95.90	222.87
150,000	65.70	156.95	77.58	185.32	79.16	189.10
200,000	47.10	119.36	55.61	140.93	56.74	143.81
250,000	34.84	92.92	41.13	109.71	41.97	111.95
300,000	26.83	75.09	31.68	88.66	32.33	90.47
400,000	16.06	49.61	18.96	58.58	19.34	59.77
500,000	10.08	33.22	11.90	39.22	12.14	40.03

II.A. APPENDIX

This Appendix contains the full list of Line 1 tabular values. Tabular values for non-listed specific deductibles are obtained via linear interpolation.

TYPE I – Underwritten New Business Actively at Work Provision

Specific Stop Loss – Net Monthly Premium Rates – 2011

TYPE I – Underwritten New Business –

Actively at Work Provision, No Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
\$ 5,000	214.40	370.23	244.27	421.82	258.31	446.07
7,500	178.93	311.67	203.87	355.10	215.58	375.51
10,000	150.38	264.52	171.34	301.38	181.18	318.70
12,500	135.44	241.62	154.32	275.29	163.19	291.11
15,000	123.42	223.19	140.62	254.29	148.70	268.90
17,500	110.03	202.04	125.36	230.19	132.56	243.42
20,000	99.25	185.02	113.08	210.80	119.58	222.91
22,500	91.23	172.09	103.95	196.07	109.92	207.34
25,000	84.78	161.69	96.60	184.22	102.15	194.81
30,000	72.91	140.50	83.07	160.08	87.84	169.28
35,000	64.45	126.42	73.43	144.04	77.65	152.32
40,000	57.64	115.09	65.67	131.13	69.45	138.66
45,000	52.11	104.65	59.37	119.23	62.79	126.09
50,000	47.66	96.25	54.30	109.66	57.42	115.96
55,000	44.31	90.10	50.48	102.65	53.39	108.55
60,000	41.61	85.14	47.41	97.01	50.14	102.58
65,000	38.73	79.85	44.12	90.98	46.66	96.21
70,000	36.13	75.10	41.16	85.56	43.53	90.48
75,000	34.00	71.19	38.73	81.11	40.96	85.77
80,000	32.06	67.78	36.53	77.22	38.63	81.66
85,000	30.25	64.57	34.46	73.57	36.44	77.80
90,000	28.60	61.67	32.59	70.27	34.46	74.31
95,000	27.10	59.02	30.88	67.25	32.65	71.11
100,000	25.74	56.62	29.32	64.51	31.01	68.22
105,000	24.49	54.46	27.90	62.05	29.50	65.61
110,000	23.31	52.43	26.56	59.73	28.08	63.16
115,000	22.24	50.59	25.34	57.64	26.80	60.95
120,000	21.27	48.91	24.23	55.72	25.63	58.92
125,000	20.39	47.38	23.23	53.99	24.56	57.09
130,000	19.47	45.51	22.19	51.85	23.46	54.83
135,000	18.62	43.75	21.21	49.84	22.43	52.71
140,000	17.84	42.15	20.32	48.03	21.49	50.79
145,000	17.13	40.70	19.51	46.37	20.64	49.03
150,000	16.48	39.37	18.78	44.86	19.86	47.44
155,000	15.92	38.23	18.14	43.56	19.18	46.06
160,000	15.38	37.13	17.52	42.30	18.53	44.73
165,000	14.85	36.06	16.91	41.08	17.89	43.44
170,000	14.34	35.02	16.33	39.90	17.27	42.19

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
175,000	13.86	34.06	15.79	38.81	16.70	41.04
180,000	13.39	33.11	15.26	37.73	16.14	39.89
185,000	12.94	32.20	14.75	36.69	15.60	38.80
190,000	12.53	31.37	14.28	35.74	15.10	37.79
195,000	12.14	30.56	13.83	34.82	14.62	36.82
200,000	11.75	29.78	13.39	33.93	14.16	35.88
205,000	11.37	28.94	12.95	32.97	13.69	34.87
210,000	10.99	28.13	12.53	32.05	13.25	33.89
215,000	10.63	27.33	12.11	31.14	12.81	32.93
220,000	10.28	26.57	11.71	30.27	12.39	32.01
225,000	9.96	25.86	11.34	29.46	12.00	31.16
230,000	9.64	25.16	10.98	28.67	11.61	30.31
235,000	9.33	24.49	10.63	27.90	11.24	29.50
240,000	9.05	23.87	10.31	27.20	10.90	28.76
245,000	8.77	23.28	10.00	26.52	10.57	28.04
250,000	8.51	22.70	9.70	25.87	10.26	27.35
275,000	7.41	20.24	8.44	23.05	8.93	24.38
300,000	6.52	18.25	7.43	20.79	7.86	21.99
325,000	5.72	16.32	6.51	18.59	6.89	19.66
350,000	4.99	14.57	5.69	16.60	6.01	17.56
375,000	4.33	12.99	4.94	14.81	5.22	15.66
400,000	3.76	11.61	4.28	13.23	4.53	13.99
425,000	3.33	10.44	3.80	11.89	4.02	12.58
450,000	2.95	9.37	3.36	10.68	3.55	11.29
475,000	2.60	8.41	2.96	9.58	3.13	10.13
500,000	2.30	7.57	2.62	8.63	2.77	9.12
550,000	1.85	6.09	2.11	6.94	2.23	7.34
600,000	1.48	4.88	1.69	5.56	1.79	5.88
650,000	1.18	3.88	1.34	4.42	1.42	4.67
700,000	0.92	3.03	1.05	3.45	1.11	3.65
750,000	0.70	2.32	0.80	2.64	0.85	2.79
800,000	0.52	1.70	0.59	1.94	0.62	2.05
900,000	0.23	0.76	0.26	0.86	0.28	0.91

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA B						
\$ 5,000	233.22	402.73	265.71	458.85	280.98	485.22
7,500	196.22	341.80	223.56	389.43	236.41	411.81
10,000	166.43	292.76	189.62	333.55	200.52	352.72
12,500	149.90	267.42	170.79	304.68	180.61	322.19
15,000	136.59	247.01	155.63	281.43	164.57	297.61
17,500	121.86	223.76	138.84	254.94	146.82	269.59
20,000	109.99	205.05	125.32	233.62	132.52	247.04
22,500	101.11	190.72	115.20	217.30	121.82	229.79
25,000	93.96	179.19	107.06	204.16	113.21	215.90
30,000	81.97	157.97	93.39	179.98	98.76	190.32
35,000	72.52	142.25	82.62	162.07	87.37	171.39
40,000	64.91	129.60	73.96	147.66	78.21	156.15
45,000	58.73	117.95	66.92	134.38	70.76	142.11
50,000	53.76	108.57	61.25	123.69	64.77	130.80
55,000	49.98	101.63	56.94	115.79	60.22	122.44
60,000	46.94	96.04	53.48	109.42	56.55	115.71
65,000	43.71	90.13	49.80	102.68	52.66	108.58
70,000	40.80	84.81	46.49	96.62	49.16	102.18
75,000	38.41	80.44	43.77	91.64	46.28	96.91
80,000	36.24	76.61	41.29	87.29	43.67	92.30
85,000	34.20	73.01	38.97	83.19	41.21	87.97
90,000	32.35	69.76	36.86	79.48	38.98	84.05
95,000	30.66	66.79	34.94	76.09	36.95	80.46
100,000	29.13	64.09	33.19	73.02	35.10	77.21
105,000	27.72	61.64	31.58	70.23	33.39	74.27
110,000	26.38	59.34	30.06	67.61	31.79	71.50
115,000	25.18	57.26	28.69	65.24	30.34	68.99
120,000	24.08	55.36	27.43	63.07	29.01	66.70
125,000	23.08	53.63	26.29	61.11	27.80	64.62
130,000	22.11	51.67	25.19	58.87	26.64	62.26
135,000	21.20	49.83	24.16	56.78	25.55	60.04
140,000	20.38	48.17	23.22	54.88	24.55	58.03
145,000	19.63	46.64	22.36	53.14	23.65	56.20
150,000	18.95	45.26	21.59	51.57	22.83	54.53
155,000	18.28	43.89	20.83	50.01	22.02	52.89
160,000	17.63	42.57	20.09	48.51	21.24	51.29
165,000	17.00	41.29	19.37	47.04	20.49	49.74
170,000	16.40	40.05	18.68	45.63	19.75	48.25
175,000	15.83	38.90	18.04	44.32	19.08	46.86

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA B						
180,000	15.28	37.76	17.41	43.02	18.41	45.49
185,000	14.74	36.67	16.80	41.78	17.76	44.18
190,000	14.25	35.67	16.24	40.64	17.17	42.97
195,000	13.78	34.70	15.70	39.54	16.60	41.81
200,000	13.33	33.77	15.18	38.48	16.06	40.69
205,000	12.91	32.87	14.71	37.45	15.55	39.60
210,000	12.50	31.99	14.24	36.45	15.06	38.54
215,000	12.11	31.14	13.79	35.47	14.59	37.51
220,000	11.73	30.31	13.36	34.54	14.13	36.52
225,000	11.38	29.55	12.96	33.67	13.71	35.60
230,000	11.03	28.80	12.56	32.81	13.29	34.69
235,000	10.69	28.07	12.18	31.98	12.88	33.82
240,000	10.39	27.41	11.83	31.23	12.51	33.02
245,000	10.09	26.77	11.50	30.50	12.16	32.25
250,000	9.80	26.15	11.17	29.79	11.81	31.51
275,000	8.48	23.15	9.66	26.37	10.21	27.89
300,000	7.41	20.73	8.44	23.62	8.93	24.98
325,000	6.52	18.61	7.43	21.20	7.85	22.42
350,000	5.71	16.69	6.51	19.02	6.88	20.11
375,000	4.99	14.95	5.68	17.04	6.01	18.02
400,000	4.35	13.44	4.95	15.31	5.24	16.19
425,000	3.86	12.08	4.40	13.76	4.65	14.55
450,000	3.41	10.86	3.89	12.37	4.11	13.08
475,000	3.01	9.75	3.43	11.10	3.63	11.74
500,000	2.66	8.78	3.03	10.00	3.21	10.58
550,000	2.14	7.07	2.44	8.05	2.58	8.51
600,000	1.72	5.66	1.96	6.45	2.07	6.82
650,000	1.36	4.49	1.55	5.12	1.64	5.41
700,000	1.07	3.51	1.21	4.00	1.28	4.23
750,000	0.81	2.69	0.93	3.06	0.98	3.24
800,000	0.60	1.97	0.68	2.25	0.72	2.38
900,000	0.27	0.88	0.30	1.00	0.32	1.06

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
\$ 5,000	249.18	430.30	283.90	490.26	300.22	518.43
7,500	211.06	367.69	240.47	418.92	254.29	442.99
10,000	180.37	317.28	205.51	361.49	217.32	382.26
12,500	162.46	289.81	185.09	330.20	195.73	349.17
15,000	148.04	267.70	168.66	305.00	178.36	322.53
17,500	132.13	242.63	150.54	276.44	159.19	292.32
20,000	119.32	222.44	135.95	253.43	143.76	268.00
22,500	109.69	206.90	124.97	235.73	132.16	249.28
25,000	101.93	194.39	116.14	221.48	122.81	234.21
30,000	88.92	171.37	101.31	195.24	107.13	206.47
35,000	78.71	154.40	89.68	175.91	94.83	186.02
40,000	70.49	140.74	80.31	160.35	84.93	169.57
45,000	63.81	128.15	72.71	146.01	76.88	154.40
50,000	58.44	118.02	66.58	134.47	70.41	142.19
55,000	54.33	110.48	61.90	125.87	65.46	133.10
60,000	51.02	104.40	58.13	118.95	61.48	125.78
65,000	47.72	98.42	54.37	112.13	57.50	118.57
70,000	44.76	93.03	50.99	105.99	53.92	112.09
75,000	42.32	88.61	48.21	100.96	50.98	106.76
80,000	39.93	84.42	45.50	96.18	48.11	101.71
85,000	37.69	80.47	42.95	91.69	45.41	96.96
90,000	35.67	76.91	40.64	87.62	42.97	92.66
95,000	33.81	73.64	38.53	83.91	40.74	88.73
100,000	32.13	70.69	36.61	80.54	38.71	85.17
105,000	30.57	67.99	34.83	77.46	36.83	81.91
110,000	29.10	65.45	33.16	74.57	35.06	78.86
115,000	27.77	63.16	31.64	71.96	33.46	76.09
120,000	26.56	61.06	30.26	69.57	32.00	73.57
125,000	25.45	59.16	29.00	67.40	30.67	71.27
130,000	24.39	57.00	27.79	64.94	29.38	68.67
135,000	23.39	54.96	26.64	62.62	28.18	66.22
140,000	22.48	53.13	25.61	60.53	27.08	64.01
145,000	21.65	51.45	24.67	58.62	26.08	61.98
150,000	20.90	49.92	23.81	56.88	25.18	60.15
155,000	20.16	48.42	22.97	55.17	24.29	58.34
160,000	19.45	46.97	22.16	53.51	23.44	56.59
165,000	18.76	45.56	21.37	51.90	22.60	54.89
170,000	18.09	44.19	20.61	50.35	21.80	53.24
175,000	17.47	42.93	19.91	48.91	21.05	51.72

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
180,000	16.86	41.68	19.21	47.49	20.32	50.22
185,000	16.28	40.48	18.54	46.12	19.61	48.77
190,000	15.74	39.38	17.93	44.87	18.96	47.45
195,000	15.22	38.32	17.34	43.66	18.34	46.17
200,000	14.72	37.30	16.77	42.50	17.73	44.94
205,000	14.25	36.30	16.24	41.35	17.17	43.73
210,000	13.81	35.33	15.73	40.25	16.64	42.57
215,000	13.37	34.39	15.24	39.18	16.11	41.43
220,000	12.95	33.48	14.76	38.14	15.60	40.33
225,000	12.56	32.64	14.31	37.18	15.14	39.32
230,000	12.18	31.80	13.87	36.23	14.67	38.32
235,000	11.81	31.00	13.45	35.32	14.23	37.35
240,000	11.47	30.27	13.07	34.49	13.82	36.47
245,000	11.14	29.56	12.70	33.68	13.43	35.62
250,000	10.83	28.88	12.34	32.91	13.05	34.80
275,000	9.37	25.58	10.67	29.15	11.29	30.82
300,000	8.19	22.93	9.34	26.12	9.87	27.62
325,000	7.21	20.58	8.22	23.45	8.69	24.80
350,000	6.32	18.47	7.20	21.04	7.62	22.25
375,000	5.52	16.55	6.29	18.86	6.65	19.94
400,000	4.82	14.88	5.49	16.95	5.80	17.93
425,000	4.27	13.38	4.87	15.25	5.15	16.12
450,000	3.78	12.03	4.31	13.70	4.56	14.49
475,000	3.34	10.80	3.81	12.31	4.02	13.02
500,000	2.95	9.73	3.36	11.09	3.56	11.73
550,000	2.38	7.84	2.71	8.93	2.86	9.44
600,000	1.90	6.28	2.17	7.15	2.30	7.56
650,000	1.51	4.98	1.72	5.68	1.82	6.00
700,000	1.18	3.89	1.35	4.44	1.42	4.69
750,000	0.90	2.98	1.03	3.39	1.09	3.59
800,000	0.66	2.19	0.76	2.50	0.80	2.64
900,000	0.30	0.97	0.34	1.11	0.36	1.17

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA D						
\$ 5,000	265.72	458.85	302.74	522.79	320.14	552.84
7,500	226.39	394.42	257.94	449.38	272.76	475.20
10,000	194.73	342.54	221.87	390.27	234.62	412.70
12,500	175.39	312.89	199.83	356.49	211.32	376.98
15,000	159.82	289.02	182.09	329.29	192.56	348.22
17,500	142.71	262.06	162.60	298.58	171.94	315.74
20,000	128.94	240.36	146.90	273.85	155.35	289.59
22,500	118.53	223.57	135.04	254.73	142.80	269.37
25,000	110.15	210.06	125.49	239.33	132.71	253.08
30,000	96.09	185.17	109.47	210.98	115.77	223.10
35,000	85.09	166.91	96.95	190.17	102.52	201.10
40,000	76.24	152.21	86.86	173.42	91.85	183.39
45,000	69.44	139.46	79.12	158.89	83.67	168.02
50,000	63.97	129.19	72.89	147.19	77.08	155.65
55,000	59.48	120.93	67.76	137.78	71.66	145.70
60,000	55.85	114.28	63.64	130.21	67.29	137.69
65,000	52.24	107.73	59.52	122.74	62.94	129.80
70,000	48.99	101.84	55.82	116.03	59.03	122.70
75,000	46.32	97.00	52.78	110.51	55.81	116.86
80,000	43.72	92.43	49.82	105.30	52.68	111.36
85,000	41.28	88.13	47.03	100.41	49.73	106.18
90,000	39.07	84.24	44.51	95.98	47.07	101.49
95,000	37.05	80.68	42.21	91.93	44.63	97.21
100,000	35.21	77.46	40.12	88.25	42.42	93.33
105,000	33.50	74.50	38.17	84.89	40.36	89.76
110,000	31.89	71.72	36.33	81.72	38.42	86.41
115,000	30.43	69.21	34.67	78.85	36.67	83.39
120,000	29.10	66.91	33.16	76.23	35.06	80.61
125,000	27.89	64.83	31.78	73.86	33.61	78.10
130,000	26.72	62.46	30.45	71.16	32.20	75.25
135,000	25.63	60.23	29.20	68.62	30.88	72.57
140,000	24.63	58.22	28.07	66.33	29.68	70.14
145,000	23.72	56.38	27.03	64.23	28.58	67.92
150,000	22.90	54.71	26.09	62.33	27.59	65.91
155,000	22.12	53.12	25.20	60.52	26.65	64.00
160,000	21.36	51.59	24.34	58.78	25.74	62.15
165,000	20.63	50.10	23.50	57.08	24.85	60.36
170,000	19.92	48.66	22.69	55.44	24.00	58.62
175,000	19.26	47.32	21.94	53.92	23.20	57.02

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA D						
180,000	18.61	46.01	21.20	52.42	22.42	55.43
185,000	17.98	44.74	20.49	50.97	21.67	53.90
190,000	17.41	43.58	19.84	49.65	20.98	52.51
195,000	16.86	42.46	19.21	48.38	20.31	51.16
200,000	16.33	41.38	18.60	47.15	19.67	49.86
205,000	15.80	40.23	18.00	45.83	19.03	48.47
210,000	15.29	39.11	17.42	44.56	18.42	47.12
215,000	14.79	38.03	16.85	43.32	17.82	45.81
220,000	14.31	36.98	16.30	42.13	17.24	44.55
225,000	13.86	36.01	15.80	41.03	16.70	43.38
230,000	13.42	35.05	15.29	39.93	16.17	42.23
235,000	13.00	34.13	14.81	38.88	15.66	41.12
240,000	12.61	33.28	14.37	37.92	15.20	40.10
245,000	12.24	32.47	13.94	36.99	14.75	39.12
250,000	11.88	31.68	13.53	36.10	14.31	38.17
275,000	10.34	28.24	11.78	32.17	12.46	34.02
300,000	9.10	25.47	10.37	29.02	10.97	30.68
325,000	8.03	22.93	9.15	26.12	9.67	27.62
350,000	7.06	20.63	8.04	23.51	8.51	24.86
375,000	6.18	18.55	7.05	21.14	7.45	22.35
400,000	5.42	16.74	6.17	19.07	6.53	20.17
425,000	4.81	15.06	5.48	17.16	5.79	18.14
450,000	4.26	13.54	4.85	15.43	5.13	16.31
475,000	3.76	12.17	4.29	13.86	4.53	14.66
500,000	3.33	10.97	3.79	12.49	4.01	13.21
550,000	2.68	8.83	3.05	10.06	3.23	10.64
600,000	2.15	7.07	2.45	8.06	2.59	8.52
650,000	1.70	5.61	1.94	6.40	2.05	6.76
700,000	1.33	4.39	1.52	5.00	1.60	5.28
750,000	1.02	3.36	1.16	3.82	1.23	4.04
800,000	0.75	2.47	0.85	2.81	0.90	2.97
900,000	0.33	1.10	0.38	1.25	0.40	1.32

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
\$ 5,000	285.10	492.33	324.83	560.94	343.50	593.17
7,500	244.17	425.40	278.19	484.68	294.18	512.53
10,000	211.21	371.52	240.64	423.29	254.47	447.61
12,500	190.23	339.36	216.74	386.65	229.19	408.87
15,000	173.34	313.47	197.50	357.15	208.85	377.67
17,500	155.63	285.82	177.32	325.64	187.51	344.36
20,000	141.38	263.55	161.08	300.28	170.34	317.54
22,500	129.96	245.15	148.07	279.30	156.58	295.36
25,000	120.78	230.33	137.60	262.42	145.51	277.50
30,000	105.36	203.04	120.04	231.33	126.94	244.63
35,000	93.81	184.04	106.88	209.69	113.03	221.74
40,000	84.52	168.75	96.30	192.27	101.83	203.32
45,000	76.99	154.61	87.71	176.16	92.76	186.28
50,000	70.92	143.23	80.81	163.19	85.45	172.56
55,000	65.94	134.07	75.12	152.75	79.44	161.53
60,000	61.92	126.70	70.55	144.35	74.61	152.65
65,000	57.92	119.44	65.99	136.08	69.78	143.90
70,000	54.31	112.90	61.88	128.63	65.44	136.03
75,000	51.36	107.54	58.51	122.52	61.87	129.56
80,000	48.58	102.69	55.34	117.00	58.52	123.73
85,000	45.96	98.14	52.37	111.81	55.38	118.24
90,000	43.60	94.02	49.67	107.12	52.53	113.28
95,000	41.44	90.25	47.21	102.83	49.92	108.74
100,000	39.48	86.84	44.98	98.94	47.56	104.63
105,000	37.56	83.52	42.79	95.16	45.25	100.63
110,000	35.75	80.41	40.73	91.61	43.07	96.88
115,000	34.12	77.59	38.87	88.40	41.11	93.48
120,000	32.62	75.01	37.17	85.46	39.31	90.38
125,000	31.27	72.67	35.63	82.80	37.67	87.56
130,000	29.96	70.02	34.14	79.78	36.10	84.36
135,000	28.73	67.52	32.73	76.93	34.61	81.35
140,000	27.62	65.27	31.46	74.36	33.27	78.63
145,000	26.60	63.20	30.30	72.01	32.05	76.15
150,000	25.67	61.33	29.25	69.88	30.93	73.89
155,000	24.80	59.55	28.25	67.85	29.88	71.75
160,000	23.95	57.83	27.29	65.89	28.86	69.68
165,000	23.12	56.16	26.35	63.99	27.86	67.66
170,000	22.33	54.55	25.44	62.15	26.90	65.72
175,000	21.59	53.05	24.60	60.45	26.01	63.92

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
180,000	20.86	51.58	23.77	58.76	25.14	62.14
185,000	20.16	50.16	22.97	57.15	24.29	60.43
190,000	19.52	48.86	22.24	55.66	23.52	58.86
195,000	18.90	47.60	21.54	54.23	22.77	57.35
200,000	18.31	46.39	20.86	52.86	22.05	55.89
205,000	17.73	45.15	20.20	51.44	21.36	54.39
210,000	17.17	43.94	19.57	50.06	20.69	52.94
215,000	16.63	42.77	18.95	48.73	20.04	51.53
220,000	16.11	41.64	18.35	47.44	19.41	50.17
225,000	15.63	40.59	17.80	46.25	18.83	48.91
230,000	15.15	39.55	17.26	45.07	18.25	47.66
235,000	14.69	38.56	16.73	43.93	17.70	46.46
240,000	14.27	37.65	16.25	42.90	17.19	45.36
245,000	13.86	36.77	15.79	41.89	16.70	44.30
250,000	13.47	35.92	15.34	40.93	16.23	43.28
275,000	11.72	32.02	13.36	36.48	14.13	38.58
300,000	10.32	28.87	11.76	32.90	12.43	34.79
325,000	9.10	25.99	10.37	29.62	10.97	31.32
350,000	8.01	23.39	9.12	26.65	9.64	28.18
375,000	7.01	21.04	7.99	23.97	8.45	25.35
400,000	6.14	18.98	7.00	21.62	7.40	22.86
425,000	5.46	17.11	6.23	19.50	6.58	20.62
450,000	4.85	15.43	5.53	17.58	5.85	18.59
475,000	4.30	13.91	4.90	15.84	5.18	16.76
500,000	3.82	12.58	4.35	14.33	4.60	15.15
550,000	3.07	10.12	3.50	11.53	3.70	12.20
600,000	2.46	8.11	2.80	9.24	2.97	9.77
650,000	1.95	6.44	2.23	7.34	2.35	7.76
700,000	1.53	5.03	1.74	5.73	1.84	6.06
750,000	1.17	3.85	1.33	4.38	1.41	4.64
800,000	0.86	2.83	0.98	3.22	1.03	3.41
900,000	0.38	1.26	0.43	1.43	0.46	1.52

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA F						
\$ 5,000	307.34	530.74	350.17	604.69	370.29	639.44
7,500	264.38	460.64	301.22	524.83	318.53	554.99
10,000	229.80	404.21	261.82	460.54	276.86	487.00
12,500	206.97	369.22	235.81	420.67	249.36	444.85
15,000	188.60	341.06	214.88	388.58	227.23	410.91
17,500	170.11	312.43	193.82	355.96	204.96	376.42
20,000	155.23	289.38	176.86	329.71	187.03	348.65
22,500	142.70	269.17	162.58	306.68	171.93	324.30
25,000	132.61	252.90	151.09	288.14	159.77	304.70
30,000	115.68	222.94	131.80	254.00	139.38	268.60
35,000	103.47	203.02	117.89	231.30	124.67	244.60
40,000	93.65	186.98	106.70	213.03	112.83	225.27
45,000	85.30	171.31	97.19	195.18	102.77	206.40
50,000	78.58	158.70	89.53	180.81	94.68	191.20
55,000	73.06	148.55	83.24	169.25	88.02	178.98
60,000	68.61	140.38	78.17	159.94	82.66	169.14
65,000	64.37	132.74	73.34	151.24	77.55	159.93
70,000	60.55	125.87	68.99	143.41	72.95	151.65
75,000	57.42	120.23	65.42	136.98	69.18	144.85
80,000	54.31	114.81	61.87	130.81	65.43	138.33
85,000	51.39	109.72	58.55	125.01	61.91	132.19
90,000	48.74	105.12	55.53	119.76	58.73	126.65
95,000	46.33	100.90	52.78	114.96	55.81	121.57
100,000	44.13	97.09	50.28	110.61	53.17	116.97
105,000	41.99	93.38	47.84	106.39	50.59	112.51
110,000	39.97	89.90	45.54	102.42	48.16	108.31
115,000	38.14	86.75	43.46	98.83	45.96	104.51
120,000	36.47	83.86	41.56	95.55	43.94	101.04
125,000	34.96	81.25	39.83	92.57	42.12	97.89
130,000	33.50	78.28	38.16	89.19	40.36	94.32
135,000	32.12	75.49	36.60	86.01	38.70	90.95
140,000	30.87	72.97	35.18	83.14	37.20	87.91
145,000	29.74	70.66	33.88	80.51	35.83	85.13
150,000	28.70	68.57	32.70	78.12	34.58	82.61
155,000	27.72	66.58	31.59	75.86	33.40	80.22
160,000	26.78	64.66	30.51	73.67	32.26	77.90
165,000	25.85	62.79	29.46	71.54	31.15	75.65
170,000	24.96	60.98	28.44	69.48	30.08	73.48
175,000	24.14	59.31	27.50	67.58	29.08	71.46

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA F						
180,000	23.32	57.66	26.57	65.70	28.10	69.47
185,000	22.54	56.07	25.68	63.89	27.16	67.56
190,000	21.82	54.62	24.87	62.23	26.29	65.81
195,000	21.13	53.22	24.08	60.63	25.46	64.12
200,000	20.47	51.87	23.32	59.09	24.66	62.49
205,000	19.82	50.47	22.58	57.51	23.88	60.81
210,000	19.20	49.13	21.88	55.97	23.13	59.19
215,000	18.59	47.82	21.19	54.48	22.40	57.61
220,000	18.01	46.55	20.52	53.04	21.70	56.09
225,000	17.47	45.38	19.90	51.70	21.05	54.68
230,000	16.93	44.22	19.29	50.38	20.40	53.28
235,000	16.42	43.11	18.71	49.12	19.78	51.94
240,000	15.95	42.09	18.17	47.96	19.22	50.71
245,000	15.50	41.11	17.65	46.84	18.67	49.53
250,000	15.06	40.16	17.16	45.76	18.14	48.39
275,000	13.11	35.80	14.93	40.78	15.79	43.13
300,000	11.54	32.28	13.14	36.78	13.90	38.89
325,000	10.18	29.06	11.60	33.11	12.26	35.01
350,000	8.95	26.15	10.20	29.80	10.78	31.51
375,000	7.84	23.52	8.93	26.80	9.44	28.34
400,000	6.87	21.22	7.82	24.17	8.27	25.56
425,000	6.11	19.13	6.96	21.80	7.36	23.05
450,000	5.43	17.25	6.18	19.66	6.54	20.79
475,000	4.81	15.55	5.48	17.71	5.79	18.73
500,000	4.27	14.06	4.86	16.02	5.14	16.94
550,000	3.43	11.32	3.91	12.89	4.14	13.64
600,000	2.75	9.07	3.13	10.33	3.32	10.93
650,000	2.18	7.20	2.49	8.20	2.63	8.67
700,000	1.71	5.62	1.94	6.41	2.06	6.78
750,000	1.31	4.30	1.49	4.90	1.57	5.18
800,000	0.96	3.16	1.09	3.60	1.16	3.81
900,000	0.43	1.41	0.49	1.60	0.51	1.69

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
\$ 5,000	329.01	568.15	374.85	647.32	396.40	684.52
7,500	284.11	495.03	323.70	564.01	342.30	596.42
10,000	247.96	436.16	282.51	496.94	298.75	525.50
12,500	224.29	400.15	255.54	455.90	270.23	482.10
15,000	205.24	371.15	233.84	422.86	247.28	447.17
17,500	184.27	338.41	209.95	385.56	222.01	407.72
20,000	167.39	312.05	190.72	355.53	201.68	375.96
22,500	154.55	291.53	176.08	332.15	186.20	351.24
25,000	144.21	275.01	164.30	313.33	173.74	331.34
30,000	125.80	242.43	143.32	276.21	151.56	292.08
35,000	112.48	220.68	128.15	251.43	135.52	265.88
40,000	101.76	203.18	115.94	231.49	122.60	244.79
45,000	93.09	186.95	106.06	213.00	112.15	225.24
50,000	86.10	173.88	98.10	198.11	103.74	209.49
55,000	80.05	162.76	91.20	185.44	96.44	196.10
60,000	75.17	153.81	85.65	175.25	90.57	185.32
65,000	70.51	145.40	80.33	165.66	84.95	175.19
70,000	66.31	137.84	75.55	157.04	79.89	166.07
75,000	62.86	131.62	71.62	149.96	75.73	158.58
80,000	59.46	125.70	67.74	143.21	71.63	151.44
85,000	56.26	120.12	64.10	136.86	67.78	144.73
90,000	53.36	115.08	60.80	131.12	64.29	138.65
95,000	50.72	110.47	57.78	125.86	61.11	133.10
100,000	48.32	106.29	55.05	121.10	58.21	128.06
105,000	45.97	102.23	52.37	116.48	55.38	123.17
110,000	43.76	98.42	49.86	112.13	52.72	118.58
115,000	41.76	94.97	47.58	108.20	50.31	114.42
120,000	39.93	91.81	45.50	104.61	48.11	110.62
125,000	38.27	88.95	43.61	101.35	46.11	107.17
130,000	36.67	85.70	41.78	97.65	44.18	103.26
135,000	35.16	82.65	40.06	94.17	42.37	99.58
140,000	33.80	79.89	38.51	91.02	40.73	96.25
145,000	32.56	77.36	37.09	88.14	39.22	93.20
150,000	31.43	75.07	35.80	85.53	37.86	90.44
155,000	30.35	72.89	34.58	83.05	36.57	87.82
160,000	29.31	70.79	33.40	80.65	35.32	85.29
165,000	28.30	68.74	32.25	78.32	34.10	82.82
170,000	27.33	66.77	31.14	76.07	32.93	80.44
175,000	26.43	64.94	30.11	73.99	31.84	78.24

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
180,000	25.54	63.13	29.09	71.92	30.77	76.06
185,000	24.68	61.39	28.12	69.95	29.73	73.97
190,000	23.89	59.80	27.22	68.13	28.79	72.05
195,000	23.14	58.26	26.36	66.38	27.87	70.20
200,000	22.41	56.78	25.53	64.70	26.99	68.41
205,000	21.70	55.26	24.72	62.96	26.15	66.58
210,000	21.02	53.78	23.95	61.28	25.33	64.80
215,000	20.36	52.35	23.19	59.64	24.53	63.07
220,000	19.72	50.97	22.47	58.07	23.76	61.40
225,000	19.13	49.68	21.79	56.61	23.04	59.86
230,000	18.54	48.42	21.12	55.16	22.34	58.33
235,000	17.98	47.20	20.48	53.77	21.66	56.86
240,000	17.46	46.08	19.90	52.50	21.04	55.52
245,000	16.96	45.01	19.33	51.28	20.44	54.22
250,000	16.49	43.97	18.78	50.09	19.86	52.97
275,000	14.35	39.19	16.35	44.65	17.29	47.22
300,000	12.63	35.34	14.39	40.27	15.22	42.58
325,000	11.14	31.82	12.70	36.25	13.43	38.33
350,000	9.80	28.63	11.16	32.62	11.81	34.50
375,000	8.58	25.75	9.78	29.34	10.34	31.02
400,000	7.52	23.23	8.57	26.47	9.06	27.99
425,000	6.69	20.95	7.62	23.87	8.06	25.24
450,000	5.94	18.89	6.77	21.52	7.16	22.76
475,000	5.26	17.02	6.00	19.39	6.34	20.51
500,000	4.67	15.39	5.32	17.54	5.63	18.55
550,000	3.76	12.39	4.28	14.12	4.53	14.93
600,000	3.01	9.93	3.43	11.31	3.63	11.96
650,000	2.39	7.88	2.72	8.98	2.88	9.50
700,000	1.87	6.16	2.13	7.01	2.25	7.42
750,000	1.43	4.71	1.63	5.37	1.72	5.67
800,000	1.05	3.46	1.20	3.95	1.27	4.17
900,000	0.47	1.54	0.53	1.75	0.56	1.85

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA H						
\$ 5,000	350.68	605.57	399.54	689.95	422.50	729.60
7,500	306.18	533.54	348.84	607.88	368.89	642.82
10,000	270.35	475.55	308.02	541.81	325.72	572.95
12,500	244.46	436.12	278.52	496.89	294.53	525.44
15,000	223.61	404.38	254.77	460.72	269.41	487.20
17,500	200.77	368.70	228.74	420.08	241.89	444.22
20,000	182.38	339.99	207.79	387.36	219.73	409.62
22,500	168.32	317.51	191.78	361.76	202.80	382.55
25,000	157.01	299.42	178.89	341.15	189.17	360.75
30,000	138.02	265.98	157.25	303.05	166.29	320.46
35,000	123.36	242.03	140.55	275.76	148.63	291.61
40,000	111.57	222.75	127.11	253.79	134.42	268.38
45,000	102.41	205.67	116.68	234.33	123.38	247.80
50,000	95.04	191.93	108.28	218.67	114.50	231.24
55,000	88.36	179.66	100.67	204.69	106.45	216.45
60,000	82.98	169.78	94.54	193.43	99.97	204.55
65,000	77.80	160.45	88.65	182.81	93.74	193.32
70,000	73.15	152.06	83.34	173.25	88.13	183.21
75,000	69.33	145.17	78.99	165.40	83.53	174.91
80,000	65.58	138.64	74.71	157.95	79.01	167.03
85,000	62.05	132.49	70.69	150.95	74.76	159.62
90,000	58.86	126.93	67.06	144.61	70.91	152.93
95,000	55.94	121.84	63.73	138.82	67.40	146.80
100,000	53.29	117.23	60.72	133.57	64.21	141.24
105,000	50.70	112.76	57.76	128.47	61.08	135.85
110,000	48.26	108.55	54.99	123.68	58.15	130.78
115,000	46.06	104.75	52.48	119.34	55.49	126.20
120,000	44.04	101.27	50.18	115.38	53.06	122.01
125,000	42.21	98.11	48.10	111.78	50.86	118.20
130,000	40.45	94.53	46.08	107.70	48.73	113.89
135,000	38.78	91.16	44.19	103.86	46.73	109.83
140,000	37.28	88.11	42.48	100.39	44.92	106.16
145,000	35.91	85.32	40.91	97.21	43.26	102.80
150,000	34.66	82.80	39.49	94.33	41.76	99.75
155,000	33.50	80.45	38.17	91.66	40.36	96.93
160,000	32.38	78.19	36.89	89.08	39.01	94.20
165,000	31.28	75.98	35.64	86.57	37.69	91.54
170,000	30.23	73.85	34.44	84.14	36.42	88.98
175,000	29.25	71.88	33.33	81.90	35.24	86.60

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA H						
180,000	28.28	69.93	32.22	79.67	34.08	84.25
185,000	27.36	68.06	31.17	77.54	32.96	82.00
190,000	26.51	66.34	30.20	75.59	31.94	79.93
195,000	25.69	64.69	29.27	73.70	30.95	77.94
200,000	24.90	63.09	28.36	71.88	29.99	76.02
205,000	24.11	61.40	27.47	69.95	29.05	73.97
210,000	23.36	59.76	26.61	68.09	28.14	72.00
215,000	22.62	58.17	25.77	66.27	27.25	70.08
220,000	21.91	56.63	24.96	64.52	26.40	68.23
225,000	21.25	55.20	24.21	62.90	25.60	66.51
230,000	20.60	53.79	23.47	61.29	24.82	64.81
235,000	19.97	52.44	22.76	59.75	24.07	63.18
240,000	19.40	51.20	22.11	58.34	23.38	61.69
245,000	18.85	50.01	21.48	56.97	22.71	60.25
250,000	18.32	48.85	20.87	55.66	22.07	58.86
275,000	15.94	43.54	18.17	49.61	19.21	52.46
300,000	14.03	39.27	15.99	44.74	16.91	47.31
325,000	12.40	35.41	14.13	40.34	14.94	42.66
350,000	10.92	31.92	12.44	36.37	13.16	38.46
375,000	9.58	28.76	10.92	32.77	11.55	34.65
400,000	8.41	26.00	9.59	29.62	10.14	31.32
425,000	7.49	23.45	8.53	26.71	9.02	28.25
450,000	6.65	21.14	7.58	24.09	8.01	25.47
475,000	5.89	19.05	6.71	21.71	7.10	22.96
500,000	5.23	17.23	5.96	19.63	6.30	20.76
550,000	4.21	13.87	4.79	15.80	5.07	16.71
600,000	3.37	11.11	3.84	12.66	4.06	13.39
650,000	2.68	8.82	3.05	10.05	3.22	10.63
700,000	2.09	6.89	2.38	7.85	2.52	8.30
750,000	1.60	5.27	1.82	6.01	1.93	6.35
800,000	1.18	3.88	1.34	4.42	1.42	4.67
900,000	0.52	1.72	0.60	1.96	0.63	2.08

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA I&J						
\$ 5,000	368.92	637.08	420.33	725.85	444.49	767.57
7,500	322.97	562.82	367.97	641.24	389.12	678.10
10,000	285.98	503.04	325.83	573.13	344.55	606.07
12,500	258.53	461.23	294.56	525.50	311.49	555.70
15,000	236.44	427.57	269.39	487.15	284.87	515.15
17,500	212.29	389.85	241.87	444.18	255.77	469.70
20,000	192.84	359.49	219.71	409.58	232.34	433.12
22,500	177.94	335.65	202.73	382.43	214.39	404.40
25,000	165.94	316.47	189.07	360.56	199.93	381.29
30,000	145.81	281.01	166.13	320.16	175.68	338.56
35,000	130.77	256.59	148.99	292.34	157.56	309.14
40,000	118.66	236.93	135.20	269.94	142.97	285.45
45,000	108.88	218.66	124.05	249.13	131.18	263.45
50,000	100.99	203.96	115.07	232.38	121.68	245.73
55,000	93.89	190.92	106.98	217.52	113.13	230.02
60,000	88.18	180.42	100.47	205.56	106.24	217.37
65,000	82.67	170.49	94.19	194.24	99.60	205.40
70,000	77.71	161.55	88.54	184.06	93.63	194.63
75,000	73.64	154.21	83.91	175.69	88.73	185.79
80,000	69.75	147.46	79.47	168.01	84.04	177.67
85,000	66.09	141.13	75.30	160.79	79.63	170.03
90,000	62.78	135.39	71.52	154.26	75.64	163.12
95,000	59.75	130.15	68.07	148.28	71.99	156.81
100,000	57.00	125.40	64.95	142.87	68.68	151.08
105,000	54.23	120.61	61.79	137.42	65.34	145.31
110,000	51.62	116.11	58.82	132.29	62.20	139.89
115,000	49.27	112.04	56.13	127.65	59.36	134.99
120,000	47.11	108.32	53.67	123.41	56.76	130.50
125,000	45.15	104.94	51.45	119.56	54.40	126.44
130,000	43.26	101.11	49.29	115.20	52.12	121.82
135,000	41.49	97.50	47.27	111.09	49.98	117.48
140,000	39.88	94.25	45.43	107.38	48.05	113.55
145,000	38.41	91.26	43.76	103.98	46.27	109.96
150,000	37.07	88.56	42.24	100.90	44.67	106.70
155,000	35.83	86.05	40.82	98.04	43.17	103.67
160,000	34.63	83.62	39.45	95.27	41.72	100.75
165,000	33.46	81.26	38.12	92.58	40.31	97.90
170,000	32.33	78.98	36.83	89.98	38.95	95.15
175,000	31.28	76.87	35.64	87.58	37.69	92.61

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA I&J						
180,000	30.24	74.78	34.46	85.20	36.44	90.09
185,000	29.25	72.77	33.33	82.91	35.24	87.68
190,000	28.34	70.94	32.29	80.82	34.15	85.47
195,000	27.46	69.16	31.29	78.80	33.09	83.33
200,000	26.62	67.45	30.32	76.85	32.07	81.27
205,000	25.78	65.64	29.37	74.79	31.06	79.09
210,000	24.97	63.89	28.45	72.79	30.08	76.98
215,000	24.18	62.19	27.55	70.85	29.14	74.92
220,000	23.42	60.54	26.69	68.98	28.22	72.94
225,000	22.72	59.02	25.89	67.24	27.37	71.11
230,000	22.02	57.51	25.09	65.53	26.53	69.29
235,000	21.36	56.07	24.33	63.88	25.73	67.55
240,000	20.74	54.74	23.63	62.37	24.99	65.95
245,000	20.15	53.46	22.96	60.91	24.28	64.41
250,000	19.58	52.23	22.31	59.51	23.59	62.93
275,000	17.10	46.71	19.49	53.22	20.61	56.28
300,000	15.11	42.27	17.21	48.16	18.20	50.93
325,000	13.33	38.06	15.18	43.36	16.06	45.85
350,000	11.72	34.25	13.35	39.02	14.12	41.26
375,000	10.26	30.80	11.69	35.09	12.37	37.11
400,000	8.99	27.78	10.24	31.65	10.83	33.47
425,000	8.01	25.09	9.13	28.59	9.65	30.23
450,000	7.13	22.66	8.12	25.82	8.59	27.30
475,000	6.32	20.46	7.21	23.31	7.62	24.65
500,000	5.62	18.54	6.41	21.12	6.78	22.33
550,000	4.53	14.92	5.16	17.00	5.45	17.98
600,000	3.63	11.96	4.13	13.62	4.37	14.40
650,000	2.88	9.49	3.28	10.81	3.47	11.43
700,000	2.25	7.41	2.56	8.45	2.71	8.93
750,000	1.72	5.67	1.96	6.46	2.07	6.83
800,000	1.27	4.17	1.44	4.75	1.52	5.02
900,000	0.56	1.85	0.64	2.11	0.68	2.23

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA K&L						
\$ 5,000	394.01	680.40	448.92	775.21	474.72	819.76
7,500	346.80	604.37	395.12	688.59	417.83	728.16
10,000	308.79	543.16	351.81	618.85	372.03	654.41
12,500	279.08	497.88	317.97	567.26	336.24	599.86
15,000	255.16	461.43	290.72	525.72	307.42	555.94
17,500	230.66	423.64	262.80	482.67	277.90	510.41
20,000	210.94	393.22	240.33	448.02	254.14	473.76
22,500	194.58	367.03	221.69	418.18	234.43	442.21
25,000	181.40	345.95	206.68	394.15	218.56	416.81
30,000	160.35	309.03	182.70	352.09	193.20	372.32
35,000	144.19	282.92	164.28	322.34	173.72	340.87
40,000	131.17	261.90	149.45	298.40	158.04	315.55
45,000	120.66	242.34	137.48	276.11	145.38	291.97
50,000	112.20	226.59	127.83	258.16	135.18	273.00
55,000	104.31	212.10	118.85	241.66	125.68	255.54
60,000	97.96	200.44	111.61	228.37	118.03	241.49
65,000	91.82	189.36	104.62	215.74	110.63	228.14
70,000	86.30	179.38	98.32	204.38	103.97	216.13
75,000	81.76	171.20	93.15	195.05	98.50	206.26
80,000	77.42	163.69	88.21	186.50	93.28	197.22
85,000	73.35	156.63	83.57	178.46	88.37	188.71
90,000	69.67	150.25	79.37	171.18	83.93	181.02
95,000	66.30	144.41	75.53	164.53	79.87	173.99
100,000	63.24	139.12	72.05	158.50	76.19	167.61
105,000	60.16	133.81	68.55	152.45	72.49	161.21
110,000	57.27	128.81	65.25	146.76	69.00	155.20
115,000	54.66	124.30	62.27	141.62	65.85	149.76
120,000	52.26	120.17	59.55	136.91	62.97	144.78
125,000	50.09	116.42	57.07	132.65	60.35	140.27
130,000	48.06	112.32	54.75	127.97	57.90	135.32
135,000	46.14	108.45	52.57	123.56	55.59	130.67
140,000	44.41	104.96	50.60	119.58	53.50	126.46
145,000	42.82	101.76	48.79	115.94	51.59	122.60
150,000	41.39	98.86	47.15	112.64	49.86	119.11
155,000	39.97	96.00	45.54	109.38	48.16	115.66
160,000	38.61	93.23	43.99	106.22	46.51	112.32
165,000	37.28	90.53	42.47	103.15	44.91	109.08
170,000	35.99	87.93	41.01	100.18	43.37	105.94
175,000	34.81	85.52	39.66	97.44	41.93	103.04

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA K&L						
180,000	33.63	83.14	38.32	94.72	40.52	100.17
185,000	32.50	80.85	37.03	92.12	39.16	97.41
190,000	31.47	78.76	35.85	89.73	37.91	94.89
195,000	30.47	76.73	34.72	87.43	36.71	92.45
200,000	29.51	74.78	33.62	85.20	35.55	90.10
205,000	28.60	72.82	32.58	82.96	34.45	87.73
210,000	27.72	70.92	31.58	80.80	33.39	85.44
215,000	26.86	69.07	30.60	78.69	32.36	83.21
220,000	26.03	67.28	29.66	76.66	31.36	81.07
225,000	25.26	65.63	28.78	74.78	30.44	79.07
230,000	24.50	64.00	27.92	72.91	29.52	77.10
235,000	23.78	62.43	27.09	71.13	28.65	75.21
240,000	23.11	60.99	26.33	69.49	27.84	73.48
245,000	22.47	59.60	25.60	67.91	27.07	71.81
250,000	21.85	58.26	24.89	66.38	26.32	70.20
275,000	19.07	52.09	21.73	59.35	22.98	62.76
300,000	16.84	47.12	19.19	53.69	20.29	56.78
325,000	14.88	42.48	16.95	48.40	17.92	51.18
350,000	13.10	38.28	14.92	43.61	15.78	46.12
375,000	11.49	34.48	13.09	39.29	13.84	41.54
400,000	10.09	31.16	11.49	35.50	12.15	37.54
425,000	8.98	28.14	10.24	32.06	10.82	33.90
450,000	7.99	25.41	9.10	28.95	9.63	30.61
475,000	7.09	22.94	8.08	26.13	8.54	27.63
500,000	6.30	20.77	7.18	23.67	7.59	25.03
550,000	5.07	16.72	5.78	19.05	6.11	20.15
600,000	4.07	13.40	4.63	15.27	4.90	16.14
650,000	3.23	10.64	3.68	12.12	3.89	12.82
700,000	2.52	8.31	2.87	9.47	3.04	10.01
750,000	1.93	6.36	2.20	7.24	2.32	7.66
800,000	1.42	4.67	1.62	5.33	1.71	5.63
900,000	0.63	2.08	0.72	2.37	0.76	2.50

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
\$ 5,000	419.10	723.73	477.50	824.57	504.94	871.96
7,500	370.63	645.92	422.27	735.93	446.54	778.22
10,000	331.60	583.29	377.80	664.56	399.52	702.76
12,500	300.58	536.27	342.47	610.99	362.15	646.11
15,000	275.62	498.42	314.02	567.87	332.07	600.50
17,500	248.24	455.91	282.83	519.44	299.09	549.29
20,000	226.21	421.69	257.72	480.45	272.54	508.06
22,500	209.28	394.79	238.44	449.79	252.15	475.64
25,000	195.66	373.13	222.92	425.12	235.73	449.55
30,000	172.78	332.99	196.86	379.39	208.17	401.19
35,000	155.73	305.57	177.42	348.15	187.62	368.16
40,000	141.99	283.50	161.78	323.01	171.07	341.57
45,000	130.91	262.92	149.15	299.56	157.72	316.77
50,000	121.99	246.35	138.99	280.68	146.97	296.81
55,000	113.75	231.31	129.61	263.54	137.05	278.68
60,000	107.13	219.19	122.05	249.73	129.07	264.09
65,000	100.39	207.03	114.38	235.88	120.95	249.44
70,000	94.33	196.09	107.48	223.42	113.65	236.26
75,000	89.36	187.11	101.81	213.18	107.66	225.44
80,000	84.61	178.89	96.40	203.82	101.94	215.53
85,000	80.15	171.16	91.32	195.01	96.57	206.21
90,000	76.12	164.16	86.72	187.04	91.71	197.79
95,000	72.43	157.77	82.52	179.75	87.26	190.08
100,000	69.08	151.97	78.71	173.14	83.23	183.10
105,000	65.72	146.17	74.88	166.54	79.18	176.11
110,000	62.56	140.71	71.28	160.32	75.38	169.54
115,000	59.71	135.78	68.02	154.70	71.93	163.59
120,000	57.09	131.27	65.05	149.56	68.79	158.16
125,000	54.72	127.18	62.35	144.90	65.93	153.23
130,000	52.49	122.68	59.81	139.77	63.24	147.80
135,000	50.39	118.45	57.41	134.95	60.71	142.71
140,000	48.50	114.62	55.25	130.59	58.43	138.09
145,000	46.76	111.12	53.28	126.60	56.34	133.87
150,000	45.19	107.94	51.48	122.98	54.44	130.05
155,000	43.67	104.87	49.75	119.48	52.61	126.35
160,000	42.19	101.90	48.07	116.10	50.84	122.77
165,000	40.76	99.00	46.44	112.80	49.11	119.28
170,000	39.38	96.22	44.87	109.62	47.45	115.92
175,000	38.10	93.63	43.41	106.68	45.91	112.81

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
180,000	36.84	91.08	41.97	103.77	44.38	109.73
185,000	35.62	88.62	40.59	100.97	42.92	106.77
190,000	34.51	86.37	39.32	98.41	41.58	104.07
195,000	33.44	84.21	38.09	95.94	40.28	101.45
200,000	32.40	82.11	36.91	93.55	39.04	98.93
205,000	31.38	79.91	35.75	91.04	37.81	96.27
210,000	30.40	77.78	34.63	88.61	36.62	93.71
215,000	29.44	75.70	33.54	86.25	35.47	91.21
220,000	28.51	73.70	32.49	83.97	34.35	88.79
225,000	27.66	71.85	31.51	81.86	33.32	86.56
230,000	26.81	70.01	30.55	79.77	32.30	84.35
235,000	26.00	68.25	29.62	77.76	31.32	82.23
240,000	25.25	66.64	28.77	75.92	30.42	80.29
245,000	24.53	65.08	27.95	74.15	29.56	78.41
250,000	23.84	63.58	27.16	72.44	28.72	76.60
275,000	20.81	56.83	23.71	64.75	25.07	68.47
300,000	18.37	51.40	20.93	58.56	22.13	61.92
325,000	16.24	46.38	18.50	52.84	19.57	55.88
350,000	14.32	41.85	16.31	47.68	17.25	50.42
375,000	12.58	37.75	14.33	43.00	15.15	45.48
400,000	11.06	34.16	12.60	38.92	13.32	41.16
425,000	9.85	30.84	11.22	35.14	11.87	37.16
450,000	8.76	27.85	9.98	31.73	10.55	33.55
475,000	7.77	25.13	8.85	28.63	9.36	30.28
500,000	6.91	22.76	7.87	25.93	8.32	27.42
550,000	5.56	18.32	6.33	20.88	6.70	22.08
600,000	4.45	14.68	5.08	16.73	5.37	17.69
650,000	3.54	11.65	4.03	13.28	4.26	14.04
700,000	2.76	9.10	3.15	10.37	3.33	10.97
750,000	2.11	6.97	2.41	7.94	2.55	8.39
800,000	1.55	5.12	1.77	5.83	1.87	6.17
900,000	0.69	2.28	0.79	2.59	0.83	2.74

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE I – Underwritten New Business –****Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA N						
\$ 5,000	439.06	758.19	500.24	863.84	528.99	913.49
7,500	388.89	677.76	443.07	772.20	468.54	816.58
10,000	348.50	613.01	397.05	698.43	419.87	738.56
12,500	315.80	563.42	359.81	641.92	380.49	678.82
15,000	289.48	523.49	329.82	596.44	348.78	630.72
17,500	261.48	480.23	297.91	547.15	315.03	578.60
20,000	238.93	445.41	272.22	507.47	287.87	536.64
22,500	220.98	416.85	251.77	474.93	266.24	502.23
25,000	206.53	393.86	235.30	448.74	248.83	474.53
30,000	182.27	351.26	207.66	400.20	219.60	423.21
35,000	164.64	323.07	187.58	368.09	198.36	389.24
40,000	150.44	300.38	171.41	342.23	181.26	361.90
45,000	138.61	278.38	157.92	317.17	167.00	335.40
50,000	129.08	260.68	147.07	297.00	155.52	314.07
55,000	120.35	244.71	137.12	278.81	145.00	294.83
60,000	113.32	231.86	129.11	264.17	136.53	279.35
65,000	106.18	218.98	120.98	249.49	127.93	263.83
70,000	99.77	207.38	113.67	236.28	120.20	249.86
75,000	94.49	197.87	107.66	225.44	113.85	238.39
80,000	89.47	189.16	101.94	215.52	107.80	227.90
85,000	84.75	180.97	96.56	206.19	102.11	218.04
90,000	80.48	173.57	91.69	197.75	96.96	209.12
95,000	76.57	166.79	87.24	190.03	92.26	200.96
100,000	73.03	160.65	83.21	183.04	87.99	193.56
105,000	69.48	154.52	79.16	176.05	83.71	186.17
110,000	66.14	148.76	75.35	169.48	79.68	179.22
115,000	63.12	143.54	71.91	163.54	76.04	172.94
120,000	60.35	138.77	68.76	158.11	72.72	167.19
125,000	57.85	134.45	65.91	153.18	69.70	161.98
130,000	55.49	129.68	63.22	147.75	66.85	156.24
135,000	53.27	125.20	60.69	142.64	64.18	150.84
140,000	51.26	121.14	58.40	138.02	61.76	145.96
145,000	49.42	117.44	56.31	133.80	59.54	141.49
150,000	47.75	114.07	54.41	129.97	57.53	137.44
155,000	46.14	110.82	52.57	126.27	55.60	133.52
160,000	44.59	107.68	50.80	122.69	53.72	129.74
165,000	43.07	104.62	49.08	119.20	51.90	126.05
170,000	41.61	101.67	47.41	115.84	50.14	122.49
175,000	40.26	98.94	45.87	112.72	48.51	119.20

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE I – Underwritten New Business –**Actively at Work Provision, No Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA N						
180,000	38.92	96.23	44.35	109.64	46.90	115.94
185,000	37.64	93.64	42.88	106.69	45.35	112.82
190,000	36.46	91.26	41.54	103.98	43.93	109.95
195,000	35.33	88.97	40.25	101.36	42.56	107.19
200,000	34.23	86.75	39.00	98.84	41.24	104.52
205,000	33.17	84.47	37.79	96.23	39.96	101.77
210,000	32.15	82.26	36.63	93.72	38.73	99.10
215,000	31.15	80.10	35.49	91.26	37.53	96.51
220,000	30.19	78.03	34.39	88.90	36.37	94.01
225,000	29.29	76.10	33.38	86.71	35.29	91.69
230,000	28.41	74.20	32.37	84.54	34.23	89.40
235,000	27.57	72.38	31.41	82.46	33.21	87.20
240,000	26.79	70.70	30.52	80.56	32.28	85.19
245,000	26.04	69.09	29.67	78.72	31.38	83.24
250,000	25.32	67.53	28.85	76.94	30.51	81.36
275,000	22.10	60.35	25.18	68.76	26.62	72.71
300,000	19.50	54.57	22.22	62.18	23.50	65.75
325,000	17.22	49.19	19.62	56.04	20.75	59.26
350,000	15.16	44.32	17.28	50.49	18.27	53.39
375,000	13.30	39.91	15.15	45.47	16.02	48.08
400,000	11.67	36.06	13.30	41.08	14.06	43.44
425,000	10.41	32.59	11.86	37.13	12.54	39.27
450,000	9.26	29.46	10.55	33.56	11.16	35.49
475,000	8.23	26.62	9.38	30.33	9.92	32.08
500,000	7.33	24.14	8.35	27.51	8.83	29.09
550,000	5.90	19.44	6.72	22.14	7.11	23.42
600,000	4.73	15.57	5.38	17.74	5.69	18.76
650,000	3.75	12.36	4.27	14.08	4.52	14.89
700,000	2.93	9.66	3.34	11.00	3.53	11.64
750,000	2.24	7.39	2.55	8.42	2.70	8.90
800,000	1.65	5.43	1.88	6.19	1.99	6.55
900,000	0.73	2.41	0.83	2.75	0.88	2.91

TYPE II – Underwritten New Business or Renewal Actively at Work Waived

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	<u>Incurred in 12 Months Paid in 12 Months</u>		<u>Paid in 12 Months</u>		<u>Incurred in 12 Months Paid in 15 Months</u>	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
\$ 5,000	233.04	402.43	280.77	484.85	280.77	484.85
7,500	194.49	338.77	234.33	408.16	234.33	408.16
10,000	163.46	287.52	196.94	346.41	196.94	346.41
12,500	147.22	262.64	177.38	316.43	177.38	316.43
15,000	134.15	242.60	161.63	292.29	161.63	292.29
17,500	119.60	219.61	144.09	264.59	144.09	264.59
20,000	107.88	201.10	129.97	242.29	129.97	242.29
22,500	99.17	187.06	119.48	225.37	119.48	225.37
25,000	92.16	175.75	111.03	211.75	111.03	211.75
30,000	79.25	152.72	95.48	184.00	95.48	184.00
35,000	70.05	137.42	84.40	165.56	84.40	165.56
40,000	62.65	125.10	75.49	150.72	75.49	150.72
45,000	56.64	113.75	68.25	137.05	68.25	137.05
50,000	51.80	104.62	62.42	126.05	62.42	126.05
55,000	48.16	97.93	58.03	117.99	58.03	117.99
60,000	45.23	92.55	54.49	111.50	54.49	111.50
65,000	42.09	86.80	50.72	104.58	50.72	104.58
70,000	39.27	81.63	47.31	98.34	47.31	98.34
75,000	36.95	77.38	44.52	93.23	44.52	93.23
80,000	34.85	73.67	41.99	88.76	41.99	88.76
85,000	32.88	70.19	39.61	84.57	39.61	84.57
90,000	31.09	67.04	37.46	80.77	37.46	80.77
95,000	29.46	64.16	35.49	77.30	35.49	77.30
100,000	27.98	61.54	33.71	74.15	33.71	74.15
105,000	26.62	59.19	32.07	71.32	32.07	71.32
110,000	25.34	56.99	30.53	68.66	30.53	68.66
115,000	24.18	54.99	29.13	66.25	29.13	66.25
120,000	23.12	53.16	27.86	64.05	27.86	64.05
125,000	22.16	51.50	26.70	62.05	26.70	62.05
130,000	21.17	49.47	25.50	59.60	25.50	59.60
135,000	20.23	47.55	24.38	57.29	24.38	57.29
140,000	19.39	45.82	23.36	55.20	23.36	55.20
145,000	18.62	44.23	22.43	53.29	22.43	53.29
150,000	17.92	42.80	21.59	51.56	21.59	51.56
155,000	17.30	41.56	20.85	50.07	20.85	50.07
160,000	16.71	40.36	20.14	48.62	20.14	48.62
165,000	16.14	39.19	19.44	47.22	19.44	47.22

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
170,000	15.58	38.07	18.77	45.86	18.77	45.86
175,000	15.07	37.02	18.15	44.61	18.15	44.61
180,000	14.56	35.99	17.54	43.36	17.54	43.36
185,000	14.07	35.00	16.95	42.17	16.95	42.17
190,000	13.62	34.09	16.41	41.08	16.41	41.08
195,000	13.19	33.22	15.89	40.02	15.89	40.02
200,000	12.77	32.37	15.39	39.00	15.39	39.00
205,000	12.35	31.46	14.89	37.90	14.89	37.90
210,000	11.95	30.57	14.40	36.83	14.40	36.83
215,000	11.56	29.71	13.92	35.80	13.92	35.80
220,000	11.18	28.88	13.46	34.79	13.46	34.79
225,000	10.82	28.11	13.04	33.87	13.04	33.87
230,000	10.47	27.35	12.62	32.95	12.62	32.95
235,000	10.14	26.62	12.22	32.07	12.22	32.07
240,000	9.83	25.95	11.85	31.26	11.85	31.26
245,000	9.54	25.30	11.49	30.48	11.49	30.48
250,000	9.25	24.68	11.15	29.73	11.15	29.73
275,000	8.05	21.99	9.70	26.50	9.70	26.50
300,000	7.09	19.84	8.54	23.90	8.54	23.90
325,000	6.21	17.74	7.49	21.37	7.49	21.37
350,000	5.43	15.84	6.54	19.09	6.54	19.09
375,000	4.71	14.12	5.68	17.02	5.68	17.02
400,000	4.09	12.62	4.92	15.21	4.92	15.21
425,000	3.62	11.35	4.37	13.67	4.37	13.67
450,000	3.21	10.19	3.86	12.28	3.86	12.28
475,000	2.83	9.14	3.41	11.02	3.41	11.02
500,000	2.50	8.23	3.01	9.91	3.01	9.91
550,000	2.01	6.62	2.42	7.98	2.42	7.98
600,000	1.61	5.31	1.94	6.39	1.94	6.39
650,000	1.28	4.21	1.54	5.08	1.54	5.08
700,000	1.00	3.29	1.20	3.97	1.20	3.97
750,000	0.76	2.52	0.92	3.03	0.92	3.03
800,000	0.56	1.85	0.68	2.23	0.68	2.23
900,000	0.25	0.82	0.30	0.99	0.30	0.99

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA B						
\$ 5,000	253.49	437.75	305.42	527.41	305.42	527.41
7,500	213.28	371.53	256.96	447.62	256.96	447.62
10,000	180.91	318.22	217.96	383.39	217.96	383.39
12,500	162.94	290.67	196.31	350.20	196.31	350.20
15,000	148.47	268.49	178.88	323.49	178.88	323.49
17,500	132.45	243.22	159.58	293.04	159.58	293.04
20,000	119.56	222.88	144.04	268.52	144.04	268.52
22,500	109.90	207.31	132.41	249.77	132.41	249.77
25,000	102.13	194.78	123.05	234.67	123.05	234.67
30,000	89.09	171.70	107.34	206.87	107.34	206.87
35,000	78.82	154.62	94.97	186.29	94.97	186.29
40,000	70.56	140.87	85.01	169.72	85.01	169.72
45,000	63.84	128.20	76.92	154.46	76.92	154.46
50,000	58.43	118.01	70.40	142.18	70.40	142.18
55,000	54.33	110.46	65.45	133.09	65.45	133.09
60,000	51.02	104.39	61.47	125.77	61.47	125.77
65,000	47.51	97.96	57.24	118.03	57.24	118.03
70,000	44.35	92.18	53.43	111.06	53.43	111.06
75,000	41.75	87.43	50.31	105.34	50.31	105.34
80,000	39.39	83.27	47.46	100.33	47.46	100.33
85,000	37.17	79.36	44.79	95.62	44.79	95.62
90,000	35.17	75.83	42.37	91.36	42.37	91.36
95,000	33.33	72.59	40.16	87.46	40.16	87.46
100,000	31.67	69.66	38.15	83.93	38.15	83.93
105,000	30.13	67.00	36.30	80.72	36.30	80.72
110,000	28.68	64.50	34.55	77.71	34.55	77.71
115,000	27.37	62.24	32.97	74.99	32.97	74.99
120,000	26.17	60.17	31.53	72.50	31.53	72.50
125,000	25.08	58.30	30.22	70.24	30.22	70.24
130,000	24.03	56.17	28.96	67.67	28.96	67.67
135,000	23.05	54.17	27.77	65.26	27.77	65.26
140,000	22.15	52.36	26.69	63.08	26.69	63.08
145,000	21.34	50.70	25.71	61.08	25.71	61.08
150,000	20.60	49.20	24.81	59.27	24.81	59.27
155,000	19.87	47.71	23.94	57.48	23.94	57.48
160,000	19.17	46.28	23.09	55.75	23.09	55.75
165,000	18.48	44.88	22.27	54.07	22.27	54.07
170,000	17.82	43.53	21.47	52.44	21.47	52.44
175,000	17.21	42.28	20.74	50.94	20.74	50.94

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA B						
180,000	16.61	41.04	20.01	49.45	20.01	49.45
185,000	16.02	39.86	19.31	48.02	19.31	48.02
190,000	15.49	38.77	18.67	46.71	18.67	46.71
195,000	14.98	37.72	18.05	45.45	18.05	45.45
200,000	14.49	36.71	17.45	44.23	17.45	44.23
205,000	14.03	35.72	16.90	43.04	16.90	43.04
210,000	13.59	34.77	16.37	41.89	16.37	41.89
215,000	13.16	33.84	15.86	40.78	15.86	40.78
220,000	12.75	32.95	15.36	39.70	15.36	39.70
225,000	12.36	32.12	14.90	38.70	14.90	38.70
230,000	11.99	31.30	14.44	37.71	14.44	37.71
235,000	11.62	30.51	14.00	36.76	14.00	36.76
240,000	11.29	29.79	13.60	35.89	13.60	35.89
245,000	10.97	29.10	13.21	35.06	13.21	35.06
250,000	10.66	28.42	12.84	34.25	12.84	34.25
275,000	9.21	25.16	11.10	30.32	11.10	30.32
300,000	8.05	22.53	9.70	27.15	9.70	27.15
325,000	7.09	20.23	8.54	24.37	8.54	24.37
350,000	6.21	18.14	7.48	21.86	7.48	21.86
375,000	5.42	16.25	6.53	19.58	6.53	19.58
400,000	4.73	14.60	5.69	17.60	5.69	17.60
425,000	4.19	13.13	5.05	15.82	5.05	15.82
450,000	3.71	11.80	4.47	14.22	4.47	14.22
475,000	3.28	10.59	3.95	12.76	3.95	12.76
500,000	2.89	9.54	3.49	11.50	3.49	11.50
550,000	2.33	7.68	2.81	9.25	2.81	9.25
600,000	1.87	6.15	2.25	7.41	2.25	7.41
650,000	1.48	4.88	1.79	5.89	1.79	5.89
700,000	1.16	3.82	1.40	4.60	1.40	4.60
750,000	0.89	2.92	1.07	3.52	1.07	3.52
800,000	0.65	2.15	0.78	2.59	0.78	2.59
900,000	0.29	0.95	0.35	1.15	0.35	1.15

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
\$ 5,000	270.85	467.72	326.32	563.51	326.32	563.51
7,500	229.41	399.66	276.40	481.52	276.40	481.52
10,000	196.06	344.87	236.21	415.50	236.21	415.50
12,500	176.58	315.01	212.75	379.54	212.75	379.54
15,000	160.91	290.98	193.86	350.58	193.86	350.58
17,500	143.62	263.73	173.03	317.74	173.03	317.74
20,000	129.70	241.78	156.26	291.30	156.26	291.30
22,500	119.23	224.89	143.65	270.96	143.65	270.96
25,000	110.80	211.30	133.49	254.58	133.49	254.58
30,000	96.65	186.27	116.45	224.42	116.45	224.42
35,000	85.55	167.82	103.08	202.20	103.08	202.20
40,000	76.62	152.98	92.31	184.31	92.31	184.31
45,000	69.36	139.30	83.57	167.83	83.57	167.83
50,000	63.52	128.28	76.53	154.56	76.53	154.56
55,000	59.06	120.08	71.15	144.68	71.15	144.68
60,000	55.46	113.48	66.82	136.72	66.82	136.72
65,000	51.87	106.97	62.50	128.88	62.50	128.88
70,000	48.65	101.12	58.61	121.83	58.61	121.83
75,000	46.00	96.31	55.42	116.04	55.42	116.04
80,000	43.41	91.76	52.30	110.55	52.30	110.55
85,000	40.97	87.47	49.36	105.39	49.36	105.39
90,000	38.77	83.59	46.71	100.72	46.71	100.72
95,000	36.75	80.05	44.28	96.44	44.28	96.44
100,000	34.93	76.83	42.08	92.57	42.08	92.57
105,000	33.23	73.90	40.03	89.04	40.03	89.04
110,000	31.63	71.14	38.11	85.72	38.11	85.72
115,000	30.19	68.65	36.37	82.71	36.37	82.71
120,000	28.87	66.37	34.78	79.96	34.78	79.96
125,000	27.67	64.30	33.33	77.47	33.33	77.47
130,000	26.51	61.95	31.94	74.64	31.94	74.64
135,000	25.42	59.74	30.63	71.98	30.63	71.98
140,000	24.43	57.75	29.44	69.57	29.44	69.57
145,000	23.53	55.92	28.35	67.37	28.35	67.37
150,000	22.72	54.26	27.37	65.38	27.37	65.38
155,000	21.92	52.63	26.41	63.41	26.41	63.41
160,000	21.14	51.05	25.47	61.51	25.47	61.51
165,000	20.39	49.52	24.57	59.66	24.57	59.66
170,000	19.67	48.03	23.69	57.87	23.69	57.87
175,000	18.99	46.66	22.88	56.22	22.88	56.22

Specific Stop Loss – Net Monthly Premium Rates – 2011
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
180,000	18.33	45.30	22.08	54.58	22.08	54.58
185,000	17.69	44.00	21.31	53.01	21.31	53.01
190,000	17.11	42.81	20.61	51.57	20.61	51.57
195,000	16.54	41.65	19.93	50.19	19.93	50.19
200,000	16.00	40.54	19.27	48.85	19.27	48.85
205,000	15.49	39.45	18.67	47.53	18.67	47.53
210,000	15.01	38.40	18.08	46.27	18.08	46.27
215,000	14.53	37.38	17.51	45.03	17.51	45.03
220,000	14.08	36.39	16.96	43.84	16.96	43.84
225,000	13.66	35.47	16.45	42.74	16.45	42.74
230,000	13.24	34.57	15.95	41.65	15.95	41.65
235,000	12.84	33.70	15.46	40.60	15.46	40.60
240,000	12.47	32.90	15.02	39.64	15.02	39.64
245,000	12.11	32.13	14.59	38.72	14.59	38.72
250,000	11.77	31.39	14.18	37.82	14.18	37.82
275,000	10.18	27.81	12.27	33.50	12.27	33.50
300,000	8.91	24.92	10.73	30.02	10.73	30.02
325,000	7.84	22.37	9.44	26.96	9.44	26.96
350,000	6.87	20.07	8.28	24.19	8.28	24.19
375,000	6.00	17.99	7.23	21.68	7.23	21.68
400,000	5.23	16.17	6.31	19.48	6.31	19.48
425,000	4.65	14.54	5.60	17.52	5.60	17.52
450,000	4.11	13.07	4.96	15.75	4.96	15.75
475,000	3.63	11.74	4.37	14.15	4.37	14.15
500,000	3.21	10.58	3.87	12.75	3.87	12.75
550,000	2.58	8.52	3.11	10.26	3.11	10.26
600,000	2.07	6.82	2.49	8.22	2.49	8.22
650,000	1.64	5.42	1.98	6.53	1.98	6.53
700,000	1.28	4.23	1.55	5.10	1.55	5.10
750,000	0.98	3.24	1.18	3.90	1.18	3.90
800,000	0.72	2.38	0.87	2.87	0.87	2.87
900,000	0.32	1.06	0.39	1.27	0.39	1.27

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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA D						
\$ 5,000	288.82	498.76	347.98	600.91	347.98	600.91
7,500	246.08	428.71	296.48	516.52	296.48	516.52
10,000	211.67	372.33	255.02	448.59	255.02	448.59
12,500	190.65	340.10	229.69	409.76	229.69	409.76
15,000	173.72	314.15	209.30	378.50	209.30	378.50
17,500	155.12	284.85	186.89	343.19	186.89	343.19
20,000	140.15	261.26	168.85	314.77	168.85	314.77
22,500	128.83	243.01	155.22	292.79	155.22	292.79
25,000	119.72	228.32	144.25	275.09	144.25	275.09
30,000	104.44	201.28	125.83	242.50	125.83	242.50
35,000	92.49	181.43	111.43	218.59	111.43	218.59
40,000	82.87	165.45	99.84	199.34	99.84	199.34
45,000	75.48	151.59	90.94	182.63	90.94	182.63
50,000	69.54	140.43	83.78	169.19	83.78	169.19
55,000	64.65	131.45	77.89	158.37	77.89	158.37
60,000	60.71	124.22	73.15	149.66	73.15	149.66
65,000	56.78	117.10	68.42	141.08	68.42	141.08
70,000	53.25	110.69	64.16	133.36	64.16	133.36
75,000	50.35	105.43	60.66	127.03	60.66	127.03
80,000	47.52	100.46	57.26	121.04	57.26	121.04
85,000	44.87	95.79	54.06	115.41	54.06	115.41
90,000	42.46	91.57	51.16	110.32	51.16	110.32
95,000	40.27	87.70	48.51	105.66	48.51	105.66
100,000	38.27	84.20	46.11	101.44	46.11	101.44
105,000	36.41	80.98	43.87	97.57	43.87	97.57
110,000	34.66	77.96	41.76	93.93	41.76	93.93
115,000	33.08	75.23	39.85	90.64	39.85	90.64
120,000	31.63	72.73	38.11	87.62	38.11	87.62
125,000	30.32	70.46	36.53	84.89	36.53	84.89
130,000	29.05	67.89	35.00	81.79	35.00	81.79
135,000	27.86	65.47	33.56	78.88	33.56	78.88
140,000	26.78	63.28	32.26	76.24	32.26	76.24
145,000	25.79	61.28	31.07	73.83	31.07	73.83
150,000	24.89	59.46	29.99	71.64	29.99	71.64
155,000	24.04	57.74	28.97	69.57	28.97	69.57
160,000	23.22	56.07	27.98	67.56	27.98	67.56
165,000	22.42	54.45	27.01	65.61	27.01	65.61
170,000	21.65	52.89	26.08	63.72	26.08	63.72
175,000	20.93	51.44	25.22	61.98	25.22	61.98

Specific Stop Loss – Net Monthly Premium Rates – 2011
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA D						
180,000	20.23	50.01	24.37	60.25	24.37	60.25
185,000	19.55	48.63	23.55	58.59	23.55	58.59
190,000	18.93	47.37	22.80	57.07	22.80	57.07
195,000	18.33	46.15	22.08	55.61	22.08	55.61
200,000	17.75	44.98	21.38	54.19	21.38	54.19
205,000	17.17	43.73	20.69	52.68	20.69	52.68
210,000	16.62	42.51	20.02	51.22	20.02	51.22
215,000	16.07	41.33	19.37	49.80	19.37	49.80
220,000	15.55	40.19	18.74	48.43	18.74	48.43
225,000	15.07	39.14	18.16	47.16	18.16	47.16
230,000	14.59	38.10	17.58	45.90	17.58	45.90
235,000	14.13	37.09	17.02	44.69	17.02	44.69
240,000	13.71	36.18	16.52	43.59	16.52	43.59
245,000	13.30	35.29	16.03	42.52	16.03	42.52
250,000	12.91	34.44	15.56	41.49	15.56	41.49
275,000	11.24	30.70	13.54	36.98	13.54	36.98
300,000	9.89	27.68	11.92	33.35	11.92	33.35
325,000	8.73	24.92	10.52	30.03	10.52	30.03
350,000	7.67	22.43	9.25	27.02	9.25	27.02
375,000	6.72	20.17	8.10	24.30	8.10	24.30
400,000	5.89	18.19	7.09	21.92	7.09	21.92
425,000	5.23	16.37	6.30	19.72	6.30	19.72
450,000	4.63	14.72	5.58	17.73	5.58	17.73
475,000	4.09	13.22	4.93	15.93	4.93	15.93
500,000	3.62	11.92	4.36	14.36	4.36	14.36
550,000	2.91	9.60	3.51	11.56	3.51	11.56
600,000	2.33	7.69	2.81	9.26	2.81	9.26
650,000	1.85	6.10	2.23	7.35	2.23	7.35
700,000	1.45	4.77	1.74	5.74	1.74	5.74
750,000	1.11	3.65	1.33	4.39	1.33	4.39
800,000	0.81	2.68	0.98	3.23	0.98	3.23
900,000	0.36	1.19	0.44	1.44	0.44	1.44

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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
\$ 5,000	309.90	535.15	373.37	644.75	373.37	644.75
7,500	265.40	462.39	319.76	557.10	319.76	557.10
10,000	229.58	403.83	276.60	486.54	276.60	486.54
12,500	206.77	368.87	249.12	444.42	249.12	444.42
15,000	188.42	340.73	227.01	410.52	227.01	410.52
17,500	169.17	310.67	203.82	374.30	203.82	374.30
20,000	153.67	286.47	185.15	345.15	185.15	345.15
22,500	141.27	266.46	170.20	321.04	170.20	321.04
25,000	131.28	250.35	158.17	301.63	158.17	301.63
30,000	114.52	220.70	137.97	265.90	137.97	265.90
35,000	101.97	200.05	122.86	241.02	122.86	241.02
40,000	91.87	183.43	110.69	220.99	110.69	220.99
45,000	83.68	168.06	100.82	202.48	100.82	202.48
50,000	77.09	155.68	92.88	187.57	92.88	187.57
55,000	71.67	145.73	86.35	175.58	86.35	175.58
60,000	67.31	137.72	81.09	165.92	81.09	165.92
65,000	62.95	129.82	75.85	156.41	75.85	156.41
70,000	59.04	122.72	71.13	147.85	71.13	147.85
75,000	55.82	116.89	67.25	140.83	67.25	140.83
80,000	52.80	111.62	63.61	134.49	63.61	134.49
85,000	49.96	106.67	60.19	128.52	60.19	128.52
90,000	47.39	102.20	57.10	123.13	57.10	123.13
95,000	45.04	98.10	54.26	118.20	54.26	118.20
100,000	42.91	94.39	51.70	113.72	51.70	113.72
105,000	40.82	90.79	49.18	109.38	49.18	109.38
110,000	38.86	87.40	46.82	105.30	46.82	105.30
115,000	37.08	84.34	44.68	101.61	44.68	101.61
120,000	35.46	81.53	42.72	98.23	42.72	98.23
125,000	33.99	78.99	40.95	95.17	40.95	95.17
130,000	32.57	76.11	39.24	91.70	39.24	91.70
135,000	31.23	73.40	37.62	88.43	37.62	88.43
140,000	30.02	70.94	36.17	85.47	36.17	85.47
145,000	28.91	68.70	34.83	82.77	34.83	82.77
150,000	27.91	66.66	33.62	80.32	33.62	80.32
155,000	26.95	64.73	32.47	77.99	32.47	77.99
160,000	26.03	62.86	31.36	75.74	31.36	75.74
165,000	25.14	61.05	30.28	73.55	30.28	73.55
170,000	24.27	59.29	29.24	71.44	29.24	71.44
175,000	23.47	57.67	28.28	69.48	28.28	69.48

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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
180,000	22.68	56.06	27.32	67.54	27.32	67.54
185,000	21.92	54.52	26.40	65.68	26.40	65.68
190,000	21.22	53.10	25.56	63.98	25.56	63.98
195,000	20.55	51.74	24.75	62.34	24.75	62.34
200,000	19.90	50.43	23.97	60.75	23.97	60.75
205,000	19.27	49.07	23.22	59.12	23.22	59.12
210,000	18.67	47.76	22.49	57.55	22.49	57.55
215,000	18.08	46.49	21.78	56.01	21.78	56.01
220,000	17.51	45.26	21.10	54.53	21.10	54.53
225,000	16.98	44.12	20.46	53.16	20.46	53.16
230,000	16.46	42.99	19.84	51.80	19.84	51.80
235,000	15.96	41.91	19.23	50.50	19.23	50.50
240,000	15.51	40.92	18.68	49.30	18.68	49.30
245,000	15.07	39.97	18.15	48.15	18.15	48.15
250,000	14.64	39.05	17.64	47.04	17.64	47.04
275,000	12.74	34.80	15.35	41.93	15.35	41.93
300,000	11.22	31.39	13.51	37.81	13.51	37.81
325,000	9.90	28.26	11.92	34.04	11.92	34.04
350,000	8.70	25.43	10.48	30.63	10.48	30.63
375,000	7.62	22.87	9.18	27.55	9.18	27.55
400,000	6.68	20.63	8.04	24.85	8.04	24.85
425,000	5.94	18.60	7.16	22.41	7.16	22.41
450,000	5.28	16.77	6.36	20.21	6.36	20.21
475,000	4.67	15.12	5.63	18.21	5.63	18.21
500,000	4.15	13.67	5.00	16.47	5.00	16.47
550,000	3.34	11.00	4.02	13.26	4.02	13.26
600,000	2.68	8.82	3.22	10.62	3.22	10.62
650,000	2.12	7.00	2.56	8.43	2.56	8.43
700,000	1.66	5.47	2.00	6.59	2.00	6.59
750,000	1.27	4.18	1.53	5.04	1.53	5.04
800,000	0.93	3.08	1.12	3.71	1.12	3.71
900,000	0.41	1.37	0.50	1.65	0.50	1.65

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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA F						
\$ 5,000	334.07	576.89	402.49	695.04	402.49	695.04
7,500	287.37	500.70	346.23	603.25	346.23	603.25
10,000	249.78	439.36	300.94	529.35	300.94	529.35
12,500	224.97	401.33	271.05	483.53	271.05	483.53
15,000	205.00	370.71	246.98	446.64	246.98	446.64
17,500	184.91	339.60	222.78	409.15	222.78	409.15
20,000	168.73	314.55	203.29	378.97	203.29	378.97
22,500	155.11	292.58	186.88	352.50	186.88	352.50
25,000	144.14	274.89	173.67	331.19	173.67	331.19
30,000	125.74	242.32	151.49	291.96	151.49	291.96
35,000	112.47	220.67	135.51	265.87	135.51	265.87
40,000	101.79	203.24	122.64	244.86	122.64	244.86
45,000	92.72	186.21	111.71	224.35	111.71	224.35
50,000	85.42	172.50	102.91	207.83	102.91	207.83
55,000	79.41	161.47	95.68	194.54	95.68	194.54
60,000	74.58	152.59	89.85	183.84	89.85	183.84
65,000	69.96	144.29	84.30	173.84	84.30	173.84
70,000	65.82	136.81	79.30	164.84	79.30	164.84
75,000	62.41	130.68	75.19	157.45	75.19	157.45
80,000	59.03	124.79	71.12	150.35	71.12	150.35
85,000	55.85	119.26	67.29	143.69	67.29	143.69
90,000	52.98	114.26	63.83	137.66	63.83	137.66
95,000	50.35	109.68	60.67	132.14	60.67	132.14
100,000	47.97	105.53	57.80	127.14	57.80	127.14
105,000	45.64	101.50	54.99	122.29	54.99	122.29
110,000	43.44	97.71	52.34	117.73	52.34	117.73
115,000	41.46	94.29	49.95	113.60	49.95	113.60
120,000	39.65	91.16	47.77	109.83	47.77	109.83
125,000	38.00	88.31	45.78	106.40	45.78	106.40
130,000	36.41	85.09	43.87	102.52	43.87	102.52
135,000	34.91	82.06	42.06	98.86	42.06	98.86
140,000	33.56	79.31	40.43	95.56	40.43	95.56
145,000	32.32	76.80	38.94	92.54	38.94	92.54
150,000	31.20	74.53	37.59	89.79	37.59	89.79
155,000	30.13	72.37	36.31	87.19	36.31	87.19
160,000	29.10	70.28	35.07	84.68	35.07	84.68
165,000	28.10	68.25	33.86	82.23	33.86	82.23
170,000	27.13	66.29	32.69	79.87	32.69	79.87
175,000	26.24	64.47	31.61	77.68	31.61	77.68

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA F						
180,000	25.35	62.68	30.54	75.51	30.54	75.51
185,000	24.50	60.95	29.52	73.43	29.52	73.43
190,000	23.72	59.37	28.58	71.53	28.58	71.53
195,000	22.97	57.85	27.67	69.69	27.67	69.69
200,000	22.24	56.38	26.80	67.92	26.80	67.92
205,000	21.55	54.86	25.96	66.10	25.96	66.10
210,000	20.87	53.40	25.14	64.34	25.14	64.34
215,000	20.21	51.97	24.35	62.62	24.35	62.62
220,000	19.58	50.60	23.59	60.96	23.59	60.96
225,000	18.99	49.33	22.88	59.43	22.88	59.43
230,000	18.41	48.07	22.18	57.91	22.18	57.91
235,000	17.85	46.86	21.50	56.46	21.50	56.46
240,000	17.34	45.75	20.89	55.12	20.89	55.12
245,000	16.84	44.68	20.29	53.84	20.29	53.84
250,000	16.37	43.65	19.72	52.59	19.72	52.59
275,000	14.25	38.91	17.16	46.88	17.16	46.88
300,000	12.54	35.09	15.11	42.28	15.11	42.28
325,000	11.06	31.59	13.33	38.06	13.33	38.06
350,000	9.73	28.43	11.72	34.25	11.72	34.25
375,000	8.52	25.56	10.26	30.80	10.26	30.80
400,000	7.46	23.06	8.99	27.79	8.99	27.79
425,000	6.64	20.80	8.00	25.06	8.00	25.06
450,000	5.90	18.75	7.11	22.59	7.11	22.59
475,000	5.22	16.90	6.30	20.36	6.30	20.36
500,000	4.64	15.28	5.59	18.41	5.59	18.41
550,000	3.73	12.30	4.50	14.82	4.50	14.82
600,000	2.99	9.86	3.60	11.88	3.60	11.88
650,000	2.37	7.82	2.86	9.43	2.86	9.43
700,000	1.85	6.11	2.23	7.36	2.23	7.36
750,000	1.42	4.68	1.71	5.63	1.71	5.63
800,000	1.04	3.44	1.26	4.14	1.26	4.14
900,000	0.46	1.53	0.56	1.84	0.56	1.84

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
\$ 5,000	357.62	617.56	430.87	744.05	430.87	744.05
7,500	308.81	538.08	372.06	648.29	372.06	648.29
10,000	269.52	474.09	324.72	571.20	324.72	571.20
12,500	243.80	434.94	293.73	524.03	293.73	524.03
15,000	223.09	403.42	268.78	486.05	268.78	486.05
17,500	200.30	367.83	241.32	443.17	241.32	443.17
20,000	181.95	339.18	219.21	408.65	219.21	408.65
22,500	167.99	316.88	202.39	381.78	202.39	381.78
25,000	156.75	298.92	188.85	360.15	188.85	360.15
30,000	136.73	263.51	164.74	317.48	164.74	317.48
35,000	122.26	239.87	147.30	289.00	147.30	289.00
40,000	110.61	220.84	133.26	266.08	133.26	266.08
45,000	101.18	203.20	121.90	244.82	121.90	244.82
50,000	93.59	189.00	112.76	227.71	112.76	227.71
55,000	87.01	176.92	104.83	213.15	104.83	213.15
60,000	81.71	167.19	98.45	201.43	98.45	201.43
65,000	76.64	158.05	92.33	190.42	92.33	190.42
70,000	72.07	149.82	86.84	180.51	86.84	180.51
75,000	68.33	143.07	82.32	172.37	82.32	172.37
80,000	64.63	136.63	77.86	164.61	77.86	164.61
85,000	61.15	130.57	73.67	157.31	73.67	157.31
90,000	58.00	125.09	69.88	150.71	69.88	150.71
95,000	55.13	120.08	66.42	144.67	66.42	144.67
100,000	52.52	115.53	63.28	139.20	63.28	139.20
105,000	49.97	111.12	60.20	133.88	60.20	133.88
110,000	47.56	106.98	57.31	128.89	57.31	128.89
115,000	45.39	103.23	54.69	124.37	54.69	124.37
120,000	43.40	99.80	52.29	120.24	52.29	120.24
125,000	41.60	96.69	50.12	116.49	50.12	116.49
130,000	39.86	93.16	48.02	112.24	48.02	112.24
135,000	38.22	89.84	46.05	108.24	46.05	108.24
140,000	36.74	86.83	44.27	104.62	44.27	104.62
145,000	35.39	84.09	42.63	101.31	42.63	101.31
150,000	34.16	81.60	41.15	98.31	41.15	98.31
155,000	32.99	79.23	39.75	95.46	39.75	95.46
160,000	31.86	76.95	38.39	92.71	38.39	92.71
165,000	30.77	74.72	37.07	90.02	37.07	90.02
170,000	29.71	72.57	35.79	87.44	35.79	87.44
175,000	28.73	70.59	34.61	85.04	34.61	85.04

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
180,000	27.76	68.62	33.44	82.67	33.44	82.67
185,000	26.82	66.73	32.32	80.40	32.32	80.40
190,000	25.97	65.00	31.29	78.31	31.29	78.31
195,000	25.15	63.33	30.30	76.30	30.30	76.30
200,000	24.35	61.72	29.34	74.36	29.34	74.36
205,000	23.59	60.06	28.42	72.37	28.42	72.37
210,000	22.85	58.46	27.53	70.44	27.53	70.44
215,000	22.13	56.90	26.66	68.56	26.66	68.56
220,000	21.43	55.40	25.82	66.74	25.82	66.74
225,000	20.79	54.00	25.05	65.07	25.05	65.07
230,000	20.15	52.63	24.28	63.40	24.28	63.40
235,000	19.54	51.30	23.54	61.81	23.54	61.81
240,000	18.98	50.09	22.87	60.35	22.87	60.35
245,000	18.44	48.92	22.22	58.94	22.22	58.94
250,000	17.92	47.79	21.59	57.58	21.59	57.58
275,000	15.60	42.60	18.79	51.32	18.79	51.32
300,000	13.73	38.42	16.54	46.28	16.54	46.28
325,000	12.11	34.58	14.59	41.67	14.59	41.67
350,000	10.65	31.12	12.83	37.50	12.83	37.50
375,000	9.33	27.99	11.24	33.72	11.24	33.72
400,000	8.17	25.25	9.85	30.42	9.85	30.42
425,000	7.27	22.77	8.76	27.43	8.76	27.43
450,000	6.46	20.53	7.78	24.73	7.78	24.73
475,000	5.72	18.50	6.89	22.29	6.89	22.29
500,000	5.08	16.73	6.12	20.16	6.12	20.16
550,000	4.09	13.47	4.92	16.23	4.92	16.23
600,000	3.27	10.79	3.94	13.00	3.94	13.00
650,000	2.60	8.57	3.13	10.32	3.13	10.32
700,000	2.03	6.69	2.45	8.06	2.45	8.06
750,000	1.55	5.12	1.87	6.17	1.87	6.17
800,000	1.14	3.76	1.38	4.54	1.38	4.54
900,000	0.51	1.67	0.61	2.02	0.61	2.02

Specific Stop Loss – Net Monthly Premium Rates – 2011
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA H						
\$ 5,000	381.17	658.23	459.24	793.05	459.24	793.05
7,500	332.80	579.93	400.96	698.71	400.96	698.71
10,000	293.86	516.90	354.04	622.77	354.04	622.77
12,500	265.71	474.04	320.14	571.13	320.14	571.13
15,000	243.06	439.54	292.84	529.57	292.84	529.57
17,500	218.23	400.76	262.92	482.85	262.92	482.85
20,000	198.24	369.55	238.84	445.24	238.84	445.24
22,500	182.96	345.12	220.43	415.81	220.43	415.81
25,000	170.66	325.46	205.61	392.12	205.61	392.12
30,000	150.02	289.11	180.74	348.33	180.74	348.33
35,000	134.09	263.08	161.55	316.96	161.55	316.96
40,000	121.27	242.12	146.10	291.71	146.10	291.71
45,000	111.31	223.56	134.11	269.35	134.11	269.35
50,000	103.30	208.62	124.46	251.34	124.46	251.34
55,000	96.04	195.28	115.71	235.27	115.71	235.27
60,000	90.19	184.54	108.67	222.34	108.67	222.34
65,000	84.57	174.41	101.89	210.13	101.89	210.13
70,000	79.51	165.29	95.80	199.14	95.80	199.14
75,000	75.36	157.80	90.79	190.12	90.79	190.12
80,000	71.28	150.69	85.88	181.56	85.88	181.56
85,000	67.44	144.01	81.26	173.51	81.26	173.51
90,000	63.98	137.97	77.08	166.22	77.08	166.22
95,000	60.80	132.44	73.26	159.56	73.26	159.56
100,000	57.93	127.43	69.79	153.53	69.79	153.53
105,000	55.11	122.56	66.40	147.67	66.40	147.67
110,000	52.46	117.99	63.20	142.16	63.20	142.16
115,000	50.06	113.85	60.32	137.17	60.32	137.17
120,000	47.87	110.07	57.68	132.62	57.68	132.62
125,000	45.89	106.64	55.28	128.48	55.28	128.48
130,000	43.96	102.75	52.97	123.79	52.97	123.79
135,000	42.16	99.08	50.79	119.38	50.79	119.38
140,000	40.52	95.77	48.82	115.39	48.82	115.39
145,000	39.03	92.74	47.02	111.74	47.02	111.74
150,000	37.67	90.00	45.39	108.43	45.39	108.43
155,000	36.41	87.45	43.87	105.36	43.87	105.36
160,000	35.19	84.98	42.40	102.39	42.40	102.39
165,000	34.00	82.59	40.97	99.50	40.97	99.50
170,000	32.86	80.27	39.58	96.71	39.58	96.71
175,000	31.79	78.13	38.31	94.13	38.31	94.13

Specific Stop Loss – Net Monthly Premium Rates – 2011
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA H						
180,000	30.74	76.01	37.04	91.58	37.04	91.58
185,000	29.73	73.98	35.82	89.13	35.82	89.13
190,000	28.81	72.11	34.71	86.88	34.71	86.88
195,000	27.92	70.31	33.64	84.72	33.64	84.72
200,000	27.06	68.58	32.60	82.63	32.60	82.63
205,000	26.21	66.74	31.58	80.41	31.58	80.41
210,000	25.39	64.96	30.59	78.26	30.59	78.26
215,000	24.59	63.22	29.62	76.17	29.62	76.17
220,000	23.81	61.55	28.69	74.16	28.69	74.16
225,000	23.10	60.00	27.83	72.29	27.83	72.29
230,000	22.39	58.47	26.98	70.45	26.98	70.45
235,000	21.71	57.00	26.16	68.68	26.16	68.68
240,000	21.09	55.66	25.41	67.05	25.41	67.05
245,000	20.49	54.36	24.69	65.49	24.69	65.49
250,000	19.91	53.10	23.99	63.98	23.99	63.98
275,000	17.33	47.33	20.88	57.02	20.88	57.02
300,000	15.25	42.68	18.38	51.43	18.38	51.43
325,000	13.48	38.49	16.24	46.37	16.24	46.37
350,000	11.87	34.69	14.30	41.80	14.30	41.80
375,000	10.42	31.26	12.55	37.66	12.55	37.66
400,000	9.15	28.26	11.02	34.05	11.02	34.05
425,000	8.14	25.49	9.80	30.71	9.80	30.71
450,000	7.23	22.98	8.71	27.69	8.71	27.69
475,000	6.40	20.71	7.71	24.95	7.71	24.95
500,000	5.68	18.73	6.85	22.56	6.85	22.56
550,000	4.57	15.07	5.51	18.16	5.51	18.16
600,000	3.66	12.08	4.42	14.55	4.42	14.55
650,000	2.91	9.59	3.51	11.55	3.51	11.55
700,000	2.27	7.49	2.74	9.02	2.74	9.02
750,000	1.74	5.73	2.09	6.90	2.09	6.90
800,000	1.28	4.21	1.54	5.08	1.54	5.08
900,000	0.57	1.87	0.68	2.26	0.68	2.26

Specific Stop Loss – Net Monthly Premium Rates – 2011
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA I&J						
\$ 5,000	401.01	692.48	483.14	834.31	483.14	834.31
7,500	351.06	611.76	422.96	737.06	422.96	737.06
10,000	310.84	546.78	374.51	658.77	374.51	658.77
12,500	281.01	501.34	338.57	604.02	338.57	604.02
15,000	257.00	464.75	309.64	559.94	309.64	559.94
17,500	230.75	423.75	278.01	510.55	278.01	510.55
20,000	209.61	390.75	252.54	470.78	252.54	470.78
22,500	193.41	364.84	233.03	439.57	233.03	439.57
25,000	180.37	343.99	217.32	414.44	217.32	414.44
30,000	158.49	305.44	190.95	368.00	190.95	368.00
35,000	142.14	278.90	171.26	336.02	171.26	336.02
40,000	128.98	257.53	155.40	310.28	155.40	310.28
45,000	118.34	237.68	142.58	286.36	142.58	286.36
50,000	109.78	221.69	132.26	267.10	132.26	267.10
55,000	102.06	207.52	122.96	250.02	122.96	250.02
60,000	95.85	196.11	115.48	236.28	115.48	236.28
65,000	89.86	185.31	108.26	223.27	108.26	223.27
70,000	84.47	175.59	101.77	211.56	101.77	211.56
75,000	80.05	167.62	96.44	201.95	96.44	201.95
80,000	75.82	160.29	91.34	193.12	91.34	193.12
85,000	71.84	153.40	86.55	184.82	86.55	184.82
90,000	68.24	147.17	82.21	177.31	82.21	177.31
95,000	64.94	141.47	78.25	170.44	78.25	170.44
100,000	61.96	136.30	74.65	164.22	74.65	164.22
105,000	58.95	131.10	71.02	157.95	71.02	157.95
110,000	56.11	126.21	67.61	152.06	67.61	152.06
115,000	53.55	121.78	64.52	146.72	64.52	146.72
120,000	51.21	117.74	61.69	141.85	61.69	141.85
125,000	49.08	114.07	59.13	137.43	59.13	137.43
130,000	47.03	109.90	56.66	132.41	56.66	132.41
135,000	45.09	105.98	54.33	127.69	54.33	127.69
140,000	43.35	102.44	52.22	123.42	52.22	123.42
145,000	41.75	99.20	50.30	119.52	50.30	119.52
150,000	40.30	96.26	48.55	115.98	48.55	115.98
155,000	38.94	93.53	46.92	112.69	46.92	112.69
160,000	37.64	90.89	45.35	109.51	45.35	109.51
165,000	36.36	88.32	43.81	106.41	43.81	106.41
170,000	35.14	85.85	42.33	103.43	42.33	103.43
175,000	34.00	83.55	40.96	100.66	40.96	100.66

Specific Stop Loss – Net Monthly Premium Rates – 2011
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Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA I&J						
180,000	32.87	81.28	39.61	97.93	39.61	97.93
185,000	31.79	79.10	38.31	95.30	38.31	95.30
190,000	30.81	77.10	37.12	92.90	37.12	92.90
195,000	29.85	75.18	35.97	90.58	35.97	90.58
200,000	28.93	73.32	34.86	88.34	34.86	88.34
205,000	28.02	71.35	33.76	85.96	33.76	85.96
210,000	27.14	69.45	32.70	83.67	32.70	83.67
215,000	26.29	67.59	31.67	81.44	31.67	81.44
220,000	25.46	65.81	30.67	79.29	30.67	79.29
225,000	24.70	64.15	29.75	77.29	29.75	77.29
230,000	23.94	62.51	28.84	75.32	28.84	75.32
235,000	23.21	60.94	27.97	73.42	27.97	73.42
240,000	22.55	59.50	27.17	71.69	27.17	71.69
245,000	21.90	58.11	26.39	70.01	26.39	70.01
250,000	21.29	56.77	25.65	68.40	25.65	68.40
275,000	18.59	50.78	22.40	61.18	22.40	61.18
300,000	16.42	45.95	19.78	55.36	19.78	55.36
325,000	14.49	41.37	17.45	49.84	17.45	49.84
350,000	12.74	37.22	15.35	44.85	15.35	44.85
375,000	11.16	33.48	13.44	40.33	13.44	40.33
400,000	9.77	30.20	11.78	36.38	11.78	36.38
425,000	8.71	27.27	10.49	32.86	10.49	32.86
450,000	7.75	24.63	9.33	29.68	9.33	29.68
475,000	6.87	22.24	8.28	26.79	8.28	26.79
500,000	6.11	20.15	7.37	24.27	7.37	24.27
550,000	4.92	16.22	5.93	19.54	5.93	19.54
600,000	3.94	13.00	4.75	15.66	4.75	15.66
650,000	3.13	10.32	3.77	12.43	3.77	12.43
700,000	2.45	8.06	2.95	9.71	2.95	9.71
750,000	1.87	6.17	2.25	7.43	2.25	7.43
800,000	1.38	4.53	1.66	5.46	1.66	5.46
900,000	0.61	2.01	0.74	2.43	0.74	2.43

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA K&L						
\$ 5,000	428.28	739.57	516.00	891.05	516.00	891.05
7,500	376.96	656.93	454.16	791.48	454.16	791.48
10,000	335.64	590.39	404.38	711.32	404.38	711.32
12,500	303.35	541.18	365.48	652.02	365.48	652.02
15,000	277.35	501.55	334.16	604.28	334.16	604.28
17,500	250.72	460.48	302.07	554.80	302.07	554.80
20,000	229.28	427.42	276.24	514.96	276.24	514.96
22,500	211.50	398.95	254.81	480.66	254.81	480.66
25,000	197.18	376.03	237.56	453.05	237.56	453.05
30,000	174.30	335.90	210.00	404.70	210.00	404.70
35,000	156.73	307.52	188.83	370.51	188.83	370.51
40,000	142.58	284.68	171.78	342.98	171.78	342.98
45,000	131.15	263.41	158.02	317.36	158.02	317.36
50,000	121.96	246.29	146.94	296.74	146.94	296.74
55,000	113.38	230.54	136.61	277.76	136.61	277.76
60,000	106.48	217.87	128.29	262.49	128.29	262.49
65,000	99.81	205.82	120.25	247.98	120.25	247.98
70,000	93.80	194.98	113.01	234.92	113.01	234.92
75,000	88.87	186.08	107.07	224.20	107.07	224.20
80,000	84.16	177.92	101.39	214.37	101.39	214.37
85,000	79.73	170.25	96.06	205.12	96.06	205.12
90,000	75.72	163.31	91.23	196.76	91.23	196.76
95,000	72.06	156.97	86.82	189.12	86.82	189.12
100,000	68.74	151.21	82.82	182.19	82.82	182.19
105,000	65.40	145.44	78.79	175.23	78.79	175.23
110,000	62.25	140.02	75.00	168.69	75.00	168.69
115,000	59.41	135.11	71.58	162.78	71.58	162.78
120,000	56.81	130.62	68.44	157.37	68.44	157.37
125,000	54.45	126.55	65.60	152.47	65.60	152.47
130,000	52.24	122.08	62.93	147.09	62.93	147.09
135,000	50.15	117.88	60.43	142.03	60.43	142.03
140,000	48.27	114.08	58.16	137.45	58.16	137.45
145,000	46.55	110.61	56.08	133.27	56.08	133.27
150,000	44.99	107.46	54.20	129.47	54.20	129.47
155,000	43.45	104.35	52.35	125.72	52.35	125.72
160,000	41.96	101.34	50.56	122.09	50.56	122.09
165,000	40.52	98.40	48.82	118.56	48.82	118.56
170,000	39.12	95.58	47.14	115.15	47.14	115.15
175,000	37.83	92.96	45.58	112.00	45.58	112.00

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA K&L						
180,000	36.55	90.37	44.04	108.88	44.04	108.88
185,000	35.33	87.88	42.56	105.88	42.56	105.88
190,000	34.20	85.61	41.21	103.14	41.21	103.14
195,000	33.12	83.41	39.90	100.49	39.90	100.49
200,000	32.07	81.29	38.64	97.94	38.64	97.94
205,000	31.08	79.15	37.45	95.36	37.45	95.36
210,000	30.13	77.08	36.30	92.87	36.30	92.87
215,000	29.19	75.07	35.17	90.45	35.17	90.45
220,000	28.29	73.13	34.09	88.11	34.09	88.11
225,000	27.46	71.34	33.08	85.95	33.08	85.95
230,000	26.64	69.56	32.09	83.81	32.09	83.81
235,000	25.84	67.86	31.14	81.75	31.14	81.75
240,000	25.12	66.29	30.26	79.87	30.26	79.87
245,000	24.42	64.79	29.42	78.06	29.42	78.06
250,000	23.75	63.33	28.61	76.30	28.61	76.30
275,000	20.73	56.62	24.98	68.22	24.98	68.22
300,000	18.31	51.22	22.05	61.71	22.05	61.71
325,000	16.17	46.17	19.48	55.63	19.48	55.63
350,000	14.24	41.61	17.15	50.13	17.15	50.13
375,000	12.49	37.48	15.05	45.16	15.05	45.16
400,000	10.96	33.87	13.21	40.81	13.21	40.81
425,000	9.77	30.59	11.77	36.85	11.77	36.85
450,000	8.68	27.62	10.46	33.27	10.46	33.27
475,000	7.71	24.93	9.29	30.04	9.29	30.04
500,000	6.85	22.58	8.25	27.21	8.25	27.21
550,000	5.52	18.18	6.65	21.90	6.65	21.90
600,000	4.42	14.56	5.32	17.55	5.32	17.55
650,000	3.51	11.56	4.23	13.93	4.23	13.93
700,000	2.74	9.03	3.30	10.88	3.30	10.88
750,000	2.10	6.91	2.53	8.33	2.53	8.33
800,000	1.54	5.08	1.86	6.12	1.86	6.12
900,000	0.69	2.26	0.83	2.72	0.83	2.72

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
\$ 5,000	455.55	786.66	548.85	947.79	548.85	947.79
7,500	402.85	702.09	485.37	845.89	485.37	845.89
10,000	360.43	634.01	434.26	763.86	434.26	763.86
12,500	326.72	582.90	393.64	702.29	393.64	702.29
15,000	299.58	541.76	360.94	652.72	360.94	652.72
17,500	269.83	495.55	325.09	597.05	325.09	597.05
20,000	245.88	458.36	296.24	552.24	296.24	552.24
22,500	227.48	429.11	274.07	517.01	274.07	517.01
25,000	212.67	405.57	256.23	488.64	256.23	488.64
30,000	187.81	361.94	226.28	436.07	226.28	436.07
35,000	169.27	332.14	203.94	400.17	203.94	400.17
40,000	154.34	308.16	185.95	371.27	185.95	371.27
45,000	142.29	285.78	171.44	344.32	171.44	344.32
50,000	132.60	267.77	159.75	322.62	159.75	322.62
55,000	123.65	251.42	148.97	302.91	148.97	302.91
60,000	116.44	238.25	140.29	287.05	140.29	287.05
65,000	109.12	225.04	131.47	271.13	131.47	271.13
70,000	102.54	213.15	123.54	256.80	123.54	256.80
75,000	97.13	203.38	117.02	245.04	117.02	245.04
80,000	91.97	194.44	110.81	234.27	110.81	234.27
85,000	87.12	186.04	104.97	224.15	104.97	224.15
90,000	82.74	178.44	99.68	214.99	99.68	214.99
95,000	78.73	171.49	94.85	206.61	94.85	206.61
100,000	75.09	165.18	90.47	199.02	90.47	199.02
105,000	71.44	158.88	86.07	191.42	86.07	191.42
110,000	68.00	152.95	81.93	184.28	81.93	184.28
115,000	64.90	147.59	78.19	177.82	78.19	177.82
120,000	62.06	142.68	74.77	171.91	74.77	171.91
125,000	59.48	138.24	71.66	166.55	71.66	166.55
130,000	57.06	133.35	68.74	160.66	68.74	160.66
135,000	54.78	128.75	65.99	155.11	65.99	155.11
140,000	52.71	124.58	63.51	150.10	63.51	150.10
145,000	50.83	120.78	61.24	145.52	61.24	145.52
150,000	49.12	117.33	59.18	141.36	59.18	141.36
155,000	47.46	113.99	57.18	137.33	57.18	137.33
160,000	45.86	110.76	55.26	133.44	55.26	133.44
165,000	44.31	107.61	53.38	129.66	53.38	129.66
170,000	42.81	104.58	51.57	126.00	51.57	126.00
175,000	41.42	101.77	49.90	122.62	49.90	122.62

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
180,000	40.04	99.00	48.24	119.27	48.24	119.27
185,000	38.72	96.33	46.65	116.06	46.65	116.06
190,000	37.51	93.89	45.19	113.12	45.19	113.12
195,000	36.34	91.53	43.79	110.27	43.79	110.27
200,000	35.22	89.25	42.43	107.53	42.43	107.53
205,000	34.11	86.86	41.10	104.65	41.10	104.65
210,000	33.04	84.54	39.81	101.86	39.81	101.86
215,000	32.00	82.28	38.55	99.14	38.55	99.14
220,000	30.99	80.11	37.34	96.52	37.34	96.52
225,000	30.06	78.09	36.22	94.09	36.22	94.09
230,000	29.14	76.10	35.11	91.69	35.11	91.69
235,000	28.26	74.19	34.04	89.38	34.04	89.38
240,000	27.45	72.43	33.07	87.27	33.07	87.27
245,000	26.67	70.74	32.13	85.23	32.13	85.23
250,000	25.91	69.11	31.22	83.27	31.22	83.27
275,000	22.62	61.77	27.25	74.43	27.25	74.43
300,000	19.97	55.87	24.05	67.31	24.05	67.31
325,000	17.65	50.41	21.27	60.74	21.27	60.74
350,000	15.56	45.49	18.75	54.80	18.75	54.80
375,000	13.67	41.03	16.47	49.43	16.47	49.43
400,000	12.02	37.13	14.48	44.74	14.48	44.74
425,000	10.70	33.53	12.90	40.39	12.90	40.39
450,000	9.52	30.27	11.47	36.47	11.47	36.47
475,000	8.44	27.32	10.17	32.91	10.17	32.91
500,000	7.51	24.74	9.04	29.81	9.04	29.81
550,000	6.04	19.92	7.28	24.00	7.28	24.00
600,000	4.84	15.96	5.83	19.23	5.83	19.23
650,000	3.84	12.67	4.63	15.26	4.63	15.26
700,000	3.00	9.90	3.62	11.92	3.62	11.92
750,000	2.30	7.57	2.77	9.12	2.77	9.12
800,000	1.69	5.57	2.04	6.71	2.04	6.71
900,000	0.75	2.47	0.90	2.98	0.90	2.98

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA N						
\$ 5,000	477.24	824.12	574.99	992.92	574.99	992.92
7,500	422.70	736.70	509.28	887.59	509.28	887.59
10,000	378.80	666.31	456.38	802.79	456.38	802.79
12,500	343.26	612.41	413.57	737.84	413.57	737.84
15,000	314.66	569.02	379.10	685.56	379.10	685.56
17,500	284.21	521.99	342.43	628.91	342.43	628.91
20,000	259.71	484.14	312.90	583.30	312.90	583.30
22,500	240.19	453.10	289.39	545.90	289.39	545.90
25,000	224.48	428.11	270.46	515.79	270.46	515.79
30,000	198.12	381.80	238.69	460.01	238.69	460.01
35,000	178.95	351.16	215.61	423.09	215.61	423.09
40,000	163.53	326.50	197.02	393.37	197.02	393.37
45,000	150.66	302.59	181.52	364.57	181.52	364.57
50,000	140.30	283.34	169.04	341.38	169.04	341.38
55,000	130.81	265.99	157.61	320.47	157.61	320.47
60,000	123.17	252.02	148.40	303.64	148.40	303.64
65,000	115.42	238.02	139.06	286.77	139.06	286.77
70,000	108.44	225.42	130.65	271.59	130.65	271.59
75,000	102.71	215.07	123.75	259.12	123.75	259.12
80,000	97.25	205.61	117.17	247.72	117.17	247.72
85,000	92.12	196.71	110.99	237.00	110.99	237.00
90,000	87.48	188.66	105.39	227.30	105.39	227.30
95,000	83.23	181.30	100.28	218.43	100.28	218.43
100,000	79.38	174.62	95.64	210.39	95.64	210.39
105,000	75.52	167.96	90.99	202.36	90.99	202.36
110,000	71.89	161.69	86.61	194.81	86.61	194.81
115,000	68.61	156.02	82.66	187.98	82.66	187.98
120,000	65.60	150.84	79.04	181.73	79.04	181.73
125,000	62.88	146.14	75.76	176.07	75.76	176.07
130,000	60.31	140.96	72.67	169.83	72.67	169.83
135,000	57.90	136.08	69.76	163.96	69.76	163.96
140,000	55.71	131.68	67.13	158.65	67.13	158.65
145,000	53.72	127.65	64.72	153.79	64.72	153.79
150,000	51.91	123.99	62.54	149.39	62.54	149.39
155,000	50.16	120.46	60.43	145.13	60.43	145.13
160,000	48.47	117.04	58.39	141.02	58.39	141.02
165,000	46.82	113.72	56.41	137.01	56.41	137.01
170,000	45.23	110.51	54.50	133.15	54.50	133.15
175,000	43.76	107.54	52.73	129.57	52.73	129.57

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE II – Underwritten New Business or Renewal –
Actively at Work Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA N						
180,000	42.31	104.60	50.97	126.03	50.97	126.03
185,000	40.91	101.78	49.29	122.63	49.29	122.63
190,000	39.63	99.20	47.75	119.51	47.75	119.51
195,000	38.40	96.70	46.26	116.51	46.26	116.51
200,000	37.21	94.30	44.83	113.61	44.83	113.61
205,000	36.05	91.81	43.44	110.61	43.44	110.61
210,000	34.94	89.41	42.10	107.72	42.10	107.72
215,000	33.86	87.07	40.79	104.90	40.79	104.90
220,000	32.81	84.81	39.53	102.18	39.53	102.18
225,000	31.84	82.72	38.36	99.67	38.36	99.67
230,000	30.88	80.65	37.21	97.17	37.21	97.17
235,000	29.96	78.67	36.10	94.78	36.10	94.78
240,000	29.12	76.85	35.08	92.59	35.08	92.59
245,000	28.31	75.10	34.10	90.48	34.10	90.48
250,000	27.52	73.41	33.16	88.44	33.16	88.44
275,000	24.02	65.60	28.94	79.04	28.94	79.04
300,000	21.20	59.32	25.54	71.47	25.54	71.47
325,000	18.72	53.46	22.56	64.41	22.56	64.41
350,000	16.48	48.17	19.86	58.04	19.86	58.04
375,000	14.46	43.38	17.42	52.26	17.42	52.26
400,000	12.68	39.19	15.28	47.22	15.28	47.22
425,000	11.31	35.43	13.63	42.68	13.63	42.68
450,000	10.07	32.02	12.13	38.58	12.13	38.58
475,000	8.95	28.94	10.78	34.86	10.78	34.86
500,000	7.96	26.24	9.59	31.62	9.59	31.62
550,000	6.41	21.13	7.72	25.45	7.72	25.45
600,000	5.14	16.93	6.19	20.39	6.19	20.39
650,000	4.08	13.44	4.91	16.19	4.91	16.19
700,000	3.19	10.50	3.84	12.65	3.84	12.65
750,000	2.44	8.03	2.94	9.68	2.94	9.68
800,000	1.79	5.90	2.16	7.11	2.16	7.11
900,000	0.80	2.62	0.96	3.16	0.96	3.16

TYPE III – Automatic Renewal Actively at Work Provision Not Applicable

Specific Stop Loss – Net Monthly Premium Rates – 2011

TYPE III – Automatic Renewal –

Actively at Work Provision Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	<u>Incurred in 12 Months Paid in 12 Months</u>		<u>Paid in 12 Months</u>		<u>Incurred in 12 Months Paid in 15 Months</u>	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
\$ 5,000	259.22	447.64	306.07	528.54	312.32	539.33
7,500	216.34	376.83	255.44	444.93	260.65	454.01
10,000	181.82	319.83	214.68	377.63	219.06	385.33
12,500	163.76	292.14	193.36	344.94	197.30	351.98
15,000	149.22	269.85	176.19	318.62	179.79	325.12
17,500	134.55	247.10	158.86	291.76	162.10	297.71
20,000	122.73	228.79	144.91	270.13	147.86	275.65
22,500	114.10	215.25	134.72	254.15	137.47	259.34
25,000	107.16	204.36	126.52	241.29	129.11	246.22
30,000	94.23	181.60	111.26	214.41	113.53	218.79
35,000	84.20	165.20	99.42	195.06	101.45	199.04
40,000	76.13	152.00	89.89	179.47	91.72	183.13
45,000	69.56	139.70	82.13	164.95	83.81	168.32
50,000	64.27	129.80	75.89	153.26	77.44	156.39
55,000	59.76	121.50	70.55	143.46	71.99	146.39
60,000	56.12	114.82	66.26	135.57	67.61	138.34
65,000	52.58	108.43	62.08	128.02	63.35	130.63
70,000	49.39	102.67	58.32	121.23	59.51	123.70
75,000	46.78	97.95	55.23	115.65	56.36	118.01
80,000	44.12	93.26	52.09	110.11	53.15	112.36
85,000	41.62	88.85	49.14	104.90	50.14	107.04
90,000	39.36	84.86	46.47	100.19	47.42	102.24
95,000	37.29	81.21	44.03	95.89	44.93	97.84
100,000	35.41	77.90	41.81	91.98	42.67	93.86
105,000	33.69	74.93	39.78	88.47	40.59	90.28
110,000	32.07	72.13	37.87	85.17	38.64	86.91
115,000	30.61	69.60	36.14	82.18	36.87	83.86
120,000	29.27	67.29	34.56	79.45	35.26	81.07
125,000	28.05	65.19	33.12	76.98	33.80	78.55
130,000	26.79	62.62	31.64	73.93	32.28	75.44
135,000	25.61	60.19	30.24	71.07	30.86	72.52
140,000	24.54	58.00	28.98	68.48	29.57	69.88
145,000	23.57	55.99	27.82	66.11	28.39	67.46
150,000	22.68	54.17	26.78	63.97	27.32	65.27
155,000	21.90	52.60	25.86	62.11	26.39	63.38
160,000	21.16	51.09	24.98	60.32	25.49	61.55
165,000	20.43	49.61	24.12	58.57	24.61	59.77

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA A						
170,000	19.72	48.18	23.29	56.89	23.76	58.05
175,000	19.07	46.86	22.52	55.33	22.98	56.46
180,000	18.43	45.56	21.76	53.79	22.20	54.89
185,000	17.81	44.30	21.03	52.31	21.46	53.38
190,000	17.24	43.16	20.36	50.96	20.78	52.00
195,000	16.70	42.05	19.71	49.65	20.12	50.66
200,000	16.17	40.98	19.09	48.38	19.48	49.37
205,000	15.64	39.82	18.47	47.02	18.84	47.98
210,000	15.13	38.70	17.86	45.69	18.22	46.63
215,000	14.63	37.61	17.27	44.40	17.62	45.31
220,000	14.15	36.56	16.70	43.16	17.04	44.04
225,000	13.70	35.58	16.18	42.01	16.51	42.87
230,000	13.26	34.62	15.65	40.87	15.97	41.71
235,000	12.83	33.69	15.15	39.78	15.46	40.59
240,000	12.45	32.84	14.70	38.78	15.00	39.57
245,000	12.07	32.03	14.25	37.81	14.55	38.58
250,000	11.71	31.24	13.83	36.88	14.11	37.63
275,000	10.19	27.84	12.04	32.87	12.28	33.54
300,000	8.97	25.11	10.60	29.65	10.81	30.25
325,000	7.87	22.45	9.29	26.51	9.48	27.05
350,000	6.87	20.05	8.11	23.68	8.27	24.16
375,000	5.96	17.88	7.04	21.11	7.18	21.54
400,000	5.17	15.98	6.11	18.87	6.23	19.25
425,000	4.59	14.36	5.42	16.96	5.53	17.30
450,000	4.06	12.90	4.79	15.23	4.89	15.54
475,000	3.58	11.57	4.23	13.67	4.31	13.94
500,000	3.16	10.42	3.73	12.30	3.81	12.55
550,000	2.54	8.38	3.00	9.90	3.07	10.10
600,000	2.04	6.72	2.41	7.93	2.46	8.09
650,000	1.62	5.33	1.91	6.30	1.95	6.43
700,000	1.26	4.17	1.49	4.92	1.52	5.02
750,000	0.97	3.19	1.14	3.76	1.17	3.84
800,000	0.71	2.34	0.84	2.77	0.86	2.82
900,000	0.32	1.04	0.37	1.23	0.38	1.25

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA B						
\$ 5,000	281.97	486.93	332.93	574.93	339.73	586.66
7,500	237.24	413.27	280.12	487.95	285.83	497.91
10,000	201.23	353.97	237.60	417.94	242.45	426.46
12,500	181.24	323.33	214.00	381.76	218.37	389.55
15,000	165.15	298.66	195.00	352.63	198.98	359.83
17,500	149.01	273.67	175.94	323.13	179.53	329.72
20,000	136.01	253.56	160.60	299.38	163.87	305.49
22,500	126.46	238.56	149.31	281.67	152.36	287.42
25,000	118.76	226.48	140.22	267.41	143.08	272.87
30,000	105.94	204.16	125.08	241.06	127.64	245.98
35,000	94.74	185.88	111.87	219.48	114.15	223.96
40,000	85.73	171.17	101.22	202.10	103.29	206.23
45,000	78.40	157.45	92.57	185.91	94.46	189.70
50,000	72.50	146.41	85.60	172.87	87.35	176.40
55,000	67.40	137.05	79.58	161.82	81.21	165.12
60,000	63.30	129.52	74.74	152.92	76.26	156.04
65,000	59.34	122.37	70.06	144.49	71.49	147.44
70,000	55.78	115.95	65.86	136.90	67.20	139.70
75,000	52.85	110.67	62.41	130.67	63.68	133.34
80,000	49.87	105.41	58.88	124.46	60.08	127.00
85,000	47.06	100.46	55.56	118.62	56.69	121.04
90,000	44.52	95.98	52.56	113.33	53.63	115.64
95,000	42.19	91.89	49.82	108.50	50.83	110.71
100,000	40.08	88.18	47.33	104.11	48.29	106.24
105,000	38.13	84.81	45.03	100.14	45.95	102.18
110,000	36.30	81.65	42.86	96.40	43.74	98.37
115,000	34.64	78.79	40.90	93.02	41.74	94.92
120,000	33.13	76.17	39.11	89.93	39.91	91.77
125,000	31.75	73.79	37.49	87.13	38.26	88.91
130,000	30.42	71.10	35.92	83.95	36.65	85.66
135,000	29.17	68.56	34.44	80.96	35.15	82.61
140,000	28.04	66.27	33.11	78.25	33.78	79.85
145,000	27.01	64.18	31.89	75.77	32.54	77.32
150,000	26.07	62.28	30.78	73.53	31.41	75.03
155,000	25.15	60.39	29.69	71.31	30.30	72.76
160,000	24.26	58.58	28.64	69.16	29.23	70.57
165,000	23.39	56.81	27.62	67.07	28.19	68.44
170,000	22.56	55.10	26.64	65.06	27.18	66.38
175,000	21.79	53.52	25.72	63.19	26.25	64.48

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA B						
180,000	21.02	51.95	24.82	61.34	25.32	62.59
185,000	20.28	50.45	23.95	59.57	24.44	60.79
190,000	19.61	49.08	23.16	57.95	23.63	59.13
195,000	18.96	47.75	22.39	56.38	22.85	57.53
200,000	18.34	46.47	21.65	54.87	22.09	55.99
205,000	17.76	45.22	20.97	53.39	21.40	54.48
210,000	17.20	44.01	20.31	51.97	20.73	53.03
215,000	16.66	42.84	19.67	50.58	20.07	51.61
220,000	16.14	41.71	19.05	49.24	19.44	50.25
225,000	15.65	40.66	18.48	48.01	18.86	48.99
230,000	15.17	39.62	17.91	46.78	18.28	47.74
235,000	14.71	38.62	17.37	45.60	17.72	46.53
240,000	14.29	37.71	16.87	44.53	17.22	45.44
245,000	13.88	36.83	16.39	43.49	16.73	44.37
250,000	13.49	35.98	15.93	42.48	16.25	43.35
275,000	11.66	31.85	13.77	37.61	14.05	38.37
300,000	10.19	28.53	12.04	33.68	12.28	34.37
325,000	8.97	25.60	10.59	30.23	10.81	30.85
350,000	7.86	22.96	9.28	27.11	9.47	27.67
375,000	6.86	20.57	8.10	24.29	8.26	24.79
400,000	5.98	18.49	7.06	21.83	7.21	22.27
425,000	5.31	16.62	6.27	19.63	6.40	20.03
450,000	4.70	14.94	5.55	17.64	5.66	18.00
475,000	4.15	13.41	4.90	15.83	5.00	16.16
500,000	3.66	12.08	4.33	14.26	4.42	14.55
550,000	2.95	9.72	3.48	11.48	3.55	11.71
600,000	2.36	7.79	2.79	9.20	2.85	9.39
650,000	1.88	6.18	2.22	7.30	2.26	7.45
700,000	1.47	4.83	1.73	5.70	1.77	5.82
750,000	1.12	3.70	1.32	4.36	1.35	4.45
800,000	0.82	2.72	0.97	3.21	0.99	3.27
900,000	0.37	1.21	0.43	1.43	0.44	1.46

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
\$ 5,000	301.28	520.26	355.73	614.29	362.99	626.82
7,500	255.19	444.56	301.31	524.90	307.46	535.61
10,000	218.08	383.61	257.50	452.94	262.75	462.18
12,500	196.42	350.41	231.92	413.73	236.65	422.18
15,000	178.99	323.67	211.33	382.17	215.64	389.97
17,500	161.57	296.74	190.77	350.37	194.66	357.52
20,000	147.55	275.07	174.22	324.78	177.77	331.40
22,500	137.18	258.80	161.98	305.57	165.28	311.80
25,000	128.83	245.70	152.12	290.10	155.22	296.02
30,000	114.93	221.48	135.70	261.51	138.47	266.85
35,000	102.83	201.76	121.42	238.22	123.89	243.08
40,000	93.10	185.88	109.92	219.47	112.16	223.95
45,000	85.18	171.08	100.58	201.99	102.63	206.12
50,000	78.81	159.16	93.06	187.92	94.95	191.76
55,000	73.27	148.98	86.51	175.91	88.28	179.50
60,000	68.81	140.79	81.25	166.24	82.90	169.63
65,000	64.80	133.64	76.51	157.79	78.07	161.01
70,000	61.19	127.20	72.25	150.19	73.72	153.26
75,000	58.22	121.92	68.75	143.95	70.15	146.89
80,000	54.94	116.15	64.87	137.14	66.20	139.94
85,000	51.86	110.72	61.24	130.73	62.48	133.40
90,000	49.07	105.81	57.94	124.94	59.13	127.49
95,000	46.52	101.33	54.93	119.64	56.05	122.08
100,000	44.21	97.26	52.20	114.84	53.27	117.18
105,000	42.06	93.55	49.66	110.45	50.68	112.71
110,000	40.04	90.06	47.28	106.33	48.24	108.50
115,000	38.21	86.90	45.12	102.60	46.04	104.70
120,000	36.54	84.01	43.14	99.19	44.02	101.22
125,000	35.02	81.39	41.35	96.10	42.19	98.06
130,000	33.56	78.42	39.62	92.59	40.43	94.48
135,000	32.18	75.63	37.99	89.29	38.77	91.12
140,000	30.93	73.10	36.52	86.31	37.26	88.07
145,000	29.79	70.78	35.17	83.58	35.89	85.28
150,000	28.75	68.69	33.95	81.10	34.64	82.76
155,000	27.74	66.62	32.76	78.66	33.42	80.27
160,000	26.76	64.62	31.60	76.30	32.25	77.86
165,000	25.81	62.68	30.48	74.01	31.10	75.52
170,000	24.89	60.80	29.39	71.79	29.99	73.26
175,000	24.04	59.07	28.39	69.74	28.97	71.16

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA C						
180,000	23.20	57.35	27.39	67.71	27.95	69.09
185,000	22.39	55.70	26.44	65.76	26.98	67.10
190,000	21.65	54.19	25.57	63.98	26.09	65.28
195,000	20.94	52.73	24.72	62.26	25.23	63.53
200,000	20.25	51.32	23.91	60.59	24.40	61.83
205,000	19.61	49.94	23.16	58.97	23.63	60.17
210,000	19.00	48.61	22.43	57.39	22.89	58.57
215,000	18.40	47.31	21.72	55.86	22.17	57.00
220,000	17.82	46.06	21.04	54.39	21.47	55.50
225,000	17.29	44.90	20.41	53.02	20.83	54.10
230,000	16.76	43.76	19.78	51.66	20.19	52.72
235,000	16.25	42.66	19.18	50.36	19.58	51.39
240,000	15.78	41.65	18.63	49.18	19.01	50.18
245,000	15.33	40.68	18.10	48.03	18.47	49.01
250,000	14.90	39.74	17.59	46.92	17.95	47.88
275,000	12.89	35.20	15.22	41.56	15.53	42.41
300,000	11.27	31.54	13.31	37.25	13.58	38.01
325,000	9.92	28.32	11.71	33.44	11.95	34.12
350,000	8.70	25.41	10.27	30.00	10.48	30.61
375,000	7.59	22.77	8.96	26.89	9.15	27.44
400,000	6.63	20.47	7.82	24.17	7.98	24.66
425,000	5.88	18.41	6.94	21.74	7.08	22.18
450,000	5.21	16.55	6.15	19.54	6.27	19.94
475,000	4.60	14.86	5.43	17.55	5.54	17.91
500,000	4.06	13.39	4.80	15.81	4.90	16.14
550,000	3.27	10.78	3.86	12.73	3.94	12.99
600,000	2.62	8.64	3.09	10.20	3.16	10.41
650,000	2.08	6.86	2.46	8.10	2.51	8.26
700,000	1.63	5.36	1.92	6.32	1.96	6.45
750,000	1.24	4.10	1.47	4.84	1.50	4.94
800,000	0.91	3.01	1.08	3.56	1.10	3.63
900,000	0.41	1.34	0.48	1.58	0.49	1.61

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –
Actively at Work Provision Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA D						
\$ 5,000	321.27	554.79	379.33	655.05	387.07	668.42
7,500	273.73	476.88	323.19	563.06	329.79	574.55
10,000	235.45	414.16	278.00	489.01	283.67	498.99
12,500	212.06	378.31	250.39	446.68	255.50	455.79
15,000	193.24	349.45	228.16	412.60	232.82	421.02
17,500	174.51	320.52	206.05	378.44	210.26	386.16
20,000	159.44	297.23	188.26	350.94	192.10	358.11
22,500	148.24	279.65	175.03	330.18	178.60	336.92
25,000	139.21	265.49	164.37	313.47	167.73	319.87
30,000	124.19	239.33	146.63	282.58	149.62	288.35
35,000	111.17	218.11	131.26	257.53	133.94	262.79
40,000	100.69	201.03	118.88	237.36	121.31	242.21
45,000	92.70	186.18	109.45	219.83	111.69	224.32
50,000	86.27	174.23	101.86	205.71	103.94	209.91
55,000	80.21	163.09	94.70	192.56	96.64	196.49
60,000	75.32	154.12	88.94	181.97	90.75	185.69
65,000	70.93	146.29	83.75	172.73	85.46	176.25
70,000	66.98	139.24	79.08	164.41	80.70	167.76
75,000	63.74	133.46	75.25	157.58	76.79	160.79
80,000	60.16	127.17	71.03	150.15	72.48	153.21
85,000	56.80	121.25	67.06	143.17	68.43	146.09
90,000	53.75	115.91	63.47	136.85	64.76	139.64
95,000	50.97	111.01	60.18	131.08	61.41	133.75
100,000	48.45	106.58	57.20	125.84	58.37	128.41
105,000	46.09	102.51	54.42	121.04	55.53	123.51
110,000	43.88	98.69	51.81	116.52	52.86	118.90
115,000	41.87	95.23	49.44	112.43	50.45	114.73
120,000	40.04	92.06	47.28	108.70	48.24	110.92
125,000	38.38	89.19	45.31	105.31	46.24	107.46
130,000	36.77	85.94	43.42	101.47	44.30	103.54
135,000	35.26	82.87	41.63	97.85	42.48	99.85
140,000	33.89	80.10	40.02	94.58	40.83	96.51
145,000	32.64	77.57	38.54	91.59	39.33	93.46
150,000	31.51	75.27	37.20	88.87	37.96	90.69
155,000	30.43	73.09	35.93	86.30	36.67	88.06
160,000	29.39	70.98	34.71	83.81	35.41	85.52
165,000	28.38	68.93	33.51	81.38	34.19	83.04
170,000	27.40	66.95	32.36	79.05	33.02	80.66
175,000	26.50	65.11	31.29	76.88	31.93	78.45

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA D						
180,000	25.60	63.30	30.23	74.74	30.85	76.26
185,000	24.75	61.56	29.22	72.68	29.81	74.16
190,000	23.96	59.96	28.29	70.80	28.87	72.24
195,000	23.20	58.42	27.39	68.98	27.95	70.39
200,000	22.47	56.94	26.53	67.23	27.07	68.60
205,000	21.74	55.35	25.67	65.35	26.19	66.68
210,000	21.03	53.81	24.83	63.54	25.34	64.84
215,000	20.35	52.32	24.03	61.77	24.52	63.04
220,000	19.69	50.88	23.24	60.07	23.72	61.30
225,000	19.07	49.54	22.52	58.50	22.98	59.69
230,000	18.47	48.22	21.81	56.94	22.25	58.10
235,000	17.89	46.96	21.12	55.44	21.55	56.57
240,000	17.35	45.79	20.49	54.07	20.91	55.17
245,000	16.84	44.67	19.88	52.75	20.29	53.82
250,000	16.34	43.59	19.30	51.47	19.69	52.52
275,000	14.23	38.85	16.80	45.88	17.14	46.81
300,000	12.52	35.04	14.79	41.37	15.09	42.22
325,000	11.05	31.55	13.04	37.25	13.31	38.01
350,000	9.71	28.39	11.47	33.52	11.70	34.20
375,000	8.51	25.53	10.05	30.14	10.25	30.76
400,000	7.45	23.03	8.80	27.19	8.98	27.75
425,000	6.62	20.72	7.81	24.46	7.97	24.96
450,000	5.86	18.63	6.92	22.00	7.06	22.45
475,000	5.18	16.74	6.11	19.77	6.24	20.17
500,000	4.58	15.09	5.41	17.81	5.52	18.18
550,000	3.69	12.15	4.35	14.34	4.44	14.63
600,000	2.95	9.73	3.49	11.49	3.56	11.72
650,000	2.34	7.72	2.77	9.12	2.82	9.31
700,000	1.83	6.04	2.16	7.13	2.21	7.27
750,000	1.40	4.62	1.65	5.45	1.69	5.56
800,000	1.03	3.39	1.22	4.01	1.24	4.09
900,000	0.46	1.51	0.54	1.78	0.55	1.82

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
\$ 5,000	344.71	595.27	407.01	702.85	415.32	717.19
7,500	295.21	514.34	348.57	607.30	355.68	619.69
10,000	255.37	449.20	301.52	530.37	307.67	541.20
12,500	230.00	410.31	271.57	484.46	277.11	494.35
15,000	209.58	379.01	247.46	447.50	252.51	456.64
17,500	190.33	349.59	224.73	412.77	229.31	421.19
20,000	174.83	325.91	206.42	384.81	210.63	392.66
22,500	162.54	306.63	191.91	362.04	195.83	369.43
25,000	152.65	291.11	180.23	343.72	183.91	350.73
30,000	136.17	262.42	160.78	309.85	164.06	316.17
35,000	122.57	240.51	144.72	283.98	147.68	289.77
40,000	111.63	222.87	131.80	263.15	134.49	268.52
45,000	102.77	206.41	121.35	243.71	123.82	248.69
50,000	95.65	193.16	112.93	228.06	115.24	232.72
55,000	88.92	180.81	104.99	213.48	107.13	217.84
60,000	83.51	170.87	98.60	201.74	100.61	205.86
65,000	78.64	162.18	92.85	191.49	94.75	195.40
70,000	74.26	154.37	87.68	182.27	89.47	185.99
75,000	70.66	147.96	83.43	174.70	85.13	178.26
80,000	66.83	141.29	78.91	166.83	80.52	170.23
85,000	63.24	135.03	74.67	159.43	76.19	162.69
90,000	59.99	129.36	70.83	152.74	72.27	155.86
95,000	57.01	124.18	67.31	146.62	68.69	149.61
100,000	54.31	119.48	64.13	141.07	65.44	143.95
105,000	51.67	114.92	61.01	135.69	62.26	138.46
110,000	49.19	110.63	58.08	130.63	59.26	133.29
115,000	46.94	106.75	55.43	126.05	56.56	128.62
120,000	44.89	103.21	53.00	121.86	54.08	124.35
125,000	43.02	99.99	50.80	118.06	51.84	120.47
130,000	41.22	96.34	48.67	113.75	49.67	116.07
135,000	39.53	92.91	46.67	109.70	47.63	111.93
140,000	38.00	89.80	44.86	106.03	45.78	108.19
145,000	36.60	86.96	43.21	102.68	44.09	104.77
150,000	35.32	84.38	41.71	99.63	42.56	101.67
155,000	34.12	81.94	40.28	96.75	41.11	98.72
160,000	32.95	79.57	38.91	93.96	39.70	95.87
165,000	31.82	77.27	37.57	91.24	38.33	93.10
170,000	30.72	75.05	36.27	88.62	37.01	90.42
175,000	29.71	73.00	35.08	86.19	35.79	87.95

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA E						
180,000	28.70	70.96	33.89	83.79	34.58	85.50
185,000	27.74	69.01	32.75	81.48	33.42	83.14
190,000	26.86	67.22	31.71	79.37	32.36	80.99
195,000	26.01	65.49	30.71	77.33	31.33	78.91
200,000	25.19	63.83	29.74	75.37	30.34	76.90
205,000	24.39	62.12	28.80	73.34	29.39	74.84
210,000	23.63	60.46	27.90	71.39	28.47	72.84
215,000	22.88	58.85	27.02	69.48	27.57	70.90
220,000	22.16	57.29	26.17	67.64	26.70	69.02
225,000	21.50	55.85	25.38	65.94	25.90	67.29
230,000	20.84	54.42	24.61	64.26	25.11	65.57
235,000	20.21	53.05	23.86	62.64	24.35	63.92
240,000	19.63	51.80	23.18	61.16	23.65	62.41
245,000	19.07	50.59	22.52	59.73	22.98	60.95
250,000	18.53	49.42	21.88	58.36	22.33	59.55
275,000	16.13	44.05	19.05	52.01	19.43	53.08
300,000	14.20	39.73	16.76	46.91	17.11	47.87
325,000	12.53	35.77	14.79	42.23	15.09	43.09
350,000	11.01	32.18	13.00	38.00	13.27	38.78
375,000	9.65	28.94	11.39	34.17	11.62	34.87
400,000	8.45	26.11	9.98	30.83	10.18	31.46
425,000	7.52	23.55	8.88	27.80	9.06	28.37
450,000	6.68	21.23	7.88	25.07	8.05	25.58
475,000	5.92	19.13	6.98	22.59	7.13	23.05
500,000	5.25	17.30	6.20	20.43	6.33	20.85
550,000	4.23	13.93	4.99	16.45	5.09	16.78
600,000	3.39	11.16	4.00	13.18	4.08	13.45
650,000	2.69	8.86	3.17	10.46	3.24	10.67
700,000	2.10	6.92	2.48	8.17	2.53	8.34
750,000	1.61	5.29	1.90	6.25	1.94	6.38
800,000	1.18	3.89	1.39	4.60	1.42	4.69
900,000	0.52	1.73	0.62	2.04	0.63	2.08

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA F						
\$ 5,000	371.60	641.70	438.76	757.67	447.71	773.13
7,500	319.66	556.95	377.43	657.60	385.13	671.02
10,000	277.84	488.72	328.05	577.05	334.75	588.82
12,500	250.24	446.42	295.47	527.10	301.50	537.85
15,000	228.03	412.36	269.24	486.88	274.73	496.82
17,500	208.05	382.16	245.64	451.22	250.66	460.43
20,000	191.96	357.85	226.65	422.52	231.28	431.14
22,500	178.47	336.68	210.72	397.52	215.02	405.64
25,000	167.61	319.64	197.90	377.40	201.94	385.11
30,000	149.51	288.14	176.53	340.21	180.14	347.16
35,000	135.20	265.32	159.64	313.27	162.89	319.66
40,000	123.68	246.95	146.03	291.57	149.01	297.52
45,000	113.87	228.70	134.45	270.03	137.20	275.55
50,000	105.98	214.02	125.13	252.69	127.68	257.85
55,000	98.53	200.33	116.33	236.54	118.70	241.37
60,000	92.53	189.32	109.25	223.53	111.48	228.09
65,000	87.40	180.26	103.19	212.84	105.30	217.18
70,000	82.79	172.11	97.75	203.21	99.74	207.36
75,000	79.00	165.42	93.27	195.31	95.18	199.30
80,000	74.72	157.97	88.23	186.52	90.03	190.32
85,000	70.70	150.96	83.48	178.25	85.18	181.88
90,000	67.06	144.63	79.18	170.77	80.80	174.25
95,000	63.74	138.83	75.26	163.92	76.79	167.27
100,000	60.72	133.58	71.70	157.72	73.16	160.94
105,000	57.77	128.48	68.21	151.70	69.60	154.80
110,000	54.99	123.69	64.93	146.04	66.26	149.02
115,000	52.48	119.35	61.97	140.92	63.23	143.80
120,000	50.18	115.39	59.25	136.24	60.46	139.02
125,000	48.10	111.79	56.79	131.99	57.95	134.69
130,000	46.09	107.71	54.42	127.17	55.53	129.77
135,000	44.19	103.87	52.18	122.64	53.24	125.14
140,000	42.48	100.40	50.16	118.54	51.18	120.96
145,000	40.91	97.22	48.31	114.79	49.29	117.13
150,000	39.49	94.34	46.63	111.39	47.58	113.66
155,000	38.14	91.61	45.04	108.16	45.96	110.37
160,000	36.84	88.96	43.50	105.04	44.39	107.19
165,000	35.57	86.39	42.00	102.00	42.86	104.09
170,000	34.35	83.91	40.55	99.07	41.38	101.09
175,000	33.21	81.61	39.22	96.36	40.02	98.33

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA F						
180,000	32.09	79.34	37.89	93.67	38.66	95.59
185,000	31.01	77.15	36.62	91.10	37.37	92.96
190,000	30.03	75.15	35.46	88.74	36.18	90.55
195,000	29.08	73.22	34.33	86.46	35.03	88.22
200,000	28.16	71.36	33.25	84.26	33.93	85.98
205,000	27.27	69.45	32.20	82.00	32.86	83.67
210,000	26.42	67.59	31.19	79.81	31.83	81.44
215,000	25.58	65.79	30.21	77.68	30.82	79.26
220,000	24.78	64.05	29.26	75.63	29.86	77.17
225,000	24.04	62.44	28.38	73.72	28.96	75.23
230,000	23.30	60.85	27.51	71.84	28.07	73.31
235,000	22.59	59.32	26.68	70.03	27.22	71.46
240,000	21.95	57.91	25.91	68.38	26.44	69.78
245,000	21.32	56.56	25.17	66.78	25.69	68.15
250,000	20.72	55.26	24.46	65.24	24.96	66.57
275,000	18.03	49.25	21.29	58.15	21.73	59.34
300,000	15.87	44.42	18.74	52.44	19.12	53.51
325,000	14.00	39.99	16.53	47.21	16.87	48.18
350,000	12.31	35.98	14.54	42.49	14.84	43.35
375,000	10.78	32.36	12.73	38.21	12.99	38.99
400,000	9.45	29.19	11.16	34.47	11.38	35.17
425,000	8.41	26.33	9.93	31.08	10.13	31.72
450,000	7.47	23.74	8.81	28.03	8.99	28.60
475,000	6.61	21.39	7.81	25.26	7.97	25.77
500,000	5.87	19.34	6.93	22.84	7.07	23.31
550,000	4.72	15.57	5.58	18.39	5.69	18.76
600,000	3.79	12.48	4.47	14.73	4.56	15.03
650,000	3.01	9.90	3.55	11.69	3.62	11.93
700,000	2.35	7.74	2.77	9.14	2.83	9.32
750,000	1.80	5.92	2.12	6.99	2.16	7.13
800,000	1.32	4.35	1.56	5.14	1.59	5.24
900,000	0.59	1.93	0.69	2.28	0.71	2.33

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –
Actively at Work Provision Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
\$ 5,000	397.80	686.94	469.69	811.08	479.27	827.64
7,500	343.51	598.53	405.59	706.70	413.86	721.12
10,000	299.80	527.36	353.98	622.66	361.21	635.37
12,500	271.19	483.81	320.19	571.24	326.73	582.90
15,000	248.15	448.75	292.99	529.84	298.97	540.66
17,500	225.35	413.91	266.07	488.72	271.50	498.69
20,000	206.99	385.87	244.40	455.61	249.39	464.91
22,500	193.29	364.66	228.22	430.56	232.88	439.35
25,000	182.26	347.58	215.20	410.40	219.59	418.78
30,000	162.59	313.33	191.97	369.96	195.89	377.51
35,000	146.97	288.41	173.53	340.53	177.07	347.48
40,000	134.40	268.34	158.69	316.84	161.93	323.30
45,000	124.27	249.59	146.73	294.69	149.72	300.71
50,000	116.11	234.49	137.10	276.87	139.90	282.52
55,000	107.95	219.50	127.46	259.17	130.06	264.46
60,000	101.38	207.43	119.70	244.92	122.14	249.92
65,000	95.74	197.45	113.04	233.14	115.34	237.89
70,000	90.66	188.47	107.04	222.53	109.23	227.08
75,000	86.49	181.10	102.12	213.83	104.20	218.19
80,000	81.81	172.94	96.59	204.20	98.56	208.37
85,000	77.40	165.28	91.39	195.15	93.26	199.13
90,000	73.42	158.34	86.69	186.96	88.46	190.77
95,000	69.78	152.00	82.39	179.47	84.07	183.13
100,000	66.48	146.25	78.50	172.68	80.10	176.20
105,000	63.25	140.66	74.68	166.08	76.20	169.47
110,000	60.21	135.42	71.09	159.89	72.54	163.15
115,000	57.46	130.67	67.84	154.28	69.23	157.43
120,000	54.94	126.33	64.87	149.16	66.20	152.20
125,000	52.66	122.39	62.18	144.51	63.45	147.46
130,000	50.46	117.92	59.58	139.23	60.79	142.07
135,000	48.38	113.72	57.13	134.27	58.29	137.01
140,000	46.51	109.92	54.91	129.78	56.03	132.43
145,000	44.79	106.44	52.89	125.67	53.97	128.24
150,000	43.24	103.29	51.05	121.95	52.09	124.44
155,000	41.76	100.29	49.31	118.42	50.31	120.83
160,000	40.33	97.40	47.62	115.00	48.59	117.35
165,000	38.94	94.58	45.98	111.67	46.92	113.95
170,000	37.60	91.86	44.40	108.47	45.31	110.68
175,000	36.36	89.35	42.93	105.50	43.81	107.65

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA G						
180,000	35.13	86.86	41.48	102.56	42.33	104.65
185,000	33.96	84.47	40.09	99.73	40.91	101.77
190,000	32.88	82.28	38.82	97.15	39.61	99.13
195,000	31.83	80.17	37.59	94.65	38.35	96.59
200,000	30.83	78.13	36.40	92.25	37.14	94.13
205,000	29.86	76.03	35.25	89.77	35.97	91.60
210,000	28.92	74.00	34.15	87.38	34.85	89.16
215,000	28.01	72.03	33.07	85.04	33.75	86.78
220,000	27.13	70.12	32.03	82.80	32.69	84.49
225,000	26.31	68.36	31.07	80.71	31.70	82.36
230,000	25.51	66.61	30.12	78.65	30.73	80.26
235,000	24.73	64.94	29.20	76.67	29.80	78.24
240,000	24.03	63.40	28.37	74.86	28.95	76.39
245,000	23.34	61.92	27.56	73.11	28.12	74.61
250,000	22.68	60.50	26.78	71.43	27.33	72.89
275,000	19.74	53.92	23.31	63.67	23.79	64.96
300,000	17.38	48.63	20.52	57.42	20.94	58.59
325,000	15.33	43.78	18.10	51.69	18.47	52.74
350,000	13.48	39.39	15.92	46.51	16.24	47.46
375,000	11.81	35.43	13.94	41.83	14.23	42.68
400,000	10.34	31.96	12.21	37.74	12.46	38.51
425,000	9.20	28.82	10.87	34.03	11.09	34.73
450,000	8.17	25.99	9.65	30.68	9.85	31.31
475,000	7.24	23.42	8.55	27.65	8.72	28.22
500,000	6.43	21.18	7.59	25.01	7.74	25.52
550,000	5.17	17.05	6.11	20.13	6.23	20.54
600,000	4.14	13.66	4.89	16.13	4.99	16.46
650,000	3.29	10.84	3.88	12.80	3.96	13.06
700,000	2.57	8.47	3.03	10.00	3.10	10.21
750,000	1.97	6.48	2.32	7.65	2.37	7.81
800,000	1.45	4.77	1.71	5.63	1.74	5.74
900,000	0.64	2.12	0.76	2.50	0.77	2.55

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA H						
\$ 5,000	424.00	732.18	500.62	864.50	510.84	882.14
7,500	370.19	645.08	437.09	761.67	446.01	777.21
10,000	326.87	574.97	385.94	678.88	393.82	692.73
12,500	295.57	527.30	348.98	622.59	356.10	635.30
15,000	270.36	488.92	319.23	577.28	325.74	589.06
17,500	245.52	450.97	289.90	532.47	295.81	543.34
20,000	225.53	420.42	266.28	496.40	271.72	506.53
22,500	210.52	397.16	248.57	468.94	253.64	478.51
25,000	198.44	378.44	234.31	446.84	239.09	455.95
30,000	178.38	343.77	210.62	405.90	214.92	414.18
35,000	161.19	316.31	190.32	373.47	194.20	381.09
40,000	147.35	294.19	173.98	347.36	177.53	354.45
45,000	136.72	274.60	161.43	324.23	164.72	330.85
50,000	128.17	258.83	151.33	305.60	154.42	311.84
55,000	119.15	242.28	140.69	286.07	143.56	291.90
60,000	111.90	228.96	132.12	270.34	134.82	275.85
65,000	105.64	217.89	124.74	257.26	127.28	262.51
70,000	100.01	207.92	118.09	245.50	120.50	250.51
75,000	95.39	199.74	112.63	235.84	114.93	240.65
80,000	90.23	190.75	106.53	225.22	108.71	229.82
85,000	85.37	182.29	100.80	215.23	102.86	219.63
90,000	80.98	174.64	95.62	206.20	97.57	210.41
95,000	76.97	167.64	90.87	197.94	92.73	201.98
100,000	73.32	161.30	86.58	190.45	88.34	194.34
105,000	69.76	155.14	82.36	183.18	84.05	186.92
110,000	66.40	149.36	78.41	176.35	80.01	179.95
115,000	63.37	144.12	74.82	170.16	76.35	173.64
120,000	60.60	139.33	71.55	164.51	73.01	167.87
125,000	58.08	134.99	68.58	159.38	69.98	162.64
130,000	55.65	130.06	65.71	153.56	67.05	156.70
135,000	53.36	125.42	63.01	148.09	64.29	151.11
140,000	51.30	121.23	60.57	143.14	61.80	146.06
145,000	49.40	117.40	58.33	138.61	59.52	141.44
150,000	47.69	113.92	56.31	134.51	57.46	137.25
155,000	46.09	110.69	54.42	130.70	55.53	133.36
160,000	44.54	107.57	52.60	127.02	53.67	129.61
165,000	43.04	104.54	50.82	123.43	51.86	125.95
170,000	41.59	101.61	49.11	119.97	50.11	122.42
175,000	40.25	98.90	47.52	116.77	48.49	119.16

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA H						
180,000	38.92	96.22	45.95	113.60	46.89	115.92
185,000	37.64	93.64	44.44	110.56	45.35	112.82
190,000	36.47	91.28	43.06	107.78	43.94	109.98
195,000	35.34	89.00	41.73	105.09	42.58	107.23
200,000	34.25	86.81	40.44	102.50	41.27	104.59
205,000	33.18	84.48	39.17	99.74	39.97	101.78
210,000	32.14	82.22	37.94	97.08	38.72	99.07
215,000	31.12	80.03	36.75	94.49	37.50	96.42
220,000	30.14	77.91	35.59	92.00	36.32	93.87
225,000	29.24	75.96	34.52	89.68	35.23	91.51
230,000	28.34	74.02	33.47	87.39	34.15	89.18
235,000	27.48	72.15	32.45	85.19	33.11	86.93
240,000	26.70	70.45	31.52	83.18	32.16	84.88
245,000	25.94	68.80	30.62	81.24	31.25	82.90
250,000	25.20	67.22	29.76	79.36	30.36	80.98
275,000	21.94	59.91	25.90	70.74	26.43	72.18
300,000	19.31	54.03	22.80	63.80	23.26	65.10
325,000	17.06	48.72	20.14	57.52	20.55	58.70
350,000	15.03	43.92	17.74	51.85	18.10	52.91
375,000	13.19	39.57	15.57	46.72	15.89	47.68
400,000	11.58	35.77	13.67	42.24	13.95	43.10
425,000	10.30	32.26	12.16	38.09	12.41	38.87
450,000	9.15	29.09	10.80	34.34	11.02	35.04
475,000	8.10	26.21	9.57	30.95	9.76	31.58
500,000	7.19	23.70	8.49	27.99	8.67	28.56
550,000	5.79	19.08	6.84	22.53	6.98	22.99
600,000	4.64	15.29	5.48	18.05	5.59	18.42
650,000	3.68	12.14	4.35	14.33	4.44	14.62
700,000	2.88	9.48	3.40	11.20	3.47	11.42
750,000	2.20	7.25	2.60	8.56	2.65	8.74
800,000	1.62	5.33	1.91	6.30	1.95	6.43
900,000	0.72	2.37	0.85	2.80	0.87	2.86

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA I&J						
\$ 5,000	446.06	770.28	526.67	909.48	537.42	928.04
7,500	390.50	680.49	461.07	803.47	470.48	819.87
10,000	345.77	608.21	408.26	718.13	416.59	732.78
12,500	312.59	557.66	369.08	658.44	376.61	671.88
15,000	285.87	516.97	337.54	610.39	344.43	622.85
17,500	259.61	476.84	306.52	563.02	312.78	574.51
20,000	238.46	444.54	281.56	524.88	287.30	535.59
22,500	222.55	419.85	262.77	495.73	268.13	505.85
25,000	209.74	399.98	247.64	472.27	252.70	481.91
30,000	188.46	363.19	222.52	428.83	227.06	437.58
35,000	170.88	335.34	201.76	395.94	205.88	404.02
40,000	156.72	312.92	185.05	369.47	188.82	377.01
45,000	145.35	291.94	171.62	344.70	175.12	351.73
50,000	136.20	275.05	160.81	324.76	164.10	331.39
55,000	126.62	257.47	149.51	304.00	152.56	310.20
60,000	118.92	243.31	140.41	287.28	143.27	293.15
65,000	112.25	231.51	132.54	273.35	135.24	278.93
70,000	106.25	220.89	125.45	260.81	128.01	266.13
75,000	101.33	212.17	119.64	250.52	122.08	255.63
80,000	95.97	202.90	113.31	239.56	115.62	244.45
85,000	90.93	194.18	107.36	229.27	109.56	233.95
90,000	86.38	186.29	101.99	219.95	104.07	224.44
95,000	82.21	179.07	97.06	211.43	99.05	215.75
100,000	78.43	172.53	92.60	203.71	94.49	207.87
105,000	74.62	165.95	88.10	195.94	89.90	199.94
110,000	71.03	159.75	83.87	188.63	85.58	192.48
115,000	67.78	154.15	80.03	182.01	81.67	185.73
120,000	64.82	149.03	76.53	175.97	78.09	179.56
125,000	62.13	144.39	73.35	170.48	74.85	173.96
130,000	59.53	139.11	70.28	164.26	71.72	167.61
135,000	57.08	134.16	67.40	158.40	68.77	161.63
140,000	54.87	129.67	64.78	153.11	66.10	156.23
145,000	52.84	125.57	62.39	148.26	63.67	151.29
150,000	51.01	121.85	60.23	143.87	61.46	146.81
155,000	49.30	118.39	58.21	139.79	59.39	142.64
160,000	47.64	115.05	56.25	135.85	57.40	138.62
165,000	46.03	111.80	54.35	132.01	55.46	134.70
170,000	44.48	108.67	52.51	128.30	53.59	130.92
175,000	43.04	105.76	50.82	124.88	51.85	127.42

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA I&J						
180,000	41.61	102.89	49.13	121.48	50.14	123.96
185,000	40.25	100.13	47.52	118.22	48.49	120.64
190,000	38.99	97.60	46.04	115.24	46.98	117.59
195,000	37.79	95.16	44.61	112.36	45.53	114.65
200,000	36.62	92.81	43.24	109.58	44.12	111.82
205,000	35.47	90.32	41.88	106.64	42.73	108.81
210,000	34.36	87.91	40.57	103.79	41.39	105.91
215,000	33.27	85.56	39.29	101.02	40.09	103.09
220,000	32.23	83.30	38.05	98.35	38.83	100.36
225,000	31.26	81.20	36.91	95.88	37.66	97.84
230,000	30.30	79.13	35.78	93.43	36.51	95.34
235,000	29.38	77.14	34.69	91.08	35.40	92.94
240,000	28.54	75.32	33.70	88.93	34.39	90.75
245,000	27.73	73.56	32.74	86.85	33.41	88.63
250,000	26.94	71.86	31.81	84.85	32.46	86.58
275,000	23.53	64.27	27.79	75.89	28.35	77.44
300,000	20.79	58.16	24.54	68.67	25.04	70.08
325,000	18.34	52.36	21.65	61.82	22.09	63.09
350,000	16.12	47.12	19.04	55.63	19.43	56.77
375,000	14.12	42.37	16.67	50.03	17.01	51.05
400,000	12.37	38.23	14.61	45.14	14.91	46.06
425,000	11.02	34.52	13.02	40.76	13.28	41.60
450,000	9.80	31.18	11.58	36.81	11.81	37.56
475,000	8.70	28.15	10.27	33.24	10.48	33.92
500,000	7.74	25.50	9.14	30.11	9.32	30.73
550,000	6.23	20.53	7.36	24.24	7.51	24.74
600,000	4.99	16.45	5.89	19.42	6.01	19.82
650,000	3.96	13.06	4.68	15.42	4.77	15.73
700,000	3.10	10.20	3.65	12.05	3.73	12.29
750,000	2.37	7.80	2.80	9.21	2.85	9.40
800,000	1.74	5.74	2.06	6.78	2.10	6.91
900,000	0.77	2.55	0.91	3.01	0.93	3.07

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA K&L						
\$ 5,000	476.39	822.66	562.49	971.33	573.97	991.16
7,500	419.30	730.73	495.08	862.79	505.19	880.40
10,000	373.35	656.72	440.82	775.41	449.82	791.23
12,500	337.43	601.97	398.41	710.77	406.54	725.27
15,000	308.51	557.90	364.26	658.72	371.70	672.17
17,500	282.10	518.21	333.08	611.86	339.88	624.35
20,000	260.84	486.25	307.98	574.13	314.27	585.85
22,500	243.35	459.10	287.33	542.07	293.20	553.14
25,000	229.28	437.25	270.71	516.27	276.24	526.80
30,000	207.25	399.41	244.70	471.59	249.70	481.21
35,000	188.41	369.76	222.46	436.59	227.00	445.50
40,000	173.24	345.90	204.55	408.41	208.73	416.75
45,000	161.09	323.56	190.21	382.03	194.09	389.83
50,000	151.31	305.57	178.66	360.80	182.30	368.16
55,000	140.67	286.04	166.10	337.73	169.49	344.62
60,000	132.11	270.31	155.99	319.16	159.17	325.67
65,000	124.67	257.13	147.21	303.60	150.21	309.80
70,000	117.98	245.28	139.31	289.61	142.15	295.52
75,000	112.49	235.55	132.82	278.12	135.53	283.79
80,000	106.53	225.22	125.78	265.92	128.35	271.35
85,000	100.92	215.51	119.16	254.46	121.59	259.65
90,000	95.85	206.73	113.18	244.09	115.49	249.07
95,000	91.22	198.69	107.70	234.60	109.90	239.39
100,000	87.01	191.41	102.74	226.00	104.83	230.61
105,000	82.78	184.10	97.74	217.38	99.73	221.81
110,000	78.80	177.23	93.04	209.27	94.94	213.54
115,000	75.20	171.02	88.79	201.93	90.60	206.05
120,000	71.91	165.34	84.90	195.22	86.64	199.20
125,000	68.92	160.19	81.38	189.14	83.04	193.00
130,000	66.12	154.53	78.07	182.46	79.66	186.19
135,000	63.49	149.22	74.96	176.19	76.49	179.78
140,000	61.10	144.41	72.14	170.51	73.62	173.99
145,000	58.92	140.01	69.57	165.32	70.99	168.69
150,000	56.94	136.03	67.23	160.61	68.61	163.89
155,000	55.00	132.08	64.94	155.96	66.26	159.14
160,000	53.12	128.27	62.72	151.46	64.00	154.55
165,000	51.29	124.56	60.56	147.07	61.79	150.08
170,000	49.52	120.98	58.47	142.85	59.67	145.76
175,000	47.89	117.67	56.54	138.94	57.70	141.77

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA K&L						
180,000	46.27	114.39	54.63	135.06	55.75	137.82
185,000	44.72	111.24	52.80	131.35	53.88	134.03
190,000	43.30	108.36	51.12	127.94	52.16	130.56
195,000	41.92	105.58	49.50	124.66	50.51	127.20
200,000	40.60	102.89	47.94	121.49	48.92	123.97
205,000	39.35	100.19	46.46	118.30	47.40	120.71
210,000	38.13	97.58	45.02	115.21	45.94	117.56
215,000	36.95	95.03	43.63	112.20	44.52	114.49
220,000	35.81	92.58	42.29	109.31	43.15	111.54
225,000	34.76	90.30	41.04	106.62	41.88	108.80
230,000	33.72	88.05	39.81	103.97	40.62	106.09
235,000	32.71	85.89	38.63	101.42	39.41	103.49
240,000	31.80	83.92	37.54	99.08	38.31	101.10
245,000	30.91	82.01	36.50	96.83	37.24	98.80
250,000	30.06	80.17	35.49	94.65	36.21	96.59
275,000	26.24	71.67	30.99	84.63	31.62	86.35
300,000	23.17	64.84	27.36	76.55	27.92	78.12
325,000	20.47	58.45	24.17	69.01	24.66	70.42
350,000	18.02	52.67	21.28	62.19	21.71	63.46
375,000	15.81	47.44	18.67	56.02	19.05	57.16
400,000	13.88	42.87	16.38	50.62	16.72	51.66
425,000	12.36	38.72	14.60	45.71	14.89	46.65
450,000	10.99	34.96	12.98	41.28	13.25	42.12
475,000	9.76	31.56	11.52	37.26	11.75	38.02
500,000	8.67	28.58	10.24	33.75	10.45	34.44
550,000	6.98	23.01	8.24	27.17	8.41	27.72
600,000	5.59	18.44	6.61	21.77	6.74	22.21
650,000	4.44	14.63	5.24	17.28	5.35	17.63
700,000	3.47	11.43	4.10	13.50	4.18	13.78
750,000	2.65	8.75	3.13	10.33	3.20	10.54
800,000	1.95	6.43	2.30	7.59	2.35	7.75
900,000	0.87	2.86	1.02	3.37	1.04	3.44

Specific Stop Loss – Net Monthly Premium Rates – 2011**TYPE III – Automatic Renewal –****Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
\$ 5,000	506.73	875.04	598.30	1,033.18	610.51	1,054.27
7,500	448.11	780.97	529.10	922.11	539.90	940.93
10,000	400.93	705.24	473.38	832.69	483.04	849.68
12,500	363.43	648.39	429.11	765.57	437.87	781.19
15,000	333.24	602.62	393.46	711.53	401.49	726.05
17,500	303.59	557.65	358.46	658.43	365.77	671.87
20,000	279.72	521.45	330.27	615.69	337.01	628.25
22,500	261.75	493.83	309.06	583.08	315.37	594.98
25,000	247.29	471.60	291.98	556.83	297.94	568.19
30,000	223.32	430.37	263.67	508.15	269.06	518.52
35,000	203.49	399.38	240.27	471.56	245.17	481.18
40,000	187.53	374.43	221.42	442.10	225.94	451.12
45,000	174.78	351.05	206.36	414.49	210.58	422.95
50,000	164.51	332.23	194.24	392.27	198.21	400.27
55,000	153.41	311.93	181.13	368.31	184.83	375.82
60,000	144.47	295.60	170.58	349.02	174.06	356.14
65,000	136.31	281.14	160.95	331.95	164.23	338.72
70,000	128.97	268.13	152.28	316.59	155.39	323.05
75,000	122.95	257.45	145.17	303.97	148.13	310.18
80,000	116.42	246.13	137.46	290.61	140.26	296.54
85,000	110.28	235.49	130.21	278.05	132.87	283.73
90,000	104.73	225.87	123.66	266.69	126.18	272.13
95,000	99.65	217.07	117.66	256.30	120.06	261.53
100,000	95.05	209.09	112.23	246.88	114.52	251.92
105,000	90.43	201.11	106.77	237.46	108.95	242.30
110,000	86.08	193.61	101.64	228.60	103.71	233.26
115,000	82.15	186.82	96.99	220.58	98.97	225.09
120,000	78.55	180.61	92.75	213.25	94.64	217.61
125,000	75.29	174.99	88.90	206.61	90.71	210.83
130,000	72.22	168.79	85.27	199.30	87.01	203.36
135,000	69.34	162.97	81.87	192.42	83.54	196.35
140,000	66.72	157.70	78.78	186.20	80.39	190.00
145,000	64.34	152.88	75.96	180.51	77.51	184.20
150,000	62.17	148.52	73.41	175.36	74.91	178.94
155,000	60.08	144.29	70.94	170.36	72.38	173.84
160,000	58.06	140.20	68.55	165.54	69.95	168.92
165,000	56.08	136.22	66.22	160.84	67.57	164.12
170,000	54.18	132.38	63.98	156.31	65.28	159.50
175,000	52.43	128.83	61.90	152.11	63.16	155.22

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –**Actively at Work Provision Waived, Coverage for Disabled Persons**

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA M						
180,000	50.68	125.31	59.84	147.96	61.07	150.98
185,000	49.01	121.93	57.87	143.97	59.05	146.91
190,000	47.48	118.84	56.06	140.32	57.21	143.18
195,000	46.00	115.86	54.32	136.80	55.43	139.59
200,000	44.58	112.98	52.64	133.40	53.71	136.12
205,000	43.18	109.94	50.98	129.81	52.02	132.46
210,000	41.82	107.01	49.38	126.35	50.39	128.93
215,000	40.50	104.16	47.82	122.98	48.80	125.49
220,000	39.23	101.40	46.32	119.73	47.27	122.17
225,000	38.05	98.85	44.93	116.72	45.85	119.10
230,000	36.89	96.33	43.55	113.74	44.44	116.06
235,000	35.77	93.91	42.23	110.88	43.09	113.14
240,000	34.74	91.69	41.02	108.26	41.86	110.47
245,000	33.75	89.55	39.85	105.73	40.67	107.89
250,000	32.80	87.48	38.73	103.29	39.52	105.40
275,000	28.63	78.19	33.80	92.33	34.49	94.21
300,000	25.27	70.72	29.84	83.50	30.45	85.20
325,000	22.34	63.82	26.38	75.35	26.92	76.89
350,000	19.70	57.58	23.26	67.98	23.73	69.37
375,000	17.30	51.93	20.43	61.32	20.85	62.57
400,000	15.21	47.00	17.96	55.49	18.33	56.63
425,000	13.55	42.44	16.00	50.11	16.33	51.13
450,000	12.05	38.31	14.23	45.24	14.52	46.16
475,000	10.69	34.58	12.62	40.83	12.88	41.66
500,000	9.50	31.32	11.22	36.98	11.45	37.73
550,000	7.65	25.21	9.03	29.77	9.22	30.37
600,000	6.13	20.20	7.24	23.85	7.38	24.34
650,000	4.87	16.03	5.74	18.93	5.86	19.32
700,000	3.80	12.53	4.49	14.79	4.58	15.09
750,000	2.91	9.58	3.43	11.32	3.50	11.55
800,000	2.14	7.05	2.52	8.32	2.58	8.49
900,000	0.95	3.13	1.12	3.70	1.14	3.77

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –
Actively at Work Provision Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA N						
\$ 5,000	530.86	916.71	626.79	1,082.38	639.59	1,104.47
7,500	470.19	819.46	555.17	967.56	566.50	987.30
10,000	421.36	741.17	497.50	875.12	507.66	892.98
12,500	381.83	681.21	450.83	804.32	460.03	820.74
15,000	350.01	632.94	413.26	747.33	421.69	762.58
17,500	319.79	587.43	377.58	693.59	385.28	707.74
20,000	295.46	550.78	348.85	650.32	355.97	663.59
22,500	276.38	521.43	326.33	615.66	332.99	628.23
25,000	261.03	497.80	308.20	587.76	314.49	599.76
30,000	235.57	453.99	278.14	536.04	283.82	546.97
35,000	215.14	422.26	254.02	498.57	259.21	508.75
40,000	198.70	396.72	234.60	468.41	239.39	477.97
45,000	185.06	371.69	218.50	438.86	222.96	447.82
50,000	174.08	351.54	205.53	415.07	209.73	423.55
55,000	162.30	330.01	191.63	389.66	195.54	397.61
60,000	152.82	312.68	180.44	369.19	184.12	376.73
65,000	144.18	297.36	170.23	351.10	173.71	358.26
70,000	136.40	283.57	161.05	334.81	164.34	341.65
75,000	130.01	272.24	153.51	321.44	156.64	328.00
80,000	123.10	260.26	145.35	307.30	148.32	313.57
85,000	116.61	249.00	137.68	294.00	140.49	300.00
90,000	110.73	238.81	130.74	281.97	133.41	287.72
95,000	105.35	229.49	124.39	270.96	126.93	276.49
100,000	100.48	221.04	118.64	260.99	121.06	266.31
105,000	95.59	212.60	112.87	251.03	115.17	256.15
110,000	91.00	204.67	107.44	241.66	109.64	246.59
115,000	86.84	197.50	102.54	233.19	104.63	237.95
120,000	83.04	190.93	98.05	225.44	100.05	230.04
125,000	79.59	184.99	93.98	218.42	95.90	222.87
130,000	76.34	178.43	90.14	210.67	91.98	214.97
135,000	73.29	172.26	86.53	203.39	88.30	207.54
140,000	70.52	166.68	83.27	196.80	84.97	200.82
145,000	68.00	161.58	80.28	190.78	81.92	194.67
150,000	65.70	156.95	77.58	185.32	79.16	189.10
155,000	63.49	152.48	74.96	180.04	76.49	183.71
160,000	61.35	148.16	72.44	174.93	73.92	178.50
165,000	59.27	143.95	69.98	169.96	71.41	173.43
170,000	57.26	139.89	67.60	165.17	68.98	168.54
175,000	55.40	136.13	65.41	160.73	66.74	164.01

Specific Stop Loss – Net Monthly Premium Rates – 2011
TYPE III – Automatic Renewal –
Actively at Work Provision Waived, Coverage for Disabled Persons

Specific Stop Loss Deductible	Incurred in 12 Months Paid in 12 Months		Paid in 12 Months		Incurred in 12 Months Paid in 15 Months	
	Employee	Composite Dependent	Employee	Composite Dependent	Employee	Composite Dependent
AREA N						
180,000	53.55	132.41	63.23	156.34	64.52	159.53
185,000	51.79	128.84	61.15	152.12	62.39	155.22
190,000	50.17	125.56	59.23	148.26	60.44	151.28
195,000	48.61	122.41	57.39	144.53	58.56	147.48
200,000	47.10	119.36	55.61	140.93	56.74	143.81
205,000	45.64	116.22	53.89	137.22	54.99	140.02
210,000	44.23	113.17	52.22	133.63	53.29	136.35
215,000	42.86	110.21	50.60	130.13	51.63	132.79
220,000	41.53	107.36	49.04	126.76	50.04	129.35
225,000	40.31	104.71	47.59	123.64	48.56	126.16
230,000	39.09	102.09	46.16	120.54	47.10	123.00
235,000	37.93	99.58	44.78	117.58	45.70	119.98
240,000	36.86	97.28	43.52	114.86	44.41	117.21
245,000	35.83	95.06	42.31	112.24	43.17	114.53
250,000	34.84	92.92	41.13	109.71	41.97	111.95
275,000	30.40	83.04	35.90	98.05	36.63	100.05
300,000	26.83	75.09	31.68	88.66	32.33	90.47
325,000	23.70	67.67	27.98	79.90	28.55	81.53
350,000	20.86	60.97	24.63	71.99	25.14	73.46
375,000	18.30	54.91	21.61	64.83	22.05	66.16
400,000	16.06	49.61	18.96	58.58	19.34	59.77
425,000	14.32	44.84	16.90	52.95	17.25	54.03
450,000	12.75	40.53	15.05	47.86	15.36	48.83
475,000	11.32	36.63	13.37	43.25	13.64	44.13
500,000	10.08	33.22	11.90	39.22	12.14	40.03
550,000	8.11	26.74	9.58	31.58	9.78	32.22
600,000	6.50	21.43	7.68	25.30	7.83	25.82
650,000	5.16	17.01	6.09	20.08	6.22	20.49
700,000	4.03	13.29	4.76	15.69	4.86	16.01
750,000	3.08	10.17	3.64	12.00	3.72	12.25
800,000	2.27	7.47	2.68	8.83	2.73	9.01
900,000	1.01	3.32	1.19	3.92	1.21	4.00

II.B. APPENDIX

This Appendix contains the full list of mental health and substance abuse rate adjustment tables.

**Mental Health Adjustments to Manual Net Monthly Premiums
50% Ultimate Inpatient Mental Health Coinsurance**

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									SAAO*
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	
\$ 5,000	-1.9%	-1.7%	-1.5%	-1.3%	-1.1%	-1.0%	-0.9%	-0.8%	-0.8%	-0.8%
10,000	-2.3%	-2.1%	-1.9%	-1.6%	-1.4%	-1.3%	-1.1%	-1.1%	-1.0%	-1.0%
15,000	-2.4%	-2.2%	-2.0%	-1.7%	-1.5%	-1.3%	-1.1%	-1.1%	-1.0%	-1.0%
20,000	-2.5%	-2.3%	-2.1%	-1.9%	-1.7%	-1.5%	-1.3%	-1.3%	-1.2%	-1.1%
25,000	-2.4%	-2.3%	-2.2%	-2.1%	-2.0%	-1.7%	-1.5%	-1.4%	-1.4%	-1.3%
30,000	-2.3%	-2.3%	-2.2%	-2.2%	-2.1%	-1.8%	-1.6%	-1.5%	-1.4%	-1.3%
40,000	-1.6%	-1.6%	-1.6%	-1.6%	-1.6%	-1.4%	-1.1%	-1.0%	-1.0%	-0.8%
50,000	-0.9%	-0.9%	-0.9%	-0.9%	-0.9%	-0.9%	-0.7%	-0.6%	-0.5%	-0.3%
60,000	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.6%	-0.6%	-0.5%	-0.3%
75,000	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.0%	0.2%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

**Mental Health Adjustments to Manual Net Monthly Premiums
60% Ultimate Inpatient Mental Health Coinsurance**

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									SAAO*
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	
\$ 5,000	-1.9%	-1.7%	-1.4%	-1.2%	-0.9%	-0.8%	-0.6%	-0.6%	-0.6%	-0.5%
10,000	-2.3%	-2.0%	-1.8%	-1.5%	-1.2%	-1.0%	-0.9%	-0.8%	-0.8%	-0.7%
15,000	-2.4%	-2.1%	-1.8%	-1.5%	-1.2%	-1.0%	-0.8%	-0.8%	-0.7%	-0.6%
20,000	-2.5%	-2.3%	-2.0%	-1.8%	-1.5%	-1.2%	-1.0%	-0.9%	-0.9%	-0.7%
25,000	-2.4%	-2.2%	-2.1%	-1.9%	-1.7%	-1.4%	-1.1%	-1.0%	-1.0%	-0.8%
30,000	-2.3%	-2.2%	-2.1%	-1.9%	-1.8%	-1.5%	-1.2%	-1.1%	-1.1%	-0.9%
40,000	-1.6%	-1.6%	-1.6%	-1.6%	-1.6%	-1.2%	-0.9%	-0.8%	-0.7%	-0.5%
50,000	-0.9%	-0.9%	-0.9%	-0.9%	-0.9%	-0.8%	-0.4%	-0.3%	-0.2%	0.0%
60,000	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.5%	-0.3%	-0.2%	0.0%
75,000	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.0%	0.1%	0.4%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

**Mental Health Adjustments to Manual Net Monthly Premiums
70% Ultimate Inpatient Mental Health Coinsurance**

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									SAAO*
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	
\$ 5,000	-1.9%	-1.6%	-1.3%	-1.0%	-0.7%	-0.6%	-0.4%	-0.4%	-0.4%	-0.3%
10,000	-2.3%	-2.0%	-1.7%	-1.3%	-1.0%	-0.8%	-0.6%	-0.5%	-0.5%	-0.4%
15,000	-2.4%	-2.1%	-1.7%	-1.4%	-1.0%	-0.8%	-0.5%	-0.5%	-0.4%	-0.3%
20,000	-2.5%	-2.2%	-1.9%	-1.5%	-1.2%	-0.9%	-0.6%	-0.6%	-0.5%	-0.4%
25,000	-2.4%	-2.2%	-1.9%	-1.7%	-1.4%	-1.0%	-0.7%	-0.6%	-0.6%	-0.4%
30,000	-2.3%	-2.1%	-1.9%	-1.7%	-1.5%	-1.2%	-0.8%	-0.7%	-0.6%	-0.4%
40,000	-1.6%	-1.6%	-1.6%	-1.5%	-1.5%	-1.0%	-0.6%	-0.5%	-0.4%	-0.2%
50,000	-0.9%	-0.9%	-0.9%	-0.9%	-0.9%	-0.6%	-0.1%	0.0%	0.1%	0.4%
60,000	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.6%	-0.2%	0.0%	0.1%	0.4%
75,000	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.1%	0.2%	0.5%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.5%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

**Mental Health Adjustments to Manual Net Monthly Premiums
80% Ultimate Inpatient Mental Health Coinsurance**

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									SAAO*
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	
\$ 5,000	-1.9%	-1.6%	-1.3%	-0.9%	-0.6%	-0.4%	-0.2%	-0.2%	-0.1%	0.0%
10,000	-2.3%	-1.9%	-1.5%	-1.1%	-0.7%	-0.5%	-0.3%	-0.2%	-0.2%	-0.1%
15,000	-2.4%	-2.0%	-1.6%	-1.2%	-0.8%	-0.5%	-0.2%	-0.2%	-0.1%	0.0%
20,000	-2.5%	-2.1%	-1.7%	-1.3%	-0.9%	-0.6%	-0.3%	-0.2%	-0.1%	0.0%
25,000	-2.4%	-2.1%	-1.8%	-1.4%	-1.1%	-0.7%	-0.3%	-0.2%	-0.1%	0.0%
30,000	-2.3%	-2.0%	-1.8%	-1.5%	-1.2%	-0.8%	-0.4%	-0.2%	-0.2%	0.0%
40,000	-1.6%	-1.6%	-1.5%	-1.5%	-1.4%	-0.9%	-0.4%	-0.2%	-0.1%	0.1%
50,000	-0.9%	-0.9%	-0.9%	-0.9%	-0.9%	-0.4%	0.1%	0.3%	0.4%	0.7%
60,000	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.5%	0.2%	0.4%	0.5%	0.8%
75,000	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.2%	0.4%	0.5%	0.9%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.7%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

Mental Health Adjustments to Manual Net Monthly Premiums
90% Ultimate Inpatient Mental Health Coinsurance

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	SAAO*
\$ 5,000	-1.9%	-1.5%	-1.2%	-0.8%	-0.4%	-0.2%	0.0%	0.1%	0.1%	0.2%
10,000	-2.3%	-1.9%	-1.4%	-1.0%	-0.5%	-0.3%	0.0%	0.1%	0.1%	0.3%
15,000	-2.4%	-2.0%	-1.5%	-1.1%	-0.6%	-0.3%	0.0%	0.1%	0.2%	0.4%
20,000	-2.5%	-2.1%	-1.6%	-1.2%	-0.7%	-0.3%	0.1%	0.2%	0.2%	0.4%
25,000	-2.4%	-2.0%	-1.6%	-1.2%	-0.8%	-0.3%	0.1%	0.2%	0.3%	0.5%
30,000	-2.3%	-1.9%	-1.6%	-1.2%	-0.8%	-0.4%	0.1%	0.2%	0.3%	0.5%
40,000	-1.6%	-1.5%	-1.3%	-1.2%	-1.0%	-0.5%	0.1%	0.3%	0.4%	0.6%
50,000	-0.9%	-0.9%	-0.9%	-0.8%	-0.8%	-0.2%	0.4%	0.6%	0.7%	1.1%
60,000	-0.7%	-0.7%	-0.7%	-0.7%	-0.7%	-0.2%	0.5%	0.7%	0.9%	1.2%
75,000	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.5%	0.8%	1.0%	1.4%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%	0.9%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.7%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

Mental Health Adjustments to Manual Net Monthly Premiums
100% Ultimate Inpatient Mental Health Coinsurance

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	SAAO*
\$ 5,000	-1.9%	-1.5%	-1.1%	-0.6%	-0.2%	0.0%	0.2%	0.3%	0.3%	0.4%
10,000	-2.3%	-1.8%	-1.3%	-0.8%	-0.3%	0.0%	0.3%	0.4%	0.4%	0.6%
15,000	-2.4%	-1.9%	-1.4%	-0.8%	-0.3%	0.0%	0.3%	0.4%	0.5%	0.7%
20,000	-2.5%	-2.0%	-1.5%	-0.9%	-0.4%	0.0%	0.4%	0.5%	0.6%	0.8%
25,000	-2.4%	-1.9%	-1.5%	-1.0%	-0.5%	0.0%	0.5%	0.6%	0.7%	0.9%
30,000	-2.3%	-1.9%	-1.4%	-1.0%	-0.5%	0.0%	0.5%	0.7%	0.8%	1.0%
40,000	-1.6%	-1.4%	-1.1%	-0.9%	-0.6%	0.0%	0.6%	0.8%	0.9%	1.2%
50,000	-0.9%	-0.9%	-0.8%	-0.8%	-0.7%	0.0%	0.7%	0.9%	1.1%	1.4%
60,000	-0.7%	-0.7%	-0.7%	-0.6%	-0.6%	0.0%	0.8%	1.0%	1.2%	1.6%
75,000	-0.1%	-0.1%	-0.1%	-0.1%	-0.1%	0.0%	0.9%	1.2%	1.4%	1.9%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.5%	1.1%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.9%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

Substance Abuse Adjustments to Manual Net Monthly Premiums
50% Ultimate Inpatient Substance Abuse Coinsurance

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	SAAO*
\$ 5,000	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.4%	-0.4%	-0.3%	-0.3%	-0.3%
10,000	-0.9%	-0.8%	-0.8%	-0.6%	-0.6%	-0.5%	-0.4%	-0.4%	-0.4%	-0.4%
15,000	-1.0%	-0.9%	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.4%	-0.4%	-0.4%
20,000	-1.0%	-0.9%	-0.8%	-0.8%	-0.7%	-0.6%	-0.5%	-0.5%	-0.5%	-0.4%
25,000	-1.0%	-0.9%	-0.9%	-0.8%	-0.8%	-0.7%	-0.6%	-0.6%	-0.6%	-0.5%
30,000	-0.9%	-0.9%	-0.9%	-0.9%	-0.8%	-0.7%	-0.6%	-0.6%	-0.6%	-0.5%
40,000	-0.6%	-0.6%	-0.6%	-0.6%	-0.6%	-0.6%	-0.4%	-0.4%	-0.4%	-0.3%
50,000	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.3%	-0.2%	-0.2%	-0.1%
60,000	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%	-0.2%	-0.2%	-0.1%
75,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

Substance Abuse Adjustments to Manual Net Monthly Premiums
60% Ultimate Inpatient Substance Abuse Coinsurance

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	SAAO*
\$ 5,000	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.3%	-0.2%	-0.2%	-0.2%	-0.2%
10,000	-0.9%	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.4%	-0.3%	-0.3%	-0.3%
15,000	-1.0%	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.3%	-0.3%	-0.3%	-0.2%
20,000	-1.0%	-0.9%	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.4%	-0.4%	-0.3%
25,000	-1.0%	-0.9%	-0.8%	-0.8%	-0.7%	-0.6%	-0.4%	-0.4%	-0.4%	-0.3%
30,000	-0.9%	-0.9%	-0.8%	-0.8%	-0.7%	-0.6%	-0.5%	-0.4%	-0.4%	-0.4%
40,000	-0.6%	-0.6%	-0.6%	-0.6%	-0.6%	-0.5%	-0.4%	-0.3%	-0.3%	-0.2%
50,000	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.3%	-0.2%	-0.1%	-0.1%	0.0%
60,000	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%	-0.1%	-0.1%	0.0%
75,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

**Substance Abuse Adjustments to Manual Net Monthly Premiums
70% Ultimate Inpatient Substance Abuse Coinsurance**

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	SAAO*
\$ 5,000	-0.8%	-0.6%	-0.5%	-0.4%	-0.3%	-0.2%	-0.2%	-0.2%	-0.2%	-0.1%
10,000	-0.9%	-0.8%	-0.7%	-0.5%	-0.4%	-0.3%	-0.2%	-0.2%	-0.2%	-0.2%
15,000	-1.0%	-0.8%	-0.7%	-0.6%	-0.4%	-0.3%	-0.2%	-0.2%	-0.2%	-0.1%
20,000	-1.0%	-0.9%	-0.8%	-0.6%	-0.5%	-0.4%	-0.2%	-0.2%	-0.2%	-0.2%
25,000	-1.0%	-0.9%	-0.8%	-0.7%	-0.6%	-0.4%	-0.3%	-0.2%	-0.2%	-0.2%
30,000	-0.9%	-0.8%	-0.8%	-0.7%	-0.6%	-0.5%	-0.3%	-0.3%	-0.2%	-0.2%
40,000	-0.6%	-0.6%	-0.6%	-0.6%	-0.6%	-0.4%	-0.2%	-0.2%	-0.2%	-0.1%
50,000	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.2%	0.0%	0.0%	0.0%	0.2%
60,000	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%	-0.1%	0.0%	0.0%	0.2%
75,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

**Substance Abuse Adjustments to Manual Net Monthly Premiums
80% Ultimate Inpatient Substance Abuse Coinsurance**

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	SAAO*
\$ 5,000	-0.8%	-0.6%	-0.5%	-0.4%	-0.2%	-0.2%	-0.1%	-0.1%	0.0%	0.0%
10,000	-0.9%	-0.8%	-0.6%	-0.4%	-0.3%	-0.2%	-0.1%	-0.1%	-0.1%	0.0%
15,000	-1.0%	-0.8%	-0.6%	-0.5%	-0.3%	-0.2%	-0.1%	-0.1%	0.0%	0.0%
20,000	-1.0%	-0.8%	-0.7%	-0.5%	-0.4%	-0.2%	-0.1%	-0.1%	0.0%	0.0%
25,000	-1.0%	-0.8%	-0.7%	-0.6%	-0.4%	-0.3%	-0.1%	-0.1%	0.0%	0.0%
30,000	-0.9%	-0.8%	-0.7%	-0.6%	-0.5%	-0.3%	-0.2%	-0.1%	-0.1%	0.0%
40,000	-0.6%	-0.6%	-0.6%	-0.6%	-0.6%	-0.4%	-0.2%	-0.1%	0.0%	0.0%
50,000	-0.4%	-0.4%	-0.4%	-0.4%	-0.4%	-0.2%	0.0%	0.1%	0.2%	0.3%
60,000	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.2%	0.1%	0.2%	0.2%	0.3%
75,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.2%	0.4%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.3%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

Substance Abuse Adjustments to Manual Net Monthly Premiums
90% Ultimate Inpatient Substance Abuse Coinsurance

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									SAAO*
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	
\$ 5,000	-0.8%	-0.6%	-0.5%	-0.3%	-0.2%	-0.1%	0.0%	0.0%	0.0%	0.1%
10,000	-0.9%	-0.8%	-0.6%	-0.4%	-0.2%	-0.1%	0.0%	0.0%	0.0%	0.1%
15,000	-1.0%	-0.8%	-0.6%	-0.4%	-0.2%	-0.1%	0.0%	0.0%	0.1%	0.2%
20,000	-1.0%	-0.8%	-0.6%	-0.5%	-0.3%	-0.1%	0.0%	0.1%	0.1%	0.2%
25,000	-1.0%	-0.8%	-0.6%	-0.5%	-0.3%	-0.1%	0.0%	0.1%	0.1%	0.2%
30,000	-0.9%	-0.8%	-0.6%	-0.5%	-0.3%	-0.2%	0.0%	0.1%	0.1%	0.2%
40,000	-0.6%	-0.6%	-0.5%	-0.5%	-0.4%	-0.2%	0.0%	0.1%	0.2%	0.2%
50,000	-0.4%	-0.4%	-0.4%	-0.3%	-0.3%	-0.1%	0.2%	0.2%	0.3%	0.4%
60,000	-0.3%	-0.3%	-0.3%	-0.3%	-0.3%	-0.1%	0.2%	0.3%	0.4%	0.5%
75,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.2%	0.3%	0.4%	0.6%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.3%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

Substance Abuse Adjustments to Manual Net Monthly Premiums
100% Ultimate Inpatient Substance Abuse Coinsurance

Specific Stop Loss Deductible	Inpatient Confinement Day Limit									SAAO*
	0 Days	5 Days	10 Days	15 Days	20 Days	30 Days	40 Days	50 Days	60 Days	
\$ 5,000	-0.8%	-0.6%	-0.4%	-0.2%	-0.1%	0.0%	0.1%	0.1%	0.1%	0.2%
10,000	-0.9%	-0.7%	-0.5%	-0.3%	-0.1%	0.0%	0.1%	0.2%	0.2%	0.2%
15,000	-1.0%	-0.8%	-0.6%	-0.3%	-0.1%	0.0%	0.1%	0.2%	0.2%	0.3%
20,000	-1.0%	-0.8%	-0.6%	-0.4%	-0.2%	0.0%	0.2%	0.2%	0.2%	0.3%
25,000	-1.0%	-0.8%	-0.6%	-0.4%	-0.2%	0.0%	0.2%	0.2%	0.3%	0.4%
30,000	-0.9%	-0.8%	-0.6%	-0.4%	-0.2%	0.0%	0.2%	0.3%	0.3%	0.4%
40,000	-0.6%	-0.6%	-0.4%	-0.4%	-0.2%	0.0%	0.2%	0.3%	0.4%	0.5%
50,000	-0.4%	-0.4%	-0.3%	-0.3%	-0.3%	0.0%	0.3%	0.4%	0.4%	0.6%
60,000	-0.3%	-0.3%	-0.3%	-0.2%	-0.2%	0.0%	0.3%	0.4%	0.5%	0.6%
75,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.5%	0.6%	0.8%
100,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.2%	0.4%
125,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%	0.4%
150,000	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.1%
200,000+	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

*Same as any other

AMALGAMATED LIFE INSURANCE COMPANY

2011

Specific Stop Loss Manual

January 2011

NOT TO BE DUPLICATED IN WHOLE OR IN PART

**QUESTIONS REGARDING THE CONTENTS OF THIS MANUAL SHOULD BE SENT TO
Mr. Robert McCready, Amalgamated Life Insurance Company, 333 Westchester Avenue, White
Plains, NY 10604; Phone 914-367-5000.**

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III. AGGREGATING SPECIFIC STOP LOSS

Description

Amalgamated Life may offer a premium reduction when a group elects a stop loss program with a specific deductible per person, but reimbursement is not made for eligible amounts until an aggregate deductible is accumulated.

For example, a group might have a \$50,000 deductible per person and an aggregate deductible of \$40,000. Should there be only one claim exceeding the \$50,000 deductible, say a claim of \$150,000, the amount of eligible excess over the specific stop loss deductible is \$100,000. Against this amount, the aggregate deductible of \$40,000 is applied so the reimbursement to the plan sponsor is \$60,000. Should there be several claims in excess of the \$50,000 deductible, say claims for \$62,000, \$91,000, and \$85,000, the total amount eligible would be the sum of \$12,000, \$41,000, and \$35,000, or \$88,000. Against this amount, the aggregate deductible of \$40,000 would be applied so that the plan sponsor would be reimbursed \$48,000.

For many groups, there will be no claims in excess of the specific stop loss deductible in a particular year, so that the net cost reduction can never be equal to the full amount of the aggregate deductible. However, because of the retention element in the gross premium, there can be particular combinations of group sizes, specific stop loss deductibles and aggregate deductibles such that the reduction in gross premium equals or exceeds the aggregate deductible. This is especially true when a group has a specific stop loss deductible that is low compared to the expected claims. The reverse is also true. That is, there is only a small reduction when a group has a large specific stop loss deductible compared to its total expected claims.

The tables in Section III contain percentage reductions in the net annual specific stop loss premiums for various levels of aggregating specific deductibles. The factors also vary by area, group size, and specific stop loss deductible. The factors are based on a Monte Carlo simulation of medical expense continuance tables with the claims excess of the specific stop loss deductibles subject to the aggregate deductibles shown.

One can interpolate between specific deductible amounts, aggregate deductible amounts, and group sizes. The interpolation for group sizes should be based on a straight line method between dollar amounts of savings for the applicable group sizes. A sample worksheet and example are shown in Section III to illustrate the technique that is employed in the accompanying software.

Because percentages are used, there is a possibility that for a group with a high net monthly specific stop loss premium, the calculation might produce a net reduction in cost that exceeds the aggregating deductible. In both theory and actuality, that is impossible, so the maximum shown on lines 12 and 15 of the calculation worksheet must not exceed the aggregating deductible on line 2. Amalgamated Life will usually not want to allow the gross premium reduction on line 22 to exceed the aggregating deductible for practical business reasons, although on infrequent occasions there could be such a reduction.

A blank copy of the worksheet is shown in Section VII.

Worksheet Example**AGGREGATING SPECIFIC STOP LOSS WORKSHEET
CALCULATION OF REDUCTION TO SPECIFIC STOP LOSS GROSS PREMIUM**

This example uses the Employee and Composite Dependent net and gross monthly (MGU formula) premium rates worksheet example in Section II, including specifications and the tabular reduction factors for aggregating specific stop loss in Section III. The additional information needed is the aggregating deductible requested.

	Employee (a)	Dependent (b)
1. Specific Stop Loss Deductible		\$50,000
2. Aggregating Deductible		\$50,000
3. Net Specific Stop Loss Rate	\$85.57	\$173.06
4. Gross Specific Stop Loss Rate	\$135.67	\$274.37
5. Constant Expense in (4)	0	0
6. Number of Units	120	78
7. Dependent Units as % of Employee Units		65%
8. Lower Number of Employees from Tables		100
9. Higher Number of Employees from Tables		200
10. Total Group Net Annual Specific Stop Loss Premium for Size in (8)		\$237,671
11. Tabular % Reduction for Size in (8)		13.4%
12. Net Cost Reduction for Size in (8)		\$31,848
13. Net Specific Stop Loss Premium for Size in (9)		\$475,342
14. Tabular % Reduction for Size in (9)		7.0%
15. Net Cost Reduction for Size in (9)		\$33,274
16. Net Cost Reduction for Actual Number of Employees (Interpolate (12) and (15))		\$32,133
17. Net Annual Specific Stop Loss Premium for This Group		\$285,205
18. Net Cost Reduction as a % of Total Net Stop Loss Premium = ((16) ÷ (17))		11.3%
19. Gross Annual Specific Stop Loss Premium for This Group (Before Reduction for Aggregating Specific)		\$452,175
20. Constant Expense Amount in (19)		0
21. (19) – (20)		\$452,175
22. Gross Premium Reduction for Aggregating Specific = ((18) x (21))		\$51,096
23. Total Gross Premium with Aggregating Specific = ((19) – (22))		\$401,079
24. Gross Premium Reduction per Employee/Dependent per Month	\$15.33	\$31.00

(10.) = \$85.57 x 100 x 12 + \$173.06 x 65 x 12	(17.) = $\frac{120}{100} \times \$237,671$
(12.) = (10) x (11) not to exceed (2)	(19.) = \$135.67 x 120 x 12 + \$274.37 x 78 x 12
(13.) = $\frac{200}{100} \times \$237,671$	(20.) = 120 x (5a) x 12 + 78 x (5b) x 12
(15.) = (13) x (14) not to exceed (2)	(24.) = $\frac{(22)}{(19)} \times (4a) \text{ or } (4b)$
(16.) = .8 x (12) + .2 x (15)	

The gross premium reduction is \$51,096. In this circumstance Amalgamated Life would offer only a \$50,000 reduction in gross premium or even a \$47,500 reduction (95% of \$50,000) for the aggregating deductible of \$50,000 so that the premium credit does not exceed the aggregating deductible.

Percentage Reduction to Specific Stop Loss Cost

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA A

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	6.2%	9.2%	12.1%	15.0%	17.9%	23.3%	28.3%
25	\$20,000	8.0%	11.7%	15.2%	18.5%	21.7%	27.5%	32.8%
25	\$30,000	8.8%	12.7%	16.4%	19.9%	23.1%	29.1%	34.3%
25	\$50,000	9.0%	13.0%	16.8%	20.3%	23.5%	29.5%	34.8%
50	\$10,000	3.1%	4.7%	6.2%	7.8%	9.3%	12.4%	15.5%
50	\$20,000	4.4%	6.6%	8.8%	10.9%	13.0%	17.1%	21.0%
50	\$30,000	5.4%	8.0%	10.5%	13.0%	15.4%	19.9%	24.2%
50	\$50,000	6.4%	9.4%	12.3%	15.0%	17.6%	22.5%	26.9%
50	\$75,000	6.4%	9.4%	12.2%	14.9%	17.4%	22.2%	26.5%
50	\$100,000	6.3%	9.2%	11.9%	14.5%	17.0%	21.5%	25.6%
100	\$20,000	2.2%	3.4%	4.5%	5.6%	6.7%	9.0%	11.2%
100	\$25,000	2.5%	3.8%	5.1%	6.4%	7.6%	10.1%	12.6%
100	\$30,000	2.9%	4.3%	5.7%	7.2%	8.6%	11.4%	14.1%
100	\$40,000	3.4%	5.1%	6.8%	8.5%	10.2%	13.4%	16.6%
100	\$50,000	3.9%	5.9%	7.8%	9.6%	11.5%	15.0%	18.5%
100	\$60,000	4.3%	6.4%	8.4%	10.4%	12.3%	16.1%	19.7%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	2.5%	3.2%	3.8%	5.1%	6.4%	7.6%	9.6%
200	\$30,000	2.9%	3.6%	4.3%	5.8%	7.2%	8.7%	10.8%
200	\$40,000	3.5%	4.4%	5.3%	7.0%	8.8%	10.5%	13.1%
200	\$50,000	4.1%	5.2%	6.2%	8.2%	10.3%	12.3%	15.3%
200	\$60,000	4.7%	5.8%	7.0%	9.2%	11.5%	13.7%	17.0%
500	\$40,000	1.4%	1.8%	2.1%	2.8%	3.5%	4.2%	5.3%
500	\$50,000	1.7%	2.1%	2.5%	3.3%	4.1%	5.0%	6.2%
500	\$60,000	1.9%	2.4%	2.8%	3.8%	4.7%	5.7%	7.1%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA A

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	9.1%	11.2%	13.3%	17.2%	20.9%	24.4%	29.3%
100	\$100,000	9.8%	12.1%	14.3%	18.3%	22.0%	25.5%	30.3%
200	\$75,000	5.4%	6.7%	8.0%	10.6%	13.1%	15.5%	19.1%
200	\$100,000	6.4%	8.0%	9.5%	12.4%	15.3%	18.0%	21.9%
200	\$125,000	7.0%	8.6%	10.2%	13.3%	16.2%	19.0%	23.0%
500	\$75,000	2.2%	2.8%	3.4%	4.5%	5.6%	6.7%	8.4%
500	\$100,000	2.9%	3.6%	4.3%	5.8%	7.2%	8.6%	10.7%
500	\$125,000	3.5%	4.3%	5.2%	6.9%	8.6%	10.2%	12.7%
500	\$150,000	4.1%	5.1%	6.1%	8.0%	10.0%	11.8%	14.6%
500	\$200,000	4.9%	6.0%	7.2%	9.5%	11.7%	13.8%	16.9%
500	\$250,000	5.5%	6.8%	8.1%	10.6%	13.0%	15.4%	18.7%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	2.8%	4.2%	5.6%	7.0%	8.4%	9.8%	11.2%
1,000	\$100,000	3.6%	5.4%	7.2%	9.0%	10.9%	12.7%	14.5%
1,000	\$125,000	4.4%	6.7%	8.9%	11.1%	13.3%	15.5%	17.6%
1,000	\$150,000	5.4%	8.1%	10.7%	13.4%	16.0%	18.5%	21.1%
1,000	\$200,000	7.1%	10.5%	13.9%	17.1%	20.3%	23.3%	26.3%
1,000	\$250,000	8.8%	12.9%	16.9%	20.6%	24.2%	27.5%	30.7%
6,000	\$150,000	0.9%	1.4%	1.8%	2.3%	2.7%	3.2%	3.6%
6,000	\$200,000	1.2%	1.9%	2.5%	3.1%	3.7%	4.3%	4.9%
6,000	\$250,000	1.7%	2.5%	3.3%	4.1%	5.0%	5.8%	6.6%
6,000	\$300,000	2.1%	3.2%	4.2%	5.3%	6.3%	7.4%	8.4%
6,000	\$400,000	3.4%	5.2%	6.8%	8.5%	10.2%	11.8%	13.5%
6,000	\$500,000	5.1%	7.6%	10.0%	12.3%	14.6%	16.9%	19.0%
10,000	\$150,000	0.5%	0.8%	1.1%	1.4%	1.6%	1.9%	2.2%
10,000	\$200,000	0.7%	1.1%	1.5%	1.9%	2.2%	2.6%	3.0%
10,000	\$250,000	1.0%	1.5%	2.0%	2.5%	3.0%	3.5%	4.0%
10,000	\$300,000	1.3%	1.9%	2.5%	3.2%	3.8%	4.4%	5.1%
10,000	\$400,000	2.1%	3.1%	4.2%	5.2%	6.2%	7.3%	8.3%
10,000	\$500,000	3.2%	4.9%	6.5%	8.0%	9.6%	11.2%	12.7%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA B

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	5.7%	8.5%	11.3%	14.0%	16.7%	21.8%	26.6%
25	\$20,000	7.5%	11.0%	14.3%	17.5%	20.5%	26.2%	31.3%
25	\$30,000	8.3%	12.1%	15.6%	18.9%	22.0%	27.8%	32.9%
25	\$50,000	8.6%	12.4%	16.0%	19.4%	22.6%	28.4%	33.6%
50	\$10,000	2.9%	4.3%	5.8%	7.2%	8.7%	11.5%	14.4%
50	\$20,000	4.1%	6.2%	8.2%	10.1%	12.1%	15.9%	19.6%
50	\$30,000	5.1%	7.5%	9.8%	12.1%	14.4%	18.7%	22.7%
50	\$50,000	6.0%	8.9%	11.6%	14.2%	16.7%	21.4%	25.7%
50	\$75,000	6.2%	9.0%	11.8%	14.3%	16.8%	21.5%	25.7%
50	\$100,000	6.1%	8.9%	11.6%	14.1%	16.6%	21.1%	25.1%
100	\$20,000	2.1%	3.1%	4.2%	5.2%	6.2%	8.3%	10.4%
100	\$25,000	2.4%	3.5%	4.7%	5.9%	7.1%	9.4%	11.7%
100	\$30,000	2.7%	4.0%	5.3%	6.6%	7.9%	10.5%	13.1%
100	\$40,000	3.2%	4.8%	6.3%	7.9%	9.4%	12.4%	15.4%
100	\$50,000	3.6%	5.4%	7.2%	8.9%	10.6%	14.0%	17.2%
100	\$60,000	4.0%	5.9%	7.8%	9.7%	11.5%	15.1%	18.5%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	2.4%	2.9%	3.5%	4.7%	5.9%	7.1%	8.8%
200	\$30,000	2.7%	3.3%	4.0%	5.3%	6.7%	8.0%	10.0%
200	\$40,000	3.2%	4.0%	4.9%	6.5%	8.1%	9.7%	12.1%
200	\$50,000	3.8%	4.7%	5.7%	7.6%	9.4%	11.3%	14.1%
200	\$60,000	4.3%	5.4%	6.4%	8.5%	10.6%	12.6%	15.7%
500	\$40,000	1.3%	1.6%	1.9%	2.6%	3.2%	3.9%	4.9%
500	\$50,000	1.5%	1.9%	2.3%	3.0%	3.8%	4.6%	5.7%
500	\$60,000	1.7%	2.2%	2.6%	3.5%	4.3%	5.2%	6.5%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA B

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	8.5%	10.5%	12.4%	16.2%	19.7%	23.0%	27.7%
100	\$100,000	9.2%	11.4%	13.4%	17.3%	20.9%	24.3%	29.0%
200	\$75,000	5.0%	6.2%	7.4%	9.7%	12.1%	14.4%	17.7%
200	\$100,000	6.0%	7.4%	8.8%	11.6%	14.2%	16.8%	20.5%
200	\$125,000	6.6%	8.1%	9.6%	12.6%	15.4%	18.1%	22.0%
500	\$75,000	2.1%	2.6%	3.1%	4.1%	5.1%	6.1%	7.7%
500	\$100,000	2.6%	3.3%	3.9%	5.3%	6.6%	7.9%	9.8%
500	\$125,000	3.2%	4.0%	4.8%	6.3%	7.9%	9.4%	11.7%
500	\$150,000	3.8%	4.7%	5.6%	7.4%	9.2%	10.9%	13.5%
500	\$200,000	4.5%	5.6%	6.7%	8.9%	10.9%	13.0%	15.9%
500	\$250,000	5.2%	6.4%	7.6%	10.1%	12.4%	14.6%	17.8%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	2.6%	3.8%	5.1%	6.4%	7.7%	9.0%	10.3%
1,000	\$100,000	3.3%	5.0%	6.6%	8.3%	9.9%	11.6%	13.2%
1,000	\$125,000	4.1%	6.1%	8.1%	10.1%	12.1%	14.1%	16.1%
1,000	\$150,000	4.9%	7.4%	9.8%	12.2%	14.6%	17.0%	19.3%
1,000	\$200,000	6.5%	9.7%	12.8%	15.8%	18.7%	21.6%	24.3%
1,000	\$250,000	8.1%	12.0%	15.7%	19.2%	22.5%	25.8%	28.9%
6,000	\$150,000	0.8%	1.2%	1.6%	2.1%	2.5%	2.9%	3.3%
6,000	\$200,000	1.1%	1.7%	2.2%	2.8%	3.4%	3.9%	4.5%
6,000	\$250,000	1.5%	2.3%	3.0%	3.8%	4.5%	5.3%	6.0%
6,000	\$300,000	1.9%	2.9%	3.8%	4.8%	5.8%	6.7%	7.7%
6,000	\$400,000	3.1%	4.7%	6.2%	7.7%	9.2%	10.7%	12.2%
6,000	\$500,000	4.6%	6.9%	9.1%	11.3%	13.4%	15.5%	17.5%
10,000	\$150,000	0.5%	0.7%	1.0%	1.2%	1.5%	1.7%	2.0%
10,000	\$200,000	0.7%	1.0%	1.3%	1.7%	2.0%	2.4%	2.7%
10,000	\$250,000	0.9%	1.4%	1.8%	2.3%	2.7%	3.2%	3.6%
10,000	\$300,000	1.2%	1.7%	2.3%	2.9%	3.5%	4.0%	4.6%
10,000	\$400,000	1.9%	2.8%	3.8%	4.7%	5.6%	6.6%	7.5%
10,000	\$500,000	2.9%	4.4%	5.8%	7.3%	8.7%	10.1%	11.5%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA C

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	5.3%	7.9%	10.5%	13.0%	15.5%	20.3%	24.9%
25	\$20,000	7.0%	10.3%	13.5%	16.5%	19.4%	24.8%	29.7%
25	\$30,000	7.8%	11.4%	14.8%	17.9%	20.9%	26.5%	31.5%
25	\$50,000	8.1%	11.8%	15.3%	18.6%	21.6%	27.3%	32.3%
50	\$10,000	2.7%	4.0%	5.3%	6.7%	8.0%	10.6%	13.3%
50	\$20,000	3.8%	5.7%	7.5%	9.4%	11.2%	14.8%	18.2%
50	\$30,000	4.7%	6.9%	9.1%	11.3%	13.4%	17.4%	21.3%
50	\$50,000	5.7%	8.3%	10.9%	13.4%	15.7%	20.3%	24.5%
50	\$75,000	5.9%	8.7%	11.3%	13.8%	16.2%	20.8%	25.0%
50	\$100,000	5.9%	8.6%	11.2%	13.8%	16.1%	20.6%	24.7%
100	\$20,000	1.9%	2.9%	3.8%	4.8%	5.7%	7.6%	9.5%
100	\$25,000	2.2%	3.3%	4.3%	5.4%	6.5%	8.6%	10.8%
100	\$30,000	2.4%	3.6%	4.9%	6.1%	7.3%	9.7%	12.0%
100	\$40,000	2.9%	4.4%	5.8%	7.2%	8.6%	11.4%	14.2%
100	\$50,000	3.3%	5.0%	6.6%	8.2%	9.8%	12.9%	15.9%
100	\$60,000	3.7%	5.5%	7.3%	9.0%	10.7%	14.0%	17.2%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	2.2%	2.7%	3.3%	4.3%	5.4%	6.5%	8.1%
200	\$30,000	2.4%	3.1%	3.7%	4.9%	6.1%	7.3%	9.2%
200	\$40,000	3.0%	3.7%	4.4%	5.9%	7.4%	8.9%	11.1%
200	\$50,000	3.5%	4.3%	5.2%	6.9%	8.6%	10.3%	12.8%
200	\$60,000	3.9%	4.9%	5.9%	7.8%	9.7%	11.6%	14.4%
500	\$40,000	1.2%	1.5%	1.8%	2.4%	3.0%	3.5%	4.4%
500	\$50,000	1.4%	1.7%	2.1%	2.8%	3.5%	4.2%	5.2%
500	\$60,000	1.6%	2.0%	2.4%	3.2%	3.9%	4.7%	5.9%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA C

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	7.9%	9.8%	11.6%	15.1%	18.5%	21.6%	26.1%
100	\$100,000	8.7%	10.7%	12.6%	16.3%	19.8%	23.1%	27.7%
200	\$75,000	4.5%	5.6%	6.8%	8.9%	11.1%	13.2%	16.3%
200	\$100,000	5.5%	6.8%	8.1%	10.7%	13.2%	15.6%	19.2%
200	\$125,000	6.2%	7.6%	9.1%	11.9%	14.6%	17.2%	20.9%
500	\$75,000	1.9%	2.3%	2.8%	3.7%	4.7%	5.6%	7.0%
500	\$100,000	2.4%	3.0%	3.6%	4.8%	5.9%	7.1%	8.9%
500	\$125,000	2.9%	3.6%	4.3%	5.8%	7.2%	8.6%	10.7%
500	\$150,000	3.4%	4.3%	5.1%	6.8%	8.4%	10.0%	12.4%
500	\$200,000	4.2%	5.2%	6.3%	8.3%	10.2%	12.1%	14.9%
500	\$250,000	4.9%	6.0%	7.2%	9.5%	11.7%	13.8%	16.9%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	2.3%	3.5%	4.7%	5.8%	7.0%	8.1%	9.3%
1,000	\$100,000	3.0%	4.5%	6.0%	7.5%	9.0%	10.5%	11.9%
1,000	\$125,000	3.7%	5.5%	7.3%	9.2%	11.0%	12.8%	14.6%
1,000	\$150,000	4.4%	6.7%	8.9%	11.0%	13.2%	15.4%	17.5%
1,000	\$200,000	5.9%	8.8%	11.6%	14.4%	17.1%	19.8%	22.4%
1,000	\$250,000	7.4%	11.0%	14.4%	17.8%	20.9%	24.0%	27.0%
6,000	\$150,000	0.7%	1.1%	1.5%	1.9%	2.2%	2.6%	3.0%
6,000	\$200,000	1.0%	1.5%	2.0%	2.5%	3.0%	3.5%	4.1%
6,000	\$250,000	1.4%	2.0%	2.7%	3.4%	4.1%	4.7%	5.4%
6,000	\$300,000	1.7%	2.6%	3.4%	4.3%	5.2%	6.0%	6.9%
6,000	\$400,000	2.8%	4.2%	5.6%	6.9%	8.3%	9.6%	11.0%
6,000	\$500,000	4.2%	6.2%	8.3%	10.3%	12.2%	14.1%	16.0%
10,000	\$150,000	0.4%	0.7%	0.9%	1.1%	1.3%	1.6%	1.8%
10,000	\$200,000	0.6%	0.9%	1.2%	1.5%	1.8%	2.1%	2.4%
10,000	\$250,000	0.8%	1.2%	1.6%	2.0%	2.4%	2.8%	3.3%
10,000	\$300,000	1.0%	1.6%	2.1%	2.6%	3.1%	3.6%	4.1%
10,000	\$400,000	1.7%	2.5%	3.4%	4.2%	5.0%	5.9%	6.7%
10,000	\$500,000	2.6%	3.9%	5.2%	6.5%	7.8%	9.1%	10.3%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA D

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	4.9%	7.3%	9.6%	12.0%	14.3%	18.8%	23.2%
25	\$20,000	6.5%	9.6%	12.6%	15.5%	18.2%	23.4%	28.2%
25	\$30,000	7.3%	10.7%	13.9%	17.0%	19.8%	25.2%	30.1%
25	\$50,000	7.7%	11.2%	14.6%	17.7%	20.7%	26.2%	31.1%
50	\$10,000	2.4%	3.7%	4.9%	6.1%	7.3%	9.7%	12.2%
50	\$20,000	3.5%	5.2%	6.9%	8.6%	10.3%	13.6%	16.8%
50	\$30,000	4.3%	6.4%	8.4%	10.4%	12.4%	16.2%	19.9%
50	\$50,000	5.3%	7.8%	10.2%	12.5%	14.8%	19.1%	23.2%
50	\$75,000	5.7%	8.3%	10.9%	13.3%	15.6%	20.1%	24.2%
50	\$100,000	5.7%	8.3%	10.9%	13.4%	15.7%	20.1%	24.2%
100	\$20,000	1.7%	2.6%	3.5%	4.4%	5.2%	7.0%	8.7%
100	\$25,000	2.0%	3.0%	4.0%	4.9%	5.9%	7.9%	9.9%
100	\$30,000	2.2%	3.3%	4.4%	5.5%	6.6%	8.8%	11.0%
100	\$40,000	2.7%	4.0%	5.3%	6.6%	7.9%	10.5%	13.0%
100	\$50,000	3.0%	4.6%	6.0%	7.5%	9.0%	11.9%	14.7%
100	\$60,000	3.4%	5.0%	6.7%	8.3%	9.9%	13.0%	15.9%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	2.0%	2.5%	3.0%	4.0%	4.9%	5.9%	7.4%
200	\$30,000	2.2%	2.8%	3.3%	4.4%	5.5%	6.7%	8.3%
200	\$40,000	2.7%	3.3%	4.0%	5.4%	6.7%	8.0%	10.0%
200	\$50,000	3.1%	3.9%	4.7%	6.2%	7.8%	9.3%	11.6%
200	\$60,000	3.5%	4.4%	5.3%	7.1%	8.8%	10.5%	13.1%
500	\$40,000	1.1%	1.3%	1.6%	2.1%	2.7%	3.2%	4.0%
500	\$50,000	1.3%	1.6%	1.9%	2.5%	3.1%	3.8%	4.7%
500	\$60,000	1.4%	1.8%	2.1%	2.8%	3.6%	4.3%	5.3%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA D

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	7.3%	9.1%	10.8%	14.1%	17.2%	20.2%	24.5%
100	\$100,000	8.1%	9.9%	11.8%	15.3%	18.7%	21.8%	26.3%
200	\$75,000	4.1%	5.1%	6.1%	8.1%	10.1%	12.1%	15.0%
200	\$100,000	5.0%	6.2%	7.4%	9.8%	12.2%	14.4%	17.8%
200	\$125,000	5.7%	7.1%	8.5%	11.1%	13.7%	16.2%	19.8%
500	\$75,000	1.7%	2.1%	2.5%	3.3%	4.2%	5.0%	6.3%
500	\$100,000	2.1%	2.7%	3.2%	4.3%	5.3%	6.4%	8.0%
500	\$125,000	2.6%	3.3%	3.9%	5.2%	6.5%	7.8%	9.7%
500	\$150,000	3.1%	3.9%	4.6%	6.1%	7.6%	9.1%	11.3%
500	\$200,000	3.9%	4.8%	5.8%	7.6%	9.5%	11.3%	13.9%
500	\$250,000	4.6%	5.7%	6.8%	8.9%	11.0%	13.1%	16.1%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	2.1%	3.1%	4.2%	5.2%	6.3%	7.3%	8.4%
1,000	\$100,000	2.7%	4.0%	5.3%	6.7%	8.0%	9.4%	10.7%
1,000	\$125,000	3.3%	4.9%	6.6%	8.2%	9.9%	11.5%	13.1%
1,000	\$150,000	4.0%	5.9%	7.9%	9.9%	11.8%	13.8%	15.7%
1,000	\$200,000	5.3%	7.9%	10.5%	13.1%	15.6%	18.0%	20.5%
1,000	\$250,000	6.8%	10.1%	13.2%	16.3%	19.3%	22.3%	25.1%
6,000	\$150,000	0.7%	1.0%	1.3%	1.7%	2.0%	2.3%	2.6%
6,000	\$200,000	0.9%	1.4%	1.8%	2.3%	2.7%	3.2%	3.6%
6,000	\$250,000	1.2%	1.8%	2.4%	3.0%	3.6%	4.2%	4.8%
6,000	\$300,000	1.5%	2.3%	3.1%	3.8%	4.6%	5.4%	6.1%
6,000	\$400,000	2.5%	3.7%	4.9%	6.1%	7.3%	8.5%	9.7%
6,000	\$500,000	3.7%	5.6%	7.4%	9.2%	11.0%	12.8%	14.5%
10,000	\$150,000	0.4%	0.6%	0.8%	1.0%	1.2%	1.4%	1.6%
10,000	\$200,000	0.5%	0.8%	1.1%	1.4%	1.6%	1.9%	2.2%
10,000	\$250,000	0.7%	1.1%	1.4%	1.8%	2.2%	2.5%	2.9%
10,000	\$300,000	0.9%	1.4%	1.8%	2.3%	2.8%	3.2%	3.7%
10,000	\$400,000	1.5%	2.2%	3.0%	3.7%	4.4%	5.2%	5.9%
10,000	\$500,000	2.3%	3.4%	4.6%	5.7%	6.9%	8.0%	9.1%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA E

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	4.4%	6.6%	8.8%	11.0%	13.1%	17.4%	21.5%
25	\$20,000	6.1%	8.9%	11.8%	14.5%	17.1%	22.1%	26.7%
25	\$30,000	6.9%	10.1%	13.1%	16.0%	18.8%	23.9%	28.7%
25	\$50,000	7.3%	10.6%	13.8%	16.8%	19.7%	25.0%	29.8%
50	\$10,000	2.2%	3.3%	4.4%	5.5%	6.6%	8.8%	11.1%
50	\$20,000	3.1%	4.7%	6.3%	7.8%	9.4%	12.4%	15.5%
50	\$30,000	3.9%	5.8%	7.7%	9.6%	11.4%	15.0%	18.4%
50	\$50,000	4.9%	7.2%	9.5%	11.7%	13.9%	18.0%	22.0%
50	\$75,000	5.4%	8.0%	10.4%	12.8%	15.1%	19.4%	23.4%
50	\$100,000	5.5%	8.1%	10.6%	13.0%	15.3%	19.7%	23.8%
100	\$20,000	1.6%	2.4%	3.2%	3.9%	4.7%	6.3%	7.9%
100	\$25,000	1.8%	2.7%	3.6%	4.5%	5.4%	7.2%	8.9%
100	\$30,000	2.0%	3.0%	4.0%	5.0%	6.0%	8.0%	9.9%
100	\$40,000	2.4%	3.6%	4.8%	5.9%	7.1%	9.5%	11.8%
100	\$50,000	2.7%	4.1%	5.5%	6.8%	8.1%	10.8%	13.4%
100	\$60,000	3.1%	4.6%	6.1%	7.6%	9.0%	11.9%	14.7%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.8%	2.2%	2.7%	3.6%	4.5%	5.4%	6.7%
200	\$30,000	2.0%	2.5%	3.0%	4.0%	5.0%	6.0%	7.5%
200	\$40,000	2.4%	3.0%	3.6%	4.8%	6.0%	7.2%	9.0%
200	\$50,000	2.8%	3.5%	4.2%	5.6%	7.0%	8.3%	10.4%
200	\$60,000	3.2%	4.0%	4.7%	6.3%	7.9%	9.5%	11.8%
500	\$40,000	1.0%	1.2%	1.4%	1.9%	2.4%	2.9%	3.6%
500	\$50,000	1.1%	1.4%	1.7%	2.2%	2.8%	3.3%	4.2%
500	\$60,000	1.3%	1.6%	1.9%	2.5%	3.2%	3.8%	4.8%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA E

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	6.8%	8.4%	9.9%	13.0%	16.0%	18.8%	22.9%
100	\$100,000	7.5%	9.2%	11.0%	14.3%	17.5%	20.6%	25.0%
200	\$75,000	3.7%	4.6%	5.5%	7.3%	9.1%	10.9%	13.6%
200	\$100,000	4.5%	5.6%	6.8%	9.0%	11.1%	13.3%	16.4%
200	\$125,000	5.3%	6.6%	7.9%	10.4%	12.9%	15.3%	18.7%
500	\$75,000	1.5%	1.9%	2.2%	3.0%	3.7%	4.5%	5.6%
500	\$100,000	1.9%	2.4%	2.8%	3.8%	4.7%	5.7%	7.1%
500	\$125,000	2.3%	2.9%	3.5%	4.6%	5.8%	6.9%	8.6%
500	\$150,000	2.8%	3.4%	4.1%	5.5%	6.9%	8.2%	10.2%
500	\$200,000	3.6%	4.4%	5.3%	7.0%	8.7%	10.4%	12.9%
500	\$250,000	4.3%	5.3%	6.3%	8.4%	10.4%	12.3%	15.2%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.9%	2.8%	3.7%	4.6%	5.6%	6.5%	7.4%
1,000	\$100,000	2.4%	3.5%	4.7%	5.9%	7.1%	8.3%	9.4%
1,000	\$125,000	2.9%	4.4%	5.8%	7.3%	8.7%	10.2%	11.6%
1,000	\$150,000	3.5%	5.2%	7.0%	8.7%	10.4%	12.2%	13.9%
1,000	\$200,000	4.7%	7.1%	9.4%	11.7%	14.0%	16.3%	18.5%
1,000	\$250,000	6.1%	9.1%	12.0%	14.9%	17.7%	20.5%	23.2%
6,000	\$150,000	0.6%	0.9%	1.2%	1.5%	1.7%	2.0%	2.3%
6,000	\$200,000	0.8%	1.2%	1.6%	2.0%	2.4%	2.8%	3.2%
6,000	\$250,000	1.0%	1.6%	2.1%	2.6%	3.1%	3.7%	4.2%
6,000	\$300,000	1.3%	2.0%	2.7%	3.3%	4.0%	4.7%	5.3%
6,000	\$400,000	2.1%	3.2%	4.3%	5.3%	6.4%	7.4%	8.5%
6,000	\$500,000	3.3%	4.9%	6.6%	8.2%	9.8%	11.4%	13.0%
10,000	\$150,000	0.3%	0.5%	0.7%	0.9%	1.0%	1.2%	1.4%
10,000	\$200,000	0.5%	0.7%	1.0%	1.2%	1.4%	1.7%	1.9%
10,000	\$250,000	0.6%	0.9%	1.3%	1.6%	1.9%	2.2%	2.5%
10,000	\$300,000	0.8%	1.2%	1.6%	2.0%	2.4%	2.8%	3.2%
10,000	\$400,000	1.3%	1.9%	2.6%	3.2%	3.8%	4.5%	5.1%
10,000	\$500,000	2.0%	3.0%	4.0%	5.0%	5.9%	6.9%	7.9%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA F

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	4.2%	6.2%	8.3%	10.4%	12.4%	16.4%	20.3%
25	\$20,000	5.7%	8.5%	11.1%	13.7%	16.2%	21.0%	25.4%
25	\$30,000	6.5%	9.6%	12.5%	15.3%	17.9%	22.9%	27.5%
25	\$50,000	7.0%	10.2%	13.2%	16.1%	18.9%	24.1%	28.7%
50	\$10,000	2.1%	3.1%	4.2%	5.2%	6.3%	8.4%	10.4%
50	\$20,000	3.0%	4.4%	5.9%	7.4%	8.8%	11.7%	14.6%
50	\$30,000	3.7%	5.5%	7.3%	9.0%	10.8%	14.1%	17.4%
50	\$50,000	4.6%	6.8%	9.0%	11.1%	13.1%	17.1%	20.9%
50	\$75,000	5.2%	7.6%	9.9%	12.2%	14.4%	18.5%	22.4%
50	\$100,000	5.3%	7.7%	10.1%	12.5%	14.7%	19.0%	22.9%
100	\$20,000	1.5%	2.2%	3.0%	3.7%	4.5%	5.9%	7.4%
100	\$25,000	1.7%	2.5%	3.4%	4.2%	5.0%	6.7%	8.4%
100	\$30,000	1.9%	2.8%	3.7%	4.7%	5.6%	7.5%	9.3%
100	\$40,000	2.2%	3.4%	4.5%	5.6%	6.7%	8.9%	11.1%
100	\$50,000	2.6%	3.9%	5.1%	6.4%	7.6%	10.1%	12.6%
100	\$60,000	2.9%	4.3%	5.7%	7.1%	8.5%	11.2%	13.8%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.7%	2.1%	2.5%	3.4%	4.2%	5.1%	6.3%
200	\$30,000	1.9%	2.3%	2.8%	3.8%	4.7%	5.6%	7.0%
200	\$40,000	2.2%	2.8%	3.4%	4.5%	5.6%	6.7%	8.4%
200	\$50,000	2.6%	3.3%	3.9%	5.2%	6.5%	7.8%	9.8%
200	\$60,000	3.0%	3.7%	4.4%	5.9%	7.4%	8.9%	11.0%
500	\$40,000	0.9%	1.1%	1.3%	1.8%	2.2%	2.7%	3.4%
500	\$50,000	1.0%	1.3%	1.6%	2.1%	2.6%	3.1%	3.9%
500	\$60,000	1.2%	1.5%	1.8%	2.4%	3.0%	3.6%	4.4%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA F

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	6.4%	7.9%	9.4%	12.3%	15.1%	17.8%	21.7%
100	\$100,000	7.1%	8.8%	10.4%	13.6%	16.7%	19.6%	23.8%
200	\$75,000	3.4%	4.3%	5.2%	6.8%	8.5%	10.2%	12.7%
200	\$100,000	4.2%	5.3%	6.3%	8.4%	10.4%	12.5%	15.4%
200	\$125,000	5.0%	6.2%	7.4%	9.8%	12.1%	14.4%	17.7%
500	\$75,000	1.4%	1.7%	2.1%	2.8%	3.5%	4.2%	5.2%
500	\$100,000	1.8%	2.2%	2.6%	3.5%	4.4%	5.3%	6.6%
500	\$125,000	2.2%	2.7%	3.2%	4.3%	5.4%	6.5%	8.1%
500	\$150,000	2.6%	3.2%	3.9%	5.1%	6.4%	7.7%	9.6%
500	\$200,000	3.4%	4.2%	5.0%	6.6%	8.2%	9.8%	12.1%
500	\$250,000	4.0%	5.0%	6.0%	7.9%	9.8%	11.7%	14.4%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.7%	2.6%	3.5%	4.3%	5.2%	6.1%	6.9%
1,000	\$100,000	2.2%	3.3%	4.4%	5.5%	6.6%	7.7%	8.8%
1,000	\$125,000	2.7%	4.1%	5.4%	6.8%	8.1%	9.5%	10.8%
1,000	\$150,000	3.3%	4.9%	6.5%	8.1%	9.8%	11.4%	13.0%
1,000	\$200,000	4.4%	6.6%	8.8%	10.9%	13.1%	15.2%	17.3%
1,000	\$250,000	5.7%	8.5%	11.3%	14.0%	16.6%	19.2%	21.8%
6,000	\$150,000	0.5%	0.8%	1.1%	1.4%	1.6%	1.9%	2.2%
6,000	\$200,000	0.7%	1.1%	1.5%	1.8%	2.2%	2.6%	3.0%
6,000	\$250,000	1.0%	1.5%	2.0%	2.4%	2.9%	3.4%	3.9%
6,000	\$300,000	1.2%	1.9%	2.5%	3.1%	3.7%	4.4%	5.0%
6,000	\$400,000	2.0%	3.0%	4.0%	5.0%	5.9%	6.9%	7.9%
6,000	\$500,000	3.1%	4.6%	6.1%	7.6%	9.1%	10.6%	12.1%
10,000	\$150,000	0.3%	0.5%	0.7%	0.8%	1.0%	1.1%	1.3%
10,000	\$200,000	0.4%	0.7%	0.9%	1.1%	1.3%	1.6%	1.8%
10,000	\$250,000	0.6%	0.9%	1.2%	1.5%	1.8%	2.1%	2.3%
10,000	\$300,000	0.7%	1.1%	1.5%	1.9%	2.2%	2.6%	3.0%
10,000	\$400,000	1.2%	1.8%	2.4%	3.0%	3.6%	4.2%	4.8%
10,000	\$500,000	1.8%	2.8%	3.7%	4.6%	5.5%	6.5%	7.4%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA G

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	3.9%	5.9%	7.8%	9.8%	11.7%	15.5%	19.2%
25	\$20,000	5.4%	8.0%	10.5%	13.0%	15.3%	19.9%	24.2%
25	\$30,000	6.2%	9.1%	11.9%	14.5%	17.0%	21.8%	26.3%
25	\$50,000	6.7%	9.7%	12.7%	15.5%	18.1%	23.1%	27.6%
50	\$10,000	2.0%	2.9%	3.9%	4.9%	5.9%	7.9%	9.8%
50	\$20,000	2.8%	4.2%	5.6%	6.9%	8.3%	11.0%	13.7%
50	\$30,000	3.4%	5.1%	6.8%	8.5%	10.1%	13.3%	16.4%
50	\$50,000	4.3%	6.4%	8.5%	10.5%	12.4%	16.2%	19.8%
50	\$75,000	4.9%	7.2%	9.4%	11.6%	13.7%	17.7%	21.4%
50	\$100,000	5.0%	7.4%	9.7%	12.0%	14.1%	18.2%	22.1%
100	\$20,000	1.4%	2.1%	2.8%	3.5%	4.2%	5.6%	7.0%
100	\$25,000	1.6%	2.4%	3.2%	3.9%	4.7%	6.3%	7.9%
100	\$30,000	1.8%	2.6%	3.5%	4.4%	5.3%	7.0%	8.8%
100	\$40,000	2.1%	3.1%	4.2%	5.2%	6.2%	8.3%	10.4%
100	\$50,000	2.4%	3.6%	4.8%	6.0%	7.1%	9.4%	11.7%
100	\$60,000	2.7%	4.0%	5.3%	6.6%	7.9%	10.5%	12.9%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.6%	2.0%	2.4%	3.2%	3.9%	4.7%	5.9%
200	\$30,000	1.8%	2.2%	2.6%	3.5%	4.4%	5.3%	6.6%
200	\$40,000	2.1%	2.6%	3.1%	4.2%	5.2%	6.3%	7.9%
200	\$50,000	2.4%	3.0%	3.6%	4.9%	6.1%	7.3%	9.1%
200	\$60,000	2.8%	3.4%	4.1%	5.5%	6.9%	8.2%	10.3%
500	\$40,000	0.8%	1.0%	1.3%	1.7%	2.1%	2.5%	3.1%
500	\$50,000	1.0%	1.2%	1.5%	1.9%	2.4%	2.9%	3.6%
500	\$60,000	1.1%	1.4%	1.7%	2.2%	2.8%	3.3%	4.1%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA G

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	6.0%	7.4%	8.8%	11.5%	14.2%	16.8%	20.5%
100	\$100,000	6.7%	8.3%	9.9%	12.9%	15.9%	18.7%	22.7%
200	\$75,000	3.2%	4.0%	4.8%	6.4%	8.0%	9.5%	11.9%
200	\$100,000	4.0%	4.9%	5.9%	7.8%	9.8%	11.6%	14.4%
200	\$125,000	4.7%	5.8%	7.0%	9.2%	11.4%	13.5%	16.6%
500	\$75,000	1.3%	1.6%	1.9%	2.6%	3.2%	3.9%	4.8%
500	\$100,000	1.6%	2.0%	2.5%	3.3%	4.1%	4.9%	6.1%
500	\$125,000	2.0%	2.5%	3.0%	4.0%	5.0%	6.0%	7.5%
500	\$150,000	2.4%	3.0%	3.6%	4.8%	6.0%	7.1%	8.9%
500	\$200,000	3.1%	3.9%	4.7%	6.2%	7.7%	9.2%	11.3%
500	\$250,000	3.8%	4.7%	5.6%	7.5%	9.3%	11.0%	13.6%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.6%	2.4%	3.2%	4.0%	4.8%	5.6%	6.5%
1,000	\$100,000	2.0%	3.1%	4.1%	5.1%	6.1%	7.2%	8.2%
1,000	\$125,000	2.5%	3.8%	5.0%	6.3%	7.6%	8.8%	10.1%
1,000	\$150,000	3.0%	4.5%	6.0%	7.6%	9.1%	10.6%	12.1%
1,000	\$200,000	4.1%	6.1%	8.2%	10.2%	12.2%	14.2%	16.1%
1,000	\$250,000	5.3%	7.9%	10.5%	13.0%	15.5%	18.0%	20.4%
6,000	\$150,000	0.5%	0.8%	1.0%	1.3%	1.5%	1.8%	2.0%
6,000	\$200,000	0.7%	1.0%	1.4%	1.7%	2.1%	2.4%	2.7%
6,000	\$250,000	0.9%	1.4%	1.8%	2.3%	2.7%	3.2%	3.6%
6,000	\$300,000	1.2%	1.7%	2.3%	2.9%	3.5%	4.0%	4.6%
6,000	\$400,000	1.8%	2.8%	3.7%	4.6%	5.5%	6.4%	7.4%
6,000	\$500,000	2.8%	4.3%	5.7%	7.1%	8.5%	9.9%	11.3%
10,000	\$150,000	0.3%	0.5%	0.6%	0.8%	0.9%	1.1%	1.2%
10,000	\$200,000	0.4%	0.6%	0.8%	1.0%	1.2%	1.4%	1.6%
10,000	\$250,000	0.5%	0.8%	1.1%	1.4%	1.6%	1.9%	2.2%
10,000	\$300,000	0.7%	1.0%	1.4%	1.7%	2.1%	2.4%	2.8%
10,000	\$400,000	1.1%	1.7%	2.2%	2.8%	3.3%	3.9%	4.4%
10,000	\$500,000	1.7%	2.6%	3.4%	4.3%	5.1%	6.0%	6.8%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA H

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	3.7%	5.5%	7.3%	9.1%	11.0%	14.5%	18.0%
25	\$20,000	5.0%	7.5%	9.9%	12.2%	14.5%	18.8%	22.9%
25	\$30,000	5.8%	8.6%	11.2%	13.8%	16.2%	20.8%	25.1%
25	\$50,000	6.3%	9.3%	12.1%	14.8%	17.3%	22.1%	26.5%
50	\$10,000	1.8%	2.8%	3.7%	4.6%	5.5%	7.4%	9.2%
50	\$20,000	2.6%	3.9%	5.2%	6.5%	7.8%	10.3%	12.8%
50	\$30,000	3.2%	4.8%	6.4%	7.9%	9.5%	12.5%	15.4%
50	\$50,000	4.1%	6.0%	7.9%	9.8%	11.7%	15.2%	18.6%
50	\$75,000	4.6%	6.8%	8.9%	11.0%	13.0%	16.8%	20.4%
50	\$100,000	4.8%	7.1%	9.3%	11.5%	13.6%	17.5%	21.2%
100	\$20,000	1.3%	2.0%	2.6%	3.3%	3.9%	5.2%	6.5%
100	\$25,000	1.5%	2.2%	2.9%	3.7%	4.4%	5.9%	7.3%
100	\$30,000	1.6%	2.5%	3.3%	4.1%	4.9%	6.5%	8.2%
100	\$40,000	1.9%	2.9%	3.9%	4.8%	5.8%	7.7%	9.6%
100	\$50,000	2.2%	3.3%	4.4%	5.5%	6.6%	8.8%	10.9%
100	\$60,000	2.5%	3.7%	5.0%	6.2%	7.4%	9.7%	12.1%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.5%	1.8%	2.2%	2.9%	3.7%	4.4%	5.5%
200	\$30,000	1.6%	2.0%	2.5%	3.3%	4.1%	4.9%	6.1%
200	\$40,000	1.9%	2.4%	2.9%	3.9%	4.9%	5.8%	7.3%
200	\$50,000	2.2%	2.8%	3.4%	4.5%	5.6%	6.7%	8.4%
200	\$60,000	2.6%	3.2%	3.8%	5.1%	6.4%	7.6%	9.5%
500	\$40,000	0.8%	1.0%	1.2%	1.6%	1.9%	2.3%	2.9%
500	\$50,000	0.9%	1.1%	1.3%	1.8%	2.2%	2.7%	3.4%
500	\$60,000	1.0%	1.3%	1.5%	2.0%	2.6%	3.1%	3.8%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA H

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	5.6%	6.9%	8.2%	10.8%	13.3%	15.7%	19.3%
100	\$100,000	6.3%	7.8%	9.3%	12.2%	15.0%	17.7%	21.6%
200	\$75,000	3.0%	3.7%	4.4%	5.9%	7.4%	8.8%	11.0%
200	\$100,000	3.7%	4.6%	5.5%	7.3%	9.1%	10.8%	13.4%
200	\$125,000	4.4%	5.4%	6.5%	8.6%	10.6%	12.6%	15.6%
500	\$75,000	1.2%	1.5%	1.8%	2.4%	3.0%	3.6%	4.5%
500	\$100,000	1.5%	1.9%	2.3%	3.0%	3.8%	4.5%	5.7%
500	\$125,000	1.9%	2.3%	2.8%	3.7%	4.6%	5.6%	7.0%
500	\$150,000	2.2%	2.8%	3.3%	4.4%	5.5%	6.6%	8.2%
500	\$200,000	2.9%	3.6%	4.3%	5.8%	7.1%	8.5%	10.6%
500	\$250,000	3.6%	4.4%	5.3%	7.0%	8.7%	10.4%	12.8%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.5%	2.2%	3.0%	3.7%	4.5%	5.2%	6.0%
1,000	\$100,000	1.9%	2.8%	3.8%	4.7%	5.7%	6.6%	7.6%
1,000	\$125,000	2.3%	3.5%	4.7%	5.8%	7.0%	8.2%	9.3%
1,000	\$150,000	2.8%	4.2%	5.6%	7.0%	8.4%	9.8%	11.2%
1,000	\$200,000	3.8%	5.7%	7.5%	9.4%	11.3%	13.1%	14.9%
1,000	\$250,000	4.9%	7.3%	9.7%	12.1%	14.4%	16.7%	19.0%
6,000	\$150,000	0.5%	0.7%	0.9%	1.2%	1.4%	1.6%	1.9%
6,000	\$200,000	0.6%	1.0%	1.3%	1.6%	1.9%	2.2%	2.5%
6,000	\$250,000	0.8%	1.3%	1.7%	2.1%	2.5%	2.9%	3.4%
6,000	\$300,000	1.1%	1.6%	2.1%	2.7%	3.2%	3.7%	4.3%
6,000	\$400,000	1.7%	2.5%	3.4%	4.2%	5.1%	5.9%	6.8%
6,000	\$500,000	2.6%	3.9%	5.2%	6.5%	7.8%	9.1%	10.4%
10,000	\$150,000	0.3%	0.4%	0.6%	0.7%	0.8%	1.0%	1.1%
10,000	\$200,000	0.4%	0.6%	0.8%	1.0%	1.1%	1.3%	1.5%
10,000	\$250,000	0.5%	0.8%	1.0%	1.3%	1.5%	1.8%	2.0%
10,000	\$300,000	0.6%	1.0%	1.3%	1.6%	1.9%	2.2%	2.6%
10,000	\$400,000	1.0%	1.5%	2.0%	2.5%	3.1%	3.6%	4.1%
10,000	\$500,000	1.6%	2.4%	3.1%	3.9%	4.7%	5.5%	6.3%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA I – J

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	3.4%	5.1%	6.8%	8.5%	10.2%	13.6%	16.8%
25	\$20,000	4.7%	7.0%	9.3%	11.4%	13.6%	17.7%	21.6%
25	\$30,000	5.5%	8.1%	10.6%	13.0%	15.3%	19.7%	23.9%
25	\$50,000	6.0%	8.8%	11.5%	14.1%	16.6%	21.2%	25.4%
50	\$10,000	1.7%	2.6%	3.4%	4.3%	5.1%	6.9%	8.6%
50	\$20,000	2.4%	3.6%	4.8%	6.0%	7.2%	9.6%	12.0%
50	\$30,000	3.0%	4.5%	5.9%	7.4%	8.8%	11.7%	14.4%
50	\$50,000	3.8%	5.6%	7.4%	9.2%	10.9%	14.3%	17.5%
50	\$75,000	4.4%	6.4%	8.4%	10.4%	12.3%	15.9%	19.4%
50	\$100,000	4.6%	6.8%	8.9%	11.0%	13.0%	16.8%	20.4%
100	\$20,000	1.2%	1.8%	2.4%	3.0%	3.6%	4.8%	6.0%
100	\$25,000	1.4%	2.0%	2.7%	3.4%	4.1%	5.5%	6.8%
100	\$30,000	1.5%	2.3%	3.0%	3.8%	4.5%	6.1%	7.6%
100	\$40,000	1.8%	2.7%	3.6%	4.5%	5.4%	7.1%	8.9%
100	\$50,000	2.1%	3.1%	4.1%	5.1%	6.1%	8.1%	10.1%
100	\$60,000	2.3%	3.4%	4.6%	5.7%	6.8%	9.0%	11.2%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.4%	1.7%	2.0%	2.7%	3.4%	4.1%	5.1%
200	\$30,000	1.5%	1.9%	2.3%	3.0%	3.8%	4.5%	5.7%
200	\$40,000	1.8%	2.2%	2.7%	3.6%	4.5%	5.4%	6.7%
200	\$50,000	2.1%	2.6%	3.1%	4.1%	5.2%	6.2%	7.7%
200	\$60,000	2.3%	2.9%	3.5%	4.7%	5.9%	7.0%	8.8%
500	\$40,000	0.7%	0.9%	1.1%	1.4%	1.8%	2.2%	2.7%
500	\$50,000	0.8%	1.0%	1.2%	1.7%	2.1%	2.5%	3.1%
500	\$60,000	0.9%	1.2%	1.4%	1.9%	2.3%	2.8%	3.5%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA I – J

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	5.2%	6.4%	7.6%	10.0%	12.4%	14.7%	18.1%
100	\$100,000	5.9%	7.4%	8.8%	11.5%	14.2%	16.7%	20.4%
200	\$75,000	2.7%	3.4%	4.1%	5.4%	6.8%	8.1%	10.1%
200	\$100,000	3.4%	4.2%	5.1%	6.7%	8.4%	10.0%	12.4%
200	\$125,000	4.0%	5.0%	6.0%	8.0%	9.9%	11.8%	14.5%
500	\$75,000	1.1%	1.4%	1.6%	2.2%	2.7%	3.3%	4.1%
500	\$100,000	1.4%	1.7%	2.1%	2.8%	3.5%	4.2%	5.2%
500	\$125,000	1.7%	2.1%	2.6%	3.4%	4.3%	5.1%	6.4%
500	\$150,000	2.0%	2.5%	3.1%	4.1%	5.1%	6.1%	7.6%
500	\$200,000	2.7%	3.4%	4.0%	5.3%	6.6%	7.9%	9.8%
500	\$250,000	3.3%	4.1%	4.9%	6.5%	8.1%	9.7%	12.0%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.4%	2.1%	2.7%	3.4%	4.1%	4.8%	5.5%
1,000	\$100,000	1.7%	2.6%	3.5%	4.3%	5.2%	6.1%	7.0%
1,000	\$125,000	2.1%	3.2%	4.3%	5.3%	6.4%	7.5%	8.6%
1,000	\$150,000	2.6%	3.8%	5.1%	6.4%	7.7%	9.0%	10.2%
1,000	\$200,000	3.5%	5.2%	6.9%	8.6%	10.4%	12.1%	13.7%
1,000	\$250,000	4.5%	6.8%	9.0%	11.2%	13.3%	15.5%	17.6%
6,000	\$150,000	0.4%	0.6%	0.9%	1.1%	1.3%	1.5%	1.7%
6,000	\$200,000	0.6%	0.9%	1.2%	1.5%	1.7%	2.0%	2.3%
6,000	\$250,000	0.8%	1.2%	1.5%	1.9%	2.3%	2.7%	3.1%
6,000	\$300,000	1.0%	1.5%	2.0%	2.4%	2.9%	3.4%	3.9%
6,000	\$400,000	1.6%	2.3%	3.1%	3.9%	4.7%	5.4%	6.2%
6,000	\$500,000	2.4%	3.6%	4.8%	6.0%	7.1%	8.3%	9.5%
10,000	\$150,000	0.3%	0.4%	0.5%	0.6%	0.8%	0.9%	1.0%
10,000	\$200,000	0.3%	0.5%	0.7%	0.9%	1.0%	1.2%	1.4%
10,000	\$250,000	0.5%	0.7%	0.9%	1.2%	1.4%	1.6%	1.8%
10,000	\$300,000	0.6%	0.9%	1.2%	1.5%	1.8%	2.0%	2.3%
10,000	\$400,000	0.9%	1.4%	1.9%	2.3%	2.8%	3.3%	3.7%
10,000	\$500,000	1.4%	2.2%	2.9%	3.6%	4.3%	5.0%	5.8%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA K – L

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	3.2%	4.8%	6.3%	7.9%	9.5%	12.6%	15.7%
25	\$20,000	4.4%	6.5%	8.6%	10.7%	12.7%	16.6%	20.4%
25	\$30,000	5.1%	7.6%	10.0%	12.2%	14.5%	18.7%	22.7%
25	\$50,000	5.7%	8.4%	10.9%	13.4%	15.8%	20.2%	24.3%
50	\$10,000	1.6%	2.4%	3.2%	4.0%	4.8%	6.4%	8.0%
50	\$20,000	2.2%	3.3%	4.5%	5.6%	6.7%	8.9%	11.1%
50	\$30,000	2.8%	4.1%	5.5%	6.8%	8.2%	10.8%	13.4%
50	\$50,000	3.5%	5.2%	6.9%	8.6%	10.2%	13.4%	16.4%
50	\$75,000	4.1%	6.0%	7.9%	9.8%	11.6%	15.1%	18.4%
50	\$100,000	4.4%	6.5%	8.5%	10.5%	12.4%	16.1%	19.5%
100	\$20,000	1.1%	1.7%	2.2%	2.8%	3.4%	4.5%	5.6%
100	\$25,000	1.3%	1.9%	2.5%	3.1%	3.8%	5.0%	6.3%
100	\$30,000	1.4%	2.1%	2.8%	3.5%	4.2%	5.6%	7.0%
100	\$40,000	1.6%	2.5%	3.3%	4.1%	4.9%	6.6%	8.2%
100	\$50,000	1.9%	2.8%	3.7%	4.7%	5.6%	7.4%	9.3%
100	\$60,000	2.1%	3.2%	4.2%	5.2%	6.3%	8.3%	10.3%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.3%	1.6%	1.9%	2.5%	3.1%	3.8%	4.7%
200	\$30,000	1.4%	1.7%	2.1%	2.8%	3.5%	4.2%	5.2%
200	\$40,000	1.6%	2.1%	2.5%	3.3%	4.1%	4.9%	6.2%
200	\$50,000	1.9%	2.4%	2.8%	3.8%	4.7%	5.7%	7.1%
200	\$60,000	2.1%	2.7%	3.2%	4.3%	5.4%	6.4%	8.0%
500	\$40,000	0.7%	0.8%	1.0%	1.3%	1.6%	2.0%	2.5%
500	\$50,000	0.8%	0.9%	1.1%	1.5%	1.9%	2.3%	2.8%
500	\$60,000	0.9%	1.1%	1.3%	1.7%	2.1%	2.6%	3.2%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA K – L

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	4.8%	5.9%	7.1%	9.3%	11.5%	13.7%	16.8%
100	\$100,000	5.6%	6.9%	8.2%	10.8%	13.3%	15.8%	19.3%
200	\$75,000	2.5%	3.1%	3.7%	5.0%	6.2%	7.4%	9.3%
200	\$100,000	3.1%	3.9%	4.7%	6.2%	7.7%	9.2%	11.5%
200	\$125,000	3.7%	4.6%	5.6%	7.4%	9.2%	10.9%	13.5%
500	\$75,000	1.0%	1.2%	1.5%	2.0%	2.5%	3.0%	3.7%
500	\$100,000	1.3%	1.6%	1.9%	2.5%	3.2%	3.8%	4.8%
500	\$125,000	1.6%	1.9%	2.3%	3.1%	3.9%	4.7%	5.8%
500	\$150,000	1.9%	2.3%	2.8%	3.7%	4.6%	5.6%	6.9%
500	\$200,000	2.5%	3.1%	3.7%	4.9%	6.1%	7.3%	9.1%
500	\$250,000	3.1%	3.8%	4.6%	6.1%	7.6%	9.0%	11.2%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.3%	1.9%	2.5%	3.1%	3.8%	4.4%	5.0%
1,000	\$100,000	1.6%	2.4%	3.2%	4.0%	4.8%	5.5%	6.3%
1,000	\$125,000	1.9%	2.9%	3.9%	4.9%	5.8%	6.8%	7.8%
1,000	\$150,000	2.3%	3.5%	4.7%	5.8%	7.0%	8.2%	9.3%
1,000	\$200,000	3.2%	4.7%	6.3%	7.9%	9.4%	11.0%	12.6%
1,000	\$250,000	4.1%	6.2%	8.2%	10.2%	12.2%	14.2%	16.1%
6,000	\$150,000	0.4%	0.6%	0.8%	1.0%	1.2%	1.4%	1.6%
6,000	\$200,000	0.5%	0.8%	1.1%	1.3%	1.6%	1.9%	2.1%
6,000	\$250,000	0.7%	1.0%	1.4%	1.7%	2.1%	2.4%	2.8%
6,000	\$300,000	0.9%	1.3%	1.8%	2.2%	2.7%	3.1%	3.5%
6,000	\$400,000	1.4%	2.1%	2.8%	3.5%	4.2%	4.9%	5.6%
6,000	\$500,000	2.2%	3.2%	4.3%	5.4%	6.5%	7.6%	8.6%
10,000	\$150,000	0.2%	0.4%	0.5%	0.6%	0.7%	0.8%	0.9%
10,000	\$200,000	0.3%	0.5%	0.6%	0.8%	1.0%	1.1%	1.3%
10,000	\$250,000	0.4%	0.6%	0.8%	1.0%	1.3%	1.5%	1.7%
10,000	\$300,000	0.5%	0.8%	1.1%	1.3%	1.6%	1.9%	2.1%
10,000	\$400,000	0.8%	1.3%	1.7%	2.1%	2.5%	3.0%	3.4%
10,000	\$500,000	1.3%	2.0%	2.6%	3.3%	3.9%	4.6%	5.2%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA M

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	2.9%	4.4%	5.9%	7.3%	8.8%	11.7%	14.5%
25	\$20,000	4.0%	6.0%	8.0%	9.9%	11.8%	15.6%	19.1%
25	\$30,000	4.8%	7.1%	9.3%	11.5%	13.6%	17.6%	21.5%
25	\$50,000	5.4%	7.9%	10.4%	12.7%	15.0%	19.2%	23.2%
50	\$10,000	1.5%	2.2%	2.9%	3.7%	4.4%	5.9%	7.3%
50	\$20,000	2.1%	3.1%	4.1%	5.1%	6.1%	8.2%	10.2%
50	\$30,000	2.5%	3.8%	5.0%	6.3%	7.5%	10.0%	12.4%
50	\$50,000	3.2%	4.8%	6.4%	7.9%	9.5%	12.4%	15.3%
50	\$75,000	3.8%	5.7%	7.5%	9.2%	10.9%	14.2%	17.4%
50	\$100,000	4.2%	6.2%	8.1%	10.0%	11.8%	15.4%	18.7%
100	\$20,000	1.0%	1.5%	2.1%	2.6%	3.1%	4.1%	5.1%
100	\$25,000	1.2%	1.7%	2.3%	2.9%	3.5%	4.6%	5.8%
100	\$30,000	1.3%	1.9%	2.5%	3.2%	3.8%	5.1%	6.4%
100	\$40,000	1.5%	2.2%	3.0%	3.7%	4.5%	6.0%	7.5%
100	\$50,000	1.7%	2.6%	3.4%	4.2%	5.1%	6.8%	8.4%
100	\$60,000	1.9%	2.9%	3.8%	4.8%	5.7%	7.6%	9.4%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.2%	1.4%	1.7%	2.3%	2.9%	3.5%	4.3%
200	\$30,000	1.3%	1.6%	1.9%	2.5%	3.2%	3.8%	4.8%
200	\$40,000	1.5%	1.9%	2.2%	3.0%	3.7%	4.5%	5.6%
200	\$50,000	1.7%	2.1%	2.6%	3.4%	4.3%	5.1%	6.4%
200	\$60,000	1.9%	2.4%	2.9%	3.9%	4.8%	5.8%	7.3%
500	\$40,000	0.6%	0.7%	0.9%	1.2%	1.5%	1.8%	2.2%
500	\$50,000	0.7%	0.9%	1.0%	1.4%	1.7%	2.1%	2.6%
500	\$60,000	0.8%	1.0%	1.2%	1.6%	1.9%	2.3%	2.9%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA M

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	4.4%	5.4%	6.5%	8.6%	10.6%	12.6%	15.6%
100	\$100,000	5.2%	6.4%	7.7%	10.1%	12.5%	14.8%	18.1%
200	\$75,000	2.3%	2.8%	3.4%	4.5%	5.6%	6.7%	8.4%
200	\$100,000	2.8%	3.5%	4.2%	5.6%	7.0%	8.4%	10.5%
200	\$125,000	3.4%	4.3%	5.1%	6.8%	8.4%	10.0%	12.4%
500	\$75,000	0.9%	1.1%	1.4%	1.8%	2.3%	2.7%	3.4%
500	\$100,000	1.1%	1.4%	1.7%	2.3%	2.9%	3.4%	4.3%
500	\$125,000	1.4%	1.8%	2.1%	2.8%	3.5%	4.2%	5.3%
500	\$150,000	1.7%	2.1%	2.5%	3.4%	4.2%	5.0%	6.3%
500	\$200,000	2.2%	2.8%	3.4%	4.5%	5.6%	6.7%	8.3%
500	\$250,000	2.8%	3.5%	4.2%	5.6%	7.0%	8.4%	10.4%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.1%	1.7%	2.3%	2.8%	3.4%	4.0%	4.5%
1,000	\$100,000	1.4%	2.1%	2.9%	3.6%	4.3%	5.0%	5.7%
1,000	\$125,000	1.8%	2.6%	3.5%	4.4%	5.3%	6.2%	7.0%
1,000	\$150,000	2.1%	3.2%	4.2%	5.3%	6.3%	7.4%	8.4%
1,000	\$200,000	2.9%	4.3%	5.7%	7.1%	8.5%	9.9%	11.4%
1,000	\$250,000	3.7%	5.6%	7.4%	9.3%	11.1%	12.9%	14.7%
6,000	\$150,000	0.4%	0.5%	0.7%	0.9%	1.1%	1.2%	1.4%
6,000	\$200,000	0.5%	0.7%	1.0%	1.2%	1.4%	1.7%	1.9%
6,000	\$250,000	0.6%	0.9%	1.3%	1.6%	1.9%	2.2%	2.5%
6,000	\$300,000	0.8%	1.2%	1.6%	2.0%	2.4%	2.8%	3.2%
6,000	\$400,000	1.3%	1.9%	2.5%	3.2%	3.8%	4.4%	5.1%
6,000	\$500,000	1.9%	2.9%	3.9%	4.9%	5.8%	6.8%	7.8%
10,000	\$150,000	0.2%	0.3%	0.4%	0.5%	0.6%	0.7%	0.8%
10,000	\$200,000	0.3%	0.4%	0.6%	0.7%	0.9%	1.0%	1.1%
10,000	\$250,000	0.4%	0.6%	0.8%	0.9%	1.1%	1.3%	1.5%
10,000	\$300,000	0.5%	0.7%	1.0%	1.2%	1.4%	1.7%	1.9%
10,000	\$400,000	0.8%	1.1%	1.5%	1.9%	2.3%	2.7%	3.0%
10,000	\$500,000	1.2%	1.8%	2.3%	2.9%	3.5%	4.1%	4.7%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA N

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$40,000	\$50,000
25	\$10,000	2.7%	4.0%	5.4%	6.7%	8.0%	10.7%	13.4%
25	\$20,000	3.7%	5.5%	7.4%	9.2%	11.0%	14.5%	17.9%
25	\$30,000	4.4%	6.6%	8.7%	10.7%	12.7%	16.6%	20.3%
25	\$50,000	5.0%	7.4%	9.8%	12.0%	14.2%	18.3%	22.1%
50	\$10,000	1.3%	2.0%	2.7%	3.4%	4.0%	5.4%	6.7%
50	\$20,000	1.9%	2.8%	3.7%	4.7%	5.6%	7.5%	9.3%
50	\$30,000	2.3%	3.5%	4.6%	5.8%	6.9%	9.2%	11.4%
50	\$50,000	3.0%	4.4%	5.9%	7.3%	8.7%	11.5%	14.2%
50	\$75,000	3.6%	5.3%	7.0%	8.6%	10.2%	13.4%	16.4%
50	\$100,000	3.9%	5.8%	7.7%	9.5%	11.3%	14.6%	17.8%
100	\$20,000	0.9%	1.4%	1.9%	2.3%	2.8%	3.7%	4.7%
100	\$25,000	1.0%	1.6%	2.1%	2.6%	3.1%	4.2%	5.2%
100	\$30,000	1.2%	1.7%	2.3%	2.9%	3.5%	4.6%	5.8%
100	\$40,000	1.3%	2.0%	2.7%	3.4%	4.0%	5.4%	6.7%
100	\$50,000	1.5%	2.3%	3.1%	3.8%	4.6%	6.1%	7.6%
100	\$60,000	1.7%	2.6%	3.5%	4.3%	5.2%	6.9%	8.6%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
200	\$25,000	1.0%	1.3%	1.6%	2.1%	2.6%	3.1%	3.9%
200	\$30,000	1.2%	1.4%	1.7%	2.3%	2.9%	3.5%	4.3%
200	\$40,000	1.3%	1.7%	2.0%	2.7%	3.4%	4.0%	5.1%
200	\$50,000	1.5%	1.9%	2.3%	3.1%	3.8%	4.6%	5.7%
200	\$60,000	1.7%	2.2%	2.6%	3.5%	4.3%	5.2%	6.5%
500	\$40,000	0.5%	0.7%	0.8%	1.1%	1.3%	1.6%	2.0%
500	\$50,000	0.6%	0.8%	0.9%	1.2%	1.5%	1.8%	2.3%
500	\$60,000	0.7%	0.9%	1.0%	1.4%	1.7%	2.1%	2.6%

**Percentage Reduction to Specific Stop Loss Cost
Arising from an Aggregating Stop Loss Deductible**

AREA N

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$20,000	\$25,000	\$30,000	\$40,000	\$50,000	\$60,000	\$75,000
100	\$75,000	4.0%	4.9%	5.9%	7.8%	9.7%	11.6%	14.4%
100	\$100,000	4.8%	6.0%	7.1%	9.4%	11.6%	13.8%	17.0%
200	\$75,000	2.0%	2.5%	3.0%	4.0%	5.0%	6.0%	7.5%
200	\$100,000	2.5%	3.2%	3.8%	5.1%	6.3%	7.6%	9.5%
200	\$125,000	3.1%	3.9%	4.6%	6.1%	7.7%	9.2%	11.4%
500	\$75,000	0.8%	1.0%	1.2%	1.6%	2.0%	2.4%	3.0%
500	\$100,000	1.0%	1.3%	1.5%	2.0%	2.6%	3.1%	3.8%
500	\$125,000	1.3%	1.6%	1.9%	2.5%	3.1%	3.8%	4.7%
500	\$150,000	1.5%	1.9%	2.2%	3.0%	3.7%	4.5%	5.6%
500	\$200,000	2.0%	2.5%	3.0%	4.0%	5.0%	6.0%	7.5%
500	\$250,000	2.6%	3.2%	3.9%	5.2%	6.4%	7.7%	9.6%

Group Size	Specific Stop Loss	<u>Aggregating Specific Stop Loss Deductible</u>						
		\$50,000	\$75,000	\$100,000	\$125,000	\$150,000	\$175,000	\$200,000
1,000	\$75,000	1.0%	1.5%	2.0%	2.5%	3.0%	3.5%	4.0%
1,000	\$100,000	1.3%	1.9%	2.6%	3.2%	3.8%	4.5%	5.1%
1,000	\$125,000	1.6%	2.4%	3.1%	3.9%	4.7%	5.5%	6.3%
1,000	\$150,000	1.9%	2.8%	3.8%	4.7%	5.6%	6.6%	7.5%
1,000	\$200,000	2.5%	3.8%	5.1%	6.4%	7.6%	8.9%	10.2%
1,000	\$250,000	3.3%	5.0%	6.7%	8.3%	10.0%	11.7%	13.3%
6,000	\$150,000	0.3%	0.5%	0.6%	0.8%	0.9%	1.1%	1.3%
6,000	\$200,000	0.4%	0.6%	0.8%	1.1%	1.3%	1.5%	1.7%
6,000	\$250,000	0.6%	0.8%	1.1%	1.4%	1.7%	2.0%	2.2%
6,000	\$300,000	0.7%	1.1%	1.4%	1.8%	2.1%	2.5%	2.8%
6,000	\$400,000	1.1%	1.7%	2.2%	2.8%	3.4%	3.9%	4.5%
6,000	\$500,000	1.7%	2.6%	3.4%	4.3%	5.2%	6.0%	6.9%
10,000	\$150,000	0.2%	0.3%	0.4%	0.5%	0.6%	0.7%	0.8%
10,000	\$200,000	0.3%	0.4%	0.5%	0.6%	0.8%	0.9%	1.0%
10,000	\$250,000	0.3%	0.5%	0.7%	0.8%	1.0%	1.2%	1.3%
10,000	\$300,000	0.4%	0.6%	0.8%	1.1%	1.3%	1.5%	1.7%
10,000	\$400,000	0.7%	1.0%	1.3%	1.7%	2.0%	2.4%	2.7%
10,000	\$500,000	1.0%	1.5%	2.1%	2.6%	3.1%	3.6%	4.1%

IV. PREFERRED PROVIDER NETWORK DISCOUNT ANALYSIS

Introduction

The data underlying the stop loss net premiums in the manual are based on the plan of benefits described on page I-2, which includes pre-certification and continuing stay review. The data up to this section does not include direct recognition of significant discounts as provided by preferred provider option (PPO) or point of service (POS) plans.

When using the Stop Loss worksheet and a PPO discount, the entry for the Preferred Provider adjustment factor (Worksheet 5, line 7c) is on Line 13 of the worksheet.

The structures of PPO plans vary significantly, and their effects on stop loss costs and rates are difficult to measure.

Many underwriters may have their own approach to reflect PPO discounts, based in part on local knowledge and also on underwriting judgment and competitive considerations.

This section provides guidance in the reflection of PPO discounts in stop loss premium determination in the following order.

- Overview — general discussion of PPO discounts and their potential effects on stop loss costs.
- Table of PPO Discounts – This table is used if data is not sufficient (which is almost always the case) to calculate a PPO discount.
- Illustrative Methodology Assuming Data is Sufficient — a sample approach to quantification of effective PPO discounts to determine an estimated adjustment factor to stop loss premiums when PPO benefits are present.

Overview

Most group medical plans now have either Preferred Provider or Point of Service features. These features have a somewhat different effect on total medical plan costs and on excess claims over a stop loss deductible.

For virtually all cases, the Following table of provider discounts will be used in the calculations. On a very infrequent basis, a group will provide sufficient data to allow a complete analysis of provider discounts. In such a case, the methodology to calculate the provider discount. Also, on renewal, provided sufficient claims information is available, a group's own data that shows the discount will be used rather than the following table:

NETWORK DISCOUNTS	FACTOR
Aetna - DE,ME	0.15
Aetna - ID,MD,RI,WV	0.20
Aetna – OR	0.25
Aetna - MN,NH,WI	0.30
Aetna - AK,ND,SC	0.35
Aetna - AL,DC,NC,NY,IA,IN,MI,VA,WA	0.40
Aetna - AR,CT,GA,KS,LA,MA,MO,OH,OK,PA	0.45
Aetna - AZ,CA,CO,FL,IL,KY,NJ,TN,TX	0.50
Aetna - Not Listed	0.20
American Health Alliance – Other	0.30
American Health Alliance - Western US	0.50
AmeriHealth	0.43
Aultcare	0.40
AvMed	0.47
BLUES – MD,WY	0.20
BLUES – WI	0.25
BLUES – ID,ME,NH,VT	0.30
BLUES – AK,MT,ND,UT,WV	0.35
BLUES - MN, OR, WA	0.40
BLUES - AR,DE,GA,IA,KS,NC,NE,OH,OK,SD	0.45
BLUES - CT, DC, VA, SC, FL, KY, IN, MI, MO, LA, HI, NM	0.50
BLUES - AZ,CA,CO,IL,MA,MS,NJ,NY,RI,TN,TX	0.55
BLUES - PA (IBC)	0.60
BLUES – AL	0.75
Choice Network	0.37
Cigna - DE,VT	0.15

Cigna - MD,ME,NH,WV	0.20
Cigna - HI,MT,SD,WY	0.25
Cigna - ID,NY,WI	0.30
Cigna - AK,MN,ND,OR,SC	0.35
Cigna - AL,DC,CT,FL,IA,IN,MS,NC,NE,OH,RI,UT,VA,WA	0.40
Cigna - AR,MA,MI,LA,GA,MO,TN,IL,OK,KS	0.45
Cigna - KY,CO,PA,TX,CA,AZ,NM	0.50
Cigna – NJ	0.55
Cigna - Not Listed	0.20
Consumer Health Network	0.40
DEVON - DE,ID,MT,NH,SD,VT	0.10
DEVON - MD,ME,ND,RI	0.15
DEVON - CT,IA,MN,OR,UT	0.20
DEVON - PA,WI,WV	0.25
DEVON - AL,DC,MI,NC,NE,NY,OK,PA,SC,VA	0.30
DEVON - CO,IN,LA,MA,MS,PA,WA	0.35
DEVON - AR,CA,FL,GA,IL,KY,MA,NJ,NM,TN	0.40
DEVON - MO,OH,TX	0.45
DEVON - AZ,KS	0.50
DEVON - Not Listed	0.20
ECOH	0.38
Evolutions	0.27
Galaxy Health	0.20
GHI	0.56
HealthLink	0.30
Healthnet-NE	0.50
Healthnet-NJ	0.44
HealthSmart Preferred Care	0.35
HMC PPO	0.20
Humana	0.40
Interplan	0.30
MagnaCare Zips 070-089	0.55
MagnaCare Zips 140-143,147	0.45
MagnaCare Zips-All Other	0.25
Medical Mutual of Ohio	0.45
Multiplan (PHCS,Beechstreet,HealthEOS) - DE,ND,WY	0.15
Multiplan (PHCS,Beechstreet,HealthEOS) - ID,MD,ME,NH,VT,WV	0.20
Multiplan (PHCS,Beechstreet,HealthEOS) - SD,WI	0.25
Multiplan (PHCS,Beechstreet,HealthEOS) - CT,HI,IN,KY,MI,MN,MS	0.30
Multiplan (PHCS,Beechstreet,HealthEOS) - AK,AR,FL,KS,MT,NC,NE,NY,OH,PA,RI,UT,VA	0.35
Multiplan (PHCS,Beechstreet,HealthEOS) - CO,DC,GA,IA,IL,LA,KS,MA,NV,OR,SC,TN,WA	0.40

Multiplan (PHCS,Beechstreet,HealthEOS) - AL,AZ,CA,MO,NJ,NM,TX	0.45
Multiplan (PHCS,Beechstreet,HealthEOS) - OK	0.50
NovaNet PPO	0.35
NPPN - National Preferred Provider Network	0.27
POMCO Plus	0.55
PPO NEXT CT&TX	0.40
PPO NEXT NJ	0.45
PPO NEXT Other	0.25
PPO that is localized and not listed	0.30
PPO that is National and not listed	0.38
PPOplus, LLC	0.33
Qualcare	0.26
Superien Health Network	0.37
TPA that is localized and uses PPOs	0.26
UHC - DE,VT	0.15
UHC - MD,NH,WV	0.20
UHC - HI,MT,NY,WY	0.25
UHC - ID,SD,WI	0.30
UHC - AK,IA,KS,MN,ND,OR,SC	0.35
UHC - AL,DC,FL,IN,MS,NC,NE,NM,OH,RI,UT,VA,WA	0.40
UHC - AR,GA,IL,LA,MA,MI,MO,OK,TN	0.45
UHC - AZ,CA,CO,CT,KY,NM,PA,TX	0.50
UHC - NJ	0.55
UHC - Not Listed	0.20
USA H&W Network	0.33

An analysis of the first dollar costs of a PPO plan is included in the Manual. We have included an illustrative methodology in this section of the Specific Stop Loss Manual to assist in the analysis of PPO discounts and the expected financial impact of these discounts on the net monthly premiums included in this manual. The comments in this section are intended to emphasize that to evaluate the potential or likely savings in a specific stop loss program when a PPO is involved, many factors that are specific to that PPO and the group involved should be considered.

Benefits provided in-network usually are paid with lower employee's coinsurance than under a regular indemnity or fee for service plan. Conversely, benefits provided out-of-network are usually paid with higher employee's coinsurance. Sometimes well care is provided but only for in-network providers. The usual objective is to have benefits that are more generous than previously available if one uses the network but reduced when one elects to go out-of-network. Total cost of the program usually is targeted to be less than an 80/20 indemnity plan due to utilization controls by shifting utilization to more efficient providers and by obtaining discounts for services from network providers.

A typical PPO plan compared to an indemnity plan with 80% of the first \$5,000, then 100% of the excess might have 90% of the first \$10,000 in-network, then 100% of the excess and 70% of the expenses out-of-network for the first 10,000, then 100% of the excess. The net result of the plan design differences and provider discounts may be that the composite cost per employee is lower by 10%

compared to the 80/20 indemnity plan and the reimbursement arrangement in-network may reduce future trends by 1 or 2 percentage points.

The success of the program depends upon the relative use of the network, the scope of services available in-network, the network's relative costs and efficiency of its medical practice, and the scope of the services actually rendered by the network.

Because stop loss claims usually are paid without any employee's coinsurance, the network and out-of-network coinsurance percentages are generally not a factor. If one could be sure that the network would treat all patients at a cost that is, for purposes of illustration, 20% below the usual, regular, and customary average cost without adding any extra services, the case for a significant reduction in related stop loss cost is clear. For example, under a traditional base plan, the claims excess of \$50,000 may be distributed as follows:

Range	Average	Frequency	Claims Cost	Excess of \$50,000 Claim Cost
\$50,000 – \$62,500	\$ 55,700	.0044	\$ 245.08	\$ 25.08
\$62,500 & Over	<u>146,700</u>	<u>.0133</u>	<u>1,951.11</u>	<u>1,286.11</u>
Total	\$124,079	.0177	\$2,196.19	\$1,311.19

Assuming the 20% reduction against the average claim amount, the revised table would be:

Range	Average	Frequency	Claims Cost	Excess of \$50,000 Claim Cost
\$40,000 – \$50,000	\$44,560	.0044	\$ 196.06	\$ 0
\$50,000 & Over	<u>117,360</u>	<u>.0133</u>	<u>1,560.89</u>	<u>895.89</u>
Total	\$99,263	.0177	\$1,756.95	\$895.89

This would be a reduction of 31.7% in stop loss cost under a PPO plan with a 20% discount on provider charges. Assuming that half of all claim amounts in dollars are performed out-of-network, the weighted cost reduction would be $31.7\% \times .5 = 15.9\%$.

Complicating this analysis are qualifying cases which are referred out by the network because services are not available in the network. Therefore, the subscriber does not have to pay out-of-pocket charges beyond the amount that he would have been required to pay for in-network service. The weighted reduction then would involve three elements, where the third element is the average savings, if any, on qualifying care for out-of-network referrals. Assume the proportions of large claim services are 40% in-network with a 32.0% reduction, 30% network referrals with an 11% reduction, and 30% self-referrals out of network with no discount. The weighted reduction in stop loss cost would be $(32.0\% \times .4 + 11\% \times .3) = 16.1\%$.

A hospital discount expressed as a percentage of regular billed charges may have a similar impact on moderate and extremely expensive hospital confinements. However, a per diem reimbursement may offer much greater reductions for extremely expensive confinements which make up the bulk of the costs for stop loss deductibles of \$50,000 and over. These claims may have more intense hospital services, and a per diem that represents a 20% discount on average may represent a 70% discount in some cases and perhaps a 40% discount on average for all hospital claims where the regular billed charges exceed \$50,000.

Assume that a hospital has an average cost per day of \$3,500 which is based on all non-maternity confinement days. The range may run from \$2,000 to \$8,000. The hospital claims under \$50,000 may represent 65% of the days confined with an average cost per day of \$3,000. The hospital claims of \$50,000 and over may represent 35% of the days confined with an average cost per day of \$4,425. Therefore, a per diem PPO reimbursement of \$2,800, which represents a 20% discount overall, may represent a 36.7% discount for hospital claims over \$50,000 based on assumptions in this example.

In some PPOs, there are no facilities for performing certain expensive treatments such as organ transplants, neonatal problems, spinal cord trauma, etc. The patient is referred out-of-network and receives in-network benefits or some other “qualifying” level which is higher than the non-network benefits. In some situations, the charges are regular retail while in other situations, the PPOs negotiate lower than retail charges and, therefore, obtain discounted prices for these services.

Some PPO reimbursement contracts have exceptions to the basic reimbursement formula for outlier claims, whether the formula uses per diems, DRGs, or discounts. Some may have a minimum/maximum discount test for each claim, such as all hospital reimbursements being on a per diem but the reimbursement having a minimum discount of 10% and a maximum discount of 40%.

Some PPOs have a “center of excellence” program which covers most tertiary services at a lower than retail cost. The provisions of the plan sponsored medical program may treat the failure to use the center of excellence facilities as out-of-network benefits with a modest extra coinsurance applicable such as \$2,000. On the other hand, a stronger cost control measure may limit reimbursement for a facility out-of-network or not part of a center of excellence program as being subject to a maximum reimbursement equal to the reimbursement that would have been made for an in-network or center of excellence facility. In some cases, PPOs will negotiate with non-network and non-centers of excellence for competitive reimbursements.

The credit or discount from expected claims allowed for first dollar benefits for purposes of setting attachment points may be greater than the credit or discount applied to stop loss premiums. This may reflect the utilization controls of the PPO network upon total costs. However, the claims that penetrate a stop loss deductible usually will require significant treatment and specialists rather than family physicians.

Evaluation of a Preferred Provider Network

Following is a list of factors that should be considered for each individual PPO situation in order to determine a stop loss premium discount. Once a particular PPO in a location has been analyzed, subsequent analysis is easier. Also, once a PPO program has been in place for a period of time, one can analyze claims to determine for various claims sizes the relative utilization of in-network and out-of-network services, the actual discounts from retail and the case management effectiveness of the PPO.

1. Reimbursement arrangements with hospitals, physicians, and other providers.
2. Exceptions to reimbursement arrangements such as outliers, minimum/maximum discounts.
3. Extent of network services in general with attention to availability of services for treatments for:
 - organ and bone marrow transplants
 - neonatal
 - extensive burns
 - head and spinal cord injuries.

4. Availability of a “center of excellence” program.
5. Practice and success in negotiations with providers out-of-network.
6. Plan sponsor’s contractual provisions with respect to out-of-network treatment and non-use of “center of excellence” facilities.
7. History of actual experience in and out-of-network for large claims and extent of actual savings on large claims in-network.

Summary

With the wide prevalence of PPO programs, we believe that pricing of related stop loss benefits should reflect the specific characteristics of the PPO and the group being rated. The following pages provide an illustrative methodology that is a step in that direction provided sufficient data is available. Regardless of approach, careful consideration of all the pertinent factors is advised.

The argument that the provider discount will have a leveraged effect on the excess expenses over the stop loss deductible is reasonable on its face, but the potential for out-of-network care, with only a relatively small disincentive, causes us to adopt a conservative stance. The use of leveraged discounts (off of manual stop loss premiums) still may prove to be too optimistic, especially if the large claims are performed out-of-network at greater frequencies than anticipated or if the reimbursement contract changes to protect facilities from inadequate payments for intensive services or expensive charges whose wholesale costs may exceed per diem allowances.

Illustrative Methodology

As stated previously, the effect of PPO discounts on stop loss costs is difficult to measure and many approaches are possible.

This section presents a relatively straightforward approach that may be considered if more refined methods are not available. The approach includes the following steps:

- Prevailing Charge Tables and Analysis — tables and worksheets to estimate the effective discounts for average prevailing hospital and professional charges, for in-network benefits. This includes consideration of hospital outlier and minimum/ maximum discount provisions. A spreadsheet is provided to aid in the analysis of physician fee discounts.
- Hospital Outlier Reimbursement Provisions — a table of weights used to modify inpatient hospital discounts.
- Pricing Factors for PPO Discounts — a table of factors to transform the effective discounts into percentage adjustments for in-network stop loss costs.
- Stop Loss Premium Adjustment Factor — a worksheet to estimate an overall adjustment to manual stop loss costs when PPO discounts are present.

Prevailing Charge Tables and Analysis

Shown on the Prevailing Charge tables on the following pages are the average retail charges one would expect for hospital and professional services performed in each of the metropolitan areas. Note that average physician charges are expressed in terms of conversion factors. The conversion factors are applied to the RBRVS-based relative value schedule to calculate fees for particular procedures. The

relative values and the calculation procedure are shown in the Example and on the spreadsheet. The average time period for these charges is projected to be centered around July 1, 2011. RBRVS refers to the Resource Based Relative Value Schedule which forms the basis for Medicare reimbursement.

Because these charges are based upon projected historical data, the underwriter may have superior information available from the PPO, HMO, or provider group that is acceptable based on the documentation supplied. In that case, the local data should be used.

The Prevailing Charge tables offer a reasonable test check against the asserted discounts by the provider, PPO, or HMO. Often the network may exaggerate how favorable its reimbursement contracts are compared to the retail charges in the community. When the network hospitals have percentage of billed charges as the basis of the reimbursements, the stop loss underwriter should compare the hospitals' average billed per diem charges to the prevailing charges in the community. A high cost hospital which has charges that are 115% of community combined with a discount of 25% of billed charges produces only a 13.75% discount, compared to 100% of community prevailing charges. On the other hand, a hospital with a charge level of 90% of community combined with a 20% discount produces an effective discount of 28%.

Following the tables of Prevailing Charges is an example of how to use the tables to estimate an overall effective level of discount for in-network benefits and an adjustment factor to apply to stop loss premiums to reflect the effect of discounts. The example includes Worksheets 1 through 5, instructions for each worksheet, and the Network Physician Fee Analysis spreadsheet. Blank worksheets are given in Section VII. The worksheets are best utilized if the user can provide some assumptions in the nature of distribution of charges by type of expense. However, default values are provided.

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
ALABAMA						
350	Birmingham (A-L)	\$7,740	\$82.85	\$57.02	\$68.71	\$106.23
351	Birmingham (M-Z)	\$5,678	\$82.85	\$57.02	\$68.71	\$106.23
352	Birmingham	\$9,793	\$82.66	\$57.95	\$82.57	\$111.21
354	Tuscaloosa	\$5,766	\$82.85	\$57.02	\$63.28	\$106.23
355	Birmingham	\$5,536	\$82.85	\$57.02	\$63.28	\$106.23
356	Decatur	\$5,792	\$82.85	\$57.02	\$63.28	\$106.23
357	Huntsville	\$4,265	\$80.77	\$57.51	\$80.34	\$80.93
358	Huntsville	\$9,416	\$80.77	\$57.51	\$80.34	\$82.64
359	Gadsden	\$7,207	\$89.87	\$58.39	\$68.83	\$99.70
360	Montgomery	\$4,783	\$83.95	\$55.95	\$71.21	\$100.85
361	Montgomery	\$7,118	\$83.95	\$55.95	\$71.21	\$100.85
362	Anniston	\$6,548	\$89.87	\$58.39	\$68.83	\$99.70
363	Dothan	\$6,773	\$91.26	\$56.69	\$67.92	\$128.55
364	Evergreen	\$3,971	\$83.95	\$55.95	\$71.21	\$100.85
365	Mobile	\$5,072	\$85.06	\$55.13	\$80.05	\$99.66
366	Mobile	\$5,979	\$85.06	\$55.13	\$80.05	\$99.66
367	Selma	\$4,577	\$83.95	\$55.95	\$71.21	\$100.85
368	Opelika	\$4,265	\$91.26	\$56.69	\$67.92	\$128.55
369	Meridian, MS	\$3,971	\$85.06	\$55.13	\$80.05	\$99.66
ALASKA						
995	Anchorage	\$11,542	\$184.20	\$115.90	\$158.40	\$164.47
996	Anchorage	\$6,245	\$179.03	\$100.52	\$153.89	\$177.31
997	Fairbanks	\$7,363	\$162.88	\$107.84	\$147.04	\$164.47
998	Juneau	\$5,246	\$162.88	\$100.52	\$147.04	\$176.84
999	Ketchikan	\$4,903	\$152.23	\$100.78	\$137.42	\$165.27
ARIZONA						
850	Phoenix	\$9,805	\$97.95	\$71.87	\$90.79	\$100.88
852	Phoenix	\$9,653	\$95.32	\$73.01	\$98.76	\$101.99
853	Phoenix	\$9,142	\$92.50	\$69.73	\$79.23	\$98.26
855	Globe	\$8,713	\$99.69	\$68.94	\$80.28	\$116.62
856	Tucson	\$6,388	\$90.02	\$70.10	\$76.62	\$101.83
857	Tucson	\$8,255	\$90.02	\$70.10	\$76.62	\$101.83
859	Show Low	\$6,902	\$99.69	\$68.94	\$80.28	\$116.62
860	Flagstaff	\$9,805	\$109.96	\$76.52	\$97.34	\$128.52
863	Prescott	\$8,489	\$99.69	\$68.94	\$80.28	\$116.62
864	Kingsman	\$9,805	\$99.69	\$68.94	\$80.28	\$116.62
865	Gallop, NM	\$4,265	\$109.96	\$76.52	\$97.34	\$128.52

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
ARKANSAS						
716	Pine Bluff	\$4,889	\$87.52	\$63.71	\$68.09	\$115.03
717	Camden	\$5,883	\$87.52	\$63.71	\$68.09	\$115.03
718	Texarkana, TX	\$3,971	\$87.52	\$63.71	\$68.09	\$115.03
719	Hot Springs Nat'l Park	\$7,671	\$87.52	\$63.71	\$68.09	\$115.03
720	Little Rock (A-L)	\$4,380	\$94.99	\$66.18	\$72.21	\$110.52
721	Little Rock (M-Z)	\$5,027	\$94.99	\$66.18	\$72.21	\$110.52
722	Little Rock	\$6,883	\$92.18	\$65.98	\$77.39	\$117.60
723	Memphis, TN	\$4,608	\$91.58	\$63.39	\$87.42	\$102.62
724	Jonesboro	\$3,971	\$91.58	\$63.39	\$87.42	\$102.62
725	Batesville	\$4,688	\$91.58	\$63.39	\$87.42	\$102.62
726	Harrison	\$4,488	\$91.58	\$63.39	\$87.42	\$102.62
727	Fayetteville	\$6,439	\$99.54	\$70.29	\$97.75	\$101.42
728	Russellville	\$4,114	\$87.52	\$63.71	\$68.09	\$115.03
729	Fort Smith	\$4,727	\$99.54	\$70.29	\$97.75	\$101.42

CALIFORNIA

900	Los Angeles	\$13,335	\$128.66	\$84.30	\$103.71	\$123.18
901	Los Angeles	\$13,335	\$128.66	\$84.30	\$103.71	\$123.18
902	Inglewood	\$11,105	\$118.22	\$77.25	\$93.44	\$133.81
903	Inglewood	\$13,335	\$118.22	\$77.25	\$93.44	\$133.81
904	Santa Monica	\$12,779	\$120.46	\$82.14	\$112.43	\$126.99
905	Torrance	\$12,304	\$106.38	\$73.23	\$93.44	\$126.97
906	Whittier	\$8,969	\$114.61	\$72.60	\$113.00	\$133.57
907	Long Beach	\$10,545	\$103.56	\$75.11	\$93.44	\$130.84
908	Long Beach	\$11,802	\$103.52	\$73.94	\$104.64	\$130.97
909	Long Beach	\$11,802	\$103.52	\$73.94	\$104.64	\$130.97
910	Pasadena	\$10,583	\$103.64	\$76.16	\$96.57	\$115.76
911	Pasadena	\$11,257	\$112.18	\$77.89	\$98.06	\$123.75
912	Glendale	\$13,335	\$103.64	\$76.16	\$96.57	\$115.76
913	Van Nuys	\$13,335	\$106.05	\$74.16	\$110.40	\$119.75
914	Van Nuys	\$10,884	\$108.96	\$77.72	\$105.02	\$113.21
915	Burbank	\$13,335	\$113.50	\$77.74	\$163.44	\$134.25
916	North Hollywood	\$13,335	\$113.50	\$77.74	\$163.44	\$134.25
917	Alhambra	\$10,213	\$103.52	\$74.60	\$95.66	\$116.17
918	Alhambra	\$8,051	\$112.18	\$77.89	\$98.06	\$123.75
919	Chula Vista	\$11,178	\$103.36	\$72.06	\$78.33	\$108.99
920	San Diego	\$11,178	\$100.13	\$74.52	\$119.98	\$127.62
921	San Diego	\$11,178	\$105.27	\$77.78	\$102.93	\$124.72
922	Palm Springs	\$12,550	\$99.58	\$73.43	\$87.95	\$119.42
923	San Bernardino	\$11,119	\$99.58	\$73.43	\$83.14	\$119.42
924	San Bernardino	\$11,650	\$99.58	\$73.43	\$83.14	\$119.42
925	Riverside	\$9,415	\$92.10	\$68.41	\$87.15	\$111.58
926	Santa Ana	\$10,632	\$105.50	\$75.15	\$102.60	\$119.87
927	Santa Ana	\$11,864	\$106.00	\$75.55	\$88.70	\$110.71
928	Anaheim	\$11,864	\$103.31	\$75.64	\$96.35	\$121.53

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
CALIFORNIA						
930	Ventura	\$11,864	\$104.32	\$73.05	\$95.34	\$132.60
931	Santa Barbara	\$11,864	\$108.87	\$71.02	\$83.14	\$122.29
932	Bakersfield	\$9,091	\$99.15	\$69.31	\$82.85	\$110.36
933	Bakersfield	\$10,757	\$99.15	\$69.31	\$82.85	\$110.36
934	San Luis Obispo	\$11,864	\$92.10	\$70.06	\$83.14	\$99.99
935	Mojave	\$9,177	\$99.15	\$69.31	\$82.85	\$110.36
936	Fresno	\$6,527	\$100.06	\$70.38	\$85.16	\$112.82
937	Fresno	\$8,802	\$100.06	\$70.38	\$85.16	\$112.82
938	Fresno	\$8,802	\$100.06	\$70.38	\$85.16	\$112.82
939	Salinas	\$11,864	\$108.41	\$74.96	\$101.47	\$126.21
940	San Francisco	\$13,335	\$135.70	\$99.65	\$149.91	\$161.14
941	San Francisco	\$13,335	\$125.25	\$90.46	\$125.30	\$159.47
942	San Francisco	\$13,335	\$116.04	\$84.27	\$109.55	\$209.98
943	Palo Alto	\$13,335	\$199.53	\$129.81	\$172.08	\$191.90
944	San Mateo	\$6,667	\$117.10	\$85.30	\$128.93	\$130.46
945	Oakland	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
946	Oakland	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
947	Berkeley	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
948	Richmond	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
949	San Rafael	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
950	San Jose	\$11,864	\$123.55	\$87.53	\$119.36	\$137.88
951	San Jose	\$11,864	\$123.55	\$87.53	\$119.36	\$137.88
952	Stockton (1)	\$11,864	\$106.18	\$77.62	\$119.69	\$132.35
953	Stockton (2)	\$11,864	\$106.18	\$77.62	\$119.69	\$132.35
954	Santa Rosa	\$11,864	\$100.67	\$72.50	\$97.39	\$119.13
955	Eureka	\$10,852	\$100.67	\$72.50	\$97.39	\$119.13
956	Sacramento (1)	\$11,864	\$107.43	\$79.76	\$105.04	\$166.54
957	Sacramento (2)	\$11,864	\$107.43	\$79.76	\$105.04	\$166.54
958	Sacramento	\$11,864	\$116.04	\$84.27	\$109.55	\$199.98
959	Marysville	\$11,178	\$100.67	\$72.50	\$97.39	\$119.13
960	Redding	\$11,178	\$100.67	\$72.50	\$97.39	\$119.13
961	Reno, NV(California offices)	\$8,069	\$100.67	\$72.50	\$97.39	\$119.13
COLORADO						
800	Denver (North)	\$9,217	\$97.96	\$76.38	\$75.87	\$117.52
801	Denver (South)	\$9,217	\$94.31	\$74.19	\$94.21	\$98.40
802	Denver	\$9,217	\$95.19	\$74.49	\$100.77	\$102.47
803	Boulder	\$9,217	\$93.18	\$74.14	\$104.70	\$101.81
804	Golden	\$6,166	\$105.06	\$74.12	\$84.14	\$97.60
805	Longmont	\$8,447	\$91.45	\$71.28	\$82.99	\$113.88
806	Brighton	\$8,530	\$94.05	\$68.54	\$95.33	\$78.47
807	Fort Morgan	\$4,176	\$94.05	\$68.54	\$95.33	\$78.47
808	Colorado Springs	\$4,265	\$93.75	\$75.68	\$108.13	\$93.63
809	Colorado Springs	\$8,176	\$93.75	\$75.68	\$108.13	\$93.63

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
COLORADO						
810	Pueblo	\$7,167	\$97.73	\$75.00	\$95.54	\$125.04
811	Alamosa	\$4,248	\$97.73	\$75.00	\$95.54	\$123.96
812	Salida	\$4,797	\$97.73	\$75.00	\$95.54	\$125.04
813	Durango	\$7,942	\$97.73	\$75.00	\$95.54	\$125.04
814	Montrose	\$5,155	\$97.73	\$75.00	\$95.54	\$123.96
815	Grand Junction	\$6,745	\$97.73	\$75.00	\$95.54	\$125.04
816	Glenwood Springs	\$7,018	\$122.78	\$81.63	\$111.31	\$133.87
CONNECTICUT						
60	Hartford	\$6,269	\$138.17	\$82.27	\$108.42	\$136.42
61	Hartford	\$6,494	\$137.22	\$84.40	\$124.58	\$123.32
62	Willimantic	\$4,265	\$123.36	\$79.25	\$91.14	\$143.79
63	New London	\$4,430	\$123.36	\$79.25	\$91.14	\$143.79
64	New Haven	\$5,615	\$137.17	\$81.45	\$103.79	\$123.08
65	New Haven	\$9,595	\$137.34	\$84.77	\$85.88	\$136.53
66	Bridgeport	\$7,267	\$136.83	\$86.41	\$85.17	\$135.78
67	Waterbury	\$6,076	\$136.70	\$81.67	\$110.22	\$129.06
68	Stamford	\$6,582	\$149.13	\$89.02	\$135.49	\$152.31
69	Stamford	\$8,658	\$149.13	\$89.02	\$135.49	\$152.31
DELAWARE						
197	Wilmington	\$4,903	\$114.53	\$76.11	\$109.79	\$108.98
198	Wilmington	\$6,133	\$114.53	\$76.11	\$109.79	\$108.98
199	Dover	\$5,597	\$111.66	\$69.05	\$96.64	\$122.67
DISTRICT OF COLUMBIA						
200	Washington	\$7,426	\$120.27	\$83.58	\$109.12	\$125.15
202	Government	\$7,426	\$120.27	\$83.58	\$109.12	\$125.15
203	Government	\$7,426	\$120.27	\$83.58	\$109.12	\$125.15
204	Government	\$7,426	\$120.27	\$83.58	\$109.12	\$125.15
205	Government	\$7,426	\$120.27	\$83.58	\$109.12	\$125.15
FLORIDA						
320	Jacksonville	\$8,193	\$90.69	\$69.65	\$97.84	\$103.98
321	Jacksonville	\$6,712	\$97.35	\$69.99	\$82.42	\$96.52
322	Jacksonville	\$7,975	\$99.96	\$75.36	\$117.82	\$132.98
323	Tallahassee	\$6,395	\$101.33	\$70.91	\$77.95	\$110.57
324	Panama City	\$6,712	\$101.33	\$70.91	\$77.95	\$110.57
325	Pensacola	\$10,136	\$101.33	\$70.91	\$77.95	\$110.57
326	Gainesville	\$9,936	\$109.29	\$81.95	\$124.43	\$130.95
327	Orlando	\$7,235	\$101.43	\$72.70	\$86.74	\$106.93
328	Orlando	\$9,805	\$101.31	\$79.01	\$131.05	\$96.25
329	Melbourne	\$6,482	\$96.52	\$72.24	\$84.89	\$102.04
330	Miami	\$8,253	\$113.51	\$87.84	\$99.65	\$129.19

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
FLORIDA						
331	Miami	\$9,046	\$129.05	\$90.57	\$112.73	\$140.24
332	Miami	\$9,046	\$129.05	\$90.57	\$112.73	\$140.24
333	Fort Lauderdale	\$8,700	\$117.80	\$85.14	\$107.77	\$146.09
334	West Palm Beach	\$10,574	\$109.08	\$76.55	\$87.95	\$111.69
335	Tampa	\$10,491	\$100.15	\$75.26	\$80.39	\$113.32
336	Tampa	\$9,947	\$112.24	\$79.40	\$106.70	\$111.09
337	Saint Petersburg	\$8,850	\$103.41	\$77.50	\$89.67	\$108.77
338	Lakeland	\$8,705	\$107.17	\$77.75	\$92.27	\$113.59
339	Fort Myers	\$9,742	\$104.39	\$77.28	\$86.73	\$92.33
340	Miami	\$8,253	\$113.51	\$87.84	\$99.65	\$129.19
341	Naples	\$8,030	\$111.41	\$81.75	\$91.10	\$110.62
342	Tampa	\$8,448	\$91.38	\$70.83	\$87.25	\$94.58
344	Pensacola	\$9,235	\$81.70	\$68.56	\$68.71	\$96.49
346	Tampa	\$9,401	\$92.17	\$72.82	\$84.85	\$111.25
347	Orlando	\$8,498	\$98.11	\$72.42	\$105.70	\$87.45
349	West Palm Beach	\$10,627	\$100.26	\$76.91	\$87.95	\$105.78
GEORGIA						
300	Atlanta (Metro)	\$6,679	\$115.33	\$75.32	\$100.27	\$123.68
301	Atlanta	\$7,250	\$112.59	\$77.24	\$114.74	\$120.72
302	Atlanta	\$6,393	\$112.59	\$77.24	\$114.74	\$120.72
303	Atlanta	\$7,296	\$119.83	\$80.01	\$102.22	\$129.61
304	Swainsboro	\$4,791	\$121.39	\$74.21	\$103.88	\$143.79
305	Gainesville	\$6,858	\$116.83	\$73.01	\$115.29	\$125.05
306	Athens	\$5,759	\$112.26	\$71.56	\$93.95	\$124.28
307	Chattanooga, TN	\$6,098	\$120.18	\$73.55	\$101.75	\$126.07
308	Augusta	\$4,265	\$114.17	\$72.93	\$118.49	\$143.79
309	Augusta	\$7,187	\$114.17	\$72.93	\$118.49	\$144.87
310	Macon	\$4,265	\$113.11	\$75.54	\$100.81	\$132.87
311	Atlanta	\$7,296	\$119.83	\$80.01	\$102.22	\$129.61
312	Macon	\$7,997	\$117.60	\$79.68	\$98.41	\$126.49
313	Savannah	\$4,265	\$115.32	\$77.25	\$109.42	\$142.95
314	Savannah	\$7,404	\$115.32	\$77.25	\$109.42	\$142.95
315	Waycross	\$4,648	\$121.39	\$74.21	\$103.88	\$133.87
316	Valdosta	\$3,971	\$114.65	\$72.93	\$111.31	\$126.91
317	Albany	\$5,298	\$114.65	\$72.93	\$111.31	\$126.91
318	Columbus	\$3,971	\$114.65	\$72.93	\$111.31	\$126.91
319	Columbus	\$6,331	\$114.65	\$72.93	\$119.55	\$126.91
398	Atlanta	\$4,903	\$114.65	\$72.93	\$123.45	\$126.91
399	Atlanta	\$4,903	\$114.65	\$72.93	\$123.45	\$126.91
HAWAII						
967	Honolulu	\$5,093	\$103.95	\$73.88	\$83.12	\$119.85
968	Honolulu	\$6,130	\$103.95	\$73.88	\$83.12	\$119.85

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
IDAHO						
832	Pocatello	\$4,299	\$107.99	\$69.73	\$77.73	\$112.93
833	Twin Falls	\$3,898	\$106.75	\$70.35	\$70.64	\$105.08
834	Pocatello	\$7,725	\$107.99	\$69.73	\$77.73	\$112.93
835	Lewiston	\$4,226	\$106.75	\$70.35	\$70.64	\$105.08
836	Boise	\$4,913	\$106.75	\$70.35	\$70.64	\$105.08
837	Boise	\$5,637	\$110.91	\$72.35	\$70.89	\$133.87
838	Spokane, WA	\$5,033	\$106.75	\$70.35	\$70.64	\$105.08
ILLINOIS						
600	N Suburban	\$8,718	\$143.29	\$85.15	\$127.66	\$133.08
601	N Suburban	\$8,519	\$148.35	\$85.27	\$144.45	\$152.90
602	Evanston	\$8,954	\$141.80	\$83.26	\$156.65	\$135.68
603	Oak Park	\$7,774	\$141.80	\$83.26	\$156.65	\$135.68
604	S Suburban	\$7,593	\$144.12	\$80.69	\$141.15	\$136.92
605	S Suburban	\$9,508	\$143.57	\$85.20	\$132.55	\$175.84
606	Chicago	\$7,981	\$168.72	\$95.93	\$129.03	\$164.95
607	Chicago	\$7,981	\$168.72	\$95.93	\$129.03	\$164.95
608	Chicago	\$7,601	\$168.72	\$95.93	\$129.03	\$164.95
609	Kankakee	\$7,093	\$138.60	\$75.27	\$114.36	\$157.08
610	Rockford	\$6,454	\$152.23	\$87.18	\$137.42	\$165.27
611	Rockford	\$7,252	\$139.60	\$80.63	\$137.42	\$165.27
612	Rock Island	\$5,188	\$109.34	\$70.31	\$105.53	\$107.96
613	La Salle	\$4,608	\$131.28	\$76.99	\$123.63	\$155.36
614	Galesburg	\$5,619	\$131.28	\$76.99	\$119.55	\$143.79
615	Peoria	\$5,247	\$131.28	\$76.99	\$123.63	\$155.36
616	Peoria	\$8,997	\$133.98	\$79.76	\$122.33	\$155.36
617	Bloomington	\$6,410	\$132.44	\$85.40	\$100.81	\$143.79
618	Champaign, N	\$9,116	\$152.23	\$92.97	\$137.42	\$165.27
619	Champaign, S	\$4,265	\$129.91	\$76.54	\$119.55	\$143.79
620	St. Louis, MO	\$7,260	\$113.16	\$72.52	\$123.04	\$129.91
622	St. Louis, MO	\$4,608	\$101.65	\$68.28	\$88.41	\$124.27
623	Quincy	\$5,199	\$123.30	\$81.63	\$111.31	\$133.87
624	Effingham	\$3,971	\$123.30	\$71.45	\$111.31	\$133.87
625	Springfield, E	\$5,665	\$126.71	\$76.50	\$119.55	\$143.79
626	Springfield, W	\$4,265	\$126.71	\$76.50	\$119.55	\$143.79
627	Springfield	\$7,295	\$143.09	\$88.01	\$129.17	\$155.36
628	Centralia	\$4,292	\$123.30	\$71.45	\$111.31	\$133.87
629	Carbondale	\$5,696	\$120.69	\$71.17	\$111.31	\$129.75
INDIANA						
460	Indianapolis, N	\$5,542	\$115.16	\$69.48	\$109.99	\$123.22
461	Indianapolis, S	\$5,079	\$115.16	\$69.48	\$109.99	\$123.22
462	Indianapolis	\$7,755	\$128.42	\$75.60	\$118.82	\$115.06
463	Gary	\$5,620	\$134.33	\$77.84	\$129.17	\$142.10

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
INDIANA						
464	Gary	\$4,608	\$134.33	\$77.84	\$129.17	\$142.10
465	South Bend	\$5,746	\$125.19	\$73.21	\$119.55	\$141.57
466	South Bend	\$7,085	\$125.19	\$73.21	\$129.17	\$141.57
467	Fort Wayne	\$4,265	\$110.36	\$68.93	\$99.64	\$115.63
468	Fort Wayne	\$7,472	\$110.36	\$68.93	\$99.64	\$115.63
469	Kokomo	\$4,836	\$123.30	\$73.08	\$111.31	\$133.87
470	Cincinnati, OH	\$3,884	\$111.38	\$68.74	\$103.06	\$123.00
471	Louisville, KY	\$4,853	\$111.38	\$68.74	\$108.24	\$123.00
472	Columbus	\$5,161	\$111.38	\$68.74	\$108.24	\$123.00
473	Muncie	\$5,816	\$115.16	\$69.48	\$109.99	\$123.22
474	Bloomington	\$5,473	\$111.38	\$68.74	\$108.24	\$123.00
475	Washington	\$4,335	\$110.22	\$68.97	\$103.06	\$123.96
476	Evansville	\$3,971	\$110.22	\$68.97	\$111.31	\$133.87
477	Evansville	\$5,838	\$110.22	\$68.97	\$111.31	\$133.87
478	Terre Haute	\$6,355	\$111.38	\$68.74	\$108.24	\$123.00
479	Lafayette	\$5,830	\$123.30	\$73.08	\$111.31	\$133.87
IOWA						
500	Des Moines	\$4,036	\$106.42	\$72.63	\$88.59	\$114.39
501	Des Moines	\$3,971	\$106.42	\$72.63	\$88.59	\$114.39
502	Des Moines	\$3,971	\$106.42	\$72.63	\$88.59	\$114.39
503	Des Moines	\$6,972	\$106.42	\$72.63	\$88.59	\$114.39
504	Mason City	\$5,790	\$106.24	\$69.36	\$99.91	\$118.38
505	Fort Dodge	\$4,185	\$106.24	\$69.36	\$99.91	\$118.38
506	Waterloo	\$3,677	\$114.17	\$73.38	\$103.06	\$112.77
507	Waterloo	\$5,457	\$114.17	\$73.38	\$103.06	\$112.77
508	Creston	\$3,677	\$104.25	\$70.44	\$103.06	\$111.38
509	Sioux City	\$6,987	\$106.42	\$72.63	\$88.59	\$114.39
510	Sioux City	\$3,677	\$104.25	\$70.44	\$103.06	\$111.38
511	Sioux City	\$6,987	\$105.95	\$70.15	\$88.68	\$118.51
512	Sheldon	\$3,677	\$104.25	\$70.44	\$103.06	\$111.38
513	Spencer	\$3,677	\$106.24	\$69.36	\$99.91	\$118.38
514	Carrroll	\$3,677	\$104.25	\$70.44	\$103.06	\$111.38
515	Omaha, NE	\$5,088	\$104.25	\$70.44	\$111.31	\$111.38
516	Omaha, NE	\$3,677	\$104.25	\$70.44	\$103.06	\$111.38
520	Dubuque	\$5,116	\$114.17	\$69.93	\$85.22	\$96.07
521	Decorah	\$3,677	\$114.17	\$73.38	\$103.06	\$112.77
522	Cedar Rapids	\$6,961	\$123.30	\$80.87	\$100.03	\$133.87
523	Cedar Rapids	\$3,971	\$123.30	\$80.87	\$100.03	\$133.87
524	Cedar Rapids	\$6,276	\$113.48	\$72.26	\$74.93	\$110.46
525	Ottumwa	\$3,677	\$114.17	\$75.59	\$100.03	\$123.96
526	Burlington	\$3,901	\$114.17	\$75.59	\$100.03	\$123.96
527	Rock Island, IL	\$5,522	\$116.74	\$74.12	\$108.00	\$128.03
528	Davenport	\$7,390	\$116.74	\$74.12	\$108.00	\$128.03

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
KANSAS						
660	Kansas City	\$4,903	\$94.51	\$67.68	\$85.41	\$107.03
661	Kansas City	\$9,805	\$116.85	\$76.24	\$120.21	\$158.71
662	Shawnee Mission	\$8,250	\$99.60	\$68.35	\$93.40	\$100.32
664	Topeka	\$4,265	\$95.28	\$59.03	\$73.72	\$104.91
665	Topeka	\$4,265	\$95.28	\$59.03	\$73.72	\$104.91
666	Topeka	\$6,359	\$104.64	\$65.46	\$117.80	\$123.50
667	Fort Scott	\$4,265	\$97.33	\$63.46	\$91.66	\$124.51
668	Topeka	\$4,265	\$97.33	\$63.46	\$91.66	\$124.51
669	Salina	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
670	Wichita	\$4,608	\$98.23	\$65.63	\$101.46	\$114.00
671	Wichita	\$4,608	\$98.23	\$65.63	\$101.46	\$114.00
672	Wichita	\$8,123	\$100.54	\$66.95	\$92.21	\$99.47
673	Independence	\$3,971	\$97.33	\$63.46	\$91.66	\$124.51
674	Salina	\$3,971	\$99.80	\$62.32	\$86.98	\$120.45
675	Hutchinson	\$3,971	\$98.23	\$65.63	\$101.46	\$114.00
676	Hays	\$4,505	\$99.80	\$62.32	\$86.98	\$120.45
677	Colby	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
678	Dodge City	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
679	Liberal	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
KENTUCKY						
400	Louisville, E	\$4,455	\$91.54	\$63.92	\$85.31	\$101.79
401	Louisville, W	\$4,265	\$91.54	\$63.92	\$85.31	\$101.79
402	Louisville	\$7,197	\$92.59	\$65.29	\$85.04	\$112.18
403	Lexington, N	\$4,265	\$94.34	\$63.73	\$97.50	\$107.39
404	Lexington, S	\$4,265	\$94.34	\$63.73	\$97.50	\$107.39
405	Lexington	\$6,115	\$101.13	\$70.66	\$94.60	\$109.79
406	Frankfort	\$6,974	\$101.13	\$70.66	\$94.60	\$109.79
407	Corbin, W	\$5,499	\$102.79	\$64.44	\$97.29	\$107.44
408	Corbin, E	\$5,237	\$102.79	\$64.44	\$97.29	\$107.44
409	Corbin	\$4,265	\$102.79	\$64.44	\$97.29	\$107.44
410	Cincinnati, OH	\$4,929	\$96.40	\$65.81	\$116.45	\$112.85
411	Ashland, N	\$6,562	\$116.84	\$72.22	\$119.55	\$128.62
412	Ashland, S	\$8,713	\$116.84	\$72.22	\$126.04	\$128.62
413	Campton, S	\$8,224	\$116.84	\$72.22	\$126.04	\$128.62
414	Campton, N	\$4,265	\$116.84	\$72.22	\$119.55	\$128.62
415	Pikeville, E	\$6,544	\$116.84	\$72.22	\$119.55	\$128.62
416	Pikeville, W	\$4,265	\$116.84	\$72.22	\$119.55	\$128.62
417	Hazard, W	\$5,702	\$116.84	\$72.22	\$119.55	\$128.62
418	Hazard, E	\$4,040	\$116.84	\$72.22	\$111.31	\$128.62
419	Lexington	\$4,265	\$94.34	\$63.73	\$97.50	\$107.39
420	Paducah	\$4,185	\$102.98	\$65.92	\$97.05	\$109.78
421	Bowling Green, E	\$4,127	\$102.98	\$65.92	\$97.05	\$109.78
422	Bowling Green, W	\$3,677	\$102.98	\$65.92	\$97.05	\$109.78
423	Owensboro	\$4,780	\$102.98	\$65.92	\$97.05	\$109.78
424	Evansville, IN	\$4,681	\$102.98	\$65.92	\$97.05	\$109.78

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
KENTUCKY						
425	Somerset, N	\$6,004	\$102.79	\$64.44	\$97.29	\$107.44
426	Somerset, S	\$3,677	\$102.79	\$64.44	\$97.29	\$107.44
427	Elizabethtown	\$3,677	\$102.79	\$64.44	\$97.29	\$107.44
LOUISIANA						
700	New Orleans	\$6,888	\$105.26	\$72.43	\$136.75	\$109.11
701	New Orleans	\$7,158	\$108.09	\$72.04	\$122.62	\$118.52
703	Thibodaux	\$5,463	\$112.52	\$72.40	\$90.87	\$122.11
704	Hammond	\$7,948	\$106.47	\$76.95	\$106.23	\$115.26
705	Lafayette	\$4,903	\$112.52	\$72.40	\$90.87	\$122.11
706	Lake Charles	\$6,544	\$112.52	\$72.40	\$90.87	\$122.11
707	Baton Rouge	\$4,903	\$113.36	\$69.38	\$99.89	\$118.87
708	Baton Rouge	\$4,903	\$103.83	\$71.75	\$86.73	\$113.13
710	Shreveport	\$4,903	\$106.89	\$73.38	\$92.42	\$125.14
711	Shreveport	\$6,194	\$106.89	\$73.38	\$92.42	\$125.14
712	Monroe	\$4,903	\$106.89	\$73.38	\$92.42	\$125.14
713	Alexandria, E	\$6,317	\$106.89	\$73.38	\$92.42	\$125.14
714	Alexandria, W	\$4,903	\$106.89	\$73.38	\$92.42	\$125.14
MAINE						
39	Portsmouth, NH	\$5,568	\$99.67	\$71.77	\$77.60	\$125.79
40	Portland	\$4,074	\$99.67	\$71.77	\$77.60	\$125.79
41	Portland	\$4,839	\$108.94	\$76.84	\$106.24	\$133.87
42	Auburn	\$5,794	\$106.55	\$69.86	\$104.72	\$110.94
43	Augusta	\$3,971	\$106.76	\$74.19	\$94.97	\$118.73
44	Bangor	\$4,844	\$104.44	\$71.46	\$84.13	\$133.87
45	Portland	\$3,971	\$106.76	\$74.19	\$94.97	\$118.73
46	Bangor	\$3,971	\$104.44	\$71.46	\$84.13	\$133.87
47	Houlton	\$4,821	\$104.44	\$71.46	\$84.13	\$133.87
48	Rockland	\$4,561	\$104.44	\$71.46	\$84.13	\$133.87
49	Waterville	\$4,551	\$106.76	\$74.19	\$94.97	\$118.73
MARYLAND						
206	Prince Georges	\$4,608	\$118.95	\$70.81	\$99.89	\$116.78
207	Prince Georges	\$4,608	\$115.35	\$77.45	\$97.79	\$109.20
208	Prince Georges	\$4,608	\$114.45	\$79.51	\$93.76	\$109.10
209	Silver Spring	\$4,608	\$114.45	\$79.51	\$93.76	\$109.10
210	Baltimore	\$4,608	\$102.04	\$72.18	\$86.46	\$133.32
211	Baltimore	\$4,608	\$102.04	\$72.18	\$86.46	\$133.32
212	Baltimore	\$4,608	\$108.47	\$75.97	\$126.59	\$116.80
214	Annapolis	\$4,608	\$95.28	\$75.66	\$80.32	\$121.72
215	Cumberland	\$3,971	\$108.46	\$69.87	\$83.58	\$110.02
216	Easton	\$3,971	\$96.88	\$62.26	\$94.75	\$110.95
217	Frederick	\$4,265	\$108.46	\$69.87	\$83.58	\$110.02
218	Salisbury	\$3,971	\$96.88	\$62.26	\$94.75	\$110.95
219	Baltimore	\$4,265	\$102.04	\$72.18	\$86.46	\$133.32

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value				Radiology Total
			Surgical	Medical	Pathology		
MASSACHUSETTS							
10	Springfield	\$4,265	\$113.52	\$77.50	\$82.38	\$113.21	
11	Springfield	\$5,557	\$128.95	\$81.91	\$81.92	\$119.32	
12	Pittsfield	\$4,265	\$104.08	\$71.79	\$116.96	\$129.21	
13	Springfield	\$4,450	\$112.00	\$78.28	\$98.90	\$119.13	
14	Worcester	\$4,844	\$112.00	\$78.28	\$98.90	\$119.13	
15	Worcester	\$4,608	\$116.69	\$80.46	\$104.57	\$127.30	
16	Worcester	\$6,416	\$143.09	\$93.91	\$129.17	\$142.31	
17	Framingham	\$5,086	\$122.36	\$94.74	\$113.95	\$143.04	
18	Woburn	\$4,608	\$116.35	\$88.22	\$109.90	\$130.93	
19	Lynn	\$4,608	\$139.46	\$94.74	\$107.54	\$126.06	
20	S. Postal Annex	\$4,903	\$132.11	\$99.32	\$93.88	\$125.34	
21	Boston	\$6,558	\$140.06	\$100.78	\$115.45	\$131.64	
22	Boston	\$7,754	\$140.06	\$100.78	\$115.45	\$131.64	
23	Brockton	\$4,608	\$116.98	\$84.97	\$103.01	\$126.01	
24	Brockton	\$4,608	\$135.37	\$94.74	\$90.84	\$126.57	
25	Buzzards Bay	\$4,265	\$117.10	\$75.49	\$94.56	\$123.14	
26	Buzzards Bay	\$6,051	\$110.97	\$74.56	\$109.80	\$123.17	
27	Providence, RI	\$4,265	\$118.75	\$84.41	\$116.39	\$121.81	
55	Andover	\$4,608	\$116.35	\$88.22	\$109.90	\$130.93	

MICHIGAN						
480	Royal Oak	\$6,582	\$87.90	\$66.08	\$69.47	\$161.51
481	Detroit	\$6,090	\$92.91	\$69.08	\$96.02	\$101.37
482	Detroit	\$6,500	\$102.44	\$71.52	\$98.11	\$138.72
483	Royal Oak	\$5,453	\$89.95	\$65.84	\$84.97	\$84.06
484	Flint	\$6,025	\$86.31	\$63.37	\$110.39	\$72.98
485	Flint	\$6,280	\$86.31	\$63.37	\$110.39	\$72.98
486	Saginaw, W	\$6,077	\$90.83	\$63.67	\$82.83	\$95.83
487	Saginaw, E	\$5,339	\$90.83	\$63.67	\$82.83	\$95.83
488	Lansing	\$4,687	\$89.63	\$66.04	\$77.17	\$75.84
489	Lansing	\$6,972	\$89.63	\$66.04	\$77.17	\$75.84
490	Kalamazoo	\$6,130	\$102.39	\$68.69	\$96.58	\$117.77
491	Kalamazoo	\$4,903	\$102.39	\$68.69	\$96.58	\$117.77
492	Jackson	\$5,848	\$102.39	\$68.69	\$96.58	\$117.77
493	Grand Rapids, E	\$3,933	\$95.54	\$65.01	\$82.93	\$108.09
494	Grand Rapids, W	\$4,928	\$95.54	\$65.01	\$82.93	\$108.09
495	Grand Rapids	\$4,907	\$95.01	\$65.73	\$62.20	\$122.42
496	Traverse City	\$6,164	\$86.90	\$65.07	\$74.46	\$92.16
497	Gaylord	\$5,080	\$86.90	\$65.07	\$74.46	\$92.16
498	Iron Mountain, E	\$5,217	\$123.30	\$76.43	\$111.31	\$133.87
499	Iron Mountain, W	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
MINNESOTA						
550	Saint Paul	\$6,121	\$124.55	\$90.67	\$121.79	\$108.05
551	Saint Paul	\$8,542	\$111.04	\$85.80	\$93.87	\$101.40
553	Minneapolis	\$4,801	\$105.72	\$87.02	\$79.80	\$94.84
554	Minneapolis	\$9,217	\$107.17	\$88.75	\$89.83	\$100.69
555	Young America	\$4,801	\$105.72	\$81.63	\$79.80	\$94.84
556	Duluth, E	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96
557	Duluth, W	\$3,749	\$114.17	\$75.59	\$103.06	\$123.96
558	Duluth	\$7,235	\$129.60	\$87.68	\$119.55	\$143.79
559	Rochester	\$6,999	\$132.44	\$87.68	\$119.55	\$143.79
560	Mankato	\$3,971	\$123.30	\$81.63	\$111.31	\$133.87
561	Windom	\$3,677	\$114.17	\$74.20	\$103.06	\$123.96
562	Willmar	\$3,971	\$120.71	\$74.20	\$111.31	\$133.87
563	Saint Cloud	\$6,086	\$113.60	\$81.63	\$96.50	\$106.27
564	Brainerd	\$5,081	\$113.60	\$75.59	\$96.50	\$106.27
565	Detroit Lakes	\$3,746	\$114.17	\$75.59	\$103.06	\$123.96
566	Bemidji	\$4,197	\$114.17	\$75.59	\$103.06	\$123.96
567	Thief River Falls	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96
MISSISSIPPI						
386	Memphis, TN	\$5,037	\$113.33	\$74.27	\$94.99	\$120.80
387	Greenville	\$3,677	\$114.17	\$70.09	\$93.97	\$123.96
388	Tupelo	\$4,867	\$114.17	\$66.54	\$103.06	\$120.57
389	Grenada	\$3,745	\$114.17	\$70.09	\$93.97	\$123.96
390	Jackson	\$4,265	\$114.52	\$70.09	\$93.97	\$134.13
391	Jackson	\$4,943	\$114.52	\$70.09	\$93.97	\$134.13
392	Jackson	\$7,091	\$118.08	\$70.80	\$105.04	\$118.35
393	Meridian	\$4,616	\$114.52	\$70.09	\$93.97	\$133.87
394	Laurel	\$4,944	\$115.38	\$67.86	\$96.17	\$123.09
395	Gulfport	\$9,879	\$115.38	\$67.86	\$96.17	\$123.09
396	McComb	\$3,677	\$114.17	\$67.86	\$96.17	\$123.09
397	Columbus	\$3,677	\$114.17	\$66.54	\$103.06	\$120.57
MISSOURI						
630	Saint Louis	\$6,182	\$105.64	\$70.98	\$94.34	\$134.01
631	Saint Louis	\$7,343	\$120.96	\$77.11	\$118.99	\$132.20
633	Saint Louis	\$6,349	\$103.85	\$71.75	\$103.76	\$97.42
634	Hannibal	\$5,476	\$123.30	\$73.97	\$111.31	\$133.87
635	Kirksville	\$4,509	\$91.59	\$66.54	\$83.11	\$133.87
636	Flat River	\$4,265	\$116.78	\$77.79	\$119.55	\$135.58
637	Cape Girardeau	\$8,840	\$116.78	\$77.79	\$119.55	\$135.58
638	Sikeston	\$4,892	\$110.34	\$72.49	\$119.55	\$122.73
639	Poplar Bluff	\$7,858	\$110.34	\$72.49	\$127.68	\$122.73
640	Kansas City	\$7,057	\$97.49	\$67.18	\$82.63	\$114.17
641	Kansas City	\$7,779	\$95.19	\$70.48	\$94.57	\$107.34

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
MISSOURI						
644	Saint Joseph	\$4,265	\$91.59	\$66.54	\$83.11	\$135.06
645	Saint Joseph	\$6,646	\$91.59	\$66.54	\$83.11	\$135.06
646	Chillicothe	\$4,265	\$91.59	\$66.54	\$83.11	\$135.06
647	Harrisonville	\$4,265	\$87.52	\$64.40	\$83.46	\$110.89
648	Joplin	\$7,571	\$97.02	\$67.36	\$106.99	\$132.19
649	Kansas City	\$7,779	\$95.19	\$70.48	\$94.57	\$107.34
650	Jefferson City	\$7,655	\$97.19	\$68.37	\$73.44	\$103.54
651	Jefferson City	\$6,353	\$97.19	\$68.37	\$73.44	\$103.54
652	Columbia	\$7,060	\$104.90	\$74.25	\$99.76	\$132.32
653	Sedalia	\$4,265	\$87.52	\$64.40	\$83.46	\$110.89
654	Rolla	\$5,015	\$106.69	\$67.82	\$111.31	\$113.44
655	Rolla	\$3,971	\$106.69	\$67.82	\$111.31	\$113.44
656	Springfield	\$6,055	\$97.02	\$67.36	\$106.99	\$132.19
657	Springfield	\$5,079	\$97.02	\$67.36	\$106.99	\$132.19
658	Springfield	\$6,992	\$102.95	\$69.56	\$111.31	\$133.87
MONTANA						
590	Billings	\$3,971	\$96.23	\$70.79	\$84.96	\$109.34
591	Billings	\$6,683	\$111.14	\$79.33	\$109.71	\$133.87
592	Wolf Point	\$3,677	\$96.23	\$70.79	\$84.96	\$109.34
593	Miles City	\$3,677	\$96.23	\$70.79	\$84.96	\$109.34
594	Great Falls	\$4,653	\$96.23	\$70.79	\$84.96	\$109.34
595	Havre	\$3,677	\$96.23	\$70.79	\$84.96	\$109.34
596	Helena	\$3,856	\$96.23	\$70.79	\$84.96	\$109.34
597	Butte	\$3,677	\$96.23	\$70.79	\$84.96	\$109.34
598	Missoula	\$5,500	\$97.64	\$73.21	\$79.91	\$95.23
599	Kalispell	\$5,422	\$96.23	\$70.79	\$84.96	\$109.34
NEBRASKA						
680	Omaha	\$5,788	\$104.87	\$72.84	\$77.36	\$118.66
681	Omaha	\$8,530	\$105.20	\$79.03	\$97.82	\$127.09
683	Lincoln	\$4,265	\$101.37	\$66.19	\$93.03	\$138.23
684	Lincoln	\$4,265	\$101.37	\$66.19	\$93.03	\$138.23
685	Lincoln	\$7,088	\$106.23	\$69.71	\$75.82	\$118.25
686	Columbus	\$3,677	\$101.37	\$66.19	\$93.03	\$123.96
687	Norfolk	\$3,748	\$104.87	\$72.84	\$77.36	\$118.66
688	Grand Island	\$4,744	\$101.37	\$66.19	\$93.03	\$123.96
689	Hastings	\$3,677	\$101.37	\$66.19	\$93.03	\$123.96
690	McCook	\$3,677	\$101.37	\$66.19	\$93.03	\$123.96
691	North Platte	\$3,677	\$101.37	\$66.19	\$93.03	\$123.96
692	Valentine	\$3,677	\$101.37	\$66.19	\$93.03	\$123.96
693	Alliance	\$4,897	\$101.37	\$66.19	\$93.03	\$123.96

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
NEVADA						
889	Las Vegas	\$10,484	\$113.79	\$81.63	\$131.84	\$106.58
890	Las Vegas	\$10,477	\$113.79	\$81.63	\$131.84	\$106.58
891	Las Vegas	\$10,484	\$113.79	\$81.63	\$131.84	\$106.58
893	Ely	\$5,419	\$120.10	\$77.25	\$101.85	\$142.89
894	Reno	\$7,780	\$120.10	\$77.25	\$101.85	\$142.89
895	Reno	\$8,460	\$120.10	\$77.25	\$101.85	\$142.89
897	Carson City	\$10,491	\$120.10	\$77.25	\$101.85	\$142.89
898	Elko	\$7,901	\$120.10	\$77.25	\$101.85	\$142.89
NEW HAMPSHIRE						
2	Portsmouth	\$7,064	\$127.85	\$85.50	\$119.55	\$122.52
30	Manchester	\$4,593	\$127.85	\$85.50	\$119.55	\$122.52
31	Manchester	\$7,064	\$127.85	\$85.50	\$119.55	\$122.52
32	Concord	\$3,971	\$123.30	\$80.15	\$111.31	\$133.87
33	Concord	\$4,797	\$127.85	\$85.50	\$119.55	\$122.52
34	Keene	\$4,057	\$123.30	\$80.15	\$111.31	\$133.87
35	Littleton	\$3,971	\$123.30	\$80.15	\$111.31	\$133.87
36	Bellows Falls, VT	\$3,971	\$123.30	\$80.15	\$111.31	\$133.87
37	White River Jc., VT	\$7,499	\$143.09	\$90.63	\$129.17	\$155.36
38	Portsmouth	\$6,537	\$115.55	\$77.88	\$117.10	\$128.63
NEW JERSEY						
70	Newark	\$9,924	\$166.75	\$81.74	\$131.21	\$115.84
71	Newark	\$11,178	\$158.52	\$84.59	\$107.36	\$114.65
72	Elizabeth	\$10,656	\$166.75	\$81.74	\$131.21	\$115.84
73	Jersey City	\$11,178	\$158.52	\$84.59	\$107.36	\$114.65
74	Paterson	\$8,164	\$173.54	\$86.01	\$118.12	\$135.24
75	Paterson	\$11,178	\$173.54	\$86.01	\$118.12	\$135.24
76	Hackensack	\$11,178	\$173.54	\$83.80	\$114.84	\$124.28
77	Red Bank	\$10,491	\$159.36	\$78.50	\$104.74	\$114.60
78	Dover	\$11,178	\$139.00	\$79.73	\$135.71	\$188.41
79	Summit	\$8,315	\$153.21	\$84.29	\$98.00	\$136.64
80	South Jersey	\$11,178	\$119.67	\$77.63	\$114.05	\$118.52
81	Camden	\$11,178	\$119.67	\$77.63	\$114.05	\$118.52
82	Atlantic City	\$8,462	\$119.67	\$77.63	\$114.05	\$118.52
83	South Jersey	\$10,491	\$119.67	\$77.63	\$114.05	\$118.52
84	Atlantic City	\$10,491	\$119.67	\$77.63	\$114.05	\$118.52
85	Trenton	\$6,850	\$153.12	\$78.54	\$130.90	\$176.84
86	Trenton	\$10,491	\$139.97	\$77.66	\$120.65	\$141.15
87	Toms River	\$9,486	\$132.64	\$72.04	\$100.93	\$125.26
88	New Brunswick	\$10,491	\$152.00	\$80.83	\$126.38	\$124.60
89	New Brunswick	\$10,491	\$144.12	\$87.12	\$90.73	\$120.96

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
NEW MEXICO						
870	Albuquerque	\$4,555	\$104.27	\$76.23	\$89.78	\$135.26
871	Albuquerque	\$6,829	\$100.86	\$76.08	\$91.31	\$114.43
872	Albuquerque	\$4,555	\$104.27	\$76.23	\$89.78	\$135.26
873	Gallup	\$4,745	\$104.27	\$76.23	\$89.78	\$133.87
874	Farmington	\$5,967	\$104.27	\$76.23	\$89.78	\$133.87
875	Santa Fe	\$5,824	\$104.27	\$76.23	\$89.78	\$133.87
876	Santa Fe	\$5,824	\$104.27	\$76.23	\$89.78	\$133.87
877	Las Vegas	\$6,312	\$104.27	\$76.23	\$89.78	\$135.26
878	Socorro	\$3,983	\$101.01	\$74.25	\$99.86	\$123.96
879	Truth or Consequences	\$3,677	\$101.01	\$74.25	\$99.86	\$123.96
880	Las Cruces	\$6,216	\$101.01	\$74.25	\$99.86	\$131.67
881	Clovis	\$5,036	\$101.01	\$74.25	\$99.86	\$131.67
882	Roswell	\$9,805	\$101.01	\$74.25	\$99.86	\$131.67
883	Carrizozo	\$4,917	\$101.01	\$74.25	\$99.86	\$131.67
884	Tucumcari	\$3,971	\$104.27	\$76.23	\$89.78	\$133.87

NEW YORK

4	Pleasantville	\$8,093	\$165.79	\$90.25	\$103.54	\$145.96
5	Holtsville	\$7,199	\$173.54	\$82.44	\$122.49	\$110.36
90-98	Military					
100	New York	\$8,980	\$194.85	\$108.71	\$106.26	\$138.46
101	New York	\$8,980	\$194.85	\$108.71	\$106.26	\$138.46
102	New York	\$8,980	\$194.85	\$108.71	\$106.26	\$138.46
103	Staten Island	\$7,974	\$149.61	\$84.75	\$161.72	\$105.09
104	Bronx	\$6,417	\$142.15	\$83.96	\$114.55	\$126.92
105	Westchester	\$8,093	\$165.79	\$90.25	\$103.54	\$145.96
106	White Plains	\$5,589	\$160.45	\$92.77	\$115.80	\$116.72
107	Yonkers	\$5,589	\$151.57	\$84.77	\$119.49	\$122.81
108	New Rochelle	\$5,589	\$151.57	\$84.77	\$119.49	\$122.81
109	Suffern	\$8,075	\$148.58	\$86.91	\$121.57	\$102.15
110	Queens	\$9,700	\$173.72	\$84.96	\$101.91	\$115.55
111	Long Island City	\$5,932	\$159.42	\$86.90	\$117.24	\$114.56
112	Brooklyn	\$5,932	\$159.42	\$86.90	\$117.24	\$114.56
113	Flushing	\$5,932	\$162.63	\$83.84	\$99.37	\$108.04
114	Jamaica	\$5,932	\$162.63	\$83.84	\$99.37	\$108.04
115	Hicksville	\$7,157	\$171.56	\$81.64	\$99.31	\$118.55
116	Far Rockaway	\$5,589	\$171.56	\$81.64	\$99.31	\$118.55
117	Hicksville	\$7,199	\$173.54	\$82.44	\$122.49	\$110.36
118	Hicksville	\$5,802	\$173.54	\$82.06	\$90.13	\$109.84
119	Riverhead	\$6,939	\$162.88	\$82.44	\$122.49	\$110.36
120	Albany	\$4,265	\$96.43	\$70.96	\$90.53	\$105.34
121	Albany	\$4,265	\$96.43	\$70.96	\$90.53	\$105.34
122	Albany	\$5,883	\$104.63	\$71.81	\$100.52	\$115.66
123	Schenectady	\$6,447	\$94.31	\$65.54	\$80.94	\$85.08

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
NEW YORK						
124	Kingston	\$4,664	\$134.39	\$72.39	\$87.03	\$95.30
125	Poughkeepsie	\$6,008	\$129.30	\$75.51	\$110.92	\$110.79
126	Poughkeepsie	\$7,834	\$129.76	\$81.17	\$88.85	\$115.96
127	Monticello	\$6,105	\$134.39	\$72.39	\$87.03	\$95.30
128	Glens Falls	\$3,971	\$101.76	\$63.17	\$91.05	\$102.62
129	Plattsburgh	\$3,971	\$115.07	\$70.87	\$111.31	\$128.73
130	Syracuse	\$3,971	\$98.95	\$67.47	\$94.98	\$90.00
131	Syracuse	\$3,971	\$98.95	\$67.47	\$94.98	\$90.00
132	Syracuse	\$4,702	\$108.03	\$71.65	\$83.20	\$100.47
133	Utica	\$3,971	\$103.22	\$68.47	\$107.16	\$92.92
134	Utica	\$3,971	\$103.22	\$68.47	\$107.16	\$92.92
135	Utica	\$4,510	\$103.22	\$68.47	\$107.16	\$92.92
136	Watertown	\$3,971	\$115.07	\$70.87	\$111.31	\$128.73
137	Binghamton	\$4,265	\$110.19	\$66.41	\$119.55	\$111.50
138	Binghamton	\$3,971	\$110.19	\$66.41	\$111.31	\$111.50
139	Binghamton	\$4,248	\$110.19	\$66.41	\$111.31	\$111.50
140	Buffalo	\$3,971	\$79.82	\$58.16	\$78.95	\$94.37
141	Buffalo	\$3,971	\$79.82	\$58.16	\$78.95	\$94.37
142	Buffalo	\$4,807	\$91.34	\$62.97	\$85.60	\$96.94
143	Niagara Falls	\$3,971	\$79.82	\$58.16	\$78.95	\$94.37
144	Rochester	\$3,971	\$79.90	\$61.94	\$56.71	\$98.08
145	Rochester	\$3,971	\$79.90	\$61.94	\$56.71	\$98.08
146	Rochester	\$3,971	\$94.22	\$68.22	\$69.07	\$117.87
147	Jamestown	\$3,971	\$86.73	\$62.40	\$84.44	\$123.54
148	Elmira	\$3,971	\$111.47	\$70.68	\$111.31	\$133.87
149	Elmira	\$3,971	\$111.47	\$70.68	\$111.31	\$133.87
NORTH CAROLINA						
270	Greensboro (West)	\$3,971	\$107.73	\$74.89	\$86.88	\$115.56
271	Winston-Salem	\$5,229	\$115.01	\$81.45	\$93.56	\$110.33
272	Greensboro (East)	\$4,156	\$104.80	\$71.07	\$106.52	\$131.97
273	Greensboro (East)	\$6,105	\$107.73	\$74.89	\$86.88	\$115.56
274	Greensboro	\$4,324	\$114.78	\$71.80	\$101.62	\$96.47
275	Raleigh	\$4,685	\$113.56	\$80.11	\$80.94	\$143.79
276	Raleigh	\$7,806	\$109.33	\$76.64	\$93.18	\$136.52
277	Durham	\$7,915	\$136.23	\$89.18	\$117.59	\$155.36
278	Rocky Mount	\$5,416	\$109.61	\$71.31	\$85.59	\$123.55
279	Elizabeth City	\$4,485	\$109.61	\$71.31	\$85.59	\$123.55
280	Charlotte	\$5,080	\$119.16	\$81.89	\$119.55	\$143.79
281	Charlotte	\$5,332	\$119.16	\$81.89	\$119.55	\$143.79
282	Charlotte	\$6,567	\$126.14	\$86.15	\$116.43	\$129.25
283	Fayetteville	\$5,642	\$114.56	\$74.70	\$108.96	\$133.87
284	Wilmington	\$5,992	\$114.56	\$74.70	\$108.96	\$133.87
285	Kinston	\$4,018	\$109.61	\$71.31	\$85.59	\$123.55

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value				Radiology Total
			Surgical	Medical	Pathology		
NORTH CAROLINA							
286	Hickory	\$6,418	\$113.48	\$72.73	\$102.69	\$123.33	
287	Asheville	\$4,125	\$107.32	\$70.39	\$84.01	\$121.92	
288	Asheville	\$5,457	\$107.32	\$70.39	\$84.01	\$121.92	
289	Gainesville, GA	\$4,377	\$107.32	\$70.39	\$84.01	\$121.92	
NORTH DAKOTA							
580	Fargo	\$3,677	\$113.86	\$75.59	\$103.06	\$123.96	
581	Fargo	\$5,258	\$109.74	\$75.59	\$103.06	\$123.96	
582	Grand Forks	\$4,981	\$113.86	\$75.59	\$103.06	\$123.96	
583	Devils Lake	\$3,677	\$113.86	\$75.59	\$103.06	\$123.96	
584	Jamestown	\$3,677	\$114.17	\$75.59	\$103.06	\$108.56	
585	Bismarck	\$5,210	\$94.27	\$73.43	\$78.62	\$84.55	
586	Dickinson	\$3,677	\$94.27	\$73.43	\$78.62	\$84.55	
587	Minot	\$4,896	\$114.17	\$75.59	\$103.06	\$108.56	
588	Williston	\$3,677	\$114.17	\$75.59	\$103.06	\$108.56	
OHIO							
430	Columbus, N	\$6,005	\$103.24	\$65.83	\$102.13	\$117.99	
431	Columbus, S	\$4,783	\$103.24	\$65.83	\$102.13	\$117.99	
432	Columbus	\$8,530	\$102.86	\$72.65	\$119.55	\$131.95	
433	Columbus	\$4,655	\$104.98	\$63.69	\$103.06	\$104.28	
434	Toledo, E	\$4,608	\$103.93	\$67.65	\$115.99	\$127.18	
435	Toledo, W	\$5,227	\$103.93	\$67.65	\$115.99	\$127.18	
436	Toledo	\$9,217	\$104.51	\$68.15	\$129.17	\$119.94	
437	Zanesville, S	\$4,755	\$99.97	\$66.09	\$103.06	\$120.18	
438	Zanesville, N	\$4,116	\$99.97	\$66.09	\$103.06	\$120.18	
439	Steubenville	\$3,936	\$99.97	\$66.09	\$103.06	\$120.18	
440	Cleveland	\$4,903	\$112.32	\$72.69	\$103.07	\$133.56	
441	Cleveland	\$7,028	\$119.70	\$75.44	\$82.66	\$153.80	
442	Akron	\$5,880	\$95.66	\$64.48	\$126.71	\$112.25	
443	Akron	\$7,816	\$95.66	\$64.48	\$126.71	\$112.25	
444	Youngstown	\$5,677	\$89.44	\$60.77	\$73.49	\$131.94	
445	Youngstown	\$7,517	\$89.44	\$60.77	\$73.49	\$131.94	
446	Canton	\$4,265	\$96.70	\$61.83	\$108.68	\$119.42	
447	Canton	\$4,265	\$96.70	\$61.83	\$108.68	\$119.42	
448	Mansfield	\$4,633	\$108.90	\$69.63	\$111.43	\$136.51	
449	Mansfield	\$4,474	\$108.90	\$69.63	\$111.43	\$136.51	
450	Cincinnati, W	\$6,780	\$96.22	\$63.93	\$116.58	\$108.23	
451	Cincinnati, E	\$4,265	\$96.22	\$63.93	\$116.58	\$108.23	
452	Cincinnati	\$7,294	\$100.41	\$72.31	\$104.46	\$111.20	
453	Dayton	\$5,364	\$95.27	\$64.45	\$119.55	\$118.80	
454	Dayton	\$8,293	\$97.05	\$66.04	\$122.13	\$125.44	
455	Springfield	\$5,335	\$95.27	\$64.45	\$119.55	\$118.80	
456	Chillicothe	\$5,587	\$106.54	\$72.93	\$111.31	\$133.13	

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
OHIO						
457	Athens	\$4,524	\$99.97	\$66.09	\$103.06	\$120.18
458	Lima	\$6,103	\$98.20	\$68.21	\$106.17	\$130.41
459	Cincinnati	\$7,294	\$100.41	\$72.31	\$104.46	\$111.20
OKLAHOMA						
730	Oklahoma City	\$5,231	\$91.03	\$67.41	\$95.23	\$112.61
731	Oklahoma City	\$9,155	\$93.59	\$69.55	\$102.09	\$116.62
734	Ardmore	\$4,750	\$87.78	\$64.23	\$91.98	\$115.29
735	Lawton	\$5,371	\$87.78	\$64.23	\$91.98	\$115.29
736	Clinton	\$3,971	\$87.78	\$64.23	\$91.98	\$115.29
737	Enid	\$6,459	\$95.54	\$63.15	\$84.13	\$116.63
738	Woodward	\$3,971	\$95.54	\$63.15	\$84.13	\$116.63
739	Liberal, KS	\$3,971	\$95.54	\$63.15	\$84.13	\$116.63
740	Tulsa	\$4,265	\$89.94	\$67.75	\$104.49	\$91.35
741	Tulsa	\$6,097	\$92.27	\$71.77	\$99.94	\$98.01
743	Vinita	\$4,390	\$81.94	\$64.01	\$103.21	\$112.31
744	Muskogee	\$3,971	\$81.94	\$64.01	\$103.21	\$112.31
745	McAlester	\$3,971	\$87.78	\$64.23	\$91.98	\$115.29
746	Ponca City	\$4,809	\$95.54	\$63.15	\$84.13	\$116.63
747	Durant	\$5,920	\$87.78	\$64.23	\$91.98	\$115.29
748	Shawnee	\$3,971	\$89.55	\$66.15	\$111.31	\$99.00
749	Poteau	\$3,971	\$87.78	\$64.23	\$91.98	\$115.29
OREGON						
970	Portland	\$5,999	\$116.77	\$81.63	\$82.79	\$109.43
971	Portland	\$6,001	\$116.77	\$81.63	\$82.79	\$109.43
972	Portland	\$7,635	\$114.06	\$81.63	\$82.50	\$110.97
973	Salem	\$6,774	\$113.29	\$75.59	\$87.32	\$108.23
974	Eugene	\$6,703	\$106.91	\$75.59	\$71.48	\$100.42
975	Medford	\$7,942	\$106.91	\$81.63	\$71.48	\$100.42
976	Klamath Falls	\$6,468	\$106.91	\$75.59	\$71.48	\$100.42
977	Bend	\$7,224	\$106.91	\$75.59	\$71.48	\$100.42
978	Pendleton	\$3,677	\$114.17	\$75.59	\$69.79	\$104.00
979	Boise, ID	\$5,838	\$114.17	\$75.59	\$69.79	\$104.00
PENNSYLVANIA						
150	Pittsburgh	\$5,246	\$93.95	\$62.72	\$73.52	\$100.18
151	Pittsburgh	\$5,246	\$93.95	\$62.72	\$73.52	\$100.18
152	Pittsburgh	\$10,491	\$101.38	\$69.23	\$103.34	\$131.90
153	Washington	\$4,631	\$95.43	\$64.53	\$91.38	\$95.83
154	Uniontown	\$4,608	\$95.43	\$64.53	\$91.38	\$95.83
155	Johnstown	\$3,971	\$86.79	\$62.07	\$72.99	\$99.22
156	Greensburg	\$4,608	\$86.79	\$62.07	\$72.99	\$99.22

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
PENNSYLVANIA						
157	Indiana	\$4,265	\$91.83	\$61.97	\$101.17	\$143.79
158	Du Bois	\$5,113	\$84.90	\$62.99	\$98.38	\$116.52
159	Johnstown	\$4,725	\$86.79	\$62.07	\$72.99	\$99.22
160	Butler	\$4,988	\$91.84	\$61.57	\$87.98	\$120.43
161	New Castle	\$4,608	\$91.84	\$61.57	\$87.98	\$120.43
162	Butler	\$4,265	\$84.90	\$62.99	\$98.38	\$116.52
163	Oil City	\$4,608	\$96.08	\$62.96	\$94.83	\$128.70
164	Erie	\$10,491	\$102.18	\$62.53	\$93.76	\$125.70
165	Erie	\$10,491	\$102.18	\$62.53	\$93.76	\$125.70
166	Altoona	\$4,233	\$104.39	\$60.91	\$90.00	\$109.26
167	Bradford	\$3,971	\$96.08	\$62.96	\$94.83	\$128.70
168	State College	\$3,971	\$104.39	\$60.91	\$90.00	\$109.26
169	Wellsboro	\$3,971	\$107.15	\$70.62	\$106.30	\$133.87
170	Harrisburg	\$5,689	\$104.18	\$68.80	\$76.62	\$151.64
171	Harrisburg	\$7,542	\$104.18	\$68.80	\$76.62	\$151.64
172	Chambersburg	\$5,250	\$104.46	\$63.97	\$88.25	\$119.77
173	York	\$3,971	\$95.68	\$60.14	\$91.99	\$93.19
174	York	\$4,084	\$95.68	\$60.14	\$91.99	\$93.19
175	Lancaster	\$6,039	\$114.34	\$65.86	\$103.95	\$109.63
176	Lancaster	\$6,795	\$101.41	\$68.47	\$84.92	\$123.11
177	Williamsport	\$4,918	\$107.15	\$70.62	\$106.30	\$133.87
178	Saxonburg	\$7,961	\$107.15	\$70.62	\$106.30	\$136.58
179	Pottsville	\$4,265	\$98.99	\$60.95	\$74.60	\$97.33
180	Lehigh Valley	\$10,291	\$100.60	\$65.45	\$92.46	\$116.30
181	Allentown	\$9,686	\$100.60	\$65.45	\$92.46	\$116.30
182	Hazleton	\$5,182	\$98.99	\$60.95	\$74.60	\$97.33
183	Lehigh Valley	\$7,038	\$113.95	\$71.47	\$104.35	\$106.22
184	Scranton	\$4,265	\$104.49	\$65.79	\$108.06	\$105.63
185	Scranton	\$5,316	\$104.49	\$65.79	\$108.06	\$105.63
186	Wilkes-Barre	\$4,886	\$105.22	\$64.28	\$94.08	\$112.36
187	Wilkes-Barre	\$5,512	\$105.22	\$64.28	\$94.08	\$112.36
188	Montrose	\$5,255	\$132.44	\$85.32	\$116.68	\$143.79
189	Southeastern	\$8,078	\$101.48	\$68.09	\$98.87	\$119.98
190	Philadelphia	\$11,178	\$111.37	\$70.94	\$107.28	\$117.69
191	Philadelphia	\$11,178	\$126.00	\$78.46	\$134.80	\$175.36
193	Southeastern	\$7,584	\$109.91	\$71.23	\$81.58	\$125.03
194	Southeastern	\$9,862	\$100.94	\$67.44	\$103.91	\$112.82
195	Reading	\$5,246	\$99.32	\$70.53	\$82.93	\$99.75
196	Reading	\$6,290	\$99.32	\$70.53	\$82.93	\$99.75
RHODE ISLAND						
28	Providence	\$5,388	\$106.07	\$72.04	\$103.45	\$107.86
29	Providence	\$6,750	\$109.44	\$73.45	\$99.13	\$103.38

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
SOUTH CAROLINA						
290	Columbia	\$4,297	\$107.46	\$67.78	\$112.12	\$125.01
291	Columbia	\$5,470	\$107.46	\$67.78	\$112.12	\$125.01
292	Columbia	\$7,458	\$104.57	\$68.10	\$94.83	\$111.38
293	Spartanburg	\$8,397	\$112.70	\$69.67	\$118.60	\$133.47
294	Charleston	\$7,656	\$116.42	\$72.67	\$104.22	\$143.79
295	Florence	\$6,937	\$95.63	\$66.31	\$96.94	\$143.49
296	Greenville	\$7,713	\$98.04	\$70.18	\$104.51	\$126.24
297	Charlotte, NC	\$6,454	\$112.23	\$82.34	\$118.01	\$125.86
298	Augusta, GA	\$5,269	\$107.99	\$66.70	\$88.63	\$133.87
299	Savannah, GA	\$6,540	\$107.99	\$66.70	\$88.63	\$143.79
SOUTH DAKOTA						
570	Sioux Falls	\$3,971	\$121.40	\$72.15	\$89.75	\$129.91
571	Sioux Falls	\$7,942	\$123.30	\$81.63	\$89.98	\$133.87
572	Watertown	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96
573	Mitchell	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96
574	Aberdeen	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96
575	Pierre	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96
576	Mobridge	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96
577	Rapid City	\$5,442	\$121.40	\$72.15	\$89.75	\$129.91
TENNESSEE						
370	Nashville	\$6,384	\$102.93	\$69.85	\$101.51	\$122.39
371	Nashville	\$5,059	\$102.93	\$69.85	\$101.51	\$122.39
372	Nashville	\$9,093	\$110.82	\$74.26	\$102.30	\$116.94
373	Chattanooga	\$5,027	\$103.20	\$68.11	\$90.34	\$133.18
374	Chattanooga	\$7,788	\$108.00	\$76.86	\$86.94	\$113.25
375	Memphis	\$6,991	\$106.47	\$76.90	\$106.91	\$127.22
376	Johnson City	\$7,435	\$105.30	\$74.81	\$101.72	\$114.92
377	Knoxville	\$3,971	\$108.36	\$69.43	\$99.71	\$123.72
378	Knoxville	\$6,045	\$108.36	\$69.43	\$99.71	\$123.72
379	Knoxville	\$6,536	\$108.35	\$73.40	\$91.72	\$119.85
380	Memphis	\$4,971	\$108.02	\$73.07	\$98.07	\$110.98
381	Memphis	\$6,991	\$106.47	\$76.90	\$106.91	\$127.22
382	McKenzie	\$3,971	\$109.46	\$68.27	\$107.33	\$114.48
383	Jackson	\$4,793	\$109.46	\$68.27	\$107.33	\$114.48
384	Columbia	\$4,286	\$101.91	\$63.54	\$98.43	\$125.95
385	Cookeville	\$4,705	\$108.36	\$69.43	\$99.71	\$123.72
TEXAS						
733	Austin	\$7,522	\$110.92	\$78.04	\$129.17	\$123.92
750	Richardson	\$8,152	\$114.68	\$81.37	\$114.49	\$132.88
751	Mesquite	\$5,660	\$111.20	\$77.57	\$93.92	\$129.16

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
TEXAS						
752	Dallas	\$7,536	\$119.75	\$84.55	\$104.79	\$124.47
753	Dallas	\$7,536	\$119.75	\$84.55	\$104.79	\$124.47
754	Greenville	\$5,385	\$123.94	\$78.09	\$101.01	\$127.72
755	Texarkana	\$6,098	\$123.94	\$78.09	\$101.01	\$127.72
756	Longview	\$7,008	\$114.79	\$75.41	\$101.92	\$138.70
757	Tyler	\$9,246	\$124.10	\$81.78	\$96.54	\$129.94
758	Palestine	\$4,960	\$126.47	\$81.87	\$119.31	\$147.26
759	Lufkin	\$8,660	\$126.47	\$81.87	\$119.31	\$147.26
760	Fort Worth	\$7,103	\$112.53	\$78.96	\$95.24	\$118.19
761	Fort Worth	\$8,587	\$107.97	\$78.30	\$110.60	\$114.68
762	Denton	\$8,284	\$110.86	\$79.43	\$107.93	\$124.11
763	Wichita Falls	\$5,138	\$110.86	\$79.43	\$107.93	\$124.11
764	Stephenville	\$4,608	\$101.12	\$72.79	\$102.78	\$126.58
765	Temple	\$5,545	\$117.93	\$76.34	\$119.55	\$142.85
766	Waco	\$4,608	\$112.68	\$78.16	\$91.25	\$155.36
767	Waco	\$6,940	\$112.68	\$78.16	\$91.25	\$155.36
768	Brownwood	\$5,306	\$119.17	\$78.79	\$120.73	\$140.12
769	San Angelo	\$6,895	\$119.17	\$78.79	\$120.73	\$140.12
770	Houston	\$8,640	\$123.57	\$79.15	\$138.67	\$146.74
771	Houston	\$8,640	\$123.57	\$79.15	\$138.67	\$146.74
772	Houston	\$8,640	\$123.57	\$79.15	\$138.67	\$146.74
773	Conroe	\$7,745	\$114.74	\$75.41	\$109.20	\$159.65
774	Bellaire	\$7,197	\$114.04	\$76.97	\$82.93	\$136.47
775	Pasadena	\$8,430	\$110.96	\$73.68	\$87.32	\$134.09
776	Beaumont	\$8,046	\$106.90	\$73.70	\$104.08	\$147.92
777	Beaumont	\$7,913	\$106.90	\$73.70	\$104.08	\$147.92
778	Bryan	\$9,566	\$117.93	\$76.34	\$136.40	\$142.85
779	Victoria	\$5,903	\$95.38	\$70.32	\$78.24	\$139.97
780	San Antonio	\$6,821	\$99.03	\$69.62	\$122.89	\$113.65
781	San Antonio	\$5,450	\$110.14	\$72.54	\$98.87	\$118.25
782	San Antonio	\$7,765	\$100.60	\$72.76	\$100.91	\$114.88
783	Corpus Christi	\$7,112	\$96.94	\$67.86	\$127.65	\$103.63
784	Corpus Christi	\$8,501	\$96.94	\$67.86	\$127.65	\$103.63
785	McAllen	\$9,221	\$114.52	\$79.17	\$129.73	\$130.91
786	Austin	\$5,873	\$109.07	\$73.54	\$111.96	\$125.55
787	Austin	\$7,522	\$110.92	\$78.04	\$129.17	\$123.92
788	Uvalde	\$4,557	\$119.17	\$78.79	\$111.31	\$133.87
789	LaGrange	\$4,608	\$95.38	\$70.32	\$78.24	\$139.97
790	Amarillo	\$4,903	\$103.32	\$70.00	\$130.44	\$123.54
791	Amarillo	\$7,783	\$103.32	\$70.00	\$130.44	\$123.54
792	Childress	\$4,608	\$103.32	\$70.00	\$129.17	\$123.54
793	Lubbock	\$5,589	\$114.60	\$73.73	\$86.07	\$150.78
794	Lubbock	\$11,178	\$114.60	\$73.73	\$86.07	\$150.78
795	Abilene	\$4,903	\$101.12	\$72.79	\$102.78	\$126.58

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
TEXAS						
796	Abilene	\$8,116	\$101.12	\$72.79	\$102.78	\$126.58
797	Midland	\$5,080	\$119.17	\$78.79	\$120.73	\$140.12
798	El Paso	\$6,221	\$107.21	\$73.65	\$98.24	\$124.34
799	El Paso	\$11,178	\$107.21	\$73.65	\$98.24	\$124.34
885	El Paso	\$11,178	\$107.21	\$73.65	\$98.24	\$124.34
UTAH						
840	Salt Lake City	\$5,866	\$91.45	\$66.58	\$73.96	\$101.28
841	Salt Lake City	\$7,669	\$92.17	\$67.77	\$91.91	\$103.04
842	Salt Lake City	\$7,669	\$90.94	\$63.10	\$59.78	\$105.98
843	Ogden	\$5,914	\$90.94	\$63.10	\$57.58	\$105.98
844	Ogden	\$7,119	\$90.94	\$63.10	\$57.58	\$105.98
845	Provo	\$3,677	\$88.66	\$64.96	\$78.06	\$118.31
846	Provo	\$5,431	\$85.69	\$66.44	\$69.47	\$109.25
847	Provo	\$6,089	\$88.66	\$64.96	\$78.06	\$118.31
VERMONT						
50	White River Jc.	\$3,971	\$103.84	\$71.23	\$104.06	\$122.65
51	Bellows Falls	\$3,971	\$103.84	\$71.23	\$104.06	\$122.65
52	Bennington	\$4,249	\$103.84	\$71.23	\$104.06	\$122.65
53	Brattleboro	\$3,971	\$103.84	\$71.23	\$104.06	\$122.65
54	Burlington	\$5,377	\$132.44	\$84.47	\$119.55	\$143.79
56	Montpelier	\$3,971	\$103.84	\$71.23	\$104.06	\$122.65
57	Rutland	\$4,437	\$103.84	\$71.23	\$104.06	\$122.65
58	Saint Johnsbury	\$4,244	\$103.84	\$71.23	\$104.06	\$122.65
59	Littleton, NH	\$4,244	\$103.84	\$71.23	\$104.06	\$122.65
VIRGINIA						
201	Loudoun County	\$6,048	\$121.12	\$80.00	\$131.95	\$152.54
220	Northern VA	\$6,483	\$119.37	\$79.70	\$106.90	\$129.44
221	Northern VA	\$4,903	\$125.83	\$76.94	\$112.95	\$122.67
222	Arlington	\$6,048	\$121.58	\$76.47	\$120.52	\$142.12
223	Alexandria	\$5,324	\$121.58	\$76.47	\$120.52	\$142.12
224	Fredericksburg	\$6,274	\$100.18	\$70.11	\$93.55	\$128.33
225	Fredericksburg	\$5,785	\$100.18	\$70.11	\$93.55	\$128.33
226	Winchester	\$4,700	\$100.22	\$71.29	\$82.72	\$123.61
227	Culpeper	\$5,476	\$100.22	\$71.29	\$82.72	\$123.61
228	Harrisonburg	\$4,316	\$100.22	\$71.29	\$82.72	\$123.61
229	Charlottesville	\$7,432	\$100.22	\$71.29	\$82.72	\$123.61
230	Richmond	\$5,143	\$92.04	\$68.38	\$83.01	\$96.36
231	Richmond	\$7,104	\$92.04	\$68.38	\$83.01	\$96.36
232	Richmond	\$9,217	\$97.71	\$69.40	\$82.69	\$92.19
233	Norfolk	\$4,265	\$105.11	\$68.41	\$92.20	\$119.30

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
VIRGINIA						
234	Norfolk	\$5,374	\$105.11	\$68.41	\$92.20	\$119.30
235	Norfolk	\$6,795	\$105.11	\$68.41	\$92.20	\$119.30
236	Newport News	\$6,123	\$105.11	\$68.41	\$92.20	\$119.30
237	Portsmouth	\$6,517	\$105.11	\$68.41	\$92.20	\$119.30
238	Petersburg	\$6,550	\$92.04	\$68.38	\$83.01	\$96.36
239	Farmville	\$3,973	\$93.82	\$64.52	\$78.05	\$110.02
240	Roanoke	\$6,456	\$96.89	\$69.06	\$108.21	\$121.06
241	Roanoke	\$5,457	\$96.89	\$69.06	\$108.21	\$121.06
242	Bristol	\$5,046	\$103.47	\$69.34	\$105.69	\$125.68
243	Pulaski	\$4,888	\$103.47	\$69.34	\$105.69	\$125.68
244	Staunton	\$3,971	\$93.82	\$64.52	\$78.05	\$110.02
245	Lynchburg	\$4,735	\$93.82	\$64.52	\$78.05	\$110.02
246	Bluefield, WV	\$4,940	\$103.47	\$69.34	\$105.69	\$125.68
WASHINGTON						
980	Seattle	\$7,978	\$106.87	\$83.38	\$72.69	\$104.28
981	Seattle	\$8,530	\$108.14	\$82.96	\$95.60	\$113.23
982	Everett	\$8,530	\$104.19	\$81.58	\$81.22	\$115.60
983	Tacoma	\$8,005	\$99.42	\$81.62	\$83.19	\$102.97
984	Tacoma	\$8,628	\$99.42	\$81.62	\$83.19	\$102.97
985	Olympia	\$9,217	\$99.66	\$78.04	\$90.47	\$97.10
986	Portland, OR	\$6,983	\$112.27	\$81.63	\$80.36	\$106.26
987	Military					
988	Wenatchee	\$5,085	\$93.69	\$75.09	\$81.31	\$108.85
989	Yakima	\$7,078	\$93.69	\$75.09	\$81.31	\$108.85
990	Spokane	\$4,265	\$93.09	\$74.74	\$82.15	\$92.94
991	Spokane	\$3,971	\$93.09	\$74.74	\$82.15	\$92.94
992	Spokane	\$7,701	\$93.09	\$74.74	\$82.15	\$92.94
993	Pasco	\$6,945	\$93.69	\$75.09	\$81.31	\$108.85
994	Lewistown, ID	\$4,562	\$93.69	\$75.09	\$81.31	\$108.85
WEST VIRGINIA						
247	Bluefield	\$4,265	\$116.40	\$70.56	\$119.55	\$143.79
248	Bluefield	\$4,265	\$116.40	\$70.56	\$119.55	\$143.79
249	Lewisburg	\$4,265	\$116.40	\$70.56	\$119.55	\$143.79
250	Charleston	\$4,608	\$112.57	\$73.64	\$120.37	\$138.10
251	Charleston	\$4,608	\$112.57	\$73.64	\$120.37	\$138.10
252	Charleston	\$4,608	\$112.57	\$73.64	\$120.37	\$138.10
253	Charleston	\$5,519	\$112.57	\$73.64	\$120.37	\$138.10
254	Martinsburg	\$3,971	\$110.74	\$69.50	\$86.00	\$118.84
255	Huntington	\$4,265	\$112.57	\$73.64	\$119.55	\$138.10
256	Huntington	\$4,265	\$112.57	\$73.64	\$119.55	\$138.10
257	Huntington	\$4,385	\$112.57	\$73.64	\$119.55	\$138.10
258	Beckley	\$4,265	\$112.57	\$73.64	\$119.55	\$138.10

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value				Radiology Total
			Surgical	Medical	Pathology		
WEST VIRGINIA							
259	Beckley	\$4,265	\$112.57	\$73.64	\$119.55	\$138.10	
260	Wheeling	\$4,265	\$107.94	\$71.82	\$99.53	\$116.98	
261	Parkersburg	\$4,265	\$110.74	\$69.50	\$86.00	\$118.84	
262	Buckhannon	\$3,971	\$110.74	\$69.50	\$86.00	\$118.84	
263	Clarksburg	\$3,971	\$110.74	\$69.50	\$86.00	\$118.84	
264	Clarksburg	\$3,971	\$110.74	\$69.50	\$86.00	\$118.84	
265	Clarksburg	\$4,766	\$107.94	\$71.82	\$99.53	\$116.98	
266	Gassaway	\$4,265	\$116.40	\$70.56	\$119.55	\$143.79	
267	Cumberland, MD	\$3,971	\$110.74	\$69.50	\$86.00	\$118.84	
268	Petersburg	\$3,971	\$110.74	\$69.50	\$86.00	\$118.84	
WISCONSIN							
530	Milwaukee, N	\$5,757	\$143.09	\$94.74	\$129.17	\$155.36	
531	Milwaukee, S	\$5,687	\$143.09	\$94.74	\$129.17	\$155.36	
532	Milwaukee	\$7,925	\$143.09	\$94.74	\$129.17	\$155.36	
534	Racine	\$4,867	\$132.44	\$87.68	\$119.55	\$143.79	
535	Madison	\$5,367	\$132.44	\$87.68	\$119.55	\$143.79	
537	Madison	\$7,674	\$132.44	\$87.68	\$119.55	\$143.79	
538	Madison	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96	
539	Portage	\$4,584	\$123.30	\$81.63	\$111.31	\$133.87	
540	Saint Paul, MN	\$3,677	\$114.17	\$75.59	\$103.06	\$104.76	
541	Green Bay, W	\$4,302	\$132.44	\$87.68	\$119.55	\$143.79	
542	Green Bay, E	\$5,775	\$132.44	\$87.68	\$119.55	\$143.79	
543	Green Bay	\$6,942	\$132.44	\$87.68	\$119.55	\$143.79	
544	Wausau	\$5,293	\$123.30	\$81.63	\$111.31	\$133.87	
545	Rhineland	\$4,954	\$123.30	\$81.63	\$111.31	\$133.87	
546	La Crosse	\$6,013	\$132.44	\$87.68	\$119.55	\$143.79	
547	Eau Claire	\$5,234	\$132.44	\$87.68	\$119.55	\$143.79	
548	Spooner	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96	
549	Oshkosh	\$4,724	\$114.17	\$75.59	\$103.06	\$123.96	
WYOMING							
820	Cheyenne	\$7,840	\$120.85	\$74.89	\$101.88	\$144.47	
821	Yellowstone	\$7,840	\$120.85	\$74.89	\$101.88	\$144.47	
822	Wheatland	\$3,971	\$120.85	\$74.89	\$101.88	\$133.87	
823	Rawlins	\$4,097	\$120.85	\$74.89	\$101.88	\$133.87	
824	Worland	\$3,971	\$120.85	\$74.89	\$101.88	\$133.87	
825	Riverton	\$5,769	\$120.85	\$74.89	\$101.88	\$133.87	
826	Casper	\$6,333	\$120.85	\$74.89	\$101.88	\$133.87	
827	New Castle	\$3,677	\$114.17	\$74.89	\$101.88	\$123.96	
828	Sheridan	\$3,680	\$114.17	\$74.89	\$101.88	\$123.96	
829	Rock Springs	\$3,907	\$114.17	\$74.89	\$101.88	\$123.96	
830	Rock Springs	\$6,384	\$120.85	\$74.89	\$101.88	\$133.87	
831	Rock Springs	\$3,677	\$114.17	\$74.89	\$101.88	\$123.96	

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			Radiology Total
			Surgical	Medical	Pathology	
PUERTO RICO						
6	San Juan	\$3,677	\$78.46	\$39.37	\$51.53	\$61.98
7	San Juan	\$3,677	\$78.46	\$39.37	\$51.53	\$61.98
8	San Juan	\$3,677	\$114.17	\$68.08	\$103.06	\$123.96
9	San Juan	\$3,677	\$78.46	\$39.37	\$51.53	\$61.98

2010 Medicare Allowable Unit Values

State	Surgical	Medical	Pathology	Radiology
Alabama	33.90	32.65	23.75	22.35
Alaska	45.35	44.35	30.25	27.65
Arizona	35.55	33.75	24.75	23.45
Arkansas	33.75	32.55	23.65	22.25
Anaheim/Santa Ana, CA	41.20	38.75	30.15	29.25
Los Angeles, CA	40.55	38.20	29.40	28.40
Marin/Napa/Solano, CA	40.30	38.35	30.00	29.05
Oakland/Berkeley, CA	40.95	39.00	30.50	29.55
San Francisco, CA	43.75	41.45	33.30	32.60
San Mateo, CA	43.80	41.55	33.25	32.50
Santa Clara, CA	41.50	39.60	30.85	29.80
Ventura, CA	40.90	38.50	30.00	29.10
Rest of California	36.45	34.80	26.15	24.95
Colorado	35.45	33.85	25.00	23.75
Connecticut	40.20	37.70	28.70	27.65
Delaware	36.60	34.80	26.00	24.75
DC + MD/VA Suburbs	41.00	38.40	29.40	28.35
Fort Lauderdale, FL	39.45	35.60	25.80	24.55
Miami, FL	42.45	37.15	26.90	25.80
Rest of Florida	37.45	34.40	24.80	23.50
Atlanta, GA	36.35	34.45	25.45	24.15
Rest Of Georgia	34.95	33.20	24.10	22.70
Hawaii/Guam	38.40	36.35	27.95	26.95
Idaho	34.30	32.95	24.05	22.65
Chicago, IL	40.30	36.70	27.00	25.80
East St. Louis, IL	37.40	34.30	24.65	23.30
Suburban Chicago, IL	39.25	36.10	26.65	25.45
Rest of Illinois	35.80	33.50	24.15	22.80
Indiana	34.75	33.25	24.35	23.00
Iowa	33.90	32.75	23.90	22.50
Kansas	34.30	32.95	24.00	22.65
Kentucky	34.30	32.85	23.85	22.45
New Orleans, LA	37.00	34.85	25.95	24.75
Rest of Louisiana	35.00	33.20	24.05	22.70
Southern Maine	35.65	34.15	25.50	24.25
Rest of Maine	34.25	32.95	24.10	22.75
Baltimore/Surr. Cntys, MD	37.75	35.35	26.30	25.10
DC + MD/VA Suburbs	41.00	38.40	29.40	28.35
Rest of Maryland	35.90	33.95	25.00	23.70
Metropolitan Boston	41.40	38.95	30.50	29.65
Rest of Massachusetts	37.80	35.75	27.05	25.95
Detroit, MI	39.70	36.25	26.35	25.05
Rest of Michigan	35.85	33.70	24.50	23.20
Minnesota	34.50	33.40	24.85	23.55
Mississippi	34.60	32.95	23.85	22.45
Metropolitan Kansas City, MO	36.30	33.95	24.75	23.40
Metropolitan St. Louis, MO	35.90	33.75	24.60	23.25
Rest of Missouri	34.75	32.85	23.60	22.15
Montana	34.25	32.75	23.75	22.35
Nebraska	33.70	32.70	24.05	22.65

2010 Medicare Allowable Unit Values

State	Surgical	Medical	Pathology	Radiology
Nevada	37.00	34.70	25.65	24.45
New Hampshire	35.80	34.35	25.75	24.50
Northern NJ	41.55	38.80	29.65	28.60
Rest of New Jersey	39.50	37.00	27.75	26.55
New Mexico	35.60	33.50	24.25	22.85
Manhattan, NY	42.65	39.90	30.95	29.95
NYC Suburbs/Long I., NY	42.80	39.75	30.75	29.80
Poughkpsie/N NYC Suburbs, NY	37.50	35.50	26.60	25.40
Queens, NY	41.55	38.60	29.70	28.75
Rest of New York	34.35	33.10	24.35	23.00
North Carolina	34.85	33.35	24.40	23.10
North Dakota	33.60	32.50	23.65	22.20
Ohio	36.25	33.85	24.60	23.25
Oklahoma	34.20	32.75	23.75	22.35
Portland, OR	35.45	34.00	25.30	24.05
Rest of Oregon	34.50	33.20	24.40	23.05
Metropolitan Philadelphia, PA	39.70	36.50	27.15	26.00
Rest of Pennsylvania	35.85	33.70	24.55	23.20
Rhode Island	38.10	35.80	26.85	25.65
South Carolina	34.30	33.05	24.20	22.85
South Dakota	33.85	32.65	23.80	22.40
Tennessee	34.50	33.05	24.10	22.75
Austin, TX	36.15	34.05	25.00	23.75
Beaumont, TX	36.05	33.60	24.15	22.80
Brazoria, TX	36.45	34.15	24.65	23.25
Dallas, TX	36.75	34.50	25.30	24.00
Fort Worth, TX	36.20	33.95	24.80	23.50
Galveston, TX	36.50	34.10	24.85	23.55
Houston, TX	37.30	34.70	25.25	23.95
Rest of Texas	35.45	33.35	24.10	22.75
Utah	35.60	33.55	24.35	23.00
Vermont	35.05	33.65	24.90	23.60
DC + MD/VA Suburbs	41.00	38.40	29.40	28.35
Virginia	35.05	33.50	24.60	23.25
Seattle (King Cnty), WA	37.40	35.50	26.70	25.55
Rest of Washington	35.45	33.75	24.90	23.60
West Virginia	35.60	33.20	23.75	22.30
Wisconsin	34.30	33.10	24.35	23.00
Wyoming	34.70	32.90	23.75	22.35
Puerto Rico	31.95	31.25	22.25	20.70
Virgin Islands	36.20	34.05	25.00	23.70

Inpatient Hospital Outlier Provisions

Some PPO inpatient hospital reimbursement contracts have exceptions to the basic reimbursement formula for outlier claims. Outlier claims are inpatient hospital claims exceeding a dollar threshold.

Example of Outlier Provision — If hospital's inpatient billed charges exceed \$25,000 on a case, then the entire hospital claim shall be paid at 80% of the hospital's billed charges.

The following table shows the percentage of inpatient hospital claim dollars that are subject to the outlier threshold. For example, if the specific deductible is \$25,000 and the outlier threshold is \$50,000, then 79% of inpatient hospital claim dollars are subject to the outlier provision.

Assume the primary reimbursement is a hospital per diem equivalent to a 30% discount and the discount on outliers is 20%. Then the effective discount in this example would be 22.1%*. Note that these percentages vary by both specific deductible and outlier threshold level.

*[.79 x 20% + .21 x 30%]

Percent of Inpatient Hospital Claims Subject to Outlier Provision

Specific Deductible	Outlier Threshold ('000)									
	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
\$5,000	96%	92%	87%	83%	80%	72%	65%	59%	52%	42%
\$10,000	98%	95%	91%	87%	83%	76%	69%	63%	55%	45%
\$15,000	99%	97%	94%	90%	87%	80%	73%	67%	58%	48%
\$20,000	99%	98%	96%	93%	90%	83%	76%	70%	62%	50%
\$25,000	100%	99%	97%	95%	92%	86%	79%	73%	65%	53%
\$30,000	100%	99%	98%	96%	94%	88%	82%	76%	67%	56%
\$40,000	100%	99%	99%	98%	96%	92%	87%	81%	73%	61%
\$50,000	100%	100%	99%	99%	98%	95%	91%	86%	78%	66%
\$60,000	100%	100%	99%	99%	98%	96%	93%	90%	83%	71%
\$75,000	100%	100%	100%	99%	99%	98%	96%	93%	88%	78%
\$100,000	100%	100%	100%	99%	99%	98%	97%	96%	94%	86%
\$125,000	100%	100%	100%	99%	99%	99%	98%	97%	96%	91%
\$150,000	100%	100%	100%	100%	99%	99%	98%	98%	96%	94%
\$200,000	100%	100%	100%	100%	100%	99%	99%	98%	97%	96%
\$250,000	100%	100%	100%	100%	100%	99%	99%	98%	98%	97%
\$300,000	100%	100%	100%	100%	100%	99%	99%	99%	98%	97%
\$400,000	100%	100%	100%	100%	100%	100%	99%	99%	99%	98%
\$500,000	100%	100%	100%	100%	100%	100%	100%	99%	99%	99%

Example

The Preferred Provider network is in Kansas City, Missouri, ZIP Code 641. The four hospitals involved that have the following reimbursement arrangements include:

1. St. Mary's

In-Hospital Per Diem

Medical	\$3,800
Surgical	\$4,300
Intensive Care	\$6,000

Reimbursement for confinements with billed charges over \$50,000 is not less than 80% of billed charges.

Minimum Discount 10% of billed charges

Outpatient 85% of billed charges

2. St. Luke's Medical Center

Inpatient

Per Diem	\$6,000	
Minimum Discount		10% of billed charges
Maximum Discount		30% of billed charges

Outpatient 75% of billed charges

3. Doctor's Hospital

Inpatient

80% of billed charges

Outpatient 80% of billed charges

4. Northwest Hospital

Inpatient

85% of billed charges

Outpatient 80% of billed charges

The total charges for these hospitals for the previous year have been:

Total Charges		
	Amount	% of Total
St. Mary's	\$ 3,000,000	30%
St. Luke's	2,500,000	25
Doctor's Hospital	2,500,000	25
Northwest Hospital	<u>2,000,000</u>	20
TOTAL	\$10,000,000	

The Stop Loss program covers claims in excess of \$25,000. For these larger claims, it is expected that the distribution will be somewhat greater for St. Mary's and St. Luke's because they do more tertiary care, neonatal, transplants, and open-heart surgeries.

The adjusted distribution of charges by hospital is:

St. Mary's	35%
St. Luke's	35
Doctor's Hospital	15
Northwest Hospital	15

The out-of-network hospital charges for all claims have been \$2,000,000 or 16.7% of the total for the previous period. The information about large size claims out-of-network is not available; however, the assumption being made is that out-of-network claims will be 20% of total, and there will be no discount.

The following page contains various default values used in the example. Following that page, Worksheets 1, 2, 3 and 4 have been completed. In addition, the spreadsheet (Network Physician Fee Analysis Example) is shown.

Default Weights for use in Worksheets 1, 2, 3 and 4

Table W (For use in Worksheet 1)

All Claims	Medical	Surgical	ICU/CCU
100.0%	30.0%	50.0%	20.0%

Table X (For use in Worksheet 2)

All Claims	Inpatient	Outpatient/Other
100.0%	70.0%	30.0%

Table Y (For use in Worksheet 3)

All Claims	Medical Portion	Surgical Portion	Pathology	Radiology	Anesthesia
100%	41.0%	35.0%	6.0%	9.0%	9.0%

Table Z (For use in Worksheet 4)

Specific Deductible	All Claims	Hospital Weight	Physician Weight	Other Weight
<25,000	100.0%	61%	30%	9%
25,000–99,000	100.0%	70%	24%	6%
100,000 and over	100.0%	74%	22%	4%

Worksheet 1A – Example

Calculation of Hospital Pricing Factor – Specific Network Hospital

Contracted Hospital Name: St. Mary's

Contracted Hospital Location: Kansas City – ZIP 641

Outlier Provision: Not less than 80% of billed charges for confinements exceeding \$50,000 in billed charges.

Specific Deductible Level: \$25,000

	(A)	(B)	(C)	(D)	(E)
	Negotiated Rate	Prevailing Average	Pricing Factor (A/B)	Weight *	Weighted Average (C*D)
1. Medical	<u>3,800</u>	<u>7,779</u>	<u>48.85%</u>	<u>30.00%</u>	<u>14.66%</u>
2. Surgical	<u>4,300</u>	<u>7,779</u>	<u>55.28%</u>	<u>50.00%</u>	<u>27.64%</u>
3. ICU/CCU	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>20.00%</u>	<u>15.43%</u>
4. Other					
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
5. Subtotal (lines 1 + 2 + 3 + 4)				<u>100.00%</u>	<u>57.73%</u>
6. Total Calculated Pricing Factor ((5(E) / 5(D))					<u>57.73%</u>
7. Outlier Provision Pricing Factor					<u>80.00%</u>
8. Outlier Percentage					<u>79.00%</u>
9. Pricing Factor Adjusted for Outliers 6(E) x [1-8(E)] + 7(E) x 8(E)					<u>75.32%</u>
10. Adjusted Pricing Factor					
Maximum					<u>90.00%</u>
Minimum					<u>N/A</u>
11. Adjusted Hospital Pricing Factor (Lesser of 9(E) or 10(E))					<u>75.32%</u>

*Default Weight from Table W

Worksheet 1B – Example

Calculation of Hospital Pricing Factor – Specific Network Hospital

Contracted Hospital Name: St. Luke's Medical Center

Contracted Hospital Location: Kansas City – ZIP 641

Outlier Provision: None

Specific Deductible Level: \$25,000

	(A)	(B)	(C)	(D)	(E)
	Negotiated Rate	Prevailing Average	Pricing Factor (A/B)	Weight *	Weighted Average (C*D)
1. Medical	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>30.00%</u>	<u>23.14%</u>
2. Surgical	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>50.00%</u>	<u>38.57%</u>
3. ICU/CCU	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>20.00%</u>	<u>15.43%</u>
4. Other					
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
5. Subtotal (lines 1 + 2 + 3 + 4)				<u>100.00%</u>	<u>77.14%</u>
6. Total Calculated Pricing Factor ((5(E) / 5(D))					<u>77.14%</u>
7. Outlier Provision Pricing Factor					<u>N/A</u>
8. Outlier Percentage					<u>N/A</u>
9. Pricing Factor Adjusted for Outliers 6(E) x [1-8(E)] + 7(E) x 8(E)					<u>77.14%</u>
10. Adjusted Pricing Factor					
Maximum					<u>90.00%</u>
Minimum					<u>70.00%</u>
11. Adjusted Hospital Pricing Factor (9(E) Adjusted for 10(E) Max/Min)					<u>77.14%</u>

*Default Weight from Table W

Instructions**Worksheet 1**

- Step 1: Evaluate the hospital contract and determine the current negotiated reimbursement arrangements. It is not necessary to complete this worksheet if the hospital has a single overall percent of charges arrangement. Proceed to Step 4 if the hospital contract has a percent of charges arrangement that varies by service category. Proceed to Step 2 if the hospital arrangement has per diems or case rates.
- Step 2: Evaluate the per diem for each service category, and record it in Column A (Medical on line 1, Surgical on Line 2, ICU/CCU on Line 3, etc.). If the arrangement is a case rate, then estimate the per diem by dividing the case rate by the estimated length of stay.
- Step 3: Determine the appropriate undiscounted average per diem for the network location. This overall average should be entered in Column B for each service category after trending to the appropriate hospital contract period.
- Step 4: Calculate the pricing factor (Column C) by dividing the negotiated rate (Column A) by the prevailing average (Column B) for each service category. The negotiated percent of charges should be entered if this is available.
- Step 5: Default service category weights are provided in Table W. Network specific, or local area book of business specific, or client specific weights can be substituted for the default weights if they are available by service category.
- Step 6: Calculate the weighted average for each service category (Column E) by multiplying the pricing factor (Column C) by the weight (Column D). Zeros should be substituted for both the weights (Column D) and the weighted average (Column E) in service categories where no data is available.
- Step 7: Subtotal the weights (Column D) and the weighted average (Column E) on Line 5. The weights will not add to 100% if some services were zeroed in Step 7 (this will be reflected in Step 8).
- Step 8: Divide the subtotal weighted average (Column E, Line 5) by the subtotal weights (Column D, Line 5) to calculate the pricing factor (Line 6).
- Step 9: Review the hospital contract for outlier provisions. Estimate the impact and record on Line 7.
- Step 10: Record in Line 8 the percentage of inpatient hospital claim dollars that are subject to the outlier provision.
- Step 11: Calculate the pricing factor adjusted for outliers. The result of Step 8 is combined with the result of Step 9 using the weighting given in Step 10.

- Step 12: Review the hospital contract for maximum or minimum discount provisions (example: a clause stating that the per diem floor is 75% of charges and the ceiling is 90% of charges). Estimate the overall impact of this arrangement (if applicable) and record it on Line 10.
- Step 13: The pricing factor for the specified hospital is the calculated rate (Line 9) subject to the maximum/minimum provision in the contract (Line 10).

Worksheet 2 – Example

Contracted Network Location: Kansas City – ZIP 641

Calculation of Hospital/Facility Pricing Factor – All Network Hospitals

	(A)	(B)	(C)	(D)	(E)	(F)
Hospital/Facility	Pricing Factor	Total Weight	Total Weight (Percent)	Weighted Factor (A*C)	Category Weight *	Overall Weighted Factor
Inpatient:						
St. Mary's	<u>75.32%</u>	<u>3,500</u>	<u>35.00%</u>	<u>26.36%</u>		
St. Luke's Medical Ctr.	<u>77.14%</u>	<u>3,500</u>	<u>35.00%</u>	<u>27.00%</u>		
Doctor's Hospital	<u>80.00%</u>	<u>1,500</u>	<u>15.00%</u>	<u>12.00%</u>		
Northwest Hospital	<u>85.00%</u>	<u>1,500</u>	<u>15.00%</u>	<u>12.75%</u>		
_____	<u>0.00%</u>	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	<u>0.00%</u>	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	<u>0.00%</u>	_____	<u>0.00%</u>	<u>0.00%</u>		
Subtotal		<u>10,000</u>		<u>78.11%</u>	<u>70.0%</u>	<u>54.68%</u>
Outpatient/Other:						
St. Mary's	<u>85.00%</u>	<u>3,000</u>	<u>30.00%</u>	<u>25.50%</u>		
St. Luke's Medical Ctr.	<u>75.00%</u>	<u>2,500</u>	<u>25.00%</u>	<u>18.75%</u>		
Doctor's Hospital	<u>80.00%</u>	<u>2,500</u>	<u>25.00%</u>	<u>20.00%</u>		
Northwest Hospital	<u>80.00%</u>	<u>2,000</u>	<u>20.00%</u>	<u>16.00%</u>		
_____	_____	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	_____	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	_____	_____	<u>0.00%</u>	<u>0.00%</u>		
Subtotal		<u>10,000</u>		<u>80.25%</u>	<u>30.0%</u>	<u>24.08%</u>
Total (to Worksheet 4)						<u><u>78.76%</u></u>

* Default Weight from Table X

Instructions**Worksheet 2**

- Step 1: Enter the inpatient pricing factor for each hospital in Column A. This figure will either be the calculated figure from Worksheet 1 or the single overall percentage of charges amount.
- Step 2: Enter the outpatient pricing factor in the outpatient section of Column A.
- Step 3: Enter weights to be used to blend together the inpatient hospital arrangements (Column B). Credible historical network information or employer information is the preferred weight (preference order is charges, followed by inpatient days, followed by admits). Total beds (from the AHA guide, or a similar source) can be used in the absence of available historical information.
- Step 4: Subtotal the inpatient weights (Column B).
- Step 5: Calculate the weight percentages by dividing each hospital's weight by the subtotal weight (Column B). The results should be recorded in Column C for each hospital.
- Step 6: Calculate the weighted inpatient pricing factor for each hospital (Column D) by multiplying the pricing factor (Column A) by the weight percentage (Column C).
- Step 7: Subtotal the inpatient weighted factors (Column D).
- Step 8: Outpatient information should be weighted similar to that described for inpatient. Averaging can be applied in the absence of credible information. The resulting average for outpatient service should be recorded on the outpatient subtotal in Column D.
- Step 9: Standard category weights (inpatient and outpatient) for stop loss claims have been provided in Column E. The historical percentages should be substituted for supplied figures if credible historical information is available.
- Step 10: The inpatient and outpatient weighted pricing factors (Column D) should be multiplied by the respective category weights (Column E) to develop the weighted factor (Column F) for both inpatient and outpatient.
- Step 11: Inpatient and outpatient weighted factors (Column F) should be totaled to determine the all network hospital pricing factor.

Worksheet 3 – Example

Contracted Network Location: Kansas City – ZIP 641

Calculation of Physician Pricing Factor

	(A)	(B)	(C)
Service Category	Pricing Factor*	Weight***	Weighted Average (A*B)
1. Surgical	<u>86.7%</u>	<u>35.00%</u>	<u>30.35%</u>
2. Radiology	<u>99.9%</u>	<u>9.00%</u>	<u>8.99%</u>
3. Pathology	<u>49.4%</u>	<u>6.00%</u>	<u>2.96%</u>
4. Medical	<u>77.3%</u>	<u>41.00%</u>	<u>31.69%</u>
5. Anesthesia**	<u>86.7%</u>	<u>9.00%</u>	<u>7.80%</u>
6. Other:			
_____	<u>N/A</u>		<u>0.00%</u>
_____	<u>N/A</u>		<u>0.00%</u>
_____	<u>N/A</u>		<u>0.00%</u>
_____	<u>N/A</u>		<u>0.00%</u>
7. Subtotal (lines 1 + 2 + 3 + 4 + 5 + 6)		<u>100.00%</u>	<u>81.79%</u>
8. Total Physician Pricing Factor (7(C) / 7(B)) (to Worksheet 4)			<u>81.79%</u>

*The Pricing Factors are calculated on the spreadsheet
(Network Physician Fee Analysis Example.xls).

**Assumed to be same as Surgical

***Default Weight from Table Y

Instructions**Worksheet 3**

- Step 1: Calculate the pricing factor for each service category and record in Column A. Enter the negotiated percent of charges if it is available. If the negotiated percent of charges is not available, use the spreadsheet (Network Physician Fee Analysis Example.xls) to estimate the percent. To use the spreadsheet, input the conversion factors from the prevailing charge tables and then input the negotiated fee for each CPT code. Pricing factors for each service type are calculated in the last column of the spreadsheet.
- Step 2: Service category default weights are provided in Column B. Network specific, or local area book of business specific, or client specific weights for relevant size claims by service category can be substituted for the default weights if they are available.
- Step 3: Calculate the weighted average for each service category (Column C) by multiplying the pricing factor (Column A) by the weight (Column B). Zeros should be substituted for both the weights (Column B) and the weighted average (Column C) in service categories where no data is available.
- Step 4: Subtotal the weights (Column B) and the weighted average (Column C) on Line 7. The weights will not add to 100% if some services were zeroed in Step 3 (this will be reflected in Step 5).
- Step 5: Divide the subtotal weighted average (Column C, Line 7) by the subtotal weights (Column B, Line 7) to calculate the physician pricing factor (Line 8).

The following pages show spreadsheet calculations of the Pricing Factors by service category. The RBRVS Unit Values used are (see ZIP code 641):

Surgical	\$95.19
Medical	\$70.48
Pathology	\$94.57
Radiology	\$107.34

Note that the surgical pricing factor is used for anesthesia.

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1-yes 0-no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Values.x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge = Products = (A)x(C)x(E)	Pricing Factor = (F) / ((G)
Surgery									
11100	Biopsy of skin lesion	0.05526	2.10	1	85.18	199.90	4.7069	11.0464	
11200	Removal of skin tags	0.01019	1.86	0		177.05			
11306	Shave skin lesion	0.00226	2.17	0		206.56			
11311	Shave skin lesion	0.00244	2.34	0		222.74			
11401	Removal of skin lesion	0.00981	3.38	1	145.82	321.74	1.4305	3.1563	
11402	Removal of skin lesion	0.00742	3.86	0		367.43			
11440	Removal of skin lesion	0.00336	3.34	0		317.93			
11441	Removal of skin lesion	0.00333	3.94	1	201.32	375.05	0.6704	1.2489	
11442	Removal of skin lesion	0.00208	4.41	0		419.79			
11900	Injection into skin lesions	0.00940	1.20	0		114.23			
12001	Repair superficial wound(s)	0.01378	3.84	1	130.34	365.53	1.7961	5.0370	
13132	Repair of wound or lesion	0.00176	12.19	0		1,160.37			
14040	Skin tissue rearrangement	0.00142	17.31	0		1,647.74			
14060	Skin tissue rearrangement	0.00145	17.95	0		1,708.66			
15100	Skin split graft	0.00036	22.87	0		2,177.00			
17000	Destroy benign/premal lesion	0.13762	1.60	1	65.82	152.30	9.0581	20.9601	
17003	Destroy lesions, 2-14	0.17430	0.27	0		25.70			
17004	Destroy lesions, 15 or more	0.00886	5.22	0		496.89			
17110	Destruct lesion, 1-14	0.01455	2.32	1	77.43	220.84	1.1266	3.2132	
17304	Chemosurgery of skin lesion	0.00412	16.15	0		1,537.32			
17340	Cryotherapy of skin	0.00226	1.18	1	52.91	112.32	0.1196	0.2539	
19000	Drainage of breast lesion	0.00369	2.90	0		276.05			
19100	Bx breast percut w/o image	0.00063	3.51	0		334.12			
19101	Biopsy of breast, open	0.00043	8.06	0		767.23			
19120	Removal of breast lesion	0.00344	10.81	1	789.77	1,029.00	2.7168	3.5398	
19240	Removal of breast	0.00057	26.28	1	2,537.07	2,501.59	1.4461	1.4259	
19318	Reduction of large breast	0.00100	29.63	1	3,365.55	2,820.48	3.3655	2.8205	
19342	Delayed breast prosthesis	0.00012	21.89	0		2,083.71			
20550	Inject tendon/ligament/cyst	0.03107	1.54	1	78.73	146.59	2.4461	4.5546	
20600	Drain/inject, joint/bursa	0.00953	1.39	0		132.31			
20605	Drain/inject, joint/bursa	0.01526	1.52	0		144.69			
20610	Drain/inject, joint/bursa	0.06548	1.84	1	91.63	175.15	5.9997	11.4688	
21145	Reconstruct midface, lefort	0.00002	36.62	0		3,485.86			
21196	Reconst lwr jaw w/fixation	0.00013	36.63	1	5,749.04	3,486.81	0.7474	0.4533	
21453	Treat lower jaw fracture	0.00007	17.00	0		1,618.23			
22554	Neck spine fusion	0.00097	35.26	1	3,440.39	3,356.40	3.3372	3.2557	
23420	Repair of shoulder	0.00078	26.39	1	2,858.39	2,512.06	2.2295	1.9594	
27130	Total hip replacement	0.00143	36.84	1	5,228.98	3,506.80	7.4774	5.0147	
27447	Total knee replacement	0.00252	39.79	1	5,680.64	3,787.61	14.3152	9.5448	
28296	Correction of bunion	0.00172	18.52	1	1,887.96	1,762.92	3.2473	3.0322	

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F) / ((G))
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1-yes 0-no	Network Fee	Average Prevailing Charge = [Unit Values.x(B)	Network Products = (A)x(C)x(D)	Average Prevailing Charge = Products = (A)x(C)x(E)	
29826	Shoulder arthroscopy/surgery	0.00209	18.05	1	2,721.59	1,718.18	5.6881	3.5910	
29875	Knee arthroscopy/surgery	0.00060	13.23	1	1,953.77	1,259.36	1.1723	0.7556	
29877	Knee arthroscopy/surgery	0.00327	15.34	1	2,084.11	1,460.21	6.8150	4.7749	
29880	Knee arthroscopy/surgery	0.00177	17.31	1	2,864.84	1,647.74	5.0708	2.9165	
29881	Knee arthroscopy/surgery	0.00624	16.04	1	2,370.59	1,526.85	14.7925	9.5275	
29888	Knee arthroscopy/surgery	0.00172	26.46	1	4,194.02	2,518.73	7.2137	4.3322	
30140	Removal of turbinate bones	0.00147	9.97	1	944.62	949.04	1.3886	1.3951	
30520	Repair of nasal septum	0.00294	12.82	1	2,116.37	1,220.34	6.2221	3.5878	
31575	Diagnostic laryngoscopy	0.01516	3.09	1	316.17	294.14	4.7931	4.4591	
31622	Dx bronchoscope/wash	0.00146	8.63	1	736.86	821.49	1.0758	1.1994	
31625	Bronchoscopy with biopsy	0.00055	9.37	0		891.93			
32020	Insertion of chest tube	0.00087	5.74	0		546.39			
32100	Exploration/biopsy of chest	0.00007	25.20	0		2,398.79			
33512	CABG, vein, three	0.00010	53.94	1	5,973.57	5,134.55	0.5974	0.5135	
35102	Repair defect of artery	0.00005	47.45	0		4,516.77			
35301	Rechanneling of artery	0.00089	29.78	1	3,352.64	2,834.76	2.9839	2.5229	
36830	Artery-vein graft	0.00023	18.85	1	2,218.31	1,794.33	0.5102	0.4127	
37730	Removal of leg veins	0.00013	12.59	0		1,198.44			
39400	Visualization of chest	0.00027	11.25	0		1,070.89			
42820	Remove tonsils and adenoids	0.00404	7.50	1	859.45	713.93	3.4722	2.8843	
42830	Removal of adenoids	0.00139	5.33	1	622.00	507.36	0.8646	0.7052	
43235	Uppr GI endoscopy, diagnosis	0.00895	7.75	0		737.72			
43239	Upper GI endoscopy, biopsy	0.02933	8.80	1	769.12	837.67	22.5584	24.5689	
43247	Operative upper GI endoscopy	0.00043	5.02	0		477.85			
43255	Operative upper GI endoscopy	0.00053	7.05	0		671.09			
43260	Endo cholangiopancreatograph	0.00064	8.67	1	1,116.26	825.30	0.7144	0.5282	
43262	Endo cholangiopancreatograph	0.00071	10.70	0		1,018.53			
44140	Partial removal of colon	0.00079	32.28	1	3,018.40	3,072.73	2.3845	2.4275	
44950	Appendectomy	0.00154	15.60	1	1,348.54	1,484.96	2.0767	2.2868	
45330	Diagnostic sigmoidoscopy	0.00825	3.31	1	236.16	315.08	1.9483	2.5994	
45331	Sigmoidoscopy and biopsy	0.00144	4.31	0		410.27			
45378	Diagnostic colonoscopy	0.04583	10.13	1	867.19	964.27	39.7432	44.1927	
45380	Colonoscopy and biopsy	0.01928	11.97	0		1,139.42			
45385	Lesion removal colonoscopy	0.01946	13.52	1	1,228.52	1,286.97	23.9070	25.0444	
46221	Ligation of hemorrhoid(s)	0.00133	4.90	0		466.43			
46255	Hemorrhoidectomy	0.00029	10.98	0		1,045.19			
46260	Hemorrhoidectomy	0.00067	10.29	0		979.51			
46600	Diagnostic anoscopy	0.00480	2.11	0		200.85			
47600	Removal of gallbladder	0.00047	21.45	1	1,946.03	2,041.83	0.9146	0.9597	
47605	Removal of gallbladder	0.00013	23.08	1	2,178.31	2,196.99	0.2832	0.2856	
49500	Repair inguinal hernia	0.00030	9.29	1	1,245.30	884.32	0.3736	0.2653	
49505	Repair inguinal hernia	0.00379	12.34	1	1,327.89	1,174.64	5.0327	4.4519	

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F) / ((G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1-yes 0-no		Average Prevailing Charge = [Unit Values.x(B)	Network Products = (A)x(C)x(D)	Average Prevailing Charge = Products = (A)x(C)x(E)	
49560	Repair abdominal hernia	0.00117	18.19	1	1,707.29	1,731.51	1.9975	2.0259	
50230	Removal of kidney	0.00017	32.20	0		3,065.12			
50590	Fragmenting of kidney stone	0.00256	22.12	1	2,549.97	2,105.60	6.5279	5.3903	
51600	Injection for bladder x-ray	0.00162	5.99	0		570.19			
51700	Irrigation of bladder	0.00164	2.55	0		242.73			
51741	Electro-uflowmetry, first	0.00560	2.04	0		194.19			
51845	Repair bladder neck	0.00004	15.26	0		1,452.60			
52000	Cystoscopy	0.01690	5.45	1	317.46	518.79	5.3650	8.7675	
52310	Cystoscopy and treatment	0.00215	7.70	0		732.96			
52332	Cystoscopy and treatment	0.00226	8.78	0		835.77			
52601	Prostatectomy (TURP)	0.00077	18.32	1	2,423.51	1,743.88	1.8661	1.3428	
53670	Insert urinary catheter	0.00457	2.27	0		216.08			
54150	Circumcision	0.01019	6.32	1	149.70	601.60	1.5254	6.1303	
54640	Suspension of testis	0.00027	11.25	0		1,070.89			
55250	Removal of sperm duct(s)	0.00574	15.02	1	545.87	1,429.75	3.1333	8.2068	
55700	Biopsy of prostate	0.00585	5.87	1	330.36	558.77	1.9326	3.2688	
55845	Extensive prostate surgery	0.00057	41.44	1	4,498.58	3,944.67	2.5642	2.2485	
57454	Vagina examination & biopsy	0.01494	4.25	1	308.42	404.56	4.6078	6.0441	
57511	Cryocautery of cervix	0.00228	3.94	1	219.38	375.05	0.5002	0.8551	
58100	Biopsy of uterus lining	0.01292	3.03	1	167.76	288.43	2.1674	3.7265	
58120	Dilation and curettage	0.00229	5.96	1	658.14	567.33	1.5071	1.2992	
58150	Total hysterectomy	0.00441	24.51	1	3,004.22	2,333.11	13.2486	10.2890	
58260	Vaginal hysterectomy	0.00111	21.20	1	2,895.81	2,018.03	3.2143	2.2400	
58600	Division of fallopian tube	0.00019	9.57	0		910.97			
59400	Obstetrical care	0.01950	43.78	1	2,682.88	4,167.42	52.3161	81.2647	
59410	Obstetrical care	0.00172	24.54	0		2,335.96			
59510	Cesarean delivery	0.00754	49.62	1	3,160.35	4,723.33	23.8291	35.6139	
59515	Cesarean delivery	0.00069	29.26	0		2,785.26			
59812	Treatment of miscarriage	0.00083	7.48	1	716.21	712.02	0.5945	0.5910	
59820	Care of miscarriage	0.00218	9.36	1	743.32	890.98	1.6204	1.9423	
59840	Abortion	0.00098	5.84	1	849.13	555.91	0.8321	0.5448	
61510	Removal of brain lesion	0.00021	52.19	1	6,722.05	4,967.97	1.4116	1.0433	
62223	Establish brain cavity shunt	0.00013	24.11	1	4,032.71	2,295.03	0.5243	0.2984	
62270	Spinal fluid tap, diagnostic	0.00373	4.20	1	172.92	399.80	0.6450	1.4912	
62273	Treat epidural spine lesion	0.00029	5.00	0		475.95			
62284	Injection for myelogram	0.00228	6.63	1	494.25	631.11	1.1269	1.4389	
62311	Inject spine I/s (cd)	0.01093	6.56	0		624.45			
63005	Removal of spinal lamina	0.00003	28.14	0		2,678.65			
63030	Low back disk surgery	0.00196	23.31	1	3,743.65	2,218.88	7.3376	4.3490	
63042	Laminotomy, single lumbar	0.00042	32.86	1	4,379.85	3,127.94	1.8395	1.3137	
63047	Removal of spinal lamina	0.00122	27.63	0		2,630.10			
63075	Neck spine disk surgery	0.00113	35.95	1	3,866.25	3,422.08	4.3689	3.8670	

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1-yes 0-no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Values.x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge = Products = (A)x(C)x(E)	Pricing Factor = (F) / ((G)
64450	Injection for nerve block	0.00539	2.64	0		251.30			
64721	Carpal tunnel surgery	0.00368	10.36	1	1,255.62	986.17	4.6207	3.6291	
65222	Remove foreign body from eye	0.00197	1.87	0		178.01			
66821	After cataract laser surgery	0.00492	6.55	1	1,041.41	623.49	5.1237	3.0676	
66984	Cataract surg w/iol, i stage	0.01507	18.05	0		1,718.18			
67107	Repair detached retina	0.00020	26.85	0		2,555.85			
67210	Treatment of retinal lesion	0.00242	15.82	1	1,593.72	1,505.91	3.8568	3.6443	
67228	Treatment of retinal lesion	0.00196	24.83	1	1,704.72	2,363.57	3.3412	4.6326	
67800	Remove eyelid lesion	0.00111	3.07	0		292.23			
67820	Revise eyelashes	0.00196	1.53	0		145.64			
69433	Create eardrum opening	0.00097	4.74	0		451.20			
69436	Create eardrum opening	0.00521	4.44	1	548.45	422.64	2.8574	2.2020	
	Surgery - Total	1.00000	6.1022				395.2368	455.9420	86.7%
Radiology-Total (Includes professional and technical components)									
70470	Ct head/brain w/o&w dye	0.00748	9.19	1	1,060.29	986.45	7.9310	7.3787	
70551	Mri brain w/o dye	0.01183	13.83	0		1,484.51			
70553	Mri brain w/o&w dye	0.02321	29.44	1	2,164.94	3,160.09	50.2483	73.3457	
71010	Chest x-ray	0.13961	0.74	1	105.58	79.43	14.7394	11.0894	
71020	Chest x-ray	0.27157	0.96	1	123.93	103.05	33.6565	27.9843	
72100	X-ray exam of lower spine	0.04568	1.01	1	130.06	108.41	5.9411	4.9523	
72110	X-ray exam of lower spine	0.02377	1.39	1	189.72	149.20	4.5097	3.5465	
72131	CT lumbar spine w/o dye	0.00337	7.81	1	971.55	838.33	3.2741	2.8252	
72148	MRI lumbar spine w/o dye	0.02494	15.12	1	1,721.24	1,622.98	42.9277	40.4771	
73610	X-ray exam of ankle	0.04292	0.79	1	107.10	84.80	4.5968	3.6396	
73630	X-ray exam of foot	0.06273	0.79	1	107.10	84.80	6.7185	5.3194	
73721	MRI joint of lwr extre w/o d	0.02399	13.44	1	1,669.22	1,442.65	40.0446	34.6092	
74160	CT abdomen w/dye	0.03675	8.95	1	1,161.27	960.69	42.6766	35.3055	
76091	Mammogram, both breasts	0.03608	2.57	1	183.59	275.86	6.6241	9.9532	
76700	Echo exam of abdomen	0.02964	3.20	1	406.98	343.49	12.0628	10.1810	
76805	Echo exam of pregnant uterus	0.04249	3.59	1	318.23	385.35	13.5217	16.3735	
76815	Echo exam of pregnant uterus	0.01761	2.41	1	232.56	258.69	4.0954	4.5555	
76830	Echo exam, transvaginal	0.05480	2.57	1	359.56	275.86	19.7037	15.1173	
76856	Echo exam of pelvis	0.04636	2.57	1	313.65	275.86	14.5410	12.7890	
77427	Radiation tx management, x5	0.01436	4.54	0		487.32			
78465	Heart image (3d), multiple	0.04081	14.45	1	1,334.15	1,551.06	54.4465	63.2989	
	Radiology - Total	1.00000	3.7945				382.2595	382.7414	99.9%

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1-yes 0-no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Values.x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge = Products = (A)x(C)x(E)	Pricing Factor = (F) / ((G)
Pathology									
80050	General health panel	0.03782	0.96	1	55.22	90.96	2.0885	3.4401	
80061	Lipid panel	0.18759	0.67	1	38.32	63.67	7.1889	11.9440	
81000	Urinalysis, nonauto w/scope	0.09500	0.20	1	11.27	19.02	1.0706	1.8068	
82270	Test for blood, feces	0.05546	0.17	1	7.89	16.54	0.4377	0.9172	
82785	Assay of gammaglobulin ige	0.00142	0.75	1	34.94	71.11	0.0496	0.1010	
82947	Assay, glucose, blood quant	0.03429	0.23	1	10.14	21.50	0.3478	0.7372	
83718	Assay of lipoprotein	0.00402	0.33	1	14.66	31.42	0.0589	0.1263	
84443	Assay thyroid stim hormone	0.10178	0.73	1	51.85	69.46	5.2777	7.0696	
84702	Chorionic gonadotropin test	0.01492	0.70	1	49.59	66.15	0.7399	0.9870	
84703	Chorionic gonadotropin assay	0.00841	0.40	1	28.18	38.04	0.2370	0.3199	
85021	Automated hemogram	0.00663	0.26	1	12.41	24.81	0.0822	0.1645	
85022	Automated hemogram	0.00393	0.31	0		28.94			
85023	Automated hemogram	0.01261	0.38	1	18.04	36.38	0.2274	0.4588	
85024	Automated hemogram	0.06362	0.31	1	14.66	29.77	0.9325	1.8939	
85025	Automated hemogram	0.15078	0.32	1	14.66	30.60	2.2101	4.6131	
85027	Automated hemogram	0.01678	0.31	1	14.66	28.94	0.2460	0.4856	
86171	Complement fixation, each	0.00005	0.51	0		47.96			
86316	Immunoassay, tumor other	0.00075	0.91	1	63.12	86.00	0.0473	0.0645	
86403	Particle agglutination test	0.00763	0.28	1	13.52	26.46	0.1032	0.2019	
86585	TB tine test	0.00118	0.21	1	9.02	19.86	0.0106	0.0234	
87086	Urine culture/colony count	0.03199	0.44	1	21.41	41.34	0.6850	1.3226	
88150	Cytopath, c/v, manual	0.00894	0.30	1	23.68	28.11	0.2117	0.2513	
88304	Tissue exam by pathologist	0.01814	1.57	1	69.88	148.47	1.2676	2.6933	
88305	Tissue exam by pathologist	0.12600	2.73	1	101.45	258.18	12.7823	32.5302	
88307	Tissue exam by pathologist	0.01026	4.86	1	163.43	459.61	1.6768	4.7156	
	Pathology - Total	1.00000	0.8140				37.9794	76.8678	49.4%
Medicine									
90782	Injection, sc/im	0.00924	0.50	1	21.91	35.24	0.2025	0.3256	
90788	Injection of antibiotic	0.00090	0.44	1	23.38	31.01	0.0210	0.0279	
90801	Psy dx interview	0.00358	4.04	0		284.74			
90805	Psytx, off, 20-30 min w/e&m	0.00229	1.90	0		133.91			
90806	Psytx, off, 45-50 min	0.02873	2.61	0		183.95			
90853	Group psychotherapy	0.00175	0.86	1	83.25	60.61	0.1457	0.1061	
90862	Medication management	0.00581	1.37	0		96.56			
90887	Consultation with family	0.00003	2.34	0		164.92			
92004	Eye exam, new patient	0.00417	3.41	1	108.08	240.34	0.4507	1.0022	
92012	Eye exam established pat	0.00673	1.72	1	74.50	121.23	0.5014	0.8158	
92014	Eye exam & treatment	0.01023	2.54	1	92.02	179.02	0.9414	1.8314	
92083	Visual field examination(s)	0.00237	1.95	0		137.44			
92225	Special eye exam, initial	0.00086	0.61	0		42.99			

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1-yes 0-no		Average Prevaling Charge = [Unit Values.x(B)	Network Products = (A)x(C)x(D)	Average Prevaling Charge = Products = (A)x(C)x(E)
92235	Eye exam with photos	0.00071	3.50	0		246.68		
92250	Eye exam with photos	0.00129	1.99	0		140.26		
92507	Speech/hearing therapy	0.00261	1.65	1	54.05	116.29	0.1411	0.3035
92557	Comprehensive hearing test	0.00195	1.31	1	83.25	92.33	0.1623	0.1800
92567	Tympanometry	0.00339	0.58	1	32.14	40.88	0.1089	0.1386
92982	Coronary artery dilation	0.00006	15.84	1	3,823.99	1,116.40	0.2294	0.0670
93000	Electrocardiogram, complete	0.01624	0.71	1	81.81	50.04	1.3285	0.8127
93015	Cardiovascular stress test	0.00335	2.85	1	473.24	200.87	1.5854	0.6729
93224	ECG monitor/report, 24 hrs	0.00038	4.37	0		308.00		
93307	Echo exam of heart	0.00499	5.39	1	465.94	379.89	2.3250	1.8956
93510	Left heart catheterization	0.00066	46.04	1	1,057.50	3,244.90	0.6980	2.1416
93526	Rt & Lt heart catheters	0.00009	60.51	0		4,264.74		
94010	Breathing capacity test	0.00309	0.87	1	77.41	61.32	0.2392	0.1895
94656	Initial ventilator mgmt	0.00003	2.45	0		172.68		
94657	Continued ventilator mgmt	0.00021	1.85	0		130.39		
95024	Allergy skin tests	0.01483	0.16	0		11.28		
95115	Immunotherapy, one injection	0.00879	0.41	0		28.90		
95117	Immunotherapy injections	0.01539	0.52	1	17.53	36.65	0.2698	0.5640
95165	Antigen therapy services	0.05116	0.26	0	0.00	18.32		
95819	Electroencephalogram (EEG)	0.00047	4.22	1	224.94	297.43	0.1057	0.1398
95822	Sleep electroencephalogram	0.00002	5.87	0		413.72		
95860	Muscle test, one limb	0.00070	2.45	1	176.75	172.68	0.1237	0.1209
95861	Muscle test, two limbs	0.00054	3.09	0		217.78		
95900	Motor nerve conduction test	0.00255	1.72	1	100.78	121.23	0.2570	0.3091
95904	Sense/mixed n conduction tst	0.00507	1.47	1	100.78	103.61	0.5110	0.5253
95934	H-reflex test	0.00043	0.98	0		69.07		
97010	Hot or cold packs therapy	0.01835	0.12	1	14.61	8.46	0.2680	0.1552
97110	Therapeutic exercises	0.06530	0.74	0		52.16		
98940	Chiropractic manipulation	0.03096	0.69	0		48.63		
99201	Office/outpatient visit, new	0.00318	0.97	0		68.37		
99202	Office/outpatient visit, new	0.01403	1.72	1	80.34	121.23	1.1271	1.7008
99203	Office/outpatient visit, new	0.02285	2.56	1	105.16	180.43	2.4029	4.1228
99204	Office/outpatient visit, new	0.01028	3.62	1	151.90	255.14	1.5616	2.6228
99205	Office/outpatient visit, new	0.00392	4.58	1	204.50	322.80	0.8016	1.2654
99211	Office/outpatient visit, est	0.01871	0.57	1	37.98	40.17	0.7107	0.7516
99212	Office/outpatient visit, est	0.07023	1.02	1	54.05	71.89	3.7958	5.0488
99213	Office/outpatient visit, est	0.27079	1.39	1	68.64	97.97	18.5877	26.5285
99214	Office/outpatient visit, est	0.08872	2.18	1	100.78	153.65	8.9412	13.6315
99215	Office/outpatient visit, est	0.01470	3.17	1	162.14	223.42	2.3835	3.2843
99221	Initial hospital care	0.00057	1.80	0		126.86		
99222	Initial hospital care	0.00278	2.98	1	230.79	210.03	0.6416	0.5839
99223	Initial hospital care	0.00387	4.15	1	283.37	292.49	1.0966	1.1319

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F) / ((G))
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1-yes 0-no		Average Prevailing Charge = [Unit Values.x(B)	Network Products = (A)x(C)x(D)	Average Prevailing Charge = Products = (A)x(C)x(E)	
99231	Subsequent hospital care	0.01263	0.90	1	90.55	63.43	1.1437	0.8011	
99232	Subsequent hospital care	0.02507	1.47	1	122.69	103.61	3.0758	2.5974	
99233	Subsequent hospital care	0.00942	2.09	1	181.12	147.30	1.7061	1.3876	
99241	Office consultation	0.00175	1.33	0		93.74			
99242	Office consultation	0.00547	2.43	1	143.14	171.27	0.7830	0.9368	
99243	Office consultation	0.01289	3.24	1	182.59	228.36	2.3535	2.9435	
99244	Office consultation	0.01146	4.56	1	239.54	321.39	2.7452	3.6831	
99245	Office consultation	0.00449	5.90	1	302.35	415.83	1.3576	1.8671	
99253	Initial inpatient consult	0.00216	2.61	0		183.95			
99254	Initial inpatient consult	0.00335	3.75	1	262.92	264.30	0.8808	0.8854	
99261	Follow-up inpatient consult	0.00038	0.59	0		41.58			
99262	Follow-up inpatient consult	0.00085	1.20	0		84.58			
99263	Follow-up inpatient consult	0.00041	1.78	0		125.45			
99283	Emergency dept visit	0.01203	1.64	1	165.05	115.59	1.9856	1.3905	
99284	Emergency dept visit	0.00737	2.56	1	246.85	180.43	1.8193	1.3298	
99285	Emergency dept visit	0.00420	4.01	1	368.08	282.62	1.5459	1.1870	
99291	Critical care, first hour	0.00172	6.77	1	407.52	477.15	0.7009	0.8207	
99292	Critical care, addl 30 min	0.00038	3.00	1	203.03	211.44	0.0772	0.0803	
99391	Prev visit, est, infant	0.00815	2.08	1	64.26	146.60	0.5237	1.1948	
99392	Prev visit, est, age 1-4	0.00804	2.33	1	68.64	164.22	0.5519	1.3203	
99393	Prev visit, est, age 5-11	0.00585	2.30	1	74.50	162.10	0.4358	0.9483	
99394	Prev visit, est, age 12-17	0.00491	2.54	0		179.02			
99397	Prev visit, est, 65 & over	0.00078	3.13	0		220.60			
99431	Initial care, normal newborn	0.00131	1.60	1	182.59	112.77	0.2392	0.1477	
	Medicine - Total	1.00000	1.6092				74.5913	96.5187	77.3%

Worksheet 4 – Example

Contracted Network Location: Kansas City – ZIP 641

Calculation of Network Pricing Factor — All Services

	(A)	(B)	(C)
Provider Category	Pricing Factor	Weight*	Weighted Factor (A*B)
1. Hospital Pricing Factor (From Worksheet 2)	<u>78.76%</u>	<u>70.00%</u>	<u>55.13%</u>
2. Physician Pricing Factor (From Worksheet 3)	<u>81.79%</u>	<u>24.00%</u>	<u>19.63%</u>
3. Other:			
Outpatient RX	<u>100.00%</u>		_____
Other Miscellaneous	<u>100.00%</u>		_____
Additional Other	<u>100.00%</u>		_____
Subtotal Other	<u>100.00%</u>	<u>6.00%</u>	<u>6.00%</u>
4. Subtotal (lines 1 + 2 + 3)		<u>100.00%</u>	<u>80.76%</u>
5. Total In-Network Pricing Factor (4(C)/4(B))			<u>80.76%</u>
6. Network Savings/Discount (100%-5(C))			<u>19.24%</u>

*Default Weight from Table Z

Instructions**Worksheet 4**

- Step 1: The hospital pricing factor from Worksheet 2 should be entered on Line 1, Column A.
- Step 2: The physician pricing factor from Worksheet 3 should be entered on Line 2, Column A.
- Step 3: The negotiated pricing factor for any other services (appropriate for the expected deductible level) should be entered on Line(s) 3, Column A.
- Step 4: Service category weights for stop loss claims are provided in Column B. Network specific, or local area book of business specific, or client specific weights should be substituted for the default weights (Table Z: Note that weights vary by deductible level), if they are available.
- Step 5: Calculate the weighted average for each provider category (Column C) by multiplying the pricing factor (Column A) by the weight (Column B). Zeros should be substituted for both the weights (Column B) and the weighted average (Column C) in service categories where no data is available.
- Step 6: Subtotal the weights (Column B) and the weighted average (Column C) on Line 4. The weights will not add to 100% if some services were zeroed in Step 5 (this will be reflected in Step 7).
- Step 7: Divide the subtotal weighted average (Column C, Line 4) by the subtotal weights (Column B, Line 4) to calculate the in-network pricing factor (Line 5).
- Step 8: Calculate the in-network Savings/Discount (Line 6) by subtracting the in-network pricing factor (Line 5) from 100%.

Pricing Factors for PPO Discounts

The following table may be used to transform the estimated overall in-network discount from Worksheet 4, Line 6 into an in-network pricing factor which reflects the leveraging effect of discounted charges on stop loss costs.

The calculation of these factors assumes that 25% of in-network services require referral to non-network providers where no discount is available. For example, the in-network pricing factors for a 20% discount are calculated assuming that 75% of in-network services are discounted 20% and 25% of in-network services are referred out-of-network with no discount. This assumption significantly reduces the leveraging effect of the deductible. For example, the in-network pricing factor for a \$50,000 specific deductible with 25% discount is .70. Without the assumption for referral to out-of-network providers the in-network pricing factor would be .60 (i.e., solve the equation $.70 = .75x + .25$ means $x=.60$).

Pricing Factors for Preferred Provider Plans

Discount	Specific Deductible ('000)							
	\$5	\$10	\$15	\$20	\$25	\$30	\$40	\$50
10%	0.90	0.90	0.88	0.88	0.88	0.88	0.88	0.88
11%	0.89	0.88	0.87	0.87	0.87	0.87	0.86	0.86
12%	0.88	0.87	0.86	0.86	0.85	0.85	0.85	0.85
13%	0.87	0.86	0.85	0.84	0.84	0.84	0.84	0.84
14%	0.86	0.85	0.84	0.83	0.83	0.83	0.82	0.82
15%	0.85	0.84	0.83	0.82	0.82	0.82	0.81	0.81
16%	0.84	0.83	0.81	0.81	0.81	0.81	0.80	0.80
17%	0.83	0.82	0.80	0.80	0.79	0.79	0.79	0.79
18%	0.82	0.81	0.79	0.78	0.78	0.78	0.78	0.78
19%	0.81	0.80	0.78	0.77	0.77	0.77	0.76	0.76
20%	0.80	0.79	0.77	0.76	0.76	0.76	0.75	0.75
21%	0.79	0.78	0.76	0.75	0.75	0.75	0.74	0.74
22%	0.78	0.77	0.75	0.74	0.73	0.73	0.73	0.73
23%	0.77	0.76	0.74	0.73	0.72	0.72	0.72	0.72
24%	0.76	0.75	0.73	0.72	0.71	0.71	0.71	0.71
25%	0.75	0.74	0.72	0.71	0.70	0.70	0.70	0.70
26%	0.74	0.73	0.71	0.70	0.69	0.69	0.69	0.69
27%	0.73	0.72	0.70	0.69	0.68	0.68	0.68	0.68
28%	0.72	0.71	0.69	0.67	0.67	0.67	0.67	0.67
29%	0.71	0.70	0.68	0.66	0.66	0.66	0.66	0.65
30%	0.70	0.69	0.67	0.65	0.65	0.65	0.65	0.64
31%	0.69	0.68	0.66	0.64	0.64	0.64	0.64	0.63
32%	0.68	0.66	0.64	0.63	0.63	0.63	0.63	0.62
33%	0.67	0.65	0.63	0.62	0.62	0.62	0.62	0.61
34%	0.66	0.64	0.62	0.61	0.61	0.61	0.61	0.60
35%	0.65	0.64	0.62	0.60	0.60	0.60	0.60	0.59
36%	0.64	0.63	0.61	0.59	0.59	0.59	0.59	0.58
37%	0.63	0.62	0.60	0.58	0.58	0.58	0.58	0.57
38%	0.62	0.61	0.59	0.58	0.57	0.57	0.57	0.56
39%	0.61	0.60	0.58	0.57	0.56	0.56	0.56	0.55
40%	0.60	0.59	0.57	0.56	0.55	0.55	0.55	0.55

Pricing Factors for Preferred Provider Plans

Discount	Specific Deductible ('000)						
	\$60	\$75	\$100	\$125	\$150	\$200	\$250+
10%	0.87	0.87	0.87	0.86	0.86	0.85	0.84
11%	0.86	0.86	0.85	0.85	0.85	0.84	0.83
12%	0.84	0.84	0.84	0.83	0.83	0.82	0.81
13%	0.83	0.83	0.83	0.82	0.82	0.81	0.79
14%	0.82	0.82	0.81	0.80	0.80	0.79	0.78
15%	0.80	0.80	0.80	0.79	0.79	0.78	0.76
16%	0.79	0.79	0.78	0.78	0.78	0.76	0.75
17%	0.78	0.78	0.77	0.76	0.76	0.75	0.73
18%	0.77	0.77	0.76	0.75	0.75	0.73	0.72
19%	0.75	0.75	0.74	0.74	0.74	0.72	0.71
20%	0.74	0.74	0.73	0.72	0.72	0.70	0.69
21%	0.73	0.73	0.72	0.71	0.71	0.69	0.68
22%	0.72	0.72	0.71	0.70	0.70	0.68	0.67
23%	0.71	0.71	0.70	0.69	0.68	0.67	0.66
24%	0.70	0.70	0.69	0.68	0.67	0.65	0.64
25%	0.69	0.68	0.67	0.67	0.65	0.64	0.63
26%	0.68	0.67	0.66	0.66	0.64	0.63	0.62
27%	0.67	0.66	0.65	0.65	0.63	0.62	0.61
28%	0.66	0.65	0.64	0.63	0.62	0.61	0.59
29%	0.65	0.64	0.63	0.62	0.61	0.59	0.58
30%	0.64	0.63	0.62	0.61	0.60	0.58	0.57
31%	0.63	0.62	0.61	0.60	0.59	0.57	0.56
32%	0.62	0.61	0.59	0.59	0.58	0.56	0.54
33%	0.60	0.60	0.58	0.58	0.57	0.55	0.53
34%	0.59	0.59	0.57	0.57	0.56	0.54	0.52
35%	0.58	0.58	0.56	0.55	0.55	0.53	0.51
36%	0.57	0.57	0.55	0.54	0.53	0.51	0.49
37%	0.56	0.56	0.55	0.53	0.52	0.50	0.48
38%	0.55	0.55	0.54	0.52	0.51	0.49	0.47
39%	0.54	0.54	0.53	0.51	0.50	0.48	0.46
40%	0.53	0.53	0.52	0.50	0.49	0.47	0.45

Stop Loss Premium Adjustment Factors

When sufficient data is available (which is seldom), the premium adjustment factor (e.g., multiplier) for stop loss over a preferred provider plan is developed from Worksheets 1, 2, 3, 4, and 5 from this section, using the information about the network reimbursement levels, utilization of network services and the pricing factors for PPO discounts.

The benefits are assumed to be all allowable medical charges included in the applicable plan which are the responsibility of the plan sponsor. The stop loss premium rate would be calculated in the regular manner taking into consideration the group's basic medical benefits, stop loss deductible, stop loss maximum, age/gender distribution of employees, industry, deductible, type of underwriting, contract type, etc.

Section VII contains a blank copy of Worksheet 5.

When using the accompanying software, the coding requirements and options are described in Section VIII.

Worksheet 5 – Example

Contracted Network Location: Kansas City – ZIP 641

Calculation of Stop Loss Premium Factor

	(A)	(B)	(C)
Network & Non-Network Category	Pricing Factor	Weight	Weighted Factor (A*B)
1. In-Network Pricing Factor*	<u>76.8%</u>		
2. Network Utilization for Excess Claims		<u>80.0%</u>	
3. Weighted In-Network Factor (1A x 2B)			<u>61.4%</u>
4. Non-Network Pricing Factor (From Appropriate Source)	<u>100.0%</u>		
5. Non-Network Utilization for Excess Claims		<u>20.0%</u>	
6. Weighted Non-Network Factor (4A x 5B)			<u>20.0%</u>
7. Stop Loss Premium Factor (3C + 6C)**			<u>81.4%</u>

*By interpolating in Pricing Factor tables, using desired Specific Stop Loss deductible and in-network discount from line 6, Worksheet 4

**May be transferred to line 13 of stop loss net premium worksheet

Instructions**Worksheet 5**

- General: Worksheet 5 is used to calculate the stop loss premium factor. This factor is applied to the stop loss premium that would otherwise be calculated in the absence of a negotiated provider network.
- Step 1: Using the table of Pricing Factors for PPO Discounts, look up the pricing factor based on the in-network savings/discount (Line 6 of Worksheet 4 or Column F, Worksheet 2 in the case of hospital only). Record the appropriate factor on Line 1, Column A.
- Step 2: Using historical experience, if available, estimate the amount of in-network utilization for excess claims (preferably based on a percentage of stop loss claim dollars). Record this weight for in-network services on Line 2, Column B.
- Step 3: Calculate the weighted factor for in-network services (Line 3, Column C) by multiplying the pricing factor (Line 1, Column A) by the weight (Line 2, Column B).
- Step 4: Determine the discount (if any) available on non-network claims or the effect of a contract per diem maximum allowance.
- Step 5: From an appropriate source, determine a pricing factor based on the non-network savings/discount (from Step 4). Record the appropriate factor on Line 4, Column A.
- Step 6: Calculate the non-network utilization estimate for excess claims (100% minus Line 2, Column B). Record this weight for non-network services on Line 5, Column B.
- Step 7: Calculate the weighted factor for non-network services (Line 6, Column C) by multiplying the pricing factor (Line 4, Column A) by the weight (Line 5, Column B).
- Step 8: Total the weighted factors for in-network (Line 3, Column C) and non-network (Line 6, Column C). Record the results on Line 7, Column C. This resulting factor can be applied to the stop loss premium that would otherwise be calculated in the absence of a negotiated provider network.

V. INDUSTRY CLASSIFICATIONS

Rating factors by industry classifications are available for two classification systems. The first set of tables use the SIC classification system and the second set uses the NAICS (North American Industry Classification System).

Industry Factors by SIC Range

SIC Range	Description	Stop Loss Factor
No Adjustment		1.000
0111 – 0191	Agriculture – Crops	1.050
0211 – 0291	Agriculture – Livestock	1.050
0711 – 0783	Agricultural Services	1.025
Except 0741 – 0742	Veterinary	1.000
0811 – 0851	Forestry	1.050
0912 – 0972	Fishing, Hunting	1.100
1011 – 1241	Mining — Metal, Coal	1.175
1311 – 1389	Oil & Gas Extraction	1.100
1411 – 1499	Mining & Quarrying Except Metal & Fuels	1.150
1521 – 1542	Building Construction	1.050
1611 – 1629	Other Than Building Construction	1.050
1711 – 1799	Construction — Special Trades	1.025
2011 – 2017	Meat Products	1.050
2018 – 2099	Food Products	1.000
2111 – 2141	Tobacco Manufacturer	1.050
2211 – 2299	Textile Mill Products	1.000

Industry Factors by SIC Range

SIC Range	Description	Stop Loss Factor
2311 – 2399	Apparel & Other Textiles	1.000
2411	Logging	1.075
2421 – 2429	Sawmills	1.050
2431 – 2499	Lumber & Wood Products (Except Furniture)	1.050
2511 – 2599	Furniture & Fixtures	1.000
2611	Pulp Mills	1.025
2612 – 2679	Paper & Allied Products	1.000
2711 – 2796	Printing & Publishing	1.000
2812 – 2899	Chemicals & Allied Products	1.025
Except 2831 – 2836	Drugs	1.000
Except 2892	Explosives	1.125
2911 – 2999	Petroleum Refining	1.025
3011 – 3089	Rubber & Miscellaneous Plastic	1.000
3111	Leather Tanning	1.100
3112 – 3199	Leather & Leather Products	1.025
3211 – 3299	Stone, Clay & Glass Products	1.025
Except 3292	Asbestos Products	1.175
3312 – 3399	Primary Metal Industries	1.050
3411 – 3499	Fabricated Metal Products	1.000
3511 – 3599	Machinery, Except Electrical	1.000
3612 – 3699	Electrical Machinery & Equipment	0.975
3711 – 3799	Transportation Equipment	1.000

Industry Factors by SIC Range

SIC Range	Description	Stop Loss Factor
3812 – 3873	Instruments	0.975
3911 – 3999	Miscellaneous Manufacturing	0.975
4011 – 4013	Railroad Transportation	1.050
4111 – 4173	Local Passenger Transportation	1.100
Except 4121	Taxicabs	1.150
4212 – 4231	Trucking	1.100
4311	US Postal Service	1.050
4412 – 4499	Water Transportation	1.075
4512 – 4581	Air Transportation	1.000
4612 – 4619	Pipe Lines, Except Natural Gas	1.025
4724 – 4789	Transportation Services	0.975
4812 – 4899	Communication	0.950
4911 – 4971	Electric, Gas & Sanitary System	1.025
Except 4952 – 4959	Sanitary Services	1.100
5012 – 5099	Wholesale Trade – Durable Goods	1.000
Except 5093	Scrap & Waste	1.100
5111 – 5199	Wholesale Trade – Non-durable Goods	1.000
Except 5181 – 5182	Beer, Wine & Distilled Alcoholic Beverages	1.050
5211 – 5499	Retail – Hardware, General, Food	1.000
5511 – 5599	Automotive Dealers & Service Stations	1.075
Except 5541	Gasoline Service Stations	1.100

Industry Factors by SIC Range

SIC Range	Description	Stop Loss Factor
5611 – 5736	Retail – Apparel, Furniture	1.000
5812	Eating Places	1.100
5813	Drinking Places	1.150
5912 – 5999	Miscellaneous Retail	1.000
Except 5921	Liquor Stores	1.100
6011 – 6099	Banking	0.950
6111 – 6163	Credit Agencies Other Than Banks	0.950
6211 – 6289	Security, Commodity Brokers	0.975
6311 – 6399	Insurance Carriers	1.000
6411	Insurance Agents/Brokers	1.000
6512 – 6553	Real Estate	1.000
6712 – 6799	Holding, Other Investment Companies	0.975
7011 – 7041	Hotels/Other Lodging	1.075
7211 – 7219	Laundry and Garment Services	1.050
7221 – 7299	Other Personal Services	1.050
7311 – 7389	Business Services	1.000
Except 7342 – 7349	Services to Buildings	1.050
Except 7371 – 7379	Computer Services	0.950
Except 7381	Detective Agencies	1.075
7513 – 7519	Automotive Rental	1.000
7521 – 7549	Automotive Services	1.050

Industry Factors by SIC Range

SIC Range	Description	Stop Loss Factor
7622 – 7699	Miscellaneous Repair Services	1.000
7812 – 7841	Motion Pictures	1.025
7911 – 7999	Amusement & Recreation, Except Movies	1.100
Except 7991	Physical Fitness Facility	1.075
8011 – 8099	Health Services	1.125
Except 8060 – 8069	Hospitals	1.175
8111	Legal Services	1.075
8211 – 8299	Educational Services	1.000
8322 – 8399	Social Services	1.050
8412 – 8422	Museums, Gardens & Zoos	1.000
8611 – 8699	Nonprofit Membership Organization	1.050
8711 – 8748	Services (Engineering, Architect, Accounting, Research)	0.950
8811 – 8999	Miscellaneous Services	1.000
9111 – 9199	General Government	1.075
9211 – 9229	Justice and Public Safety	1.150
9311 – 9721	Other Government	1.100

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
No Adjustment		1.000
111110 - 111419	Crop Farming	1.050
111421 - 111421	Nursery and Tree Production	1.050
111422 - 111992	Crop Farming	1.050
111998 - 111998	All Other Miscellaneous Crop Farming	1.050
112111 - 112420	Livestock Ranching	1.050
112511 - 112512	Finfish and Shellfish Farming and Hatcheries	1.050
112519 - 112990	Livestock Ranching	1.050
113110 - 113210	Timber Tract Operations	1.050
113310 - 113310	Logging	1.075
114111 - 114210	Fishing, Hunting, and Trapping	1.100
115111 - 115310	Support Activities for Farming and Ranching	1.025
211111 - 211112	Petroleum or Natural Gas Extraction	1.100
212111 - 212399	Mining	1.175
213111 - 213112	Drilling Oil and Gas Wells	1.100
213113 - 213115	Mining Support	1.175
221111 - 221310	Hydroelectric and Water Systems	1.025
221320 - 221320	Sewage Treatment Facilities	1.100
221330 - 221330	Steam and Air-Conditioning Supply	1.025
236115 - 236210	Residential or Industrial Construction	1.050
236220 - 236220	Commercial and Institutional Building Construction	1.050
237110 - 237130	Utility Line Construction	1.050

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
237210 - 237210	Land Subdivision	1.000
237310 - 237990	Civil Engineering Construction	1.050
238110 - 238390	Foundation and Finishing Contractors	1.025
238910 - 238910	Site Preparation Contractors	1.025
238990 - 238990	All Other Specialty Trade Contractors	1.025
311111 - 311119	Pet Food Manufacturers	1.000
311211 - 311520	Food Manufacturing	1.000
311611 - 311613	Animal (except Poultry) Slaughtering and Processing	1.050
311615 - 311615	Poultry Processing	1.050
311711 - 311999	Food Manufacturing	1.000
312111 - 312140	Beverage Manufacturing	1.000
312210 - 312229	Tobacco Product Manufacturing	1.050
313111 - 315999	Apparel Manufacturing	1.000
316110 - 316110	Leather and Hide Tanning and Finishing	1.100
316211 - 316211	Rubber and Plastics Footwear Manufacturing	1.000
316212 - 316999	Leather Good Manufacturing	1.025
321113 - 321113	Sawmills	1.050
321114 - 321911	Wood Product Manufacturing	1.050
321912 - 321920	Millwork	1.050
321991 - 321999	Prefabricated Wood Building Manufacturing	1.050
322110 - 322110	Pulp Mills	1.025
322120 - 322224	Paper Mills & Paper Packaging Manufacturing	1.000
322225 - 322225	Laminated Aluminum Foil Manufacturing for Flexible Packaging Uses	1.000
322226 - 322299	Other Paper Product Manufacturing	1.000

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
323110 - 323122	Printing	1.000
324110 - 324199	Petroleum Refineries	1.025
325110 - 325320	Petrochemical Manufacturing	1.025
325411 - 325414	Biological Medicine Manufacturing	1.000
325510 - 325910	Paint or Ink Manufacturing	1.025
325920 - 325920	Explosives Manufacturing	1.125
325991 - 325991	Custom Compounding of Purchased Resins	1.025
325992 - 325992	Photographic Film, Paper, Plate, and Chemical Manufacturing	1.025
325998 - 325998	All Other Miscellaneous Chemical Product and Preparation Manufacturing	1.025
326111 - 326112	Plastic Container Manufacturing	1.000
326113 - 326199	Plastic Product Manufacturing	1.000
326211 - 326211	Tire Manufacturing (except Retreading)	1.000
326212 - 326212	Tire Retreading	1.050
326220 - 326299	Rubber Product Manufacturing	1.000
327111 - 327999	Nonmetallic Mineral Product Manufacturing	1.025
331111 - 331222	Iron or Steel	1.050
331311 - 331311	Alumina Refining	1.050
331312 - 331528	Nonferrous Foundries (except Die-Casting)	1.050
332111 - 332117	Metal Forging	1.000
332211 - 332212	Flatware or Hand tool Manufacturing	1.000
332213 - 332612	Saw blade or Spring Manufacturing	1.000
332618 - 332618	Other Fabricated Wire Product Manufacturing	1.000
332710 - 332722	Machine Shops	1.000
332811 - 332811	Metal Heat Treating	1.050

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
332812 - 332812	Metal Coating, Engraving (except Jewelry and Silverware), and Allied Services to Manufacturers	1.000
332813 - 332813	Electroplating, Plating, Polishing, Anodizing and Coloring	1.000
332911 - 332999	Fabricated metal Manufacturing	1.000
333111 - 333313	Industrial Machinery Manufacturing	1.000
333314 - 333315	Optical Equipment Manufacturing	0.975
333319 - 333414	Commercial and Service Industry Machinery Manufacturing	1.000
333415 - 333415	Air-Conditioning and Warm Air Heating Equipment and Commercial and Industrial Refrigeration Equipment Manufacturing	1.000
333511 - 334119	Other Commercial Machinery Manufacturing	1.000
334210 - 334419	Electronic Component Manufacturing	0.975
334510 - 334517	Electromedical Apparatus Manufacturing	0.975
334518 - 334519	Watch and Measuring Device Manufacturing	0.975
334611 - 334611	Software Reproducing	0.975
334612 - 334612	Prerecorded Compact Disc (except Software), Tape, and Record Reproducing	0.975
334613 - 334613	Magnetic and Optical Recording Media Manufacturing	0.975
335110 - 335228	Household Appliance Manufacturing	0.975
335311 - 335312	Motor and Generator Manufacturing	0.975
335313 - 335912	Switch and Battery Manufacturing	0.975
335921 - 335929	Fiber Optic and Communication Wire Manufacturing	1.000
335931 - 335999	Electrical Equipment Manufacturing	0.975
336111 - 336312	Automobile Manufacturing	1.000
336321 - 336321	Vehicular Lighting Equipment Manufacturing	0.975
336322 - 336330	Vehicle Electrical or Steering Manufacturing	1.000
336340 - 336350	Vehicle Brake or Transmission Manufacturing	1.000
336360 - 336999	Other Vehicle Component Manufacturing	1.000

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
337110 - 339111	Furniture Manufacturing	1.000
339112 - 339112	Surgical and Medical Instrument Manufacturing	0.975
339113 - 339113	Surgical Appliance and Supplies Manufacturing	0.975
339114 - 339115	Dental Equipment and Supplies Manufacturing	0.975
339116 - 339116	Dental Laboratories	1.125
339911 - 339914	Jewelry	0.975
339920 - 339920	Sporting and Athletic Goods Manufacturing	0.975
339931 - 339931	Doll and Stuffed Toy Manufacturing	0.975
339932 - 339932	Game, Toy, and Children's Vehicle Manufacturing	0.975
339941 - 339941	Pen and Mechanical Pencil Manufacturing	0.975
339942 - 339942	Lead Pencil and Art Good Manufacturing	0.975
339943 - 339950	Written Materials Manufacturing	0.975
339991 - 339991	Gasket, Packing, and Sealing Device Manufacturing	1.000
339992 - 339999	Other Manufacturing	0.975
423110 - 423920	Wholesalers	1.000
423930 - 423930	Recyclable Material Merchant Wholesalers	1.100
423940 - 424720	Wholesalers	1.000
424810 - 424820	Liquor Wholesalers	1.050
424910 - 424990	Wholesalers	1.000
425110 - 425120	Wholesale Agents and Brokers	1.000
441110 - 441229	Motor Vehicle Dealers	1.075
441310 - 441320	Automotive Part or Tire Dealers	1.075
442110 - 445299	Specialty Stores	1.000
445310 - 445310	Beer, Wine, and Liquor Stores	1.100

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
446110 - 446199	Pharmacies and Person Care Stores	1.000
447110 - 447190	Gasoline Stations and Convenience Stores	1.100
448110 - 452990	General Merchandise Stores	1.000
453110 - 453998	Store Retailers	1.000
454111 - 454390	Direct Selling Establishments	1.000
481111 - 481212	Scheduled and Chartered Air Transportation	1.000
481219 - 481219	Other Nonscheduled Air Transportation	1.000
482111 - 482112	Railroads	1.050
483111 - 483212	Water Passenger or Freight Transportation	1.075
484110 - 484230	Trucking	1.100
485111 - 485210	Mixed Transit	1.100
485310 - 485310	Taxi Service	1.150
485320 - 485999	Other Ground Passenger Transportation	1.100
486110 - 486110	Pipeline Transportation of Crude Oil	1.025
486210 - 486210	Pipeline Transportation of Natural Gas	1.025
486910 - 486990	Other Pipeline Transportation	1.025
487110 - 487110	Scenic and Sightseeing Transportation, Land	1.100
487210 - 487990	Scenic and Sightseeing Transportation, Other	1.075
488111 - 488111	Air Traffic Control	1.000
488119 - 488119	Other Airport Operations	1.000
488190 - 488210	Support Activities for Air or Rail Transportation	1.050
488310 - 488330	Port, Harbor, or Navigational Services	1.075
488390 - 488390	Other Support Activities for Water Transportation	1.075
488410 - 488410	Motor Vehicle Towing	1.050

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
488490 - 488490	Other Support Activities for Road Transportation	1.100
488510 - 488999	All Other Support Activities for Transportation	0.975
491110 - 492210	Mail and Delivery Services	1.100
493110 - 493190	Warehousing and Storage	1.100
511110 - 511199	Publishers	1.000
511210 - 511210	Software Publishers	0.950
512110 - 512199	Motion Picture and Video Production	1.025
512210 - 512210	Record Production	1.000
512220 - 512220	Integrated Record Production/Distribution	1.000
512230 - 512230	Music Publishers	1.000
512240 - 512290	Other Sound Recording Industries	1.000
515111 - 515210	Radio and Subscription Programming	0.950
516110 - 516110	Internet Publishing and Broadcasting	1.000
517110 - 517910	Other Telecommunications	0.950
518111 - 518111	Internet Service Providers	0.950
518112 - 518112	Web Search Portals	1.000
518210 - 518210	Data Processing, Hosting, and Related Services	0.950
519110 - 519110	News Syndicates	1.000
519120 - 519120	Libraries and Archives	1.000
519190 - 519190	All Other Information Services	1.000
521110 - 521110	Monetary Authorities - Central Bank	0.950
522110 - 522294	Banking	0.950
522298 - 522320	Financial Transaction Processing	0.950
522390 - 522390	Other Activities Related to Credit Intermediation	0.950

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
523110 - 523120	Securities Brokerage	0.975
523130 - 523130	Commodity Contracts Dealing	0.975
523140 - 523210	Securities and Commodity Exchanges	0.975
523910 - 523910	Miscellaneous Intermediation	0.975
523920 - 523930	Portfolio Management	0.975
523991 - 523991	Trust, Fiduciary, and Custody Activities	0.975
523999 - 523999	Miscellaneous Financial Investment Activities	0.975
524113 - 524130	Insurers	1.000
524210 - 524298	All Other Insurance Related Activities	1.000
525110 - 525190	Pension or Insurance Funds	1.000
525910 - 525930	Investment Trusts	0.975
525990 - 525990	Other Financial Vehicles	0.975
531110 - 531120	Lessor of Residential or Nonresidential Buildings	1.000
531130 - 531130	Lessor of Mini-warehouses and Self-Storage Units	1.100
531190 - 532120	Lessor of Other Real Estate Property or Vehicles	1.000
532210 - 532210	Consumer Electronics and Appliances Rental	1.000
532220 - 532220	Formal Wear and Costume Rental	1.050
532230 - 532230	Video Tape and Disc Rental	1.025
532291 - 532291	Home Health Equipment Rental	1.000
532292 - 532292	Recreational Goods Rental	1.100
532299 - 532310	All Other Consumer Goods Rental	1.000
532411 - 532411	Commercial Air, Rail, and Water Transportation Equipment Rental and Leasing	0.975
532412 - 532420	Office Machinery and Equipment Rental and Leasing	1.000
532490 - 532490	Other Commercial and Industrial Machinery and Equipment Rental and Leasing	1.000

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
533110 - 533110	Lessor of Nonfinancial Intangible Assets (except Copyrighted Works)	1.000
541110 - 541110	Offices of Lawyers	1.075
541120 - 541120	Offices of Notaries	1.000
541191 - 541191	Title Abstract and Settlement Offices	1.000
541199 - 541199	All Other Legal Services	1.000
541211 - 541211	Offices of Certified Public Accountants	0.950
541213 - 541213	Tax Preparation Services	0.950
541214 - 541214	Payroll Services	0.950
541219 - 541219	Other Accounting Services	0.950
541310 - 541310	Architectural Services	0.950
541320 - 541320	Landscape Architectural Services	0.950
541330 - 541330	Engineering Services	0.950
541340 - 541350	Drafting or Inspection Services	1.000
541360 - 541360	Geophysical Surveying and Mapping Services	0.950
541370 - 541370	Surveying and Mapping (except Geophysical) Services	0.950
541380 - 541380	Testing Laboratories	0.950
541410 - 541420	Interior or Industrial Design Services	1.000
541430 - 541430	Graphic Design Services	1.000
541490 - 541490	Other Specialized Design Services	1.000
541511 - 541519	Computer Related Services	0.950
541611 - 541611	Administrative Management and General Management Consulting Services	0.950
541612 - 541612	Human Resources and Executive Search Consulting Services	0.950
541613 - 541613	Marketing Consulting Services	0.950
541614 - 541614	Process, Physical Distribution, and Logistics Consulting Services	0.950

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
541618 - 541618	Other Management Consulting Services	0.950
541620 - 541690	Other Scientific and Technical Consulting Services	0.950
541710 - 541710	Research and Development in the Physical, Engineering, and Life Sciences	0.950
541720 - 541720	Research and Development in the Social Sciences and Humanities	0.950
541810 - 541810	Advertising Agencies	1.000
541820 - 541820	Public Relations Agencies	0.950
541830 - 541890	Other Services Related to Advertising	1.000
541910 - 541910	Marketing Research and Public Opinion Polling	0.950
541921 - 541921	Photography Studios, Portrait	1.050
541922 - 541922	Commercial Photography	1.000
541930 - 541930	Translation and Interpretation Services	1.000
541940 - 541940	Veterinary Services	1.000
541990 - 541990	All Other Professional, Scientific, and Technical Services	0.950
551111 - 551112	Offices of Holding Companies	0.975
551114 - 561210	Office Administrative Services	1.000
561310 - 561310	Employment Placement Agencies	1.000
561320 - 561499	All Other Business Support Services	1.000
561510 - 561591	Travel Agencies	1.000
561599 - 561599	All Other Travel Arrangement and Reservation Services	1.000
561611 - 561613	Investigation or Armored Car Services	1.075
561621 - 561622	Security Systems Services	1.000
561710 - 561720	Exterminating and Janitorial Services	1.050
561730 - 561730	Landscaping Services	1.000
561740 - 561740	Carpet and Upholstery Cleaning Services	1.050

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
561790 - 561790	Other Services to Buildings and Dwellings	1.000
561910 - 561920	Packaging and Convention Services	1.000
561990 - 561990	All Other Support Services	1.000
562111 - 562119	Waste Collection	1.100
562211 - 562219	Waste Treatment and Disposal	1.100
562910 - 562920	Materials Recovery Facilities	1.100
562991 - 562998	All Other Miscellaneous Waste Management Services	1.100
611110 - 611430	Elementary through Professional Development Schools	1.000
611511 - 611511	Cosmetology and Barber Schools	1.050
611512 - 611519	Other Technical and Trade Schools	1.000
611610 - 611620	Fine Arts or Sports Schools	1.000
611630 - 611699	All Other Miscellaneous Schools and Instruction	1.000
611710 - 611710	Educational Support Services	1.000
621111 - 621610	Professional Medical Providers	1.125
621910 - 621910	Ambulance Services	1.125
621991 - 621999	All Other Miscellaneous Ambulatory Health Care Services	1.125
622110 - 622310	Hospitals	1.175
623110 - 623210	Nursing Care or Retardation Facilities	1.125
623220 - 623220	Residential Mental Health and Substance Abuse Facilities	1.175
623311 - 623311	Continuing Care Retirement Communities	1.125
623312 - 624410	Elderly or Child Day Care Services	1.050
711110 - 711219	Theater or Spectator Sports	1.100
711310 - 711410	Promoters or Agents of Performances or Sports	1.100
711510 - 711510	Independent Artists, Writers, and Performers	1.025

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
712110 - 712130	Museums or Zoos	1.000
712190 - 713920	Nature or Amusement Parks or Skiing Facilities	1.100
713930 - 713930	Marinas	1.075
713940 - 713990	All Other Amusement and Recreation Industries	1.100
721110 - 722320	Hotels, Cafeterias, or Caterers	1.075
722330 - 722330	Mobile Food Services	1.000
722410 - 722410	Drinking Places (Alcoholic Beverages)	1.150
811111 - 811198	Automotive Repair and Maintenance	1.050
811211 - 811490	Personal and Household Goods Repair and Maintenance	1.000
812111 - 812199	Personal Care Services	1.050
812210 - 812220	Funeral Homes or Cemeteries	1.050
812310 - 812332	Laundry Services	1.050
812910 - 812910	Pet Care (except Veterinary) Services	1.050
812921 - 812922	Photofinishing	1.050
812930 - 812990	All Other Personal Services	1.050
813110 - 813110	Religious Organizations	1.050
813211 - 813211	Grant making Foundations	1.050
813212 - 813319	Other Social Advocacy Organizations	1.050
813410 - 813990	Business, Professional, Labor, and Political Organizations	1.050
814110 - 814110	Private Households	1.000
921110 - 921120	Legislative Bodies	1.075
921130 - 921130	Public Finance Activities	1.100
921140 - 921140	Executive and Legislative Offices, Combined	1.075
921150 - 921150	American Indian and Alaska Native Tribal Governments	1.100

Industry Factors by NAICS Range

NAICS Range	Description	Stop Loss Factor
921190 - 921190	Other General Government Support	1.075
922110 - 922140	Courts or Correctional Institutions	1.150
922150 - 922150	Parole Offices and Probation Offices	1.150
922160 - 922190	All Other Justice, Public Order, and Safety Activities	1.150
923110 - 928120	Administration or Regulation Programs	1.100

VI. 2011 AREA RATING TABLES

2011 Three Digit Zip Code Area Rating Tables**Alabama**

ZIP	Name	Table	ZIP	Name	Table
350	Birmingham (A-L)	E	361	Montgomery	D
351	Birmingham (M-Z)	E	362	Anniston	D
352	Birmingham	E	363	Dothan	C
354	Tuscaloosa	C	364	Evergreen	B
355	Birmingham	C	365	Mobile	D
356	Decatur	C	366	Mobile	D
357	Huntsville	C	367	Selma	C
358	Huntsville	E	368	Opelika	C
359	Gadsden	E	369	Meridian, MS	B
360	Montgomery	C			

Alaska

ZIP	Name	Table	ZIP	Name	Table
995	Anchorage	H	998	Juneau	F
996	Anchorage	H	999	Ketchikan	E
997	Fairbanks	F			

Arizona

ZIP	Name	Table	ZIP	Name	Table
850	Phoenix	E	857	Tucson	D
851	Phoenix	E	859	Show Low	C
852	Phoenix	E	860	Flagstaff	E
853	Phoenix	E	863	Prescott	D
855	Globe	D	864	Kingman	E
856	Tucson	D	865	Gallup, NM	C

Arkansas

ZIP	Name	Table	ZIP	Name	Table
716	Pine Bluff	B	723	Memphis, TN	D
717	Camden	B	724	Jonesboro	B
718	Texarkana, TX	B	725	Batesville	A
719	Hot Springs Nat'l. Park	D	726	Harrison	A
720	Little Rock (A-L)	C	727	Fayetteville	B
721	Little Rock (M-Z)	C	728	Russellville	B
722	Little Rock	C	729	Fort Smith	B

California

ZIP	Name	Table	ZIP	Name	Table
900	Los Angeles	K	932	Bakersfield	G
901	Los Angeles	K	933	Bakersfield	G
902	Inglewood	K	934	San Luis Obispo	H
903	Inglewood	K	935	Mojave	F
904	Santa Monica	K	936	Fresno	F
905	Torrance	K	937	Fresno	F
906	Whittier	K	938	Fresno	F
907	Long Beach	K	939	Salinas	H
908	Long Beach	K	940	San Francisco	K
909	Long Beach	K	941	San Francisco	K
910	Pasadena	K	942	San Francisco	K
911	Pasadena	K	943	Palo Alto	K
912	Glendale	K	944	San Mateo	K
913	Van Nuys	K	945	Oakland	I
914	Van Nuys	K	946	Oakland	I
915	Burbank	K	947	Berkeley	I
916	North Hollywood	K	948	Richmond	I
917	Alhambra	K	949	San Rafael	I
918	Alhambra	K	950	San Jose	H
919	Chula Vista	G	951	San Jose	H
920	San Diego	G	952	Stockton (1)	H
921	San Diego	G	953	Stockton (2)	H
922	Palm Springs	I	954	Santa Rosa	H
923	San Bernardino	H	955	Eureka	G
924	San Bernardino	H	956	Sacramento (1)	H
925	Riverside	H	957	Sacramento (2)	H
926	Santa Ana	H	958	Sacramento	H
927	Santa Ana	H	959	Marysville	G
928	Anaheim	H	960	Redding	G
930	Ventura	H	961	Reno, NV (California offices)	F
931	Santa Barbara	H			

Colorado

ZIP	Name	Table	ZIP	Name	Table
800	Denver (North)	D	809	Colorado Springs	C
801	Denver (South)	D	810	Pueblo	C
802	Denver	D	811	Alamosa	A
803	Boulder	D	812	Salida	B
804	Golden	C	813	Durango	B
805	Longmont	C	814	Montrose	A
806	Brighton	C	815	Grand Junction	B
807	Fort Morgan	B	816	Glenwood Springs	B
808	Colorado Springs	C			

Connecticut

ZIP	Name	Table	ZIP	Name	Table
060	Hartford	D	065	New Haven	E
061	Hartford	D	066	Bridgeport	E
062	Willimantic	C	067	Waterbury	D
063	New London	C	068	Stamford	F
064	New Haven	E	069	Stamford	F

Delaware

ZIP	Name	Table	ZIP	Name	Table
197	Wilmington	E	199	Dover	C
198	Wilmington	E			

District of Columbia

ZIP	Name	Table	ZIP	Name	Table
200	Washington	F	202-205	Government	F

Florida

ZIP	Name	Table	ZIP	Name	Table
320	Jacksonville	E	334	West Palm Beach	I
321	Jacksonville	E	335	Tampa	F
322	Jacksonville	E	336	Tampa	F
323	Tallahassee	D	337	Saint Petersburg	F
324	Panama City	E	338	Lakeland	F
325	Pensacola	F	339	Fort Myers	F
326	Gainesville	F	340	Miami	K
327	Orlando	E	341	Naples	F
328	Orlando	E	342	Tampa	E
329	Melbourne	E	344	Jacksonville	E
330	Miami	K	346	Tampa	F
331	Miami	K	347	Orlando	E
332	Miami	K	349	West Palm Beach	I
333	Fort Lauderdale	K			

Georgia

ZIP	Name	Table	ZIP	Name	Table
300	Atlanta (Metro)	E	311	Atlanta	E
301	Atlanta	E	312	Macon	E
302	Atlanta	E	313	Savannah	C
303	Atlanta	E	314	Savannah	E
304	Swainsboro	C	315	Waycross	B
305	Gainesville	C	316	Valdosta	B
306	Athens	C	317	Albany	B
307	Chattanooga, TN	C	318	Columbus	B
308	Augusta	C	319	Columbus	C
309	Augusta	D	398	Atlanta	E
310	Macon	C	399	Atlanta	E

Hawaii

ZIP	Name	Table	ZIP	Name	Table
962-966	Military	F	968	Honolulu	C
967	Honolulu	C			

Idaho

ZIP	Name	Table	ZIP	Name	Table
832	Pocatello	A	836	Boise	B
833	Twin Falls	A	837	Boise	B
834	Pocatello	C	838	Spokane, WA	B
835	Lewiston	A			

Illinois

ZIP	Name	Table	ZIP	Name	Table
600	N. Suburban	G	615	Peoria	D
601	N. Suburban	G	616	Peoria	D
602	Evanston	G	617	Bloomington	C
603	Oak Park	G	618	Champaign, N.	E
604	S. Suburban	G	619	Champaign, S.	C
605	S. Suburban	G	620	St. Louis, MO	D
606	Chicago	G	622	St. Louis, MO	D
607	Chicago	G	623	Quincy	B
608	Chicago	G	624	Effingham	B
609	Kankakee	E	625	Springfield, E.	C
610	Rockford	E	626	Springfield, W.	C
611	Rockford	E	627	Springfield	D
612	Rock Island	B	628	Centralia	B
613	LaSalle	D	629	Carbondale	B
614	Galesburg	C			

Indiana

ZIP	Name	Table	ZIP	Name	Table
460	Indianapolis, N.	D	470	Cincinnati, OH	A
461	Indianapolis, S.	D	471	Louisville, KY	B
462	Indianapolis	D	472	Columbus	B
463	Gary	D	473	Muncie	B
464	Gary	D	474	Bloomington	B
465	South Bend	C	475	Washington	A
466	South Bend	D	476	Evansville	B
467	Fort Wayne	C	477	Evansville	B
468	Fort Wayne	C	478	Terre Haute	C
469	Kokomo	B	479	Lafayette	B

Iowa

ZIP	Name	Table	ZIP	Name	Table
500	Des Moines	B	513	Spencer	A
501	Des Moines	B	514	Carroll	A
502	Des Moines	B	515	Omaha, NE	B
503	Des Moines	B	516	Omaha, NE	A
504	Mason City	A	520	Dubuque	A
505	Fort Dodge	A	521	Decorah	A
506	Waterloo	A	522	Cedar Rapids	B
507	Waterloo	A	523	Cedar Rapids	B
508	Creston	A	524	Cedar Rapids	B
509	Des Moines	B	525	Ottumwa	A
510	Sioux City	A	526	Burlington	A
511	Sioux City	B	527	Rock Island, IL	B
512	Sheldon	A	528	Davenport	B

Kansas

ZIP	Name	Table	ZIP	Name	Table
660	Kansas City	E	671	Wichita	D
661	Kansas City	E	672	Wichita	D
662	Shawnee Mission	E	673	Independence	B
664	Topeka	C	674	Salina	B
665	Topeka	C	675	Hutchinson	B
666	Topeka	C	676	Hays	B
667	Fort Scott	C	677	Colby	A
668	Topeka	C	678	Dodge City	A
669	Salina	A	679	Liberal	A
670	Wichita	D			

Kentucky

ZIP	Name	Table	ZIP	Name	Table
400	Louisville, E.	C	414	Campton, N.	C
401	Louisville, W.	C	415	Pikeville, E.	C
402	Louisville	C	416	Pikeville, W.	C
403	Lexington, N.	C	417	Hazard, W.	C
404	Lexington, S.	C	418	Hazard, E.	B
405	Lexington	C	419	Lexington	C
406	Frankfort	C	420	Paducah	B
407	Corbin, W.	B	421	Bowling Green, E.	B
408	Corbin, E.	A	422	Bowling Green, W.	A
409	Corbin	C	423	Owensboro	A
410	Cincinnati, OH	C	424	Evansville, IN	B
411	Ashland, N.	C	425	Somerset, N.	C
412	Ashland, S.	E	426	Somerset, S.	A
413	Campton, S.	E	427	Elizabethtown	A

Louisiana

ZIP	Name	Table	ZIP	Name	Table
700	New Orleans	G	708	Baton Rouge	E
701	New Orleans	G	710	Shreveport	E
703	Thibodaux	E	711	Shreveport	E
704	Hammond	F	712	Monroe	E
705	Lafayette	E	713	Alexandria, E.	E
706	Lake Charles	E	714	Alexandria, W.	E
707	Baton Rouge	E			

Maine

ZIP	Name	Table	ZIP	Name	Table
039	Portsmouth, NH	C	045	Portland	B
040	Portland	B	046	Bangor	B
041	Portland	B	047	Houlton	B
042	Auburn	C	048	Rockland	B
043	Augusta	B	049	Waterville	B
044	Bangor	B			

Maryland

ZIP	Name	Table	ZIP	Name	Table
206	Prince Georges	D	214	Annapolis	D
207	Prince Georges	D	215	Cumberland	B
208	Prince Georges	D	216	Easton	B
209	Silver Spring	D	217	Frederick	C
210	Baltimore	D	218	Salisbury	B
211	Baltimore	D	219	Baltimore	C
212	Baltimore	D			

Massachusetts

ZIP	Name	Table	ZIP	Name	Table
010	Springfield	C	020	S. Postal Annex	E
011	Springfield	C	021	Boston	E
012	Pittsfield	C	022	Boston	E
013	Springfield	C	023	Brockton	D
014	Worcester	C	024	Brockton	D
015	Worcester	D	025	Buzzards Bay	C
016	Worcester	D	026	Buzzards Bay	C
017	Framingham	D	027	Providence, RI	C
018	Woburn	D	055	Andover	D
019	Lynn	D			

Michigan

ZIP	Name	Table	ZIP	Name	Table
480	Royal Oak	E	490	Kalamazoo	C
481	Detroit	E	491	Kalamazoo	E
482	Detroit	E	492	Jackson	C
483	Royal Oak	D	493	Grand Rapids, E.	A
484	Flint	C	494	Grand Rapids, W.	A
485	Flint	C	495	Grand Rapids	A
486	Saginaw, W.	B	496	Traverse City	B
487	Saginaw, E.	A	497	Gaylord	A
488	Lansing	C	498	Iron Mountain, E.	B
489	Lansing	C	499	Iron Mountain, W.	A

Minnesota

ZIP	Name	Table	ZIP	Name	Table
550	Saint Paul	D	560	Mankato	B
551	Saint Paul	D	561	Windom	A
553	Minneapolis	D	562	Willmar	B
554	Minneapolis	D	563	Saint Cloud	B
555	Young America	B	564	Brainerd	A
556	Duluth, E.	A	565	Detroit Lakes	A
557	Duluth, W.	A	566	Bemidji	A
558	Duluth	C	567	Thief River Falls	A
559	Rochester	C			

Mississippi

ZIP	Name	Table	ZIP	Name	Table
386	Memphis, TN	C	392	Jackson	C
387	Greenville	A	393	Meridian	B
388	Tupelo	A	394	Laurel	C
389	Grenada	A	395	Gulfport	F
390	Jackson	C	396	McComb	A
391	Jackson	C	397	Columbus	A

Missouri

ZIP	Name	Table	ZIP	Name	Table
630	Saint Louis	D	646	Chillicothe	C
631	Saint Louis	D	647	Harrisonville	C
633	Saint Louis	D	648	Joplin	D
634	Hannibal	B	649	Kansas City	E
635	Kirksville	B	650	Jefferson City	D
636	Flat River	C	651	Jefferson City	D
637	Cape Girardeau	E	652	Columbia	C
638	Sikeston	C	653	Sedalia	C
639	Poplar Bluff	D	654	Rolla	B
640	Kansas City	E	655	Rolla	B
641	Kansas City	E	656	Springfield	B
644	Saint Joseph	C	657	Springfield	B
645	Saint Joseph	C	658	Springfield	B

Montana

ZIP	Name	Table	ZIP	Name	Table
590	Billings	B	595	Havre	A
591	Billings	B	596	Helena	A
592	Wolf Point	A	597	Butte	A
593	Miles City	A	598	Missoula	A
594	Great Falls	A	599	Kalispell	A

Nebraska

ZIP	Name	Table	ZIP	Name	Table
680	Omaha	C	688	Grand Island	A
681	Omaha	C	689	Hastings	A
683	Lincoln	C	690	McCook	A
684	Lincoln	C	691	North Platte	A
685	Lincoln	C	692	Valentine	A
686	Columbus	A	693	Alliance	A
687	Norfolk	A			

Nevada

ZIP	Name	Table	ZIP	Name	Table
889	Las Vegas	G	894	Reno	F
890	Las Vegas	G	895	Reno	F
891	Las Vegas	G	897	Carson City	F
893	Ely	E	898	Elko	D

New Hampshire

ZIP	Name	Table	ZIP	Name	Table
002	Portsmouth	D	034	Keene	B
030	Manchester	C	035	Littleton	B
031	Manchester	C	036	Bellows Falls, VT	B
032	Concord	B	037	White River Jc., VT	D
033	Concord	C	038	Portsmouth	C

New Jersey

ZIP	Name	Table	ZIP	Name	Table
070	Newark	G	080	South Jersey	G
071	Newark	G	081	Camden	G
072	Elizabeth	G	082	Atlantic City	E
073	Jersey City	G	083	South Jersey	F
074	Paterson	G	084	Atlantic City	F
075	Paterson	G	085	Trenton	F
076	Hackensack	G	086	Trenton	F
077	Red Bank	F	087	Toms River	F
078	Dover	G	088	New Brunswick	F
079	Summit	G	089	New Brunswick	F

New Mexico

ZIP	Name	Table	ZIP	Name	Table
870	Albuquerque	C	878	Socorro	A
871	Albuquerque	C	879	Truth or Consequences	A
872	Albuquerque	C	880	Las Cruces	C
873	Gallup	B	881	Clovis	C
874	Farmington	B	882	Roswell	E
875	Santa Fe	B	883	Carrizozo	C
876	Santa Fe	B	884	Tucumcari	B
877	Las Vegas	D			

New York

ZIP	Name	Table	ZIP	Name	Table
004	Pleasantville	G	124	Kingston	D
005	Holtsville	G	125	Poughkeepsie	E
090-099	Military	F	126	Poughkeepsie	F
100	New York	J	127	Monticello	F
101	New York	J	128	Glens Falls	B
102	New York	J	129	Plattsburgh	B
103	Staten Island	H	130	Syracuse	B
104	Bronx	H	131	Syracuse	B
105	Westchester	G	132	Syracuse	B
106	White Plains	G	133	Utica	B
107	Yonkers	G	134	Utica	B
108	New Rochelle	G	135	Utica	B
109	Suffern	G	136	Watertown	B
110	Queens	H	137	Binghamton	C
111	Long Island City	H	138	Binghamton	B
112	Brooklyn	H	139	Binghamton	B
113	Flushing	H	140	Buffalo	B
114	Jamaica	H	141	Buffalo	B
115	Hicksville	G	142	Buffalo	B
116	Far Rockaway	G	143	Niagara Falls	B
117	Hicksville	G	144	Rochester	B
118	Hicksville	G	145	Rochester	B
119	Riverhead	F	146	Rochester	B
120	Albany	C	147	Jamestown	B
121	Albany	C	148	Elmira	B
122	Albany	C	149	Elmira	B
123	Schenectady	C			

North Carolina

ZIP	Name	Table	ZIP	Name	Table
270	Greensboro (West)	B	280	Charlotte	C
271	Winston Salem	B	281	Charlotte	C
272	Greensboro (East)	B	282	Charlotte	C
273	Greensboro (East)	C	283	Fayetteville	B
274	Greensboro	B	284	Wilmington	B
275	Raleigh	C	285	Kinston	B
276	Raleigh	C	286	Hickory	C
277	Durham	D	287	Asheville	B
278	Rocky Mount	B	288	Asheville	B
279	Elizabeth City	B	289	Gainesville, GA	B

North Dakota

ZIP	Name	Table	ZIP	Name	Table
580	Fargo	A	585	Bismarck	A
581	Fargo	A	586	Dickinson	A
582	Grand Forks	A	587	Minot	A
583	Devils Lake	A	588	Williston	A
584	Jamestown	A			

Ohio

ZIP	Name	Table	ZIP	Name	Table
430	Columbus, N.	C	445	Youngstown	E
431	Columbus, S.	C	446	Canton	C
432	Columbus	C	447	Canton	C
433	Columbus	A	448	Mansfield	C
434	Toledo, E.	D	449	Mansfield	C
435	Toledo, W.	D	450	Cincinnati, W.	C
436	Toledo	D	451	Cincinnati, E.	C
437	Zanesville, S.	A	452	Cincinnati	C
438	Zanesville, N.	A	453	Dayton	C
439	Steubenville	A	454	Dayton	E
440	Cleveland	E	455	Springfield	C
441	Cleveland	E	456	Chillicothe	B
442	Akron	E	457	Athens	A
443	Akron	E	458	Lima	B
444	Youngstown	E	459	Cincinnati	C

Oklahoma

ZIP	Name	Table	ZIP	Name	Table
730	Oklahoma City	D	741	Tulsa	C
731	Oklahoma City	D	743	Vinita	B
734	Ardmore	B	744	Muskogee	B
735	Lawton	B	745	McAlester	B
736	Clinton	B	746	Ponca City	B
737	Enid	C	747	Durant	C
738	Woodward	B	748	Shawnee	B
739	Liberal, KS	B	749	Poteau	B
740	Tulsa	C			

Oregon

ZIP	Name	Table	ZIP	Name	Table
970	Portland	B	975	Medford	B
971	Portland	B	976	Klamath Falls	A
972	Portland	B	977	Bend	A
973	Salem	A	978	Pendleton	A
974	Eugene	A	979	Boise, ID	A

Pennsylvania

ZIP	Name	Table	ZIP	Name	Table
150	Pittsburgh	F	174	York	B
151	Pittsburgh	F	175	Lancaster	D
152	Pittsburgh	F	176	Lancaster	D
153	Washington	D	177	Williamsport	B
154	Uniontown	D	178	Sunbury	D
155	Johnstown	B	179	Pottsville	C
156	Greensburg	D	180	Lehigh Valley	F
157	Indiana	C	181	Allentown	F
158	DuBois	C	182	Hazleton	C
159	Johnstown	C	183	Lehigh Valley	D
160	Butler	D	184	Scranton	C
161	New Castle	D	185	Scranton	C
162	Butler	C	186	Wilkes-Barre	D
163	Oil City	D	187	Wilkes-Barre	C
164	Erie	F	188	Montrose	C
165	Erie	F	189	Southeastern	F
166	Altoona	B	190	Philadelphia	G
167	Bradford	B	191	Philadelphia	G
168	State College	B	192	Philadelphia	G
169	Wellsboro	B	193	Southeastern	G
170	Harrisburg	D	194	Southeastern	G
171	Harrisburg	D	195	Reading	F
172	Chambersburg	B	196	Reading	E
173	York	B			

Rhode Island

ZIP	Name	Table	ZIP	Name	Table
028	Providence	D	029	Providence	D

South Carolina

ZIP	Name	Table	ZIP	Name	Table
290	Columbia	C	295	Florence	C
291	Columbia	C	296	Greenville	C
292	Columbia	C	297	Charlotte, NC	C
293	Spartanburg	C	298	Augusta, GA	B
294	Charleston	C	299	Savannah, GA	C

South Dakota

ZIP	Name	Table	ZIP	Name	Table
570	Sioux Falls	B	574	Aberdeen	A
571	Sioux Falls	B	575	Pierre	A
572	Watertown	A	576	Mobridge	A
573	Mitchell	A	577	Rapid City	B

Tennessee

ZIP	Name	Table	ZIP	Name	Table
370	Nashville	D	378	Knoxville	B
371	Nashville	D	379	Knoxville	C
372	Nashville	D	380	Memphis	D
373	Chattanooga	B	381	Memphis	D
374	Chattanooga	D	382	McKenzie	B
375	Memphis	D	383	Jackson	B
376	Johnson City	D	384	Columbia	B
377	Knoxville	B	385	Cookeville	B

Texas

ZIP	Name	Table	ZIP	Name	Table
733	Austin	D	775	Pasadena	G
750	Richardson	F	776	Beaumont	G
751	Mesquite	F	777	Beaumont	G
752	Dallas	F	778	Bryan	G
753	Dallas	F	779	Victoria	D
754	Greenville	D	780	San Antonio	D
755	Texarkana	D	781	San Antonio	D
756	Longview	E	782	San Antonio	D
757	Tyler	F	783	Corpus Christi	F
758	Palestine	D	784	Corpus Christi	F
759	Lufkin	G	785	McAllen	G
760	Fort Worth	F	786	Austin	D
761	Fort Worth	F	787	Austin	D
762	Denton	F	788	Uvalde	B
763	Wichita Falls	D	789	LaGrange	D
764	Stephenville	D	790	Amarillo	E
765	Temple	C	791	Amarillo	E
766	Waco	D	792	Childress	D
767	Waco	D	793	Lubbock	G
768	Brownwood	D	794	Lubbock	G
769	San Angelo	D	795	Abilene	E
770	Houston	G	796	Abilene	E
771	Houston	G	797	Midland	D
772	Houston	G	798	El Paso	G
773	Conroe	G	799	El Paso	G
774	Bellaire	F	885	El Paso	G

Utah

ZIP	Name	Table	ZIP	Name	Table
840	Salt Lake City	C	844	Ogden	B
841	Salt Lake City	C	845	Provo	A
842	Salt Lake City	C	846	Provo	A
843	Ogden	A	847	Provo	A

Vermont

ZIP	Name	Table	ZIP	Name	Table
050	White River Jc.	B	056	Montpelier	B
051	Bellows Falls	B	057	Rutland	B
052	Bennington	B	058	Saint Johnsbury	B
053	Brattleboro	B	059	Littleton, NH	B
054	Burlington	C			

Virginia

ZIP	Name	Table	ZIP	Name	Table
201	Loudoun County	F	233	Norfolk	C
220	Northern VA	E	234	Norfolk	C
221	Northern VA	E	235	Norfolk	C
222	Arlington	E	236	Newport News	C
223	Alexandria	E	237	Portsmouth	C
224	Fredericksburg	C	238	Petersburg	D
225	Fredericksburg	C	239	Farmville	B
226	Winchester	C	240	Roanoke	C
227	Culpeper	D	241	Roanoke	C
228	Harrisonburg	C	242	Bristol	B
229	Charlottesville	C	243	Pulaski	B
230	Richmond	D	244	Staunton	B
231	Richmond	D	245	Lynchburg	B
232	Richmond	D	246	Bluefield, WV	B

Washington

ZIP	Name	Table	ZIP	Name	Table
980	Seattle	C	988	Wenatchee	B
981	Seattle	C	989	Yakima	B
982	Everett	C	990	Spokane	C
983	Tacoma	D	991	Spokane	B
984	Tacoma	D	992	Spokane	C
985	Olympia	D	993	Pasco	B
986	Portland, OR	B	994	Lewiston, ID	A
987	Military	E			

West Virginia

ZIP	Name	Table	ZIP	Name	Table
247	Bluefield	C	258	Beckley	C
248	Bluefield	C	259	Beckley	C
249	Lewisburg	C	260	Wheeling	C
250	Charleston	D	261	Parkersburg	C
251	Charleston	D	262	Buckhannon	B
252	Charleston	D	263	Clarksburg	B
253	Charleston	D	264	Clarksburg	B
254	Martinsburg	B	265	Clarksburg	C
255	Huntington	C	266	Gassaway	C
256	Huntington	C	267	Cumberland, MD	B
257	Huntington	C	268	Petersburg	B

Wisconsin

ZIP	Name	Table	ZIP	Name	Table
530	Milwaukee, N.	D	541	Green Bay, W.	C
531	Milwaukee, S.	D	542	Green Bay, E.	C
532	Milwaukee	D	543	Green Bay	C
534	Racine	C	544	Wausau	B
535	Madison	C	545	Rhineland	B
537	Madison	C	546	LaCrosse	C
538	Madison	A	547	Eau Claire	C
539	Portage	B	548	Spooner	A
540	Saint Paul, MN	A	549	Oshkosh	A

Wyoming

ZIP	Name	Table	ZIP	Name	Table
820	Cheyenne	D	826	Casper	B
821	Yellowstone	D	827	New Castle	A
822	Wheatland	B	828	Sheridan	A
823	Rawlins	B	829	Rock Springs	A
824	Worland	B	830	Rock Springs	B
825	Riverton	B	831	Rock Springs	A

Guam

ZIP	Name	Table	ZIP	Name	Table
969	Barrigada	A			

Puerto Rico

ZIP	Name	Table	ZIP	Name	Table
006	San Juan	A	008	San Juan	A
007	San Juan	A	009	San Juan	A

VI.A APPENDIX FIPS

2011 FIPS Codes and Area Rating Tables

County	FIPS Code			County	FIPS Code		
	State	County	Area Table		State	County	Area Table
ALASKA				ALABAMA			
Aleutians East	2	13	H	Coffee	1	31	C
Aleutians West	2	16	H	Colbert	1	33	C
Anchorage	2	20	H	Conecuh	1	35	B
Bethel	2	50	H	Coosa	1	37	E
Bristol Bay	2	60	H	Covington	1	39	B
Denali	2	68	F	Crenshaw	1	41	C
Dillingham	2	70	H	Cullman	1	43	E
Fairbanks North Star	2	90	F	Dale	1	45	C
Haines	2	100	F	Dallas	1	47	C
Juneau	2	110	F	De Kalb	1	49	E
Kenai Peninsula	2	122	H	Elmore	1	51	C
Ketchikan Gateway	2	130	E	Escambia	1	53	C
Kodiak Island	2	150	H	Etowah	1	55	E
Lake And Peninsula	2	164	H	Fayette	1	57	C
Matanuska-Susitna	2	170	H	Franklin	1	59	C
Nome	2	180	G	Geneva	1	61	C
North Slope	2	185	F	Greene	1	63	C
Northwest Arctic	2	188	F	Hale	1	65	C
Prince Of Wales	2	201	E	Henry	1	67	C
Sitka	2	220	F	Houston	1	69	C
Skagway-Hoonah-Angoon	2	232	F	Jackson	1	71	C
Southeast Fairbanks	2	240	F	Jefferson	1	73	E
Valdez-Cordova	2	261	H	Lamar	1	75	C
Wade Hampton	2	270	H	Lauderdale	1	77	C
Wrangell-Petersburg	2	280	F	Lawrence	1	79	C
Yakutat	2	282	H	Lee	1	81	C
Yukon-Koyukuk	2	290	G	Limestone	1	83	C
ALABAMA				Lowndes	1	85	C
Autauga	1	1	C	Macon	1	87	C
Baldwin	1	3	D	Madison	1	89	E
Barbour	1	5	C	Marengo	1	91	C
Bibb	1	7	E	Marion	1	93	C
Blount	1	9	E	Marshall	1	95	E
Bullock	1	11	C	Mobile	1	97	D
Butler	1	13	C	Monroe	1	99	B
Calhoun	1	15	D	Montgomery	1	101	D
Chambers	1	17	C	Morgan	1	103	C
Cherokee	1	19	E	Perry	1	105	C
Chilton	1	21	E	Pickens	1	107	C
Choctaw	1	23	B	Pike	1	109	C
Clarke	1	25	D	Randolph	1	111	D
Clay	1	27	D	Russell	1	113	C
Cleburne	1	29	D	Saint Clair	1	115	E
				Shelby	1	117	E

County	FIPS Code		Area Table
	State	County	
ALABAMA			
Sumter	1	119	C
Talladega	1	121	E
Tallapoosa	1	123	D
Tuscaloosa	1	125	C
Walker	1	127	D
Washington	1	129	D
Wilcox	1	131	C
Winston	1	133	C

ARKANSAS			
Arkansas	5	1	C
Ashley	5	3	B
Baxter	5	5	A
Benton	5	7	B
Boone	5	9	A
Bradley	5	11	B
Calhoun	5	13	B
Carroll	5	15	A
Chicot	5	17	B
Clark	5	19	D
Clay	5	21	B
Cleburne	5	23	B
Cleveland	5	25	B
Columbia	5	27	B
Conway	5	29	C
Craighead	5	31	B
Crawford	5	33	B
Crittenden	5	35	D
Cross	5	37	D
Dallas	5	39	B
Desha	5	41	B
Drew	5	43	B
Faulkner	5	45	C
Franklin	5	47	B
Fulton	5	49	A
Garland	5	51	D
Grant	5	53	C
Greene	5	55	B
Hempstead	5	57	B
Hot Spring	5	59	C
Howard	5	61	B
Independence	5	63	A
Izard	5	65	A
Jackson	5	67	C
Jefferson	5	69	C
Johnson	5	71	B
Lafayette	5	73	B
Lawrence	5	75	B
Lee	5	77	D
Lincoln	5	79	B
Little River	5	81	B
Logan	5	83	B

County	FIPS Code		Area Table
	State	County	
ARKANSAS			
Lonoke	5	85	C
Madison	5	87	B
Marion	5	89	A
Miller	5	91	B
Mississippi	5	93	D
Monroe	5	95	C
Montgomery	5	97	D
Nevada	5	99	B
Newton	5	101	A
Ouachita	5	103	B
Perry	5	105	C
Phillips	5	107	D
Pike	5	109	D
Poinsett	5	111	B
Polk	5	113	D
Pope	5	115	B
Prairie	5	117	C
Pulaski	5	119	C
Randolph	5	121	B
Saint Francis	5	123	D
Saline	5	125	C
Scott	5	127	B
Searcy	5	129	A
Sebastian	5	131	B
Sevier	5	133	B
Sharp	5	135	A
Stone	5	137	A
Union	5	139	B
Van Buren	5	141	C
Washington	5	143	B
White	5	145	C
Woodruff	5	147	C
Yell	5	149	B

ARIZONA			
Apache	4	1	C
Cochise	4	3	D
Coconino	4	5	E
Gila	4	7	D
Graham	4	9	D
Greenlee	4	11	D
La Paz	4	12	E
Maricopa	4	13	E
Mohave	4	15	E
Navajo	4	17	D
Pima	4	19	D
Pinal	4	21	E
Santa Cruz	4	23	D
Yavapai	4	25	D
Yuma	4	27	E

County	FIPS Code		
	State	County	Area Table
CALIFORNIA			
Alameda	6	1	I
Alpine	6	3	G
Amador	6	5	H
Butte	6	7	G
Calaveras	6	9	H
Colusa	6	11	G
Contra Costa	6	13	I
Del Norte	6	15	G
El Dorado	6	17	H
Fresno	6	19	F
Glenn	6	21	G
Humboldt	6	23	G
Imperial	6	25	H
Inyo	6	27	G
Kern	6	29	G
Kings	6	31	G
Lake	6	33	H
Lassen	6	35	F
Los Angeles	6	37	K
Madera	6	39	F
Marin	6	41	I
Mariposa	6	43	H
Mendocino	6	45	H
Merced	6	47	H
Modoc	6	49	F
Mono	6	51	F
Monterey	6	53	H
Napa	6	55	I
Nevada	6	57	G
Orange	6	59	H
Placer	6	61	H
Plumas	6	63	G
Riverside	6	65	H
Sacramento	6	67	H
San Benito	6	69	H
San Bernardino	6	71	I
San Diego	6	73	G
San Francisco	6	75	K
San Joaquin	6	77	H
San Luis Obispo	6	79	H
San Mateo	6	81	K
Santa Barbara	6	83	H
Santa Clara	6	85	H
Santa Cruz	6	87	H
Shasta	6	89	G
Sierra	6	91	G
Siskiyou	6	93	G
Solano	6	95	I
Sonoma	6	97	I
Stanislaus	6	99	H
Sutter	6	101	H
Tehama	6	103	G

County	FIPS Code		
	State	County	Area Table
CALIFORNIA			
Trinity	6	105	G
Tulare	6	107	G
Tuolumne	6	109	H
Ventura	6	111	I
Yolo	6	113	H
Yuba	6	115	G
COLORADO			
Adams	8	1	D
Alamosa	8	3	A
Arapahoe	8	5	D
Archuleta	8	7	A
Baca	8	9	C
Bent	8	11	C
Boulder	8	13	D
Broomfield	8	14	D
Chaffee	8	15	B
Cheyenne	8	17	C
Clear Creek	8	19	C
Conejos	8	21	A
Costilla	8	23	A
Crowley	8	25	C
Custer	8	27	B
Delta	8	29	A
Denver	8	31	D
Dolores	8	33	B
Douglas	8	35	D
Eagle	8	37	B
Elbert	8	39	D
El Paso	8	41	C
Fremont	8	43	B
Garfield	8	45	B
Gilpin	8	47	C
Grand	8	49	C
Gunnison	8	51	B
Hinsdale	8	53	B
Huerfano	8	55	C
Jackson	8	57	C
Jefferson	8	59	D
Kiowa	8	61	C
Kit Carson	8	63	C
Lake	8	65	C
La Plata	8	67	B
Larimer	8	69	C
Las Animas	8	71	C
Lincoln	8	73	C
Logan	8	75	B
Mesa	8	77	B
Mineral	8	79	A
Moffat	8	81	B
Montezuma	8	83	B
Montrose	8	85	A

County	FIPS Code		Area Table
	State	County	
COLORADO			
Morgan	8	87	C
Otero	8	89	C
Ouray	8	91	A
Park	8	93	C
Phillips	8	95	B
Pitkin	8	97	B
Prowers	8	99	C
Pueblo	8	101	C
Rio Blanco	8	103	B
Rio Grande	8	105	A
Routt	8	107	C
Saguache	8	109	A
San Juan	8	111	A
San Miguel	8	113	A
Sedgwick	8	115	B
Summit	8	117	C
Teller	8	119	C
Washington	8	121	B
Weld	8	123	C
Yuma	8	125	B

CONNECTICUT			
Fairfield	9	1	F
Hartford	9	3	D
Litchfield	9	5	D
Middlesex	9	7	E
New Haven	9	9	E
New London	9	11	C
Tolland	9	13	D
Windham	9	15	C

DISTRICT OF COLUMBIA			
District Of Columbia	11	1	F

DELAWARE			
Kent	10	1	C
New Castle	10	3	E
Sussex	10	5	C

FLORIDA			
Alachua	12	1	F
Baker	12	3	E
Bay	12	5	E
Bradford	12	7	E
Brevard	12	9	E
Broward	12	11	K
Calhoun	12	13	E
Charlotte	12	15	F
Citrus	12	17	E
Clay	12	19	E
Collier	12	21	F
Columbia	12	23	E

County	FIPS Code		Area Table
	State	County	
FLORIDA			
De De Soto	12	27	E
Dixie	12	29	F
Duval	12	31	E
Escambia	12	33	F
Flagler	12	35	E
Franklin	12	37	D
Gadsden	12	39	D
Gilchrist	12	41	F
Glades	12	43	H
Gulf	12	45	E
Hamilton	12	47	E
Hardee	12	49	F
Hendry	12	51	H
Hernando	12	53	F
Highlands	12	55	F
Hillsborough	12	57	F
Holmes	12	59	E
Indian River	12	61	E
Jackson	12	63	E
Jefferson	12	65	D
Lafayette	12	67	E
Lake	12	69	E
Lee	12	71	F
Leon	12	73	D
Levy	12	75	F
Liberty	12	77	D
Madison	12	79	D
Manatee	12	81	E
Marion	12	83	E
Martin	12	85	I
Miami-Dade	12	86	K
Monroe	12	87	I
Nassau	12	89	E
Okaloosa	12	91	F
Okeechobee	12	93	I
Orange	12	95	E
Osceola	12	97	E
Palm Beach	12	99	I
Pasco	12	101	F
Pinellas	12	103	F
Polk	12	105	F
Putnam	12	107	E
Saint Johns	12	109	E
Saint Lucie	12	111	I
Santa Rosa	12	113	F
Sarasota	12	115	E
Seminole	12	117	E
Sumter	12	119	F
Suwannee	12	121	E
Taylor	12	123	D
Union	12	125	E
Volusia	12	127	E

County	FIPS Code		
	State	County	Area Table
FLORIDA			
Wakulla	12	129	D
Walton	12	131	E
Washington	12	133	E

GEORGIA			
Appling	13	1	B
Atkinson	13	3	B
Bacon	13	5	B
Baker	13	7	B
Baldwin	13	9	C
Banks	13	11	C
Barrow	13	13	D
Bartow	13	15	E
Ben Hill	13	17	B
Berrien	13	19	B
Bibb	13	21	E
Bleckley	13	23	C
Brantley	13	25	B
Brooks	13	27	B
Bryan	13	29	C
Bulloch	13	31	C
Burke	13	33	C
Butts	13	35	E
Calhoun	13	37	B
Camden	13	39	B
Candler	13	43	C
Carroll	13	45	E
Catoosa	13	47	C
Charlton	13	49	B
Chatham	13	51	E
Chattahoochee	13	53	C
Chattooga	13	55	C
Cherokee	13	57	E
Clarke	13	59	C
Clay	13	61	B
Clayton	13	63	E
Clinch	13	65	B
Cobb	13	67	E
Coffee	13	69	B
Colquitt	13	71	B
Columbia	13	73	C
Cook	13	75	B
Coweta	13	77	E
Crawford	13	79	C
Crisp	13	81	C
Dade	13	83	C
Dawson	13	85	C
Decatur	13	87	B
De Kalb	13	89	E
Dodge	13	91	C
Dooly	13	93	C
Dougherty	13	95	B

County	FIPS Code		
	State	County	Area Table
GEORGIA			
Douglas	13	97	E
Early	13	99	B
Echols	13	101	B
Effingham	13	103	C
Elbert	13	105	C
Emanuel	13	107	C
Evans	13	109	C
Fannin	13	111	C
Fayette	13	113	E
Floyd	13	115	E
Forsyth	13	117	E
Franklin	13	119	C
Fulton	13	121	E
Gilmer	13	123	C
Glascocock	13	125	C
Glynn	13	127	B
Gordon	13	129	D
Grady	13	131	B
Greene	13	133	C
Gwinnett	13	135	E
Habersham	13	137	C
Hall	13	139	C
Hancock	13	141	C
Haralson	13	143	E
Harris	13	145	B
Hart	13	147	C
Heard	13	149	E
Henry	13	151	E
Houston	13	153	C
Irwin	13	155	B
Jackson	13	157	C
Jasper	13	159	D
Jeff Davis	13	161	B
Jefferson	13	163	C
Jenkins	13	165	C
Johnson	13	167	C
Jones	13	169	D
Lamar	13	171	E
Lanier	13	173	B
Laurens	13	175	C
Lee	13	177	B
Liberty	13	179	C
Lincoln	13	181	C
Long	13	183	C
Lowndes	13	185	B
Lumpkin	13	187	C
Mc Duffie	13	189	C
Mc Intosh	13	191	C
Macon	13	193	C
Madison	13	195	C
Marion	13	197	B
Meriwether	13	199	E

County	FIPS Code		
	State	County	Area Table
GEORGIA			
Miller	13	201	B
Mitchell	13	205	B
Monroe	13	207	D
Montgomery	13	209	C
Morgan	13	211	D
Murray	13	213	C
Muscogee	13	215	C
Newton	13	217	E
Oconee	13	219	C
Oglethorpe	13	221	C
Paulding	13	223	E
Peach	13	225	C
Pickens	13	227	E
Pierce	13	229	B
Pike	13	231	E
Polk	13	233	E
Pulaski	13	235	C
Putnam	13	237	C
Quitman	13	239	B
Rabun	13	241	C
Randolph	13	243	B
Richmond	13	245	D
Rockdale	13	247	E
Schley	13	249	B
Screven	13	251	C
Seminole	13	253	B
Spalding	13	255	E
Stephens	13	257	C
Stewart	13	259	B
Sumter	13	261	B
Talbot	13	263	B
Taliaferro	13	265	C
Tattnall	13	267	C
Taylor	13	269	C
Telfair	13	271	C
Terrell	13	273	B
Thomas	13	275	B
Tift	13	277	B
Toombs	13	279	C
Towns	13	281	C
Treutlen	13	283	C
Troup	13	285	E
Turner	13	287	B
Twiggs	13	289	D
Union	13	291	C
Upson	13	293	E
Walker	13	295	C
Walton	13	297	E
Ware	13	299	B
Warren	13	301	C
Washington	13	303	C
Wayne	13	305	B

County	FIPS Code		
	State	County	Area Table
GEORGIA			
Webster	13	307	B
Wheeler	13	309	C
White	13	311	C
Whitfield	13	313	C
Wilcox	13	315	C
Wilkes	13	317	C
Wilkinson	13	319	C
Worth	13	321	B
HAWAII			
Hawaii	15	1	C
Honolulu	15	3	C
Kalawao	15	5	C
Kauai	15	7	C
Maui	15	9	C
IOWA			
Adair	19	1	B
Adams	19	3	A
Allamakee	19	5	A
Appanoose	19	7	A
Audubon	19	9	B
Benton	19	11	B
Black Hawk	19	13	A
Boone	19	15	B
Bremer	19	17	A
Buchanan	19	19	A
Buena Vista	19	21	A
Butler	19	23	A
Calhoun	19	25	A
Carroll	19	27	A
Cass	19	29	B
Cedar	19	31	B
Cerro Gordo	19	33	A
Cherokee	19	35	A
Chickasaw	19	37	A
Clarke	19	39	B
Clay	19	41	A
Clayton	19	43	A
Clinton	19	45	B
Crawford	19	47	A
Dallas	19	49	B
Davis	19	51	A
Decatur	19	53	B
Delaware	19	55	A
Des Moines	19	57	A
Dickinson	19	59	A
Dubuque	19	61	A
Emmet	19	63	A
Fayette	19	65	A
Floyd	19	67	A
Franklin	19	69	A

County	FIPS Code		
	State	County	Area Table
IOWA			
Fremont	19	71	A
Greene	19	73	B
Grundy	19	75	A
Guthrie	19	77	B
Hamilton	19	79	B
Hancock	19	81	A
Hardin	19	83	B
Harrison	19	85	B
Henry	19	87	A
Howard	19	89	A
Humboldt	19	91	A
Ida	19	93	A
Iowa	19	95	B
Jackson	19	97	A
Jasper	19	99	B
Jefferson	19	101	A
Johnson	19	103	B
Jones	19	105	B
Keokuk	19	107	A
Kossuth	19	109	A
Lee	19	111	A
Linn	19	113	B
Louisa	19	115	A
Lucas	19	117	B
Lyon	19	119	A
Madison	19	121	B
Mahaska	19	123	A
Marion	19	125	B
Marshall	19	127	B
Mills	19	129	B
Mitchell	19	131	A
Monona	19	133	A
Monroe	19	135	A
Montgomery	19	137	B
Muscatine	19	139	B
O'brien	19	141	A
Osceola	19	143	A
Page	19	145	A
Palo Alto	19	147	A
Plymouth	19	149	A
Pocahontas	19	151	A
Polk	19	153	B
Pottawattamie	19	155	B
Poweshiek	19	157	B
Ringgold	19	159	A
Sac	19	161	A
Scott	19	163	B
Shelby	19	165	B
Sioux	19	167	A
Story	19	169	B
Tama	19	171	B
Taylor	19	173	A

County	FIPS Code		
	State	County	Area Table
IOWA			
Union	19	175	A
Van Buren	19	177	A
Wapello	19	179	A
Warren	19	181	B
Washington	19	183	B
Wayne	19	185	B
Webster	19	187	A
Winnebago	19	189	A
Winneshiek	19	191	A
Woodbury	19	193	B
Worth	19	195	A
Wright	19	197	A
IDAHO			
Ada	16	1	B
Adams	16	3	B
Bannock	16	5	A
Bear Lake	16	7	A
Benewah	16	9	B
Bingham	16	11	A
Blaine	16	13	A
Boise	16	15	B
Bonner	16	17	B
Bonneville	16	19	C
Boundary	16	21	B
Butte	16	23	A
Camas	16	25	A
Canyon	16	27	B
Caribou	16	29	A
Cassia	16	31	A
Clark	16	33	C
Clearwater	16	35	A
Custer	16	37	A
Elmore	16	39	B
Franklin	16	41	A
Fremont	16	43	C
Gem	16	45	B
Gooding	16	47	A
Idaho	16	49	A
Jefferson	16	51	C
Jerome	16	53	A
Kootenai	16	55	B
Latah	16	57	B
Lemhi	16	59	C
Lewis	16	61	A
Lincoln	16	63	A
Madison	16	65	C
Minidoka	16	67	A
Nez Perce	16	69	A
Oneida	16	71	A
Owyhee	16	73	B
Payette	16	75	B

County	FIPS Code		
	State	County	Area Table
IDAHO			
Power	16	77	A
Shoshone	16	79	B
Teton	16	81	C
Twin Falls	16	83	A
Valley	16	85	B
Washington	16	87	B

ILLINOIS			
Adams	17	1	B
Alexander	17	3	B
Bond	17	5	D
Boone	17	7	F
Brown	17	9	B
Bureau	17	11	D
Calhoun	17	13	D
Carroll	17	15	E
Cass	17	17	C
Champaign	17	19	E
Christian	17	21	C
Clark	17	23	B
Clay	17	25	B
Clinton	17	27	D
Coles	17	29	C
Cook	17	31	G
Crawford	17	33	B
Cumberland	17	35	B
De Kalb	17	37	G
De Witt	17	39	D
Douglas	17	41	C
Du Page	17	43	G
Edgar	17	45	C
Edwards	17	47	B
Effingham	17	49	B
Fayette	17	51	C
Ford	17	53	E
Franklin	17	55	B
Fulton	17	57	D
Gallatin	17	59	B
Greene	17	61	D
Grundy	17	63	G
Hamilton	17	65	B
Hancock	17	67	B
Hardin	17	69	B
Henderson	17	71	C
Henry	17	73	B
Iroquois	17	75	E
Jackson	17	77	B
Jasper	17	79	B
Jefferson	17	81	B
Jersey	17	83	D
Jo Daviess	17	85	E
Johnson	17	87	B

County	FIPS Code		
	State	County	Area Table
ILLINOIS			
Kane	17	89	G
Kankakee	17	91	E
Kendall	17	93	G
Knox	17	95	C
Lake	17	97	G
La Salle	17	99	F
Lawrence	17	101	B
Lee	17	103	F
Livingston	17	105	F
Logan	17	107	C
Mc Donough	17	109	C
Mc Henry	17	111	G
Mc Lean	17	113	C
Macon	17	115	C
Macoupin	17	117	C
Madison	17	119	D
Marion	17	121	B
Marshall	17	123	D
Mason	17	125	C
Massac	17	127	B
Menard	17	129	C
Mercer	17	131	B
Monroe	17	133	D
Montgomery	17	135	D
Morgan	17	137	C
Moultrie	17	139	C
Ogle	17	141	E
Peoria	17	143	D
Perry	17	145	D
Piatt	17	147	E
Pike	17	149	B
Pope	17	151	B
Pulaski	17	153	B
Putnam	17	155	D
Randolph	17	157	D
Richland	17	159	B
Rock Island	17	161	B
Saint Clair	17	163	D
Saline	17	165	B
Sangamon	17	167	D
Schuyler	17	169	C
Scott	17	171	C
Shelby	17	173	C
Stark	17	175	C
Stephenson	17	177	E
Tazewell	17	179	D
Union	17	181	B
Vermilion	17	183	E
Wabash	17	185	B
Warren	17	187	C
Washington	17	189	D
Wayne	17	191	B

County	FIPS Code		
	State	County	Area Table
ILLINOIS			
White	17	193	B
Whiteside	17	195	C
Will	17	197	G
Williamson	17	199	B
Winnebago	17	201	E
Woodford	17	203	D

INDIANA			
Adams	18	1	C
Allen	18	3	C
Bartholomew	18	5	B
Benton	18	7	B
Blackford	18	9	B
Boone	18	11	D
Brown	18	13	C
Carroll	18	15	B
Cass	18	17	B
Clark	18	19	B
Clay	18	21	C
Clinton	18	23	D
Crawford	18	25	B
Daviess	18	27	A
Dearborn	18	29	A
Decatur	18	31	B
De Kalb	18	33	C
Delaware	18	35	B
Dubois	18	37	A
Elkhart	18	39	C
Fayette	18	41	B
Floyd	18	43	B
Fountain	18	45	B
Franklin	18	47	A
Fulton	18	49	B
Gibson	18	51	B
Grant	18	53	B
Greene	18	55	B
Hamilton	18	57	D
Hancock	18	59	D
Harrison	18	61	B
Hendricks	18	63	D
Henry	18	65	B
Howard	18	67	B
Huntington	18	69	C
Jackson	18	71	B
Jasper	18	73	C
Jay	18	75	B
Jefferson	18	77	B
Jennings	18	79	B
Johnson	18	81	D
Knox	18	83	A
Kosciusko	18	85	C
LaGrange	18	87	C

County	FIPS Code		
	State	County	Area Table
INDIANA			
Lake	18	89	D
La Porte	18	91	D
Lawrence	18	93	B
Madison	18	95	D
Marion	18	97	D
Marshall	18	99	C
Martin	18	101	A
Miami	18	103	B
Monroe	18	105	B
Montgomery	18	107	B
Morgan	18	109	D
Newton	18	111	C
Noble	18	113	C
Ohio	18	115	A
Orange	18	117	B
Owen	18	119	B
Parke	18	121	C
Perry	18	123	A
Pike	18	125	A
Porter	18	127	D
Posey	18	129	B
Pulaski	18	131	B
Putnam	18	133	D
Randolph	18	135	B
Ripley	18	137	A
Rush	18	139	D
Saint Joseph	18	141	D
Scott	18	143	B
Shelby	18	145	D
Spencer	18	147	B
Starke	18	149	C
Steuben	18	151	C
Sullivan	18	153	C
Switzerland	18	155	A
Tippecanoe	18	157	B
Tipton	18	159	D
Union	18	161	B
Vanderburgh	18	163	B
Vermillion	18	165	C
Vigo	18	167	C
Wabash	18	169	B
Warren	18	171	B
Warrick	18	173	B
Washington	18	175	B
Wayne	18	177	B
Wells	18	179	C
White	18	181	B
Whitley	18	183	C

KANSAS			
Allen	20	1	C
Anderson	20	3	E

County	FIPS Code		
	State	County	Area Table
KANSAS			
Atchison	20	5	E
Barber	20	7	D
Barton	20	9	B
Bourbon	20	11	C
Brown	20	13	C
Butler	20	15	D
Chase	20	17	C
Chautauqua	20	19	B
Cherokee	20	21	C
Cheyenne	20	23	A
Clark	20	25	A
Clay	20	27	B
Cloud	20	29	B
Coffey	20	31	D
Comanche	20	33	D
Cowley	20	35	D
Crawford	20	37	C
Decatur	20	39	B
Dickinson	20	41	B
Doniphan	20	43	E
Douglas	20	45	E
Edwards	20	47	B
Elk	20	49	C
Ellis	20	51	B
Ellsworth	20	53	B
Finney	20	55	A
Ford	20	57	A
Franklin	20	59	E
Geary	20	61	C
Gove	20	63	A
Graham	20	65	B
Grant	20	67	A
Gray	20	69	A
Greeley	20	71	A
Greenwood	20	73	D
Hamilton	20	75	A
Harper	20	77	D
Harvey	20	79	D
Haskell	20	81	A
Hodgeman	20	83	A
Jackson	20	85	C
Jefferson	20	87	E
Jewell	20	89	A
Johnson	20	91	E
Kearny	20	93	A
Kingman	20	95	D
Kiowa	20	97	D
Labette	20	99	B
Lane	20	101	A
Leavenworth	20	103	E
Lincoln	20	105	B
Linn	20	107	E

County	FIPS Code		
	State	County	Area Table
KANSAS			
Logan	20	109	A
Lyon	20	111	C
Mc Pherson	20	113	B
Marion	20	115	C
Marshall	20	117	C
Meade	20	119	A
Miami	20	121	E
Mitchell	20	123	B
Montgomery	20	125	B
Morris	20	127	C
Morton	20	129	A
Nemaha	20	131	C
Neosho	20	133	C
Ness	20	135	B
Norton	20	137	B
Osage	20	139	C
Osborne	20	141	B
Ottawa	20	143	B
Pawnee	20	145	B
Phillips	20	147	B
Pottawatomie	20	149	C
Pratt	20	151	D
Rawlins	20	153	A
Reno	20	155	B
Republic	20	157	A
Rice	20	159	B
Riley	20	161	C
Rooks	20	163	B
Rush	20	165	B
Russell	20	167	B
Saline	20	169	B
Scott	20	171	A
Sedgwick	20	173	D
Seward	20	175	A
Shawnee	20	177	C
Sheridan	20	179	A
Sherman	20	181	A
Smith	20	183	A
Stafford	20	185	B
Stanton	20	187	A
Stevens	20	189	A
Sumner	20	191	D
Thomas	20	193	A
Trego	20	195	B
Wabaunsee	20	197	C
Wallace	20	199	A
Washington	20	201	A
Wichita	20	203	A
Wilson	20	205	C
Woodson	20	207	C
Wyandotte	20	209	E

County	FIPS Code		
	State	County	Area Table
KENTUCKY			
Adair	21	1	A
Allen	21	3	B
Anderson	21	5	C
Ballard	21	7	B
Barren	21	9	B
Bath	21	11	C
Bell	21	13	C
Boone	21	15	C
Bourbon	21	17	C
Boyd	21	19	C
Boyle	21	21	C
Bracken	21	23	C
Breathitt	21	25	E
Breckinridge	21	27	C
Bullitt	21	29	C
Butler	21	31	A
Caldwell	21	33	B
Calloway	21	35	B
Campbell	21	37	C
Carlisle	21	39	B
Carroll	21	41	C
Carter	21	43	C
Casey	21	45	C
Christian	21	47	A
Clark	21	49	C
Clay	21	51	C
Clinton	21	53	A
Crittenden	21	55	B
Cumberland	21	57	A
Daviess	21	59	A
Edmonson	21	61	A
Elliott	21	63	C
Estill	21	65	C
Fayette	21	67	C
Fleming	21	69	C
Floyd	21	71	C
Franklin	21	73	C
Fulton	21	75	B
Gallatin	21	77	C
Garrard	21	79	C
Grant	21	81	C
Graves	21	83	B
Grayson	21	85	A
Green	21	87	A
Greenup	21	89	C
Hancock	21	91	A
Hardin	21	93	B
Harlan	21	95	A
Harrison	21	97	C
Hart	21	99	A
Henderson	21	101	B
Henry	21	103	C

County	FIPS Code		
	State	County	Area Table
KENTUCKY			
Hickman	21	105	B
Hopkins	21	107	B
Jackson	21	109	C
Jefferson	21	111	C
Jessamine	21	113	C
Johnson	21	115	E
Kenton	21	117	C
Knott	21	119	B
Knox	21	121	C
Larue	21	123	A
Laurel	21	125	B
Lawrence	21	127	D
Lee	21	129	E
Leslie	21	131	B
Letcher	21	133	B
Lewis	21	135	C
Lincoln	21	137	C
Livingston	21	139	B
Logan	21	141	A
Lyon	21	143	B
Mc Cracken	21	145	B
Mc Creary	21	147	A
Mc Lean	21	149	A
Madison	21	151	C
Magoffin	21	153	C
Marion	21	155	C
Marshall	21	157	B
Martin	21	159	E
Mason	21	161	C
Meade	21	163	C
Menifee	21	165	C
Mercer	21	167	C
Metcalfe	21	169	B
Monroe	21	171	B
Montgomery	21	173	C
Morgan	21	175	C
Muhlenberg	21	177	A
Nelson	21	179	C
Nicholas	21	181	C
Ohio	21	183	A
Oldham	21	185	C
Owen	21	187	C
Owsley	21	189	E
Pendleton	21	191	C
Perry	21	193	C
Pike	21	195	C
Powell	21	197	C
Pulaski	21	199	C
Robertson	21	201	C
Rockcastle	21	203	C
Rowan	21	205	C
Russell	21	207	A

County	FIPS Code		Area Table
	State	County	
KENTUCKY			
Scott	21	209	C
Shelby	21	211	C
Simpson	21	213	B
Spencer	21	215	C
Taylor	21	217	A
Todd	21	219	A
Trigg	21	221	A
Trimble	21	223	C
Union	21	225	B
Warren	21	227	B
Washington	21	229	C
Wayne	21	231	A
Webster	21	233	B
Whitley	21	235	B
Wolfe	21	237	E
Woodford	21	239	C

LOUISIANA			
Acadia	22	1	E
Allen	22	3	E
Ascension	22	5	E
Assumption	22	7	E
Avoyelles	22	9	E
Beauregard	22	11	E
Bienville	22	13	E
Bossier	22	15	E
Caddo	22	17	E
Calcasieu	22	19	E
Caldwell	22	21	E
Cameron	22	23	E
Catahoula	22	25	E
Claiborne	22	27	E
Concordia	22	29	E
De Soto	22	31	E
East Baton Rouge	22	33	E
East Carroll	22	35	E
East Feliciana	22	37	E
Evangeline	22	39	E
Franklin	22	41	E
Grant	22	43	E
Iberia	22	45	E
Iberville	22	47	E
Jackson	22	49	E
Jefferson	22	51	G
Jefferson Davis	22	53	E
Lafayette	22	55	E
Lafourche	22	57	E
La Salle	22	59	E
Lincoln	22	61	E
Livingston	22	63	E
Madison	22	65	E
Morehouse	22	67	E

County	FIPS Code		Area Table
	State	County	
LOUISIANA			
Natchitoches	22	69	E
Orleans	22	71	G
Ouachita	22	73	E
Plaquemines	22	75	G
Pointe Coupee	22	77	E
Rapides	22	79	E
Red River	22	81	E
Richland	22	83	E
Sabine	22	85	E
Saint Bernard	22	87	G
Saint Charles	22	89	G
Saint Helena	22	91	F
Saint James	22	93	G
Saint John The Baptist	22	95	G
Saint Landry	22	97	E
Saint Martin	22	99	E
Saint Mary	22	101	E
Saint Tammany	22	103	F
Tangipahoa	22	105	F
Tensas	22	107	E
Terrebonne	22	109	E
Union	22	111	E
Vermilion	22	113	E
Vernon	22	115	E
Washington	22	117	F
Webster	22	119	E
West Baton Rouge	22	121	E
West Carroll	22	123	E
West Feliciana	22	125	E
Winn	22	127	E

MASSACHUSETTS			
Barnstable	25	1	C
Berkshire	25	3	B
Bristol	25	5	B
Dukes	25	7	B
Essex	25	9	B
Franklin	25	11	B
Hampden	25	13	B
Hampshire	25	15	B
Middlesex	25	17	C
Nantucket	25	19	B
Norfolk	25	21	B
Plymouth	25	23	B
Suffolk	25	25	B
Worcester	25	27	B

MARYLAND			
Allegany	24	1	B
Anne Arundel	24	3	D
Baltimore	24	5	D
Baltimore (City)	24	510	D

County	FIPS Code		
	State	County	Area Table
MARYLAND			
Calvert	24	9	D
Caroline	24	11	B
Carroll	24	13	D
Cecil	24	15	C
Charles	24	17	D
Dorchester	24	19	B
Frederick	24	21	C
Garrett	24	23	B
Harford	24	25	D
Howard	24	27	D
Kent	24	29	B
Montgomery	24	31	D
Prince George's	24	33	D
Queen Anne's	24	35	B
Saint Mary's	24	37	D
Somerset	24	39	B
Talbot	24	41	B
Washington	24	43	C
Wicomico	24	45	B
Worcester	24	47	B

MAINE			
Androscoggin	23	1	C
Aroostook	23	3	B
Cumberland	23	5	B
Franklin	23	7	B
Hancock	23	9	B
Kennebec	23	11	B
Knox	23	13	B
Lincoln	23	15	B
Oxford	23	17	C
Penobscot	23	19	B
Piscataquis	23	21	B
Sagadahoc	23	23	B
Somerset	23	25	B
Waldo	23	27	B
Washington	23	29	B
York	23	31	B

MICHIGAN			
Alcona	26	1	A
Alger	26	3	B
Allegan	26	5	B
Alpena	26	7	A
Antrim	26	9	B
Arenac	26	11	A
Baraga	26	13	A
Barry	26	15	C
Bay	26	17	B
Benzie	26	19	B
Berrien	26	21	E
Branch	26	23	C

County	FIPS Code		
	State	County	Area Table
MICHIGAN			
Calhoun	26	25	C
Cass	26	27	D
Charlevoix	26	29	A
Cheboygan	26	31	A
Chippewa	26	33	A
Clare	26	35	B
Clinton	26	37	C
Crawford	26	39	A
Delta	26	41	B
Dickinson	26	43	B
Eaton	26	45	C
Emmet	26	47	A
Genesee	26	49	C
Gladwin	26	51	B
Gogebic	26	53	A
Grand Traverse	26	55	B
Gratiot	26	57	C
Hillsdale	26	59	C
Houghton	26	61	A
Huron	26	63	B
Ingham	26	65	C
Ionia	26	67	C
Iosco	26	69	A
Iron	26	71	A
Isabella	26	73	B
Jackson	26	75	C
Kalamazoo	26	77	C
Kalkaska	26	79	B
Kent	26	81	A
Keweenaw	26	83	A
Lake	26	85	A
Lapeer	26	87	D
Leelanau	26	89	B
Lenawee	26	91	C
Livingston	26	93	D
Luce	26	95	B
Mackinac	26	97	A
Macomb	26	99	E
Manistee	26	101	B
Marquette	26	103	B
Mason	26	105	A
Mecosta	26	107	A
Menominee	26	109	B
Midland	26	111	B
Missaukee	26	113	B
Monroe	26	115	E
Montcalm	26	117	C
Montmorency	26	119	A
Muskegon	26	121	A
Newaygo	26	123	A
Oakland	26	125	D
Oceana	26	127	A

County	FIPS Code		
	State	County	Area Table
MICHIGAN			
Ogemaw	26	129	B
Ontonagon	26	131	A
Osceola	26	133	B
Oscoda	26	135	B
Otsego	26	137	A
Ottawa	26	139	A
Presque Isle	26	141	A
Roscommon	26	143	B
Saginaw	26	145	B
Saint Clair	26	147	E
Saint Joseph	26	149	C
Sanilac	26	151	C
Schoolcraft	26	153	B
Shiawassee	26	155	C
Tuscola	26	157	A
Van Buren	26	159	C
Washtenaw	26	161	E
Wayne	26	163	E
Wexford	26	165	B

MINNESOTA			
Aitkin	27	1	A
Anoka	27	3	D
Becker	27	5	A
Beltrami	27	7	A
Benton	27	9	B
Big Stone	27	11	B
Blue Earth	27	13	B
Brown	27	15	B
Carlton	27	17	A
Carver	27	19	D
Cass	27	21	A
Chippewa	27	23	B
Chisago	27	25	D
Clay	27	27	A
Clearwater	27	29	A
Cook	27	31	A
Cottonwood	27	33	A
Crow Wing	27	35	A
Dakota	27	37	D
Dodge	27	39	C
Douglas	27	41	B
Faribault	27	43	B
Fillmore	27	45	C
Freeborn	27	47	B
Goodhue	27	49	D
Grant	27	51	B
Hennepin	27	53	D
Houston	27	55	C
Hubbard	27	57	A
Isanti	27	59	D
Itasca	27	61	A

County	FIPS Code		
	State	County	Area Table
MINNESOTA			
Jackson	27	63	A
Kanabec	27	65	D
Kandiyohi	27	67	B
Kittson	27	69	A
Koochiching	27	71	A
Lac Qui Parle	27	73	B
Lake	27	75	A
Lake Of The Woods	27	77	A
Le Sueur	27	79	B
Lincoln	27	81	A
Lyon	27	83	A
Mc Leod	27	85	D
Mahnomen	27	87	A
Marshall	27	89	A
Martin	27	91	B
Meeker	27	93	D
Mille Lacs	27	95	C
Morrison	27	97	B
Mower	27	99	C
Murray	27	101	A
Nicollet	27	103	C
Nobles	27	105	A
Norman	27	107	A
Olmsted	27	109	C
Otter Tail	27	111	A
Pennington	27	113	A
Pine	27	115	D
Pipestone	27	117	A
Polk	27	119	A
Pope	27	121	B
Ramsey	27	123	D
Red Lake	27	125	A
Redwood	27	127	B
Renville	27	129	D
Rice	27	131	D
Rock	27	133	A
Roseau	27	135	A
Saint Louis	27	137	B
Scott	27	139	D
Sherburne	27	141	D
Sibley	27	143	D
Stearns	27	145	C
Steele	27	147	D
Stevens	27	149	B
Swift	27	151	B
Todd	27	153	B
Traverse	27	155	B
Wabasha	27	157	C
Wadena	27	159	A
Waseca	27	161	B
Washington	27	163	D
Watsonwan	27	165	B

County	FIPS Code		
	State	County	Area Table
MINNESOTA			
Wilkin	27	167	A
Winona	27	169	C
Wright	27	171	D
Yellow Medicine	27	173	B

MISSOURI			
Adair	29	1	B
Andrew	29	3	C
Atchison	29	5	C
Audrain	29	7	C
Barry	29	9	B
Barton	29	11	C
Bates	29	13	C
Benton	29	15	C
Bollinger	29	17	E
Boone	29	19	C
Buchanan	29	21	C
Butler	29	23	D
Caldwell	29	25	C
Callaway	29	27	C
Camden	29	29	C
Cape Girardeau	29	31	E
Carroll	29	33	C
Carter	29	35	D
Cass	29	37	E
Cedar	29	39	B
Chariton	29	41	C
Christian	29	43	B
Clark	29	45	B
Clay	29	47	E
Clinton	29	49	D
Cole	29	51	D
Cooper	29	53	C
Crawford	29	55	B
Dade	29	57	B
Dallas	29	59	B
Daviess	29	61	C
De Kalb	29	63	C
Dent	29	65	B
Douglas	29	67	B
Dunklin	29	69	C
Franklin	29	71	D
Gasconade	29	73	D
Gentry	29	75	C
Greene	29	77	B
Grundy	29	79	C
Harrison	29	81	C
Henry	29	83	C
Hickory	29	85	B
Holt	29	87	C
Howard	29	89	C
Howell	29	91	B

County	FIPS Code		
	State	County	Area Table
MISSOURI			
Iron	29	93	C
Jackson	29	95	E
Jasper	29	97	D
Jefferson	29	99	D
Johnson	29	101	E
Knox	29	103	B
Laclede	29	105	B
Lafayette	29	107	E
Lawrence	29	109	C
Lewis	29	111	B
Lincoln	29	113	D
Linn	29	115	C
Livingston	29	117	C
Mc Donald	29	119	D
Macon	29	121	B
Madison	29	123	C
Maries	29	125	C
Marion	29	127	B
Mercer	29	129	C
Miller	29	131	D
Mississippi	29	133	C
Moniteau	29	135	D
Monroe	29	137	C
Montgomery	29	139	D
Morgan	29	141	D
New Madrid	29	143	C
Newton	29	145	D
Nodaway	29	147	C
Oregon	29	149	B
Osage	29	151	D
Ozark	29	153	B
Pemiscot	29	155	C
Perry	29	157	E
Pettis	29	159	C
Phelps	29	161	B
Pike	29	163	D
Platte	29	165	E
Polk	29	167	B
Pulaski	29	169	B
Putnam	29	171	B
Ralls	29	173	C
Randolph	29	175	C
Ray	29	177	E
Reynolds	29	179	C
Ripley	29	181	D
Saint Charles	29	183	D
Saint Clair	29	185	C
Sainte Genevieve	29	186	C
Saint Francois	29	187	C
Saint Louis	29	189	D
Saint Louis City (City)	29	510	D
Saline	29	195	C

County	FIPS Code		
	State	County	Area Table
MISSOURI			
Schuyler	29	197	B
Scotland	29	199	B
Scott	29	201	D
Shannon	29	203	B
Shelby	29	205	B
Stoddard	29	207	D
Stone	29	209	B
Sullivan	29	211	B
Taney	29	213	B
Texas	29	215	B
Vernon	29	217	C
Warren	29	219	D
Washington	29	221	D
Wayne	29	223	D
Webster	29	225	B
Worth	29	227	C
Wright	29	229	B

MISSISSIPPI			
Adams	28	1	C
Alcorn	28	3	A
Amite	28	5	A
Attala	28	7	C
Benton	28	9	C
Bolivar	28	11	A
Calhoun	28	13	A
Carroll	28	15	A
Chickasaw	28	17	A
Choctaw	28	19	A
Claiborne	28	21	C
Clarke	28	23	B
Clay	28	25	A
Coahoma	28	27	C
Copiah	28	29	C
Covington	28	31	C
De Soto	28	33	C
Forrest	28	35	E
Franklin	28	37	A
George	28	39	D
Greene	28	41	C
Grenada	28	43	A
Hancock	28	45	F
Harrison	28	47	F
Hinds	28	49	C
Holmes	28	51	C
Humphreys	28	53	B
Issaquena	28	55	C
Itawamba	28	57	A
Jackson	28	59	F
Jasper	28	61	B
Jefferson	28	63	C
Jefferson Davis	28	65	C

County	FIPS Code		
	State	County	Area Table
MISSISSIPPI			
Jones	28	67	C
Kemper	28	69	B
Lafayette	28	71	C
Lamar	28	73	C
Lauderdale	28	75	B
Lawrence	28	77	A
Leake	28	79	C
Lee	28	81	A
Leflore	28	83	A
Lincoln	28	85	A
Lowndes	28	87	A
Madison	28	89	C
Marion	28	91	C
Marshall	28	93	C
Monroe	28	95	A
Montgomery	28	97	A
Neshoba	28	99	B
Newton	28	101	B
Noxubee	28	103	B
Oktibbeha	28	105	A
Panola	28	107	C
Pearl River	28	109	C
Perry	28	111	D
Pike	28	113	A
Pontotoc	28	115	A
Prentiss	28	117	A
Quitman	28	119	C
Rankin	28	121	C
Scott	28	123	C
Sharkey	28	125	B
Simpson	28	127	C
Smith	28	129	C
Stone	28	131	F
Sunflower	28	133	A
Tallahatchie	28	135	A
Tate	28	137	C
Tippah	28	139	C
Tishomingo	28	141	A
Tunica	28	143	C
Union	28	145	B
Walthall	28	147	A
Warren	28	149	C
Washington	28	151	A
Wayne	28	153	B
Webster	28	155	A
Wilkinson	28	157	A
Winston	28	159	B
Yalobusha	28	161	A
Yazoo	28	163	C

County	FIPS Code		
	State	County	Area Table
MONTANA			
Beaverhead	30	1	A
Big Horn	30	3	B
Blaine	30	5	A
Broadwater	30	7	A
Carbon	30	9	B
Carter	30	11	A
Cascade	30	13	A
Chouteau	30	15	A
Custer	30	17	A
Daniels	30	19	A
Dawson	30	21	A
Deer Lodge	30	23	A
Fallon	30	25	A
Fergus	30	27	A
Flathead	30	29	A
Gallatin	30	31	A
Garfield	30	33	A
Glacier	30	35	A
Golden Valley	30	37	B
Granite	30	39	A
Hill	30	41	A
Jefferson	30	43	A
Judith Basin	30	45	A
Lake	30	47	A
Lewis And Clark	30	49	A
Liberty	30	51	A
Lincoln	30	53	A
Mc Cone	30	55	A
Madison	30	57	A
Meagher	30	59	A
Mineral	30	61	A
Missoula	30	63	A
Musselshell	30	65	B
Park	30	67	B
Petroleum	30	69	B
Phillips	30	71	A
Pondera	30	73	A
Powder River	30	75	A
Powell	30	77	A
Prairie	30	79	A
Ravalli	30	81	A
Richland	30	83	A
Roosevelt	30	85	A
Rosebud	30	87	A
Sanders	30	89	A
Sheridan	30	91	A
Silver Bow	30	93	A
Stillwater	30	95	B
Sweet Grass	30	97	B
Teton	30	99	A
Toole	30	101	A
Treasure	30	103	B

County	FIPS Code		
	State	County	Area Table
MONTANA			
Valley	30	105	A
Wheatland	30	107	B
Wibaux	30	109	A
Yellowstone	30	111	B
NORTH CAROLINA			
Alamance	37	1	B
Alexander	37	3	C
Alleghany	37	5	C
Anson	37	7	C
Ashe	37	9	C
Avery	37	11	C
Beaufort	37	13	B
Bertie	37	15	B
Bladen	37	17	B
Brunswick	37	19	B
Buncombe	37	21	B
Burke	37	23	C
Cabarrus	37	25	C
Caldwell	37	27	C
Camden	37	29	B
Carteret	37	31	B
Caswell	37	33	C
Catawba	37	35	C
Chatham	37	37	C
Cherokee	37	39	B
Chowan	37	41	B
Clay	37	43	B
Cleveland	37	45	C
Columbus	37	47	B
Craven	37	49	B
Cumberland	37	51	B
Currituck	37	53	B
Dare	37	55	B
Davidson	37	57	B
Davie	37	59	B
Duplin	37	61	B
Durham	37	63	D
Edgecombe	37	65	B
Forsyth	37	67	B
Franklin	37	69	C
Gaston	37	71	C
Gates	37	73	B
Graham	37	75	B
Granville	37	77	C
Greene	37	79	B
Guilford	37	81	B
Halifax	37	83	B
Harnett	37	85	C
Haywood	37	87	B
Henderson	37	89	B
Hertford	37	91	B

County	FIPS Code		Area Table
	State	County	
NORTH CAROLINA			
Hoke	37	93	B
Hyde	37	95	B
Iredell	37	97	C
Jackson	37	99	B
Johnston	37	101	C
Jones	37	103	B
Lee	37	105	C
Lenoir	37	107	B
Lincoln	37	109	C
Mc Dowell	37	111	B
Macon	37	113	B
Madison	37	115	B
Martin	37	117	B
Mecklenburg	37	119	C
Mitchell	37	121	B
Montgomery	37	123	C
Moore	37	125	B
Nash	37	127	B
New Hanover	37	129	B
Northampton	37	131	B
Onslow	37	133	B
Orange	37	135	C
Pamlico	37	137	B
Pasquotank	37	139	B
Pender	37	141	B
Perquimans	37	143	B
Person	37	145	C
Pitt	37	147	B
Polk	37	149	B
Randolph	37	151	B
Richmond	37	153	B
Robeson	37	155	B
Rockingham	37	157	B
Rowan	37	159	C
Rutherford	37	161	C
Sampson	37	163	B
Scotland	37	165	B
Stanly	37	167	C
Stokes	37	169	B
Surry	37	171	B
Swain	37	173	B
Transylvania	37	175	B
Tyrrell	37	177	B
Union	37	179	C
Vance	37	181	C
Wake	37	183	C
Warren	37	185	C
Washington	37	187	B
Watauga	37	189	C
Wayne	37	191	B
Wilkes	37	193	C
Wilson	37	195	B

County	FIPS Code		Area Table
	State	County	
NORTH CAROLINA			
Yadkin	37	197	B
Yancey	37	199	B
NORTH DAKOTA			
Adams	38	1	A
Barnes	38	3	A
Benson	38	5	A
Billings	38	7	A
Bottineau	38	9	A
Bowman	38	11	A
Burke	38	13	A
Burleigh	38	15	A
Cass	38	17	A
Cavalier	38	19	A
Dickey	38	21	A
Divide	38	23	A
Dunn	38	25	A
Eddy	38	27	A
Emmons	38	29	A
Foster	38	31	A
Golden Valley	38	33	A
Grand Forks	38	35	A
Grant	38	37	A
Griggs	38	39	A
Hettinger	38	41	A
Kidder	38	43	A
La Moure	38	45	A
Logan	38	47	A
Mc Henry	38	49	A
Mc Intosh	38	51	A
Mc Kenzie	38	53	A
Mc Lean	38	55	A
Mercer	38	57	A
Morton	38	59	A
Mountrail	38	61	A
Nelson	38	63	A
Oliver	38	65	A
Pembina	38	67	A
Pierce	38	69	A
Ramsey	38	71	A
Ransom	38	73	A
Renville	38	75	A
Richland	38	77	A
Rolette	38	79	A
Sargent	38	81	A
Sheridan	38	83	A
Sioux	38	85	A
Slope	38	87	A
Stark	38	89	A
Steele	38	91	A
Stutsman	38	93	A
Towner	38	95	A

County	FIPS Code		Area Table
	State	County	
NORTH DAKOTA			
Trail	38	97	A
Walsh	38	99	A
Ward	38	101	A
Wells	38	103	A
Williams	38	105	A

NEBRASKA			
Adams	31	1	A
Antelope	31	3	A
Arthur	31	5	A
Banner	31	7	A
Blaine	31	9	A
Boone	31	11	A
Box Butte	31	13	A
Boyd	31	15	A
Brown	31	17	A
Buffalo	31	19	A
Burt	31	21	C
Butler	31	23	B
Cass	31	25	C
Cedar	31	27	A
Chase	31	29	A
Cherry	31	31	A
Cheyenne	31	33	A
Clay	31	35	A
Colfax	31	37	A
Cuming	31	39	B
Custer	31	41	A
Dakota	31	43	B
Dawes	31	45	A
Dawson	31	47	A
Deuel	31	49	A
Dixon	31	51	A
Dodge	31	53	C
Douglas	31	55	C
Dundy	31	57	A
Fillmore	31	59	C
Franklin	31	61	A
Frontier	31	63	A
Furnas	31	65	A
Gage	31	67	C
Garden	31	69	A
Garfield	31	71	A
Gosper	31	73	A
Grant	31	75	A
Greeley	31	77	A
Hall	31	79	A
Hamilton	31	81	A
Harlan	31	83	A
Hayes	31	85	A
Hitchcock	31	87	A
Holt	31	89	A

County	FIPS Code		Area Table
	State	County	
NEBRASKA			
Hooker	31	91	A
Howard	31	93	A
Jefferson	31	95	C
Johnson	31	97	C
Kearney	31	99	A
Keith	31	101	A
Keya Paha	31	103	A
Kimball	31	105	A
Knox	31	107	A
Lancaster	31	109	C
Lincoln	31	111	A
Logan	31	113	A
Loup	31	115	A
Mc Pherson	31	117	A
Madison	31	119	A
Merrick	31	121	A
Morrill	31	123	A
Nance	31	125	A
Nemaha	31	127	C
Nuckolls	31	129	A
Otoe	31	131	C
Pawnee	31	133	C
Perkins	31	135	A
Phelps	31	137	A
Pierce	31	139	A
Platte	31	141	A
Polk	31	143	A
Red Willow	31	145	A
Richardson	31	147	C
Rock	31	149	A
Saline	31	151	C
Sarpy	31	153	C
Saunders	31	155	C
Scotts Bluff	31	157	A
Seward	31	159	C
Sheridan	31	161	A
Sherman	31	163	A
Sioux	31	165	A
Stanton	31	167	A
Thayer	31	169	C
Thomas	31	171	A
Thurston	31	173	C
Valley	31	175	A
Washington	31	177	C
Wayne	31	179	A
Webster	31	181	A
Wheeler	31	183	A
York	31	185	C

NEW HAMPSHIRE			
Belknap	33	1	B
Carroll	33	3	C

County	FIPS Code		Area Table
	State	County	
NEW HAMPSHIRE			
Cheshire	33	5	B
Coos	33	7	B
Grafton	33	9	C
Hillsborough	33	11	C
Merrimack	33	13	C
Rockingham	33	15	C
Strafford	33	17	C
Sullivan	33	19	C

NEW JERSEY			
Atlantic	34	1	F
Bergen	34	3	G
Burlington	34	5	G
Camden	34	7	G
Cape May	34	9	E
Cumberland	34	11	F
Essex	34	13	G
Gloucester	34	15	G
Hudson	34	17	G
Hunterdon	34	19	F
Mercer	34	21	F
Middlesex	34	23	F
Monmouth	34	25	F
Morris	34	27	G
Ocean	34	29	F
Passaic	34	31	G
Salem	34	33	G
Somerset	34	35	F
Sussex	34	37	G
Union	34	39	G
Warren	34	41	G

NEW MEXICO			
Bernalillo	35	1	C
Catron	35	3	B
Chaves	35	5	E
Cibola	35	6	C
Colfax	35	7	D
Curry	35	9	C
De Baca	35	11	C
Dona Ana	35	13	C
Eddy	35	15	E
Grant	35	17	C
Guadalupe	35	19	B
Harding	35	21	D
Hidalgo	35	23	C
Lea	35	25	E
Lincoln	35	27	C
Los Alamos	35	28	B
Luna	35	29	C
Mc Kinley	35	31	B
Mora	35	33	D

County	FIPS Code		Area Table
	State	County	
NEW MEXICO			
Otero	35	35	C
Quay	35	37	B
Rio Arriba	35	39	B
Roosevelt	35	41	C
Sandoval	35	43	C
San Juan	35	45	B
San Miguel	35	47	C
Santa Fe	35	49	B
Sierra	35	51	A
Socorro	35	53	B
Taos	35	55	B
Torrance	35	57	C
Union	35	59	B
Valencia	35	61	C

NEVADA			
Carson City	32	510	F
Churchill	32	1	F
Clark	32	3	G
Douglas	32	5	F
Elko	32	7	D
Esmeralda	32	9	G
Eureka	32	11	D
Humboldt	32	13	F
Lander	32	15	D
Lincoln	32	17	G
Lyon	32	19	F
Mineral	32	21	F
Nye	32	23	G
Pershing	32	27	F
Storey	32	29	F
Washoe	32	31	F
White Pine	32	33	E

NEW YORK			
Albany	36	1	C
Allegany	36	3	B
Bronx	36	5	H
Broome	36	7	B
Cattaraugus	36	9	B
Cayuga	36	11	B
Chautauqua	36	13	B
Chemung	36	15	B
Chenango	36	17	B
Clinton	36	19	B
Columbia	36	21	D
Cortland	36	23	B
Delaware	36	25	C
Dutchess	36	27	E
Erie	36	29	B
Essex	36	31	B
Franklin	36	33	B

County	FIPS Code		
	State	County	Area Table
NEW YORK			
Fulton	36	35	C
Genesee	36	37	B
Greene	36	39	D
Hamilton	36	41	B
Herkimer	36	43	B
Jefferson	36	45	B
Kings	36	47	H
Lewis	36	49	B
Livingston	36	51	B
Madison	36	53	B
Monroe	36	55	B
Montgomery	36	57	C
Nassau	36	59	G
New York	36	61	J
Niagara	36	63	B
Oneida	36	65	B
Onondaga	36	67	B
Ontario	36	69	B
Orange	36	71	G
Orleans	36	73	B
Oswego	36	75	B
Otsego	36	77	B
Putnam	36	79	G
Queens	36	81	H
Rensselaer	36	83	C
Richmond	36	85	H
Rockland	36	87	G
Saint Lawrence	36	89	B
Saratoga	36	91	C
Schenectady	36	93	C
Schoharie	36	95	C
Schuyler	36	97	B
Seneca	36	99	B
Steuben	36	101	B
Suffolk	36	103	G
Sullivan	36	105	F
Tioga	36	107	B
Tompkins	36	109	B
Ulster	36	111	E
Warren	36	113	B
Washington	36	115	B
Wayne	36	117	B
Westchester	36	119	G
Wyoming	36	121	B
Yates	36	123	B

OHIO			
Adams	39	1	B
Allen	39	3	B
Ashland	39	5	C
Ashtabula	39	7	E
Athens	39	9	A

County	FIPS Code		
	State	County	Area Table
OHIO			
Auglaize	39	11	B
Belmont	39	13	A
Brown	39	15	C
Butler	39	17	C
Carroll	39	19	C
Champaign	39	21	C
Clark	39	23	C
Clermont	39	25	C
Clinton	39	27	C
Columbiana	39	29	D
Coshocton	39	31	A
Crawford	39	33	C
Cuyahoga	39	35	E
Darke	39	37	C
Defiance	39	39	D
Delaware	39	41	C
Erie	39	43	D
Fairfield	39	45	C
Fayette	39	47	C
Franklin	39	49	C
Fulton	39	51	D
Gallia	39	53	B
Geauga	39	55	E
Greene	39	57	D
Guernsey	39	59	A
Hamilton	39	61	C
Hancock	39	63	B
Hardin	39	65	A
Harrison	39	67	A
Henry	39	69	D
Highland	39	71	C
Hocking	39	73	C
Holmes	39	75	C
Huron	39	77	C
Jackson	39	79	B
Jefferson	39	81	A
Knox	39	83	C
Lake	39	85	E
Lawrence	39	87	B
Licking	39	89	C
Logan	39	91	A
Lorain	39	93	E
Lucas	39	95	D
Madison	39	97	C
Mahoning	39	99	E
Marion	39	101	A
Medina	39	103	E
Meigs	39	105	A
Mercer	39	107	B
Miami	39	109	C
Monroe	39	111	A
Montgomery	39	113	E

County	FIPS Code		
	State	County	Area Table
OHIO			
Morgan	39	115	A
Morrow	39	117	B
Muskingum	39	119	A
Noble	39	121	A
Ottawa	39	123	D
Paulding	39	125	B
Perry	39	127	A
Pickaway	39	129	C
Pike	39	131	B
Portage	39	133	E
Preble	39	135	C
Putnam	39	137	B
Richland	39	139	C
Ross	39	141	B
Sandusky	39	143	D
Scioto	39	145	B
Seneca	39	147	C
Shelby	39	149	C
Stark	39	151	C
Summit	39	153	E
Trumbull	39	155	E
Tuscarawas	39	157	C
Union	39	159	C
Van Wert	39	161	B
Vinton	39	163	B
Warren	39	165	C
Washington	39	167	A
Wayne	39	169	D
Williams	39	171	D
Wood	39	173	D
Wyandot	39	175	A

OKLAHOMA			
Adair	40	1	B
Alfalfa	40	3	C
Atoka	40	5	B
Beaver	40	7	B
Beckham	40	9	B
Blaine	40	11	D
Bryan	40	13	C
Caddo	40	15	D
Canadian	40	17	D
Carter	40	19	B
Cherokee	40	21	B
Choctaw	40	23	C
Cimarron	40	25	B
Cleveland	40	27	D
Coal	40	29	B
Comanche	40	31	B
Cotton	40	33	B
Craig	40	35	B
Creek	40	37	C

County	FIPS Code		
	State	County	Area Table
OKLAHOMA			
Custer	40	39	C
Delaware	40	41	B
Dewey	40	43	B
Ellis	40	45	B
Garfield	40	47	C
Garvin	40	49	D
Grady	40	51	D
Grant	40	53	C
Greer	40	55	B
Harmon	40	57	B
Harper	40	59	B
Haskell	40	61	B
Hughes	40	63	B
Jackson	40	65	B
Jefferson	40	67	B
Johnston	40	69	B
Kay	40	71	B
Kingfisher	40	73	C
Kiowa	40	75	C
Latimer	40	77	B
Le Flore	40	79	B
Lincoln	40	81	B
Logan	40	83	D
Love	40	85	B
Mc Clain	40	87	D
Mc Curtain	40	89	C
Mc Intosh	40	91	B
Major	40	93	C
Marshall	40	95	B
Mayes	40	97	B
Murray	40	99	D
Muskogee	40	101	B
Noble	40	103	D
Nowata	40	105	C
Okfuskee	40	107	B
Oklahoma	40	109	D
Okmulgee	40	111	B
Osage	40	113	C
Ottawa	40	115	B
Pawnee	40	117	C
Payne	40	119	C
Pittsburg	40	121	B
Pontotoc	40	123	B
Pottawatomie	40	125	B
Pushmataha	40	127	B
Roger Mills	40	129	B
Rogers	40	131	C
Seminole	40	133	B
Sequoyah	40	135	B
Stephens	40	137	C
Texas	40	139	B
Tillman	40	141	B

County	FIPS Code		Area Table
	State	County	
OKLAHOMA			
Tulsa	40	143	C
Wagoner	40	145	B
Washington	40	147	C
Washita	40	149	C
Woods	40	151	C
Woodward	40	153	B

OREGON			
Baker	41	1	A
Benton	41	3	A
Clackamas	41	5	B
Clatsop	41	7	B
Columbia	41	9	B
Coos	41	11	A
Crook	41	13	A
Curry	41	15	A
Deschutes	41	17	A
Douglas	41	19	A
Gilliam	41	21	A
Grant	41	23	A
Harney	41	25	A
Hood River	41	27	B
Jackson	41	29	B
Jefferson	41	31	A
Josephine	41	33	B
Klamath	41	35	A
Lake	41	37	A
Lane	41	39	A
Lincoln	41	41	A
Linn	41	43	A
Malheur	41	45	A
Marion	41	47	A
Morrow	41	49	A
Multnomah	41	51	B
Polk	41	53	A
Sherman	41	55	B
Tillamook	41	57	B
Umatilla	41	59	A
Union	41	61	A
Wallowa	41	63	A
Wasco	41	65	B
Washington	41	67	B
Wheeler	41	69	A
Yamhill	41	71	B

PENNSYLVANIA			
Adams	42	1	B
Allegheny	42	3	F
Armstrong	42	5	C
Beaver	42	7	F
Bedford	42	9	B
Berks	42	11	E

County	FIPS Code		Area Table
	State	County	
PENNSYLVANIA			
Blair	42	13	B
Bradford	42	15	C
Bucks	42	17	F
Butler	42	19	D
Cambria	42	21	C
Cameron	42	23	C
Carbon	42	25	D
Centre	42	27	B
Chester	42	29	G
Clarion	42	31	C
Clearfield	42	33	B
Clinton	42	35	B
Columbia	42	37	D
Crawford	42	39	E
Cumberland	42	41	C
Dauphin	42	43	D
Delaware	42	45	G
Elk	42	47	C
Erie	42	49	F
Fayette	42	51	D
Forest	42	53	C
Franklin	42	55	B
Fulton	42	57	B
Greene	42	59	D
Huntingdon	42	61	B
Indiana	42	63	C
Jefferson	42	65	C
Juniata	42	67	D
Lackawanna	42	69	C
Lancaster	42	71	D
Lawrence	42	73	D
Lebanon	42	75	D
Lehigh	42	77	F
Luzerne	42	79	C
Lycoming	42	81	B
Mc Kean	42	83	B
Mercer	42	85	D
Mifflin	42	87	D
Monroe	42	89	D
Montgomery	42	91	G
Montour	42	93	D
Northampton	42	95	F
Northumberland	42	97	D
Perry	42	99	D
Philadelphia	42	101	G
Pike	42	103	D
Potter	42	105	B
Schuylkill	42	107	C
Snyder	42	109	D
Somerset	42	111	C
Sullivan	42	113	D
Susquehanna	42	115	C

County	FIPS Code		Area Table
	State	County	
PENNSYLVANIA			
Tioga	42	117	B
Union	42	119	D
Venango	42	121	D
Warren	42	123	D
Washington	42	125	E
Wayne	42	127	C
Westmoreland	42	129	D
Wyoming	42	131	D
York	42	133	B

RHODE ISLAND			
Bristol	44	1	D
Kent	44	3	D
Newport	44	5	D
Providence	44	7	D
Washington	44	9	D

SOUTH CAROLINA			
Abbeville	45	1	C
Aiken	45	3	B
Allendale	45	5	B
Anderson	45	7	C
Bamberg	45	9	C
Barnwell	45	11	B
Beaufort	45	13	C
Berkeley	45	15	C
Calhoun	45	17	C
Charleston	45	19	C
Cherokee	45	21	C
Chester	45	23	C
Chesterfield	45	25	C
Clarendon	45	27	C
Colleton	45	29	C
Darlington	45	31	C
Dillon	45	33	C
Dorchester	45	35	C
Edgefield	45	37	B
Fairfield	45	39	C
Florence	45	41	C
Georgetown	45	43	C
Greenville	45	45	C
Greenwood	45	47	C
Hampton	45	49	C
Horry	45	51	C
Jasper	45	53	C
Kershaw	45	55	C
Lancaster	45	57	C
Laurens	45	59	C
Lee	45	61	C
Lexington	45	63	C
Mc Cormick	45	65	B
Marion	45	67	C

County	FIPS Code		Area Table
	State	County	
SOUTH CAROLINA			
Marlboro	45	69	C
Newberry	45	71	C
Oconee	45	73	C
Orangeburg	45	75	C
Pickens	45	77	C
Richland	45	79	C
Saluda	45	81	C
Spartanburg	45	83	C
Sumter	45	85	C
Union	45	87	C
Williamsburg	45	89	C
York	45	91	C

SOUTH DAKOTA			
Aurora	46	3	A
Beadle	46	5	A
Bennett	46	7	A
Bon Homme	46	9	B
Brookings	46	11	B
Brown	46	13	A
Brule	46	15	A
Buffalo	46	17	A
Butte	46	19	B
Campbell	46	21	A
Charles Mix	46	23	A
Clark	46	25	A
Clay	46	27	B
Codington	46	29	A
Corson	46	31	A
Custer	46	33	B
Davison	46	35	A
Day	46	37	A
Deuel	46	39	A
Dewey	46	41	A
Douglas	46	43	A
Edmunds	46	45	A
Fall River	46	47	B
Faulk	46	49	A
Grant	46	51	A
Gregory	46	53	A
Haakon	46	55	A
Hamlin	46	57	A
Hand	46	59	A
Hanson	46	61	A
Harding	46	63	B
Hughes	46	65	A
Hutchinson	46	67	B
Hyde	46	69	A
Jackson	46	71	A
Jerauld	46	73	A
Jones	46	75	A
Kingsbury	46	77	A

County	FIPS Code		
	State	County	Area Table
SOUTH DAKOTA			
Lake	46	79	B
Lawrence	46	81	B
Lincoln	46	83	B
Lyman	46	85	A
Mc Cook	46	87	B
Mc Pherson	46	89	A
Marshall	46	91	A
Meade	46	93	B
Mellette	46	95	A
Miner	46	97	A
Minnehaha	46	99	B
Moody	46	101	B
Pennington	46	103	B
Perkins	46	105	A
Potter	46	107	A
Roberts	46	109	A
Sanborn	46	111	A
Shannon	46	113	B
Spink	46	115	A
Stanley	46	117	A
Sully	46	119	A
Todd	46	121	A
Tripp	46	123	A
Turner	46	125	B
Union	46	127	B
Walworth	46	129	A
Yankton	46	135	B
Ziebach	46	137	A

TENNESSEE			
Anderson	47	1	B
Bedford	47	3	D
Benton	47	5	B
Bledsoe	47	7	B
Blount	47	9	B
Bradley	47	11	B
Campbell	47	13	B
Cannon	47	15	D
Carroll	47	17	B
Carter	47	19	D
Cheatham	47	21	D
Chester	47	23	B
Claiborne	47	25	B
Clay	47	27	C
Cocke	47	29	B
Coffee	47	31	B
Crockett	47	33	D
Cumberland	47	35	B
Davidson	47	37	D
Decatur	47	39	B
De Kalb	47	41	D
Dickson	47	43	D

County	FIPS Code		
	State	County	Area Table
TENNESSEE			
Dyer	47	45	D
Fayette	47	47	D
Fentress	47	49	B
Franklin	47	51	B
Gibson	47	53	B
Giles	47	55	B
Grainger	47	57	B
Greene	47	59	C
Grundy	47	61	B
Hamblen	47	63	B
Hamilton	47	65	D
Hancock	47	67	B
Hardeman	47	69	D
Hardin	47	71	B
Hawkins	47	73	B
Haywood	47	75	D
Henderson	47	77	B
Henry	47	79	B
Hickman	47	81	D
Houston	47	83	D
Humphreys	47	85	D
Jackson	47	87	B
Jefferson	47	89	B
Johnson	47	91	D
Knox	47	93	C
Lake	47	95	D
Lauderdale	47	97	D
Lawrence	47	99	B
Lewis	47	101	B
Lincoln	47	103	B
Loudon	47	105	B
Mc Minn	47	107	B
Mc Nairy	47	109	B
Macon	47	111	D
Madison	47	113	B
Marion	47	115	C
Marshall	47	117	D
Maurry	47	119	B
Meigs	47	121	B
Monroe	47	123	B
Montgomery	47	125	D
Moore	47	127	C
Morgan	47	129	B
Obion	47	131	B
Overton	47	133	B
Perry	47	135	D
Pickett	47	137	B
Polk	47	139	B
Putnam	47	141	B
Rhea	47	143	B
Roane	47	145	B
Robertson	47	147	D

County	FIPS Code		
	State	County	Area Table
TENNESSEE			
Rutherford	47	149	D
Scott	47	151	B
Sequatchie	47	153	B
Sevier	47	155	B
Shelby	47	157	D
Smith	47	159	D
Stewart	47	161	D
Sullivan	47	163	D
Sumner	47	165	D
Tipton	47	167	D
Trousdale	47	169	D
Unicoi	47	171	D
Union	47	173	B
Van Buren	47	175	B
Warren	47	177	D
Washington	47	179	D
Wayne	47	181	B
Weakley	47	183	B
White	47	185	B
Williamson	47	187	D
Wilson	47	189	D

TEXAS			
Anderson	48	1	E
Andrews	48	3	D
Angelina	48	5	G
Aransas	48	7	F
Archer	48	9	D
Armstrong	48	11	E
Atascosa	48	13	D
Austin	48	15	F
Bailey	48	17	G
Bandera	48	19	D
Bastrop	48	21	D
Baylor	48	23	D
Bee	48	25	D
Bell	48	27	C
Bexar	48	29	D
Blanco	48	31	D
Borden	48	33	E
Bosque	48	35	D
Bowie	48	37	D
Brazoria	48	39	G
Brazos	48	41	G
Brewster	48	43	G
Briscoe	48	45	D
Brooks	48	47	F
Brown	48	49	D
Burleson	48	51	G
Burnet	48	53	D
Caldwell	48	55	D
Calhoun	48	57	D

County	FIPS Code		
	State	County	Area Table
TEXAS			
Callahan	48	59	E
Cameron	48	61	G
Camp	48	63	E
Carson	48	65	E
Cass	48	67	D
Castro	48	69	E
Chambers	48	71	G
Cherokee	48	73	F
Childress	48	75	D
Clay	48	77	E
Cochran	48	79	G
Coke	48	81	D
Coleman	48	83	D
Collin	48	85	F
Collingsworth	48	87	E
Colorado	48	89	F
Comal	48	91	D
Comanche	48	93	D
Concho	48	95	D
Cooke	48	97	F
Coryell	48	99	C
Cottle	48	101	D
Crane	48	103	D
Crockett	48	105	D
Crosby	48	107	G
Culberson	48	109	G
Dallam	48	111	E
Dallas	48	113	F
Dawson	48	115	G
Deaf Smith	48	117	E
Delta	48	119	D
Denton	48	121	F
De Witt	48	123	D
Dickens	48	125	F
Dimmit	48	127	B
Donley	48	129	D
Duval	48	131	F
Eastland	48	133	D
Ector	48	135	D
Edwards	48	137	B
Ellis	48	139	F
El Paso	48	141	G
Erath	48	143	D
Falls	48	145	D
Fannin	48	147	D
Fayette	48	149	D
Fisher	48	151	E
Floyd	48	153	D
Foard	48	155	D
Fort Bend	48	157	F
Franklin	48	159	D
Freestone	48	161	D

County	FIPS Code		Area Table
	State	County	
TEXAS			
Frio	48	163	D
Gaines	48	165	G
Galveston	48	167	G
Garza	48	169	G
Gillespie	48	171	D
Glasscock	48	173	D
Goliad	48	175	D
Gonzales	48	177	D
Gray	48	179	E
Grayson	48	181	F
Gregg	48	183	E
Grimes	48	185	G
Guadalupe	48	187	D
Hale	48	189	E
Hall	48	191	D
Hamilton	48	193	C
Hansford	48	195	E
Hardeman	48	197	D
Hardin	48	199	G
Harris	48	201	G
Harrison	48	203	E
Hartley	48	205	E
Haskell	48	207	E
Hays	48	209	D
Hemphill	48	211	E
Henderson	48	213	F
Hidalgo	48	215	G
Hill	48	217	E
Hockley	48	219	G
Hood	48	221	F
Hopkins	48	223	D
Houston	48	225	D
Howard	48	227	D
Hudspeth	48	229	G
Hunt	48	231	E
Hutchinson	48	233	E
Irion	48	235	D
Jack	48	237	E
Jackson	48	239	D
Jasper	48	241	G
Jeff Davis	48	243	D
Jefferson	48	245	G
Jim Hogg	48	247	F
Jim Wells	48	249	F
Johnson	48	251	F
Jones	48	253	E
Karnes	48	255	D
Kaufman	48	257	F
Kendall	48	259	D
Kenedy	48	261	F
Kent	48	263	E
Kerr	48	265	D

County	FIPS Code		Area Table
	State	County	
TEXAS			
Kimble	48	267	D
King	48	269	D
Kinney	48	271	B
Kleberg	48	273	F
Knox	48	275	D
Lamar	48	277	D
Lamb	48	279	F
Lampasas	48	281	C
La Salle	48	283	D
Lavaca	48	285	D
Lee	48	287	D
Leon	48	289	E
Liberty	48	291	G
Limestone	48	293	D
Lipscomb	48	295	E
Live Oak	48	297	D
Llano	48	299	D
Loving	48	301	D
Lubbock	48	303	G
Lynn	48	305	G
Mc Culloch	48	307	D
Mc Lennan	48	309	D
Mc Mullen	48	311	D
Madison	48	313	G
Marion	48	315	E
Martin	48	317	D
Mason	48	319	D
Matagorda	48	321	F
Maverick	48	323	B
Medina	48	325	D
Menard	48	327	D
Midland	48	329	D
Milam	48	331	C
Mills	48	333	D
Mitchell	48	335	E
Montague	48	337	F
Montgomery	48	339	G
Moore	48	341	E
Morris	48	343	D
Motley	48	345	D
Nacogdoches	48	347	G
Navarro	48	349	F
Newton	48	351	G
Nolan	48	353	E
Nueces	48	355	F
Ochiltree	48	357	E
Oldham	48	359	E
Orange	48	361	G
Palo Pinto	48	363	F
Panola	48	365	E
Parker	48	367	F
Parmer	48	369	F

County	FIPS Code		
	State	County	Area Table
TEXAS			
Pecos	48	371	D
Polk	48	373	G
Potter	48	375	E
Presidio	48	377	G
Rains	48	379	D
Randall	48	381	E
Reagan	48	383	D
Real	48	385	C
Red River	48	387	D
Reeves	48	389	D
Refugio	48	391	E
Roberts	48	393	E
Robertson	48	395	G
Rockwall	48	397	F
Runnels	48	399	D
Rusk	48	401	E
Sabine	48	403	G
San Augustine	48	405	G
San Jacinto	48	407	G
San Patricio	48	409	F
San Saba	48	411	D
Schleicher	48	413	D
Scurry	48	415	E
Shackelford	48	417	E
Shelby	48	419	G
Sherman	48	421	E
Smith	48	423	F
Somervell	48	425	F
Starr	48	427	G
Stephens	48	429	D
Sterling	48	431	D
Stonewall	48	433	E
Sutton	48	435	D
Swisher	48	437	E
Tarrant	48	439	F
Taylor	48	441	E
Terrell	48	443	D
Terry	48	445	G
Throckmorton	48	447	D
Titus	48	449	D
Tom Green	48	451	D
Travis	48	453	D
Trinity	48	455	E
Tyler	48	457	G
Upshur	48	459	E
Upton	48	461	D
Uvalde	48	463	B
Val Verde	48	465	B
Van Zandt	48	467	F
Victoria	48	469	D
Walker	48	471	G
Waller	48	473	F

County	FIPS Code		
	State	County	Area Table
TEXAS			
Ward	48	475	D
Washington	48	477	G
Webb	48	479	D
Wharton	48	481	F
Wheeler	48	483	E
Wichita	48	485	D
Wilbarger	48	487	D
Willacy	48	489	G
Williamson	48	491	D
Wilson	48	493	D
Winkler	48	495	D
Wise	48	497	F
Wood	48	499	E
Yoakum	48	501	G
Young	48	503	D
Zapata	48	505	D
Zavala	48	507	B
UTAH			
Beaver	49	1	A
Box Elder	49	3	A
Cache	49	5	A
Carbon	49	7	A
Daggett	49	9	C
Davis	49	11	C
Duchesne	49	13	C
Emery	49	15	A
Garfield	49	17	A
Grand	49	19	A
Iron	49	21	A
Juab	49	23	A
Kane	49	25	A
Millard	49	27	A
Morgan	49	29	C
Piute	49	31	A
Rich	49	33	C
Salt Lake	49	35	C
San Juan	49	37	A
Sanpete	49	39	A
Sevier	49	41	A
Summit	49	43	C
Tooele	49	45	C
Uintah	49	47	C
Utah	49	49	B
Wasatch	49	51	C
Washington	49	53	A
Wayne	49	55	A
Weber	49	57	B
VIRGINIA			
Accomack	51	1	C
Albemarle	51	3	C

County	FIPS Code		
	State	County	Area Table
VIRGINIA			
Alexandria (City)	51	510	E
Alleghany	51	5	B
Amelia	51	7	D
Amherst	51	9	B
Appomattox	51	11	B
Arlington	51	13	E
Augusta	51	15	B
Bath	51	17	B
Bedford	51	19	B
Bedford (City)	51	515	B
Bland	51	21	B
Botetourt	51	23	C
Bristol (City)	51	520	B
Brunswick	51	25	D
Buchanan	51	27	B
Buckingham	51	29	C
Buena Vista (City)	51	530	B
Campbell	51	31	B
Caroline	51	33	C
Carroll	51	35	B
Charles City	51	36	D
Charlotte	51	37	B
Charlottesville (City)	51	540	C
Chesapeake City (City)	51	550	C
Chesterfield	51	41	D
Clarke	51	43	D
Colonial Heights (City)	51	570	D
Covington (City)	51	580	B
Craig	51	45	C
Culpeper	51	47	D
Cumberland	51	49	D
Danville (City)	51	590	B
Dickenson	51	51	B
Dinwiddie	51	53	D
Emporia (City)	51	595	D
Essex	51	57	C
Fairfax	51	59	E
Fairfax (City)	51	600	E
Falls Church (City)	51	610	E
Fauquier	51	61	F
Floyd	51	63	C
Fluvanna	51	65	C
Franklin	51	67	C
Franklin (City)	51	620	D
Frederick	51	69	C
Fredericksburg (City)	51	630	C
Galax (City)	51	640	B
Giles	51	71	C
Gloucester	51	73	D
Goochland	51	75	D
Grayson	51	77	B
Greene	51	79	C

County	FIPS Code		
	State	County	Area Table
VIRGINIA			
Greensville	51	81	D
Halifax	51	83	B
Hampton City (City)	51	650	C
Hanover	51	85	D
Harrisonburg (City)	51	660	C
Henrico	51	87	D
Henry	51	89	C
Highland	51	91	B
Hopewell (City)	51	670	D
Isle Of Wight	51	93	C
James City	51	95	D
King And Queen	51	97	D
King George	51	99	C
King William	51	101	D
Lancaster	51	103	C
Lee	51	105	B
Lexington (City)	51	678	B
Loudoun	51	107	F
Louisa	51	109	D
Lunenburg	51	111	B
Lynchburg (City)	51	680	B
Madison	51	113	D
Manassas (City)	51	683	F
Manassas Park (City)	51	685	F
Martinsville (City)	51	690	C
Mathews	51	115	D
Mecklenburg	51	117	B
Middlesex	51	119	D
Montgomery	51	121	C
Nelson	51	125	C
New Kent	51	127	D
Newport News (City)	51	700	C
Norfolk (City)	51	710	C
Northampton	51	131	C
Northumberland	51	133	C
Norton (City)	51	720	B
Nottoway	51	135	C
Orange	51	137	C
Page	51	139	C
Patrick	51	141	C
Petersburg (City)	51	730	D
Pittsylvania	51	143	B
Poquoson (City)	51	735	C
Portsmouth (City)	51	740	C
Powhatan	51	145	D
Prince Edward	51	147	B
Prince George	51	149	D
Prince William	51	153	E
Pulaski	51	155	C
Radford (City)	51	750	C
Rappahannock	51	157	E
Richmond	51	159	D

County	FIPS Code		
	State	County	Area Table
VIRGINIA			
Richmond (City)	51	760	D
Roanoke	51	161	C
Roanoke (City)	51	770	C
Rockbridge	51	163	B
Rockingham	51	165	C
Russell	51	167	B
Salem (City)	51	775	C
Scott	51	169	B
Shenandoah	51	171	C
Smyth	51	173	B
Southampton	51	175	D
Spotsylvania	51	177	C
Stafford	51	179	D
Staunton (City)	51	790	B
Suffolk (City)	51	800	C
Surry	51	181	D
Sussex	51	183	D
Tazewell	51	185	B
Virginia Beach (City)	51	810	C
Warren	51	187	C
Washington	51	191	B
Waynesboro (City)	51	820	C
Westmoreland	51	193	C
Williamsburg (City)	51	830	D
Winchester (City)	51	840	C
Wise	51	195	B
Wythe	51	197	B
York	51	199	C

VERMONT			
Addison	50	1	C
Bennington	50	3	B
Caledonia	50	5	B
Chittenden	50	7	C
Essex	50	9	B
Franklin	50	11	C
Grand Isle	50	13	C
Lamoille	50	15	B
Orange	50	17	B
Orleans	50	19	B
Rutland	50	21	B
Washington	50	23	B
Windham	50	25	B
Windsor	50	27	B

WASHINGTON			
Adams	53	1	B
Asotin	53	3	A
Benton	53	5	B
Chelan	53	7	B
Clallam	53	9	D
Clark	53	11	B

County	FIPS Code		
	State	County	Area Table
WASHINGTON			
Columbia	53	13	B
Cowlitz	53	15	B
Douglas	53	17	B
Ferry	53	19	B
Franklin	53	21	B
Garfield	53	23	B
Grant	53	25	B
Grays Harbor	53	27	D
Island	53	29	C
Jefferson	53	31	D
King	53	33	C
Kitsap	53	35	C
Kittitas	53	37	B
Klickitat	53	39	B
Lewis	53	41	D
Lincoln	53	43	B
Mason	53	45	D
Okanogan	53	47	B
Pacific	53	49	C
Pend Oreille	53	51	B
Pierce	53	53	D
San Juan	53	55	C
Skagit	53	57	C
Skamania	53	59	B
Snohomish	53	61	C
Spokane	53	63	C
Stevens	53	65	B
Thurston	53	67	D
Wahkiakum	53	69	B
Walla Walla	53	71	B
Whatcom	53	73	C
Whitman	53	75	B
Yakima	53	77	B

WISCONSIN			
Adams	55	1	B
Ashland	55	3	A
Barron	55	5	B
Bayfield	55	7	A
Brown	55	9	C
Buffalo	55	11	C
Burnett	55	13	A
Calumet	55	15	D
Chippewa	55	17	C
Clark	55	19	B
Columbia	55	21	B
Crawford	55	23	B
Dane	55	25	C
Dodge	55	27	D
Door	55	29	C
Douglas	55	31	A
Dunn	55	33	C

County	FIPS Code		
	State	County	Area Table
WISCONSIN			
Eau Claire	55	35	C
Florence	55	37	C
Fond Du Lac	55	39	C
Forest	55	41	B
Grant	55	43	A
Green	55	45	C
Green Lake	55	47	A
Iowa	55	49	C
Iron	55	51	B
Jackson	55	53	C
Jefferson	55	55	D
Juneau	55	57	B
Kenosha	55	59	D
Kewaunee	55	61	C
La Crosse	55	63	C
Lafayette	55	65	C
Langlade	55	67	B
Lincoln	55	69	B
Manitowoc	55	71	C
Marathon	55	73	B
Marinette	55	75	C
Marquette	55	77	B
Menominee	55	78	C
Milwaukee	55	79	D
Monroe	55	81	C
Oconto	55	83	C
Oneida	55	85	B
Outagamie	55	87	A
Ozaukee	55	89	D
Pepin	55	91	C
Pierce	55	93	B
Polk	55	95	A
Portage	55	97	A
Price	55	99	B
Racine	55	101	C
Richland	55	103	C
Rock	55	105	C
Rusk	55	107	B
Saint Croix	55	109	A
Sauk	55	111	B
Sawyer	55	113	A
Shawano	55	115	B
Sheboygan	55	117	D
Taylor	55	119	B
Trempealeau	55	121	C
Vernon	55	123	C
Vilas	55	125	B
Walworth	55	127	D
Washburn	55	129	A
Washington	55	131	D
Waukesha	55	133	D
Waupaca	55	135	A

County	FIPS Code		
	State	County	Area Table
WISCONSIN			
Waushara	55	137	A
Winnebago	55	139	A
Wood	55	141	B
WEST VIRGINIA			
Barbour	54	1	B
Berkeley	54	3	B
Boone	54	5	D
Braxton	54	7	C
Brooke	54	9	C
Cabell	54	11	C
Calhoun	54	13	C
Clay	54	15	D
Doddridge	54	17	B
Fayette	54	19	C
Gilmer	54	21	B
Grant	54	23	B
Greenbrier	54	25	C
Hampshire	54	27	B
Hancock	54	29	C
Hardy	54	31	B
Harrison	54	33	B
Jackson	54	35	D
Jefferson	54	37	B
Kanawha	54	39	D
Lewis	54	41	B
Lincoln	54	43	C
Logan	54	45	C
Mc Dowell	54	47	C
Marion	54	49	C
Marshall	54	51	C
Mason	54	53	D
Mercer	54	55	C
Mineral	54	57	B
Mingo	54	59	C
Monongalia	54	61	C
Monroe	54	63	C
Morgan	54	65	B
Nicholas	54	67	C
Ohio	54	69	C
Pendleton	54	71	B
Pleasants	54	73	C
Pocahontas	54	75	C
Preston	54	77	C
Putnam	54	79	D
Raleigh	54	81	C
Randolph	54	83	B
Ritchie	54	85	B
Roane	54	87	D
Summers	54	89	C
Taylor	54	91	B
Tucker	54	93	B

County	FIPS Code		Area Table
	State	County	
WEST VIRGINIA			
Tyler	54	95	C
Upshur	54	97	B
Wayne	54	99	C
Webster	54	101	B
Wetzel	54	103	C
Wirt	54	105	C
Wood	54	107	C
Wyoming	54	109	C
WYOMING			
Albany	56	1	D
Big Horn	56	3	B
Campbell	56	5	A
Carbon	56	7	C
Converse	56	9	B
Crook	56	11	A
Fremont	56	13	B
Goshen	56	15	B
Hot Springs	56	17	B
Johnson	56	19	A
Laramie	56	21	D
Lincoln	56	23	A
Natrona	56	25	B
Niobrara	56	27	B
Park	56	29	B
Platte	56	31	B
Sheridan	56	33	A
Sublette	56	35	A
Sweetwater	56	37	A
Teton	56	39	B
Uinta	56	41	A
Washakie	56	43	B
Weston	56	45	A

VII. BLANK WORKSHEETS

The following pages contain blank copies of worksheets for which sample calculations have been presented earlier in this manual.

PLAN SPECIFICATIONS

Name	_____
Effective Date	_____
Location & Zip Code	_____
Industry	_____
Base Deductible	_____
Base Coinsurance Out-of-Pocket Maximum	_____
Pre-Certification/Concurrent Review	_____
Case Management	_____
Mental Illness and Substance Abuse Benefits	_____
Underwriting & Type	_____
Contract Type	_____
Specific Stop Loss Deductible	_____
Family Specific Deductible	_____
Dependent Participation	_____
Employer Dependent Contribution Percentage	_____
Maximum Benefits	_____
Organ Transplant Coverage	_____
Prescription Drug Coverage	_____
Nonstandard Contract Year	_____
Payment Period for Incurred Contracts	_____
Run-In Period for Paid Contracts	_____
Extended Benefit Provision	_____
Infertility Benefits	_____
Preferred Provider Plan	_____

Age/Gender Factor Calculation for Employees

Age Group	No. of Employees		Age/Gender		Product	
	Male (1)	Female (2)	Male (3)	Female (4)	(1)x(3) (5)	(2)x(4) (6)
Under 30	_____	_____	_____	_____	_____	_____
30 – 34	_____	_____	_____	_____	_____	_____
35 – 39	_____	_____	_____	_____	_____	_____
39 – 44	_____	_____	_____	_____	_____	_____
45 – 54	_____	_____	_____	_____	_____	_____
55 – 59	_____	_____	_____	_____	_____	_____
60 – 64	_____	_____	_____	_____	_____	_____
65 – 69	_____	_____	_____	_____	_____	_____
70 +	_____	_____	_____	_____	_____	_____
Retired – Medicare Primary	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

$$\text{Employee Factor} = \frac{(5) + (6)}{(1) + (2)} =$$

Age/Gender Factor Calculation for Composite Dependents

Age Group	No. of Employees With Dependents		Age/Gender Factors		Product	
	Male (1)	Female (2)	Male (3)	Female (4)	(1)x(3) (5)	(2)x(4) (6)
Under 30	_____	_____	_____	_____	_____	_____
30 – 34	_____	_____	_____	_____	_____	_____
35 – 39	_____	_____	_____	_____	_____	_____
39 – 44	_____	_____	_____	_____	_____	_____
45 – 54	_____	_____	_____	_____	_____	_____
55 – 59	_____	_____	_____	_____	_____	_____
60 – 64	_____	_____	_____	_____	_____	_____
65 – 69	_____	_____	_____	_____	_____	_____
70 +	_____	_____	_____	_____	_____	_____
Dependent–Medicare Primary	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

$$\text{Composite Dependent Factor} = \frac{(5) + (6)}{(1) + (2)} =$$

STOP LOSS WORKSHEET

REGULAR NET MONTHLY PREMIUM CALCULATION

Group Name	_____	Net Premium Basis	Regular _____
Location	_____	Area Table	_____
Underwriting Type	_____	Contract	_____
Deductible	_____	Effective Date	_____

	Employee	Composite Dependent
1. Base Net Premium		
1a. Adjustment for Out-of-Pocket		
2. Adjusted Base Rate		
3. Adjustment for Payment Period		
4. Adjustment for Run-In Period		
5. Adjustment for Maximum Benefit		
6. Adjustment for Case Management		
7. Adjustment for Mental Illness & Substance Abuse		
8. Adjustment for Exclusion of Organ Transplants		
9. Adjustment for Prescription Drugs		
10. Reinsurance Cost/Infertility Adjustment		
11. Subtotal (2) through (10)		
12. Experience Factor		
13. PPO Adjustment		
14. Adjustment for Family Specific Deductible	1.000	
15. Adjustment for No Pre-Certification		
16. Industry Factor		
17. Age/Gender Factor		
18. Dependent Participation Factor	N/A	
19. Employer Dependent Contribution Factor	N/A	
20. Nonstandard Plan Year Factor		
21. Trend Factor		
22. Adjusted Base Net Premium (11)x(12)x(13)x(14)x(15)x(16)x(17)x(18)x(19)x(20)x(21)		
23. Addition for Extended Benefits		
23a. Credit for Prior Year Extended Benefits		
24. Net Premium (22)+(23) - (23a)		

STOP LOSS WORKSHEET

GROSS PREMIUM CALCULATION

Group Name	_____	Net Premium Basis	<u>Regular</u>
Location	_____	Area Table	_____
Underwriting Type	_____	Contract	_____
Deductible	_____	Effective Date	_____

	<u>MGU Retention Formula</u>		<u>Direct Writer Retention Formula</u>	
	<u>Employee</u>	<u>Composite Dependent</u>	<u>Employee</u>	<u>Composite Dependent</u>
24. Net Premium (22)+(23) - (23a)	_____	_____	_____	_____
25. Net to Reinsurer Factor	_____	_____	1.000	1.000
26. (24) ÷ (25)	_____	_____	_____	_____
27. Retention Components	_____	_____	_____	_____
28. Constant Expense	_____	_____	_____	_____
29. Preliminary Gross Monthly Premium Rate <u>(26) + (28)</u> 1 - (27)	_____	_____	_____	_____
30. Reduction for Agg. Specific	_____	_____	_____	_____
31. Gross Monthly Premium Rate After Agg. Specific	_____	_____	_____	_____
32. Underwriter Discretion Factor	_____	_____	_____	_____
33. Final Gross Monthly Premium Rate	_____	_____	_____	_____

STOP LOSS WORKSHEET

ALTERNATIVE NET MONTHLY PREMIUM CALCULATION

Group Name	_____	Net Premium Basis	<u>Alternative</u>
Location	_____	Area Table	_____
Underwriting Type	_____	Contract	_____
Deductible	_____	Effective Date	_____

	Employee	Composite Dependent
1. Base Net Premium		
1a. Adjustment for Out-of-Pocket		
2. Adjusted Base Rate		
3. Adjustment for Alternative Calculation Method		
4. Adjustment for Run-In Period		
5. Adjustment for Maximum Benefit		
6. Adjustment for Case Management		
7. Adjustment for Mental Illness & Substance Abuse		
8. Adjustment for Exclusion of Organ Transplants		
9. Adjustment for Prescription Drugs		
10. Reinsurance Cost/Infertility Adjustment		
11. Subtotal (2) through (10)		
12. Experience Factor		
13. PPO Adjustment		
14. Adjustment for Family Specific Deductible	1.000	
15. Adjustment for No Pre-Certification		
16. Industry Factor		
17. Age/Gender Factor		
18. Dependent Participation Factor	N/A	
19. Employer Dependent Contribution Factor	N/A	
20. Nonstandard Plan Year Factor		
21. Trend Factor		
22. Adjusted Base Net Premium (11)x(12)x(13)x(14)x(15)x(16)x(17)x(18)x(19)x(20)x(21)		
23. Addition for Extended Benefits		
23 a. Credit for Prior Year Extended Benefits		
24. Net Premium (22)+(23) - (23a)		

STOP LOSS WORKSHEET

ALTERNATIVE GROSS PREMIUM CALCULATION

Group Name	_____	Net Premium Basis	<u>Alternative</u>
Location	_____	Area Table	_____
Underwriting Type	_____	Contract	_____
Deductible	_____	Effective Date	_____

	<u>MGU Retention Formula</u>		<u>Direct Writer Retention Formula</u>	
	<u>Employee</u>	<u>Composite Dependent</u>	<u>Employee</u>	<u>Composite Dependent</u>
24. Net Premium (22)+(23) - (23a)	_____	_____	_____	_____
25. Net to Reinsurer Factor	_____	_____	1.000	1.000
26. (24) ÷ (25)	_____	_____	_____	_____
27. Retention Components	_____	_____	_____	_____
28. Constant Expense	_____	_____	_____	_____
29. Preliminary Gross Monthly Premium Rate <u>(26) + (28)</u> 1 - (27)	_____	_____	_____	_____
30. Reduction for Agg. Specific	_____	_____	_____	_____
31. Gross Monthly Premium Rate After Agg. Specific	_____	_____	_____	_____
32. Underwriter Discretion Factor	_____	_____	_____	_____
33. Final Gross Monthly Premium Rate	_____	_____	_____	_____

STOP LOSS WORKSHEET
AGGREGATING SPECIFIC STOP LOSS WORKSHEET
CALCULATION OF REDUCTION TO SPECIFIC STOP LOSS GROSS PREMIUM

Group Name _____	Net Premium Basis _____
Location _____	Area Table _____
Underwriting Type _____	Contract _____
Specific Deductible _____	Effective Date _____
Aggregating Specific Deductible _____	

	Employee (a)	Dependent (b)
1. Net Specific Stop Loss Rate		
2. Gross Specific Stop Loss Rate		
3. Constant Expense in (4)		
4. Number of Units		
5. Dependent Units as % of Employee Units		
6. Lower Number of Employees from Tables		
7. Higher Number of Employees from Tables		
8. Net Annual Specific Stop Loss Premium for Size in (6)		
9. Tabular % Reduction for Size in (6)		
10. Net Cost Reduction for Size in (6)		
11. Net Specific Stop Loss Premium for Size in (7)		
12. Tabular % Reduction for Size in (7)		
13. Net Cost Reduction for Size in (7)		
14. Net Cost Reduction for Actual Number of Employees (Interpolate (10) and (13))		
15. Net Annual Specific Stop Loss Premium for This Group		
16. Net Cost Reduction as a % of Total Net Stop Loss Premium = ((14) ÷ (15))		
17. Gross Annual Specific Stop Loss Premium for This Group (Before Reduction for Aggregating Specific)		
18. Constant Expense Amount in (19)		
19. (17) – (18)		
20. Gross Premium Reduction for Aggregating Specific = ((16) x (19))		
21. Total Gross Premium with Aggregating Specific = ((17) – (20))		
22. Gross Premium Reduction per Employee/Dependent per Month		

Worksheet 1

Calculation of Hospital Pricing Factor — Specific Network Hospital

Contracted Hospital Name: _____

Contracted Hospital Location: _____

Outlier Provision: _____

Specific Deductible Level: _____

	(A)	(B)	(C)	(D)	(E)
	Negotiated Rate	Prevailing Average	Pricing Factor (A/B)	Weight *	Weighted Average (C*D)
1. Medical	_____	_____	_____	30.00%	_____
2. Surgical	_____	_____	_____	50.00%	_____
3. ICU/CCU	_____	_____	_____	20.00%	_____
4. Other	_____	_____	_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
_____			_____		_____
5. Subtotal (lines 1 + 2 + 3 + 4)				100.00%	
6. Total Calculated Pricing Factor ((5(E) / 5(D))					_____
7. Outlier Provision Pricing Factor					_____
8. Outlier Percentage					_____
9. Pricing Factor Adjusted for Outliers 6(E) x [1 – 8(E)] + 7(E) x 8(E)					_____
10. Adjusted Pricing Factor					
Maximum					_____
Minimum					_____
11. Adjusted Hospital Pricing Factor (Greater/Lesser of 9(E) or 10(E))					_____

*Default Weight from Table W, Section IV

Worksheet 2

Contracted Network Location: _____

Calculation of Hospital/Facility Pricing Factor — All Network Hospitals

	(A)	(B)	(C)	(D)	(E)	(F)
Hospital/Facility	Pricing Factor	Total Weight	Total Weight (Percent)	Weighted Factor (A*C)	Category Weight *	Overall Weighted Factor
Inpatient:						
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
Subtotal		_____		_____	<u>70.0%</u>	_____
Outpatient/Other:						
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
Subtotal		_____		_____	<u>30.0%</u>	_____
Total (to Worksheet 4)						=====

* Default Weight from Table X, Section IV

Worksheet 3

Contracted Physician Location: _____

Calculation of Physician Pricing Factor

Service Category	(A) Pricing Factor*	(B) Weight***	(C) Weighted Average (A*B)
1. Surgical	_____	<u>35.00%</u>	_____
2. Radiology	_____	<u>9.00%</u>	_____
3. Pathology	_____	<u>6.00%</u>	_____
4. Medical	_____	<u>41.00%</u>	_____
5. Anesthesia**	_____	<u>9.00%</u>	_____
6. Other:			
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____	_____	_____
7. Subtotal (lines 1 + 2 + 3 + 4 + 5 + 6)		_____	_____
8. Total Physician Pricing Factor (7(C) / 7(B)) (to Worksheet 4)			=====

* The Pricing Factors are calculated on the spreadsheet (Network Physician Fee Analysis Example.xls).

** Assumed to be same as Surgical

*** Default Weight from Table Y, Section IV

Worksheet 4

Contracted Network Location: _____

Calculation of Network Pricing Factor — All Services

Provider Category	(A) Pricing Factor	(B) Weight *	(C) Weighted Factor (A*B)
1. Hospital Pricing Factor (From Worksheet 2)	_____	<u>70.00%</u>	_____
2. Physician Pricing Factor (From Worksheet 3)	_____	<u>24.00%</u>	_____
3. Other:			
DXL	_____		_____
Outpatient RX	_____		_____
Other Miscellaneous	_____		_____
Additional Other	_____		_____
Subtotal Other	_____	<u>6.00%</u>	_____
4. Subtotal (lines 1 + 2 + 3)		_____	_____
5. Total In-Network Pricing Factor (4(C) / 4(B))			_____
Network Savings/Discount (100% - 5(C))			=====

* Default Weight from Table Z, Section IV – Note that these weights vary by deductible.

Worksheet 5

Contracted Network Location: _____

Calculation of Stop Loss Premium Factor

	(A)	(B)	(C)
Network & Non-Network Category	Pricing Factor	Weight	Weighted Factor (A*B)
1. In-Network Pricing Factor*	_____		
2. Network Utilization for Excess Claims		_____	
3. Weighted In-Network Factor (1A x 2B)			_____
4. Non-Network Pricing Factor (From Appropriate Source)	_____		
5. Non-Network Utilization for Excess Claims		_____	
6. Weighted Non-Network Factor (4A x 5B)			_____
7. Stop Loss Premium Factor (3C + 6C)**			=====

*By interpolating in Pricing Factor tables, using desired Specific Stop Loss deductible and in-network discount from line 6, Worksheet 4

**May be transferred to line 13 of stop loss net premium worksheet

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F)/(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1=yes 0=no		Network Fee	Average Prevailing Charge = [Unit Value] x(B)	Network Products = (A)x(C)x(D)	
Surgery									
11100	Biopsy of skin lesion	0.05526	2.10	0					
11200	Removal of skin tags	0.01019	1.86	0					
11306	Shave skin lesion	0.00226	2.17	0					
11311	Shave skin lesion	0.00244	2.34	0					
11401	Removal of skin lesion	0.00981	3.38	0					
11402	Removal of skin lesion	0.00742	3.86	0					
11440	Removal of skin lesion	0.00336	3.34	0					
11441	Removal of skin lesion	0.00333	3.94	0					
11442	Removal of skin lesion	0.00208	4.41	0					
11900	Injection into skin lesions	0.00940	1.20	0					
12001	Repair superficial wound(s)	0.01378	3.84	0					
13132	Repair of wound or lesion	0.00176	12.19	0					
14040	Skin tissue rearrangement	0.00142	17.31	0					
14060	Skin tissue rearrangement	0.00145	17.95	0					
15100	Skin split graft	0.00036	22.87	0					
17000	Destroy benign/premal lesion	0.13762	1.60	0					
17003	Destroy lesions, 2-14	0.17430	0.27	0					
17004	Destroy lesions, 15 or more	0.00886	5.22	0					
17110	Destruct lesion, 1-14	0.01455	2.32	0					
17304	Chemosurgery of skin lesion	0.00412	16.15	0					
17340	Cryotherapy of skin	0.00226	1.18	0					
19000	Drainage of breast lesion	0.00369	2.90	0					
19100	Bx breast percut w/o image	0.00063	3.51	0					
19101	Biopsy of breast, open	0.00043	8.06	0					
19120	Removal of breast lesion	0.00344	10.81	0					
19240	Removal of breast	0.00057	26.28	0					
19318	Reduction of large breast	0.00100	29.63	0					
19342	Delayed breast prosthesis	0.00012	21.89	0					
20550	Inject tendon/ligament/cyst	0.03107	1.54	0					
20600	Drain/inject, joint/bursa	0.00953	1.39	0					
20605	Drain/inject, joint/bursa	0.01526	1.52	0					
20610	Drain/inject, joint/bursa	0.06548	1.84	0					
21145	Reconstruct midface, lefort	0.00002	36.62	0					
21196	Reconst lwr jaw w/fixation	0.00013	36.63	0					
21453	Treat lower jaw fracture	0.00007	17.00	0					
22554	Neck spine fusion	0.00097	35.26	0					
23420	Repair of shoulder	0.00078	26.39	0					
27130	Total hip replacement	0.00143	36.84	0					
27447	Total knee replacement	0.00252	39.79	0					
28296	Correction of bunion	0.00172	18.52	0					
29826	Shoulder arthroscopy/surgery	0.00209	18.05	0					
29875	Knee arthroscopy/surgery	0.00060	13.23	0					
29877	Knee arthroscopy/surgery	0.00327	15.34	0					
29880	Knee arthroscopy/surgery	0.00177	17.31	0					

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D) Network Fee	(E)	(F)	(G)	Pricing Factor = (F)/(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1=yes 0=no		Average Prevailing Charge = [Unit Value] x(B)	Network Products = (A)x(C)x(D)	Average Prevailing Charge = (A)x(C)x(E)	
29881	Knee arthroscopy/surgery	0.00624	16.04	0					
29888	Knee arthroscopy/surgery	0.00172	26.46	0					
30140	Removal of turbinate bones	0.00147	9.97	0					
30520	Repair of nasal septum	0.00294	12.82	0					
31575	Diagnostic laryngoscopy	0.01516	3.09	0					
31622	Dx bronchoscope/wash	0.00146	8.63	0					
31625	Bronchoscopy with biopsy	0.00055	9.37	0					
32020	Insertion of chest tube	0.00087	5.74	0					
32100	Exploration/biopsy of chest	0.00007	25.20	0					
33512	CABG, vein, three	0.00010	53.94	0					
35102	Repair defect of artery	0.00005	47.45	0					
35301	Rechanneling of artery	0.00089	29.78	0					
36830	Artery-vein graft	0.00023	18.85	0					
37730	Removal of leg veins	0.00013	12.59	0					
39400	Visualization of chest	0.00027	11.25	0					
42820	Remove tonsils and adenoids	0.00404	7.50	0					
42830	Removal of adenoids	0.00139	5.33	0					
43235	Upper GI endoscopy, diagnosis	0.00895	7.75	0					
43239	Upper GI endoscopy, biopsy	0.02933	8.80	0					
43247	Operative upper GI endoscopy	0.00043	5.02	0					
43255	Operative upper GI endoscopy	0.00053	7.05	0					
43260	Endo cholangiopancreatograph	0.00064	8.67	0					
43262	Endo cholangiopancreatograph	0.00071	10.70	0					
44140	Partial removal of colon	0.00079	32.28	0					
44950	Appendectomy	0.00154	15.60	0					
45330	Diagnostic sigmoidoscopy	0.00825	3.31	0					
45331	Sigmoidoscopy and biopsy	0.00144	4.31	0					
45378	Diagnostic colonoscopy	0.04583	10.13	0					
45380	Colonoscopy and biopsy	0.01928	11.97	0					
45385	Lesion removal colonoscopy	0.01946	13.52	0					
46221	Ligation of hemorrhoid(s)	0.00133	4.90	0					
46255	Hemorrhoidectomy	0.00029	10.98	0					
46260	Hemorrhoidectomy	0.00067	10.29	0					
46600	Diagnostic anoscopy	0.00480	2.11	0					
47600	Removal of gallbladder	0.00047	21.45	0					
47605	Removal of gallbladder	0.00013	23.08	0					
49500	Repair inguinal hernia	0.00030	9.29	0					
49505	Repair inguinal hernia	0.00379	12.34	0					
49560	Repair abdominal hernia	0.00117	18.19	0					
50230	Removal of kidney	0.00017	32.20	0					
50590	Fragmenting of kidney stone	0.00256	22.12	0					
51600	Injection for bladder x-ray	0.00162	5.99	0					
51700	Irrigation of bladder	0.00164	2.55	0					
51741	Electro-uroflowmetry, first	0.00560	2.04	0					
51845	Repair bladder neck	0.00004	15.26	0					

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F)/(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1=yes 0=no		Network Fee	Average Prevailing Charge = [Unit Value] x(B)	Network Products = (A)x(C)x(D)	
52000	Cystoscopy	0.01690	5.45	0					
52310	Cystoscopy and treatment	0.00215	7.70	0					
52332	Cystoscopy and treatment	0.00226	8.78	0					
52601	Prostatectomy (TURP)	0.00077	18.32	0					
53670	Insert urinary catheter	0.00457	2.27	0					
54150	Circumcision	0.01019	6.32	0					
54640	Suspension of testis	0.00027	11.25	0					
55250	Removal of sperm duct(s)	0.00574	15.02	0					
55700	Biopsy of prostate	0.00585	5.87	0					
55845	Extensive prostate surgery	0.00057	41.44	0					
57454	Vagina examination & biopsy	0.01494	4.25	0					
57511	Cryocautery of cervix	0.00228	3.94	0					
58100	Biopsy of uterus lining	0.01292	3.03	0					
58120	Dilation and curettage	0.00229	5.96	0					
58150	Total hysterectomy	0.00441	24.51	0					
58260	Vaginal hysterectomy	0.00111	21.20	0					
58600	Division of fallopian tube	0.00019	9.57	0					
59400	Obstetrical care	0.01950	43.78	0					
59410	Obstetrical care	0.00172	24.54	0					
59510	Cesarean delivery	0.00754	49.62	0					
59515	Cesarean delivery	0.00069	29.26	0					
59812	Treatment of miscarriage	0.00083	7.48	0					
59820	Care of miscarriage	0.00218	9.36	0					
59840	Abortion	0.00098	5.84	0					
61510	Removal of brain lesion	0.00021	52.19	0					
62223	Establish brain cavity shunt	0.00013	24.11	0					
62270	Spinal fluid tap, diagnostic	0.00373	4.20	0					
62273	Treat epidural spine lesion	0.00029	5.00	0					
62284	Injection for myelogram	0.00228	6.63	0					
62311	Inject spine l/s (cd)	0.01093	6.56	0					
63005	Removal of spinal lamina	0.00003	28.14	0					
63030	Low back disk surgery	0.00196	23.31	0					
63042	Laminotomy, single lumbar	0.00042	32.86	0					
63047	Removal of spinal lamina	0.00122	27.63	0					
63075	Neck spine disk surgery	0.00113	35.95	0					
64450	Injection for nerve block	0.00539	2.64	0					
64721	Carpal tunnel surgery	0.00368	10.36	0					
65222	Remove foreign body from eye	0.00197	1.87	0					
66821	After cataract laser surgery	0.00492	6.55	0					
66984	Cataract surg w/iol, i stage	0.01507	18.05	0					
67107	Repair detached retina	0.00020	26.85	0					
67210	Treatment of retinal lesion	0.00242	15.82	0					
67228	Treatment of retinal lesion	0.00196	24.83	0					
67800	Remove eyelid lesion	0.00111	3.07	0					
67820	Revise eyelashes	0.00196	1.53	0					
69433	Create eardrum opening	0.00097	4.74	0					

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1=yes 0=no	(D) Network Fee	(E)	(F)	(G)	Pricing Factor = (F)/(G)
						Average Prevailing Charge = [Unit Value] x(B)	Network Products = (A)x(C)x(D)	Average Prevailing Charge = Products = (A)x(C)x(E)	
69436	Create eardrum opening Surgery - Total	0.00521 1.00000	4.44 6.1022	0					
70470	Ct head/brain w/o&w dye	0.00748	9.19	0					
70551	MRI brain w/o dye	0.01183	13.83	0					
70553	MRI brain w/o&w dye	0.02321	29.44	0					
71010	Chest x-ray	0.13961	0.74	0					
71020	Chest x-ray	0.27157	0.96	0					
72100	X-ray exam of lower spine	0.04568	1.01	0					
72110	X-ray exam of lower spine	0.02377	1.39	0					
72131	Ct lumbar spine w/o dye	0.00337	7.81	0					
72148	MRI lumbar spine w/o dye	0.02494	15.12	0					
73610	X-ray exam of ankle	0.04292	0.79	0					
73630	X-ray exam of foot	0.06273	0.79	0					
73721	MRI joint of lwr extre w/o d	0.02399	13.44	0					
74160	Ct abdomen w/dye	0.03675	8.95	0					
76091	Mammogram, both breasts	0.03608	2.57	0					
76700	Echo exam of abdomen	0.02964	3.20	0					
76805	Echo exam of pregnant uterus	0.04249	3.59	0					
76815	Echo exam of pregnant uterus	0.01761	2.41	0					
76830	Echo exam, transvaginal	0.05480	2.57	0					
76856	Echo exam of pelvis	0.04636	2.57	0					
77427	Radiation tx management, x5	0.01436	4.54	0					
78465	Heart image (3d), multiple Radiology - Total	0.04081 1.00000	14.45 3.7945	0					
Pathology									
80050	General health panel	0.03782	0.96	0					
80061	Lipid panel	0.18759	0.67	0					
81000	Urinalysis, nonauto w/scope	0.09500	0.20	0					
82270	Test for blood, feces	0.05546	0.17	0					
82785	Assay of gammaglobulin ige	0.00142	0.75	0					
82947	Assay, glucose, blood quant	0.03429	0.23	0					
83718	Assay of lipoprotein	0.00402	0.33	0					
84443	Assay thyroid stim hormone	0.10178	0.73	0					
84702	Chorionic gonadotropin test	0.01492	0.70	0					
84703	Chorionic gonadotropin assay	0.00841	0.40	0					
85021	Automated hemogram	0.00663	0.26	0					
85022	Automated hemogram	0.00393	0.31	0					
85023	Automated hemogram	0.01261	0.38	0					
85024	Automated hemogram	0.06362	0.31	0					
85025	Automated hemogram	0.15078	0.32	0					
85027	Automated hemogram	0.01678	0.31	0					
86171	Complement fixation, each	0.00005	0.51	0					

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F)/(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1=yes 0=no		Network Fee	Average Prevailing Charge = [Unit Value] x(B)	Network Products = (A)x(C)x(D)	
86316	Immunoassay, tumor other	0.00075	0.91	0					
86403	Particle agglutination test	0.00763	0.28	0					
86585	TB tine test	0.00118	0.21	0					
87086	Urine culture/colony count	0.03199	0.44	0					
88150	Cytopath, c/v, manual	0.00894	0.30	0					
88304	Tissue exam by pathologist	0.01814	1.57	0					
88305	Tissue exam by pathologist	0.12600	2.73	0					
88307	Tissue exam by pathologist	0.01026	4.86	0					
	Pathology - Total	1.00000	0.8140						
Medicine									
90782	Injection, sc/im	0.00924	0.50	0					
90788	Injection of antibiotic	0.00090	0.44	0					
90801	Psy dx interview	0.00358	4.04	0					
90805	Psytx, off, 20-30 min w/e&m	0.00229	1.90	0					
90806	Psytx, off, 45-50 min	0.02873	2.61	0					
90853	Group psychotherapy	0.00175	0.86	0					
90862	Medication management	0.00581	1.37	0					
90887	Consultation with family	0.00003	2.34	0					
92004	Eye exam, new patient	0.00417	3.41	0					
92012	Eye exam established pat	0.00673	1.72	0					
92014	Eye exam & treatment	0.01023	2.54	0					
92083	Visual field examination(s)	0.00237	1.95	0					
92225	Special eye exam, initial	0.00086	0.61	0					
92235	Eye exam with photos	0.00071	3.50	0					
92250	Eye exam with photos	0.00129	1.99	0					
92507	Speech/hearing therapy	0.00261	1.65	0					
92557	Comprehensive hearing test	0.00195	1.31	0					
92567	Tympanometry	0.00339	0.58	0					
92982	Coronary artery dilation	0.00006	15.84	0					
93000	Electrocardiogram, complete	0.01624	0.71	0					
93015	Cardiovascular stress test	0.00335	2.85	0					
93224	ECG monitor/report, 24 hrs	0.00038	4.37	0					
93307	Echo exam of heart	0.00499	5.39	0					
93510	Left heart catheterization	0.00066	46.04	0					
93526	Rt & Lt heart catheters	0.00009	60.51	0					
94010	Breathing capacity test	0.00309	0.87	0					
94656	Initial ventilator mgmt	0.00003	2.45	0					
94657	Continued ventilator mgmt	0.00021	1.85	0					
95024	Allergy skin tests	0.01483	0.16	0					
95115	Immunotherapy, one injection	0.00879	0.41	0					
95117	Immunotherapy injections	0.01539	0.52	0					
95165	Antigen therapy services	0.05116	0.26	0					
95819	Electroencephalogram (EEG)	0.00047	4.22	0					
95822	Sleep electroencephalogram	0.00002	5.87	0					

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)	Pricing Factor = (F)/(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1=yes 0=no		Network Fee	Average Prevailing Charge = [Unit Value] x(B)	Network Products = (A)x(C)x(D)	
95860	Muscle test, one limb	0.00070	2.45	0					
95861	Muscle test, two limbs	0.00054	3.09	0					
95900	Motor nerve conduction test	0.00255	1.72	0					
95904	Sense/mixed n conduction tst	0.00507	1.47	0					
95934	H-reflex test	0.00043	0.98	0					
97010	Hot or cold packs therapy	0.01835	0.12	0					
97110	Therapeutic exercises	0.06530	0.74	0					
98940	Chiropractic manipulation	0.03096	0.69	0					
99201	Office/outpatient visit, new	0.00318	0.97	0					
99202	Office/outpatient visit, new	0.01403	1.72	0					
99203	Office/outpatient visit, new	0.02285	2.56	0					
99204	Office/outpatient visit, new	0.01028	3.62	0					
99205	Office/outpatient visit, new	0.00392	4.58	0					
99211	Office/outpatient visit, est	0.01871	0.57	0					
99212	Office/outpatient visit, est	0.07023	1.02	0					
99213	Office/outpatient visit, est	0.27079	1.39	0					
99214	Office/outpatient visit, est	0.08872	2.18	0					
99215	Office/outpatient visit, est	0.01470	3.17	0					
99221	Initial hospital care	0.00057	1.80	0					
99222	Initial hospital care	0.00278	2.98	0					
99223	Initial hospital care	0.00387	4.15	0					
99231	Subsequent hospital care	0.01263	0.90	0					
99232	Subsequent hospital care	0.02507	1.47	0					
99233	Subsequent hospital care	0.00942	2.09	0					
99241	Office consultation	0.00175	1.33	0					
99242	Office consultation	0.00547	2.43	0					
99243	Office consultation	0.01289	3.24	0					
99244	Office consultation	0.01146	4.56	0					
99245	Office consultation	0.00449	5.90	0					
99253	Initial inpatient consult	0.00216	2.61	0					
99254	Initial inpatient consult	0.00335	3.75	0					
99261	Follow-up inpatient consult	0.00038	0.59	0					
99262	Follow-up inpatient consult	0.00085	1.20	0					
99263	Follow-up inpatient consult	0.00041	1.78	0					
99283	Emergency dept visit	0.01203	1.64	0					
99284	Emergency dept visit	0.00737	2.56	0					
99285	Emergency dept visit	0.00420	4.01	0					
99291	Critical care, first hour	0.00172	6.77	0					
99292	Critical care, addl 30 min	0.00038	3.00	0					
99391	Prev visit, est, infant	0.00815	2.08	0					
99392	Prev visit, est, age 1-4	0.00804	2.33	0					
99393	Prev visit, est, age 5-11	0.00585	2.30	0					
99394	Prev visit, est, age 12-17	0.00491	2.54	0					
99397	Prev visit, est, 65 & over	0.00078	3.13	0					
99431	Initial care, normal newborn	0.00131	1.60	0					

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1=yes 0=no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Value] x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge Products = (A)x(C)x(E)	Pricing Factor = (F)/(G)
	Medicine - Total	1.00000	1.6092						

AMALGAMATED LIFE INSURANCE
COMPANY

2011

Aggregate Stop Loss Manual

January 2011

NOT TO BE DUPLICATED IN WHOLE OR IN PART

**QUESTIONS REGARDING THE CONTENTS OF THIS MANUAL SHOULD BE SENT TO
Mr. Robert McCready, Amalgamated Life Insurance Company, 333 Westchester Avenue, White
Plains, NY 10604; Phone 914-367-5000.**

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I. DESCRIPTION AND USE OF TABLES

Description of Tables

The time period for the calculations is 12 months beginning July 1, 2011, so the midpoint of the experience is January 1, 2012. The costs are based on approximately 5,000 groups.

The risk charges shown in Table 2 are expressed as a ratio to yyy THE CALCULATED ATTACHMENT POINT total expected medical expenses. The tables reflect full incurred claims. Risk charges vary according to:

1. Cost Area – Low, Medium, High – by State and by zip code.
2. Group Sizes and Specific Stop Loss

<u>Group Size</u>	<u>Specific Stop Loss</u>
10 - 100 Employees	\$ 3,000 - \$ 10,000
25 - 200 Employees	15,000 - 50,000
150 - 300 Employees	25,000 - 75,000
300 - 1,000 Employees	50,000 - 150,000
1,000 - 10,000 Employees	50,000 - 250,000

3. Attachment Points – 105% – 160% of expected claims. Although the tables show these percentages, Amalgamated will only offer the 120% or 125%.

Table 1 (see Section IV) shows the calculated ratios of the excess costs above the specific stop loss deductible to total expected costs for traditional indemnity plans. The complements of the ratios in Table 1 are shown in Table 2 to indicate the relative claims for the group that are less than the individual specific stop loss deductible and, therefore, are the plan sponsor's responsibility. We use the ratios from this table to develop the risk charge ratios shown in Table 2.

EXAMPLE

A group in a low cost area with 500 employees has expected claims of \$5,000,000. The specific stop loss deductible for this group is \$100,000 which is expected to remove, on average, 11.4% (see Table 1, Section IV) of the claims, leaving \$4,430,000 as the expected claims under \$100,000.

The risk charges for various attachment points can be obtained from Table 2.

(1) Attachment Point	(2) Attachment Point Percentage	(3) Risk Charge Ratio	(4) Risk Charge \$5,000,000 x (3)
\$4,430,000	100%	--	--
5,316,000	120%	.0066	\$33,000

(1) Attachment Point	(2) Attachment Point Percentage	(3) Risk Charge Ratio	(4) Risk Charge \$5,000,000 x (3)
5,537,500	125%	.0029	14,500
5,759,000	130%	.0012	6,000
5,980,500	135%	.0005	2,500
6,202,000	140%	.0001	500

Note that the risk charges in Table 2 are expressed as a ratio to the total expected claims. In the example above, this equals \$5,000,000. However, the attachment point percentages are expressed as a percentage of the expected claims less the claims in excess of the specific stop loss deductible, totaling \$4,430,000 in the example above. Should the underwriter wish to express the attachment point as a percentage of the total expected claims, such as 117.5% of \$5,000,000 = \$5,875,000, the risk charge ratio can be obtained by interpolation as illustrated below.

<u>As a % of \$4,430,000</u>	<u>Amount</u>	<u>Risk Charge Ratio</u>
Risk charge ratio for attachment point of \$5,875,000 = .0008		
135%	\$5,980,500	.0005
130%	<u>\$5,759,000</u>	<u>.0012</u>
	\$ 221,500	.0007
$.0005 + .0007 \times \frac{(5,980,500 - 5,875,000)}{221,500} = .0008$		

II. EXPERIENCE CLAIMS AND MANUAL EXPECTED CLAIMS

Developing Experience Claim Amounts

Aggregate Stop Loss
Attachment/Deductible Calculation

**AGGREGATE ATTACHMENT POINT AND
ANNUAL AGGREGATE DEDUCTIBLE WORKSHEET EXPERIENCE CALCULATION**

ATTACHM% X _____	ATTACHM% X _____	ATTACHM% X _____
EXPER PER. _____	EXPER PER. _____	EXPER PER. _____
PAID CLAIMS: _____	PAID CLAIMS: _____	PAID CLAIMS: _____
SHOCK LOSSES: _____	SHOCK LOSSES: _____	SHOCK LOSSES: _____
1 ST YEAR LAG: _____	1 ST YEAR LAG: _____	1 ST YEAR LAG: _____
TOTAL: _____	TOTAL: _____	TOTAL: _____
NO. OF MONTHS: _____	NO. OF MONTHS: _____	NO. OF MONTHS: _____
AVERAGE LIVES: _____	AVERAGE LIVES: _____	AVERAGE LIVES: _____
CLAIM COST EE/MO= _____	CLAIM COST EE/MO= _____	CLAIM COST EE/MO= _____
TREND: _____ % X _____	TREND: _____ % X _____	TREND: _____ % X _____
MISC: X _____	MISC: X _____	MISC: X _____
BASIS ADJ X _____	BASIS ADJ X _____	BASIS ADJ X _____
ATTACHM% X _____	ATTACHM% X _____	ATTACHM% X _____
MARGIN% X _____	MARGIN% X _____	MARGIN% X _____
# OF MONTHS X 12 _____	# OF MONTHS X 12 _____	# OF MONTHS X 12 _____
CURR # OF EES X _____	CURR # OF EES X _____	CURR # OF EES X _____
 AAD: _____	 AAD: _____	 AAD: _____
CREDIBILITY: _____	CREDIBILITY: _____	CREDIBILITY: _____

FINAL AAD: _____

MINIMUM AAD: _____

FINAL EPC: _____

USED FOR TREND

MIDPOINT: _____ MIDPOINT: _____ MIDPOINT: _____
 # OF MO TREND _____ # OF MO TREND _____ # OF MO TREND _____

Definitions: Aggregate Attachment Point Worksheet

Carrier: Current and prior carrier information

Exper Per: Experience period – timeframe of paid claims to be reviewed

Paid Claims: Gross paid claims in the experience period

Shock Losses: All losses in excess of the specific stop loss threshold

1st Year Lag: Adjustment to paid claims if immature

The following factors may be used to add lag back into paid claims for any “first year” (incurred and paid/immature) experience period.

Experience Period	Lag Adjustment Factor
8 months	1.290
9 months	1.250
10 months	1.219
11 months	1.195
12 months	1.176
13 months	1.161
14 months	1.147
15 months	1.136

Total: Paid Claims less shock losses plus 1st year lag adjustment, if applicable

No. of Months: Number of months in the experience period

Average Lives: Average number of employees, calculated as the sum of the number of lives covered each month, divided by the total number of months in the experience period

Claim Cost EE/MO: Total Paid Claims divided by the No. of Months and divided by the Average Lives to develop a per employee monthly claim cost

Trend: Trend adjustment is calculated by using the number of months from the midpoint of the experience period to the midpoint of the projected policy period multiplied by the monthly trend factor. Below are the trend assumptions:

Medical only:	Managed Care Plans (EPO/PPO/POS) – 9.7%
	Indemnity Plans – 12.1%
Prescription Drug:	All Plan Types - 11.5%
Dental:	All Plans Types - 7.0%
Medical/Prescription Drug:	Managed Care Plans (EPO/PPO/POS) – 10.0%
	Indemnity Plans – 12.0%

In calculating aggregate trends, the trend factor for year 3 to year 2 may incorporate the actual experience that did occur during the two known years.

Misc.: Miscellaneous adjustments including plan design change factors

Basis Adj: Basis Adjustment for contracts quoted with a basis different than the basis in the experience provided ... the same adjustments as used in the Specific Rate Manual are applied.

Attchm%: Attachment Percent is the percent chosen by the group, almost always 125%. For groups with less than 150 employees, the percent has to be 130% or more.

Margin%: The underwriter may add up to 3% additional (i.e. a factor of 103%) for conservativeness or if the data has some questionable items.

of Months: Number of months in projected policy period quoted

Curr # of EES: Number of employees to be covered

Final AAD: Annual Aggregate Deductible is determined for each experience period by multiplying the claim cost per employee by: Trend, Miscellaneous adjustment, Basis Adjustment, Attachment Percent, Margin Percent, Number of months in the projected policy period quoted, and the current number of employees covered. A Final AAD is developed by taking a weighted average of the three experience periods. The weights given for each period are determined by the underwriter but general guidelines indicate for two years of experience 70%/30%, 60%/40%, 50%/50% for current/prior year experience or each years enrollment divided by total enrollment expressed as percents. If three years of data is used, 60%/30%/10%, 50%/30%/20% or 1/3-1/3-1/3 for current/prior/penultimate year experience or each years enrollment divided by total enrollment expressed as percents.

Minimum AAD: The minimum is either 80%, 90%, 95% or 100% of the Final AAD. The minimum is determined by the underwriter but general guidelines indicate that employers with groups with less than 100 employee lives are assigned a 100% minimum.

Final EPC: Expected Paid Claims is the Final AAD with the Attachment and Margin Percents removed

Midpoint: Used to determine the months to trend forward; it is the middle of the experience period

of Mo Trend: The number of months from the Midpoint of the experience period to the midpoint of the projection period

Aggregate Stop Loss Premium Rate Calculation

1. Final EPC	\$ _____
2. X Risk Charge Ratio	\$ _____
3. Subtotal Base Premium	\$ _____
4. X Advanced Reimbursement (if any)	\$ _____
5. Subtotal	\$ _____
6. ÷ Profit and Expense Adjustment	\$ _____
7. = Manual Rates	\$ _____

Advanced Reimbursement Funding Provision

Annual premium is adjusted 40% (X1.40) for the aggregate advanced reimbursement provision. This provision is available for groups under 500 employees.

Profit and Expense Adjustment

The same percents and procedure as for Specific Stop Loss is used.

Developing Manual Expected Claim Amounts

The risk charge ratios for different attachment points vary by substantial amounts, so it is important to obtain expected claim amounts that are appropriate.

The risk charge ratios for a 500 employee group, \$50,000 specific stop loss, low cost area at 120% and 125% attachment points are .0044 and .0017, respectively. Assume expected claims of \$4,000,000 are underestimated by 4% to be \$3,840,000 and that aggregate stop loss coverage for a 125% attachment point is priced. Using underestimated expected claims of \$3,840,000, the risk charge for a 125% attachment point is $.0017 \times \$3,840,000 = \$6,528$. However, since 125% of \$3,840,000 is the same as 120% of \$4,000,000, the true risk priced is for a 120% attachment point for \$4,000,000 of expected claims — whose risk charge is $.0044 \times \$4,000,000 = \$17,600$ or 270% of the lower risk charge.

Table 2 indicates how frequently a group may have experience that deviates from its true expected value. Because the carrier's aggregate stop loss can be considerably under priced if it uses prior experience of a group that is unduly favorable, for all but large groups, it should estimate base plan costs by determining a manual rate and use credibility to project future expected costs. Below is a table that suggests some weights to be used on actual experience, with the balance to be based upon manual costs for the benefits in the base medical plan. These weights are based on the formula: $\text{LOG}(G) \times .4764 - .6859$, where G is the number of employee years.

Employee Years During Experience Period	Weight on Own Experience
100	27%
150	35
200	41
300	49
500	60
1,000	74
1,500	83
2,000	89
2,500	93
3,000	97
3,500	100

Example 5 on the following page illustrates the use of credibility and the table above.

EXAMPLE

Group's year begins 07/01/2011 215 Employees

Manual base plan net cost per employee per month: \$700.00

Trend factor for projection = 12.0% per annum

Experience Period	Average # of Employees	Claims Incurred	Trend Factor	Projected to Period 07/2011-06/2012	Claims Per Employee Per Month (PEPM)
01/2009-12/2009	180	\$1,100,000	1.328	\$1,460,800	\$676.30
01/2010-12/2010	<u>205</u>	\$1,050,000	1.185	<u>1,244,250</u>	505.79
Total	385			\$2,705,050	\$585.51

Based upon 385 employee years, use credibility of .546 (using formula from prior page).

Projected PEPM	\$585.51 x .546 =	\$319.69
Manual PEPM	\$700.00 x .454 =	<u>317.80</u>
		\$637.49

Expected claims based upon 215 employees = 215 x 12 x 637.49 = \$1,644,724

In this case, the most recent year had claims which were only 72% (505.79/700.00) of manual. The previous year's claims were 97% of manual. Using both years of experience and credibility, the expected claims of \$637.49 are 91% of manual. When the results of a calculation produce a low percentage of manual, caution is advised.

An alternative approach to composite more than one year of experience is to give greater weight to the current year. If, in this example, 2009 has a weight of 1.00 and 2010 has a weight of 2.00, the average would be calculated as follows:

	(1) Weight	(2) # of Employees	(3) Per Month Per Employee	(4) Product (1)X(2)X(3)
1/2009-12/2009	1.00	180	676.30	121,734
1/2010-12/2010	2.00	205	505.79	207,374
Weighted Total		590	557.81	329,108

Using this approach, the credibility adjustment would still be based on 385 employees, but the projected rate would be \$557.81.

Partial Year Experience

Often when estimating future claims using experience one of the past experience periods may be incomplete. The following table is used for converting incomplete payments into full payments.

TABLE A. COMPLETION RATIOS FOR PAYMENT TIME PERIODS INVOLVING RUN-IN

Months of Claim Payments	<u>Months of Run-In</u>											
	0	1	2	3	4	5	6	7	8	9	10	11
1	0.0240	0.5160	0.6720	0.8280	0.9120	0.9480	0.9600	0.9720	0.9840	0.9900	0.9960	1.0000
2	0.2700	0.5940	0.7500	0.8700	0.9300	0.9540	0.9660	0.9780	0.9870	0.9930	0.9980	1.0000
3	0.4040	0.6720	0.8040	0.8960	0.9400	0.9600	0.9720	0.9820	0.9900	0.9953	0.9987	1.0000
4	0.5100	0.7320	0.8400	0.9120	0.9480	0.9660	0.9765	0.9855	0.9925	0.9965	0.9990	1.0000
5	0.5904	0.7752	0.8640	0.9240	0.9552	0.9708	0.9804	0.9884	0.9940	0.9972	0.9992	1.0000
6	0.6500	0.8060	0.8820	0.9340	0.9610	0.9750	0.9837	0.9903	0.9950	0.9977	0.9993	1.0000
7	0.6943	0.8297	0.8966	0.9420	0.9660	0.9786	0.9860	0.9917	0.9957	0.9980	0.9994	1.0000
8	0.7290	0.8490	0.9083	0.9488	0.9703	0.9813	0.9878	0.9928	0.9963	0.9983	0.9995	1.0000
9	0.7573	0.8647	0.9180	0.9544	0.9736	0.9833	0.9891	0.9936	0.9967	0.9984	0.9996	1.0000
10	0.7806	0.8778	0.9262	0.9590	0.9762	0.9850	0.9902	0.9942	0.9970	0.9986	0.9996	1.0000
11	0.8002	0.8889	0.9329	0.9627	0.9784	0.9864	0.9911	0.9947	0.9973	0.9987	0.9996	1.0000
12	0.8168	0.8982	0.9385	0.9658	0.9802	0.9875	0.9918	0.9952	0.9975	0.9988	0.9997	1.0000
13	0.8309	0.9060	0.9432	0.9685	0.9817	0.9885	0.9925	0.9955	0.9977	0.9989	0.9997	1.0000
14	0.8430	0.9127	0.9473	0.9707	0.9830	0.9893	0.9930	0.9959	0.9979	0.9990	0.9997	1.0000
15	0.8535	0.9185	0.9508	0.9727	0.9841	0.9900	0.9935	0.9961	0.9980	0.9991	0.9997	1.0000
16	0.8626	0.9236	0.9539	0.9744	0.9851	0.9906	0.9939	0.9964	0.9981	0.9991	0.9998	1.0000
17	0.8707	0.9281	0.9566	0.9759	0.9860	0.9912	0.9942	0.9966	0.9982	0.9992	0.9998	1.0000
18	0.8779	0.9321	0.9590	0.9772	0.9868	0.9917	0.9946	0.9968	0.9983	0.9992	0.9998	1.0000
19	0.8843	0.9357	0.9612	0.9784	0.9875	0.9921	0.9948	0.9969	0.9984	0.9993	0.9998	1.0000
20	0.8901	0.9389	0.9631	0.9795	0.9881	0.9925	0.9951	0.9971	0.9985	0.9993	0.9998	1.0000
21	0.8953	0.9418	0.9649	0.9805	0.9887	0.9929	0.9953	0.9972	0.9986	0.9993	0.9998	1.0000
22	0.9001	0.9445	0.9665	0.9814	0.9892	0.9932	0.9955	0.9974	0.9986	0.9994	0.9998	1.0000
23	0.9044	0.9469	0.9679	0.9822	0.9897	0.9935	0.9957	0.9975	0.9987	0.9994	0.9998	1.0000
24	0.9084	0.9491	0.9693	0.9829	0.9901	0.9938	0.9959	0.9976	0.9988	0.9994	0.9998	1.0000

TABLE B. COMPLETION RATIOS FOR INCURRED TIME PERIODS INVOLVING RUN-OUT

Incurred Period in Months	<u>Months of Run-Out</u>											
	0	1	2	3	4	5	6	7	8	9	10	11
1	0.0240	0.5160	0.6720	0.8280	0.9120	0.9480	0.9600	0.9720	0.9840	0.9900	0.9960	1.0000
2	0.2700	0.5940	0.7500	0.8700	0.9300	0.9540	0.9660	0.9780	0.9870	0.9930	0.9980	1.0000
3	0.4040	0.6720	0.8040	0.8960	0.9400	0.9600	0.9720	0.9820	0.9900	0.9953	0.9987	1.0000
4	0.5100	0.7320	0.8400	0.9120	0.9480	0.9660	0.9765	0.9855	0.9925	0.9965	0.9990	1.0000
5	0.5904	0.7752	0.8640	0.9240	0.9552	0.9708	0.9804	0.9884	0.9940	0.9972	0.9992	1.0000
6	0.6500	0.8060	0.8820	0.9340	0.9610	0.9750	0.9837	0.9903	0.9950	0.9977	0.9993	1.0000
7	0.6943	0.8297	0.8966	0.9420	0.9660	0.9786	0.9860	0.9917	0.9957	0.9980	0.9994	1.0000
8	0.7290	0.8490	0.9083	0.9488	0.9703	0.9813	0.9878	0.9928	0.9963	0.9983	0.9995	1.0000
9	0.7573	0.8647	0.9180	0.9544	0.9736	0.9833	0.9891	0.9936	0.9967	0.9984	0.9996	1.0000
10	0.7806	0.8778	0.9262	0.9590	0.9762	0.9850	0.9902	0.9942	0.9970	0.9986	0.9996	1.0000
11	0.8002	0.8889	0.9329	0.9627	0.9784	0.9864	0.9911	0.9947	0.9973	0.9987	0.9996	1.0000
12	0.8168	0.8982	0.9385	0.9658	0.9802	0.9875	0.9918	0.9952	0.9975	0.9988	0.9997	1.0000
13	0.8309	0.9060	0.9432	0.9685	0.9817	0.9885	0.9925	0.9955	0.9977	0.9989	0.9997	1.0000
14	0.8430	0.9127	0.9473	0.9707	0.9830	0.9893	0.9930	0.9959	0.9979	0.9990	0.9997	1.0000
15	0.8535	0.9185	0.9508	0.9727	0.9841	0.9900	0.9935	0.9961	0.9980	0.9991	0.9997	1.0000
16	0.8626	0.9236	0.9539	0.9744	0.9851	0.9906	0.9939	0.9964	0.9981	0.9991	0.9998	1.0000
17	0.8707	0.9281	0.9566	0.9759	0.9860	0.9912	0.9942	0.9966	0.9982	0.9992	0.9998	1.0000
18	0.8779	0.9321	0.9590	0.9772	0.9868	0.9917	0.9946	0.9968	0.9983	0.9992	0.9998	1.0000
19	0.8843	0.9357	0.9612	0.9784	0.9875	0.9921	0.9948	0.9969	0.9984	0.9993	0.9998	1.0000
20	0.8901	0.9389	0.9631	0.9795	0.9881	0.9925	0.9951	0.9971	0.9985	0.9993	0.9998	1.0000
21	0.8953	0.9418	0.9649	0.9805	0.9887	0.9929	0.9953	0.9972	0.9986	0.9993	0.9998	1.0000
22	0.9001	0.9445	0.9665	0.9814	0.9892	0.9932	0.9955	0.9974	0.9986	0.9994	0.9998	1.0000
23	0.9044	0.9469	0.9679	0.9822	0.9897	0.9935	0.9957	0.9975	0.9987	0.9994	0.9998	1.0000
24	0.9084	0.9491	0.9693	0.9829	0.9901	0.9938	0.9959	0.9976	0.9988	0.9994	0.9998	1.0000

Uses of these ratios are demonstrated in the following examples.

EXAMPLE A

This example uses TABLE A.

Assume that paid claims for 9 months with a 3-month run-in equal \$250,000. The completion ratio from TABLE 1 is .9544.

Complete monthly paid claims would be:

$$\$250,000/9/.9544 = \$29,105$$

This would be the monthly claim estimate for complete monthly claims without any run-in limit.

EXAMPLE B

This example uses the above Table A.

Assume that paid claims for 8 months with no run-in equal \$200,000. The completion ratio from the above Table .7290.

Complete monthly paid claims with no run-in limit would be:

$$\$200,000/8/.7290 = \$34,294$$

If a monthly claim estimate for a 15/12 contract (i.e., 3-month run-in limit) were desired, then the completion ratio of .9658 would be obtained from the above Table. The monthly claim estimate with a 3-month run-in limit would be:

$$\$34,294 \times .9658 = \$33,121^*$$

EXAMPLE C

This example uses the above Table B.

Assume that incurred claims for 12 months with a 2-month run-out equal \$300,000. The completion ratio from the above Table is .9385.

Complete monthly incurred claims with no run-out limit would be:

$$\$300,000/12/.9385 = \$26,638$$

If a monthly incurred and paid claim estimate for a 12/18 contract (i.e., 6-month run-out limit) were desired, then the completion ratio of .9918 would be obtained from Table. The monthly claim estimate with a 6-month run-out limit would be:

$$\$26,638 \times .9918 = \$26,420^*$$

*Note that in actual practice a trend factor would be incorporated in this calculation.

III. OTHER RISK ADJUSTMENTS

1. Minimum Attachment Point

A minimum attachment point assuming 80% or 90% of current employee enrollment will be used. Therefore, if enrollment drops to 70%, which adds an additional anti-selection element, the minimum enrollment will allow for a margin in the derivation of the attachment point.

2. Conservative Trend Factor

If there is significant fluctuation in the PEPM claims cost over the two/three years used to determine the attachment point, a more conservative trend factor will be used equal to the current assumption plus 3%.

3. Use of Manual Cost

Unless the group has over 5,000 employees, the base plan actual PEPM claims cost may not be completely reliable. The non-credible portion of the base plan expected cost will be obtained by use of the rating manual that follows. Attempting to establish aggregate stop loss attachment points without any industry manual is improper and dangerous.

4. Estimation of Amount Less Than Specific Stop Loss for Purposes of Aggregate Stop Loss

The manual contains estimates of the ratio of costs in excess of the specific stop loss (Table 1) and the ratio of costs less than the specific stop loss (Table 2 column labeled Ratio SSL/TE) in order to calculate the expected claims that are under the specific stop loss for purposes of determining an aggregate stop loss attachment point and risk charge.

5. Contractual Basis for Eligible Claims

If the contractual basis for the aggregate coverage does not correspond to the experience submitted or the basis of the manual rate, adjustment factors equal to the those in the Specific costing will be used to adjust claims cost for determination of the aggregate attachment point.

6. Calculation of Gross Premium Rates

After the appropriate risk charge ratio and expected claims have been calculated, the gross premium should contain an allowance for commissions, taxes, administrative expenses, and profits. A typical gross rate is as follows:

Loading

Commissions	15%
Expenses & Taxes	15%
Contingencies & Profit	<u>10%</u>
Total	40%

$$\text{Gross Annual Premium} = \frac{\text{Expected Claims} \times \text{Risk Charge Ratio}}{1 - .4}$$

$$\text{Gross Monthly Premium per Employee} = \frac{\text{Gross Annual Premium}}{12 \times \# \text{ of employees}}$$

IV. AGGREGATE STOP LOSS TABLES

The tables provide the risk charges at various levels of specific stop loss and group size. The tables are for unlimited reimbursement or \$1 million maximum reimbursement under the aggregate stop loss coverage. Interim amounts are interpolated. The attachment percents shown are 120% to 150% but almost all business is written at 125%. The SSL/TE ratio is used in manual rating to determine the percent of costs that are covered by the aggregate coverage (1.00 minus this factor is the expected percent of claims covered by the specific stop loss) as follows:

TABLE 1

Specific Stop Loss — 2011
Ratio of Excess Cost Above Specific Stop Loss to Total Expected
Cost – Traditional/Non-PPO Plan

SPECIFIC LIMIT	COST AREA		
	LOW	MEDIUM	HIGH
\$ 1,000	0.863	0.884	0.895
2,000	0.790	0.821	0.838
3,000	0.737	0.773	0.794
5,000	0.659	0.704	0.729
7,500	0.580	0.636	0.667
10,000	0.513	0.578	0.613
15,000	0.424	0.484	0.523
20,000	0.364	0.421	0.458
25,000	0.319	0.374	0.411
30,000	0.286	0.337	0.372
40,000	0.238	0.283	0.314
50,000	0.202	0.245	0.274
60,000	0.176	0.214	0.243
75,000	0.147	0.181	0.205
100,000	0.114	0.143	0.163
125,000	0.091	0.117	0.135
150,000	0.074	0.098	0.114
200,000	0.052	0.071	0.084
250,000	0.038	0.053	0.064

TABLE 2

Risk Charge Ratios & Attachment Point Percents — 2011**Attachment Point = Indicated Percent x Total Expected Claims x Specific Ratio****Low Cost Area - No Limit on Aggregate Stop Loss Reimbursement**

No.Ees	SpecDed	SSL/TE*	120%	125%	130%	140%	150%
100	25000	0.681	0.0111	0.0065	0.0038	0.0010	0.0003
100	30000	0.714	0.0126	0.0075	0.0045	0.0013	0.0004
100	40000	0.762	0.0152	0.0095	0.0059	0.0019	0.0006
100	50000	0.798	0.0177	0.0114	0.0074	0.0026	0.0009
150	25000	0.681	0.0080	0.0042	0.0022	0.0004	0.0001
150	30000	0.714	0.0089	0.0049	0.0026	0.0005	0.0001
150	40000	0.762	0.0108	0.0061	0.0034	0.0008	0.0002
150	50000	0.798	0.0125	0.0073	0.0042	0.0011	0.0003
150	60000	0.824	0.0141	0.0085	0.0050	0.0015	0.0004
150	75000	0.853	0.0161	0.0100	0.0061	0.0019	0.0005
200	25000	0.681	0.0062	0.0030	0.0014	0.0002	0.0000
200	30000	0.714	0.0070	0.0035	0.0017	0.0002	0.0000
200	40000	0.762	0.0084	0.0044	0.0022	0.0004	0.0001
200	50000	0.798	0.0097	0.0052	0.0027	0.0006	0.0001
200	60000	0.824	0.0108	0.0060	0.0032	0.0007	0.0001
200	75000	0.853	0.0123	0.0070	0.0040	0.0010	0.0002
250	25000	0.681	0.0053	0.0024	0.0010	0.0001	0.0000
250	30000	0.714	0.0059	0.0027	0.0012	0.0002	0.0000
250	40000	0.762	0.0071	0.0035	0.0016	0.0002	0.0000
250	50000	0.798	0.0081	0.0041	0.0020	0.0003	0.0000
250	60000	0.824	0.0091	0.0048	0.0024	0.0004	0.0001
250	75000	0.853	0.0103	0.0056	0.0030	0.0006	0.0001
300	25000	0.681	0.0046	0.0019	0.0007	0.0001	0.0000
300	30000	0.714	0.0051	0.0022	0.0009	0.0001	0.0000
300	40000	0.762	0.0060	0.0028	0.0012	0.0001	0.0000
300	50000	0.798	0.0069	0.0033	0.0015	0.0002	0.0000

300	60000	0.824	0.0077	0.0038	0.0018	0.0003	0.0000
300	75000	0.853	0.0087	0.0044	0.0022	0.0004	0.0000
300	100000	0.886	0.0172	0.0103	0.0055	0.0028	0.0014
300	125000	0.909	0.0190	0.0117	0.0065	0.0035	0.0018
300	150000	0.926	0.0206	0.0129	0.0074	0.0042	0.0023
500	50000	0.798	0.0094	0.0044	0.0017	0.0006	0.0002
500	60000	0.824	0.0102	0.0050	0.0020	0.0007	0.0002
500	75000	0.853	0.0112	0.0056	0.0023	0.0009	0.0003
500	100000	0.886	0.0126	0.0066	0.0029	0.0012	0.0005
500	125000	0.909	0.0139	0.0075	0.0035	0.0016	0.0006
500	150000	0.926	0.0150	0.0083	0.0040	0.0019	0.0008
750	50000	0.798	0.0077	0.0032	0.0009	0.0002	0.0000
750	60000	0.824	0.0083	0.0035	0.0011	0.0003	0.0001
750	75000	0.853	0.0091	0.0040	0.0014	0.0004	0.0001
750	100000	0.886	0.0101	0.0047	0.0017	0.0006	0.0002
750	125000	0.909	0.0111	0.0054	0.0021	0.0008	0.0002
750	150000	0.926	0.0119	0.0059	0.0024	0.0010	0.0003
1000	50000	0.798	0.0068	0.0025	0.0006	0.0001	0.0000
1000	60000	0.824	0.0073	0.0028	0.0007	0.0002	0.0000
1000	75000	0.853	0.0079	0.0031	0.0009	0.0002	0.0000
1000	100000	0.886	0.0087	0.0036	0.0012	0.0003	0.0001
1000	125000	0.909	0.0095	0.0041	0.0014	0.0004	0.0001
1000	150000	0.926	0.0101	0.0046	0.0016	0.0005	0.0001
1000	250000	0.962	0.0173	0.0119	0.0085	0.0059	0.0037
3000	50000	0.798	0.0094	0.0049	0.0025	0.0011	0.0004
3000	75000	0.853	0.0102	0.0055	0.0029	0.0013	0.0005
3000	100000	0.886	0.0107	0.0059	0.0032	0.0015	0.0006
3000	150000	0.926	0.0115	0.0065	0.0036	0.0019	0.0008
3000	200000	0.948	0.0121	0.0069	0.0040	0.0021	0.0010
3000	250000	0.962	0.0125	0.0073	0.0043	0.0023	0.0011
6000	50000	0.798	0.0089	0.0043	0.0019	0.0006	0.0001
6000	75000	0.853	0.0095	0.0047	0.0022	0.0008	0.0002
6000	100000	0.886	0.0100	0.0050	0.0024	0.0009	0.0003

6000	150000	0.926	0.0105	0.0054	0.0027	0.0011	0.0003
6000	200000	0.948	0.0109	0.0057	0.0029	0.0012	0.0004
6000	250000	0.962	0.0112	0.0059	0.0030	0.0013	0.0005
10000	50000	0.798	0.0086	0.0041	0.0017	0.0004	0.0001
10000	75000	0.853	0.0093	0.0044	0.0019	0.0005	0.0001
10000	100000	0.886	0.0097	0.0047	0.0020	0.0006	0.0001
10000	150000	0.926	0.0102	0.0050	0.0022	0.0007	0.0002
10000	200000	0.948	0.0105	0.0052	0.0024	0.0008	0.0002
10000	250000	0.962	0.0107	0.0054	0.0025	0.0009	0.0002

Medium Cost Area - No Limit on Aggregate Stop Loss Reimbursement

No.Ees	SpecDed	SSL/TE*	120%	125%	130%	140%	150%
100	25000	0.626	0.0089	0.0050	0.0027	0.0006	0.0001
100	30000	0.663	0.0102	0.0059	0.0033	0.0009	0.0002
100	40000	0.717	0.0124	0.0074	0.0044	0.0013	0.0004
100	50000	0.755	0.0144	0.0089	0.0055	0.0017	0.0005
150	25000	0.626	0.0064	0.0032	0.0016	0.0003	0.0000
150	30000	0.663	0.0073	0.0038	0.0019	0.0004	0.0001
150	40000	0.717	0.0088	0.0048	0.0026	0.0005	0.0001
150	50000	0.755	0.0102	0.0057	0.0032	0.0007	0.0001
150	60000	0.786	0.0115	0.0067	0.0038	0.0009	0.0002
150	75000	0.819	0.0133	0.0079	0.0047	0.0013	0.0003
200	25000	0.626	0.0050	0.0023	0.0010	0.0001	0.0000
200	30000	0.663	0.0057	0.0027	0.0012	0.0002	0.0000
200	40000	0.717	0.0069	0.0034	0.0016	0.0002	0.0000
200	50000	0.755	0.0080	0.0041	0.0020	0.0003	0.0000
200	60000	0.786	0.0090	0.0047	0.0024	0.0005	0.0001
200	75000	0.819	0.0103	0.0056	0.0030	0.0006	0.0001
250	25000	0.626	0.0043	0.0018	0.0007	0.0001	0.0000
250	30000	0.663	0.0049	0.0022	0.0009	0.0001	0.0000
250	40000	0.717	0.0058	0.0027	0.0012	0.0002	0.0000
250	50000	0.755	0.0067	0.0032	0.0015	0.0002	0.0000
250	60000	0.786	0.0075	0.0037	0.0018	0.0003	0.0000
250	75000	0.819	0.0086	0.0045	0.0022	0.0004	0.0000

300	25000	0.626	0.0037	0.0015	0.0005	0.0001	0.0000
300	30000	0.663	0.0042	0.0017	0.0007	0.0001	0.0000
300	40000	0.717	0.0050	0.0022	0.0009	0.0001	0.0000
300	50000	0.755	0.0058	0.0026	0.0011	0.0001	0.0000
300	60000	0.786	0.0064	0.0030	0.0013	0.0002	0.0000
300	75000	0.819	0.0074	0.0036	0.0016	0.0002	0.0000
300	100000	0.857	0.0151	0.0087	0.0044	0.0021	0.0010
300	125000	0.883	0.0166	0.0098	0.0052	0.0026	0.0013
300	150000	0.902	0.0180	0.0109	0.0059	0.0031	0.0016
500	50000	0.755	0.0082	0.0036	0.0013	0.0004	0.0001
500	60000	0.786	0.0089	0.0041	0.0015	0.0005	0.0001
500	75000	0.819	0.0098	0.0047	0.0018	0.0007	0.0002
500	100000	0.857	0.0111	0.0056	0.0023	0.0009	0.0003
500	125000	0.883	0.0122	0.0063	0.0028	0.0011	0.0004
500	150000	0.902	0.0132	0.0070	0.0032	0.0014	0.0005
750	50000	0.755	0.0068	0.0026	0.0007	0.0002	0.0000
750	60000	0.786	0.0074	0.0029	0.0008	0.0002	0.0000
750	75000	0.819	0.0081	0.0033	0.0010	0.0003	0.0001
750	100000	0.857	0.0090	0.0039	0.0013	0.0004	0.0001
750	125000	0.883	0.0098	0.0045	0.0016	0.0005	0.0001
750	150000	0.902	0.0105	0.0050	0.0019	0.0007	0.0002
1000	50000	0.755	0.0061	0.0021	0.0005	0.0001	0.0000
1000	60000	0.786	0.0065	0.0023	0.0005	0.0001	0.0000
1000	75000	0.819	0.0071	0.0026	0.0007	0.0001	0.0000
1000	100000	0.857	0.0079	0.0031	0.0009	0.0002	0.0000
1000	125000	0.883	0.0085	0.0035	0.0011	0.0003	0.0001
1000	150000	0.902	0.0091	0.0039	0.0012	0.0004	0.0001
1000	200000	0.929	0.0152	0.0100	0.0069	0.0045	0.0027
1000	250000	0.947	0.0160	0.0108	0.0075	0.0051	0.0031
3000	50000	0.755	0.0087	0.0045	0.0022	0.0009	0.0003
3000	75000	0.819	0.0096	0.0051	0.0026	0.0011	0.0004
3000	100000	0.857	0.0102	0.0055	0.0029	0.0013	0.0005
3000	150000	0.902	0.0110	0.0060	0.0033	0.0016	0.0006

3000	200000	0.929	0.0115	0.0065	0.0036	0.0018	0.0008
3000	250000	0.947	0.0119	0.0068	0.0039	0.0020	0.0009
6000	50000	0.755	0.0083	0.0040	0.0017	0.0005	0.0001
6000	75000	0.819	0.0090	0.0044	0.0020	0.0007	0.0002
6000	100000	0.857	0.0095	0.0047	0.0022	0.0008	0.0002
6000	150000	0.902	0.0101	0.0051	0.0024	0.0009	0.0003
6000	200000	0.929	0.0105	0.0054	0.0026	0.0011	0.0003
6000	250000	0.947	0.0108	0.0056	0.0028	0.0012	0.0004
10000	50000	0.755	0.0081	0.0038	0.0015	0.0004	0.0001
10000	75000	0.819	0.0088	0.0042	0.0017	0.0005	0.0001
10000	100000	0.857	0.0093	0.0044	0.0019	0.0005	0.0001
10000	150000	0.902	0.0098	0.0048	0.0021	0.0006	0.0001
10000	200000	0.929	0.0102	0.0050	0.0022	0.0007	0.0002
10000	250000	0.947	0.0104	0.0051	0.0023	0.0008	0.0002

High Cost Area - No Limit on Aggregate Stop Loss Reimbursement

No.Ees	SpecDed	SSL/TE*	120%	125%	130%	140%	150%
100	25000	0.589	0.0079	0.0043	0.0023	0.0005	0.0001
100	30000	0.628	0.0091	0.0051	0.0028	0.0007	0.0002
100	40000	0.686	0.0112	0.0066	0.0038	0.0010	0.0003
100	50000	0.726	0.0130	0.0078	0.0047	0.0014	0.0004
150	25000	0.589	0.0057	0.0028	0.0013	0.0002	0.0000
150	30000	0.628	0.0065	0.0033	0.0016	0.0003	0.0000
150	40000	0.686	0.0080	0.0042	0.0022	0.0004	0.0001
150	50000	0.726	0.0092	0.0050	0.0027	0.0006	0.0001
150	60000	0.757	0.0103	0.0058	0.0032	0.0007	0.0001
150	75000	0.795	0.0120	0.0070	0.0040	0.0010	0.0002
200	25000	0.589	0.0044	0.0020	0.0008	0.0001	0.0000
200	30000	0.628	0.0051	0.0023	0.0010	0.0001	0.0000
200	40000	0.686	0.0062	0.0030	0.0014	0.0002	0.0000
200	50000	0.726	0.0072	0.0036	0.0017	0.0003	0.0000
200	60000	0.757	0.0081	0.0042	0.0020	0.0003	0.0000
200	75000	0.795	0.0093	0.0050	0.0026	0.0005	0.0001

250	25000	0.589	0.0038	0.0016	0.0006	0.0001	0.0000
250	30000	0.628	0.0043	0.0019	0.0008	0.0001	0.0000
250	40000	0.686	0.0053	0.0024	0.0010	0.0001	0.0000
250	50000	0.726	0.0061	0.0028	0.0013	0.0002	0.0000
250	60000	0.757	0.0068	0.0033	0.0015	0.0002	0.0000
250	75000	0.795	0.0078	0.0039	0.0019	0.0003	0.0000
300	25000	0.589	0.0033	0.0013	0.0005	0.0000	0.0000
300	30000	0.628	0.0037	0.0015	0.0005	0.0001	0.0000
300	40000	0.686	0.0046	0.0019	0.0007	0.0001	0.0000
300	50000	0.726	0.0052	0.0023	0.0009	0.0001	0.0000
300	60000	0.757	0.0058	0.0026	0.0011	0.0001	0.0000
300	75000	0.795	0.0067	0.0031	0.0014	0.0002	0.0000
300	100000	0.837	0.0141	0.0079	0.0039	0.0018	0.0008
300	125000	0.865	0.0155	0.0090	0.0046	0.0023	0.0010
300	150000	0.886	0.0168	0.0099	0.0052	0.0027	0.0013
500	50000	0.726	0.0076	0.0033	0.0011	0.0003	0.0001
500	60000	0.757	0.0083	0.0037	0.0013	0.0004	0.0001
500	75000	0.795	0.0092	0.0043	0.0016	0.0005	0.0002
500	100000	0.837	0.0104	0.0051	0.0020	0.0008	0.0002
500	125000	0.865	0.0114	0.0058	0.0024	0.0010	0.0003
500	150000	0.886	0.0123	0.0064	0.0028	0.0012	0.0004
750	50000	0.726	0.0064	0.0023	0.0006	0.0001	0.0000
750	60000	0.757	0.0069	0.0026	0.0007	0.0002	0.0000
750	75000	0.795	0.0075	0.0030	0.0009	0.0002	0.0000
750	100000	0.837	0.0085	0.0036	0.0012	0.0003	0.0001
750	125000	0.865	0.0092	0.0041	0.0014	0.0004	0.0001
750	150000	0.886	0.0099	0.0045	0.0016	0.0005	0.0001
1000	50000	0.726	0.0057	0.0019	0.0004	0.0001	0.0000
1000	60000	0.757	0.0061	0.0021	0.0005	0.0001	0.0000
1000	75000	0.795	0.0067	0.0024	0.0006	0.0001	0.0000
1000	100000	0.837	0.0074	0.0028	0.0008	0.0002	0.0000
1000	125000	0.865	0.0080	0.0032	0.0009	0.0002	0.0000
1000	150000	0.886	0.0086	0.0035	0.0011	0.0003	0.0001

1000	200000	0.916	0.0145	0.0095	0.0064	0.0041	0.0024
1000	250000	0.936	0.0154	0.0103	0.0070	0.0047	0.0028
3000	50000	0.726	0.0083	0.0043	0.0020	0.0008	0.0002
3000	75000	0.795	0.0093	0.0048	0.0024	0.0010	0.0003
3000	100000	0.837	0.0099	0.0052	0.0027	0.0012	0.0004
3000	150000	0.886	0.0107	0.0058	0.0031	0.0015	0.0006
3000	200000	0.916	0.0112	0.0062	0.0034	0.0017	0.0007
3000	250000	0.936	0.0117	0.0066	0.0037	0.0019	0.0008
6000	50000	0.726	0.0080	0.0038	0.0016	0.0005	0.0001
6000	75000	0.795	0.0088	0.0043	0.0019	0.0006	0.0001
6000	100000	0.837	0.0093	0.0046	0.0021	0.0007	0.0002
6000	150000	0.886	0.0099	0.0050	0.0023	0.0009	0.0002
6000	200000	0.916	0.0103	0.0053	0.0025	0.0010	0.0003
6000	250000	0.936	0.0106	0.0055	0.0027	0.0011	0.0004
10000	50000	0.726	0.0078	0.0037	0.0015	0.0003	0.0000
10000	75000	0.795	0.0086	0.0041	0.0016	0.0004	0.0001
10000	100000	0.837	0.0090	0.0043	0.0018	0.0005	0.0001
10000	150000	0.886	0.0096	0.0046	0.0020	0.0006	0.0001
10000	200000	0.916	0.0100	0.0049	0.0021	0.0007	0.0001
10000	250000	0.936	0.0102	0.0050	0.0022	0.0008	0.0002

Low Cost Area - \$1 Million Maximum on Aggregate Stop Loss Reimbursement

No.Ees	SpecDed	SSL/TE*	120%	125%	130%	140%	150%
100	25000	0.681	0.0111	0.0065	0.0038	0.0010	0.0003
100	30000	0.714	0.0126	0.0075	0.0045	0.0013	0.0004
100	40000	0.762	0.0152	0.0095	0.0059	0.0019	0.0006
100	50000	0.798	0.0177	0.0114	0.0074	0.0026	0.0009
150	25000	0.681	0.0080	0.0042	0.0022	0.0004	0.0001
150	30000	0.714	0.0089	0.0049	0.0026	0.0005	0.0001
150	40000	0.762	0.0108	0.0061	0.0034	0.0008	0.0002
150	50000	0.798	0.0125	0.0073	0.0042	0.0011	0.0003
150	60000	0.824	0.0141	0.0085	0.0050	0.0015	0.0004
150	75000	0.853	0.0161	0.0100	0.0061	0.0019	0.0005

200	15000	0.576	0.0043	0.0019	0.0008	0.0001	0.0000
200	20000	0.636	0.0053	0.0025	0.0011	0.0001	0.0000
200	25000	0.681	0.0062	0.0030	0.0014	0.0002	0.0000
200	30000	0.714	0.0070	0.0035	0.0017	0.0002	0.0000
200	40000	0.762	0.0084	0.0044	0.0022	0.0004	0.0001
200	50000	0.798	0.0097	0.0052	0.0027	0.0006	0.0001
200	60000	0.824	0.0108	0.0060	0.0032	0.0007	0.0001
200	75000	0.853	0.0123	0.0070	0.0040	0.0010	0.0002
250	25000	0.681	0.0053	0.0024	0.0010	0.0001	0.0000
250	30000	0.714	0.0059	0.0027	0.0012	0.0002	0.0000
250	40000	0.762	0.0071	0.0035	0.0016	0.0002	0.0000
250	50000	0.798	0.0081	0.0041	0.0020	0.0003	0.0000
250	60000	0.824	0.0091	0.0048	0.0024	0.0004	0.0001
250	75000	0.853	0.0103	0.0056	0.0030	0.0006	0.0001
300	25000	0.681	0.0046	0.0019	0.0007	0.0001	0.0000
300	30000	0.714	0.0051	0.0022	0.0009	0.0001	0.0000
300	40000	0.762	0.0060	0.0028	0.0012	0.0001	0.0000
300	50000	0.798	0.0069	0.0033	0.0015	0.0002	0.0000
300	60000	0.824	0.0077	0.0038	0.0018	0.0003	0.0000
300	75000	0.853	0.0087	0.0044	0.0022	0.0004	0.0000
300	100000	0.886	0.0171	0.0102	0.0055	0.0028	0.0014
300	125000	0.909	0.0189	0.0116	0.0065	0.0035	0.0018
300	150000	0.926	0.0204	0.0128	0.0073	0.0041	0.0022
500	50000	0.798	0.0094	0.0044	0.0017	0.0006	0.0002
500	60000	0.824	0.0102	0.0050	0.0020	0.0007	0.0002
500	75000	0.853	0.0112	0.0056	0.0023	0.0009	0.0003
500	100000	0.886	0.0124	0.0066	0.0029	0.0012	0.0005
500	125000	0.909	0.0136	0.0074	0.0035	0.0016	0.0006
500	150000	0.926	0.0145	0.0081	0.0040	0.0019	0.0008
750	50000	0.798	0.0077	0.0031	0.0009	0.0002	0.0000
750	60000	0.824	0.0082	0.0035	0.0011	0.0003	0.0001
750	75000	0.853	0.0089	0.0039	0.0014	0.0004	0.0001
750	100000	0.886	0.0097	0.0046	0.0017	0.0006	0.0002

750	125000	0.909	0.0104	0.0052	0.0021	0.0008	0.0002
750	150000	0.926	0.0110	0.0056	0.0024	0.0009	0.0003
1000	50000	0.798	0.0067	0.0025	0.0006	0.0001	0.0000
1000	60000	0.824	0.0071	0.0027	0.0007	0.0002	0.0000
1000	75000	0.853	0.0075	0.0031	0.0009	0.0002	0.0000
1000	100000	0.886	0.0081	0.0035	0.0011	0.0003	0.0001
1000	125000	0.909	0.0085	0.0039	0.0014	0.0004	0.0001
1000	150000	0.926	0.0089	0.0042	0.0016	0.0005	0.0001
1000	150000	0.926	0.0127	0.0089	0.0063	0.0042	0.0025
1000	200000	0.948	0.0132	0.0094	0.0068	0.0047	0.0029
1000	250000	0.962	0.0136	0.0099	0.0072	0.0052	0.0033
3000	50000	0.798	0.0057	0.0038	0.0021	0.0010	0.0003
3000	75000	0.853	0.0057	0.0038	0.0023	0.0011	0.0005
3000	100000	0.886	0.0057	0.0039	0.0024	0.0013	0.0005
3000	150000	0.926	0.0057	0.0040	0.0025	0.0014	0.0007
3000	200000	0.948	0.0057	0.0040	0.0026	0.0015	0.0007
3000	250000	0.962	0.0058	0.0040	0.0027	0.0016	0.0008
6000	50000	0.798	0.0032	0.0023	0.0013	0.0005	0.0001
6000	75000	0.853	0.0032	0.0023	0.0013	0.0006	0.0002
6000	100000	0.886	0.0032	0.0023	0.0013	0.0006	0.0002
6000	150000	0.926	0.0032	0.0023	0.0014	0.0007	0.0002
6000	200000	0.948	0.0032	0.0023	0.0014	0.0007	0.0003
6000	250000	0.962	0.0032	0.0023	0.0014	0.0007	0.0003
10000	50000	0.798	0.0020	0.0015	0.0009	0.0003	0.0001
10000	75000	0.853	0.0020	0.0015	0.0009	0.0003	0.0001
10000	100000	0.886	0.0020	0.0015	0.0009	0.0004	0.0001
10000	150000	0.926	0.0020	0.0015	0.0009	0.0004	0.0001
10000	200000	0.948	0.0020	0.0015	0.0009	0.0004	0.0001
10000	250000	0.962	0.0020	0.0015	0.0009	0.0004	0.0001

Medium Cost Area-\$1 Million Maximum on Aggregate Stop Loss Reimbursement

No.Ees	SpecDed	SSL/TE*	120%	125%	130%	140%	150%
100	25000	0.626	0.0089	0.0050	0.0027	0.0006	0.0001

2011 Aggregate Stop Loss

100	30000	0.663	0.0102	0.0059	0.0033	0.0009	0.0002
100	40000	0.717	0.0124	0.0074	0.0044	0.0013	0.0004
100	50000	0.755	0.0144	0.0089	0.0055	0.0017	0.0005
150	25000	0.626	0.0064	0.0032	0.0016	0.0003	0.0000
150	30000	0.663	0.0073	0.0038	0.0019	0.0004	0.0001
150	40000	0.717	0.0088	0.0048	0.0026	0.0005	0.0001
150	50000	0.755	0.0102	0.0057	0.0032	0.0007	0.0001
150	60000	0.786	0.0115	0.0067	0.0038	0.0009	0.0002
150	75000	0.819	0.0133	0.0079	0.0047	0.0013	0.0003
200	15000	0.516	0.0034	0.0015	0.0006	0.0001	0.0000
200	20000	0.579	0.0043	0.0019	0.0008	0.0001	0.0000
200	25000	0.626	0.0050	0.0023	0.0010	0.0001	0.0000
200	30000	0.663	0.0057	0.0027	0.0012	0.0002	0.0000
200	40000	0.717	0.0069	0.0034	0.0016	0.0002	0.0000
200	50000	0.755	0.0080	0.0041	0.0020	0.0003	0.0000
200	60000	0.786	0.0090	0.0047	0.0024	0.0005	0.0001
200	75000	0.819	0.0103	0.0056	0.0030	0.0006	0.0001
250	25000	0.626	0.0043	0.0018	0.0007	0.0001	0.0000
250	30000	0.663	0.0049	0.0022	0.0009	0.0001	0.0000
250	40000	0.717	0.0058	0.0027	0.0012	0.0002	0.0000
250	50000	0.755	0.0067	0.0032	0.0015	0.0002	0.0000
250	60000	0.786	0.0075	0.0037	0.0018	0.0003	0.0000
250	75000	0.819	0.0086	0.0045	0.0022	0.0004	0.0000
300	25000	0.626	0.0037	0.0015	0.0005	0.0001	0.0000
300	30000	0.663	0.0042	0.0017	0.0007	0.0001	0.0000
300	40000	0.717	0.0050	0.0022	0.0009	0.0001	0.0000
300	50000	0.755	0.0058	0.0026	0.0011	0.0001	0.0000
300	60000	0.786	0.0064	0.0030	0.0013	0.0002	0.0000
300	75000	0.819	0.0074	0.0036	0.0016	0.0002	0.0000
300	100000	0.857	0.0150	0.0086	0.0044	0.0021	0.0010
300	125000	0.883	0.0164	0.0097	0.0051	0.0026	0.0013
300	150000	0.902	0.0176	0.0107	0.0058	0.0031	0.0016
500	50000	0.755	0.0082	0.0036	0.0013	0.0004	0.0001

500	60000	0.786	0.0088	0.0041	0.0015	0.0005	0.0001
500	75000	0.819	0.0097	0.0047	0.0018	0.0007	0.0002
500	100000	0.857	0.0108	0.0055	0.0023	0.0009	0.0003
500	125000	0.883	0.0116	0.0061	0.0027	0.0011	0.0004
500	150000	0.902	0.0123	0.0067	0.0031	0.0013	0.0005
750	50000	0.755	0.0067	0.0026	0.0007	0.0002	0.0000
750	60000	0.786	0.0071	0.0029	0.0008	0.0002	0.0000
750	75000	0.819	0.0077	0.0033	0.0010	0.0003	0.0001
750	100000	0.857	0.0083	0.0038	0.0013	0.0004	0.0001
750	125000	0.883	0.0088	0.0042	0.0016	0.0005	0.0001
750	150000	0.902	0.0092	0.0046	0.0018	0.0006	0.0002
1000	50000	0.755	0.0058	0.0020	0.0005	0.0001	0.0000
1000	60000	0.786	0.0061	0.0022	0.0005	0.0001	0.0000
1000	75000	0.819	0.0064	0.0025	0.0007	0.0001	0.0000
1000	100000	0.857	0.0068	0.0029	0.0008	0.0002	0.0000
1000	125000	0.883	0.0071	0.0031	0.0010	0.0003	0.0001
1000	150000	0.902	0.0073	0.0034	0.0011	0.0003	0.0001
1000	200000	0.929	0.0108	0.0077	0.0055	0.0038	0.0023
1000	250000	0.947	0.0110	0.0080	0.0058	0.0041	0.0025
3000	50000	0.755	0.0045	0.0031	0.0017	0.0008	0.0003
3000	75000	0.819	0.0045	0.0031	0.0018	0.0009	0.0003
3000	100000	0.857	0.0045	0.0031	0.0019	0.0010	0.0004
3000	150000	0.902	0.0045	0.0031	0.0020	0.0011	0.0005
3000	200000	0.929	0.0045	0.0032	0.0020	0.0012	0.0006
3000	250000	0.947	0.0045	0.0032	0.0021	0.0012	0.0006
6000	50000	0.755	0.0024	0.0018	0.0011	0.0004	0.0001
6000	75000	0.819	0.0024	0.0018	0.0011	0.0005	0.0001
6000	100000	0.857	0.0024	0.0018	0.0011	0.0005	0.0001
6000	150000	0.902	0.0025	0.0018	0.0011	0.0005	0.0002
6000	200000	0.929	0.0025	0.0018	0.0011	0.0005	0.0002
6000	250000	0.947	0.0025	0.0018	0.0011	0.0005	0.0002
10000	50000	0.755	0.0016	0.0011	0.0007	0.0003	0.0000
10000	75000	0.819	0.0016	0.0011	0.0007	0.0003	0.0001

10000	100000	0.857	0.0016	0.0011	0.0007	0.0003	0.0001
10000	150000	0.902	0.0016	0.0011	0.0007	0.0003	0.0001
10000	200000	0.929	0.0016	0.0011	0.0007	0.0003	0.0001
10000	250000	0.947	0.0016	0.0011	0.0007	0.0003	0.0001

High Cost Area - \$1 Million Maximum on Aggregate Stop Loss Reimbursement

No.Ees	SpecDed	SSL/TE*	120%	125%	130%	140%	150%
100	25000	0.589	0.0079	0.0043	0.0023	0.0005	0.0001
100	30000	0.628	0.0091	0.0051	0.0028	0.0007	0.0002
100	40000	0.686	0.0112	0.0066	0.0038	0.0010	0.0003
100	50000	0.726	0.0130	0.0078	0.0047	0.0014	0.0004
150	25000	0.589	0.0057	0.0028	0.0013	0.0002	0.0000
150	30000	0.628	0.0065	0.0033	0.0016	0.0003	0.0000
150	40000	0.686	0.0080	0.0042	0.0022	0.0004	0.0001
150	50000	0.726	0.0092	0.0050	0.0027	0.0006	0.0001
150	60000	0.757	0.0103	0.0058	0.0032	0.0007	0.0001
150	75000	0.795	0.0120	0.0070	0.0040	0.0010	0.0002
200	15000	0.477	0.0030	0.0013	0.0005	0.0001	0.0000
200	20000	0.542	0.0038	0.0016	0.0007	0.0001	0.0000
200	25000	0.589	0.0044	0.0020	0.0008	0.0001	0.0000
200	30000	0.628	0.0051	0.0023	0.0010	0.0001	0.0000
200	40000	0.686	0.0062	0.0030	0.0014	0.0002	0.0000
200	50000	0.726	0.0072	0.0036	0.0017	0.0003	0.0000
200	60000	0.757	0.0081	0.0042	0.0020	0.0003	0.0000
200	75000	0.795	0.0093	0.0050	0.0026	0.0005	0.0001
250	25000	0.589	0.0038	0.0016	0.0006	0.0001	0.0000
250	30000	0.628	0.0043	0.0019	0.0008	0.0001	0.0000
250	40000	0.686	0.0053	0.0024	0.0010	0.0001	0.0000
250	50000	0.726	0.0061	0.0028	0.0013	0.0002	0.0000
250	60000	0.757	0.0068	0.0033	0.0015	0.0002	0.0000
250	75000	0.795	0.0078	0.0039	0.0019	0.0003	0.0000
300	25000	0.589	0.0033	0.0013	0.0005	0.0000	0.0000
300	30000	0.628	0.0037	0.0015	0.0005	0.0001	0.0000

300	40000	0.686	0.0046	0.0019	0.0007	0.0001	0.0000
300	50000	0.726	0.0052	0.0023	0.0009	0.0001	0.0000
300	60000	0.757	0.0058	0.0026	0.0011	0.0001	0.0000
300	75000	0.795	0.0067	0.0031	0.0014	0.0002	0.0000
300	100000	0.837	0.0139	0.0079	0.0039	0.0018	0.0008
300	125000	0.865	0.0152	0.0088	0.0046	0.0023	0.0010
300	150000	0.886	0.0162	0.0097	0.0052	0.0027	0.0013
500	50000	0.726	0.0075	0.0033	0.0011	0.0003	0.0001
500	60000	0.757	0.0081	0.0037	0.0013	0.0004	0.0001
500	75000	0.795	0.0089	0.0042	0.0016	0.0005	0.0002
500	100000	0.837	0.0099	0.0049	0.0020	0.0007	0.0002
500	125000	0.865	0.0106	0.0055	0.0024	0.0009	0.0003
500	150000	0.886	0.0112	0.0060	0.0027	0.0011	0.0004
750	50000	0.726	0.0062	0.0023	0.0006	0.0001	0.0000
750	60000	0.757	0.0065	0.0026	0.0007	0.0002	0.0000
750	75000	0.795	0.0070	0.0029	0.0009	0.0002	0.0000
750	100000	0.837	0.0076	0.0034	0.0011	0.0003	0.0001
750	125000	0.865	0.0080	0.0037	0.0013	0.0004	0.0001
750	150000	0.886	0.0083	0.0041	0.0015	0.0005	0.0001
1000	50000	0.726	0.0053	0.0018	0.0004	0.0001	0.0000
1000	60000	0.757	0.0056	0.0020	0.0005	0.0001	0.0000
1000	75000	0.795	0.0058	0.0022	0.0006	0.0001	0.0000
1000	100000	0.837	0.0062	0.0026	0.0007	0.0002	0.0000
1000	125000	0.865	0.0064	0.0028	0.0009	0.0002	0.0000
1000	150000	0.886	0.0066	0.0030	0.0010	0.0003	0.0001
1000	200000	0.916	0.0096	0.0069	0.0049	0.0033	0.0020
1000	250000	0.936	0.0098	0.0071	0.0052	0.0036	0.0022
3000	50000	0.726	0.0039	0.0027	0.0016	0.0007	0.0002
3000	75000	0.795	0.0039	0.0028	0.0016	0.0008	0.0003
3000	100000	0.837	0.0039	0.0028	0.0017	0.0009	0.0004
3000	150000	0.886	0.0039	0.0028	0.0017	0.0009	0.0004
3000	200000	0.916	0.0039	0.0028	0.0018	0.0010	0.0005
3000	250000	0.936	0.0039	0.0028	0.0018	0.0011	0.0005

2011 Aggregate Stop Loss

6000	50000	0.726	0.0021	0.0016	0.0009	0.0004	0.0001
6000	75000	0.795	0.0021	0.0016	0.0009	0.0004	0.0001
6000	100000	0.837	0.0021	0.0016	0.0009	0.0004	0.0001
6000	150000	0.886	0.0021	0.0016	0.0010	0.0004	0.0001
6000	200000	0.916	0.0021	0.0016	0.0010	0.0005	0.0002
6000	250000	0.936	0.0021	0.0016	0.0010	0.0005	0.0002
10000	50000	0.726	0.0013	0.0010	0.0006	0.0002	0.0000
10000	75000	0.795	0.0013	0.0010	0.0006	0.0002	0.0000
10000	100000	0.837	0.0013	0.0010	0.0006	0.0002	0.0001
10000	150000	0.886	0.0013	0.0010	0.0006	0.0003	0.0001
10000	200000	0.916	0.0013	0.0010	0.0006	0.0003	0.0001
10000	250000	0.936	0.0014	0.0010	0.0006	0.0003	0.0001

V. OVERVIEW OF AGGREGATE STOP LOSS BASIC MEDICAL RATE MANUAL

Description

The Aggregate Stop Loss Basic Medical Rate manual present monthly claim costs for typical medical insurance risks. A typical medical insurance risk is an insured in an industry and geographical location with average morbidity. The monthly claim costs do not include any margin for expenses or profit nor any margin for adverse deviations.

The manual claim costs are representative of a typical managed indemnity risk (i.e., pre-certification and some wellness provisions). Preferred provider products are either priced through network discount factors or by applying an overall Experience Adjustment Factor as described later in this section.

For this manual, the additional cost for a person electing COBRA coverage is assumed to be 50% of the typical cost for a person of the same age and gender. The assumed percentage of the total COBRA in force at any time is 1.0%. If the percent is higher an experience factor of .5% per 1% COBRA enrollment will be used. For this manual, if there is a HDHP plan, the savings will be assumed to be 1% to 4% (i.e. a .99 to .96 experience factor) if 10% to 18% enroll. If the enrollment differs, the HDHP savings will be interpolated.

Trend Factors

The time period for these claim costs is a 12-month period beginning July 1, 2011. The following trend adjustment in claim costs is needed when rating over a different time period. The monthly trend factors are additive and should not be compounded each month.

For comprehensive major medical benefits, the following monthly trend factors by deductible apply:

Comprehensive Major Medical Trends		
Deductible Range	Monthly Trend Factor	
	Including Rx	Excluding Rx
\$0-\$199	0.8%	0.8%
\$200-\$999	0.9%	0.9%
\$1,000-\$2,999	1.0%	1.0%
\$3,000-\$4,999	1.1%	1.1%
\$5,000-\$14,499	1.2%	1.2%
\$15,000 and Over	1.3%	1.3%

Experience Adjustment Factors

We have assumed a factor of 1.00 and do not anticipate that our book of business will significantly be lower or higher than the manual rates in total.

Geographical Area Rating

This manual presents tables of geographical area rating factors based on three digit ZIP codes or by county. States are also rated high, medium or low cost for use with the risk factors. The location is based on the location of the employer group or the home address of an individual insured. If employees are in several locations, the area factors are obtained for each location and then averaged together.

Medical Benefits for Retirees

Benefits can be provided to retirees. The term retirees refers to former employees (along with their spouses and children) who are no longer active employees and are covered under a group medical plan. Claim costs for retirees are provided in a separate column, next to claim costs for other insureds, in tables throughout this manual and are displayed only for adults. The following factors are applied to the tabular claim costs to determine retiree claim costs by age and gender, or by age only. No maternity benefits are assumed to be payable.

RETIREE AGE AND GENDER FACTORS				
Prior to Medicare		Male	Female	Unisex
Ages	Under 55	.70	.82	.76
Ages	55-59	.93	.91	.92
Ages	60-64	1.20	1.08	1.14
Supplemental to Medicare <u>and</u> Prescription drugs <u>are</u> covered in the CMM or SMM Plan –Ages 65+				
Carve out	65-69	.37	.37	.37
	70-74	.44	.44	.44
	75+	.50	.50	.50
COB	65-69	.56	.56	.56
	70-74	.66	.66	.66
	75+	.75	.75	.75
Supplemental to Medicare <u>and</u> Prescription drugs <u>are not</u> covered in the CMM or SMM Plan* –Ages 65+				
Carve out	65-69	.07	.07	.07
	70-74	.09	.09	.09
	75+	.10	.10	.10
COB	65-69	.19	.19	.19
	70-74	.20	.20	.20
	75+	.25	.25	.25

*Prescription drugs would then be included in a "card" program.

Carve out plans pay the difference between regular benefits and Medicare reimbursement. COB (Coordination of Benefits) plans pay 100% of all eligible charges less Medicare reimbursement;

however, benefits would not exceed those the insurer would pay if the insured were not eligible for Medicare.

Industry Classifications

Rating factors by industry classification are available for two classification systems. The first set of tables use the SIC classification system and the second set uses the NAICS (North American Industry Classification System). Rating factors are applied to both employees and dependents.

Some employers may have several businesses which include a variety of different industries. For example, a company may be involved in publishing, insurance, and amusement parks with a different factor applicable to each activity. A composite industry factor is used in these situations. The SIC factors are shown in Section XII.

Age and Gender Factors

The following age and gender factors will apply to the census in each bracket to obtain a composite adjustment factor for the group. The factors are provided on both unisex and gender specific bases and will be used depending on what data is available. The monthly claim cost for children will be used regardless of the age and gender distribution of the employees, or a composite adjustment factor may be used based upon the actual age and gender of all employees or those employees that have dependents. The adjustment factors used for dependents will be based on the entire employee enrollment if the dependent enrollment by age and gender of the employees is unknown.

AGE AND GENDER FACTORS

	<u>Employee</u>		<u>Spouse</u>		<u>Children</u>	<u>Composite Dependent</u>		
	Male	Female	(Wife)	(Husband)		Male Employee	Female Employee	
Under 30	0.30	0.68	0.78	0.31	0.90	0.82	0.53	
30-34	0.42	0.87	0.84	0.41	1.05	0.92	0.65	
35-39	0.53	0.87	0.84	0.51	1.15	0.95	0.75	
40-44	0.64	0.94	0.92	0.62	1.20	1.02	0.83	
45-49	0.87	1.05	1.02	0.84	1.10	1.05	0.94	
50-54	1.09	1.28	1.24	1.06	0.90	1.12	1.00	
55-59	1.47	1.43	1.39	1.42	0.80	1.17	1.19	
60-64	1.88	1.69	1.64	1.83	0.70	1.29	1.41	
65 – 69	2.07	1.80	1.75	2.01	0.60	1.33	1.49	
70 & Over	2.25	1.92	1.86	2.19	0.60	1.40	1.61	
Supplemental to Medicare and Prescription drugs are covered in the CMM or SMM Plan								
Carve out	65-69	0.64	0.64	0.62	0.62	0.60	0.61	0.61
	70-74	0.75	0.75	0.73	0.73	0.60	0.68	0.68
	75+	0.87	0.87	0.83	0.83	0.60	0.75	0.75
<u>COB</u>	65-69	0.96	0.96	0.93	0.93	0.60	0.81	0.81

AGE AND GENDER FACTORS

		<u>Employee</u>		<u>Spouse</u>		<u>Children</u>	<u>Composite Dependent</u>	
	70-74	1.13	1.13	1.10	1.10	0.60	0.92	0.92
	75+	1.31	1.31	1.25	1.25	0.60	1.01	1.01
Supplemental to Medicare and Prescription drugs <u>are not</u> covered in the CMM or SMM Plan*								
Carve out	65-69	0.13	0.13	0.12	0.12	0.60	0.30	0.30
	70-74	0.15	0.15	0.15	0.15	0.60	0.32	0.32
	75+	0.17	0.17	0.17	0.17	0.60	0.33	0.33
COB	65-69	0.32	0.32	0.31	0.31	0.60	0.42	0.42
	70-74	0.38	0.38	0.37	0.37	0.60	0.45	0.45
	75+	0.44	0.44	0.42	0.42	0.60	0.49	0.49

*Prescription drugs would be included in a "card" program.

AGE FACTORS

AGE FACTORS (Unisex)					
		<u>Employee</u>	<u>Spouse</u>	<u>Children</u>	<u>Composite Dependent</u>
	Under 30	0.49	0.55	0.90	0.68
	30-34	0.65	0.63	1.05	0.79
	35-39	0.70	0.68	1.15	0.85
	40-44	0.79	0.77	1.20	0.93
	45-49	0.96	0.93	1.10	1.00
	50-54	1.19	1.15	0.90	1.06
	55-59	1.45	1.41	0.80	1.18
	60-64	1.79	1.74	0.70	1.35
	65-69	1.94	1.88	0.60	1.41
	70 & Over	2.09	2.03	0.60	1.51
Supplemental to Medicare and Prescription drugs <u>are</u> covered in the CMM or SMM Plan					
Carve out	65-69	0.64	0.62	0.60	0.61
	70-74	0.75	0.73	0.60	0.68
	75+	0.87	0.83	0.60	0.75
COB	65-69	0.96	0.93	0.60	0.81
	70-74	1.13	1.10	0.60	0.92
	75+	1.31	1.25	0.60	1.01
Supplemental to Medicare and Prescription drugs <u>are not</u> covered in the CMM or SMM Plan*					
Carve out	65-69	0.13	0.12	0.60	0.30
	70-74	0.15	0.15	0.60	0.32
	75+	0.17	0.17	0.60	0.33
COB	65-69	0.32	0.31	0.60	0.42
	70-74	0.38	0.37	0.60	0.45
	75+	0.44	0.42	0.60	0.49
Maternity Only Factor					
	Under 30	0.90	1.60	1.00	1.65

AGE FACTORS

30-34	0.75	1.45	1.00	1.45
35-39	0.50	0.90	1.00	1.00
40-44	0.25	0.45	1.00	0.50
45-49	0.15	0.30	1.00	0.30
50 & Over	0.00	0.00	1.00	0.04

*Prescription drugs would be included in a "card" program.

VI. COMPREHENSIVE MAJOR MEDICAL RATE MANUAL

Description

The manual claim costs presented in this Section are used for the standard comprehensive major medical benefits described below as well as modifications to these standard benefits as follows:

- Inpatient hospital with pre-certification and concurrent review.
- Average semi-private room and board.
- Intensive care up to three times average semi-private room and board.
- Other hospital charges whether inpatient or outpatient.
- Usual and customary surgical and physician charges.
- Diagnostic X-ray and Laboratory.
- Ambulatory Surgical Center.
- Drugs requiring a prescription by a physician.
- Private duty nurse.
- Ambulance and durable medical equipment.
- Home health care by an accredited agency under a written plan by a physician.
- Three deductibles and three stop losses applied per year per family.
- Typical state mandated group benefits.
- Well care for adults and children.

The limitations and exclusions assumed in these claim costs are:

- Preexisting conditions are excluded for twelve months (eighteen months for late enrollees) subject to HIPAA compliance. The twelve or eighteen months time period is reduced by past creditable coverage.
- No coverage for cosmetic surgery, reversal of sterilization, implantation of an ovum, or experimental treatment.
- No coverage for work-related injuries or sickness.
- Coordination of benefits with other carriers on the typical priority basis.
- Extension of benefits after termination of individual coverage, or employer's termination, or group termination is in effect while totally disabled but not to exceed 90 days.

Preferred Provider (PPO) Plans

The standard plan benefits do not provide for different levels of benefits in or out-of-network as in a typical PPO plan. Therefore, in-network and out-of-network benefits are rated separately and then combined as a weighted average in determining a single cost.

See Section VIII for further detail regarding plans with provider discounts.

Distribution of Costs for Standard Plan Benefits

The following table gives a distribution of costs for the standard plan benefits for an average age and area. Standard benefits are described on the prior page and include well care. The “other miscellaneous” benefits shown below consist of durable medical equipment, ambulance, physical therapy and typical state mandated group benefits (home health care, substance abuse). Outpatient mental health benefits are not included in the distribution.

DISTRIBUTION OF COMPREHENSIVE PLAN BENEFITS			
	Adult	Children	Retiree
Inpatient Hospital	23.5%	22.9%	25.6%
Outpatient Hospital	28.5%	25.0%	27.8%
TOTAL HOSPITAL	52.0%	47.9%	53.4%
Inpatient Surgical	3.6%	2.2%	2.9%
Outpatient Surgical	10.3%	9.1%	10.1%
TOTAL SURGICAL	13.9%	11.3%	13.0%
Inpatient Professional	0.7%	1.4%	0.8%
Outpatient Professional	2.4%	2.5%	2.4%
TOTAL PROFESSIONAL	3.1%	3.9%	3.2%
DX&L	6.1%	4.3%	5.8%
Office Visits	9.8%	18.6%	9.0%
Prescription Drugs	13.1%	10.7%	13.6%
Other Miscellaneous	2.0%	3.3%	2.0%
TOTAL	100.0%	100.0%	100.0%

Comprehensive Major Medical Worksheet Example

The following pages develop the monthly cost for a plan of benefits shown below. No census is used in the Example. The rate structure illustrated is employee and family. All benefits are assumed to be out-of-network in Area "E". The assumed effective date is 04/01/2011. The benefits of the plan are:

- Pre-admission certification not required
- Deductible \$200 — Maximum \$600 Family; no deductible carry-forward; Rx is included
- Coinsurance — 80% of first \$4,800 after deductible, 100% of excess
- Annual maximum \$2,000,000
- IP Mental Health Benefits/Substance Abuse — SAAO
- Outpatient Mental Health/Substance Abuse — \$125 per visit average benefit, unlimited visit maximum for each benefit (SAAO)
- Extended Care Facility — \$563 daily benefit, 31 days maximum
- Hospital Deductible Per Admission - \$500
- Children are covered from birth to age 26

EXAMPLE
Medical Manual Costs 2011
Out-of-Network Monthly Costs
WORKSHEET

Company Name: <u>ABCCompany</u>	Effective Date: <u>April 2011</u>	Pre-Admission Cert.: <u>No</u>
Plan Name: <u>Example 1</u>	Costs Guaranteed: <u>12 months</u>	Ded. Plan Type: <u>All Expenses</u>
Sub Name: _____	Medical Area: <u>E</u>	PPO Participation: <u>0%</u>
	SIC: <u>No Adjustment</u>	

	Input	Employee	Spouse	Children	Composite Dependent	Retiree
1. Base Cost:		\$586.53	\$607.98	\$447.98	\$866.21	\$1,008.55
<u>Deductible:</u>						
2. Combined or Separate Deductible (PPO)	\$200					
3. Waive Ded. For Maintenance Rx	12					
4. Apply Carry-forward	No					
5. Family Deductible	3.00					
6. Waive Ded. For Surgery	No					
<u>Policy Specifications:</u>						
7. In-full Surgical Units	\$0					
8. In-full Hospital Amount	\$0					
9. ICU Maximum	3 x R&B					
<u>Covered Levels:</u>						
10. Room & Board	\$1,126					
11. Surgical	\$113.00					
12. Adjusted Base Cost:		\$586.53	\$607.98	\$447.98	\$866.21	\$1,008.55

EXAMPLE
 Medical Manual Costs 2011
 Out-of-Network Monthly Costs
 WORKSHEET

Company Name: <u>ABCCompany</u>	Effective Date: <u>April 2011</u>	Pre-Admission Cert.: <u>No</u>
Plan Name: <u>Example 1</u>	Costs Guaranteed: <u>12 months</u>	Ded. Plan Type: <u>All Expenses</u>
Sub Name: _____	Medical Area: <u>E</u>	PPO Participation: <u>0%</u>
	SIC: <u>No Adjustment</u>	

Coinsurance – Basic :

13. First Coinsurance %	80%					
14. On First \$x incurred after Ded.	\$4,800					
15. Second Coinsurance %	100%					
16. On Next \$y incurred	\$0					
17. Third Coinsurance %	0%	183.42	192.97	106.52	247.12	340.68
18. Stop Loss Max per Family	3.00					
19. Annual Max (Omit 000's)	\$2,000	5.14	8.39	5.11	11.11	15.13

Mental Health

20. OP –						
21. OP – Average Benefit Per Visit	\$125					
22. OP – Annual Maximum	365 visits					
23. OP – Adjustment Factor	1.00	7.50	7.50	6.30	11.29	15.80
24. IP – Max Days	365/0					
25. IP – Misc. Adjustment Factor	1.00	3.81	3.95	4.57	6.67	6.55

Substance Abuse:

26. OP –						
27. OP – Average Benefit Per Visit	\$125					
28. OP – Annual Maximum	365 visits					
29. OP – Adjustment Factor	1.00	1.88	1.88	1.58	2.83	3.95
30. IP – Max Days/Annual Max	365/0					
31. IP – Misc. Adjustment Factor	1.00	1.52	1.58	1.84	2.69	2.62

Other Providers

32. ECF Daily Benefit/ECF Maximum Number of Days	\$563/31	2.25	2.82	2.25	3.94	13.51
33. Chiropractic/Physical Therapy Limit	51/51					
34. Chiropractic/Physical Therapy Copay	\$0/\$0					

Policy Specifications:

35. Waiver of Coins for OP Surgical	No					
36. Supplemental Accident Maximum	\$0					

EXAMPLE
 Medical Manual Costs 2011
 Out-of-Network Monthly Costs
 WORKSHEET

Company Name: <u>ABCCompany</u>	Effective Date: <u>April 2011</u>	Pre-Admission Cert.: <u>No</u>
Plan Name: <u>Example 1</u>	Costs Guaranteed: <u>12 months</u>	Ded. Plan Type: <u>All Expenses</u>
Sub Name: _____	Medical Area: <u>E</u>	PPO Participation: <u>0%</u>
	SIC: <u>No Adjustment</u>	

Copayments:

37. Hospital Ded. Per Admission/Per Day	\$500	-2.15	-2.65	-2.60	-4.30	-2.65
38. Office Visits – Waive Ded/Coin	No/No					
39. Primary Office Visit Copay/Specialist Office Visit Copay	NA/NA					
40. Max Number of Copays per Year	200					
41. Emergency Room Copay	\$0					
42. Outpatient Surgical Copay/CT-MRI Copay	\$0/\$0					

Misc. Out-of-Network Adj.:

43. Misc. Adjustment

Well Care Benefits

44.						
45.						
46. Well Care, Adult – <u>Phy & GYN</u> Exams	NA					
47. Total Benefit Limit	NA					
48. Well Care, Children – <u>Phy & GYN</u> Exams	NA					
49. Total Benefit Limit	NA					
50. Benefits Terminate at Age	NA					
51. Manual Cost: (before factor adjs)		\$789.90	\$824.42	\$573.55	\$1,147.56	\$1,404.14

Factor Adjustments:

52. Experience Factor	1.000					
53. Underwriting Factor	1.000					
54. Trend Factor	0.973					
55. Age/Gender Factor	Yes	1.000	1.000	1.000	1.000	1.000
56. Child "Coverage From" (additive)	From Birth					
57. Pre-Admission Certification Factor – <u>No</u>	1.045					
58. SIC Factor – <u>No</u>	1.000					
59. FINAL TOTAL MANUAL COSTS		\$803.16	\$838.26	\$583.17	\$1,166.82	\$1,427.71

Claim Cost Detail by Line (Worksheet)**Line 1: Base Cost (Standard Benefits)**

Three components are used to determine the base cost (which are shown in a subsequent section):

Area
Deductible
Inclusion or Exclusion of Prescription Drugs

Line 2: Combined or Separate Deductible (PPO) – Not Used**Line 3: Waive Deductible for Maintenance Rx – Not Used****Line 4: Carry-Forward – Not Used****Line 5: Family Deductible – Assumes 3 times.****Line 6: Waive Deductible for Surgery – Not Used****Line 7: In-full Surgical Units – Not Used****Line 8: In-full Hospital Amount – Not Used****Line 9: ICU Maximum – Not Used****Line 10: Room and Board Covered Charge Level – Not Used****Line 11: Surgical Covered Charge Level – Not Used****Line 12: Adjusted Base Cost****Line 12a: PPO Discount Value (when computing In-Network Costs)**

Section VIII. Provider Network Rating has an example of this calculation.

Lines 13-17: Adjustment for Different Coinsurance Levels and Stop Loss Provisions

The monthly claim costs shown in this section are based on 80% coinsurance for charges in excess of the deductible. The stop loss premiums on Line 17 assume that the excess utilization when the carrier pays 100% is 14%. The utilization adjustments shown in the table below are assumed for other coinsurance percentages.

Assumed Utilizations Adjustments

Coinsurance	Utilization Adjustment	Coinsurance	Utilization Adjustment
100%	114%	70%	93%
95	111	65	91
90	107	60	89
85	104	55	87
80	100	50% or less	86
75	97		

An example is provided below for the development of claim costs for a group; Area Table E with a plan that pays 70% of the first \$10,000 of charges after a \$200 deductible, then 100%. The example assumes that prescription drugs are covered.

In order to fill in the worksheet, calculate the cost for the other than 80% plan including stop loss (line G.) and the sum of the base rate (80% coinsurance) and stop loss at \$10,000 cost (line C.). Line 17 in the worksheet is (Line I.).

Sample Calculation

	Employee	Composite Dependents	Retiree
A. Base Premium - \$200 Deductible, 80% Coinsurance	586.53	866.21	1,008.55
B. Stop Loss - \$10,000	149.74	195.33	289.41
C. Total (A) + (B)	736.27	1,061.54	1,297.96
D. Adjusted Base Premium, \$200 Deductible 70% = (A) x (.70/.80) x .93	477.29	704.88	820.71
E. Base Premium - \$10,000 Deductible, 80% Coinsurance	352.34	459.59	680.95
F. Adjusted Stop Loss = (E) x (100/80 x 1.14-70/80 x .93)	215.37	280.93	416.23
G. Total (D) + (F)	692.65	985.80	1,236.94
H. Total (G) - (C)	-43.62	-75.73	-61.02
I. Line 17 Adjustment (H) + (B)	106.13	119.59	228.39

Adjustment for Stop Loss Provisions – The claim cost adjustments for providing 100% reimbursement of charges, instead of the 80% reimbursement included in the basic claim costs, are shown on the following pages for several common stop loss levels.

Due to space limitations and to have a slight margin of conservatism, claim costs shown in the manual assume that the stop loss corridor begins with the first dollar of expense. In many benefit plans today, the stop loss corridor begins after the deductible is satisfied. Thus, a plan with a \$200 deductible and a \$5,000 stop loss corridor actually begins 100% reimbursement after \$5,200 of incurred expenses (interim values are interpolated).

Stop Loss – Includes All Expenses

Area	Employee	Spouse	Children	Composite Dependents	Retiree
100% Benefits After \$2,500 of Covered Medical Expenses (\$2,000 Paid)					
A	\$156.35	\$163.31	\$ 95.59	\$213.37	\$286.07
B	169.14	176.70	104.61	231.79	308.40
C	181.94	190.11	113.73	250.30	330.71
D	196.84	205.70	124.41	271.89	356.62
E	209.67	219.08	133.61	290.44	378.82
F	224.59	234.66	144.42	312.10	404.58
G	239.54	250.17	155.32	333.79	430.23
H	254.47	265.63	166.28	355.48	455.77
I	269.39	281.05	177.27	377.16	481.21
J	269.39	281.05	177.27	377.16	481.21
K	286.37	298.58	189.82	401.85	510.15
L	286.37	298.58	189.82	401.85	510.15
M	301.23	313.91	200.83	423.48	535.47
N	316.06	329.24	211.87	445.11	560.69
O	316.06	329.24	211.87	445.11	560.69
P	316.06	329.24	211.87	445.11	560.69
100% Benefits after \$5,000 of Covered Medical Expenses (\$4,000 Paid)					
A	\$133.01	\$139.90	\$ 73.86	\$176.53	\$251.25
B	145.05	152.59	81.55	193.31	272.69
C	157.11	165.34	89.35	210.23	294.16
D	171.23	180.20	98.55	230.04	319.19
E	183.42	192.97	106.52	247.12	340.68
F	197.65	207.87	115.98	267.15	365.69
G	211.92	222.72	125.57	287.25	390.64
H	226.23	237.55	135.26	307.42	415.52
I	240.56	252.37	145.03	327.63	440.31
J	240.56	252.37	145.03	327.63	440.31
K	256.91	269.24	156.26	350.73	468.55
L	256.91	269.24	156.26	350.73	468.55
M	271.24	284.01	166.16	371.01	493.28

Stop Loss – Includes All Expenses

Area	Employee	Spouse	Children	Composite Dependents	Retiree
N	285.56	298.79	176.12	391.34	517.92
O	285.56	298.79	176.12	391.34	517.92
P	285.56	298.79	176.12	391.34	517.92

Stop Loss – Includes All Expenses

Area	Employee	Spouse	Children	Composite Dependents	Retiree
100% Benefits After \$10,000 of Covered Medical Expenses (\$8,000 Paid)					
A	\$104.11	\$109.84	\$ 52.39	\$134.23	\$206.60
B	114.91	121.27	58.35	148.59	226.34
C	125.82	132.83	64.48	163.19	246.18
D	138.63	146.40	71.74	180.40	269.41
E	149.74	158.13	78.10	195.33	289.41
F	162.76	171.87	85.68	212.92	312.78
G	175.86	185.60	93.45	230.65	336.17
H	189.02	199.37	101.36	248.53	359.52
I	202.27	213.20	109.40	266.55	382.88
J	202.27	213.20	109.40	266.55	382.88
K	217.41	229.01	118.72	287.25	409.60
L	217.41	229.01	118.72	287.25	409.60
M	230.73	242.87	127.00	305.50	433.05
N	244.08	256.78	135.39	323.87	456.49
O	244.08	256.78	135.39	323.87	456.49
P	244.08	256.78	135.39	323.87	456.49

100% Benefits after \$20,000 of Covered Medical Expenses (\$16,000 Paid)

A	\$ 73.32	\$ 77.23	\$ 34.07	\$ 92.22	\$157.09
B	81.82	86.30	38.27	103.21	173.91
C	90.53	95.68	42.62	114.57	190.98
D	101.02	106.83	47.78	128.08	211.11
E	110.23	116.56	52.34	139.89	228.56
F	121.14	128.04	57.83	153.95	249.18
G	132.22	139.70	63.51	168.29	270.07
H	143.56	151.67	69.43	183.07	291.03
I	155.06	163.77	75.50	198.10	312.02
J	155.06	163.77	75.50	198.10	312.02
K	168.35	177.68	82.57	215.44	336.10

Stop Loss – Includes All Expenses

Area	Employee	Spouse	Children	Composite Dependents	Retiree
L	168.35	177.68	82.57	215.44	336.10
M	180.11	189.95	88.87	230.78	357.31
N	191.92	202.31	95.29	246.29	378.56
O	191.92	202.31	95.29	246.29	378.56
P	191.92	202.31	95.29	246.29	378.56

Stop Loss – Excludes Prescription Drugs

Area	Employee	Spouse	Children	Composite Dependents	Retiree
100% Benefits After \$2,500 of Covered Medical Expenses (\$2,000 Paid)					
A	\$131.70	\$140.15	\$ 83.79	\$184.48	\$239.45
B	143.89	152.98	92.43	202.13	260.71
C	156.09	165.84	101.20	219.90	281.98
D	170.36	180.85	111.51	240.70	306.80
E	182.61	193.71	120.38	258.55	328.04
F	196.93	208.73	130.83	279.46	352.81
G	211.28	223.69	141.36	300.40	377.52
H	225.64	238.63	151.96	321.37	402.16
I	240.02	253.54	162.60	342.34	426.71
J	240.02	253.54	162.60	342.34	426.71
K	256.43	270.54	174.80	366.30	454.74
L	256.43	270.54	174.80	366.30	454.74
M	270.76	285.38	185.50	387.27	479.22
N	285.07	300.24	196.24	408.27	503.62
O	285.07	300.24	196.24	408.27	503.62
P	285.07	300.24	196.24	408.27	503.62

100% Benefits after \$5,000 of Covered Medical Expenses (\$4,000 Paid)

A	\$114.00	\$121.95	\$ 65.21	\$154.53	\$214.44
B	125.46	134.07	72.60	170.58	234.74
C	136.97	146.26	80.09	186.80	255.11
D	150.50	160.55	88.95	205.85	278.95
E	162.16	172.82	96.62	222.26	299.41
F	175.82	187.15	105.71	241.53	323.33
G	189.53	201.44	114.95	260.89	347.22
H	203.29	215.76	124.32	280.36	371.07

Stop Loss – Excludes Prescription Drugs

Area	Employee	Spouse	Children	Composite Dependents	Retiree
I	217.08	230.09	133.78	299.92	394.88
J	217.08	230.09	133.78	299.92	394.88
K	232.83	246.46	144.68	322.34	422.09
L	232.83	246.46	144.68	322.34	422.09
M	246.60	260.76	154.29	342.00	445.85
N	260.39	275.08	163.97	361.71	469.53
O	260.39	275.08	163.97	361.71	469.53
P	260.39	275.08	163.97	361.71	469.53

Stop Loss – Excludes Prescription Drugs

Area	Employee	Spouse	Children	Composite Dependents	Retiree
100% Benefits After \$10,000 of Covered Medical Expenses (\$8,000 Paid)					
A	\$ 90.89	\$ 97.74	\$ 46.68	\$119.50	\$181.01
B	101.10	108.65	52.39	133.21	199.67
C	111.43	119.66	58.27	147.16	218.46
D	123.63	132.63	65.25	163.64	240.51
E	134.21	143.84	71.34	177.91	259.47
F	146.65	157.03	78.64	194.81	281.69
G	159.20	170.23	86.12	211.88	304.01
H	171.85	183.46	93.80	229.10	326.40
I	184.61	196.73	101.56	246.44	348.83
J	184.61	196.73	101.56	246.44	348.83
K	199.25	211.93	110.61	266.42	374.53
L	199.25	211.93	110.61	266.42	374.53
M	212.09	225.26	118.65	284.02	397.03
N	224.98	238.68	126.82	301.80	419.51
O	224.98	238.68	126.82	301.80	419.51
P	224.98	238.68	126.82	301.80	419.51
100% Benefits after \$20,000 of Covered Medical Expenses (\$16,000 Paid)					
A	\$ 65.83	\$ 69.49	\$ 30.68	\$ 83.00	\$141.43
B	73.78	78.15	34.68	93.49	157.32
C	81.93	87.08	38.87	104.34	173.48
D	91.77	97.86	43.87	117.40	192.61
E	100.48	107.27	48.28	128.84	209.20
F	110.85	118.47	53.61	142.51	228.79

Stop Loss – Excludes Prescription Drugs

Area	Employee	Spouse	Children	Composite Dependents	Retiree
G	121.43	129.79	59.11	156.43	248.59
H	132.26	141.31	64.81	170.66	268.57
I	143.25	152.98	70.63	185.13	288.69
J	143.25	152.98	70.63	185.13	288.69
K	156.05	166.44	77.45	201.88	311.87
L	156.05	166.44	77.45	201.88	311.87
M	167.37	178.29	83.55	216.71	332.23
N	178.76	190.27	89.76	231.74	352.64
O	178.76	190.27	89.76	231.74	352.64
P	178.76	190.27	89.76	231.74	352.64

Line 18: **Stop Loss Maximum Per Family**

The manual assumes three times.

Line 19: **Adjustment for Annual Maximum**

To adjust costs (for benefits with a stop loss provision) for an annual maximum other than \$1 million, the following costs are used.

:

Annual Maximum with Stop Loss

Area	Employee	Spouse	Children	Composite Dependents	Retiree
\$25,000 Maximum					
A	-216.84	-226.47	-98.11	-269.02	-472.66
B	-242.42	-253.99	-110.25	-301.88	-525.23
C	-268.67	-282.34	-122.92	-335.86	-579.31
D	-300.18	-316.35	-138.29	-376.76	-643.00
E	-328.05	-346.05	-151.90	-412.62	-698.16
F	-361.33	-381.67	-168.39	-455.77	-763.17
G	-395.60	-417.89	-185.26	-499.70	-828.74
H	-430.59	-454.69	-202.61	-544.53	-894.70
I	-466.17	-491.85	-220.32	-589.92	-961.18
J	-466.17	-491.85	-220.32	-589.92	-961.18
K	-507.29	-534.73	-241.03	-642.52	-1,038.15
L	-507.29	-534.73	-241.03	-642.52	-1,038.15
M	-543.74	-572.80	-259.59	-689.36	-1,106.38

Annual Maximum with Stop Loss

Area	Employee	Spouse	Children	Composite Dependents	Retiree
N	-580.81	-611.81	-278.70	-737.42	-1,174.93
O	-580.81	-611.81	-278.70	-737.42	-1,174.93
P	-580.81	-611.81	-278.70	-737.42	-1,174.93
\$50,000 Maximum					
A	-135.63	-139.51	-62.12	-167.04	-308.18
B	-154.00	-157.94	-69.50	-188.46	-348.80
C	-172.90	-177.22	-77.16	-210.82	-391.17
D	-195.92	-200.67	-86.40	-237.96	-441.85
E	-216.58	-221.59	-94.67	-262.19	-486.11
F	-241.37	-246.78	-104.69	-291.43	-538.40
G	-266.64	-272.51	-115.07	-321.39	-591.27
H	-292.20	-298.78	-125.88	-352.15	-644.53
I	-318.36	-325.74	-137.07	-383.79	-698.36
J	-318.36	-325.74	-137.07	-383.79	-698.36
K	-348.69	-357.21	-150.15	-420.75	-760.64
L	-348.69	-357.21	-150.15	-420.75	-760.64
M	-375.47	-385.21	-161.87	-453.69	-815.60
N	-402.63	-413.76	-174.19	-487.57	-871.02
O	-402.63	-413.76	-174.19	-487.57	-871.02
P	-402.63	-413.76	-174.19	-487.57	-871.02

Area	Employee	Spouse	Children	Composite Dependents	Retiree
\$100,000 Maximum					
A	-72.53	-79.30	-38.89	-97.74	-170.61
B	-84.16	-90.85	-43.55	-111.19	-196.23
C	-96.20	-102.83	-48.40	-125.15	-223.10
D	-110.93	-117.31	-54.16	-141.95	-256.05
E	-124.14	-130.20	-59.20	-156.85	-285.60
F	-140.10	-145.81	-65.36	-174.92	-321.45
G	-156.89	-161.79	-71.74	-193.48	-358.36
H	-174.42	-178.29	-78.33	-212.65	-396.10
I	-192.34	-195.35	-85.03	-232.37	-434.76
J	-192.34	-195.35	-85.03	-232.37	-434.76
K	-213.51	-215.36	-92.78	-255.43	-479.89
L	-213.51	-215.36	-92.78	-255.43	-479.89
M	-232.42	-233.28	-99.71	-276.06	-520.45
N	-251.71	-251.62	-106.83	-297.20	-561.72

Annual Maximum with Stop Loss

Area	Employee	Spouse	Children	Composite Dependents	Retiree
O	-251.71	-251.62	-106.83	-297.20	-561.72
P	-251.71	-251.62	-106.83	-297.20	-561.72
\$250,000 Maximum					
A	-22.03	-29.83	-17.73	-39.18	-58.39
B	-26.50	-34.92	-19.99	-45.27	-68.92
C	-31.29	-40.32	-22.36	-51.72	-80.04
D	-37.29	-46.88	-25.19	-59.50	-93.81
E	-42.74	-52.64	-27.59	-66.27	-106.14
F	-49.46	-59.69	-30.59	-74.60	-121.35
G	-56.64	-66.75	-33.83	-83.13	-137.32
H	-64.26	-73.99	-37.11	-91.84	-154.13
I	-72.27	-81.62	-40.39	-100.88	-171.76
J	-72.27	-81.62	-40.39	-100.88	-171.76
K	-81.68	-90.64	-44.16	-111.48	-192.82
L	-81.68	-90.64	-44.16	-111.48	-192.82
M	-90.20	-98.78	-47.55	-121.05	-212.14
N	-99.28	-107.16	-51.02	-130.89	-232.09
O	-99.28	-107.16	-51.02	-130.89	-232.09
P	-99.28	-107.16	-51.02	-130.89	-232.09

Area	Employee	Spouse	Children	Composite Dependents	Retiree
\$500,000 Maximum					
A	-5.18	-9.45	-6.97	-13.47	-16.71
B	-6.44	-11.47	-7.95	-15.95	-20.22
C	-7.84	-13.69	-9.01	-18.66	-24.03
D	-9.67	-16.34	-10.30	-21.93	-29.09
E	-11.42	-18.64	-11.35	-24.70	-33.62
F	-13.67	-21.47	-12.68	-28.14	-39.20
G	-16.27	-24.22	-14.06	-31.56	-45.26
H	-19.11	-26.95	-15.50	-34.99	-51.54
I	-22.17	-29.82	-16.92	-38.55	-58.03
J	-22.17	-29.82	-16.92	-38.55	-58.03
K	-25.84	-33.33	-18.46	-42.73	-66.01
L	-25.84	-33.33	-18.46	-42.73	-66.01
M	-29.20	-36.50	-19.74	-46.42	-73.38
N	-32.65	-39.95	-21.09	-50.41	-81.01
O	-32.65	-39.95	-21.09	-50.41	-81.01

Annual Maximum with Stop Loss

Area	Employee	Spouse	Children	Composite Dependents	Retiree
P	-32.65	-39.95	-21.09	-50.41	-81.01
\$2,000,000 Maximum					
A	2.33	4.25	3.14	6.06	7.52
B	2.90	5.16	3.58	7.18	9.10
C	3.53	6.16	4.05	8.40	10.81
D	4.35	7.35	4.64	9.87	13.09
E	5.14	8.39	5.11	11.11	15.13
F	6.15	9.66	5.71	12.66	17.64
G	7.32	10.90	6.33	14.20	20.37
H	8.60	12.13	6.97	15.75	23.19
I	9.98	13.42	7.62	17.35	26.12
J	9.98	13.42	7.62	17.35	26.12
K	11.63	15.00	8.31	19.23	29.70
L	11.63	15.00	8.31	19.23	29.70
M	13.14	16.42	8.88	20.89	33.02
N	14.69	17.98	9.49	22.69	36.46
O	14.69	17.98	9.49	22.69	36.46
P	14.69	17.98	9.49	22.69	36.46

Area	Employee	Spouse	Children	Composite Dependents	Retiree
\$5,000,000 Maximum					
A	3.11	5.67	4.18	8.08	10.03
B	3.86	6.88	4.77	9.57	12.13
C	4.70	8.21	5.41	11.20	14.42
D	5.80	9.81	6.18	13.16	17.46
E	6.85	11.19	6.81	14.82	20.17
F	8.20	12.88	7.61	16.88	23.52
G	9.76	14.53	8.44	18.93	27.16
H	11.47	16.17	9.30	21.00	30.92
I	13.30	17.89	10.15	23.13	34.82
J	13.30	17.89	10.15	23.13	34.82
K	15.51	20.00	11.08	25.64	39.61
L	15.51	20.00	11.08	25.64	39.61
M	17.52	21.90	11.85	27.85	44.03
N	19.59	23.97	12.66	30.25	48.61
O	19.59	23.97	12.66	30.25	48.61
P	19.59	23.97	12.66	30.25	48.61

Annual Maximum with Stop Loss

Area	Employee	Spouse	Children	Composite Dependents	Retiree
Unlimited Maximum					
A	3.36	6.14	4.53	8.76	10.86
B	4.18	7.46	5.17	10.37	13.14
C	5.09	8.90	5.86	12.13	15.62
D	6.28	10.62	6.70	14.25	18.91
E	7.43	12.12	7.37	16.05	21.85
F	8.88	13.95	8.24	18.29	25.48
G	10.58	15.74	9.14	20.51	29.42
H	12.42	17.51	10.07	22.75	33.50
I	14.41	19.38	11.00	25.06	37.72
J	14.41	19.38	11.00	25.06	37.72
K	16.80	21.66	12.00	27.77	42.91
L	16.80	21.66	12.00	27.77	42.91
M	18.98	23.72	12.83	30.18	47.70
N	21.22	25.97	13.71	32.77	52.66
O	21.22	25.97	13.71	32.77	52.66
P	21.22	25.97	13.71	32.77	52.66

Lines 20-22: **Outpatient Mental Health Benefits**

The manual automatically assumes a \$125 average benefit per visit and unlimited annual maximum visits. This is the SAAO assumed benefit level.

Outpatient Mental Health Benefits

Average Benefit After Coin./Copay Per Visit	Employee	Spouse	Children	Composite Dependents	Retiree
Unlimited Annual Maximum Visits					
\$125	7.50	7.50	6.30	11.29	15.80

Line 23: **Outpatient – Adjustment Factor – Not Used**

Line 24: **Inpatient Mental Health – Maximum Days**

The net monthly premiums in the manual assume a 30-day inpatient confinement day limit. The following table contains the adjustments to extend mental health to SAAO.

Inpatient Mental Health Annual Maximum Day Adjustments

Annual Maximum Days	Employee	Spouse	Children	Comp. Dep	Retiree
SAAO	0.65%	0.65%	1.02%	0.77%	0.65%

Rate adjustments for other annual maximum day limits are as follows:

Inpatient Mental Health Annual Maximum Day Adjustments

Annual Maximum Days	Employee	Spouse	Children	Comp. Dep	Retiree
0	-2.20%	-2.20%	-1.80%	-2.07%	-2.20%
10	-1.04%	-1.04%	-0.99%	-1.03%	-1.04%
20	-0.27%	-0.27%	-0.33%	-0.29%	-0.27%
30	0.00%	0.00%	0.00%	0.00%	0.00%
40	0.22%	0.22%	0.29%	0.24%	0.22%
50	0.36%	0.36%	0.50%	0.41%	0.36%
60	0.44%	0.44%	0.63%	0.50%	0.44%

- Example** — Area E, \$200 deductible*
 — Plan coinsurance is 70%
 — Inpatient Mental Health – unlimited coverage (SAAO)

	Line 1 All Expenses		SAAO Coverage Adjustment			
Employee	586.53	X	.0065	X	$\frac{70}{80}$	= 3.34

Line 25: **Inpatient Mental Health – Miscellaneous Adjustment Factor – Not Used**

Lines 26-28 **Outpatient Substance Abuse Benefits**

The manual assumes a \$125 average benefit per visit and unlimited annual maximum visits. This is the SAAO assumed benefit level.

Outpatient Substance Abuse Benefits

Average Benefit After Coin./Copay Per Visit	Employee	Spouse	Children	Composite Dependents	Retiree
Unlimited Annual Maximum Visits					
\$125	1.88	1.88	1.58	2.83	3.95

Line 29: **Outpatient – Adjustment Factor – Not Used**

Line 30: **Inpatient Substance Abuse Benefits – Maximum Days**

The manual assume a 30-day inpatient confinement day limit. The following table contains the adjustments to extend substance abuse to SAAO.

Inpatient Substance Abuse Annual Maximum Day Adjustments

Annual Maximum Days	Employee	Spouse	Children	Comp. Dep	Retiree
SAAO	0.26%	0.26%	0.41%	0.31%	0.26%

Rate adjustments for other annual maximum day limits are as follows:

Inpatient Substance Abuse Annual Maximum Day Adjustments

Annual Maximum Days	Employee	Spouse	Children	Comp. Dep	Retiree
0	-0.88%	-0.88%	-0.72%	-0.83%	-0.88%
10	-0.42%	-0.42%	-0.39%	-0.41%	-0.42%
20	-0.11%	-0.11%	-0.13%	-0.12%	-0.11%
30	0.00%	0.00%	0.00%	0.00%	0.00%
40	0.09%	0.09%	0.12%	0.10%	0.09%
50	0.15%	0.15%	0.20%	0.16%	0.15%
60	0.18%	0.18%	0.25%	0.20%	0.18%

- Example** — Area E, \$200 deductible*
 — Plan coinsurance is 70%
 — Inpatient Substance Abuse – unlimited coverage (SAAO)

	Line 1		SAAO Coverage Adjustment			
Employee	586.53	X	.0026	X	$\frac{70}{80}$	= 1.33

Line 31: **Inpatient Substance Abuse – Miscellaneous Adjustment Factor – Not Used**

Line 32: **Extended Care Facility**

The manual assumes the cost for a 31 day benefit. The daily benefit equals 50% of the Line 10 Room and Board amount.

Extended Care Facility Monthly Claim Costs for \$1.00 of Daily Benefit

Maximum Number of Days	Employee	Spouse	Children	Composite Dependents	Retiree
31	\$.004	\$.005	\$.004	\$.007	\$.024

- Line 33: **Chiropractic and Physical Therapy Visit Limits – Not Used**
- Line 34: **Chiropractic and Physical Therapy Copay – Not Used**
- Line 35: **Waiver of Coinsurance for Outpatient Surgical – Not Used**
- Line 36: **Supplemental Accident Maximum – Not Used**
- Line 37: **Hospital Deductible (per Admission) and Hospital Per Day Copay**

For each \$100 of Hospital per Admission Deductible (in addition to the calendar year deductible), claim costs are reduced by the following amounts.

Net Claim Cost Per \$100 of Hospital Per Admission Deductible				
Employee	Spouse	Children	Composite Dependents	Retiree
-\$.43	-\$.53	-\$.52	-\$.86	-\$.53

If a per day copay instead of the per admission deductible is needed, multiply the per day copay by 5.0 and use the above table (this assumes an average length of stay of 5.0 days).

Lines 38-40: **Adjustment to Physician Office Visit Benefits**

The manual provides the option to waive deductible and coinsurance for office visits and apply a copay. This option is activated by including a copay for office visits in the Deductible, Coinsurance and Copay dialog box. The following tables are used to calculate the office visit benefit adjustments. An example follows the tables and demonstrates their usage.

Waiver of Deductible for Office Visits – Net Monthly Costs

Deductible	Employee	Spouse	Children	Composite Dependent	Retiree
Include Rx in CMM					
\$ 0	0.00	0.00	0.00	0.00	0.00
100	0.60	0.60	2.69	2.61	0.30
150	0.91	0.91	4.22	4.07	0.44
200	1.22	1.22	5.76	5.53	0.59
250	1.49	1.49	7.25	6.93	0.73
300	1.77	1.77	8.74	8.32	0.86
500	2.91	2.91	14.27	13.60	1.50
1,000	5.63	5.63	25.03	24.31	3.31
1,500	7.99	7.99	31.80	31.60	5.19
2,000	9.92	9.92	36.52	36.92	7.06
2,500	11.35	11.35	40.21	41.02	9.00
3,500	13.87	13.87	45.77	47.49	12.39
5,000	17.00	17.00	51.63	54.72	16.56
Exclude Rx in CMM					
\$ 0	0.00	0.00	0.00	0.00	0.00
100	1.20	1.20	4.92	4.86	0.69
150	1.69	1.69	7.05	6.93	0.97
200	2.18	2.18	9.17	9.00	1.26
250	2.64	2.64	11.14	10.93	1.58
300	3.11	3.11	13.10	12.86	1.91
500	4.95	4.95	19.59	19.48	3.42
1,000	9.17	9.17	30.32	31.44	7.23
1,500	11.78	11.78	36.61	38.56	10.60
2,000	13.64	13.64	40.50	43.18	13.29
2,500	14.92	14.92	43.55	46.65	15.08
3,500	16.98	16.98	48.62	52.35	18.04
5,000	19.43	19.43	53.49	58.23	21.83

Lines 38-40: **Adjustment to Physician Office Visit Benefits (continued)****Waiver of Deductible and Coinsurance for Office Visits – Net Monthly Costs**

Deductible	Employee	Spouse	Children	Composite Dependent	Retiree
Include Rx in CMM					
\$ 0	12.34	12.34	23.37	28.71	17.57
100	12.94	12.94	26.06	31.32	17.86
150	13.24	13.24	27.59	32.78	18.01
200	13.55	13.55	29.12	34.24	18.16
250	13.83	13.83	30.61	35.64	18.29
300	14.10	14.10	32.10	37.03	18.43
500	15.25	15.25	37.63	42.31	19.07
1,000	17.96	17.96	48.40	53.02	20.88
1,500	20.32	20.32	55.17	60.31	22.76
2,000	22.26	22.26	59.89	65.63	24.63
2,500	23.69	23.69	63.58	69.73	26.57
3,500	26.21	26.21	69.13	76.20	29.96
5,000	29.33	29.33	75.00	83.43	34.13
Exclude Rx in CMM					
\$ 0	12.34	12.34	23.37	28.71	17.57
100	13.54	13.54	28.29	33.57	18.25
150	14.03	14.03	30.41	35.65	18.54
200	14.51	14.51	32.54	37.72	18.82
250	14.98	14.98	34.50	39.65	19.15
300	15.44	15.44	36.47	41.57	19.47
500	17.28	17.28	42.95	48.19	20.99
1,000	21.50	21.50	53.68	60.15	24.80
1,500	24.11	24.11	59.97	67.27	28.17
2,000	25.98	25.98	63.86	71.89	30.86
2,500	27.26	27.26	66.92	75.37	32.65
3,500	29.31	29.31	71.98	81.06	35.61
5,000	31.76	31.76	76.86	86.95	39.40

Lines 38-40: **Adjustment to Physician Office Visit Benefits (continued)**

Office Visit Copays – \$10 Copay Net Monthly Cost Reductions

Employee	Spouse	Children	Composite Dependents	Retiree
-3.75	-3.75	-6.25	-8.06	-7.61

Office Visits Area Adjustments*

Area	Area Factor	Area	Area Factor
A	0.75	I	1.28
B	0.81	J	1.28
C	0.87	K	1.36
D	0.94	L	1.36
E	1.00	M	1.43
F	1.07	N	1.50
G	1.14	O	1.50
H	1.21	P	1.50

*Applied to waiver of copay and coinsurance but not to waiver of deductible

PERCENTAGE OF OFFICE VISITS ABOVE THE STOP LOSS LEVEL – INCLUDE RX

Area	Stop Loss				
	2,500	5,000	10,000	20,000	40,000
A	42%	30%	19%	10%	5%
B	43%	31%	20%	11%	5%
C	44%	32%	21%	11%	6%
D	45%	34%	22%	12%	6%
E	46%	34%	23%	13%	7%
F	46%	35%	24%	13%	7%
G	47%	36%	25%	14%	8%
H	48%	37%	26%	15%	8%
I	49%	38%	27%	16%	8%
J	49%	38%	27%	16%	9%
K	49%	39%	27%	16%	9%
L	49%	39%	27%	16%	9%
M	50%	40%	28%	17%	9%
N	51%	41%	29%	18%	10%
O	51%	41%	29%	18%	10%
P	51%	41%	29%	18%	10%

PERCENTAGE OF OFFICE VISITS ABOVE THE STOP LOSS LEVEL – EXCLUDE RX

Area	Stop Loss				
	2,500	5,000	10,000	20,000	40,000
A	35%	25%	16%	9%	5%
B	36%	27%	17%	9%	5%
C	37%	28%	18%	10%	5%
D	39%	29%	19%	11%	6%
E	39%	30%	20%	11%	6%
F	41%	31%	21%	12%	7%
G	41%	32%	22%	13%	7%
H	42%	33%	23%	13%	7%
I	43%	34%	24%	14%	8%
J	43%	34%	24%	14%	8%
K	44%	35%	25%	15%	8%
L	44%	35%	25%	15%	8%
M	45%	36%	25%	16%	8%
N	45%	37%	26%	16%	9%
O	45%	37%	26%	16%	9%
P	45%	37%	26%	16%	9%

Example

The employee rate adjustment for a \$10 copay on a \$300 deductible plan, with 90/10 coinsurance of the first \$5,000 after the deductible then 100%, in Area B with a 15% medicine discount is calculated as follows. Prescription drugs are excluded from the CMM in this example.

Step 1: Calculate Waiver of Deductible

$$\$3.11 \times (90/80) = \$3.50$$

Step 2: Calculate Waiver of Coinsurance

\$	15.44	Waiver of Deductible and Coinsurance Table
	- 3.11	Waiver of Deductible
	12.33	Preliminary Waiver of Coinsurance
	x .81	Area Adjustment Table
	x .365	Coinsurance Adjustment Factor*
	x .85	Discount Adjustment Factor
\$	3.10	Waiver of Coinsurance

$$*(1 - \text{Percentage of office visits above stop loss level}) \\ x (1 - \text{coinsurance}) \div .2 = (1 - .27) \times (1 - .9) \div .2 = .365$$

Step 3: Calculate Copay Adjustment

The Office Visit Copays table shows an employee rate of –\$3.75.

The final rate adjustment is the sum of Step 1 through Step 3 or \$2.85.

The copay adjustments can be easily modified. For example, for a \$15 copay the value of the \$10 would be increased by 50%.

Line 41: Emergency Room Copay

The following tables are used to calculate the emergency room copay adjustment. If this adjustment is used, then the plan deductible and coinsurance are waived. The Area E average cost per emergency room visit is \$535.

Emergency Room Annual Frequency

Adult	Children	Retiree
.163	.218	.238

**Emergency Room Cost as a Percentage of
Total Expenses (Including Rx)**

Adult	Children	Retiree
1.0%	3.3%	0.8%

Emergency Room Area Adjustments

Area	Area Factor
A	.75
B	.81
C	.87
D	.94
E	1.00
F	1.07
G	1.14
H	1.21
I	1.28
J	1.28
K	1.36
L	1.36
M	1.43
N	1.50
O	1.50
P	1.50

Example

The monthly cost adjustments for a \$30 emergency copay in a \$200 deductible plan in Area B are calculated as follows. Note that the spouse adjustment is set equal to the employee adjustment.

Step 1: Average cost per emergency room visit after area adjustment and copay is:

\$535.00	Average Cost
<u> x .81</u>	Area B
433.35	
<u>– 28.50</u>	Effective Copay *
\$404.85	

* Nominal \$30 copay is reduced by 5% for waiver of copay when admitted as an inpatient.

Step 2: Emergency room total cost after copay is:

	Freq. Table		Cost				Monthly Cost
Employee	.163	X	404.85	÷ 12	=		5.50
Children	.218	X	404.85 X 1.97	÷ 12	=		14.49
Retiree	.238	X	404.85	÷ 12	=		8.03

Step 3: Emergency room expenses included in the base costs are:

	Area B \$200 Ded Base Costs All Expenses	E.R Percentage	Product
Employee	486.66	1.0%	4.87
Children	368.16	3.3%	12.15
Retiree	839.45	0.8%	6.72

Step 4: Subtract the result of Step 3 from Step 2:

						Line 41 Adj.
Employee	5.50	–	4.87	=		.63
Spouse	(equals Employee)			=		.63
Children	14.49	–	12.15	=		2.34
Retiree	8.03	–	6.72	=		1.31

Line 42: **Outpatient Surgical Center Copay or CT-MRI Copay**

These adjustments account for copays applicable to admissions to outpatient surgical centers, or utilization of CT scans or MRIs.

Outpatient Surgical Center Adjustment Per \$100 of Copay				
Employee	Spouse	Children	Composite Dependents	Retiree
-\$.60	-\$.60	-\$.60	-\$.98	-\$.62

CT Scan – MRI Adjustment Per \$100 of Copay				
Employee	Spouse	Children	Composite Dependents	Retiree
-\$2.30	-\$2.30	-\$1.77	-\$3.29	-\$2.70

Line 43: **Miscellaneous Adjustment – Not Used**Line 44: **Not Currently Used**Line 45: **Not Currently Used**Lines 46-50: **Well Care Benefits for Adults and Children**

The manual base rates include well care. The following table shows the rate adjustments for the five well care options.

Well Care Benefit Net Monthly Claim Adjustments*					
Well Care Benefit	Employee	Spouse	Children	Composite Dependent	Retiree
No Benefit	(\$9.10)	(\$9.10)	(\$12.42)	(\$17.42)	(\$16.86)
\$200 Flat Benefit	(3.07)	(3.07)	1.79	(1.21)	(6.97)
\$200 Max Benefit; Apply Ded/Copay/Coin	(3.07)	(3.07)	(3.86)	(5.62)	(6.97)
No Benefit Limit; Apply Ded/Copay/Coin	0.00	0.00	0.00	0.00	0.00
No Benefit Limit; Waive Ded/Copay/Coin	3.78	3.78	7.62	9.16	6.69

*Area E, \$200 deductible, 80/20 to \$5000. No discount.

Line 50: **Benefits Terminate Upon Attainment of Age – Not Used**

Line 51: **Manual Cost (before factor adjustments)**

Line 52: **Experience Factor**

The Experience Adjustment Factor is used to reflect the influence from different degrees of managed health care. The manual claim costs are representative of a typical managed indemnity risk (i.e., pre-certification and some wellness provisions). Preferred provider products can either be priced through the network discount factors or through applying an overall Experience Adjustment Factor. A typical point-of-service product is assumed to have an Experience Adjustment Factor in the range of .80 to .90.

Line 53: **Underwriting Factor – Not Used**

Line 54: **Trend Adjustment Factor**

Monthly adjustment is measured from July 1, 2011 and uses factors from Section I. These factors are additive and should not be compounded each month. For comprehensive major medical benefits, the following monthly trend factors by deductible apply:

Deductible Range	Monthly Trend Factor*	
	Including Rx	Excluding Rx
\$0-\$199	0.8%	0.8%
\$200-\$999	0.9%	0.9%
\$1,000-\$2,999	1.0%	1.0%
\$3,000-\$4,999	1.1%	1.1%
\$5,000-\$14,999	1.2%	1.2%
\$15,000 and Over	1.3%	1.3%

* Additive, not compounded.

Line 55: **Age Gender Factor – See Age Gender Tables**

Line 56: **Child “Coverage From”**

The manual claim costs assume that children are covered from birth to age 26.

Line 57: **Pre-Admission Certification Factor**

Adjustment for No Pre-Certification and Concurrent Review – The monthly claim costs on Line 51 will be increased by 4.5% if there is no requirement to obtain pre-certification and concurrent review of hospital admissions.

Line 58: **SIC Factor – See SIC Tables**

Line 59: **Final Total Manual Costs**

Base Monthly Claim Costs

Net monthly costs for the base or standard benefit plan for **July 1, 2011** are displayed on the remaining pages of this section.

Area A					
2011 Comprehensive Major Medical Claim Costs					
Standard Benefit Plan – Including Prescription Drug					
Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$467.04	\$482.72	\$365.83	\$695.66	\$798.27
100	460.79	476.52	353.71	680.94	791.85
150	457.82	473.59	348.12	674.08	788.71
200	454.95	470.74	342.83	667.54	785.61
250	452.17	467.98	337.82	661.28	782.56
300	449.45	465.28	333.07	655.28	779.55
500	439.21	455.12	316.20	633.48	767.84
1,000	417.10	433.14	283.67	589.44	740.73
1,500	398.45	414.62	259.71	555.00	716.15
2,000	382.29	398.55	240.58	526.42	693.71
2,500	367.87	384.25	224.92	502.05	673.11
3,500	343.01	359.53	200.41	461.91	636.71
5,000	312.97	329.18	173.79	415.36	591.17
7,500	274.71	289.41	143.58	357.99	532.00
10,000	244.97	258.44	123.28	315.83	486.12
12,500	220.92	233.20	107.98	282.45	449.31
15,000	201.71	212.74	96.43	256.04	418.13
20,000	172.52	181.71	80.17	216.99	369.62
25,000	152.17	158.93	68.85	188.79	331.69
50,000	95.18	97.90	43.60	117.22	216.27
100,000	50.90	55.65	27.29	68.59	119.73

Area B
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$498.79	\$515.85	\$391.31	\$743.70	\$852.13
100	492.52	509.65	379.16	728.94	845.70
150	489.54	506.70	373.51	722.03	842.55
200	486.66	503.84	368.16	715.43	839.45
250	483.85	501.05	363.09	709.10	836.38
300	481.11	498.33	358.25	703.02	833.36
500	470.77	488.07	341.00	680.84	821.59
1,000	448.31	465.77	307.48	635.74	794.26
1,500	429.27	446.85	282.57	600.23	769.39
2,000	412.73	430.43	262.60	570.69	746.61
2,500	397.97	415.77	246.14	545.39	725.66
3,500	372.43	390.32	220.17	503.51	688.52
5,000	341.30	359.04	191.88	454.85	641.63
7,500	301.43	317.80	159.26	394.35	580.38
10,000	270.38	285.34	137.30	349.63	532.56
12,500	244.92	258.81	120.80	314.21	493.86
15,000	224.18	236.58	107.92	285.27	461.11
20,000	192.52	203.07	90.05	242.85	409.19
25,000	170.12	178.24	77.37	211.85	368.59
50,000	108.07	110.83	48.77	132.25	244.77
100,000	59.06	63.75	30.56	78.03	137.71

Area C
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$530.45	\$548.94	\$416.76	\$791.67	\$905.79
100	524.18	542.73	404.58	776.89	899.36
150	521.19	539.76	398.89	769.93	896.21
200	518.28	536.89	393.47	763.26	893.10
250	515.46	534.09	388.33	756.87	890.03
300	512.70	531.35	383.43	750.72	886.99
500	502.26	520.99	365.83	728.19	875.17
1,000	479.48	498.39	331.36	682.09	847.64
1,500	460.07	479.10	305.55	645.56	822.50
2,000	443.18	462.34	284.79	615.12	799.42
2,500	428.08	447.31	267.60	588.94	778.15
3,500	401.89	421.22	240.23	545.42	740.26
5,000	369.68	389.03	210.24	494.66	692.15
7,500	328.32	346.38	175.34	431.19	628.91
10,000	296.04	312.53	151.71	383.98	579.24
12,500	269.32	284.79	134.01	346.60	538.73
15,000	247.13	261.16	119.89	315.49	504.58
20,000	213.01	225.12	100.28	269.57	449.37
25,000	188.54	198.13	86.26	235.69	406.53
50,000	121.33	124.37	54.14	147.94	274.51
100,000	67.51	72.16	33.96	87.83	156.56

Area D
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$567.20	\$587.29	\$446.26	\$847.28	\$968.01
100	560.91	581.07	434.05	832.46	961.57
150	557.91	578.09	428.31	825.46	958.41
200	554.99	575.20	422.84	818.73	955.30
250	552.14	572.38	417.62	812.27	952.22
300	549.37	569.62	412.65	806.05	949.17
500	538.83	559.17	394.66	783.13	937.30
1,000	515.69	536.24	359.17	735.96	909.54
1,500	495.91	516.56	332.34	698.30	884.12
2,000	478.60	499.42	310.76	666.90	860.71
2,500	463.15	484.01	292.72	639.73	839.10
3,500	436.26	457.21	263.82	594.40	800.39
5,000	402.89	424.01	231.88	541.28	751.03
7,500	359.90	379.81	194.46	474.51	685.59
10,000	326.19	344.47	168.81	424.47	633.90
12,500	298.16	315.32	149.73	384.81	591.38
15,000	274.48	290.44	134.37	351.68	555.53
20,000	237.68	251.37	112.43	301.36	496.74
25,000	210.65	222.00	97.05	264.40	451.23
50,000	137.49	140.82	60.63	166.99	310.07
100,000	77.84	82.32	38.01	99.62	179.68

Area E
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$598.77	\$620.10	\$471.50	\$894.86	\$1,021.28
100	592.48	613.88	459.27	880.03	1,014.84
150	589.46	610.89	453.49	872.98	1,011.67
200	586.53	607.98	447.98	866.21	1,008.55
250	583.67	605.15	442.71	859.69	1,005.47
300	580.88	602.38	437.68	853.41	1,002.41
500	570.26	591.84	419.39	830.19	990.49
1,000	546.85	568.65	383.08	782.15	962.57
1,500	526.76	548.67	355.41	743.59	936.93
2,000	509.09	531.20	333.14	711.37	913.24
2,500	493.34	515.49	314.37	683.38	891.35
3,500	465.88	488.08	284.22	636.56	851.97
5,000	431.58	454.05	250.64	581.45	801.61
7,500	387.22	408.62	211.21	512.07	734.32
10,000	352.34	372.06	183.77	459.59	680.95
12,500	323.21	341.71	163.42	417.92	636.90
15,000	298.44	315.80	147.10	383.17	599.50
20,000	259.37	274.25	123.14	329.16	537.80
25,000	230.21	242.84	106.60	289.56	489.93
50,000	151.99	155.50	66.43	183.99	341.13
100,000	87.11	91.37	41.55	110.07	200.42

Area F
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$635.39	\$658.19	\$500.86	\$950.13	\$1,082.99
100	629.10	651.96	488.61	935.28	1,076.55
150	626.07	648.96	482.79	928.19	1,073.38
200	623.12	646.04	477.23	921.38	1,070.25
250	620.25	643.19	471.91	914.80	1,067.16
300	617.43	640.40	466.81	908.45	1,064.10
500	606.73	629.78	448.19	884.91	1,052.13
1,000	583.02	606.31	411.02	835.96	1,024.03
1,500	562.61	586.01	382.40	796.38	998.16
2,000	544.56	568.15	359.35	763.22	974.15
2,500	528.46	552.14	339.80	734.36	951.95
3,500	500.37	524.05	308.27	685.89	911.85
5,000	465.06	489.10	272.89	628.59	860.45
7,500	419.20	442.29	231.12	556.22	791.11
10,000	382.96	404.39	201.61	500.99	735.95
12,500	352.59	372.69	179.76	457.01	690.07
15,000	326.71	345.68	162.34	420.46	651.01
20,000	285.02	301.28	136.08	362.23	586.30
25,000	253.57	267.84	118.17	319.84	535.56
50,000	169.38	173.18	73.47	204.51	377.83
100,000	98.32	102.33	45.87	122.75	225.58

Area G**2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug**

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$671.96	\$696.04	\$530.20	\$1,005.19	\$1,144.39
100	665.66	689.80	517.93	990.32	1,137.95
150	662.62	686.79	512.08	983.20	1,134.77
200	659.66	683.86	506.48	976.34	1,131.64
250	656.77	681.00	501.10	969.71	1,128.54
300	653.95	678.20	495.94	963.30	1,125.47
500	643.17	667.50	477.05	939.47	1,113.47
1,000	619.17	643.76	439.06	889.66	1,085.20
1,500	598.45	623.18	409.54	849.14	1,059.11
2,000	580.04	604.93	385.67	815.02	1,034.82
2,500	563.62	588.64	365.45	785.39	1,012.32
3,500	534.91	559.90	332.59	735.33	971.54
5,000	498.64	524.04	295.46	675.89	919.16
7,500	451.34	475.93	251.41	600.64	847.87
10,000	413.78	436.71	219.88	542.71	790.98
12,500	382.23	403.83	196.49	496.52	743.34
15,000	355.32	375.70	177.95	458.14	702.72
20,000	311.10	328.71	149.45	395.97	635.45
25,000	277.62	293.25	130.00	350.67	581.57
50,000	187.11	191.24	80.75	225.54	414.92
100,000	110.10	113.54	50.34	135.77	251.48

Area H
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I—Deductible Applicable to All Expenses					
\$ 0	\$708.42	\$733.70	\$559.50	\$1,060.06	\$1,205.46
100	702.12	727.46	547.22	1,045.17	1,199.01
150	699.08	724.45	541.34	1,038.03	1,195.83
200	696.10	721.50	535.70	1,031.12	1,192.69
250	693.20	718.63	530.27	1,024.45	1,189.59
300	690.36	715.81	525.06	1,017.98	1,186.51
500	679.50	705.04	505.90	993.89	1,174.47
1,000	655.26	681.06	467.13	943.27	1,146.06
1,500	634.25	660.20	436.77	901.85	1,119.76
2,000	615.49	641.62	412.10	866.81	1,095.20
2,500	598.75	625.02	391.24	836.43	1,072.40
3,500	569.43	595.65	357.14	784.87	1,031.03
5,000	532.29	558.94	318.26	723.34	977.69
7,500	483.62	509.56	272.01	645.29	904.58
10,000	444.75	469.12	238.49	584.77	845.92
12,500	412.15	435.12	213.56	536.42	796.70
15,000	384.15	405.86	193.83	496.17	754.64
20,000	337.79	356.87	163.36	430.76	684.78
25,000	302.17	319.08	142.19	382.12	627.86
50,000	205.05	209.67	88.34	247.12	452.30
100,000	122.40	125.12	54.97	149.23	277.97

Area I
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$744.82	\$771.22	\$588.70	\$1,114.72	\$1,266.22
100	738.51	764.97	576.40	1,099.82	1,259.77
150	735.46	761.95	570.50	1,092.65	1,256.59
200	732.47	759.00	564.82	1,085.70	1,253.45
250	729.56	756.11	559.35	1,078.99	1,250.34
300	726.70	753.28	554.09	1,072.47	1,247.25
500	715.78	742.45	534.69	1,048.14	1,235.18
1,000	691.30	718.24	495.19	996.75	1,206.63
1,500	670.00	697.11	464.01	954.47	1,180.14
2,000	650.93	678.21	438.59	918.57	1,155.34
2,500	633.86	661.30	417.10	887.44	1,132.26
3,500	603.96	631.34	381.78	834.43	1,090.31
5,000	566.02	593.80	341.24	770.90	1,036.03
7,500	515.98	543.23	292.76	690.10	961.28
10,000	475.93	501.64	257.41	627.17	900.90
12,500	442.26	466.56	230.90	576.68	850.15
15,000	413.16	436.14	209.95	534.49	806.62
20,000	364.84	385.35	177.65	466.12	734.17
25,000	327.14	345.16	154.61	413.98	674.51
50,000	223.41	228.59	96.19	269.33	490.07
100,000	134.97	137.09	59.67	163.07	305.09

Area J**2011 Comprehensive Major Medical Claim Costs****Standard Benefit Plan – Including Prescription Drug**

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$744.82	\$771.22	\$588.70	\$1,114.72	\$1,266.22
100	738.51	764.97	576.40	1,099.82	1,259.77
150	735.46	761.95	570.50	1,092.65	1,256.59
200	732.47	759.00	564.82	1,085.70	1,253.45
250	729.56	756.11	559.35	1,078.99	1,250.34
300	726.70	753.28	554.09	1,072.47	1,247.25
500	715.78	742.45	534.69	1,048.14	1,235.18
1,000	691.30	718.24	495.19	996.75	1,206.63
1,500	670.00	697.11	464.01	954.47	1,180.14
2,000	650.93	678.21	438.59	918.57	1,155.34
2,500	633.86	661.30	417.10	887.44	1,132.26
3,500	603.96	631.34	381.78	834.43	1,090.31
5,000	566.02	593.80	341.24	770.90	1,036.03
7,500	515.98	543.23	292.76	690.10	961.28
10,000	475.93	501.64	257.41	627.17	900.90
12,500	442.26	466.56	230.90	576.68	850.15
15,000	413.16	436.14	209.95	534.49	806.62
20,000	364.84	385.35	177.65	466.12	734.17
25,000	327.14	345.16	154.61	413.98	674.51
50,000	223.41	228.59	96.19	269.33	490.07
100,000	134.97	137.09	59.67	163.07	305.09

Area K
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$786.13	\$813.78	\$621.85	\$1,176.76	\$1,335.27
100	779.82	807.53	609.54	1,161.84	1,328.82
150	776.76	804.50	603.62	1,154.65	1,325.64
200	773.77	801.53	597.89	1,147.66	1,322.49
250	770.84	798.64	592.38	1,140.90	1,319.37
300	767.97	795.79	587.06	1,134.33	1,316.29
500	756.98	784.89	567.42	1,109.74	1,304.18
1,000	732.24	760.43	527.14	1,057.54	1,275.49
1,500	710.64	739.03	495.07	1,014.33	1,248.79
2,000	691.24	719.78	468.81	977.49	1,223.75
2,500	673.81	702.54	446.63	945.53	1,200.35
3,500	643.27	671.97	409.97	890.95	1,157.80
5,000	604.48	633.51	367.66	825.25	1,102.47
7,500	552.90	581.60	316.67	741.36	1,026.00
10,000	511.56	538.84	279.33	675.89	963.76
12,500	476.73	502.53	251.00	622.92	911.46
15,000	446.40	470.91	228.61	578.59	866.13
20,000	396.13	418.08	194.29	506.91	790.82
25,000	355.99	375.25	169.14	450.89	728.53
50,000	244.70	250.68	105.37	295.26	533.78
100,000	149.83	151.13	65.11	179.25	336.76

Area L
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$786.13	\$813.78	\$621.85	\$1,176.76	\$1,335.27
100	779.82	807.53	609.54	1,161.84	1,328.82
150	776.76	804.50	603.62	1,154.65	1,325.64
200	773.77	801.53	597.89	1,147.66	1,322.49
250	770.84	798.64	592.38	1,140.90	1,319.37
300	767.97	795.79	587.06	1,134.33	1,316.29
500	756.98	784.89	567.42	1,109.74	1,304.18
1,000	732.24	760.43	527.14	1,057.54	1,275.49
1,500	710.64	739.03	495.07	1,014.33	1,248.79
2,000	691.24	719.78	468.81	977.49	1,223.75
2,500	673.81	702.54	446.63	945.53	1,200.35
3,500	643.27	671.97	409.97	890.95	1,157.80
5,000	604.48	633.51	367.66	825.25	1,102.47
7,500	552.90	581.60	316.67	741.36	1,026.00
10,000	511.56	538.84	279.33	675.89	963.76
12,500	476.73	502.53	251.00	622.92	911.46
15,000	446.40	470.91	228.61	578.59	866.13
20,000	396.13	418.08	194.29	506.91	790.82
25,000	355.99	375.25	169.14	450.89	728.53
50,000	244.70	250.68	105.37	295.26	533.78
100,000	149.83	151.13	65.11	179.25	336.76

Area M
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$822.24	\$850.95	\$650.84	\$1,230.96	\$1,395.66
100	815.92	844.70	638.52	1,216.04	1,389.20
150	812.86	841.67	632.58	1,208.83	1,386.02
200	809.85	838.69	626.82	1,201.81	1,382.87
250	806.91	835.78	621.26	1,195.00	1,379.75
300	804.03	832.93	615.91	1,188.39	1,376.65
500	792.98	821.98	596.05	1,163.60	1,364.52
1,000	768.04	797.31	555.13	1,110.71	1,335.70
1,500	746.19	775.67	522.30	1,066.71	1,308.84
2,000	726.53	756.16	495.37	1,029.12	1,283.60
2,500	708.77	738.62	472.55	996.41	1,259.94
3,500	677.66	707.50	434.75	940.48	1,216.88
5,000	638.20	668.25	390.96	872.96	1,160.65
7,500	585.29	615.25	337.81	786.46	1,082.77
10,000	542.89	571.45	298.83	718.82	1,018.94
12,500	507.00	534.05	268.90	663.68	965.34
15,000	475.72	501.51	245.23	617.57	918.48
20,000	423.78	446.95	209.10	543.00	840.73
25,000	381.57	401.97	182.17	483.76	776.41
50,000	263.49	270.33	113.60	318.38	572.35
100,000	163.10	163.71	69.97	193.73	365.23

Area N**2011 Comprehensive Major Medical Claim Costs****Standard Benefit Plan – Including Prescription Drug**

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I—Deductible Applicable to All Expenses					
\$ 0	\$858.24	\$888.06	\$679.78	\$1,285.08	\$1,455.74
100	851.92	881.81	667.45	1,270.15	1,449.28
150	848.85	878.77	661.50	1,262.92	1,446.10
200	845.84	875.79	655.71	1,255.87	1,442.94
250	842.88	872.87	650.12	1,249.03	1,439.81
300	839.99	870.00	644.72	1,242.38	1,436.71
500	828.89	859.00	624.68	1,217.40	1,424.55
1,000	803.76	834.14	583.12	1,163.85	1,395.63
1,500	781.67	812.28	549.59	1,119.12	1,368.60
2,000	761.75	792.51	522.02	1,080.81	1,343.19
2,500	743.68	774.69	498.51	1,047.33	1,319.26
3,500	712.04	743.07	459.66	990.15	1,275.73
5,000	671.92	703.04	414.39	920.81	1,218.63
7,500	617.75	648.95	359.13	831.73	1,139.39
10,000	574.30	604.18	318.57	762.04	1,074.08
12,500	537.36	565.74	287.08	704.80	1,019.11
15,000	505.22	532.33	262.13	656.94	970.88
20,000	451.57	476.02	224.21	579.50	890.74
25,000	407.58	429.34	195.58	517.49	824.51
50,000	282.55	290.36	122.24	342.15	611.24
100,000	176.64	176.58	74.97	208.56	394.19

Area O
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I—Deductible Applicable to All Expenses					
\$ 0	\$858.24	\$888.06	\$679.78	\$1,285.08	\$1,455.74
100	851.92	881.81	667.45	1,270.15	1,449.28
150	848.85	878.77	661.50	1,262.92	1,446.10
200	845.84	875.79	655.71	1,255.87	1,442.94
250	842.88	872.87	650.12	1,249.03	1,439.81
300	839.99	870.00	644.72	1,242.38	1,436.71
500	828.89	859.00	624.68	1,217.40	1,424.55
1,000	803.76	834.14	583.12	1,163.85	1,395.63
1,500	781.67	812.28	549.59	1,119.12	1,368.60
2,000	761.75	792.51	522.02	1,080.81	1,343.19
2,500	743.68	774.69	498.51	1,047.33	1,319.26
3,500	712.04	743.07	459.66	990.15	1,275.73
5,000	671.92	703.04	414.39	920.81	1,218.63
7,500	617.75	648.95	359.13	831.73	1,139.39
10,000	574.30	604.18	318.57	762.04	1,074.08
12,500	537.36	565.74	287.08	704.80	1,019.11
15,000	505.22	532.33	262.13	656.94	970.88
20,000	451.57	476.02	224.21	579.50	890.74
25,000	407.58	429.34	195.58	517.49	824.51
50,000	282.55	290.36	122.24	342.15	611.24
100,000	176.64	176.58	74.97	208.56	394.19

Area P
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Including Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I—Deductible Applicable to All Expenses					
\$ 0	\$858.24	\$888.06	\$679.78	\$1,285.08	\$1,455.74
100	851.92	881.81	667.45	1,270.15	1,449.28
150	848.85	878.77	661.50	1,262.92	1,446.10
200	845.84	875.79	655.71	1,255.87	1,442.94
250	842.88	872.87	650.12	1,249.03	1,439.81
300	839.99	870.00	644.72	1,242.38	1,436.71
500	828.89	859.00	624.68	1,217.40	1,424.55
1,000	803.76	834.14	583.12	1,163.85	1,395.63
1,500	781.67	812.28	549.59	1,119.12	1,368.60
2,000	761.75	792.51	522.02	1,080.81	1,343.19
2,500	743.68	774.69	498.51	1,047.33	1,319.26
3,500	712.04	743.07	459.66	990.15	1,275.73
5,000	671.92	703.04	414.39	920.81	1,218.63
7,500	617.75	648.95	359.13	831.73	1,139.39
10,000	574.30	604.18	318.57	762.04	1,074.08
12,500	537.36	565.74	287.08	704.80	1,019.11
15,000	505.22	532.33	262.13	656.94	970.88
20,000	451.57	476.02	224.21	579.50	890.74
25,000	407.58	429.34	195.58	517.49	824.51
50,000	282.55	290.36	122.24	342.15	611.24
100,000	176.64	176.58	74.97	208.56	394.19

Area A
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$389.38	\$409.19	\$316.97	\$595.05	\$664.19
100	383.48	403.37	305.35	581.04	658.06
150	380.75	400.68	300.19	574.72	655.09
200	378.14	398.11	295.37	568.78	652.19
250	375.62	395.63	290.87	563.17	649.34
300	373.20	393.25	286.64	557.84	646.55
500	364.29	384.55	272.11	539.11	636.04
1,000	346.24	366.80	245.43	503.21	613.41
1,500	332.27	352.62	225.94	475.96	594.42
2,000	320.44	340.51	210.29	453.46	577.98
2,500	309.88	329.76	197.15	434.07	563.42
3,500	291.33	310.81	176.32	401.71	537.33
5,000	268.22	286.94	153.44	363.59	504.58
7,500	237.82	255.40	127.38	316.44	460.88
10,000	213.85	229.99	109.85	281.17	425.90
12,500	194.07	208.59	96.66	252.70	396.75
15,000	178.29	190.86	86.70	229.85	372.17
20,000	154.89	163.51	72.19	195.29	332.79
25,000	138.10	143.71	62.30	170.75	301.55
50,000	88.15	90.48	40.22	108.28	199.37
100,000	47.68	51.89	25.30	63.84	111.93

Area B
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$420.31	\$441.55	\$341.94	\$642.04	\$716.64
100	414.39	435.71	330.26	627.96	710.49
150	411.64	433.00	325.03	621.57	707.51
200	409.00	430.39	320.12	615.53	704.59
250	406.45	427.89	315.52	609.81	701.73
300	403.99	425.47	311.18	604.37	698.92
500	394.91	416.57	296.15	585.08	688.26
1,000	376.26	398.32	268.30	547.85	665.13
1,500	361.76	383.61	247.90	519.43	645.56
2,000	349.45	371.09	231.41	495.92	628.53
2,500	338.55	359.95	217.49	475.60	613.43
3,500	319.30	340.24	195.24	441.49	586.56
5,000	295.19	315.45	170.82	401.37	552.33
7,500	263.17	282.39	142.37	351.08	506.46
10,000	237.89	255.64	123.28	313.45	469.80
12,500	216.72	233.02	108.79	282.93	438.89
15,000	199.48	213.86	97.69	257.98	412.46
20,000	173.61	183.89	81.61	219.97	370.16
25,000	155.06	161.98	70.46	192.63	336.65
50,000	100.65	102.85	45.20	122.68	226.54
100,000	55.54	59.70	28.50	72.98	129.28

Area C
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$451.17	\$473.88	\$366.89	\$688.97	\$768.92
100	445.23	468.02	355.15	674.84	762.76
150	442.45	465.28	349.85	668.38	759.77
200	439.79	462.65	344.86	662.25	756.84
250	437.21	460.12	340.18	656.44	753.96
300	434.72	457.67	335.75	650.90	751.13
500	425.48	448.61	320.25	631.11	740.34
1,000	406.30	429.88	291.30	592.61	716.75
1,500	391.27	414.68	270.02	563.09	696.66
2,000	378.51	401.73	252.72	538.59	679.10
2,500	367.28	390.22	238.11	517.41	663.47
3,500	347.40	369.87	214.50	481.70	635.86
5,000	322.29	344.15	188.45	439.52	600.26
7,500	288.75	309.60	157.77	386.22	552.41
10,000	262.20	281.55	137.11	346.26	514.02
12,500	239.91	257.83	121.40	313.84	481.45
15,000	221.15	237.35	109.11	286.85	453.38
20,000	192.78	204.89	91.46	245.50	408.18
25,000	172.52	180.92	78.93	215.35	372.37
50,000	113.38	115.84	50.37	137.75	254.76
100,000	63.65	67.85	31.83	82.50	147.34

Area D
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$487.10	\$511.46	\$395.89	\$743.53	\$829.72
100	481.15	505.58	384.10	729.35	823.56
150	478.34	502.82	378.72	722.80	820.56
200	475.65	500.16	373.66	716.59	817.61
250	473.04	497.60	368.88	710.68	814.71
300	470.52	495.11	364.35	705.04	811.86
500	461.12	485.88	348.34	684.70	800.95
1,000	441.38	466.65	318.19	644.84	776.87
1,500	425.73	450.92	295.89	614.08	756.24
2,000	412.50	437.49	277.73	588.49	738.11
2,500	400.84	425.53	262.38	566.35	721.88
3,500	380.26	404.52	237.26	528.91	693.41
5,000	354.11	377.77	209.30	484.36	656.35
7,500	318.94	341.51	176.16	427.69	606.42
10,000	290.90	312.08	153.54	385.02	565.92
12,500	267.40	287.16	136.50	350.56	531.49
15,000	247.11	265.36	122.90	321.42	501.83
20,000	215.93	230.27	103.23	276.25	453.20
25,000	193.47	203.85	89.25	242.89	414.82
50,000	128.90	131.63	56.56	156.00	289.02
100,000	73.60	77.66	35.79	93.93	169.46

Area E
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$517.86	\$543.51	\$420.64	\$790.08	\$881.60
100	511.91	537.63	408.82	775.86	875.44
150	509.07	534.83	403.38	769.24	872.42
200	506.36	532.16	398.26	762.98	869.47
250	503.74	529.57	393.40	756.99	866.55
300	501.19	527.06	388.79	751.26	863.69
500	491.65	517.70	372.38	730.50	852.68
1,000	471.49	498.07	341.29	689.57	828.23
1,500	455.32	481.90	318.13	657.75	807.17
2,000	441.72	468.08	299.27	631.29	788.58
2,500	429.68	455.78	283.26	608.36	771.85
3,500	408.54	434.21	256.95	569.50	742.65
5,000	381.55	406.64	227.34	522.96	704.50
7,500	345.09	368.97	192.26	463.59	652.83
10,000	315.78	338.45	167.85	418.61	610.52
12,500	291.24	312.48	149.67	382.35	574.79
15,000	269.92	289.71	135.04	351.58	543.71
20,000	236.42	252.40	113.61	303.16	492.24
25,000	212.00	223.90	98.42	267.08	451.56
50,000	142.74	145.69	62.11	172.28	318.91
100,000	82.53	86.37	39.25	104.03	189.39

Area F
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$553.68	\$580.83	\$449.50	\$844.32	\$941.93
100	547.71	574.94	437.65	830.07	935.76
150	544.86	572.12	432.14	823.38	932.73
200	542.12	569.43	426.97	817.05	929.77
250	539.47	566.82	422.02	810.97	926.84
300	536.90	564.28	417.33	805.16	923.96
500	527.23	554.78	400.52	783.97	912.85
1,000	506.62	534.72	368.36	741.83	887.99
1,500	489.88	518.07	344.23	708.86	866.48
2,000	475.85	503.79	324.60	681.41	847.37
2,500	463.36	491.13	307.83	657.56	830.14
3,500	441.62	468.89	280.17	617.09	800.02
5,000	413.68	440.35	248.73	568.31	760.78
7,500	375.78	401.21	211.47	505.97	707.06
10,000	345.07	369.48	185.03	458.39	662.80
12,500	319.34	342.25	165.48	419.99	625.61
15,000	296.98	318.43	149.69	387.42	592.89
20,000	260.81	278.75	126.14	335.32	538.33
25,000	234.03	247.79	109.59	296.10	495.12
50,000	159.52	162.71	68.88	192.03	354.24
100,000	93.38	96.90	43.48	116.28	213.56

Area G
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$589.44	\$617.91	\$478.35	\$898.33	\$1,001.93
100	583.46	612.01	466.47	884.06	995.76
150	580.58	609.17	460.90	877.30	992.72
200	577.83	606.46	455.67	870.91	989.74
250	575.16	603.83	450.66	864.77	986.81
300	572.56	601.26	445.89	858.86	983.91
500	562.77	591.64	428.71	837.29	972.71
1,000	541.75	571.17	395.55	794.03	947.49
1,500	524.48	554.10	370.50	759.97	925.56
2,000	510.01	539.37	350.12	731.56	905.97
2,500	497.13	526.34	332.61	706.82	888.29
3,500	474.76	503.46	303.66	664.80	857.21
5,000	445.96	473.98	270.47	613.85	816.99
7,500	406.69	433.55	231.13	548.80	761.29
10,000	374.60	400.55	202.64	498.53	715.32
12,500	347.73	372.15	181.64	458.00	676.58
15,000	324.39	347.38	164.74	423.78	642.28
20,000	285.71	305.39	139.09	368.07	584.92
25,000	256.74	272.38	121.06	325.95	539.05
50,000	176.69	179.97	75.92	212.19	390.21
100,000	104.73	107.74	47.87	128.91	238.62

Area H
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$625.10	\$654.81	\$507.15	\$952.17	\$1,061.61
100	619.12	648.91	495.26	937.87	1,055.43
150	616.22	646.05	489.63	931.06	1,052.39
200	613.45	643.32	484.35	924.61	1,049.40
250	610.75	640.66	479.28	918.40	1,046.46
300	608.13	638.08	474.43	912.43	1,043.54
500	598.24	628.35	456.93	890.50	1,032.27
1,000	576.85	607.50	422.82	846.18	1,006.72
1,500	559.09	590.03	396.86	811.08	984.40
2,000	544.16	574.90	375.73	781.74	964.36
2,500	530.93	561.49	357.56	756.16	946.25
3,500	507.93	537.96	327.42	712.65	914.28
5,000	478.34	507.66	292.51	659.67	873.11
7,500	437.74	465.97	251.09	591.93	815.52
10,000	404.36	431.67	220.70	539.07	767.99
12,500	376.38	402.22	198.07	496.38	727.56
15,000	352.02	376.48	180.10	460.49	692.05
20,000	311.19	332.49	152.50	401.56	631.94
25,000	280.08	297.46	132.90	356.50	583.40
50,000	194.13	197.57	83.22	232.85	426.61
100,000	116.67	118.91	52.42	141.95	264.25

Area I**2011 Comprehensive Major Medical Claim Costs****Standard Benefit Plan – Excluding Prescription Drug**

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$660.67	\$691.56	\$535.85	\$1,005.79	\$1,120.97
100	654.69	685.64	523.94	991.47	1,114.79
150	651.78	682.77	518.27	984.61	1,111.74
200	648.98	680.02	512.93	978.10	1,108.74
250	646.27	677.35	507.81	971.84	1,105.79
300	643.63	674.74	502.89	965.79	1,102.87
500	633.63	664.91	485.08	943.54	1,091.53
1,000	611.90	643.71	450.08	898.21	1,065.69
1,500	593.70	625.87	423.26	862.13	1,042.98
2,000	578.32	610.35	401.39	831.88	1,022.56
2,500	564.75	596.56	382.60	805.51	1,004.01
3,500	541.12	572.39	351.33	760.57	971.19
5,000	510.78	541.38	314.77	705.70	929.13
7,500	468.90	498.44	271.20	635.21	869.76
10,000	434.39	462.89	238.97	579.85	820.77
12,500	405.24	432.50	214.79	535.16	778.61
15,000	379.89	405.68	195.76	497.52	741.92
20,000	337.06	359.96	166.19	435.60	679.26
25,000	303.90	322.90	145.00	387.56	628.04
50,000	211.92	215.63	90.76	254.08	463.29
100,000	128.90	130.45	57.02	155.36	290.46

Area J
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$660.67	\$691.56	\$535.85	\$1,005.79	\$1,120.97
100	654.69	685.64	523.94	991.47	1,114.79
150	651.78	682.77	518.27	984.61	1,111.74
200	648.98	680.02	512.93	978.10	1,108.74
250	646.27	677.35	507.81	971.84	1,105.79
300	643.63	674.74	502.89	965.79	1,102.87
500	633.63	664.91	485.08	943.54	1,091.53
1,000	611.90	643.71	450.08	898.21	1,065.69
1,500	593.70	625.87	423.26	862.13	1,042.98
2,000	578.32	610.35	401.39	831.88	1,022.56
2,500	564.75	596.56	382.60	805.51	1,004.01
3,500	541.12	572.39	351.33	760.57	971.19
5,000	510.78	541.38	314.77	705.70	929.13
7,500	468.90	498.44	271.20	635.21	869.76
10,000	434.39	462.89	238.97	579.85	820.77
12,500	405.24	432.50	214.79	535.16	778.61
15,000	379.89	405.68	195.76	497.52	741.92
20,000	337.06	359.96	166.19	435.60	679.26
25,000	303.90	322.90	145.00	387.56	628.04
50,000	211.92	215.63	90.76	254.08	463.29
100,000	128.90	130.45	57.02	155.36	290.46

Area K
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$701.19	\$733.36	\$568.51	\$1,066.79	\$1,188.64
100	695.20	727.44	556.58	1,052.46	1,182.46
150	692.27	724.55	550.87	1,045.55	1,179.41
200	689.45	721.78	545.46	1,038.97	1,176.39
250	686.72	719.09	540.30	1,032.66	1,173.43
300	684.06	716.46	535.31	1,026.54	1,170.50
500	673.96	706.52	517.18	1,003.94	1,159.09
1,000	651.87	684.95	481.23	957.57	1,132.96
1,500	633.19	666.70	453.45	920.39	1,109.83
2,000	617.30	650.75	430.76	889.13	1,088.99
2,500	603.37	636.56	411.30	861.89	1,069.98
3,500	579.00	611.71	378.73	815.36	1,036.24
5,000	547.83	579.91	340.42	758.45	993.15
7,500	504.60	535.59	294.37	684.86	931.89
10,000	468.83	498.65	260.26	626.86	881.25
12,500	438.38	467.22	234.26	579.86	837.26
15,000	411.97	439.24	213.90	540.19	799.24
20,000	367.19	391.62	182.24	475.02	733.80
25,000	331.56	352.35	159.14	423.62	679.74
50,000	232.54	236.87	99.67	279.08	505.76
100,000	143.23	144.02	62.34	171.04	321.14

Area L**2011 Comprehensive Major Medical Claim Costs****Standard Benefit Plan – Excluding Prescription Drug**

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$701.19	\$733.36	\$568.51	\$1,066.79	\$1,188.64
100	695.20	727.44	556.58	1,052.46	1,182.46
150	692.27	724.55	550.87	1,045.55	1,179.41
200	689.45	721.78	545.46	1,038.97	1,176.39
250	686.72	719.09	540.30	1,032.66	1,173.43
300	684.06	716.46	535.31	1,026.54	1,170.50
500	673.96	706.52	517.18	1,003.94	1,159.09
1,000	651.87	684.95	481.23	957.57	1,132.96
1,500	633.19	666.70	453.45	920.39	1,109.83
2,000	617.30	650.75	430.76	889.13	1,088.99
2,500	603.37	636.56	411.30	861.89	1,069.98
3,500	579.00	611.71	378.73	815.36	1,036.24
5,000	547.83	579.91	340.42	758.45	993.15
7,500	504.60	535.59	294.37	684.86	931.89
10,000	468.83	498.65	260.26	626.86	881.25
12,500	438.38	467.22	234.26	579.86	837.26
15,000	411.97	439.24	213.90	540.19	799.24
20,000	367.19	391.62	182.24	475.02	733.80
25,000	331.56	352.35	159.14	423.62	679.74
50,000	232.54	236.87	99.67	279.08	505.76
100,000	143.23	144.02	62.34	171.04	321.14

Area M
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$736.48	\$769.76	\$597.00	\$1,119.95	\$1,247.62
100	730.48	763.84	585.05	1,105.60	1,241.44
150	727.55	760.94	579.31	1,098.66	1,238.38
200	724.71	758.15	573.84	1,092.02	1,235.36
250	721.96	755.44	568.64	1,085.67	1,232.39
300	719.28	752.80	563.61	1,079.49	1,229.45
500	709.10	742.77	545.22	1,056.63	1,217.99
1,000	686.72	720.89	508.47	1,009.37	1,191.62
1,500	667.67	702.33	479.89	971.29	1,168.16
2,000	651.36	686.03	456.51	939.20	1,146.97
2,500	637.08	671.48	436.48	911.21	1,127.58
3,500	612.08	646.08	402.79	863.35	1,093.06
5,000	580.25	613.56	363.04	804.69	1,049.05
7,500	535.86	568.15	314.85	728.51	986.28
10,000	499.03	530.03	279.17	668.28	934.18
12,500	467.49	497.64	251.58	619.23	888.84
15,000	440.19	468.75	229.94	577.79	849.44
20,000	393.81	419.50	196.58	509.90	781.71
25,000	356.07	378.39	171.80	455.64	725.42
50,000	250.68	255.88	107.65	301.46	543.32
100,000	156.07	156.21	67.08	185.10	348.67

Area N
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$771.67	\$806.11	\$625.45	\$1,173.04	\$1,306.32
100	765.67	800.18	613.49	1,158.68	1,300.13
150	762.73	797.28	607.72	1,151.71	1,297.07
200	759.87	794.47	602.21	1,145.02	1,294.04
250	757.11	791.74	596.96	1,138.61	1,291.06
300	754.42	789.09	591.88	1,132.39	1,288.12
500	744.16	778.98	573.26	1,109.28	1,276.61
1,000	721.50	756.82	535.74	1,061.17	1,250.02
1,500	702.11	737.95	506.42	1,022.27	1,226.25
2,000	685.38	721.32	482.37	989.37	1,204.74
2,500	670.76	706.46	461.73	960.64	1,184.98
3,500	645.16	680.46	426.98	911.44	1,149.75
5,000	612.67	647.25	385.81	851.09	1,104.77
7,500	567.19	600.80	335.50	772.36	1,040.66
10,000	529.36	561.61	298.40	710.12	987.09
12,500	496.77	528.19	269.27	658.99	940.51
15,000	468.55	498.52	246.27	615.83	899.69
20,000	420.62	447.69	211.21	545.28	829.74
25,000	381.06	404.91	184.84	488.35	771.43
50,000	269.12	275.16	116.11	324.45	581.06
100,000	169.22	168.73	71.95	199.54	376.72

Area O
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$771.67	\$806.11	\$625.45	\$1,173.04	\$1,306.32
100	765.67	800.18	613.49	1,158.68	1,300.13
150	762.73	797.28	607.72	1,151.71	1,297.07
200	759.87	794.47	602.21	1,145.02	1,294.04
250	757.11	791.74	596.96	1,138.61	1,291.06
300	754.42	789.09	591.88	1,132.39	1,288.12
500	744.16	778.98	573.26	1,109.28	1,276.61
1,000	721.50	756.82	535.74	1,061.17	1,250.02
1,500	702.11	737.95	506.42	1,022.27	1,226.25
2,000	685.38	721.32	482.37	989.37	1,204.74
2,500	670.76	706.46	461.73	960.64	1,184.98
3,500	645.16	680.46	426.98	911.44	1,149.75
5,000	612.67	647.25	385.81	851.09	1,104.77
7,500	567.19	600.80	335.50	772.36	1,040.66
10,000	529.36	561.61	298.40	710.12	987.09
12,500	496.77	528.19	269.27	658.99	940.51
15,000	468.55	498.52	246.27	615.83	899.69
20,000	420.62	447.69	211.21	545.28	829.74
25,000	381.06	404.91	184.84	488.35	771.43
50,000	269.12	275.16	116.11	324.45	581.06
100,000	169.22	168.73	71.95	199.54	376.72

Area P
2011 Comprehensive Major Medical Claim Costs
Standard Benefit Plan – Excluding Prescription Drug

Deductible	Employee	Spouse	Children	Composite Dependents	Retiree
Plan I — Deductible Applicable to All Expenses					
\$ 0	\$771.67	\$806.11	\$625.45	\$1,173.04	\$1,306.32
100	765.67	800.18	613.49	1,158.68	1,300.13
150	762.73	797.28	607.72	1,151.71	1,297.07
200	759.87	794.47	602.21	1,145.02	1,294.04
250	757.11	791.74	596.96	1,138.61	1,291.06
300	754.42	789.09	591.88	1,132.39	1,288.12
500	744.16	778.98	573.26	1,109.28	1,276.61
1,000	721.50	756.82	535.74	1,061.17	1,250.02
1,500	702.11	737.95	506.42	1,022.27	1,226.25
2,000	685.38	721.32	482.37	989.37	1,204.74
2,500	670.76	706.46	461.73	960.64	1,184.98
3,500	645.16	680.46	426.98	911.44	1,149.75
5,000	612.67	647.25	385.81	851.09	1,104.77
7,500	567.19	600.80	335.50	772.36	1,040.66
10,000	529.36	561.61	298.40	710.12	987.09
12,500	496.77	528.19	269.27	658.99	940.51
15,000	468.55	498.52	246.27	615.83	899.69
20,000	420.62	447.69	211.21	545.28	829.74
25,000	381.06	404.91	184.84	488.35	771.43
50,000	269.12	275.16	116.11	324.45	581.06
100,000	169.22	168.73	71.95	199.54	376.72

VII. PRESCRIPTION DRUG CARD RATE MANUAL

Description

Group medical plans frequently provide prescription drug (Rx) benefits via a drug card program. Following are a standard set of net monthly claim costs for drug card benefits with various generic/brand copay structures, 100% reimbursement thereafter, with no annual maximum.

Assumptions

The following age and gender tables are used to calculate prescription drug card age/gender factors.

Age and Gender Factors (Including Oral Contraceptive Factors) – Active Employees

	Male Employee	Female Employee	Unisex Employee	Dependent Spouse Husband	Dependent Spouse Wife	Dependent Spouse Unisex
Under 30	0.26	0.63	0.45	0.26	0.63	0.45
30-34	0.38	0.73	0.56	0.38	0.73	0.56
35-39	0.51	0.79	0.65	0.51	0.79	0.65
40-44	0.63	0.82	0.73	0.63	0.82	0.73
45-49	0.85	1.01	0.93	0.85	1.01	0.93
50-54	1.10	1.26	1.18	1.10	1.26	1.18
55-59	1.36	1.54	1.45	1.36	1.54	1.45
60-64	1.70	1.79	1.75	1.70	1.79	1.75
65-69	2.08	2.11	2.10	2.08	2.11	2.10
70 & Over	2.45	2.45	2.45	2.45	2.45	2.45
Medicare Primary - 65-69	2.45	2.55	2.50	2.45	2.55	2.50
-70-74	2.93	2.93	2.93	2.93	2.93	2.93
-75+	3.40	3.40	3.40	3.40	3.40	3.40

Retiree Age and Gender Factors

Retiree Age	Male	Female	Unisex
50-54	0.70	0.80	0.75
55-59	0.86	0.98	0.92
60-64	1.08	1.14	1.11
65-69	1.42	1.48	1.45
70-74	1.69	1.69	1.69
75+	1.97	1.97	1.97

Default assumptions used for developing the standard monthly Rx card costs are outlined below. Oral contraceptives are automatically included as a covered benefit.

Average wholesale price (AWP) of a prescription	Generic	\$ 37.59
	Brand - Formulary	\$177.04
	Brand-Non-Formulary	\$198.28
Number of prescriptions per year:	Employee	15.0
	Child	4.5
	Retiree	23.7
Distribution by number of prescriptions	Brand Name	Generic
	38%	62%
Monthly trend:	1.1% (Additive)	
Discounts:	Generic 30%	
	Brand 10%	
Expenses:	Dispensing and Administration fee: \$2.00 per prescription	

Prescription Drug Card Base Monthly Claim Costs

Following are the base claim costs, with 100% reimbursement after the copay with no annual maximum.

Prescription Drug Card Monthly Costs			Monthly Claim Costs – 2011				
Copay per Prescription			Employee	Spouse	Children	Composite Dependents	Retiree
Brand Non-Formulary	Brand Formulary	Generic					
\$10	10	5	93.08	93.08	58.62	124.84	160.69
15	10	5	92.16	92.16	58.04	123.61	159.10
15	15	5	90.77	90.77	57.17	121.75	156.72
15	15	10	88.15	88.15	55.52	118.23	152.19
20	20	10	85.91	85.91	54.11	115.23	148.33
30	20	10	84.15	84.15	53.00	112.87	145.28

VIII. PROVIDER NETWORK RATING

Description

The worksheets that follow adjust the manual costs above for in-network discounts. In-network manual cost is calculated separately from out-of-network and a weighting is assumed to each as presented below.

Given detailed data (which is seldom obtained and usually only reliable for groups of 5,000 or more employees) it is possible to compute the actual discount. The end of this manual contains a section that provides a computational framework for evaluating such detailed charge data.

Provider Network Rating Example

Table 1 displays the PPO benefits for the example. Note that Area E costs are used in this example.

TABLE 1		
Benefits		
	In-Network	Out-of-Network
Deductible	\$200; no carry-forward	\$200; no carry-forward
Office Visits	\$15 copay	70% coinsurance
Prescription Drugs	\$10 generic \$15 brand	same as in-network
Outpatient Psychiatric	\$125/visit average benefit; No annual visit max. (1)	same as in-network
Outpatient Substance Abuse	\$125/visit average benefit; No annual visit max. (1)	same as in-network
Other Services	After deductible, 90% coinsurance on first \$10,000, then 100%	After deductible, 70% coinsurance on first \$10,000, then 100%
Well Care	No Benefit Limit; Waive Ded/Copay/Coin	none
Extended Care Facility	31 days	31 days

(1) SAAO assumptions

Table 2 displays in-network discounts which will be based on the data received from the group, otherwise, an overall discount will be used as shown in the specific stop loss manual.

TABLE 2**In-Network Discounts**

Expense Category	Provider Fee Discounts
Hospital Inpatient	30%
Hospital Outpatient	20%
Surgical	30%
Radiology	10%
Pathology	15%
Medicine	25%
Prescription Drugs	NA
Miscellaneous	0%

Composite In-Network Discount Calculation

	Distribution of Expenses*		(C) Fee Discounts	Composite Fee Discounts	
	(A) Adult	(B) Child		Adult (A)x(C)	Child (B)x(C)
Hospital Inpatient	27.0%	25.7%	30.00%	8.11%	7.70%
Hospital Outpatient	32.8%	28.0%	20.00%	6.56%	5.60%
Surgical Inpatient	4.1%	2.5%	30.00%	1.24%	0.74%
Surgical Outpatient	11.9%	10.2%	30.00%	3.56%	3.06%
Office Visits**	11.3%	20.8%	25.00%	2.82%	5.21%
Professional Inpatient**	0.8%	1.6%	21.50%	0.17%	0.34%
Professional Outpatient**	2.8%	2.8%	11.25%	0.31%	0.32%
DX&L**	7.0%	4.8%	12.75%	0.90%	0.61%
Other Services	2.3%	3.7%	0.00%	0.00%	0.00%
	100.00%	100.00%		23.67%	23.58%

*From Section VI. (note: excludes prescription drugs)

**Office Visit Discount	=	Medicine Discount
Prof-Inpat. Discount	=	.75 x Medicine Discount + .2 x Radiology Discount + .05 x Pathology Discount
Prof-Outpat. Discount	=	.75 x Radiology Discount + .25 x Pathology Discount
DX&L Discount	=	.45 x Radiology Discount + .55 x Pathology Discount

In-Network Base Rate Calculation – Lines 1-12a (of Section VI. Worksheet)

	Employee	Spouse	Children
a) Line 1 – Base Cost \$200 ded. – Section VI.	506.36	532.16	398.26
b) Line 12 – Adjusted Base Cost	506.36	532.16	398.26
c) Composite Provider Discounts	23.67%	23.67%	23.58%
d) Adj. ded. \$200/(1-(c))	262		
e) Base Cost \$250 ded.	503.17	529.57	393.40
f) Base Cost \$300 ded.	501.19	527.06	388.79
g) Base Cost \$262 ded. – interp. (e) and (f)	503.13	528.97	392.29
h) Discounted Base Cost – (g) x (1 – (c))	384.04	403.76	299.79
i) Line 12a(*) – Discount Value (h) – (b)	-122.32	-128.40	-98.47

In-Network Coinsurance Calculation – Lines 13-19

	Starting Values	Adjusted for Discount	Coinsurance
Deductible	\$200	\$262	NA
Corridor	\$200 - \$10,200	\$262 - \$13,360	90%
Above	\$10,200+	\$13,360+	100%

	Employee	Spouse	Children
a) \$12,500 ded. Base Rate	291.24	312.48	149.67
b) \$15,000 ded. Base Rate	269.92	289.71	135.04
c) \$13,360 ded. Base Rate (interpolate (a) and (b))	283.91	304.65	144.64
d) Discounts	23.67%	23.67%	23.58%
e) Line 12 + Line 12a (see above table)	384.04	403.76	299.79
f) Line 17(*)	126.19	133.72	85.54
$\frac{(e)}{.8} \times (.9 \times 1.07 - .8) + \frac{(c)}{.8} \times (1.0 \times 1.14 - .9 \times 1.07) \times (1 - (d))$			

In-Network Mental Health, Substance Abuse and Extended Care Facility – Lines 20-34

	Employee	Spouse	Children
a) Line 23 – Section VI. Outpatient Mental Health	7.50	7.50	6.30
b) Inpatient Mental Health – Section VI. SAAO	.0065	.0065	.0102
c) Line 1 rates including Rx	586.53	607.98	447.98
d) Line 25 – (b) x (c) x (1- Discount) x (90/80)	3.27	3.39	3.93

In-Network Mental Health, Substance Abuse and Extended Care Facility – Lines 20-34

	Employee	Spouse	Children
e) Line 29 – Section VI. Outpatient Substance Abuse	1.88	1.88	1.58
f) Inpatient Substance Abuse – Section VI. SAAO	.0026	.0026	.0041
g) Line 31 – (c) x (f) x (1-Discount) x (90/80)	1.31	1.36	1.58
h) Extended Care – Section VI. Monthly Cost per \$1.00 Daily Benefit	.004	.005	.004
i) Line 10 – Area E Room and Board	\$1,126.00	\$1,126.00	\$1,126.00
j) Line 32 – Extended Care Benefit Equal to 50% of Room and Board Level (h) x (i)/2	2.25	2.82	2.25

In-Network Copayments – Lines 37-42

	Employee	Spouse	Children
a) Waiver of Deductible for Office Visits – Section VI., \$200 ded.	2.18	2.18	9.17
b) Waiver of Deductible and Coinsurance for Office Visits – Section VI., \$200 ded.	14.51	14.51	32.54
c) Office Visit Copay – Section VI. \$10 copay	-3.75	-3.75	-6.25
d) Area Adjustment Factor – Section VI. Area E	1.00	1.00	1.00
e) Office Visit Discount – Example Assumptions	25%	25%	25%
f) Coinsurance Adjustment*	.400	.400	.400
g) Line 40 $(a) \times \frac{90}{80} + [(b) - (a)] \times (d) \times [1 - (e)] \times (f) + (c) \times \frac{15}{10}$.53	.53	7.95

*(f) Coinsurance Adjustment

(f.1) % of office visits above stop loss = 20%

Section VI., area E, 10,000 stop loss

Adj = $(1 - (f.1)) \times (1 - .9) / .2$

In-Network Well Care Benefit – Lines 44-50

	Employee	Spouse	Children
a) Line 47 – Adult Well Care – Section VI.	-3.07	-3.07	NA
b) Line 50 – Children Well Care – Section VI.	NA	NA	1.79

The results of the calculations above are summed to produce the Line 51 claim cost – Manual costs before factor adjustments.

In-Network Monthly Manual Claim Cost Summary

	Employee	Spouse	Children
Line 12	506.36	532.16	398.26
Line 12a	-122.32	-128.40	-98.47
Line 17	126.19	133.72	85.54
Line 23	7.50	7.50	6.30
Line 25	3.27	3.39	3.93
Line 29	1.88	1.88	1.58
Line 31	1.31	1.36	1.58
Line 32	2.25	2.82	2.25
Line 40	0.53	0.53	7.95
Line 47	-3.07	-3.07	NA
Line 50	<u>NA</u>	<u>NA</u>	<u>1.79</u>
Line 51	523.91	551.89	410.71
Prescription Drug — Section VII.	<u>88.15</u>	<u>88.15</u>	<u>55.52</u>
Grand Total Cost	612.06	640.04	466.23

The Out-of-network claim cost calculation is as follows:

Out-of-Network Base Rate and Coinsurance – Lines 1-19

	Employee	Spouse	Children
a) Line 1 – Base Cost – Section VI.	506.36	532.16	398.26
b) Line 12 – Adjusted Base Cost (a)	506.36	532.16	398.26
c) \$10,000 ded. Base Rate	315.78	338.45	167.85
d) \$12,500 ded. Base Rate	291.24	312.48	149.67
e) \$10,200 ded. Base Rate (interpolate (b) and (c))	313.82	336.37	166.40
f) Line 17 – Coin. Adj.	97.51	106.49	27.54
$(b) \times \frac{70}{80} \times .93 + (e) \times \left[\left(\frac{100}{80} \right) \times 1.14 - \left(\frac{70}{80} \right) \times .93 \right] - (b)$			

Out-of-Network Mental Health, Substance Abuse, and Other Providers – Lines 20-34

	Employee	Spouse	Children
Line 23 – Outpatient Mental Health (same as in-network)	7.50	7.50	6.30
Line 25 – Inpatient Mental Health (same as in-network except omit discount and change coin. from 90% to 70%)	3.34	3.46	4.00
Line 29 – Outpatient Substance Abuse (same as in-network)	1.88	1.88	1.58
Line 31 – Inpatient Substance Abuse (same as in-network except omit discount and change coin. from 90% to 70%)	1.33	1.38	1.61

**Out-of-Network Mental Health, Substance Abuse, and Other Providers –
Lines 20-34**

	Employee	Spouse	Children
Line 32 – Extended Care Facility (same as in-network)	2.25	2.82	2.25

No copayments are applied to out-of-network benefits. Thus, Lines 38-42 are not used.

Out-of-Network Well Care Benefits – Lines 44-50

	Employee	Spouse	Children
a) Line 47- Adult & Well Care – Section VI.	-9.10	-9.10	N/A
b) Line 50 – Child Well Care – Section VI.	N/A	N/A	-12.42

The results of the calculations are summed to produce the Line 51 claim cost — Manual cost before factor adjustments.

Out-of-Network Monthly Claim Cost Summary

	Employee	Spouse	Children
Line 12	506.36	532.16	398.26
Line 17	97.51	106.49	27.54
Line 23	7.50	7.50	6.30
Line 25	3.34	3.46	4.00
Line 29	1.88	1.88	1.58
Line 31	1.33	1.38	1.61
Line 32	2.25	2.82	2.25
Line 47	-9.10	-9.10	NA
Line 50	<u>NA</u>	<u>NA</u>	<u>-12.42</u>
Line 51	611.07	646.59	429.12
Prescription Drug (same as in-network)	<u>88.15</u>	<u>88.15</u>	<u>55.52</u>
Grand Total Cost	699.22	734.74	484.64

If 70% utilization of in-network services is assumed, then the final claim costs are:

Combined In- and Out-of-Network Claim Costs			
	Employee	Spouse	Children
a) In-network	612.06	640.04	466.23
b) Out-of-network	699.22	734.74	484.64
c) Combined (a) x .7 + (b) x .3	638.21	668.45	471.75

The utilization in-network will be what the data shows. However, if this data is not available, we would assume 90% in-network for a large network (Blues, UnitedHealth Care, Cigna, Aetna, Kaiser, Humana or local power network provided the group is located within the power network area); otherwise 80%. The percent would increase by 5% if the coinsurance differential between in-network and out-of-network is more than 10% and the out-of-pocket is greater by \$3,000 or more out-of-network. The percent would increase to 100% if out-of-network benefits have no out-of-pocket limit.

Provider Discount Analysis

The remainder of Section VIII pertains to Provider Discount Analysis under the assumption that a group provides such detailed information (which is very rare). The analysis provides a framework for calculating network discounts. It contains relative industry data for comparison purposes. Worksheet 1 evaluates discounts for a specific hospital. Worksheet 2 combines inpatient and outpatient services for several hospitals to evaluate the effective discount for various hospitals in a geographic area. Worksheet 3 evaluates discounts for professional services. If desired, a composite in-network discount may be computed using Worksheet 4. An example of applying worksheets 1 through 4 appears later in this section.

Prevailing Charge Tables – The Prevailing Charge Tables are estimated average retail charges for hospital and professional services performed in each of the metropolitan areas. The average time period for these charges is projected to be centered on July 1, 2011. Because these charges are based upon projected historical data, the underwriter may have superior information available from the PPO, HMO or provider group that is acceptable based on the documentation supplied. In that case, the local data should be used.

Hospital Outlier Provisions - Some PPO hospital reimbursement contracts have exceptions to the basic reimbursement formula for outlier claims. Outlier claims are hospital claims exceeding a dollar threshold. Example of Outlier Provision – If hospital's billed charges exceed \$25,000 on a case, then the entire hospital claim shall be paid at 80% of the hospital's billed charges. The following table shows the percentage of inpatient hospital claim dollars that are subject to the outlier threshold. For example, if the cost area is B and the outlier threshold is \$50,000, then 60% of inpatient hospital claim dollars are subject to the outlier provision.

Assume that the primary reimbursement is a hospital per diem equivalent to a 30% discount and that the discount on outliers is 20%. Then the effective discount in this example would be 24.0% [.60 X 20% + .40 X 30%]. Note that these percentages vary by both area and outlier threshold level.

Inpatient Hospital Outlier Percentage

Area	Outlier Threshold ('000)									
	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
A-D	94%	89%	84%	79%	76%	67%	60%	53%	46%	36%
E-G	96%	92%	87%	83%	80%	72%	65%	59%	52%	42%
H-P	100%	96%	92%	89%	86%	79%	73%	68%	62%	52%

2011 Prevailing Charges Tables

Zip Code	City	Hospital Per Diem	RBRVS Unit Value			
			Surgical	Medical	Pathology	Radiology Total
ALABAMA						
350	Birmingham (A-L)	\$7,740	\$82.85	\$57.02	\$68.71	\$106.23
351	Birmingham (M-Z)	\$5,678	\$82.85	\$57.02	\$68.71	\$106.23
352	Birmingham	\$9,793	\$82.66	\$57.95	\$82.57	\$111.21
354	Tuscaloosa	\$5,766	\$82.85	\$57.02	\$63.28	\$106.23
355	Birmingham	\$5,536	\$82.85	\$57.02	\$63.28	\$106.23
356	Decatur	\$5,792	\$82.85	\$57.02	\$63.28	\$106.23
357	Huntsville	\$4,265	\$80.77	\$57.51	\$80.34	\$80.93
358	Huntsville	\$9,416	\$80.77	\$57.51	\$80.34	\$82.64
359	Gadsden	\$7,207	\$89.87	\$58.39	\$68.83	\$99.70
360	Montgomery	\$4,783	\$83.95	\$55.95	\$71.21	\$100.85
361	Montgomery	\$7,118	\$83.95	\$55.95	\$71.21	\$100.85
362	Anniston	\$6,548	\$89.87	\$58.39	\$68.83	\$99.70
363	Dothan	\$6,773	\$91.26	\$56.69	\$67.92	\$128.55
364	Evergreen	\$3,971	\$83.95	\$55.95	\$71.21	\$100.85
365	Mobile	\$5,072	\$85.06	\$55.13	\$80.05	\$99.66
366	Mobile	\$5,979	\$85.06	\$55.13	\$80.05	\$99.66
367	Selma	\$4,577	\$83.95	\$55.95	\$71.21	\$100.85
368	Opelika	\$4,265	\$91.26	\$56.69	\$67.92	\$128.55
369	Meridian, MS	\$3,971	\$85.06	\$55.13	\$80.05	\$99.66
ALASKA						
995	Anchorage	\$11,542	\$184.20	\$115.90	\$158.40	\$164.47
996	Anchorage	\$6,245	\$179.03	\$100.52	\$153.89	\$177.31
997	Fairbanks	\$7,363	\$162.88	\$107.84	\$147.04	\$164.47
998	Juneau	\$5,246	\$162.88	\$100.52	\$147.04	\$176.84
999	Ketchikan	\$4,903	\$152.23	\$100.78	\$137.42	\$165.27
ARIZONA						
850	Phoenix	\$9,805	\$97.95	\$71.87	\$90.79	\$100.88
852	Phoenix	\$9,653	\$95.32	\$73.01	\$98.76	\$101.99
853	Phoenix	\$9,142	\$92.50	\$69.73	\$79.23	\$98.26
855	Globe	\$8,713	\$99.69	\$68.94	\$80.28	\$116.62
856	Tucson	\$6,388	\$90.02	\$70.10	\$76.62	\$101.83
857	Tucson	\$8,255	\$90.02	\$70.10	\$76.62	\$101.83
859	Show Low	\$6,902	\$99.69	\$68.94	\$80.28	\$116.62
860	Flagstaff	\$9,805	\$109.96	\$76.52	\$97.34	\$128.52
863	Prescott	\$8,489	\$99.69	\$68.94	\$80.28	\$116.62
864	Kingsman	\$9,805	\$99.69	\$68.94	\$80.28	\$116.62
865	Gallop, NM	\$4,265	\$109.96	\$76.52	\$97.34	\$128.52

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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ARKANSAS

716	Pine Bluff	\$4,889		\$87.52	\$63.71	\$68.09		\$115.03		
717	Camden	\$5,883		\$87.52	\$63.71	\$68.09		\$115.03		
718	Texarkana, TX	\$3,971		\$87.52	\$63.71	\$68.09		\$115.03		
719	Hot Springs Nat'l Park	\$7,671		\$87.52	\$63.71	\$68.09		\$115.03		
720	Little Rock (A-L)	\$4,380		\$94.99	\$66.18	\$72.21		\$110.52		
721	Little Rock (M-Z)	\$5,027		\$94.99	\$66.18	\$72.21		\$110.52		
722	Little Rock	\$6,883		\$92.18	\$65.98	\$77.39		\$117.60		
723	Memphis, TN	\$4,608		\$91.58	\$63.39	\$87.42		\$102.62		
724	Jonesboro	\$3,971		\$91.58	\$63.39	\$87.42		\$102.62		
725	Batesville	\$4,688		\$91.58	\$63.39	\$87.42		\$102.62		
726	Harrison	\$4,488		\$91.58	\$63.39	\$87.42		\$102.62		
727	Fayetteville	\$6,439		\$99.54	\$70.29	\$97.75		\$101.42		
728	Russellville	\$4,114		\$87.52	\$63.71	\$68.09		\$115.03		
729	Fort Smith	\$4,727		\$99.54	\$70.29	\$97.75		\$101.42		

CALIFORNIA

900	Los Angeles	\$13,335		\$128.66	\$84.30	\$103.71		\$123.18		
901	Los Angeles	\$13,335		\$128.66	\$84.30	\$103.71		\$123.18		
902	Inglewood	\$11,105		\$118.22	\$77.25	\$93.44		\$133.81		
903	Inglewood	\$13,335		\$118.22	\$77.25	\$93.44		\$133.81		
904	Santa Monica	\$12,779		\$120.46	\$82.14	\$112.43		\$126.99		
905	Torrance	\$12,304		\$106.38	\$73.23	\$93.44		\$126.97		
906	Whittier	\$8,969		\$114.61	\$72.60	\$113.00		\$133.57		
907	Long Beach	\$10,545		\$103.56	\$75.11	\$93.44		\$130.84		
908	Long Beach	\$11,802		\$103.52	\$73.94	\$104.64		\$130.97		
909	Long Beach	\$11,802		\$103.52	\$73.94	\$104.64		\$130.97		
910	Pasadena	\$10,583		\$103.64	\$76.16	\$96.57		\$115.76		
911	Pasadena	\$11,257		\$112.18	\$77.89	\$98.06		\$123.75		
912	Glendale	\$13,335		\$103.64	\$76.16	\$96.57		\$115.76		
913	Van Nuys	\$13,335		\$106.05	\$74.16	\$110.40		\$119.75		
914	Van Nuys	\$10,884		\$108.96	\$77.72	\$105.02		\$113.21		
915	Burbank	\$13,335		\$113.50	\$77.74	\$163.44		\$134.25		
916	North Hollywood	\$13,335		\$113.50	\$77.74	\$163.44		\$134.25		
917	Alhambra	\$10,213		\$103.52	\$74.60	\$95.66		\$116.17		
918	Alhambra	\$8,051		\$112.18	\$77.89	\$98.06		\$123.75		
919	Chula Vista	\$11,178		\$103.36	\$72.06	\$78.33		\$108.99		
920	San Diego	\$11,178		\$100.13	\$74.52	\$119.98		\$127.62		
921	San Diego	\$11,178		\$105.27	\$77.78	\$102.93		\$124.72		
922	Palm Springs	\$12,550		\$99.58	\$73.43	\$87.95		\$119.42		
923	San Bernardino	\$11,119		\$99.58	\$73.43	\$83.14		\$119.42		
924	San Bernardino	\$11,650		\$99.58	\$73.43	\$83.14		\$119.42		
925	Riverside	\$9,415		\$92.10	\$68.41	\$87.15		\$111.58		
926	Santa Ana	\$10,632		\$105.50	\$75.15	\$102.60		\$119.87		
927	Santa Ana	\$11,864		\$106.00	\$75.55	\$88.70		\$110.71		
928	Anaheim	\$11,864		\$103.31	\$75.64	\$96.35		\$121.53		

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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CALIFORNIA

930	Ventura	\$11,864	\$104.32	\$73.05	\$95.34	\$132.60
931	Santa Barbara	\$11,864	\$108.87	\$71.02	\$83.14	\$122.29
932	Bakersfield	\$9,091	\$99.15	\$69.31	\$82.85	\$110.36
933	Bakersfield	\$10,757	\$99.15	\$69.31	\$82.85	\$110.36
934	San Luis Obispo	\$11,864	\$92.10	\$70.06	\$83.14	\$99.99
935	Mojave	\$9,177	\$99.15	\$69.31	\$82.85	\$110.36
936	Fresno	\$6,527	\$100.06	\$70.38	\$85.16	\$112.82
937	Fresno	\$8,802	\$100.06	\$70.38	\$85.16	\$112.82
938	Fresno	\$8,802	\$100.06	\$70.38	\$85.16	\$112.82
939	Salinas	\$11,864	\$108.41	\$74.96	\$101.47	\$126.21
940	San Francisco	\$13,335	\$135.70	\$99.65	\$149.91	\$161.14
941	San Francisco	\$13,335	\$125.25	\$90.46	\$125.30	\$159.47
942	San Francisco	\$13,335	\$116.04	\$84.27	\$109.55	\$209.98
943	Palo Alto	\$13,335	\$199.53	\$129.81	\$172.08	\$191.90
944	San Mateo	\$6,667	\$117.10	\$85.30	\$128.93	\$130.46
945	Oakland	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
946	Oakland	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
947	Berkeley	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
948	Richmond	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
949	San Rafael	\$12,550	\$107.34	\$80.77	\$113.41	\$144.27
950	San Jose	\$11,864	\$123.55	\$87.53	\$119.36	\$137.88
951	San Jose	\$11,864	\$123.55	\$87.53	\$119.36	\$137.88
952	Stockton (1)	\$11,864	\$106.18	\$77.62	\$119.69	\$132.35
953	Stockton (2)	\$11,864	\$106.18	\$77.62	\$119.69	\$132.35
954	Santa Rosa	\$11,864	\$100.67	\$72.50	\$97.39	\$119.13
955	Eureka	\$10,852	\$100.67	\$72.50	\$97.39	\$119.13
956	Sacramento (1)	\$11,864	\$107.43	\$79.76	\$105.04	\$166.54
957	Sacramento (2)	\$11,864	\$107.43	\$79.76	\$105.04	\$166.54
958	Sacramento	\$11,864	\$116.04	\$84.27	\$109.55	\$199.98
959	Marysville	\$11,178	\$100.67	\$72.50	\$97.39	\$119.13
960	Redding	\$11,178	\$100.67	\$72.50	\$97.39	\$119.13
961	Reno, NV (California offices)	\$8,069	\$100.67	\$72.50	\$97.39	\$119.13

COLORADO

800	Denver (North)	\$9,217	\$97.96	\$76.38	\$75.87	\$117.52
801	Denver (South)	\$9,217	\$94.31	\$74.19	\$94.21	\$98.40
802	Denver	\$9,217	\$95.19	\$74.49	\$100.77	\$102.47
803	Boulder	\$9,217	\$93.18	\$74.14	\$104.70	\$101.81
804	Golden	\$6,166	\$105.06	\$74.12	\$84.14	\$97.60
805	Longmont	\$8,447	\$91.45	\$71.28	\$82.99	\$113.88
806	Brighton	\$8,530	\$94.05	\$68.54	\$95.33	\$78.47
807	Fort Morgan	\$4,176	\$94.05	\$68.54	\$95.33	\$78.47
808	Colorado Springs	\$4,265	\$93.75	\$75.68	\$108.13	\$93.63
809	Colorado Springs	\$8,176	\$93.75	\$75.68	\$108.13	\$93.63

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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COLORADO

810	Pueblo		\$7,167		\$97.73		\$75.00		\$95.54		\$125.04
811	Alamosa		\$4,248		\$97.73		\$75.00		\$95.54		\$123.96
812	Salida		\$4,797		\$97.73		\$75.00		\$95.54		\$125.04
813	Durango		\$7,942		\$97.73		\$75.00		\$95.54		\$125.04
814	Montrose		\$5,155		\$97.73		\$75.00		\$95.54		\$123.96
815	Grand Junction		\$6,745		\$97.73		\$75.00		\$95.54		\$125.04
816	Glenwood Springs		\$7,018		\$122.78		\$81.63		\$111.31		\$133.87

CONNECTICUT

60	Hartford		\$6,269		\$138.17		\$82.27		\$108.42		\$136.42
61	Hartford		\$6,494		\$137.22		\$84.40		\$124.58		\$123.32
62	Willimantic		\$4,265		\$123.36		\$79.25		\$91.14		\$143.79
63	New London		\$4,430		\$123.36		\$79.25		\$91.14		\$143.79
64	New Haven		\$5,615		\$137.17		\$81.45		\$103.79		\$123.08
65	New Haven		\$9,595		\$137.34		\$84.77		\$85.88		\$136.53
66	Bridgeport		\$7,267		\$136.83		\$86.41		\$85.17		\$135.78
67	Waterbury		\$6,076		\$136.70		\$81.67		\$110.22		\$129.06
68	Stamford		\$6,582		\$149.13		\$89.02		\$135.49		\$152.31
69	Stamford		\$8,658		\$149.13		\$89.02		\$135.49		\$152.31

DELAWARE

197	Wilmington		\$4,903		\$114.53		\$76.11		\$109.79		\$108.98
198	Wilmington		\$6,133		\$114.53		\$76.11		\$109.79		\$108.98
199	Dover		\$5,597		\$111.66		\$69.05		\$96.64		\$122.67

DISTRICT OF COLUMBIA

200	Washington		\$7,426		\$120.27		\$83.58		\$109.12		\$125.15
202	Government		\$7,426		\$120.27		\$83.58		\$109.12		\$125.15
203	Government		\$7,426		\$120.27		\$83.58		\$109.12		\$125.15
204	Government		\$7,426		\$120.27		\$83.58		\$109.12		\$125.15
205	Government		\$7,426		\$120.27		\$83.58		\$109.12		\$125.15

FLORIDA

320	Jacksonville		\$8,193		\$90.69		\$69.65		\$97.84		\$103.98
321	Jacksonville		\$6,712		\$97.35		\$69.99		\$82.42		\$96.52
322	Jacksonville		\$7,975		\$99.96		\$75.36		\$117.82		\$132.98
323	Tallahassee		\$6,395		\$101.33		\$70.91		\$77.95		\$110.57
324	Panama City		\$6,712		\$101.33		\$70.91		\$77.95		\$110.57
325	Pensacola		\$10,136		\$101.33		\$70.91		\$77.95		\$110.57
326	Gainesville		\$9,936		\$109.29		\$81.95		\$124.43		\$130.95
327	Orlando		\$7,235		\$101.43		\$72.70		\$86.74		\$106.93
328	Orlando		\$9,805		\$101.31		\$79.01		\$131.05		\$96.25
329	Melbourne		\$6,482		\$96.52		\$72.24		\$84.89		\$102.04
330	Miami		\$8,253		\$113.51		\$87.84		\$99.65		\$129.19

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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FLORIDA

331	Miami		\$9,046		\$129.05		\$90.57		\$112.73		\$140.24
332	Miami		\$9,046		\$129.05		\$90.57		\$112.73		\$140.24
333	Fort Lauderdale		\$8,700		\$117.80		\$85.14		\$107.77		\$146.09
334	West Palm Beach		\$10,574		\$109.08		\$76.55		\$87.95		\$111.69
335	Tampa		\$10,491		\$100.15		\$75.26		\$80.39		\$113.32
336	Tampa		\$9,947		\$112.24		\$79.40		\$106.70		\$111.09
337	Saint Petersburg		\$8,850		\$103.41		\$77.50		\$89.67		\$108.77
338	Lakeland		\$8,705		\$107.17		\$77.75		\$92.27		\$113.59
339	Fort Myers		\$9,742		\$104.39		\$77.28		\$86.73		\$92.33
340	Miami		\$8,253		\$113.51		\$87.84		\$99.65		\$129.19
341	Naples		\$8,030		\$111.41		\$81.75		\$91.10		\$110.62
342	Tampa		\$8,448		\$91.38		\$70.83		\$87.25		\$94.58
344	Pensacola		\$9,235		\$81.70		\$68.56		\$68.71		\$96.49
346	Tampa		\$9,401		\$92.17		\$72.82		\$84.85		\$111.25
347	Orlando		\$8,498		\$98.11		\$72.42		\$105.70		\$87.45
349	West Palm Beach		\$10,627		\$100.26		\$76.91		\$87.95		\$105.78

GEORGIA

300	Atlanta (Metro)		\$6,679		\$115.33		\$75.32		\$100.27		\$123.68
301	Atlanta		\$7,250		\$112.59		\$77.24		\$114.74		\$120.72
302	Atlanta		\$6,393		\$112.59		\$77.24		\$114.74		\$120.72
303	Atlanta		\$7,296		\$119.83		\$80.01		\$102.22		\$129.61
304	Swainsboro		\$4,791		\$121.39		\$74.21		\$103.88		\$143.79
305	Gainesville		\$6,858		\$116.83		\$73.01		\$115.29		\$125.05
306	Athens		\$5,759		\$112.26		\$71.56		\$93.95		\$124.28
307	Chattanooga, TN		\$6,098		\$120.18		\$73.55		\$101.75		\$126.07
308	Augusta		\$4,265		\$114.17		\$72.93		\$118.49		\$143.79
309	Augusta		\$7,187		\$114.17		\$72.93		\$118.49		\$144.87
310	Macon		\$4,265		\$113.11		\$75.54		\$100.81		\$132.87
311	Atlanta		\$7,296		\$119.83		\$80.01		\$102.22		\$129.61
312	Macon		\$7,997		\$117.60		\$79.68		\$98.41		\$126.49
313	Savannah		\$4,265		\$115.32		\$77.25		\$109.42		\$142.95
314	Savannah		\$7,404		\$115.32		\$77.25		\$109.42		\$142.95
315	Waycross		\$4,648		\$121.39		\$74.21		\$103.88		\$133.87
316	Valdosta		\$3,971		\$114.65		\$72.93		\$111.31		\$126.91
317	Albany		\$5,298		\$114.65		\$72.93		\$111.31		\$126.91
318	Columbus		\$3,971		\$114.65		\$72.93		\$111.31		\$126.91
319	Columbus		\$6,331		\$114.65		\$72.93		\$119.55		\$126.91
398	Atlanta		\$4,903		\$114.65		\$72.93		\$123.45		\$126.91
399	Atlanta		\$4,903		\$114.65		\$72.93		\$123.45		\$126.91

HAWAII

967	Honolulu		\$5,093		\$103.95		\$73.88		\$83.12		\$119.85
968	Honolulu		\$6,130		\$103.95		\$73.88		\$83.12		\$119.85

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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IDAHO

832	Pocatello		\$4,299		\$107.99	\$69.73		\$77.73		\$112.93
833	Twin Falls		\$3,898		\$106.75	\$70.35		\$70.64		\$105.08
834	Pocatello		\$7,725		\$107.99	\$69.73		\$77.73		\$112.93
835	Lewiston		\$4,226		\$106.75	\$70.35		\$70.64		\$105.08
836	Boise		\$4,913		\$106.75	\$70.35		\$70.64		\$105.08
837	Boise		\$5,637		\$110.91	\$72.35		\$70.89		\$133.87
838	Spokane, WA		\$5,033		\$106.75	\$70.35		\$70.64		\$105.08

ILLINOIS

600	N Suburban		\$8,718		\$143.29	\$85.15		\$127.66		\$133.08
601	N Suburban		\$8,519		\$148.35	\$85.27		\$144.45		\$152.90
602	Evanston		\$8,954		\$141.80	\$83.26		\$156.65		\$135.68
603	Oak Park		\$7,774		\$141.80	\$83.26		\$156.65		\$135.68
604	S Suburban		\$7,593		\$144.12	\$80.69		\$141.15		\$136.92
605	S Suburban		\$9,508		\$143.57	\$85.20		\$132.55		\$175.84
606	Chicago		\$7,981		\$168.72	\$95.93		\$129.03		\$164.95
607	Chicago		\$7,981		\$168.72	\$95.93		\$129.03		\$164.95
608	Chicago		\$7,601		\$168.72	\$95.93		\$129.03		\$164.95
609	Kankakee		\$7,093		\$138.60	\$75.27		\$114.36		\$157.08
610	Rockford		\$6,454		\$152.23	\$87.18		\$137.42		\$165.27
611	Rockford		\$7,252		\$139.60	\$80.63		\$137.42		\$165.27
612	Rock Island		\$5,188		\$109.34	\$70.31		\$105.53		\$107.96
613	La Salle		\$4,608		\$131.28	\$76.99		\$123.63		\$155.36
614	Galesburg		\$5,619		\$131.28	\$76.99		\$119.55		\$143.79
615	Peoria		\$5,247		\$131.28	\$76.99		\$123.63		\$155.36
616	Peoria		\$8,997		\$133.98	\$79.76		\$122.33		\$155.36
617	Bloomington		\$6,410		\$132.44	\$85.40		\$100.81		\$143.79
618	Champaign, N		\$9,116		\$152.23	\$92.97		\$137.42		\$165.27
619	Champaign, S		\$4,265		\$129.91	\$76.54		\$119.55		\$143.79
620	St. Louis, MO		\$7,260		\$113.16	\$72.52		\$123.04		\$129.91
622	St. Louis, MO		\$4,608		\$101.65	\$68.28		\$88.41		\$124.27
623	Quincy		\$5,199		\$123.30	\$81.63		\$111.31		\$133.87
624	Effingham		\$3,971		\$123.30	\$71.45		\$111.31		\$133.87
625	Springfield, E		\$5,665		\$126.71	\$76.50		\$119.55		\$143.79
626	Springfield, W		\$4,265		\$126.71	\$76.50		\$119.55		\$143.79
627	Springfield		\$7,295		\$143.09	\$88.01		\$129.17		\$155.36
628	Centralia		\$4,292		\$123.30	\$71.45		\$111.31		\$133.87
629	Carbondale		\$5,696		\$120.69	\$71.17		\$111.31		\$129.75

INDIANA

460	Indianapolis, N		\$5,542		\$115.16	\$69.48		\$109.99		\$123.22
461	Indianapolis, S		\$5,079		\$115.16	\$69.48		\$109.99		\$123.22
462	Indianapolis		\$7,755		\$128.42	\$75.60		\$118.82		\$115.06
463	Gary		\$5,620		\$134.33	\$77.84		\$129.17		\$142.10

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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INDIANA

464	Gary		\$4,608		\$134.33		\$77.84		\$129.17		\$142.10
465	South Bend		\$5,746		\$125.19		\$73.21		\$119.55		\$141.57
466	South Bend		\$7,085		\$125.19		\$73.21		\$129.17		\$141.57
467	Fort Wayne		\$4,265		\$110.36		\$68.93		\$99.64		\$115.63
468	Fort Wayne		\$7,472		\$110.36		\$68.93		\$99.64		\$115.63
469	Kokomo		\$4,836		\$123.30		\$73.08		\$111.31		\$133.87
470	Cincinnati, OH		\$3,884		\$111.38		\$68.74		\$103.06		\$123.00
471	Louisville, KY		\$4,853		\$111.38		\$68.74		\$108.24		\$123.00
472	Columbus		\$5,161		\$111.38		\$68.74		\$108.24		\$123.00
473	Muncie		\$5,816		\$115.16		\$69.48		\$109.99		\$123.22
474	Bloomington		\$5,473		\$111.38		\$68.74		\$108.24		\$123.00
475	Washington		\$4,335		\$110.22		\$68.97		\$103.06		\$123.96
476	Evansville		\$3,971		\$110.22		\$68.97		\$111.31		\$133.87
477	Evansville		\$5,838		\$110.22		\$68.97		\$111.31		\$133.87
478	Terre Haute		\$6,355		\$111.38		\$68.74		\$108.24		\$123.00
479	Lafayette		\$5,830		\$123.30		\$73.08		\$111.31		\$133.87

IOWA

500	Des Moines		\$4,036		\$106.42		\$72.63		\$88.59		\$114.39
501	Des Moines		\$3,971		\$106.42		\$72.63		\$88.59		\$114.39
502	Des Moines		\$3,971		\$106.42		\$72.63		\$88.59		\$114.39
503	Des Moines		\$6,972		\$106.42		\$72.63		\$88.59		\$114.39
504	Mason City		\$5,790		\$106.24		\$69.36		\$99.91		\$118.38
505	Fort Dodge		\$4,185		\$106.24		\$69.36		\$99.91		\$118.38
506	Waterloo		\$3,677		\$114.17		\$73.38		\$103.06		\$112.77
507	Waterloo		\$5,457		\$114.17		\$73.38		\$103.06		\$112.77
508	Creston		\$3,677		\$104.25		\$70.44		\$103.06		\$111.38
509	Sioux City		\$6,987		\$106.42		\$72.63		\$88.59		\$114.39
510	Sioux City		\$3,677		\$104.25		\$70.44		\$103.06		\$111.38
511	Sioux City		\$6,987		\$105.95		\$70.15		\$88.68		\$118.51
512	Sheldon		\$3,677		\$104.25		\$70.44		\$103.06		\$111.38
513	Spencer		\$3,677		\$106.24		\$69.36		\$99.91		\$118.38
514	Carroll		\$3,677		\$104.25		\$70.44		\$103.06		\$111.38
515	Omaha, NE		\$5,088		\$104.25		\$70.44		\$111.31		\$111.38
516	Omaha, NE		\$3,677		\$104.25		\$70.44		\$103.06		\$111.38
520	Dubuque		\$5,116		\$114.17		\$69.93		\$85.22		\$96.07
521	Decorah		\$3,677		\$114.17		\$73.38		\$103.06		\$112.77
522	Cedar Rapids		\$6,961		\$123.30		\$80.87		\$100.03		\$133.87
523	Cedar Rapids		\$3,971		\$123.30		\$80.87		\$100.03		\$133.87
524	Cedar Rapids		\$6,276		\$113.48		\$72.26		\$74.93		\$110.46
525	Ottumwa		\$3,677		\$114.17		\$75.59		\$100.03		\$123.96
526	Burlington		\$3,901		\$114.17		\$75.59		\$100.03		\$123.96
527	Rock Island, IL		\$5,522		\$116.74		\$74.12		\$108.00		\$128.03
528	Davenport		\$7,390		\$116.74		\$74.12		\$108.00		\$128.03

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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KANSAS

660	Kansas City	\$4,903	\$94.51	\$67.68	\$85.41	\$107.03
661	Kansas City	\$9,805	\$116.85	\$76.24	\$120.21	\$158.71
662	Shawnee Mission	\$8,250	\$99.60	\$68.35	\$93.40	\$100.32
664	Topeka	\$4,265	\$95.28	\$59.03	\$73.72	\$104.91
665	Topeka	\$4,265	\$95.28	\$59.03	\$73.72	\$104.91
666	Topeka	\$6,359	\$104.64	\$65.46	\$117.80	\$123.50
667	Fort Scott	\$4,265	\$97.33	\$63.46	\$91.66	\$124.51
668	Topeka	\$4,265	\$97.33	\$63.46	\$91.66	\$124.51
669	Salina	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
670	Wichita	\$4,608	\$98.23	\$65.63	\$101.46	\$114.00
671	Wichita	\$4,608	\$98.23	\$65.63	\$101.46	\$114.00
672	Wichita	\$8,123	\$100.54	\$66.95	\$92.21	\$99.47
673	Independence	\$3,971	\$97.33	\$63.46	\$91.66	\$124.51
674	Salina	\$3,971	\$99.80	\$62.32	\$86.98	\$120.45
675	Hutchinson	\$3,971	\$98.23	\$65.63	\$101.46	\$114.00
676	Hays	\$4,505	\$99.80	\$62.32	\$86.98	\$120.45
677	Colby	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
678	Dodge City	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45
679	Liberal	\$3,677	\$99.80	\$62.32	\$86.98	\$120.45

KENTUCKY

400	Louisville, E	\$4,455	\$91.54	\$63.92	\$85.31	\$101.79
401	Louisville, W	\$4,265	\$91.54	\$63.92	\$85.31	\$101.79
402	Louisville	\$7,197	\$92.59	\$65.29	\$85.04	\$112.18
403	Lexington, N	\$4,265	\$94.34	\$63.73	\$97.50	\$107.39
404	Lexington, S	\$4,265	\$94.34	\$63.73	\$97.50	\$107.39
405	Lexington	\$6,115	\$101.13	\$70.66	\$94.60	\$109.79
406	Frankfort	\$6,974	\$101.13	\$70.66	\$94.60	\$109.79
407	Corbin, W	\$5,499	\$102.79	\$64.44	\$97.29	\$107.44
408	Corbin, E	\$5,237	\$102.79	\$64.44	\$97.29	\$107.44
409	Corbin	\$4,265	\$102.79	\$64.44	\$97.29	\$107.44
410	Cincinnati, OH	\$4,929	\$96.40	\$65.81	\$116.45	\$112.85
411	Ashland, N	\$6,562	\$116.84	\$72.22	\$119.55	\$128.62
412	Ashland, S	\$8,713	\$116.84	\$72.22	\$126.04	\$128.62
413	Campton, S	\$8,224	\$116.84	\$72.22	\$126.04	\$128.62
414	Campton, N	\$4,265	\$116.84	\$72.22	\$119.55	\$128.62
415	Pikeville, E	\$6,544	\$116.84	\$72.22	\$119.55	\$128.62
416	Pikeville, W	\$4,265	\$116.84	\$72.22	\$119.55	\$128.62
417	Hazard, W	\$5,702	\$116.84	\$72.22	\$119.55	\$128.62
418	Hazard, E	\$4,040	\$116.84	\$72.22	\$111.31	\$128.62
419	Lexington	\$4,265	\$94.34	\$63.73	\$97.50	\$107.39
420	Paducah	\$4,185	\$102.98	\$65.92	\$97.05	\$109.78
421	Bowling Green, E	\$4,127	\$102.98	\$65.92	\$97.05	\$109.78
422	Bowling Green, W	\$3,677	\$102.98	\$65.92	\$97.05	\$109.78
423	Owensboro	\$4,780	\$102.98	\$65.92	\$97.05	\$109.78
424	Evansville, IN	\$4,681	\$102.98	\$65.92	\$97.05	\$109.78

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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KENTUCKY

425	Somerset, N		\$6,004	\$102.79	\$64.44	\$97.29	\$107.44			
426	Somerset, S		\$3,677	\$102.79	\$64.44	\$97.29	\$107.44			
427	Elizabethtown		\$3,677	\$102.79	\$64.44	\$97.29	\$107.44			

LOUISIANA

700	New Orleans		\$6,888	\$105.26	\$72.43	\$136.75	\$109.11			
701	New Orleans		\$7,158	\$108.09	\$72.04	\$122.62	\$118.52			
703	Thibodaux		\$5,463	\$112.52	\$72.40	\$90.87	\$122.11			
704	Hammond		\$7,948	\$106.47	\$76.95	\$106.23	\$115.26			
705	Lafayette		\$4,903	\$112.52	\$72.40	\$90.87	\$122.11			
706	Lake Charles		\$6,544	\$112.52	\$72.40	\$90.87	\$122.11			
707	Baton Rouge		\$4,903	\$113.36	\$69.38	\$99.89	\$118.87			
708	Baton Rouge		\$4,903	\$103.83	\$71.75	\$86.73	\$113.13			
710	Shreveport		\$4,903	\$106.89	\$73.38	\$92.42	\$125.14			
711	Shreveport		\$6,194	\$106.89	\$73.38	\$92.42	\$125.14			
712	Monroe		\$4,903	\$106.89	\$73.38	\$92.42	\$125.14			
713	Alexandria, E		\$6,317	\$106.89	\$73.38	\$92.42	\$125.14			
714	Alexandria, W		\$4,903	\$106.89	\$73.38	\$92.42	\$125.14			

MAINE

39	Portsmouth, NH		\$5,568	\$99.67	\$71.77	\$77.60	\$125.79			
40	Portland		\$4,074	\$99.67	\$71.77	\$77.60	\$125.79			
41	Portland		\$4,839	\$108.94	\$76.84	\$106.24	\$133.87			
42	Auburn		\$5,794	\$106.55	\$69.86	\$104.72	\$110.94			
43	Augusta		\$3,971	\$106.76	\$74.19	\$94.97	\$118.73			
44	Bangor		\$4,844	\$104.44	\$71.46	\$84.13	\$133.87			
45	Portland		\$3,971	\$106.76	\$74.19	\$94.97	\$118.73			
46	Bangor		\$3,971	\$104.44	\$71.46	\$84.13	\$133.87			
47	Houlton		\$4,821	\$104.44	\$71.46	\$84.13	\$133.87			
48	Rockland		\$4,561	\$104.44	\$71.46	\$84.13	\$133.87			
49	Waterville		\$4,551	\$106.76	\$74.19	\$94.97	\$118.73			

MARYLAND

206	Prince Georges		\$4,608	\$118.95	\$70.81	\$99.89	\$116.78			
207	Prince Georges		\$4,608	\$115.35	\$77.45	\$97.79	\$109.20			
208	Prince Georges		\$4,608	\$114.45	\$79.51	\$93.76	\$109.10			
209	Silver Spring		\$4,608	\$114.45	\$79.51	\$93.76	\$109.10			
210	Baltimore		\$4,608	\$102.04	\$72.18	\$86.46	\$133.32			
211	Baltimore		\$4,608	\$102.04	\$72.18	\$86.46	\$133.32			
212	Baltimore		\$4,608	\$108.47	\$75.97	\$126.59	\$116.80			
214	Annapolis		\$4,608	\$95.28	\$75.66	\$80.32	\$121.72			
215	Cumberland		\$3,971	\$108.46	\$69.87	\$83.58	\$110.02			
216	Easton		\$3,971	\$96.88	\$62.26	\$94.75	\$110.95			
217	Frederick		\$4,265	\$108.46	\$69.87	\$83.58	\$110.02			
218	Salisbury		\$3,971	\$96.88	\$62.26	\$94.75	\$110.95			
219	Baltimore		\$4,265	\$102.04	\$72.18	\$86.46	\$133.32			

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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MASSACHUSETTS

10	Springfield	\$4,265	\$113.52	\$77.50	\$82.38	\$113.21
11	Springfield	\$5,557	\$128.95	\$81.91	\$81.92	\$119.32
12	Pittsfield	\$4,265	\$104.08	\$71.79	\$116.96	\$129.21
13	Springfield	\$4,450	\$112.00	\$78.28	\$98.90	\$119.13
14	Worcester	\$4,844	\$112.00	\$78.28	\$98.90	\$119.13
15	Worcester	\$4,608	\$116.69	\$80.46	\$104.57	\$127.30
16	Worcester	\$6,416	\$143.09	\$93.91	\$129.17	\$142.31
17	Framingham	\$5,086	\$122.36	\$94.74	\$113.95	\$143.04
18	Woburn	\$4,608	\$116.35	\$88.22	\$109.90	\$130.93
19	Lynn	\$4,608	\$139.46	\$94.74	\$107.54	\$126.06
20	S. Postal Annex	\$4,903	\$132.11	\$99.32	\$93.88	\$125.34
21	Boston	\$6,558	\$140.06	\$100.78	\$115.45	\$131.64
22	Boston	\$7,754	\$140.06	\$100.78	\$115.45	\$131.64
23	Brockton	\$4,608	\$116.98	\$84.97	\$103.01	\$126.01
24	Brockton	\$4,608	\$135.37	\$94.74	\$90.84	\$126.57
25	Buzzards Bay	\$4,265	\$117.10	\$75.49	\$94.56	\$123.14
26	Buzzards Bay	\$6,051	\$110.97	\$74.56	\$109.80	\$123.17
27	Providence, RI	\$4,265	\$118.75	\$84.41	\$116.39	\$121.81
55	Andover	\$4,608	\$116.35	\$88.22	\$109.90	\$130.93

MICHIGAN

480	Royal Oak	\$6,582	\$87.90	\$66.08	\$69.47	\$161.51
481	Detroit	\$6,090	\$92.91	\$69.08	\$96.02	\$101.37
482	Detroit	\$6,500	\$102.44	\$71.52	\$98.11	\$138.72
483	Royal Oak	\$5,453	\$89.95	\$65.84	\$84.97	\$84.06
484	Flint	\$6,025	\$86.31	\$63.37	\$110.39	\$72.98
485	Flint	\$6,280	\$86.31	\$63.37	\$110.39	\$72.98
486	Saginaw, W	\$6,077	\$90.83	\$63.67	\$82.83	\$95.83
487	Saginaw, E	\$5,339	\$90.83	\$63.67	\$82.83	\$95.83
488	Lansing	\$4,687	\$89.63	\$66.04	\$77.17	\$75.84
489	Lansing	\$6,972	\$89.63	\$66.04	\$77.17	\$75.84
490	Kalamazoo	\$6,130	\$102.39	\$68.69	\$96.58	\$117.77
491	Kalamazoo	\$4,903	\$102.39	\$68.69	\$96.58	\$117.77
492	Jackson	\$5,848	\$102.39	\$68.69	\$96.58	\$117.77
493	Grand Rapids, E	\$3,933	\$95.54	\$65.01	\$82.93	\$108.09
494	Grand Rapids, W	\$4,928	\$95.54	\$65.01	\$82.93	\$108.09
495	Grand Rapids	\$4,907	\$95.01	\$65.73	\$62.20	\$122.42
496	Traverse City	\$6,164	\$86.90	\$65.07	\$74.46	\$92.16
497	Gaylord	\$5,080	\$86.90	\$65.07	\$74.46	\$92.16
498	Iron Mountain, E	\$5,217	\$123.30	\$76.43	\$111.31	\$133.87
499	Iron Mountain, W	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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MINNESOTA

550	Saint Paul	\$6,121	\$124.55	\$90.67	\$121.79	\$108.05
551	Saint Paul	\$8,542	\$111.04	\$85.80	\$93.87	\$101.40
553	Minneapolis	\$4,801	\$105.72	\$87.02	\$79.80	\$94.84
554	Minneapolis	\$9,217	\$107.17	\$88.75	\$89.83	\$100.69
555	Young America	\$4,801	\$105.72	\$81.63	\$79.80	\$94.84
556	Duluth, E	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96
557	Duluth, W	\$3,749	\$114.17	\$75.59	\$103.06	\$123.96
558	Duluth	\$7,235	\$129.60	\$87.68	\$119.55	\$143.79
559	Rochester	\$6,999	\$132.44	\$87.68	\$119.55	\$143.79
560	Mankato	\$3,971	\$123.30	\$81.63	\$111.31	\$133.87
561	Windom	\$3,677	\$114.17	\$74.20	\$103.06	\$123.96
562	Willmar	\$3,971	\$120.71	\$74.20	\$111.31	\$133.87
563	Saint Cloud	\$6,086	\$113.60	\$81.63	\$96.50	\$106.27
564	Brainerd	\$5,081	\$113.60	\$75.59	\$96.50	\$106.27
565	Detroit Lakes	\$3,746	\$114.17	\$75.59	\$103.06	\$123.96
566	Bemidji	\$4,197	\$114.17	\$75.59	\$103.06	\$123.96
567	Thief River Falls	\$3,677	\$114.17	\$75.59	\$103.06	\$123.96

MISSISSIPPI

386	Memphis, TN	\$5,037	\$113.33	\$74.27	\$94.99	\$120.80
387	Greenville	\$3,677	\$114.17	\$70.09	\$93.97	\$123.96
388	Tupelo	\$4,867	\$114.17	\$66.54	\$103.06	\$120.57
389	Grenada	\$3,745	\$114.17	\$70.09	\$93.97	\$123.96
390	Jackson	\$4,265	\$114.52	\$70.09	\$93.97	\$134.13
391	Jackson	\$4,943	\$114.52	\$70.09	\$93.97	\$134.13
392	Jackson	\$7,091	\$118.08	\$70.80	\$105.04	\$118.35
393	Meridian	\$4,616	\$114.52	\$70.09	\$93.97	\$133.87
394	Laurel	\$4,944	\$115.38	\$67.86	\$96.17	\$123.09
395	Gulfport	\$9,879	\$115.38	\$67.86	\$96.17	\$123.09
396	McComb	\$3,677	\$114.17	\$67.86	\$96.17	\$123.09
397	Columbus	\$3,677	\$114.17	\$66.54	\$103.06	\$120.57

MISSOURI

630	Saint Louis	\$6,182	\$105.64	\$70.98	\$94.34	\$134.01
631	Saint Louis	\$7,343	\$120.96	\$77.11	\$118.99	\$132.20
633	Saint Louis	\$6,349	\$103.85	\$71.75	\$103.76	\$97.42
634	Hannibal	\$5,476	\$123.30	\$73.97	\$111.31	\$133.87
635	Kirksville	\$4,509	\$91.59	\$66.54	\$83.11	\$133.87
636	Flat River	\$4,265	\$116.78	\$77.79	\$119.55	\$135.58
637	Cape Girardeau	\$8,840	\$116.78	\$77.79	\$119.55	\$135.58
638	Sikeston	\$4,892	\$110.34	\$72.49	\$119.55	\$122.73
639	Poplar Bluff	\$7,858	\$110.34	\$72.49	\$127.68	\$122.73
640	Kansas City	\$7,057	\$97.49	\$67.18	\$82.63	\$114.17
641	Kansas City	\$7,779	\$95.19	\$70.48	\$94.57	\$107.34

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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MISSOURI

644	Saint Joseph		\$4,265		\$91.59	\$66.54		\$83.11		\$135.06
645	Saint Joseph		\$6,646		\$91.59	\$66.54		\$83.11		\$135.06
646	Chillicothe		\$4,265		\$91.59	\$66.54		\$83.11		\$135.06
647	Harrisonville		\$4,265		\$87.52	\$64.40		\$83.46		\$110.89
648	Joplin		\$7,571		\$97.02	\$67.36		\$106.99		\$132.19
649	Kansas City		\$7,779		\$95.19	\$70.48		\$94.57		\$107.34
650	Jefferson City		\$7,655		\$97.19	\$68.37		\$73.44		\$103.54
651	Jefferson City		\$6,353		\$97.19	\$68.37		\$73.44		\$103.54
652	Columbia		\$7,060		\$104.90	\$74.25		\$99.76		\$132.32
653	Sedalia		\$4,265		\$87.52	\$64.40		\$83.46		\$110.89
654	Rolla		\$5,015		\$106.69	\$67.82		\$111.31		\$113.44
655	Rolla		\$3,971		\$106.69	\$67.82		\$111.31		\$113.44
656	Springfield		\$6,055		\$97.02	\$67.36		\$106.99		\$132.19
657	Springfield		\$5,079		\$97.02	\$67.36		\$106.99		\$132.19
658	Springfield		\$6,992		\$102.95	\$69.56		\$111.31		\$133.87

MONTANA

590	Billings		\$3,971		\$96.23	\$70.79		\$84.96		\$109.34
591	Billings		\$6,683		\$111.14	\$79.33		\$109.71		\$133.87
592	Wolf Point		\$3,677		\$96.23	\$70.79		\$84.96		\$109.34
593	Miles City		\$3,677		\$96.23	\$70.79		\$84.96		\$109.34
594	Great Falls		\$4,653		\$96.23	\$70.79		\$84.96		\$109.34
595	Havre		\$3,677		\$96.23	\$70.79		\$84.96		\$109.34
596	Helena		\$3,856		\$96.23	\$70.79		\$84.96		\$109.34
597	Butte		\$3,677		\$96.23	\$70.79		\$84.96		\$109.34
598	Missoula		\$5,500		\$97.64	\$73.21		\$79.91		\$95.23
599	Kalispell		\$5,422		\$96.23	\$70.79		\$84.96		\$109.34

NEBRASKA

680	Omaha		\$5,788		\$104.87	\$72.84		\$77.36		\$118.66
681	Omaha		\$8,530		\$105.20	\$79.03		\$97.82		\$127.09
683	Lincoln		\$4,265		\$101.37	\$66.19		\$93.03		\$138.23
684	Lincoln		\$4,265		\$101.37	\$66.19		\$93.03		\$138.23
685	Lincoln		\$7,088		\$106.23	\$69.71		\$75.82		\$118.25
686	Columbus		\$3,677		\$101.37	\$66.19		\$93.03		\$123.96
687	Norfolk		\$3,748		\$104.87	\$72.84		\$77.36		\$118.66
688	Grand Island		\$4,744		\$101.37	\$66.19		\$93.03		\$123.96
689	Hastings		\$3,677		\$101.37	\$66.19		\$93.03		\$123.96
690	McCook		\$3,677		\$101.37	\$66.19		\$93.03		\$123.96
691	North Platte		\$3,677		\$101.37	\$66.19		\$93.03		\$123.96
692	Valentine		\$3,677		\$101.37	\$66.19		\$93.03		\$123.96
693	Alliance		\$4,897		\$101.37	\$66.19		\$93.03		\$123.96

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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NEVADA

889	Las Vegas		\$10,484		\$113.79		\$81.63		\$131.84		\$106.58
890	Las Vegas		\$10,477		\$113.79		\$81.63		\$131.84		\$106.58
891	Las Vegas		\$10,484		\$113.79		\$81.63		\$131.84		\$106.58
893	Ely		\$5,419		\$120.10		\$77.25		\$101.85		\$142.89
894	Reno		\$7,780		\$120.10		\$77.25		\$101.85		\$142.89
895	Reno		\$8,460		\$120.10		\$77.25		\$101.85		\$142.89
897	Carson City		\$10,491		\$120.10		\$77.25		\$101.85		\$142.89
898	Elko		\$7,901		\$120.10		\$77.25		\$101.85		\$142.89

NEW HAMPSHIRE

2	Portsmouth		\$7,064		\$127.85		\$85.50		\$119.55		\$122.52
30	Manchester		\$4,593		\$127.85		\$85.50		\$119.55		\$122.52
31	Manchester		\$7,064		\$127.85		\$85.50		\$119.55		\$122.52
32	Concord		\$3,971		\$123.30		\$80.15		\$111.31		\$133.87
33	Concord		\$4,797		\$127.85		\$85.50		\$119.55		\$122.52
34	Keene		\$4,057		\$123.30		\$80.15		\$111.31		\$133.87
35	Littleton		\$3,971		\$123.30		\$80.15		\$111.31		\$133.87
36	Bellows Falls, VT		\$3,971		\$123.30		\$80.15		\$111.31		\$133.87
37	White River Jc., VT		\$7,499		\$143.09		\$90.63		\$129.17		\$155.36
38	Portsmouth		\$6,537		\$115.55		\$77.88		\$117.10		\$128.63

NEW JERSEY

70	Newark		\$9,924		\$166.75		\$81.74		\$131.21		\$115.84
71	Newark		\$11,178		\$158.52		\$84.59		\$107.36		\$114.65
72	Elizabeth		\$10,656		\$166.75		\$81.74		\$131.21		\$115.84
73	Jersey City		\$11,178		\$158.52		\$84.59		\$107.36		\$114.65
74	Paterson		\$8,164		\$173.54		\$86.01		\$118.12		\$135.24
75	Paterson		\$11,178		\$173.54		\$86.01		\$118.12		\$135.24
76	Hackensack		\$11,178		\$173.54		\$83.80		\$114.84		\$124.28
77	Red Bank		\$10,491		\$159.36		\$78.50		\$104.74		\$114.60
78	Dover		\$11,178		\$139.00		\$79.73		\$135.71		\$188.41
79	Summit		\$8,315		\$153.21		\$84.29		\$98.00		\$136.64
80	South Jersey		\$11,178		\$119.67		\$77.63		\$114.05		\$118.52
81	Camden		\$11,178		\$119.67		\$77.63		\$114.05		\$118.52
82	Atlantic City		\$8,462		\$119.67		\$77.63		\$114.05		\$118.52
83	South Jersey		\$10,491		\$119.67		\$77.63		\$114.05		\$118.52
84	Atlantic City		\$10,491		\$119.67		\$77.63		\$114.05		\$118.52
85	Trenton		\$6,850		\$153.12		\$78.54		\$130.90		\$176.84
86	Trenton		\$10,491		\$139.97		\$77.66		\$120.65		\$141.15
87	Toms River		\$9,486		\$132.64		\$72.04		\$100.93		\$125.26
88	New Brunswick		\$10,491		\$152.00		\$80.83		\$126.38		\$124.60
89	New Brunswick		\$10,491		\$144.12		\$87.12		\$90.73		\$120.96

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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NEW MEXICO

870	Albuquerque	\$4,555	\$104.27	\$76.23	\$89.78	\$135.26
871	Albuquerque	\$6,829	\$100.86	\$76.08	\$91.31	\$114.43
872	Albuquerque	\$4,555	\$104.27	\$76.23	\$89.78	\$135.26
873	Gallup	\$4,745	\$104.27	\$76.23	\$89.78	\$133.87
874	Farmington	\$5,967	\$104.27	\$76.23	\$89.78	\$133.87
875	Santa Fe	\$5,824	\$104.27	\$76.23	\$89.78	\$133.87
876	Santa Fe	\$5,824	\$104.27	\$76.23	\$89.78	\$133.87
877	Las Vegas	\$6,312	\$104.27	\$76.23	\$89.78	\$135.26
878	Socorro	\$3,983	\$101.01	\$74.25	\$99.86	\$123.96
879	Truth or Consequences	\$3,677	\$101.01	\$74.25	\$99.86	\$123.96
880	Las Cruces	\$6,216	\$101.01	\$74.25	\$99.86	\$131.67
881	Clovis	\$5,036	\$101.01	\$74.25	\$99.86	\$131.67
882	Roswell	\$9,805	\$101.01	\$74.25	\$99.86	\$131.67
883	Carrizozo	\$4,917	\$101.01	\$74.25	\$99.86	\$131.67
884	Tucumcari	\$3,971	\$104.27	\$76.23	\$89.78	\$133.87

NEW YORK

4	Pleasantville	\$8,093	\$165.79	\$90.25	\$103.54	\$145.96
5	Holtsville	\$7,199	\$173.54	\$82.44	\$122.49	\$110.36
90-98	Military					
100	New York	\$8,980	\$194.85	\$108.71	\$106.26	\$138.46
101	New York	\$8,980	\$194.85	\$108.71	\$106.26	\$138.46
102	New York	\$8,980	\$194.85	\$108.71	\$106.26	\$138.46
103	Staten Island	\$7,974	\$149.61	\$84.75	\$161.72	\$105.09
104	Bronx	\$6,417	\$142.15	\$83.96	\$114.55	\$126.92
105	Westchester	\$8,093	\$165.79	\$90.25	\$103.54	\$145.96
106	White Plains	\$5,589	\$160.45	\$92.77	\$115.80	\$116.72
107	Yonkers	\$5,589	\$151.57	\$84.77	\$119.49	\$122.81
108	New Rochelle	\$5,589	\$151.57	\$84.77	\$119.49	\$122.81
109	Suffern	\$8,075	\$148.58	\$86.91	\$121.57	\$102.15
110	Queens	\$9,700	\$173.72	\$84.96	\$101.91	\$115.55
111	Long Island City	\$5,932	\$159.42	\$86.90	\$117.24	\$114.56
112	Brooklyn	\$5,932	\$159.42	\$86.90	\$117.24	\$114.56
113	Flushing	\$5,932	\$162.63	\$83.84	\$99.37	\$108.04
114	Jamaica	\$5,932	\$162.63	\$83.84	\$99.37	\$108.04
115	Hicksville	\$7,157	\$171.56	\$81.64	\$99.31	\$118.55
116	Far Rockaway	\$5,589	\$171.56	\$81.64	\$99.31	\$118.55
117	Hicksville	\$7,199	\$173.54	\$82.44	\$122.49	\$110.36
118	Hicksville	\$5,802	\$173.54	\$82.06	\$90.13	\$109.84
119	Riverhead	\$6,939	\$162.88	\$82.44	\$122.49	\$110.36
120	Albany	\$4,265	\$96.43	\$70.96	\$90.53	\$105.34
121	Albany	\$4,265	\$96.43	\$70.96	\$90.53	\$105.34
122	Albany	\$5,883	\$104.63	\$71.81	\$100.52	\$115.66
123	Schenectady	\$6,447	\$94.31	\$65.54	\$80.94	\$85.08

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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NEW YORK

124	Kingston	\$4,664	\$134.39	\$72.39	\$87.03	\$95.30
125	Poughkeepsie	\$6,008	\$129.30	\$75.51	\$110.92	\$110.79
126	Poughkeepsie	\$7,834	\$129.76	\$81.17	\$88.85	\$115.96
127	Monticello	\$6,105	\$134.39	\$72.39	\$87.03	\$95.30
128	Glens Falls	\$3,971	\$101.76	\$63.17	\$91.05	\$102.62
129	Plattsburgh	\$3,971	\$115.07	\$70.87	\$111.31	\$128.73
130	Syracuse	\$3,971	\$98.95	\$67.47	\$94.98	\$90.00
131	Syracuse	\$3,971	\$98.95	\$67.47	\$94.98	\$90.00
132	Syracuse	\$4,702	\$108.03	\$71.65	\$83.20	\$100.47
133	Utica	\$3,971	\$103.22	\$68.47	\$107.16	\$92.92
134	Utica	\$3,971	\$103.22	\$68.47	\$107.16	\$92.92
135	Utica	\$4,510	\$103.22	\$68.47	\$107.16	\$92.92
136	Watertown	\$3,971	\$115.07	\$70.87	\$111.31	\$128.73
137	Binghamton	\$4,265	\$110.19	\$66.41	\$119.55	\$111.50
138	Binghamton	\$3,971	\$110.19	\$66.41	\$111.31	\$111.50
139	Binghamton	\$4,248	\$110.19	\$66.41	\$111.31	\$111.50
140	Buffalo	\$3,971	\$79.82	\$58.16	\$78.95	\$94.37
141	Buffalo	\$3,971	\$79.82	\$58.16	\$78.95	\$94.37
142	Buffalo	\$4,807	\$91.34	\$62.97	\$85.60	\$96.94
143	Niagara Falls	\$3,971	\$79.82	\$58.16	\$78.95	\$94.37
144	Rochester	\$3,971	\$79.90	\$61.94	\$56.71	\$98.08
145	Rochester	\$3,971	\$79.90	\$61.94	\$56.71	\$98.08
146	Rochester	\$3,971	\$94.22	\$68.22	\$69.07	\$117.87
147	Jamestown	\$3,971	\$86.73	\$62.40	\$84.44	\$123.54
148	Elmira	\$3,971	\$111.47	\$70.68	\$111.31	\$133.87
149	Elmira	\$3,971	\$111.47	\$70.68	\$111.31	\$133.87

NORTH CAROLINA

270	Greensboro (West)	\$3,971	\$107.73	\$74.89	\$86.88	\$115.56
271	Winston-Salem	\$5,229	\$115.01	\$81.45	\$93.56	\$110.33
272	Greensboro (East)	\$4,156	\$104.80	\$71.07	\$106.52	\$131.97
273	Greensboro (East)	\$6,105	\$107.73	\$74.89	\$86.88	\$115.56
274	Greensboro	\$4,324	\$114.78	\$71.80	\$101.62	\$96.47
275	Raleigh	\$4,685	\$113.56	\$80.11	\$80.94	\$143.79
276	Raleigh	\$7,806	\$109.33	\$76.64	\$93.18	\$136.52
277	Durham	\$7,915	\$136.23	\$89.18	\$117.59	\$155.36
278	Rocky Mount	\$5,416	\$109.61	\$71.31	\$85.59	\$123.55
279	Elizabeth City	\$4,485	\$109.61	\$71.31	\$85.59	\$123.55
280	Charlotte	\$5,080	\$119.16	\$81.89	\$119.55	\$143.79
281	Charlotte	\$5,332	\$119.16	\$81.89	\$119.55	\$143.79
282	Charlotte	\$6,567	\$126.14	\$86.15	\$116.43	\$129.25
283	Fayetteville	\$5,642	\$114.56	\$74.70	\$108.96	\$133.87
284	Wilmington	\$5,992	\$114.56	\$74.70	\$108.96	\$133.87
285	Kinston	\$4,018	\$109.61	\$71.31	\$85.59	\$123.55

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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NORTH CAROLINA

286	Hickory		\$6,418		\$113.48	\$72.73		\$102.69		\$123.33
287	Asheville		\$4,125		\$107.32	\$70.39		\$84.01		\$121.92
288	Asheville		\$5,457		\$107.32	\$70.39		\$84.01		\$121.92
289	Gainesville, GA		\$4,377		\$107.32	\$70.39		\$84.01		\$121.92

NORTH DAKOTA

580	Fargo		\$3,677		\$113.86	\$75.59		\$103.06		\$123.96
581	Fargo		\$5,258		\$109.74	\$75.59		\$103.06		\$123.96
582	Grand Forks		\$4,981		\$113.86	\$75.59		\$103.06		\$123.96
583	Devils Lake		\$3,677		\$113.86	\$75.59		\$103.06		\$123.96
584	Jamestown		\$3,677		\$114.17	\$75.59		\$103.06		\$108.56
585	Bismarck		\$5,210		\$94.27	\$73.43		\$78.62		\$84.55
586	Dickinson		\$3,677		\$94.27	\$73.43		\$78.62		\$84.55
587	Minot		\$4,896		\$114.17	\$75.59		\$103.06		\$108.56
588	Williston		\$3,677		\$114.17	\$75.59		\$103.06		\$108.56

OHIO

430	Columbus, N		\$6,005		\$103.24	\$65.83		\$102.13		\$117.99
431	Columbus, S		\$4,783		\$103.24	\$65.83		\$102.13		\$117.99
432	Columbus		\$8,530		\$102.86	\$72.65		\$119.55		\$131.95
433	Columbus		\$4,655		\$104.98	\$63.69		\$103.06		\$104.28
434	Toledo, E		\$4,608		\$103.93	\$67.65		\$115.99		\$127.18
435	Toledo, W		\$5,227		\$103.93	\$67.65		\$115.99		\$127.18
436	Toledo		\$9,217		\$104.51	\$68.15		\$129.17		\$119.94
437	Zanesville, S		\$4,755		\$99.97	\$66.09		\$103.06		\$120.18
438	Zanesville, N		\$4,116		\$99.97	\$66.09		\$103.06		\$120.18
439	Steubenville		\$3,936		\$99.97	\$66.09		\$103.06		\$120.18
440	Cleveland		\$4,903		\$112.32	\$72.69		\$103.07		\$133.56
441	Cleveland		\$7,028		\$119.70	\$75.44		\$82.66		\$153.80
442	Akron		\$5,880		\$95.66	\$64.48		\$126.71		\$112.25
443	Akron		\$7,816		\$95.66	\$64.48		\$126.71		\$112.25
444	Youngstown		\$5,677		\$89.44	\$60.77		\$73.49		\$131.94
445	Youngstown		\$7,517		\$89.44	\$60.77		\$73.49		\$131.94
446	Canton		\$4,265		\$96.70	\$61.83		\$108.68		\$119.42
447	Canton		\$4,265		\$96.70	\$61.83		\$108.68		\$119.42
448	Mansfield		\$4,633		\$108.90	\$69.63		\$111.43		\$136.51
449	Mansfield		\$4,474		\$108.90	\$69.63		\$111.43		\$136.51
450	Cincinnati, W		\$6,780		\$96.22	\$63.93		\$116.58		\$108.23
451	Cincinnati, E		\$4,265		\$96.22	\$63.93		\$116.58		\$108.23
452	Cincinnati		\$7,294		\$100.41	\$72.31		\$104.46		\$111.20
453	Dayton		\$5,364		\$95.27	\$64.45		\$119.55		\$118.80
454	Dayton		\$8,293		\$97.05	\$66.04		\$122.13		\$125.44
455	Springfield		\$5,335		\$95.27	\$64.45		\$119.55		\$118.80
456	Chillicothe		\$5,587		\$106.54	\$72.93		\$111.31		\$133.13

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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OHIO

457	Athens		\$4,524		\$99.97	\$66.09		\$103.06		\$120.18
458	Lima		\$6,103		\$98.20	\$68.21		\$106.17		\$130.41
459	Cincinnati		\$7,294		\$100.41	\$72.31		\$104.46		\$111.20

OKLAHOMA

730	Oklahoma City		\$5,231		\$91.03	\$67.41		\$95.23		\$112.61
731	Oklahoma City		\$9,155		\$93.59	\$69.55		\$102.09		\$116.62
734	Ardmore		\$4,750		\$87.78	\$64.23		\$91.98		\$115.29
735	Lawton		\$5,371		\$87.78	\$64.23		\$91.98		\$115.29
736	Clinton		\$3,971		\$87.78	\$64.23		\$91.98		\$115.29
737	Enid		\$6,459		\$95.54	\$63.15		\$84.13		\$116.63
738	Woodward		\$3,971		\$95.54	\$63.15		\$84.13		\$116.63
739	Liberal, KS		\$3,971		\$95.54	\$63.15		\$84.13		\$116.63
740	Tulsa		\$4,265		\$89.94	\$67.75		\$104.49		\$91.35
741	Tulsa		\$6,097		\$92.27	\$71.77		\$99.94		\$98.01
743	Vinita		\$4,390		\$81.94	\$64.01		\$103.21		\$112.31
744	Muskogee		\$3,971		\$81.94	\$64.01		\$103.21		\$112.31
745	McAlester		\$3,971		\$87.78	\$64.23		\$91.98		\$115.29
746	Ponca City		\$4,809		\$95.54	\$63.15		\$84.13		\$116.63
747	Durant		\$5,920		\$87.78	\$64.23		\$91.98		\$115.29
748	Shawnee		\$3,971		\$89.55	\$66.15		\$111.31		\$99.00
749	Poteau		\$3,971		\$87.78	\$64.23		\$91.98		\$115.29

OREGON

970	Portland		\$5,999		\$116.77	\$81.63		\$82.79		\$109.43
971	Portland		\$6,001		\$116.77	\$81.63		\$82.79		\$109.43
972	Portland		\$7,635		\$114.06	\$81.63		\$82.50		\$110.97
973	Salem		\$6,774		\$113.29	\$75.59		\$87.32		\$108.23
974	Eugene		\$6,703		\$106.91	\$75.59		\$71.48		\$100.42
975	Medford		\$7,942		\$106.91	\$81.63		\$71.48		\$100.42
976	Klamath Falls		\$6,468		\$106.91	\$75.59		\$71.48		\$100.42
977	Bend		\$7,224		\$106.91	\$75.59		\$71.48		\$100.42
978	Pendleton		\$3,677		\$114.17	\$75.59		\$69.79		\$104.00
979	Boise, ID		\$5,838		\$114.17	\$75.59		\$69.79		\$104.00

PENNSYLVANIA

150	Pittsburgh		\$5,246		\$93.95	\$62.72		\$73.52		\$100.18
151	Pittsburgh		\$5,246		\$93.95	\$62.72		\$73.52		\$100.18
152	Pittsburgh		\$10,491		\$101.38	\$69.23		\$103.34		\$131.90
153	Washington		\$4,631		\$95.43	\$64.53		\$91.38		\$95.83
154	Uniontown		\$4,608		\$95.43	\$64.53		\$91.38		\$95.83
155	Johnstown		\$3,971		\$86.79	\$62.07		\$72.99		\$99.22
156	Greensburg		\$4,608		\$86.79	\$62.07		\$72.99		\$99.22

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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PENNSYLVANIA

157	Indiana		\$4,265		\$91.83		\$61.97		\$101.17		\$143.79
158	Du Bois		\$5,113		\$84.90		\$62.99		\$98.38		\$116.52
159	Johnstown		\$4,725		\$86.79		\$62.07		\$72.99		\$99.22
160	Butler		\$4,988		\$91.84		\$61.57		\$87.98		\$120.43
161	New Castle		\$4,608		\$91.84		\$61.57		\$87.98		\$120.43
162	Butler		\$4,265		\$84.90		\$62.99		\$98.38		\$116.52
163	Oil City		\$4,608		\$96.08		\$62.96		\$94.83		\$128.70
164	Erie		\$10,491		\$102.18		\$62.53		\$93.76		\$125.70
165	Erie		\$10,491		\$102.18		\$62.53		\$93.76		\$125.70
166	Altoona		\$4,233		\$104.39		\$60.91		\$90.00		\$109.26
167	Bradford		\$3,971		\$96.08		\$62.96		\$94.83		\$128.70
168	State College		\$3,971		\$104.39		\$60.91		\$90.00		\$109.26
169	Wellsboro		\$3,971		\$107.15		\$70.62		\$106.30		\$133.87
170	Harrisburg		\$5,689		\$104.18		\$68.80		\$76.62		\$151.64
171	Harrisburg		\$7,542		\$104.18		\$68.80		\$76.62		\$151.64
172	Chambersburg		\$5,250		\$104.46		\$63.97		\$88.25		\$119.77
173	York		\$3,971		\$95.68		\$60.14		\$91.99		\$93.19
174	York		\$4,084		\$95.68		\$60.14		\$91.99		\$93.19
175	Lancaster		\$6,039		\$114.34		\$65.86		\$103.95		\$109.63
176	Lancaster		\$6,795		\$101.41		\$68.47		\$84.92		\$123.11
177	Williamsport		\$4,918		\$107.15		\$70.62		\$106.30		\$133.87
178	Saxonburg		\$7,961		\$107.15		\$70.62		\$106.30		\$136.58
179	Pottsville		\$4,265		\$98.99		\$60.95		\$74.60		\$97.33
180	Lehigh Valley		\$10,291		\$100.60		\$65.45		\$92.46		\$116.30
181	Allentown		\$9,686		\$100.60		\$65.45		\$92.46		\$116.30
182	Hazleton		\$5,182		\$98.99		\$60.95		\$74.60		\$97.33
183	Lehigh Valley		\$7,038		\$113.95		\$71.47		\$104.35		\$106.22
184	Scranton		\$4,265		\$104.49		\$65.79		\$108.06		\$105.63
185	Scranton		\$5,316		\$104.49		\$65.79		\$108.06		\$105.63
186	Wilkes-Barre		\$4,886		\$105.22		\$64.28		\$94.08		\$112.36
187	Wilkes-Barre		\$5,512		\$105.22		\$64.28		\$94.08		\$112.36
188	Montrose		\$5,255		\$132.44		\$85.32		\$116.68		\$143.79
189	Southeastern		\$8,078		\$101.48		\$68.09		\$98.87		\$119.98
190	Philadelphia		\$11,178		\$111.37		\$70.94		\$107.28		\$117.69
191	Philadelphia		\$11,178		\$126.00		\$78.46		\$134.80		\$175.36
193	Southeastern		\$7,584		\$109.91		\$71.23		\$81.58		\$125.03
194	Southeastern		\$9,862		\$100.94		\$67.44		\$103.91		\$112.82
195	Reading		\$5,246		\$99.32		\$70.53		\$82.93		\$99.75
196	Reading		\$6,290		\$99.32		\$70.53		\$82.93		\$99.75

RHODE ISLAND

28	Providence		\$5,388		\$106.07		\$72.04		\$103.45		\$107.86
29	Providence		\$6,750		\$109.44		\$73.45		\$99.13		\$103.38

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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SOUTH CAROLINA

290	Columbia	\$4,297	\$107.46	\$67.78	\$112.12	\$125.01				
291	Columbia	\$5,470	\$107.46	\$67.78	\$112.12	\$125.01				
292	Columbia	\$7,458	\$104.57	\$68.10	\$94.83	\$111.38				
293	Spartanburg	\$8,397	\$112.70	\$69.67	\$118.60	\$133.47				
294	Charleston	\$7,656	\$116.42	\$72.67	\$104.22	\$143.79				
295	Florence	\$6,937	\$95.63	\$66.31	\$96.94	\$143.49				
296	Greenville	\$7,713	\$98.04	\$70.18	\$104.51	\$126.24				
297	Charlotte, NC	\$6,454	\$112.23	\$82.34	\$118.01	\$125.86				
298	Augusta, GA	\$5,269	\$107.99	\$66.70	\$88.63	\$133.87				
299	Savannah, GA	\$6,540	\$107.99	\$66.70	\$88.63	\$143.79				

SOUTH DAKOTA

570	Sioux Falls	\$3,971	\$121.40	\$72.15	\$89.75	\$129.91				
571	Sioux Falls	\$7,942	\$123.30	\$81.63	\$89.98	\$133.87				
572	Watertown	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96				
573	Mitchell	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96				
574	Aberdeen	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96				
575	Pierre	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96				
576	Mobridge	\$3,677	\$114.17	\$72.15	\$89.75	\$123.96				
577	Rapid City	\$5,442	\$121.40	\$72.15	\$89.75	\$129.91				

TENNESSEE

370	Nashville	\$6,384	\$102.93	\$69.85	\$101.51	\$122.39				
371	Nashville	\$5,059	\$102.93	\$69.85	\$101.51	\$122.39				
372	Nashville	\$9,093	\$110.82	\$74.26	\$102.30	\$116.94				
373	Chattanooga	\$5,027	\$103.20	\$68.11	\$90.34	\$133.18				
374	Chattanooga	\$7,788	\$108.00	\$76.86	\$86.94	\$113.25				
375	Memphis	\$6,991	\$106.47	\$76.90	\$106.91	\$127.22				
376	Johnson City	\$7,435	\$105.30	\$74.81	\$101.72	\$114.92				
377	Knoxville	\$3,971	\$108.36	\$69.43	\$99.71	\$123.72				
378	Knoxville	\$6,045	\$108.36	\$69.43	\$99.71	\$123.72				
379	Knoxville	\$6,536	\$108.35	\$73.40	\$91.72	\$119.85				
380	Memphis	\$4,971	\$108.02	\$73.07	\$98.07	\$110.98				
381	Memphis	\$6,991	\$106.47	\$76.90	\$106.91	\$127.22				
382	McKenzie	\$3,971	\$109.46	\$68.27	\$107.33	\$114.48				
383	Jackson	\$4,793	\$109.46	\$68.27	\$107.33	\$114.48				
384	Columbia	\$4,286	\$101.91	\$63.54	\$98.43	\$125.95				
385	Cookeville	\$4,705	\$108.36	\$69.43	\$99.71	\$123.72				

TEXAS

733	Austin	\$7,522	\$110.92	\$78.04	\$129.17	\$123.92				
750	Richardson	\$8,152	\$114.68	\$81.37	\$114.49	\$132.88				
751	Mesquite	\$5,660	\$111.20	\$77.57	\$93.92	\$129.16				

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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TEXAS

752	Dallas		\$7,536		\$119.75	\$84.55		\$104.79		\$124.47
753	Dallas		\$7,536		\$119.75	\$84.55		\$104.79		\$124.47
754	Greenville		\$5,385		\$123.94	\$78.09		\$101.01		\$127.72
755	Texarkana		\$6,098		\$123.94	\$78.09		\$101.01		\$127.72
756	Longview		\$7,008		\$114.79	\$75.41		\$101.92		\$138.70
757	Tyler		\$9,246		\$124.10	\$81.78		\$96.54		\$129.94
758	Palestine		\$4,960		\$126.47	\$81.87		\$119.31		\$147.26
759	Lufkin		\$8,660		\$126.47	\$81.87		\$119.31		\$147.26
760	Fort Worth		\$7,103		\$112.53	\$78.96		\$95.24		\$118.19
761	Fort Worth		\$8,587		\$107.97	\$78.30		\$110.60		\$114.68
762	Denton		\$8,284		\$110.86	\$79.43		\$107.93		\$124.11
763	Wichita Falls		\$5,138		\$110.86	\$79.43		\$107.93		\$124.11
764	Stephenville		\$4,608		\$101.12	\$72.79		\$102.78		\$126.58
765	Temple		\$5,545		\$117.93	\$76.34		\$119.55		\$142.85
766	Waco		\$4,608		\$112.68	\$78.16		\$91.25		\$155.36
767	Waco		\$6,940		\$112.68	\$78.16		\$91.25		\$155.36
768	Brownwood		\$5,306		\$119.17	\$78.79		\$120.73		\$140.12
769	San Angelo		\$6,895		\$119.17	\$78.79		\$120.73		\$140.12
770	Houston		\$8,640		\$123.57	\$79.15		\$138.67		\$146.74
771	Houston		\$8,640		\$123.57	\$79.15		\$138.67		\$146.74
772	Houston		\$8,640		\$123.57	\$79.15		\$138.67		\$146.74
773	Conroe		\$7,745		\$114.74	\$75.41		\$109.20		\$159.65
774	Bellaire		\$7,197		\$114.04	\$76.97		\$82.93		\$136.47
775	Pasadena		\$8,430		\$110.96	\$73.68		\$87.32		\$134.09
776	Beaumont		\$8,046		\$106.90	\$73.70		\$104.08		\$147.92
777	Beaumont		\$7,913		\$106.90	\$73.70		\$104.08		\$147.92
778	Bryan		\$9,566		\$117.93	\$76.34		\$136.40		\$142.85
779	Victoria		\$5,903		\$95.38	\$70.32		\$78.24		\$139.97
780	San Antonio		\$6,821		\$99.03	\$69.62		\$122.89		\$113.65
781	San Antonio		\$5,450		\$110.14	\$72.54		\$98.87		\$118.25
782	San Antonio		\$7,765		\$100.60	\$72.76		\$100.91		\$114.88
783	Corpus Christi		\$7,112		\$96.94	\$67.86		\$127.65		\$103.63
784	Corpus Christi		\$8,501		\$96.94	\$67.86		\$127.65		\$103.63
785	McAllen		\$9,221		\$114.52	\$79.17		\$129.73		\$130.91
786	Austin		\$5,873		\$109.07	\$73.54		\$111.96		\$125.55
787	Austin		\$7,522		\$110.92	\$78.04		\$129.17		\$123.92
788	Uvalde		\$4,557		\$119.17	\$78.79		\$111.31		\$133.87
789	LaGrange		\$4,608		\$95.38	\$70.32		\$78.24		\$139.97
790	Amarillo		\$4,903		\$103.32	\$70.00		\$130.44		\$123.54
791	Amarillo		\$7,783		\$103.32	\$70.00		\$130.44		\$123.54
792	Childress		\$4,608		\$103.32	\$70.00		\$129.17		\$123.54
793	Lubbock		\$5,589		\$114.60	\$73.73		\$86.07		\$150.78
794	Lubbock		\$11,178		\$114.60	\$73.73		\$86.07		\$150.78
795	Abilene		\$4,903		\$101.12	\$72.79		\$102.78		\$126.58

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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TEXAS

796	Abilene		\$8,116		\$101.12	\$72.79		\$102.78		\$126.58
797	Midland		\$5,080		\$119.17	\$78.79		\$120.73		\$140.12
798	El Paso		\$6,221		\$107.21	\$73.65		\$98.24		\$124.34
799	El Paso		\$11,178		\$107.21	\$73.65		\$98.24		\$124.34
885	El Paso		\$11,178		\$107.21	\$73.65		\$98.24		\$124.34

UTAH

840	Salt Lake City		\$5,866		\$91.45	\$66.58		\$73.96		\$101.28
841	Salt Lake City		\$7,669		\$92.17	\$67.77		\$91.91		\$103.04
842	Salt Lake City		\$7,669		\$90.94	\$63.10		\$59.78		\$105.98
843	Ogden		\$5,914		\$90.94	\$63.10		\$57.58		\$105.98
844	Ogden		\$7,119		\$90.94	\$63.10		\$57.58		\$105.98
845	Provo		\$3,677		\$88.66	\$64.96		\$78.06		\$118.31
846	Provo		\$5,431		\$85.69	\$66.44		\$69.47		\$109.25
847	Provo		\$6,089		\$88.66	\$64.96		\$78.06		\$118.31

VERMONT

50	White River Jc.		\$3,971		\$103.84	\$71.23		\$104.06		\$122.65
51	Bellows Falls		\$3,971		\$103.84	\$71.23		\$104.06		\$122.65
52	Bennington		\$4,249		\$103.84	\$71.23		\$104.06		\$122.65
53	Brattleboro		\$3,971		\$103.84	\$71.23		\$104.06		\$122.65
54	Burlington		\$5,377		\$132.44	\$84.47		\$119.55		\$143.79
56	Montpelier		\$3,971		\$103.84	\$71.23		\$104.06		\$122.65
57	Rutland		\$4,437		\$103.84	\$71.23		\$104.06		\$122.65
58	Saint Johnsbury		\$4,244		\$103.84	\$71.23		\$104.06		\$122.65
59	Littleton, NH		\$4,244		\$103.84	\$71.23		\$104.06		\$122.65

VIRGINIA

201	Loudoun County		\$6,048		\$121.12	\$80.00		\$131.95		\$152.54
220	Northern VA		\$6,483		\$119.37	\$79.70		\$106.90		\$129.44
221	Northern VA		\$4,903		\$125.83	\$76.94		\$112.95		\$122.67
222	Arlington		\$6,048		\$121.58	\$76.47		\$120.52		\$142.12
223	Alexandria		\$5,324		\$121.58	\$76.47		\$120.52		\$142.12
224	Fredericksburg		\$6,274		\$100.18	\$70.11		\$93.55		\$128.33
225	Fredericksburg		\$5,785		\$100.18	\$70.11		\$93.55		\$128.33
226	Winchester		\$4,700		\$100.22	\$71.29		\$82.72		\$123.61
227	Culpeper		\$5,476		\$100.22	\$71.29		\$82.72		\$123.61
228	Harrisonburg		\$4,316		\$100.22	\$71.29		\$82.72		\$123.61
229	Charlottesville		\$7,432		\$100.22	\$71.29		\$82.72		\$123.61
230	Richmond		\$5,143		\$92.04	\$68.38		\$83.01		\$96.36
231	Richmond		\$7,104		\$92.04	\$68.38		\$83.01		\$96.36
232	Richmond		\$9,217		\$97.71	\$69.40		\$82.69		\$92.19
233	Norfolk		\$4,265		\$105.11	\$68.41		\$92.20		\$119.30

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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VIRGINIA

234	Norfolk		\$5,374		\$105.11	\$68.41		\$92.20		\$119.30
235	Norfolk		\$6,795		\$105.11	\$68.41		\$92.20		\$119.30
236	Newport News		\$6,123		\$105.11	\$68.41		\$92.20		\$119.30
237	Portsmouth		\$6,517		\$105.11	\$68.41		\$92.20		\$119.30
238	Petersburg		\$6,550		\$92.04	\$68.38		\$83.01		\$96.36
239	Farmville		\$3,973		\$93.82	\$64.52		\$78.05		\$110.02
240	Roanoke		\$6,456		\$96.89	\$69.06		\$108.21		\$121.06
241	Roanoke		\$5,457		\$96.89	\$69.06		\$108.21		\$121.06
242	Bristol		\$5,046		\$103.47	\$69.34		\$105.69		\$125.68
243	Pulaski		\$4,888		\$103.47	\$69.34		\$105.69		\$125.68
244	Staunton		\$3,971		\$93.82	\$64.52		\$78.05		\$110.02
245	Lynchburg		\$4,735		\$93.82	\$64.52		\$78.05		\$110.02
246	Bluefield, WV		\$4,940		\$103.47	\$69.34		\$105.69		\$125.68

WASHINGTON

980	Seattle		\$7,978		\$106.87	\$83.38		\$72.69		\$104.28
981	Seattle		\$8,530		\$108.14	\$82.96		\$95.60		\$113.23
982	Everett		\$8,530		\$104.19	\$81.58		\$81.22		\$115.60
983	Tacoma		\$8,005		\$99.42	\$81.62		\$83.19		\$102.97
984	Tacoma		\$8,628		\$99.42	\$81.62		\$83.19		\$102.97
985	Olympia		\$9,217		\$99.66	\$78.04		\$90.47		\$97.10
986	Portland, OR		\$6,983		\$112.27	\$81.63		\$80.36		\$106.26
987	Military									
988	Wenatchee		\$5,085		\$93.69	\$75.09		\$81.31		\$108.85
989	Yakima		\$7,078		\$93.69	\$75.09		\$81.31		\$108.85
990	Spokane		\$4,265		\$93.09	\$74.74		\$82.15		\$92.94
991	Spokane		\$3,971		\$93.09	\$74.74		\$82.15		\$92.94
992	Spokane		\$7,701		\$93.09	\$74.74		\$82.15		\$92.94
993	Pasco		\$6,945		\$93.69	\$75.09		\$81.31		\$108.85
994	Lewistown, ID		\$4,562		\$93.69	\$75.09		\$81.31		\$108.85

WEST VIRGINIA

247	Bluefield		\$4,265		\$116.40	\$70.56		\$119.55		\$143.79
248	Bluefield		\$4,265		\$116.40	\$70.56		\$119.55		\$143.79
249	Lewisburg		\$4,265		\$116.40	\$70.56		\$119.55		\$143.79
250	Charleston		\$4,608		\$112.57	\$73.64		\$120.37		\$138.10
251	Charleston		\$4,608		\$112.57	\$73.64		\$120.37		\$138.10
252	Charleston		\$4,608		\$112.57	\$73.64		\$120.37		\$138.10
253	Charleston		\$5,519		\$112.57	\$73.64		\$120.37		\$138.10
254	Martinsburg		\$3,971		\$110.74	\$69.50		\$86.00		\$118.84
255	Huntington		\$4,265		\$112.57	\$73.64		\$119.55		\$138.10
256	Huntington		\$4,265		\$112.57	\$73.64		\$119.55		\$138.10
257	Huntington		\$4,385		\$112.57	\$73.64		\$119.55		\$138.10
258	Beckley		\$4,265		\$112.57	\$73.64		\$119.55		\$138.10

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area	\$10	\$15	\$20	\$25	\$30	\$40	\$50	\$60	\$75	\$100
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WEST VIRGINIA

259	Beckley		\$4,265	\$112.57	\$73.64	\$119.55	\$138.10
260	Wheeling		\$4,265	\$107.94	\$71.82	\$99.53	\$116.98
261	Parkersburg		\$4,265	\$110.74	\$69.50	\$86.00	\$118.84
262	Buckhannon		\$3,971	\$110.74	\$69.50	\$86.00	\$118.84
263	Clarksburg		\$3,971	\$110.74	\$69.50	\$86.00	\$118.84
264	Clarksburg		\$3,971	\$110.74	\$69.50	\$86.00	\$118.84
265	Clarksburg		\$4,766	\$107.94	\$71.82	\$99.53	\$116.98
266	Gassaway		\$4,265	\$116.40	\$70.56	\$119.55	\$143.79
267	Cumberland, MD		\$3,971	\$110.74	\$69.50	\$86.00	\$118.84
268	Petersburg		\$3,971	\$110.74	\$69.50	\$86.00	\$118.84

WISCONSIN

530	Milwaukee, N		\$5,757	\$143.09	\$94.74	\$129.17	\$155.36
531	Milwaukee, S		\$5,687	\$143.09	\$94.74	\$129.17	\$155.36
532	Milwaukee		\$7,925	\$143.09	\$94.74	\$129.17	\$155.36
534	Racine		\$4,867	\$132.44	\$87.68	\$119.55	\$143.79
535	Madison		\$5,367	\$132.44	\$87.68	\$119.55	\$143.79
537	Madison		\$7,674	\$132.44	\$87.68	\$119.55	\$143.79
538	Madison		\$3,677	\$114.17	\$75.59	\$103.06	\$123.96
539	Portage		\$4,584	\$123.30	\$81.63	\$111.31	\$133.87
540	Saint Paul, MN		\$3,677	\$114.17	\$75.59	\$103.06	\$104.76
541	Green Bay, W		\$4,302	\$132.44	\$87.68	\$119.55	\$143.79
542	Green Bay, E		\$5,775	\$132.44	\$87.68	\$119.55	\$143.79
543	Green Bay		\$6,942	\$132.44	\$87.68	\$119.55	\$143.79
544	Wausau		\$5,293	\$123.30	\$81.63	\$111.31	\$133.87
545	Rhineland		\$4,954	\$123.30	\$81.63	\$111.31	\$133.87
546	La Crosse		\$6,013	\$132.44	\$87.68	\$119.55	\$143.79
547	Eau Claire		\$5,234	\$132.44	\$87.68	\$119.55	\$143.79
548	Spooner		\$3,677	\$114.17	\$75.59	\$103.06	\$123.96
549	Oshkosh		\$4,724	\$114.17	\$75.59	\$103.06	\$123.96

WYOMING

820	Cheyenne		\$7,840	\$120.85	\$74.89	\$101.88	\$144.47
821	Yellowstone		\$7,840	\$120.85	\$74.89	\$101.88	\$144.47
822	Wheatland		\$3,971	\$120.85	\$74.89	\$101.88	\$133.87
823	Rawlins		\$4,097	\$120.85	\$74.89	\$101.88	\$133.87
824	Worland		\$3,971	\$120.85	\$74.89	\$101.88	\$133.87
825	Riverton		\$5,769	\$120.85	\$74.89	\$101.88	\$133.87
826	Casper		\$6,333	\$120.85	\$74.89	\$101.88	\$133.87
827	New Castle		\$3,677	\$114.17	\$74.89	\$101.88	\$123.96
828	Sheridan		\$3,680	\$114.17	\$74.89	\$101.88	\$123.96
829	Rock Springs		\$3,907	\$114.17	\$74.89	\$101.88	\$123.96
830	Rock Springs		\$6,384	\$120.85	\$74.89	\$101.88	\$133.87
831	Rock Springs		\$3,677	\$114.17	\$74.89	\$101.88	\$123.96

Inpatient Hospital Outlier Percentage

Outlier Threshold ('000)

Area \$10 \$15 \$20 \$25 \$30 \$40 \$50 \$60 \$75 \$100

PUERTO RICO

6	San Juan		\$3,677	\$78.46	\$39.37	\$51.53	\$61.98			
7	San Juan		\$3,677	\$78.46	\$39.37	\$51.53	\$61.98			
8	San Juan		\$3,677	\$114.17	\$68.08	\$103.06	\$123.96			
9	San Juan		\$3,677	\$78.46	\$39.37	\$51.53	\$61.98			

2010 Medicare Allowable Unit Values

State	Surgical	Medical	Pathology	Radiology
Alabama	33.90	32.65	23.75	22.35
Alaska	45.35	44.35	30.25	27.65
Arizona	35.55	33.75	24.75	23.45
Arkansas	33.75	32.55	23.65	22.25
Anaheim/Santa Ana, CA	41.20	38.75	30.15	29.25
Los Angeles, CA	40.55	38.20	29.40	28.40
Marin/Napa/Solano, CA	40.30	38.35	30.00	29.05
Oakland/Berkeley, CA	40.95	39.00	30.50	29.55
San Francisco, CA	43.75	41.45	33.30	32.60
San Mateo, CA	43.80	41.55	33.25	32.50
Santa Clara, CA	41.50	39.60	30.85	29.80
Ventura, CA	40.90	38.50	30.00	29.10
Rest of California	36.45	34.80	26.15	24.95
Colorado	35.45	33.85	25.00	23.75
Connecticut	40.20	37.70	28.70	27.65
Delaware	36.60	34.80	26.00	24.75
DC + MD/VA Suburbs	41.00	38.40	29.40	28.35
Fort Lauderdale, FL	39.45	35.60	25.80	24.55
Miami, FL	42.45	37.15	26.90	25.80
Rest of Florida	37.45	34.40	24.80	23.50
Atlanta, GA	36.35	34.45	25.45	24.15
Rest Of Georgia	34.95	33.20	24.10	22.70
Hawaii/Guam	38.40	36.35	27.95	26.95
Idaho	34.30	32.95	24.05	22.65
Chicago, IL	40.30	36.70	27.00	25.80
East St. Louis, IL	37.40	34.30	24.65	23.30
Suburban Chicago, IL	39.25	36.10	26.65	25.45
Rest of Illinois	35.80	33.50	24.15	22.80
Indiana	34.75	33.25	24.35	23.00
Iowa	33.90	32.75	23.90	22.50
Kansas	34.30	32.95	24.00	22.65
Kentucky	34.30	32.85	23.85	22.45
New Orleans, LA	37.00	34.85	25.95	24.75
Rest of Louisiana	35.00	33.20	24.05	22.70
Southern Maine	35.65	34.15	25.50	24.25
Rest of Maine	34.25	32.95	24.10	22.75
Baltimore/Surr. Cntys, MD	37.75	35.35	26.30	25.10
DC + MD/VA Suburbs	41.00	38.40	29.40	28.35
Rest of Maryland	35.90	33.95	25.00	23.70
Metropolitan Boston	41.40	38.95	30.50	29.65
Rest of Massachusetts	37.80	35.75	27.05	25.95
Detroit, MI	39.70	36.25	26.35	25.05
Rest of Michigan	35.85	33.70	24.50	23.20
Minnesota	34.50	33.40	24.85	23.55
Mississippi	34.60	32.95	23.85	22.45
Metropolitan Kansas City, MO	36.30	33.95	24.75	23.40
Metropolitan St. Louis, MO	35.90	33.75	24.60	23.25
Rest of Missouri	34.75	32.85	23.60	22.15
Montana	34.25	32.75	23.75	22.35
Nebraska	33.70	32.70	24.05	22.65
Nevada	37.00	34.70	25.65	24.45

2010 Medicare Allowable Unit Values

State	Surgical	Medical	Pathology	Radiology
New Hampshire	35.80	34.35	25.75	24.50
Northern NJ	41.55	38.80	29.65	28.60
Rest of New Jersey	39.50	37.00	27.75	26.55
New Mexico	35.60	33.50	24.25	22.85
Manhattan, NY	42.65	39.90	30.95	29.95
NYC Suburbs/Long I., NY	42.80	39.75	30.75	29.80
Poughkpsie/N NYC Suburbs, NY	37.50	35.50	26.60	25.40
Queens, NY	41.55	38.60	29.70	28.75
Rest of New York	34.35	33.10	24.35	23.00
North Carolina	34.85	33.35	24.40	23.10
North Dakota	33.60	32.50	23.65	22.20
Ohio	36.25	33.85	24.60	23.25
Oklahoma	34.20	32.75	23.75	22.35
Portland, OR	35.45	34.00	25.30	24.05
Rest of Oregon	34.50	33.20	24.40	23.05
Metropolitan Philadelphia, PA	39.70	36.50	27.15	26.00
Rest of Pennsylvania	35.85	33.70	24.55	23.20
Rhode Island	38.10	35.80	26.85	25.65
South Carolina	34.30	33.05	24.20	22.85
South Dakota	33.85	32.65	23.80	22.40
Tennessee	34.50	33.05	24.10	22.75
Austin, TX	36.15	34.05	25.00	23.75
Beaumont, TX	36.05	33.60	24.15	22.80
Brazoria, TX	36.45	34.15	24.65	23.25
Dallas, TX	36.75	34.50	25.30	24.00
Fort Worth, TX	36.20	33.95	24.80	23.50
Galveston, TX	36.50	34.10	24.85	23.55
Houston, TX	37.30	34.70	25.25	23.95
Rest of Texas	35.45	33.35	24.10	22.75
Utah	35.60	33.55	24.35	23.00
Vermont	35.05	33.65	24.90	23.60
DC + MD/VA Suburbs	41.00	38.40	29.40	28.35
Virginia	35.05	33.50	24.60	23.25
Seattle (King Cnty), WA	37.40	35.50	26.70	25.55
Rest of Washington	35.45	33.75	24.90	23.60
West Virginia	35.60	33.20	23.75	22.30
Wisconsin	34.30	33.10	24.35	23.00
Wyoming	34.70	32.90	23.75	22.35
Puerto Rico	31.95	31.25	22.25	20.70
Virgin Islands	36.20	34.05	25.00	23.70

Provider Discount Analysis Worksheet Example

The Preferred Provider network used in the following example is in Kansas City, Missouri, ZIP Code 641. The four hospitals involved have the following reimbursement arrangements.

1. **St. Mary's**

In-Hospital Per Diem

Medical	\$3,800
Surgical	4,300
Intensive Care	6,000

Reimbursement for confinements with billed charges over \$50,000 is not less than 80% of billed charges.

Minimum discount 10% of billed charges.

Outpatient 85% of billed charges

2. **St. Luke's Medical Center**

Inpatient Per Diem \$6,000

Minimum Discount	10% of billed charges
Maximum Discount	30% of billed charges

Outpatient 75% of billed charges

3. **Doctor's Hospital**

Inpatient 80% of billed charges

Outpatient 80% of billed charges

4. **Northwest Hospital**

Inpatient 85% of billed charges

Outpatient 80% of billed charges

The total charges for these hospitals for the previous year have been:

Total Charges		
	Amount	% of Total
St. Mary's	\$3,000,000	30%
St. Luke's	2,500,000	25
Doctor's Hospital	2,500,000	25
Northwest Hospital	<u>2,000,000</u>	20
TOTAL	\$10,000,000	

The best estimate of inpatient utilization by hospital is:

St. Mary's	35%
St. Luke's	35%
Doctor's Hospital	15%
Northwest Hospital	15%

The out-of-network hospital charges for all claims have been \$2,000,000 or 16.7% of the total for the previous period. The assumption being made is that out-of-network claims will be 20% of total and there will be no discount.

Worksheets 1, 2, 3, and 4 on the following pages have been completed.

Worksheet 1A – Example

Calculation of Hospital Pricing Factor – Specific Network Hospital

Contracted Hospital Name: St. Mary's

Contracted Hospital Location: Kansas City – ZIP 641

Outlier Provision: Not less than 80% of billed charges for confinements exceeding \$50,000 in billed charges.

	(A)	(B)	(C)	(D)	(E)
	Negotiated Rate	Prevailing Average	Pricing Factor (A/B)	Weight*	Weighted Average (CxD)
1. Medical	<u>3,800</u>	<u>7,779</u>	<u>48.85%</u>	<u>42.50%</u>	<u>20.76%</u>
2. Surgical	<u>4,300</u>	<u>7,779</u>	<u>55.28%</u>	<u>42.50%</u>	<u>23.49%</u>
3. ICU/CCU	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>15.00%</u>	<u>11.57%</u>
4. Other			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
_____			<u>N/A</u>		<u>0.00%</u>
5. Subtotal (lines 1 + 2 + 3 + 4)				<u>100.00%</u>	<u>55.82%</u>
6. Total Calculated Pricing Factor (5(E)/5(D))					<u>55.82%</u>
7. Outlier Provision Pricing Factor					<u>80.00%</u>
8. Outlier Percentage (**)					<u>60.00%</u>
9. Pricing Factor Adjusted for Outliers $6(E) \times [1 - 8(E)] + 7(E) \times 8(E)$					<u>70.33%</u>
10. Adjusted Pricing Factor					
Maximum					<u>90.00%</u>
Minimum					<u>NA</u>
11. Adjusted Hospital Pricing Factor (9(E) subject to 10(E))					<u>70.33%</u>

* Default Weight from Table W

** Area D is used

Worksheet 1B – Example

Calculation of Hospital Pricing Factor – Specific Network Hospital

Contracted Hospital Name: St. Luke's Medical Center

Contracted Hospital Location: Kansas City – ZIP 641

Outlier Provision: None

	(A)	(B)	(C)	(D)	(E)
	Negotiated Rate	Prevailing Average	Pricing Factor (A/B)	Weight*	Weighted Average (Cx D)
1. Medical	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>42.50%</u>	<u>32.78%</u>
2. Surgical	<u>6,000</u>	<u>7,779</u>	<u>77.13%</u>	<u>42.50%</u>	<u>32.78%</u>
3. ICU/CCU	<u>6,000</u>	<u>7,779</u>	<u>77.3%</u>	<u>15.00%</u>	<u>11.57%</u>
4. Other			<u>N/A</u>		<u>0.00%</u>
			<u>N/A</u>		<u>0.00%</u>
			<u>N/A</u>		<u>0.00%</u>
			<u>N/A</u>		<u>0.00%</u>
5. Subtotal (lines 1 + 2 + 3 + 4)				<u>100.00%</u>	<u>77.13%</u>
6. Total Calculated Pricing Factor (5(E)/5(D))					<u>77.13%</u>
7. Outlier Provision Pricing Factor					<u>N/A</u>
8. Outlier Percentage					<u>00.00%</u>
9. Pricing Factor Adjusted for Outliers 6(E)x[1-8(E)] + 7(E)x8(E)					<u>77.13%</u>
10. Adjusted Pricing Factor Maximum					<u>90.00%</u>
Minimum					<u>70.00%</u>
11. Adjusted Hospital Pricing Factor (9(E) subject to 10(E))					<u>77.13%</u>

*Default Weight from Table W

*Instructions*Worksheet 1

- Step 1: Evaluate the hospital contract and determine the current negotiated reimbursement arrangements. It is not necessary to complete this worksheet if the hospital has a single overall percent of charges arrangement. Proceed to Step 4 if the hospital contract has a percent of charges arrangement that varies by service category. Proceed to Step 2 if the hospital arrangement has per diems or case rates.
- Step 2: Evaluate the per diem for each service category, and record it in Column A (Medical on Line 1, Surgical on Line 2, ICU/CCU on Line 3, etc.). If the arrangement is a case rate, then estimate the per diem by dividing the case rate by the estimated length of stay.
- Step 3: Determine the appropriate undiscounted average per diem for the network location. This overall average should be entered in Column B for each service category after trending to the appropriate hospital contract period.
- Step 4: Calculate the pricing factor (Column C) by dividing the negotiated rate (Column A) by the prevailing average (Column B) for each service category. The negotiated percent of charges should be entered if this is available.
- Step 5: Default service category weights are provided in the worksheet. Network specific, or local area book of business specific, or client specific weights can be substituted for the default weights if they are available by service category.
- Step 6: Calculate the weighted average for each service category (Column E) by multiplying the pricing factor (Column C) by the weight (Column D). Zeros should be substituted for both the weights (Column D) and the weighted average (Column E) in service categories where no data is available.
- Step 7: Subtotal the weights (Column D) and the weighted average (Column E) on Line 5. The weights will not add to 100% if some services were zeroed in Step 7 (this will be reflected in Step 8).
- Step 8: Divide the subtotal weighted average (Column E, Line 5) by the subtotal weights (Column D, Line 5) to calculate the pricing factor (Line 6).
- Step 9: Review the hospital contract for outlier provisions. Estimate the impact and record on Line 7.
- Step 10: Record in Line 8 the percentage of inpatient hospital claim dollars that are subject to the outlier provision
- Step 11: Calculate the pricing factor adjusted for outliers. The result of Step 8 is combined with the results of Step 9 using the weighting given in Step 10.

- Step 12: Review the hospital contract for maximum or minimum discount provisions (example: a clause stating that the per diem floor is 75% of charges and the ceiling is 90% of charges). Estimate the overall impact of this arrangement (if applicable) and record it on Line 10.
- Step 13: The pricing factor for the specified hospital is the calculated rate (Line 9) subject to the maximum/minimum provision in the contract (Line 10).

Worksheet 2 - Example

Contracted Network Location: Kansas City – ZIP 641
 Calculation of Hospital/Facility Pricing Factor – All Network Hospitals

	(A)	(B)	(C)	(D)	(E)	(F)
Hospital/Facility	Pricing Factor	Total Weight	Weight	Weighted Factor* (A x C)	Category Weight**	Overall Weighted Factor
Inpatient:						
St. Mary's	<u>70.33%</u>	<u>3,500</u>	<u>35.00%</u>	<u>24.64%</u>		
St. Luke's Medical C	<u>77.13%</u>	<u>3,500</u>	<u>35.00%</u>	<u>27.00%</u>		
Doctor's	<u>80.00%</u>	<u>1,500</u>	<u>15.00%</u>	<u>12.00%</u>		
Northwest	<u>85.00%</u>	<u>1,500</u>	<u>15.00%</u>	<u>12.75%</u>		
_____	<u>0.00%</u>	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	<u>0.00%</u>	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	<u>0.00%</u>	_____	<u>0.00%</u>	<u>0.00%</u>		
Subtotal		<u>10,000</u>		<u>76.39% *</u>	<u>50.00%</u>	<u>38.20%</u>
Outpatient/Other:						
St. Mary's	<u>85.00%</u>	<u>3,000</u>	<u>30.00%</u>	<u>25.50%</u>		
St. Luke's Medical C	<u>75.00%</u>	<u>2,500</u>	<u>25.00%</u>	<u>18.75%</u>		
Doctor's	<u>80.00%</u>	<u>2,500</u>	<u>25.00%</u>	<u>20.00%</u>		
Northwest	<u>80.00%</u>	<u>2,000</u>	<u>20.00%</u>	<u>16.00%</u>		
_____	_____	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	_____	_____	<u>0.00%</u>	<u>0.00%</u>		
_____	_____	_____	<u>0.00%</u>	<u>0.00%</u>		
Subtotal		<u>10,000</u>		<u>80.25% *</u>	<u>50.00%</u>	<u>40.13%</u>
Total (to Worksheet 4)						<u>78.33%</u>

* 100% minus the % shown is the estimated effective discount for inpatient and outpatient services, respectively, which may be carried to the table in Section VIII.

** Default Weight from Table X

Instructions

Worksheet 2

- Step 1: Enter the inpatient pricing factor for each hospital in Column A. This figure will either be the calculated figure from Worksheet 1, or the single overall percentage of charges amount.
- Step 2: Enter the outpatient discount factor in the outpatient section of Column A.
- Step 3: Enter weights to be used to blend together the inpatient hospital arrangements (Column B). Credible historical network information or employer information is the preferred weight (preference order is charges, followed by inpatient days, followed by admits). Total beds (from the AHA guide, or a similar source) can be used in the absence of available historical information.
- Step 4: Subtotal the inpatient weights (Column B).
- Step 5: Calculate the weight percentages by dividing each hospital's weight by the subtotal weight (Column B). The results should be recorded in Column C for each hospital.
- Step 6: Calculate the weighted inpatient pricing factor for each hospital (Column D) by multiplying the pricing factor (Column A) by the weight percentage (Column C).
- Step 7: Subtotal the inpatient weighted factors (Column D).
- Step 8: Outpatient information should be weighted similar to that described for inpatient. Averaging can be applied in the absence of credible information.

Carry 100% minus the inpatient and outpatient subtotals in Column D to the table in Section VIII. Otherwise, multiply the weighted factor subtotals (Column D) by the category weights (Column E) to obtain an overall weighted factor (Column F).

 Worksheet 3 – Example

 Contracted Physician Location: Kansas City – ZIP 641
 Calculation of Physician Pricing Factor

	(A)	(B)	(C)
Service Category	Pricing Factor*	Weight ¹	Weighted Average (AxB)
1. Surgical ²	<u>86.7%</u>	<u>32.00%</u>	<u>27.74%</u>
2. Radiology	<u>99.9%</u>	<u>11.00%</u>	<u>10.99%</u>
3. Pathology	<u>49.4%</u>	<u>6.00%</u>	<u>2.96%</u>
4. Medical	<u>77.3%</u>	<u>43.00%</u>	<u>33.24%</u>
5. Anesthesia**	<u>86.7%</u>	<u>8.00%</u>	<u>6.94%</u>
6. Other:			
_____	<u>N/A</u>		<u>0.00%</u>
_____	<u>N/A</u>		<u>0.00%</u>
_____	<u>N/A</u>		<u>0.00%</u>
_____	<u>N/A</u>		<u>0.00%</u>
7. Subtotal (lines 1 + 2 + 3 + 4 +5 +6)		<u>100.00%</u>	<u>81.87%</u>
8. Total Physician Pricing Factor (7(C)/7(B)) (to Worksheet 4)			<u>81.87%</u>

*The Pricing Factors are calculated on the spreadsheet (Network Physician Fee Analysis Example.xls). 100% minus the % shown is the estimated effective discount, which may be carried to the table in Section VIII.

**Assumed to be same as Surgical.

¹Default Weight from Table Y

²Inpatient and outpatient

*Instructions*Worksheet 3

- Step 1: Calculate the pricing factor for each service category and record in Column A. Enter the negotiated percent of charges if it is available. If the negotiated percent of charges is not available, use the spreadsheet (Network Physician Fee Analysis Example.XLS) to estimate the percent. To use the spreadsheet input the RBRVS Unit Values from the prevailing charge tables and then input the negotiated fee for each CPT code. Pricing factors for each service type are calculated in the last column of the spreadsheet.
- Step 2: Service category default weights are provided in Column B. Network specific, or local area book of business specific, or client specific weights can be substituted for the default weights if they are available.
- Step 3: Calculate the weighted average for each service category (Column C) by multiplying the pricing factor (Column A) by the weight (Column B). Zeros should be substituted for both the weights (Column B) and the weighted average (Column C) in service categories where no data is available.
- Step 4: Subtotal the weights (Column B) and the weighted average (Column C) on Line 7. The weights will not add to 100% if some services were zeroed in Step 3 (this will be reflected in Step 5).
- Step 5: Divide the subtotal weighted average (Column C, Line 7) by the subtotal weights (Column B, Line 7) to calculate the physician pricing factor (Line 8).

The following pages show spreadsheet calculations of the Pricing Factors by service category. The RBRVS Unit Values used are (see zip code 641):

Surgical	\$ 95.19
Medical	\$ 70.48
Pathology	\$ 94.57
Radiology	\$107.34

Note that the surgical pricing factor is used for anesthesia.

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1-yes 0-no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Values.x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge = Products = (A)x(C)x(E)	Pricing Factor = (F) / ((G)
Surgery									
11100	Biopsy of skin lesion	0.05526	2.10	1	85.18	199.90	4.7069	11.0464	
11200	Removal of skin tags	0.01019	1.86	0		177.05			
11306	Shave skin lesion	0.00226	2.17	0		206.56			
11311	Shave skin lesion	0.00244	2.34	0		222.74			
11401	Removal of skin lesion	0.00981	3.38	1	145.82	321.74	1.4305	3.1563	
11402	Removal of skin lesion	0.00742	3.86	0		367.43			
11440	Removal of skin lesion	0.00336	3.34	0		317.93			
11441	Removal of skin lesion	0.00333	3.94	1	201.32	375.05	0.6704	1.2489	
11442	Removal of skin lesion	0.00208	4.41	0		419.79			
11900	Injection into skin lesions	0.00940	1.20	0		114.23			
12001	Repair superficial wound(s)	0.01378	3.84	1	130.34	365.53	1.7961	5.0370	
13132	Repair of wound or lesion	0.00176	12.19	0		1,160.37			
14040	Skin tissue rearrangement	0.00142	17.31	0		1,647.74			
14060	Skin tissue rearrangement	0.00145	17.95	0		1,708.66			
15100	Skin split graft	0.00036	22.87	0		2,177.00			
17000	Destroy benign/premal lesion	0.13762	1.60	1	65.82	152.30	9.0581	20.9601	
17003	Destroy lesions, 2-14	0.17430	0.27	0		25.70			
17004	Destroy lesions, 15 or more	0.00886	5.22	0		496.89			
17110	Destruct lesion, 1-14	0.01455	2.32	1	77.43	220.84	1.1266	3.2132	
17304	Chemosurgery of skin lesion	0.00412	16.15	0		1,537.32			
17340	Cryotherapy of skin	0.00226	1.18	1	52.91	112.32	0.1196	0.2539	
19000	Drainage of breast lesion	0.00369	2.90	0		276.05			
19100	Bx breast percut w/o image	0.00063	3.51	0		334.12			
19101	Biopsy of breast, open	0.00043	8.06	0		767.23			
19120	Removal of breast lesion	0.00344	10.81	1	789.77	1,029.00	2.7168	3.5398	
19240	Removal of breast	0.00057	26.28	1	2,537.07	2,501.59	1.4461	1.4259	
19318	Reduction of large breast	0.00100	29.63	1	3,365.55	2,820.48	3.3655	2.8205	
19342	Delayed breast prosthesis	0.00012	21.89	0		2,083.71			
20550	Inject tendon/ligament/cyst	0.03107	1.54	1	78.73	146.59	2.4461	4.5546	
20600	Drain/inject, joint/bursa	0.00953	1.39	0		132.31			
20605	Drain/inject, joint/bursa	0.01526	1.52	0		144.69			
20610	Drain/inject, joint/bursa	0.06548	1.84	1	91.63	175.15	5.9997	11.4688	
21145	Reconstruct midface, lefort	0.00002	36.62	0		3,485.86			
21196	Reconst lwr jaw w/fixation	0.00013	36.63	1	5,749.04	3,486.81	0.7474	0.4533	
21453	Treat lower jaw fracture	0.00007	17.00	0		1,618.23			
22554	Neck spine fusion	0.00097	35.26	1	3,440.39	3,356.40	3.3372	3.2557	
23420	Repair of shoulder	0.00078	26.39	1	2,858.39	2,512.06	2.2295	1.9594	
27130	Total hip replacement	0.00143	36.84	1	5,228.98	3,506.80	7.4774	5.0147	
27447	Total knee replacement	0.00252	39.79	1	5,680.64	3,787.61	14.3152	9.5448	
28296	Correction of bunion	0.00172	18.52	1	1,887.96	1,762.92	3.2473	3.0322	

Network Physician Fee Analysis Example

CPT	Description	(A)	(B)	(C)	(D)	(E)	(F)	(G)
		Relative Frequency	RBRVS Relative Value Unit	Include in Comparison 1-yes 0-no	Network Fee	Average Prevaling Charge = [Unit Values.x(B)	Network Products = (A)x(C)x(D)	Average Prevaling Charge = Products = (A)x(C)x(E)
29826	Shoulder arthroscopy/surgery	0.00209	18.05	1	2,721.59	1,718.18	5.6881	3.5910
29875	Knee arthroscopy/surgery	0.00060	13.23	1	1,953.77	1,259.36	1.1723	0.7556
29877	Knee arthroscopy/surgery	0.00327	15.34	1	2,084.11	1,460.21	6.8150	4.7749
29880	Knee arthroscopy/surgery	0.00177	17.31	1	2,864.84	1,647.74	5.0708	2.9165
29881	Knee arthroscopy/surgery	0.00624	16.04	1	2,370.59	1,526.85	14.7925	9.5275
29888	Knee arthroscopy/surgery	0.00172	26.46	1	4,194.02	2,518.73	7.2137	4.3322
30140	Removal of turbinate bones	0.00147	9.97	1	944.62	949.04	1.3886	1.3951
30520	Repair of nasal septum	0.00294	12.82	1	2,116.37	1,220.34	6.2221	3.5878
31575	Diagnostic laryngoscopy	0.01516	3.09	1	316.17	294.14	4.7931	4.4591
31622	Dx bronchoscope/wash	0.00146	8.63	1	736.86	821.49	1.0758	1.1994
31625	Bronchoscopy with biopsy	0.00055	9.37	0		891.93		
32020	Insertion of chest tube	0.00087	5.74	0		546.39		
32100	Exploration/biopsy of chest	0.00007	25.20	0		2,398.79		
33512	CABG, vein, three	0.00010	53.94	1	5,973.57	5,134.55	0.5974	0.5135
35102	Repair defect of artery	0.00005	47.45	0		4,516.77		
35301	Rechanneling of artery	0.00089	29.78	1	3,352.64	2,834.76	2.9839	2.5229
36830	Artery-vein graft	0.00023	18.85	1	2,218.31	1,794.33	0.5102	0.4127
37730	Removal of leg veins	0.00013	12.59	0		1,198.44		
39400	Visualization of chest	0.00027	11.25	0		1,070.89		
42820	Remove tonsils and adenoids	0.00404	7.50	1	859.45	713.93	3.4722	2.8843
42830	Removal of adenoids	0.00139	5.33	1	622.00	507.36	0.8646	0.7052
43235	Uppr GI endoscopy, diagnosis	0.00895	7.75	0		737.72		
43239	Upper GI endoscopy, biopsy	0.02933	8.80	1	769.12	837.67	22.5584	24.5689
43247	Operative upper GI endoscopy	0.00043	5.02	0		477.85		
43255	Operative upper GI endoscopy	0.00053	7.05	0		671.09		
43260	Endo cholangiopancreatograph	0.00064	8.67	1	1,116.26	825.30	0.7144	0.5282
43262	Endo cholangiopancreatograph	0.00071	10.70	0		1,018.53		
44140	Partial removal of colon	0.00079	32.28	1	3,018.40	3,072.73	2.3845	2.4275
44950	Appendectomy	0.00154	15.60	1	1,348.54	1,484.96	2.0767	2.2868
45330	Diagnostic sigmoidoscopy	0.00825	3.31	1	236.16	315.08	1.9483	2.5994
45331	Sigmoidoscopy and biopsy	0.00144	4.31	0		410.27		
45378	Diagnostic colonoscopy	0.04583	10.13	1	867.19	964.27	39.7432	44.1927
45380	Colonoscopy and biopsy	0.01928	11.97	0		1,139.42		
45385	Lesion removal colonoscopy	0.01946	13.52	1	1,228.52	1,286.97	23.9070	25.0444
46221	Ligation of hemorrhoid(s)	0.00133	4.90	0		466.43		
46255	Hemorrhoidectomy	0.00029	10.98	0		1,045.19		
46260	Hemorrhoidectomy	0.00067	10.29	0		979.51		
46600	Diagnostic anoscopy	0.00480	2.11	0		200.85		
47600	Removal of gallbladder	0.00047	21.45	1	1,946.03	2,041.83	0.9146	0.9597
47605	Removal of gallbladder	0.00013	23.08	1	2,178.31	2,196.99	0.2832	0.2856
49500	Repair inguinal hernia	0.00030	9.29	1	1,245.30	884.32	0.3736	0.2653
49505	Repair inguinal hernia	0.00379	12.34	1	1,327.89	1,174.64	5.0327	4.4519

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1-yes 0-no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Values.x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge = Products = (A)x(C)x(E)	Pricing Factor = (F) / ((G)
49560	Repair abdominal hernia	0.00117	18.19	1	1,707.29	1,731.51	1.9975	2.0259	
50230	Removal of kidney	0.00017	32.20	0		3,065.12			
50590	Fragmenting of kidney stone	0.00256	22.12	1	2,549.97	2,105.60	6.5279	5.3903	
51600	Injection for bladder x-ray	0.00162	5.99	0		570.19			
51700	Irrigation of bladder	0.00164	2.55	0		242.73			
51741	Electro-uflowmetry, first	0.00560	2.04	0		194.19			
51845	Repair bladder neck	0.00004	15.26	0		1,452.60			
52000	Cystoscopy	0.01690	5.45	1	317.46	518.79	5.3650	8.7675	
52310	Cystoscopy and treatment	0.00215	7.70	0		732.96			
52332	Cystoscopy and treatment	0.00226	8.78	0		835.77			
52601	Prostatectomy (TURP)	0.00077	18.32	1	2,423.51	1,743.88	1.8661	1.3428	
53670	Insert urinary catheter	0.00457	2.27	0		216.08			
54150	Circumcision	0.01019	6.32	1	149.70	601.60	1.5254	6.1303	
54640	Suspension of testis	0.00027	11.25	0		1,070.89			
55250	Removal of sperm duct(s)	0.00574	15.02	1	545.87	1,429.75	3.1333	8.2068	
55700	Biopsy of prostate	0.00585	5.87	1	330.36	558.77	1.9326	3.2688	
55845	Extensive prostate surgery	0.00057	41.44	1	4,498.58	3,944.67	2.5642	2.2485	
57454	Vagina examination & biopsy	0.01494	4.25	1	308.42	404.56	4.6078	6.0441	
57511	Cryocautery of cervix	0.00228	3.94	1	219.38	375.05	0.5002	0.8551	
58100	Biopsy of uterus lining	0.01292	3.03	1	167.76	288.43	2.1674	3.7265	
58120	Dilation and curettage	0.00229	5.96	1	658.14	567.33	1.5071	1.2992	
58150	Total hysterectomy	0.00441	24.51	1	3,004.22	2,333.11	13.2486	10.2890	
58260	Vaginal hysterectomy	0.00111	21.20	1	2,895.81	2,018.03	3.2143	2.2400	
58600	Division of fallopian tube	0.00019	9.57	0		910.97			
59400	Obstetrical care	0.01950	43.78	1	2,682.88	4,167.42	52.3161	81.2647	
59410	Obstetrical care	0.00172	24.54	0		2,335.96			
59510	Cesarean delivery	0.00754	49.62	1	3,160.35	4,723.33	23.8291	35.6139	
59515	Cesarean delivery	0.00069	29.26	0		2,785.26			
59812	Treatment of miscarriage	0.00083	7.48	1	716.21	712.02	0.5945	0.5910	
59820	Care of miscarriage	0.00218	9.36	1	743.32	890.98	1.6204	1.9423	
59840	Abortion	0.00098	5.84	1	849.13	555.91	0.8321	0.5448	
61510	Removal of brain lesion	0.00021	52.19	1	6,722.05	4,967.97	1.4116	1.0433	
62223	Establish brain cavity shunt	0.00013	24.11	1	4,032.71	2,295.03	0.5243	0.2984	
62270	Spinal fluid tap, diagnostic	0.00373	4.20	1	172.92	399.80	0.6450	1.4912	
62273	Treat epidural spine lesion	0.00029	5.00	0		475.95			
62284	Injection for myelogram	0.00228	6.63	1	494.25	631.11	1.1269	1.4389	
62311	Inject spine I/s (cd)	0.01093	6.56	0		624.45			
63005	Removal of spinal lamina	0.00003	28.14	0		2,678.65			
63030	Low back disk surgery	0.00196	23.31	1	3,743.65	2,218.88	7.3376	4.3490	
63042	Laminotomy, single lumbar	0.00042	32.86	1	4,379.85	3,127.94	1.8395	1.3137	
63047	Removal of spinal lamina	0.00122	27.63	0		2,630.10			
63075	Neck spine disk surgery	0.00113	35.95	1	3,866.25	3,422.08	4.3689	3.8670	

Network Physician Fee Analysis Example

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64450	Injection for nerve block	0.00539	2.64	0		251.30			
64721	Carpal tunnel surgery	0.00368	10.36	1	1,255.62	986.17	4.6207	3.6291	
65222	Remove foreign body from eye	0.00197	1.87	0		178.01			
66821	After cataract laser surgery	0.00492	6.55	1	1,041.41	623.49	5.1237	3.0676	
66984	Cataract surg w/iol, i stage	0.01507	18.05	0		1,718.18			
67107	Repair detached retina	0.00020	26.85	0		2,555.85			
67210	Treatment of retinal lesion	0.00242	15.82	1	1,593.72	1,505.91	3.8568	3.6443	
67228	Treatment of retinal lesion	0.00196	24.83	1	1,704.72	2,363.57	3.3412	4.6326	
67800	Remove eyelid lesion	0.00111	3.07	0		292.23			
67820	Revise eyelashes	0.00196	1.53	0		145.64			
69433	Create eardrum opening	0.00097	4.74	0		451.20			
69436	Create eardrum opening	0.00521	4.44	1	548.45	422.64	2.8574	2.2020	
	Surgery - Total	1.00000	6.1022				395.2368	455.9420	86.7%
Radiology-Total (Includes professional and technical components)									
70470	Ct head/brain w/o&w dye	0.00748	9.19	1	1,060.29	986.45	7.9310	7.3787	
70551	Mri brain w/o dye	0.01183	13.83	0		1,484.51			
70553	Mri brain w/o&w dye	0.02321	29.44	1	2,164.94	3,160.09	50.2483	73.3457	
71010	Chest x-ray	0.13961	0.74	1	105.58	79.43	14.7394	11.0894	
71020	Chest x-ray	0.27157	0.96	1	123.93	103.05	33.6565	27.9843	
72100	X-ray exam of lower spine	0.04568	1.01	1	130.06	108.41	5.9411	4.9523	
72110	X-ray exam of lower spine	0.02377	1.39	1	189.72	149.20	4.5097	3.5465	
72131	CT lumbar spine w/o dye	0.00337	7.81	1	971.55	838.33	3.2741	2.8252	
72148	MRI lumbar spine w/o dye	0.02494	15.12	1	1,721.24	1,622.98	42.9277	40.4771	
73610	X-ray exam of ankle	0.04292	0.79	1	107.10	84.80	4.5968	3.6396	
73630	X-ray exam of foot	0.06273	0.79	1	107.10	84.80	6.7185	5.3194	
73721	MRI joint of lwr extre w/o d	0.02399	13.44	1	1,669.22	1,442.65	40.0446	34.6092	
74160	CT abdomen w/dye	0.03675	8.95	1	1,161.27	960.69	42.6766	35.3055	
76091	Mammogram, both breasts	0.03608	2.57	1	183.59	275.86	6.6241	9.9532	
76700	Echo exam of abdomen	0.02964	3.20	1	406.98	343.49	12.0628	10.1810	
76805	Echo exam of pregnant uterus	0.04249	3.59	1	318.23	385.35	13.5217	16.3735	
76815	Echo exam of pregnant uterus	0.01761	2.41	1	232.56	258.69	4.0954	4.5555	
76830	Echo exam, transvaginal	0.05480	2.57	1	359.56	275.86	19.7037	15.1173	
76856	Echo exam of pelvis	0.04636	2.57	1	313.65	275.86	14.5410	12.7890	
77427	Radiation tx management, x5	0.01436	4.54	0		487.32			
78465	Heart image (3d), multiple	0.04081	14.45	1	1,334.15	1,551.06	54.4465	63.2989	
	Radiology - Total	1.00000	3.7945				382.2595	382.7414	99.9%

Network Physician Fee Analysis Example

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Pathology									
80050	General health panel	0.03782	0.96	1	55.22	90.96	2.0885	3.4401	
80061	Lipid panel	0.18759	0.67	1	38.32	63.67	7.1889	11.9440	
81000	Urinalysis, nonauto w/scope	0.09500	0.20	1	11.27	19.02	1.0706	1.8068	
82270	Test for blood, feces	0.05546	0.17	1	7.89	16.54	0.4377	0.9172	
82785	Assay of gammaglobulin ige	0.00142	0.75	1	34.94	71.11	0.0496	0.1010	
82947	Assay, glucose, blood quant	0.03429	0.23	1	10.14	21.50	0.3478	0.7372	
83718	Assay of lipoprotein	0.00402	0.33	1	14.66	31.42	0.0589	0.1263	
84443	Assay thyroid stim hormone	0.10178	0.73	1	51.85	69.46	5.2777	7.0696	
84702	Chorionic gonadotropin test	0.01492	0.70	1	49.59	66.15	0.7399	0.9870	
84703	Chorionic gonadotropin assay	0.00841	0.40	1	28.18	38.04	0.2370	0.3199	
85021	Automated hemogram	0.00663	0.26	1	12.41	24.81	0.0822	0.1645	
85022	Automated hemogram	0.00393	0.31	0		28.94			
85023	Automated hemogram	0.01261	0.38	1	18.04	36.38	0.2274	0.4588	
85024	Automated hemogram	0.06362	0.31	1	14.66	29.77	0.9325	1.8939	
85025	Automated hemogram	0.15078	0.32	1	14.66	30.60	2.2101	4.6131	
85027	Automated hemogram	0.01678	0.31	1	14.66	28.94	0.2460	0.4856	
86171	Complement fixation, each	0.00005	0.51	0		47.96			
86316	Immunoassay, tumor other	0.00075	0.91	1	63.12	86.00	0.0473	0.0645	
86403	Particle agglutination test	0.00763	0.28	1	13.52	26.46	0.1032	0.2019	
86585	TB tine test	0.00118	0.21	1	9.02	19.86	0.0106	0.0234	
87086	Urine culture/colony count	0.03199	0.44	1	21.41	41.34	0.6850	1.3226	
88150	Cytopath, c/v, manual	0.00894	0.30	1	23.68	28.11	0.2117	0.2513	
88304	Tissue exam by pathologist	0.01814	1.57	1	69.88	148.47	1.2676	2.6933	
88305	Tissue exam by pathologist	0.12600	2.73	1	101.45	258.18	12.7823	32.5302	
88307	Tissue exam by pathologist	0.01026	4.86	1	163.43	459.61	1.6768	4.7156	
	Pathology - Total	1.00000	0.8140				37.9794	76.8678	49.4%
Medicine									
90782	Injection, sc/im	0.00924	0.50	1	21.91	35.24	0.2025	0.3256	
90788	Injection of antibiotic	0.00090	0.44	1	23.38	31.01	0.0210	0.0279	
90801	Psy dx interview	0.00358	4.04	0		284.74			
90805	Psytx, off, 20-30 min w/e&m	0.00229	1.90	0		133.91			
90806	Psytx, off, 45-50 min	0.02873	2.61	0		183.95			
90853	Group psychotherapy	0.00175	0.86	1	83.25	60.61	0.1457	0.1061	
90862	Medication management	0.00581	1.37	0		96.56			
90887	Consultation with family	0.00003	2.34	0		164.92			
92004	Eye exam, new patient	0.00417	3.41	1	108.08	240.34	0.4507	1.0022	
92012	Eye exam established pat	0.00673	1.72	1	74.50	121.23	0.5014	0.8158	
92014	Eye exam & treatment	0.01023	2.54	1	92.02	179.02	0.9414	1.8314	
92083	Visual field examination(s)	0.00237	1.95	0		137.44			
92225	Special eye exam, initial	0.00086	0.61	0		42.99			

Network Physician Fee Analysis Example

CPT	Description	(A) Relative Frequency	(B) RBRVS Relative Value Unit	(C) Include in Comparison 1-yes 0-no	(D) Network Fee	(E) Average Prevailing Charge = [Unit Values.x(B)	(F) Network Products = (A)x(C)x(D)	(G) Average Prevailing Charge = Products = (A)x(C)x(E)	Pricing Factor = (F) / ((G)
92235	Eye exam with photos	0.00071	3.50	0		246.68			
92250	Eye exam with photos	0.00129	1.99	0		140.26			
92507	Speech/hearing therapy	0.00261	1.65	1	54.05	116.29	0.1411	0.3035	
92557	Comprehensive hearing test	0.00195	1.31	1	83.25	92.33	0.1623	0.1800	
92567	Tympanometry	0.00339	0.58	1	32.14	40.88	0.1089	0.1386	
92982	Coronary artery dilation	0.00006	15.84	1	3,823.99	1,116.40	0.2294	0.0670	
93000	Electrocardiogram, complete	0.01624	0.71	1	81.81	50.04	1.3285	0.8127	
93015	Cardiovascular stress test	0.00335	2.85	1	473.24	200.87	1.5854	0.6729	
93224	ECG monitor/report, 24 hrs	0.00038	4.37	0		308.00			
93307	Echo exam of heart	0.00499	5.39	1	465.94	379.89	2.3250	1.8956	
93510	Left heart catheterization	0.00066	46.04	1	1,057.50	3,244.90	0.6980	2.1416	
93526	Rt & Lt heart catheters	0.00009	60.51	0		4,264.74			
94010	Breathing capacity test	0.00309	0.87	1	77.41	61.32	0.2392	0.1895	
94656	Initial ventilator mgmt	0.00003	2.45	0		172.68			
94657	Continued ventilator mgmt	0.00021	1.85	0		130.39			
95024	Allergy skin tests	0.01483	0.16	0		11.28			
95115	Immunotherapy, one injection	0.00879	0.41	0		28.90			
95117	Immunotherapy injections	0.01539	0.52	1	17.53	36.65	0.2698	0.5640	
95165	Antigen therapy services	0.05116	0.26	0	0.00	18.32			
95819	Electroencephalogram (EEG)	0.00047	4.22	1	224.94	297.43	0.1057	0.1398	
95822	Sleep electroencephalogram	0.00002	5.87	0		413.72			
95860	Muscle test, one limb	0.00070	2.45	1	176.75	172.68	0.1237	0.1209	
95861	Muscle test, two limbs	0.00054	3.09	0		217.78			
95900	Motor nerve conduction test	0.00255	1.72	1	100.78	121.23	0.2570	0.3091	
95904	Sense/mixed n conduction tst	0.00507	1.47	1	100.78	103.61	0.5110	0.5253	
95934	H-reflex test	0.00043	0.98	0		69.07			
97010	Hot or cold packs therapy	0.01835	0.12	1	14.61	8.46	0.2680	0.1552	
97110	Therapeutic exercises	0.06530	0.74	0		52.16			
98940	Chiropractic manipulation	0.03096	0.69	0		48.63			
99201	Office/outpatient visit, new	0.00318	0.97	0		68.37			
99202	Office/outpatient visit, new	0.01403	1.72	1	80.34	121.23	1.1271	1.7008	
99203	Office/outpatient visit, new	0.02285	2.56	1	105.16	180.43	2.4029	4.1228	
99204	Office/outpatient visit, new	0.01028	3.62	1	151.90	255.14	1.5616	2.6228	
99205	Office/outpatient visit, new	0.00392	4.58	1	204.50	322.80	0.8016	1.2654	
99211	Office/outpatient visit, est	0.01871	0.57	1	37.98	40.17	0.7107	0.7516	
99212	Office/outpatient visit, est	0.07023	1.02	1	54.05	71.89	3.7958	5.0488	
99213	Office/outpatient visit, est	0.27079	1.39	1	68.64	97.97	18.5877	26.5285	
99214	Office/outpatient visit, est	0.08872	2.18	1	100.78	153.65	8.9412	13.6315	
99215	Office/outpatient visit, est	0.01470	3.17	1	162.14	223.42	2.3835	3.2843	
99221	Initial hospital care	0.00057	1.80	0		126.86			
99222	Initial hospital care	0.00278	2.98	1	230.79	210.03	0.6416	0.5839	
99223	Initial hospital care	0.00387	4.15	1	283.37	292.49	1.0966	1.1319	

Network Physician Fee Analysis Example

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	
		Relative	RBRVS	Include in	Network	Average	Network	Average	Pricing
CPT	Description	Frequency	Relative	Comparison	Fee	Prevaling	Products =	Prevaling	Factor =
			Value	1-yes		Charge =	(A)x(C)x(D)	Charge	(F) / ((G)
			Unit	0-no		[Unit		Products =	
						Values.x(B)		(A)x(C)x(E)	
99231	Subsequent hospital care	0.01263	0.90	1	90.55	63.43	1.1437	0.8011	
99232	Subsequent hospital care	0.02507	1.47	1	122.69	103.61	3.0758	2.5974	
99233	Subsequent hospital care	0.00942	2.09	1	181.12	147.30	1.7061	1.3876	
99241	Office consultation	0.00175	1.33	0		93.74			
99242	Office consultation	0.00547	2.43	1	143.14	171.27	0.7830	0.9368	
99243	Office consultation	0.01289	3.24	1	182.59	228.36	2.3535	2.9435	
99244	Office consultation	0.01146	4.56	1	239.54	321.39	2.7452	3.6831	
99245	Office consultation	0.00449	5.90	1	302.35	415.83	1.3576	1.8671	
99253	Initial inpatient consult	0.00216	2.61	0		183.95			
99254	Initial inpatient consult	0.00335	3.75	1	262.92	264.30	0.8808	0.8854	
99261	Follow-up inpatient consult	0.00038	0.59	0		41.58			
99262	Follow-up inpatient consult	0.00085	1.20	0		84.58			
99263	Follow-up inpatient consult	0.00041	1.78	0		125.45			
99283	Emergency dept visit	0.01203	1.64	1	165.05	115.59	1.9856	1.3905	
99284	Emergency dept visit	0.00737	2.56	1	246.85	180.43	1.8193	1.3298	
99285	Emergency dept visit	0.00420	4.01	1	368.08	282.62	1.5459	1.1870	
99291	Critical care, first hour	0.00172	6.77	1	407.52	477.15	0.7009	0.8207	
99292	Critical care, addl 30 min	0.00038	3.00	1	203.03	211.44	0.0772	0.0803	
99391	Prev visit, est, infant	0.00815	2.08	1	64.26	146.60	0.5237	1.1948	
99392	Prev visit, est, age 1-4	0.00804	2.33	1	68.64	164.22	0.5519	1.3203	
99393	Prev visit, est, age 5-11	0.00585	2.30	1	74.50	162.10	0.4358	0.9483	
99394	Prev visit, est, age 12-17	0.00491	2.54	0		179.02			
99397	Prev visit, est, 65 & over	0.00078	3.13	0		220.60			
99431	Initial care, normal newborn	0.00131	1.60	1	182.59	112.77	0.2392	0.1477	
	Medicine - Total	1.00000	1.6092				74.5913	96.5187	77.3%

 Worksheet 4 – Example

 Contracted Network Location: Kansas City – ZIP 641
 Calculation of Network Pricing Factor – All Services

	(A)	(B)	(C)
Provider Category	Pricing Factor	Weight*	Weighted Factor (AxB)
1. Hospital Pricing Factor (From Worksheet 2)	<u>78.33%</u>	<u>52.00%</u>	<u>40.73%</u>
2. Physician Pricing Factor (From Worksheet 3)	<u>81.87%</u>	<u>33.00%</u>	<u>27.02%</u>
3. Other:			
Outpatient RX	<u>100.00%</u>		_____
Other Miscellaneous	<u>100.00%</u>		_____
Additional Other	<u>100.00%</u>		_____
Subtotal Other	<u>100.00%</u>	<u>15.00%</u>	<u>15.00%</u>
4. Subtotal (lines 1 + 2 + 3)		<u>100.00%</u>	<u>82.75%</u>
5. Total In-Network Pricing Factor (4(C)/4(B))			<u>82.75%</u>
6. Network Savings/Discount (100% - 5(C))			<u>17.25%</u>

 * Default Weight from Table Z, Section VIII.

Instructions

Worksheet 4

- Step 1: The hospital pricing factor from Worksheet 2 should be entered on Line 1, Column A.
- Step 2: The physician pricing factor from Worksheet 3 should be entered on Line 2, Column A.
- Step 3: The negotiated pricing factor for any other services (appropriate for the expected deductible level) should be entered on Line(s) 3, Column A.
- Step 4: Service category weights are provided in Column B. Network specific, or local area book of business specific, or client specific weights should be substituted for the default weights if they are available.
- Step 5: Calculate the weighted average for each provider category (Column C) by multiplying the pricing factor (Column A) by the weight (Column B). Zeros should be substituted for both the weights (Column B) and the weighted average (Column C) in service categories where no data is available.
- Step 6: Subtotal the weights (Column B) and the weighted average (Column C) on Line 4. The weights will not add to 100% if some services were zeroed in Step 5 (this will be reflected in Step 7).
- Step 7: Divide the subtotal weighted average (Column C, Line 4) by the subtotal weights (Column B, Line 4) to calculate the total in-network pricing factor (Line 5).
- Step 8: Calculate the in-network Savings/Discount (Line 6) by subtracting the in-network pricing factor (Line 5) from 100%.

Default Weights for use in Worksheets 1, 2, 3 and 4

Table W
For use in Worksheet 1

All Claims	Medical	Surgical	ICU/CCU
100.0%	42.50%	42.50%	15.00%

Table X
For use in Worksheet 2

All Claims	Inpatient	Outpatient/Other
100.0%	50.00%	50.00%

Table Y
For use in Worksheet 3

All Claims	Medical Portion	Surgical Portion	Pathology	Radiology	Anesthesia
100.0%	43.00%	32.00%	6.00%	11.00%	8.00%

Table Z
For use in Worksheet 4

All Claims	Hospital Weight	Physician Weight	Other Weight
100.0%	52.00%	33.00%	15.00%

Provider Discount Analysis Worksheets

Worksheet 1

Calculation of Hospital Pricing Factor – Specific Network Hospital

Contracted Hospital Name: _____

Contracted Hospital Location: _____

Outlier Provision: _____

	(A)	(B)	(C)	(D)	(E)
	Negotiated Rate	Prevailing Average	Pricing Factor (A/B)	Weight*	Weighted Average (Cx D)
1. Medical	_____	_____	_____	<u>42.50%</u>	_____
2. Surgical	_____	_____	_____	<u>42.50%</u>	_____
3. ICU/CCU	_____	_____	_____	<u>15.00%</u>	_____
4. Other	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
	_____		_____		_____
5. Subtotal (lines 1 + 2 + 3 + 4)				<u>100.00%</u>	_____
6. Total Calculated Pricing Factor (5(E)/5(D))					_____
7. Outlier Provision Pricing Factor					_____
8. Outlier Percentage					_____
9. Pricing Factor Adjusted for Outliers $6(E) \times [1 - 8(E)] + 7(E) \times 8(E)$					_____
10. Adjusted Pricing Factor					_____
Maximum					_____
Minimum					_____
11. Adjusted Hospital Pricing Factor (Greater/Lesser of 9(E) or 10(E))					=====

*Default Weight from Table W

Worksheet 2

Contracted Network Location: _____
 Calculation of Hospital/Facility Pricing Factor – All Network Hospitals

	(A)	(B)	(C)	(D)	(E)	(F)
Hospital/Facility	Pricing Factor	Total Weight	Total Weight (Percent)	[*] Weighted Factor (AxC)	Category Weight**	Overall Weighted Factor
Inpatient:						
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
Subtotal		_____		_____*	50.00%	_____
Outpatient/Other:						
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
_____	_____	_____	_____	_____		
Subtotal		_____		_____*	50.00%	_____
Total (to Worksheet 4)						=====

* 100% minus the % shown is the estimated effective discount for inpatient and outpatient services, respectively, which may be carried to the table in Section VIII.

** Default Weight from Table X

Worksheet 3

Contracted Physician Location: _____
 Calculation of Physician Pricing Factor

	(A)	(B)	(C)
Service Category	Pricing Factor*	Weight ¹	Weighted Average (AxB)
1. Surgical ²	_____	<u>32.00%</u>	_____
2. Radiology	_____	<u>11.00%</u>	_____
3. Pathology	_____	<u>6.00%</u>	_____
4. Medical	_____	<u>43.00%</u>	_____
5. Anesthesia**	_____	<u>8.00%</u>	_____
6. Other:			
_____	_____		_____
_____	_____		_____
_____	_____		_____
_____	_____	_____	_____
7. Subtotal (lines 1 + 2 + 3 + 4 +5 +6)		<u>100.00%</u>	<u>0.00%</u>
8. Total Physician Pricing Factor (7(C)/7(B)) (to Worksheet 4)			<u>0.00%</u>

*The Pricing Factors are calculated on the spreadsheet (Network Physician Fee Analysis Example.xls). 100% minus the % shown is the estimated effective discount, which may be carried to the table in Section VIII.

**Assumed to be same as Surgical.

¹Default Weight from Table Y

²Inpatient and outpatient

Worksheet 4

Contracted Network Location: _____
 Calculation of Network Pricing Factor – All Services

	(A)	(B)	(C)
Provider Category	Pricing Factor	Weight*	Weighted Factor (AxB)
1. Hospital Pricing Factor (From Worksheet 2)	_____	<u>52.00%</u>	_____
2. Physician Pricing Factor (From Worksheet 3)	_____	<u>33.00%</u>	_____
3. Other:			
DXL	_____		_____
Outpatient RX	_____		_____
Other Miscellaneous	_____		_____
Additional Other	_____		_____
Subtotal Other	_____	<u>15.00%</u>	_____
4. Subtotal (lines 1 + 2 + 3)		_____	_____
5. Total In-Network Pricing Factor (4(C)/4(B))			_____
6. Network Savings/Discount (100%–5(C))			=====

* Default Weight from Table Z, Section VII.4

IX. 2011 AREA TABLES BY STATE

2011 AREA TABLE		
State	Zip	Table
Alabama	All of State	Low
	999	Low
	Rest of State	Medium
Arizona	All of State	Low
Arkansas	All of State	Low
California	900-918	High
	940-944	High
	Rest of State	Medium
Colorado	All of State	Low
Connecticut	068-069	Medium
	Rest of State	Low
Delaware	All of State	Low
District of Columbia	All of District	Medium
Florida	325-326	Medium
	330-333	High
	334-339	Medium
	340	High
	341	Medium
	346	Medium
	349	Medium
	Rest of State	Low
Georgia	All of State	Low
Hawaii	All of State	Low
Idaho	All of State	Low
Illinois	600-608	Medium
	Rest of State	Low
Indiana	All of State	Low
Iowa	All of State	Low

2011 AREA TABLE

State	Zip	Table
Kansas	All of State	Low
Kentucky	All of State	Low
Louisiana	700-701	Medium
	704	Medium
	Rest of State	Low
Maine	All of State	Low
Maryland	All of State	Low
Massachusetts	All of State	Low
Michigan	All of State	Low
Minnesota	All of State	Low
Mississippi	395	Medium
	Rest of State	Low
Missouri	All of State	Low
Montana	All of State	Low
Nebraska	All of State	Low
Nevada	893	Low
	898	Low
	Rest of State	Medium
New Hampshire	All of State	Low
New Jersey	082	Low
	Rest of State	Medium
New Mexico	All of State	Low
New York	120-125	Low
	128-149	Low
	Rest of State	Medium
North Carolina	All of State	Low
North Dakota	All of State	Low
Ohio	All of State	Low
Oklahoma	All of State	Low

2011 AREA TABLE		
State	Zip	Table
Oregon	All of State	Low

2010 AREA TABLE		
State	Zip	Table
Pennsylvania	150-152	Medium
	164-165	Medium
	180-181	Medium
	189-195	Medium
	Rest of State	Low
Rhode Island	All of State	Low
South Carolina	All of State	Low
South Dakota	All of State	Low
Tennessee	All of State	Low
Texas	750-753	Medium
	757	Medium
	760-762	Medium
	770-778	Medium
	783-785	Medium
	793-794	Medium
	798-799	Medium
	885	Medium
Rest of State	Low	
Utah	All of State	Low
Vermont	All of State	Low
Virginia	201	Medium
	Rest of State	Low
Washington	All of State	Low
West Virginia	All of State	Low
Wisconsin	All of State	Low
Wyoming	All of State	Low
Guam	All of Territory	Low
Puerto Rico	All of Territory	Low

X. AREA RATING TABLES BY ZIP CODE

Description

This section includes the following area related information, presented in the order listed.

- Cost factors for area designations A through P.
- Area designations separately by 3-digit zip code and by state/county.

The area cost factors for each geographical area table are:

AREA COST FACTORS	
Area Table	Comprehensive Major Medical
A	.76
B	.82
C	.88
D	.94
E	1.00
F	1.07
G	1.13
H	1.20
I, J	1.26
K, L	1.34
M	1.40
N, O, P	1.47

The comprehensive major medical factors represents a typical 80% plan with a \$200 deductible and \$5,000 stop loss level. Other benefit combinations may produce slightly different area relativities.

When insureds are located in more than one area, an average area rating factor should be determined by calculating the ratio of insureds in each area table.

2011 Three Digit Zip Code Area Rating Tables

Alabama

ZIP	Name	Table	ZIP	Name	Table
350	Birmingham (A-L)	E	361	Montgomery	D
351	Birmingham (M-Z)	E	362	Anniston	D
352	Birmingham	E	363	Dothan	C
354	Tuscaloosa	C	364	Evergreen	B
355	Birmingham	C	365	Mobile	D
356	Decatur	C	366	Mobile	D
357	Huntsville	C	367	Selma	C
358	Huntsville	E	368	Opelika	C
359	Gadsden	E	369	Meridian, MS	B
360	Montgomery	C			

Alaska

ZIP	Name	Table	ZIP	Name	Table
995	Anchorage	H	998	Juneau	F
996	Anchorage	H	999	Ketchikan	E
997	Fairbanks	F			

Arizona

ZIP	Name	Table	ZIP	Name	Table
850	Phoenix	E	857	Tucson	D
851	Phoenix	E	859	Show Low	C
852	Phoenix	E	860	Flagstaff	E
853	Phoenix	E	863	Prescott	D
855	Globe	D	864	Kingman	E
856	Tucson	D	865	Gallup, NM	C

Arkansas

ZIP	Name	Table	ZIP	Name	Table
716	Pine Bluff	B	723	Memphis, TN	D
717	Camden	B	724	Jonesboro	B
718	Texarkana, TX	B	725	Batesville	A
719	Hot Springs Nat'l. Pk.	D	726	Harrison	A
720	Little Rock (A-L)	C	727	Fayetteville	B
721	Little Rock (M-Z)	C	728	Russellville	B
722	Little Rock	C	729	Fort Smith	B

California

ZIP	Name	Table	ZIP	Name	Table
900	Los Angeles	K	932	Bakersfield	G
901	Los Angeles	K	933	Bakersfield	G
902	Inglewood	K	934	San Luis Obispo	H
903	Inglewood	K	935	Mojave	F
904	Santa Monica	K	936	Fresno	F
905	Torrance	K	937	Fresno	F
906	Whittier	K	938	Fresno	F
907	Long Beach	K	939	Salinas	H
908	Long Beach	K	940	San Francisco	K
909	Long Beach	K	941	San Francisco	K
910	Pasadena	K	942	San Francisco	K
911	Pasadena	K	943	Palo Alto	K
912	Glendale	K	944	San Mateo	K
913	Van Nuys	K	945	Oakland	I
914	Van Nuys	K	946	Oakland	I
915	Burbank	K	947	Berkeley	I
916	North Hollywood	K	948	Richmond	I
917	Alhambra	K	949	San Rafael	I
918	Alhambra	K	950	San Jose	H
919	Chula Vista	G	951	San Jose	H
920	San Diego	G	952	Stockton (1)	H
921	San Diego	G	953	Stockton (2)	H
922	Palm Springs	I	954	Santa Rosa	H
923	San Bernardino	H	955	Eureka	G
924	San Bernardino	H	956	Sacramento (1)	H
925	Riverside	H	957	Sacramento (2)	H
926	Santa Ana	H	958	Sacramento	H
927	Santa Ana	H	959	Marysville	G
928	Anaheim	H	960	Redding	G
930	Ventura	H	961	Reno, NV (California offices)	F
931	Santa Barbara	H			

Colorado

ZIP	Name	Table	ZIP	Name	Table
800	Denver (North)	D	809	Colorado Springs	C
801	Denver (South)	D	810	Pueblo	C
802	Denver	D	811	Alamosa	A
803	Boulder	D	812	Salida	B
804	Golden	C	813	Durango	B
805	Longmont	C	814	Montrose	A
806	Brighton	C	815	Grand Junction	B
807	Fort Morgan	B	816	Glenwood Springs	B
808	Colorado Springs	C			

Connecticut

ZIP	Name	Table	ZIP	Name	Table
060	Hartford	D	065	New Haven	E
061	Hartford	D	066	Bridgeport	E
062	Willimantic	C	067	Waterbury	D
063	New London	C	068	Stamford	F
064	New Haven	E	069	Stamford	F

Delaware

ZIP	Name	Table	ZIP	Name	Table
197	Wilmington	E	199	Dover	C
198	Wilmington	E			

District of Columbia

ZIP	Name	Table	ZIP	Name	Table
200	Washington	F	202-205	Government	F

Florida

ZIP	Name	Table	ZIP	Name	Table
320	Jacksonville	E	334	West Palm Beach	I
321	Jacksonville	E	335	Tampa	F
322	Jacksonville	E	336	Tampa	F
323	Tallahassee	D	337	Saint Petersburg	F
324	Panama City	E	338	Lakeland	F
325	Pensacola	F	339	Fort Myers	F
326	Gainesville	F	340	Miami	K
327	Orlando	E	341	Naples	F
328	Orlando	E	342	Tampa	E
329	Melbourne	E	344	Jacksonville	E
330	Miami	K	346	Tampa	F
331	Miami	K	347	Orlando	E
332	Miami	K	349	West Palm Beach	I
333	Fort Lauderdale	K			

Georgia

ZIP	Name	Table	ZIP	Name	Table
300	Atlanta (Metro)	E	311	Atlanta	E
301	Atlanta	E	312	Macon	E
302	Atlanta	E	313	Savannah	C
303	Atlanta	E	314	Savannah	E
304	Swainsboro	C	315	Waycross	B
305	Gainesville	C	316	Valdosta	B
306	Athens	C	317	Albany	B
307	Chattanooga, TN	C	318	Columbus	B
308	Augusta	C	319	Columbus	C
309	Augusta	D	398	Atlanta	E
310	Macon	C	399	Atlanta	E

Hawaii

ZIP	Name	Table	ZIP	Name	Table
962-966	Military	F	968	Honolulu	C
967	Honolulu	C			

Idaho

ZIP	Name	Table	ZIP	Name	Table
832	Pocatello	A	836	Boise	B
833	Twin Falls	A	837	Boise	B
834	Pocatello	C	838	Spokane, WA	B
835	Lewiston	A			

Illinois

ZIP	Name	Table	ZIP	Name	Table
600	N. Suburban	G	615	Peoria	D
601	N. Suburban	G	616	Peoria	D
602	Evanston	G	617	Bloomington	C
603	Oak Park	G	618	Champaign, N.	E
604	S. Suburban	G	619	Champaign, S.	C
605	S. Suburban	G	620	Saint Louis, MO	D
606	Chicago	G	622	Saint Louis, MO	D
607	Chicago	G	623	Quincy	B
608	Chicago	G	624	Effingham	B
609	Kankakee	E	625	Springfield, E.	C
610	Rockford	E	626	Springfield, W.	C
611	Rockford	E	627	Springfield	D
612	Rock Island	B	628	Centralia	B
613	La Salle	D	629	Carbondale	B
614	Galesburg	C			

Indiana

ZIP	Name	Table	ZIP	Name	Table
460	Indianapolis, N.	D	470	Cincinnati, OH	A
461	Indianapolis, S.	D	471	Louisville, KY	B
462	Indianapolis	D	472	Columbus	B
463	Gary	D	473	Muncie	B
464	Gary	D	474	Bloomington	B
465	South Bend	C	475	Washington	A
466	South Bend	D	476	Evansville	B
467	Fort Wayne	C	477	Evansville	B
468	Fort Wayne	C	478	Terre Haute	C
469	Kokomo	B	479	Lafayette	B

Iowa

ZIP	Name	Table	ZIP	Name	Table
500	Des Moines	B	513	Spencer	A
501	Des Moines	B	514	Carroll	A
502	Des Moines	B	515	Omaha, NE	B
503	Des Moines	B	516	Omaha, NE	A
504	Mason City	A	520	Dubuque	A
505	Fort Dodge	A	521	Decorah	A
506	Waterloo	A	522	Cedar Rapids	B
507	Waterloo	A	523	Cedar Rapids	B
508	Creston	A	524	Cedar Rapids	B
509	Des Moines	B	525	Ottumwa	A
510	Sioux City	A	526	Burlington	A
511	Sioux City	B	527	Rock Island, IL	B
512	Sheldon	A	528	Davenport	B

Kansas

ZIP	Name	Table	ZIP	Name	Table
660	Kansas City	E	671	Wichita	D
661	Kansas City	E	672	Wichita	D
662	Shawnee Mission	E	673	Independence	B
664	Topeka	C	674	Salina	B
665	Topeka	C	675	Hutchinson	B
666	Topeka	C	676	Hays	B
667	Fort Scott	C	677	Colby	A
668	Topeka	C	678	Dodge City	A
669	Salina	A	679	Liberal	A
670	Wichita	D			

Kentucky

ZIP	Name	Table	ZIP	Name	Table
400	Louisville, E.	C	414	Campton, N.	C
401	Louisville, W.	C	415	Pikeville, E.	C
402	Louisville	C	416	Pikeville, W.	C
403	Lexington, N.	C	417	Hazard, W.	C
404	Lexington, S.	C	418	Hazard, E.	B
405	Lexington	C	419	Lexington	C
406	Frankfort	C	420	Paducah	B
407	Corbin, W.	B	421	Bowling Green, E.	B
408	Corbin, E.	A	422	Bowling Green, W.	A
409	Corbin	C	423	Owensboro	A
410	Cincinnati, OH	C	424	Evansville, IN	B
411	Ashland, N.	C	425	Somerset, N.	C
412	Ashland, S.	E	426	Somerset, S.	A
413	Campton, S.	E	427	Elizabethtown	A

Louisiana

ZIP	Name	Table	ZIP	Name	Table
700	New Orleans	G	708	Baton Rouge	E
701	New Orleans	G	710	Shreveport	E
703	Thibodaux	E	711	Shreveport	E
704	Hammond	F	712	Monroe	E
705	Lafayette	E	713	Alexandria, E.	E
706	Lake Charles	E	714	Alexandria, W.	E
707	Baton Rouge	E			

Maine

ZIP	Name	Table	ZIP	Name	Table
039	Portsmouth, NH	C	045	Portland	B
040	Portland	B	046	Bangor	B
041	Portland	B	047	Houlton	B
042	Auburn	C	048	Rockland	B
043	Augusta	B	049	Waterville	B
044	Bangor	B			

Maryland

ZIP	Name	Table	ZIP	Name	Table
206	Prince Georges	D	214	Annapolis	D
207	Prince Georges	D	215	Cumberland	B
208	Prince Georges	D	216	Easton	B
209	Silver Spring	D	217	Frederick	C
210	Baltimore	D	218	Salisbury	B
211	Baltimore	D	219	Baltimore	C
212	Baltimore	D			

Massachusetts

ZIP	Name	Table	ZIP	Name	Table
010	Springfield	C	020	S. Postal Annex	E
011	Springfield	C	021	Boston	E
012	Pittsfield	C	022	Boston	E
013	Springfield	C	023	Brockton	D
014	Worcester	C	024	Brockton	D
015	Worcester	D	025	Buzzards Bay	C
016	Worcester	D	026	Buzzards Bay	C
017	Framingham	D	027	Providence, RI	C
018	Woburn	D	055	Andover	D
019	Lynn	D			

Michigan

ZIP	Name	Table	ZIP	Name	Table
480	Royal Oak	E	490	Kalamazoo	C
481	Detroit	E	491	Kalamazoo	E
482	Detroit	E	492	Jackson	C
483	Royal Oak	D	493	Grand Rapids, E.	A
484	Flint	C	494	Grand Rapids, W.	A
485	Flint	C	495	Grand Rapids	A
486	Saginaw, W.	B	496	Traverse City	B
487	Saginaw, E.	A	497	Gaylord	A
488	Lansing	C	498	Iron Mountain, E.	B
489	Lansing	C	499	Iron Mountain, W.	A

Minnesota

ZIP	Name	Table	ZIP	Name	Table
550	Saint Paul	D	560	Mankato	B
551	Saint Paul	D	561	Windom	A
553	Minneapolis	D	562	Willmar	B
554	Minneapolis	D	563	Saint Cloud	B
555	Young America	B	564	Brainerd	A
556	Duluth, E.	A	565	Detroit Lakes	A
557	Duluth, W.	A	566	Bemidji	A
558	Duluth	C	567	Thief River Falls	A
559	Rochester	C			

Mississippi

ZIP	Name	Table	ZIP	Name	Table
386	Memphis, TN	C	392	Jackson	C
387	Greenville	A	393	Meridian	B
388	Tupelo	A	394	Laurel	C
389	Grenada	A	395	Gulfport	F
390	Jackson	C	396	McComb	A
391	Jackson	C	397	Columbus	A

Missouri

ZIP	Name	Table	ZIP	Name	Table
630	Saint Louis	D	646	Chillicothe	C
631	Saint Louis	D	647	Harrisonville	C
633	Saint Louis	D	648	Joplin	D
634	Hannibal	B	649	Kansas City	E
635	Kirksville	B	650	Jefferson City	D
636	Flat River	C	651	Jefferson City	D
637	Cape Girardeau	E	652	Columbia	C
638	Sikeston	C	653	Sedalia	C
639	Poplar Bluff	D	654	Rolla	B
640	Kansas City	E	655	Rolla	B
641	Kansas City	E	656	Springfield	B
644	Saint Joseph	C	657	Springfield	B
645	Saint Joseph	C	658	Springfield	B

Montana

ZIP	Name	Table	ZIP	Name	Table
590	Billings	B	595	Havre	A
591	Billings	B	596	Helena	A
592	Wolf Point	A	597	Butte	A
593	Miles City	A	598	Missoula	A
594	Great Falls	A	599	Kalispell	A

Nebraska

ZIP	Name	Table	ZIP	Name	Table
680	Omaha	C	688	Grand Island	A
681	Omaha	C	689	Hastings	A
683	Lincoln	C	690	McCook	A
684	Lincoln	C	691	North Platte	A
685	Lincoln	C	692	Valentine	A
686	Columbus	A	693	Alliance	A
687	Norfolk	A			

Nevada

ZIP	Name	Table	ZIP	Name	Table
889	Las Vegas	G	894	Reno	F
890	Las Vegas	G	895	Reno	F
891	Las Vegas	G	897	Carson City	F
893	Ely	E	898	Elko	D

New Hampshire

ZIP	Name	Table	ZIP	Name	Table
002	Portsmouth	D	034	Keene	B
030	Manchester	C	035	Littleton	B
031	Manchester	C	036	Bellows Falls, VT	B
032	Concord	B	037	White River Jc., VT	D
033	Concord	C	038	Portsmouth	C

New Jersey

ZIP	Name	Table	ZIP	Name	Table
070	Newark	G	080	South Jersey	G
071	Newark	G	081	Camden	G
072	Elizabeth	G	082	Atlantic City	E
073	Jersey City	G	083	South Jersey	F
074	Paterson	G	084	Atlantic City	F
075	Paterson	G	085	Trenton	F
076	Hackensack	G	086	Trenton	F
077	Red Bank	F	087	Toms River	F
078	Dover	G	088	New Brunswick	F
079	Summit	G	089	New Brunswick	F

New Mexico

ZIP	Name	Table	ZIP	Name	Table
870	Albuquerque	C	878	Socorro	A
871	Albuquerque	C	879	Truth or Consequences	A
872	Albuquerque	C	880	Las Cruces	C
873	Gallup	B	881	Clovis	C
874	Farmington	B	882	Roswell	E
875	Santa Fe	B	883	Carrizozo	C
876	Santa Fe	B	884	Tucumcari	B
877	Las Vegas	D			

New York

ZIP	Name	Table	ZIP	Name	Table
004	Pleasantville	G	124	Kingston	D
005	Holtsville	G	125	Poughkeepsie	E
090-099	Military	F	126	Poughkeepsie	F
100	New York	J	127	Monticello	F
101	New York	J	128	Glens Falls	B
102	New York	J	129	Plattsburgh	B
103	Staten Island	H	130	Syracuse	B
104	Bronx	H	131	Syracuse	B
105	Westchester	G	132	Syracuse	B
106	White Plains	G	133	Utica	B
107	Yonkers	G	134	Utica	B
108	New Rochelle	G	135	Utica	B
109	Suffern	G	136	Watertown	B
110	Queens	H	137	Binghamton	C
111	Long Island City	H	138	Binghamton	B
112	Brooklyn	H	139	Binghamton	B
113	Flushing	H	140	Buffalo	B
114	Jamaica	H	141	Buffalo	B
115	Hicksville	G	142	Buffalo	B
116	Far Rockaway	G	143	Niagara Falls	B
117	Hicksville	G	144	Rochester	B
118	Hicksville	G	145	Rochester	B
119	Riverhead	F	146	Rochester	B
120	Albany	C	147	Jamestown	B
121	Albany	C	148	Elmira	B
122	Albany	C	149	Elmira	B
123	Schenectady	C			

North Carolina

ZIP	Name	Table	ZIP	Name	Table
270	Greensboro (West)	B	280	Charlotte	C
271	Winston Salem	B	281	Charlotte	C
272	Greensboro (East)	B	282	Charlotte	C
273	Greensboro (East)	C	283	Fayetteville	B
274	Greensboro	B	284	Wilmington	B
275	Raleigh	C	285	Kinston	B
276	Raleigh	C	286	Hickory	C
277	Durham	D	287	Asheville	B
278	Rocky Mount	B	288	Asheville	B
279	Elizabeth City	B	289	Gainesville, GA	B

North Dakota

ZIP	Name	Table	ZIP	Name	Table
580	Fargo	A	585	Bismarck	A
581	Fargo	A	586	Dickinson	A
582	Grand Forks	A	587	Minot	A
583	Devils Lake	A	588	Williston	A
584	Jamestown	A			

Ohio

ZIP	Name	Table	ZIP	Name	Table
430	Columbus, N.	C	445	Youngstown	E
431	Columbus, S.	C	446	Canton	C
432	Columbus	C	447	Canton	C
433	Columbus	A	448	Mansfield	C
434	Toledo, E.	D	449	Mansfield	C
435	Toledo, W.	D	450	Cincinnati, W.	C
436	Toledo	D	451	Cincinnati, E.	C
437	Zanesville, S.	A	452	Cincinnati	C
438	Zanesville, N.	A	453	Dayton	C
439	Steubenville	A	454	Dayton	E
440	Cleveland	E	455	Springfield	C
441	Cleveland	E	456	Chillicothe	B
442	Akron	E	457	Athens	A
443	Akron	E	458	Lima	B
444	Youngstown	E	459	Cincinnati	C

Oklahoma

ZIP	Name	Table	ZIP	Name	Table
730	Oklahoma City	D	741	Tulsa	C
731	Oklahoma City	D	743	Vinita	B
734	Ardmore	B	744	Muskogee	B
735	Lawton	B	745	McAlester	B
736	Clinton	B	746	Ponca City	B
737	Enid	C	747	Durant	C
738	Woodward	B	748	Shawnee	B
739	Liberal, KS	B	749	Poteau	B
740	Tulsa	C			

Oregon

ZIP	Name	Table	ZIP	Name	Table
970	Portland	B	975	Medford	B
971	Portland	B	976	Klamath Falls	A
972	Portland	B	977	Bend	A
973	Salem	A	978	Pendleton	A
974	Eugene	A	979	Boise, ID	A

Pennsylvania

ZIP	Name	Table	ZIP	Name	Table
150	Pittsburgh	F	174	York	B
151	Pittsburgh	F	175	Lancaster	D
152	Pittsburgh	F	176	Lancaster	D
153	Washington	D	177	Williamsport	B
154	Uniontown	D	178	Sunbury	D
155	Johnstown	B	179	Pottsville	C
156	Greensburg	D	180	Lehigh Valley	F
157	Indiana	C	181	Allentown	F
158	DuBois	C	182	Hazleton	C
159	Johnstown	C	183	Lehigh Valley	D
160	Butler	D	184	Scranton	C
161	New Castle	D	185	Scranton	C
162	Butler	C	186	Wilkes-Barre	D
163	Oil City	D	187	Wilkes-Barre	C
164	Erie	F	188	Montrose	C
165	Erie	F	189	Southeastern	F
166	Altoona	B	190	Philadelphia	G
167	Bradford	B	191	Philadelphia	G
168	State College	B	192	Philadelphia	G
169	Wellsboro	B	193	Southeastern	G
170	Harrisburg	D	194	Southeastern	G
171	Harrisburg	D	195	Reading	F
172	Chambersburg	B	196	Reading	E
173	York	B			

Rhode Island

ZIP	Name	Table	ZIP	Name	Table
028	Providence	D	029	Providence	D

South Carolina

ZIP	Name	Table	ZIP	Name	Table
290	Columbia	C	295	Florence	C
291	Columbia	C	296	Greenville	C
292	Columbia	C	297	Charlotte, NC	C
293	Spartanburg	C	298	Augusta, GA	B
294	Charleston	C	299	Savannah, GA	C

South Dakota

ZIP	Name	Table	ZIP	Name	Table
570	Sioux Falls	B	574	Aberdeen	A
571	Sioux Falls	B	575	Pierre	A
572	Watertown	A	576	Mobridge	A
573	Mitchell	A	577	Rapid City	B

Tennessee

ZIP	Name	Table	ZIP	Name	Table
370	Nashville	D	378	Knoxville	B
371	Nashville	D	379	Knoxville	C
372	Nashville	D	380	Memphis	D
373	Chattanooga	B	381	Memphis	D
374	Chattanooga	D	382	McKenzie	B
375	Memphis	D	383	Jackson	B
376	Johnson City	D	384	Columbia	B
377	Knoxville	B	385	Cookeville	B

Texas

ZIP	Name	Table	ZIP	Name	Table
733	Austin	D	775	Pasadena	G
750	Richardson	F	776	Beaumont	G
751	Mesquite	F	777	Beaumont	G
752	Dallas	F	778	Bryan	G
753	Dallas	F	779	Victoria	D
754	Greenville	D	780	San Antonio	D
755	Texarkana	D	781	San Antonio	D
756	Longview	E	782	San Antonio	D
757	Tyler	F	783	Corpus Christi	F
758	Palestine	D	784	Corpus Christi	F
759	Lufkin	G	785	McAllen	G
760	Fort Worth	F	786	Austin	D
761	Fort Worth	F	787	Austin	D
762	Denton	F	788	Uvalde	B
763	Wichita Falls	D	789	LaGrange	D
764	Stephenville	D	790	Amarillo	E
765	Temple	C	791	Amarillo	E
766	Waco	D	792	Childress	D
767	Waco	D	793	Lubbock	G
768	Brownwood	D	794	Lubbock	G
769	San Angelo	D	795	Abilene	E
770	Houston	G	796	Abilene	E
771	Houston	G	797	Midland	D
772	Houston	G	798	El Paso	G
773	Conroe	G	799	El Paso	G
774	Bellaire	F	885	El Paso	G

Utah

ZIP	Name	Table	ZIP	Name	Table
840	Salt Lake City	C	844	Ogden	B
841	Salt Lake City	C	845	Provo	A
842	Salt Lake City	C	846	Provo	A
843	Ogden	A	847	Provo	A

Vermont

ZIP	Name	Table	ZIP	Name	Table
050	White River Jc.	B	056	Montpelier	B
051	Bellows Falls	B	057	Rutland	B
052	Bennington	B	058	Saint Johnsbury	B
053	Brattleboro	B	059	Littleton, NH	B
054	Burlington	C			

Virginia

ZIP	Name	Table	ZIP	Name	Table
201	Loudoun County	F	233	Norfolk	C
220	Northern VA	E	234	Norfolk	C
221	Northern VA	E	235	Norfolk	C
222	Arlington	E	236	Newport News	C
223	Alexandria	E	237	Portsmouth	C
224	Fredericksburg	C	238	Petersburg	D
225	Fredericksburg	C	239	Farmville	B
226	Winchester	C	240	Roanoke	C
227	Culpeper	D	241	Roanoke	C
228	Harrisonburg	C	242	Bristol	B
229	Charlottesville	C	243	Pulaski	B
230	Richmond	D	244	Staunton	B
231	Richmond	D	245	Lynchburg	B
232	Richmond	D	246	Bluefield, WV	B

Washington

ZIP	Name	Table	ZIP	Name	Table
980	Seattle	C	988	Wenatchee	B
981	Seattle	C	989	Yakima	B
982	Everett	C	990	Spokane	C
983	Tacoma	D	991	Spokane	B
984	Tacoma	D	992	Spokane	C
985	Olympia	D	993	Pasco	B
986	Portland, OR	B	994	Lewiston, ID	A
987	Military	E			

West Virginia

ZIP	Name	Table	ZIP	Name	Table
247	Bluefield	C	258	Beckley	C
248	Bluefield	C	259	Beckley	C
249	Lewisburg	C	260	Wheeling	C
250	Charleston	D	261	Parkersburg	C
251	Charleston	D	262	Buckhannon	B
252	Charleston	D	263	Clarksburg	B
253	Charleston	D	264	Clarksburg	B
254	Martinsburg	B	265	Clarksburg	C
255	Huntington	C	266	Gassaway	C
256	Huntington	C	267	Cumberland, MD	B
257	Huntington	C	268	Petersburg	B

Wisconsin

ZIP	Name	Table	ZIP	Name	Table
530	Milwaukee, N.	D	541	Green Bay, W.	C
531	Milwaukee, S.	D	542	Green Bay, E.	C
532	Milwaukee	D	543	Green Bay	C
534	Racine	C	544	Wausau	B
535	Madison	C	545	Rhineland	B
537	Madison	C	546	LaCrosse	C
538	Madison	A	547	Eau Claire	C
539	Portage	B	548	Spooner	A
540	Saint Paul, MN	A	549	Oshkosh	A

Wyoming

ZIP	Name	Table	ZIP	Name	Table
820	Cheyenne	D	826	Casper	B
821	Yellowstone	D	827	New Castle	A
822	Wheatland	B	828	Sheridan	A
823	Rawlins	B	829	Rock Springs	A
824	Worland	B	830	Rock Springs	B
825	Riverton	B	831	Rock Springs	A

Guam

ZIP	Name	Table
969	Barrigada	A

Puerto Rico

ZIP	Name	Table	ZIP	Name	Table
006	San Juan	A	008	San Juan	A
007	San Juan	A	009	San Juan	A

XI. AREA RATING TABLES BY FIPS CODE

2011 FIPS Codes and Area Rating Tables

County	FIPS Code		Area Table	County	FIPS Code		Area Table
	State	County			State	County	
ALASKA				ALABAMA			
Aleutians East	2	13	H	Coffee	1	31	C
Aleutians West	2	16	H	Colbert	1	33	C
Anchorage	2	20	H	Conecuh	1	35	B
Bethel	2	50	H	Coosa	1	37	E
Bristol Bay	2	60	H	Covington	1	39	B
Denali	2	68	F	Crenshaw	1	41	C
Dillingham	2	70	H	Cullman	1	43	E
Fairbanks North Star	2	90	F	Dale	1	45	C
Haines	2	100	F	Dallas	1	47	C
Juneau	2	110	F	De Kalb	1	49	E
Kenai Peninsula	2	122	H	Elmore	1	51	C
Ketchikan Gateway	2	130	E	Escambia	1	53	C
Kodiak Island	2	150	H	Etowah	1	55	E
Lake And Peninsula	2	164	H	Fayette	1	57	C
Matanuska-Susitna	2	170	H	Franklin	1	59	C
Nome	2	180	G	Geneva	1	61	C
North Slope	2	185	F	Greene	1	63	C
Northwest Arctic	2	188	F	Hale	1	65	C
Prince Of Wales	2	201	E	Henry	1	67	C
Sitka	2	220	F	Houston	1	69	C
Skagway-Hoonah-Angoon	2	232	F	Jackson	1	71	C
Southeast Fairbanks	2	240	F	Jefferson	1	73	E
Valdez-Cordova	2	261	H	Lamar	1	75	C
Wade Hampton	2	270	H	Lauderdale	1	77	C
Wrangell-Petersburg	2	280	F	Lawrence	1	79	C
Yakutat	2	282	H	Lee	1	81	C
Yukon-Koyukuk	2	290	G	Limestone	1	83	C
ALABAMA				Lowndes	1	85	C
Autauga	1	1	C	Macon	1	87	C
Baldwin	1	3	D	Madison	1	89	D
Barbour	1	5	C	Marengo	1	91	C
Bibb	1	7	E	Marion	1	93	C
Blount	1	9	E	Marshall	1	95	D
Bullock	1	11	C	Mobile	1	97	D
Butler	1	13	C	Monroe	1	99	B
Calhoun	1	15	D	Montgomery	1	101	D
Chambers	1	17	C	Morgan	1	103	C
Cherokee	1	19	E	Perry	1	105	C
Chilton	1	21	E	Pickens	1	107	C
Choctaw	1	23	B	Pike	1	109	C
Clarke	1	25	C	Randolph	1	111	D
Clay	1	27	D	Russell	1	113	C
Cleburne	1	29	D	Saint Clair	1	115	E
				Shelby	1	117	E

County	FIPS Code		Area Table
	State	County	
ALABAMA			
Sumter	1	119	C
Talladega	1	121	E
Tallapoosa	1	123	D
Tuscaloosa	1	125	C
Walker	1	127	C
Washington	1	129	D
Wilcox	1	131	C
Winston	1	133	C

ARKANSAS			
Arkansas	5	1	C
Ashley	5	3	B
Baxter	5	5	A
Benton	5	7	B
Boone	5	9	A
Bradley	5	11	B
Calhoun	5	13	B
Carroll	5	15	A
Chicot	5	17	B
Clark	5	19	D
Clay	5	21	B
Cleburne	5	23	B
Cleveland	5	25	B
Columbia	5	27	B
Conway	5	29	C
Craighead	5	31	B
Crawford	5	33	B
Crittenden	5	35	D
Cross	5	37	D
Dallas	5	39	B
Desha	5	41	B
Drew	5	43	B
Faulkner	5	45	C
Franklin	5	47	B
Fulton	5	49	A
Garland	5	51	D
Grant	5	53	C
Greene	5	55	B
Hempstead	5	57	B
Hot Spring	5	59	C
Howard	5	61	B
Independence	5	63	A
Izard	5	65	A
Jackson	5	67	C
Jefferson	5	69	C
Johnson	5	71	B
Lafayette	5	73	B
Lawrence	5	75	B
Lee	5	77	D
Lincoln	5	79	B
Little River	5	81	B
Logan	5	83	B

County	FIPS Code		Area Table
	State	County	
ARKANSAS			
Lonoke	5	85	C
Madison	5	87	B
Marion	5	89	A
Miller	5	91	B
Mississippi	5	93	D
Monroe	5	95	C
Montgomery	5	97	D
Nevada	5	99	B
Newton	5	101	A
Ouachita	5	103	B
Perry	5	105	C
Phillips	5	107	D
Pike	5	109	D
Poinsett	5	111	B
Polk	5	113	D
Pope	5	115	B
Prairie	5	117	C
Pulaski	5	119	C
Randolph	5	121	B
Saint Francis	5	123	D
Saline	5	125	C
Scott	5	127	B
Searcy	5	129	A
Sebastian	5	131	B
Sevier	5	133	B
Sharp	5	135	A
Stone	5	137	A
Union	5	139	B
Van Buren	5	141	C
Washington	5	143	B
White	5	145	C
Woodruff	5	147	C
Yell	5	149	B

ARIZONA			
Apache	4	1	C
Cochise	4	3	D
Coconino	4	5	E
Gila	4	7	D
Graham	4	9	D
Greenlee	4	11	D
La Paz	4	12	E
Maricopa	4	13	E
Mohave	4	15	E
Navajo	4	17	D
Pima	4	19	D
Pinal	4	21	E
Santa Cruz	4	23	D
Yavapai	4	25	D
Yuma	4	27	E

County	FIPS Code		
	State	County	Area Table
CALIFORNIA			
Alameda	6	1	I
Alpine	6	3	G
Amador	6	5	H
Butte	6	7	G
Calaveras	6	9	H
Colusa	6	11	G
Contra Costa	6	13	I
Del Norte	6	15	G
El Dorado	6	17	H
Fresno	6	19	F
Glenn	6	21	G
Humboldt	6	23	G
Imperial	6	25	H
Inyo	6	27	G
Kern	6	29	G
Kings	6	31	G
Lake	6	33	H
Lassen	6	35	F
Los Angeles	6	37	K
Madera	6	39	F
Marin	6	41	I
Mariposa	6	43	H
Mendocino	6	45	H
Merced	6	47	G
Modoc	6	49	F
Mono	6	51	F
Monterey	6	53	H
Napa	6	55	I
Nevada	6	57	G
Orange	6	59	H
Placer	6	61	H
Plumas	6	63	G
Riverside	6	65	H
Sacramento	6	67	H
San Benito	6	69	H
San Bernardino	6	71	I
San Diego	6	73	G
San Francisco	6	75	K
San Joaquin	6	77	H
San Luis Obispo	6	79	H
San Mateo	6	81	K
Santa Barbara	6	83	H
Santa Clara	6	85	H
Santa Cruz	6	87	H
Shasta	6	89	G
Sierra	6	91	G
Siskiyou	6	93	G
Solano	6	95	I
Sonoma	6	97	I
Stanislaus	6	99	H
Sutter	6	101	H
Tehama	6	103	G

County	FIPS Code		
	State	County	Area Table
CALIFORNIA			
Trinity	6	105	G
Tulare	6	107	G
Tuolumne	6	109	H
Ventura	6	111	I
Yolo	6	113	H
Yuba	6	115	G
COLORADO			
Adams	8	1	D
Alamosa	8	3	A
Arapahoe	8	5	D
Archuleta	8	7	A
Baca	8	9	C
Bent	8	11	C
Boulder	8	13	D
Broomfield	8	14	D
Chaffee	8	15	B
Cheyenne	8	17	C
Clear Creek	8	19	C
Conejos	8	21	A
Costilla	8	23	A
Crowley	8	25	C
Custer	8	27	B
Delta	8	29	A
Denver	8	31	D
Dolores	8	33	B
Douglas	8	35	D
Eagle	8	37	B
Elbert	8	39	D
El Paso	8	41	C
Fremont	8	43	B
Garfield	8	45	B
Gilpin	8	47	C
Grand	8	49	C
Gunnison	8	51	B
Hinsdale	8	53	B
Huerfano	8	55	C
Jackson	8	57	C
Jefferson	8	59	D
Kiowa	8	61	C
Kit Carson	8	63	C
Lake	8	65	C
La Plata	8	67	B
Larimer	8	69	C
Las Animas	8	71	C
Lincoln	8	73	C
Logan	8	75	B
Mesa	8	77	B
Mineral	8	79	A
Moffat	8	81	B
Montezuma	8	83	B
Montrose	8	85	A

County	FIPS Code		Area Table
	State	County	
COLORADO			
Morgan	8	87	C
Otero	8	89	C
Ouray	8	91	A
Park	8	93	C
Phillips	8	95	B
Pitkin	8	97	B
Prowers	8	99	C
Pueblo	8	101	C
Rio Blanco	8	103	B
Rio Grande	8	105	A
Routt	8	107	C
Saguache	8	109	A
San Juan	8	111	A
San Miguel	8	113	A
Sedgwick	8	115	B
Summit	8	117	C
Teller	8	119	C
Washington	8	121	B
Weld	8	123	C
Yuma	8	125	B

CONNECTICUT			
Fairfield	9	1	E
Hartford	9	3	D
Litchfield	9	5	D
Middlesex	9	7	E
New Haven	9	9	E
New London	9	11	C
Tolland	9	13	D
Windham	9	15	C

DISTRICT OF COLUMBIA			
District Of Columbia	11	1	F

DELAWARE			
Kent	10	1	C
New Castle	10	3	E
Sussex	10	5	C

FLORIDA			
Alachua	12	1	F
Baker	12	3	E
Bay	12	5	E
Bradford	12	7	E
Brevard	12	9	E
Broward	12	11	K
Calhoun	12	13	E
Charlotte	12	15	F
Citrus	12	17	E
Clay	12	19	E
Collier	12	21	F
Columbia	12	23	E

County	FIPS Code		Area Table
	State	County	
FLORIDA			
De Soto	12	27	E
Dixie	12	29	F
Duval	12	31	E
Escambia	12	33	F
Flagler	12	35	E
Franklin	12	37	D
Gadsden	12	39	D
Gilchrist	12	41	F
Glades	12	43	H
Gulf	12	45	E
Hamilton	12	47	E
Hardee	12	49	F
Hendry	12	51	H
Hernando	12	53	F
Highlands	12	55	F
Hillsborough	12	57	F
Holmes	12	59	E
Indian River	12	61	E
Jackson	12	63	E
Jefferson	12	65	D
Lafayette	12	67	E
Lake	12	69	E
Lee	12	71	F
Leon	12	73	D
Levy	12	75	F
Liberty	12	77	D
Madison	12	79	D
Manatee	12	81	E
Marion	12	83	E
Martin	12	85	I
Miami-Dade	12	86	K
Monroe	12	87	I
Nassau	12	89	E
Okaloosa	12	91	F
Okeechobee	12	93	I
Orange	12	95	E
Osceola	12	97	E
Palm Beach	12	99	I
Pasco	12	101	F
Pinellas	12	103	F
Polk	12	105	F
Putnam	12	107	E
Saint Johns	12	109	E
Saint Lucie	12	111	I
Santa Rosa	12	113	F
Sarasota	12	115	E
Seminole	12	117	E
Sumter	12	119	F
Suwannee	12	121	E
Taylor	12	123	D
Union	12	125	E
Volusia	12	127	E

County	FIPS Code		Area Table
	State	County	
FLORIDA			
Wakulla	12	129	D
Walton	12	131	E
Washington	12	133	E

GEORGIA			
Appling	13	1	B
Atkinson	13	3	B
Bacon	13	5	B
Baker	13	7	B
Baldwin	13	9	C
Banks	13	11	C
Barrow	13	13	D
Bartow	13	15	E
Ben Hill	13	17	B
Berrien	13	19	B
Bibb	13	21	E
Bleckley	13	23	C
Brantley	13	25	B
Brooks	13	27	B
Bryan	13	29	C
Bulloch	13	31	C
Burke	13	33	C
Butts	13	35	E
Calhoun	13	37	B
Camden	13	39	B
Candler	13	43	C
Carroll	13	45	E
Catoosa	13	47	C
Charlton	13	49	B
Chatham	13	51	E
Chattahoochee	13	53	C
Chattooga	13	55	C
Cherokee	13	57	E
Clarke	13	59	C
Clay	13	61	B
Clayton	13	63	E
Clinch	13	65	B
Cobb	13	67	E
Coffee	13	69	B
Colquitt	13	71	B
Columbia	13	73	C
Cook	13	75	B
Coweta	13	77	E
Crawford	13	79	C
Crisp	13	81	C
Dade	13	83	C
Dawson	13	85	C
Decatur	13	87	B
De Kalb	13	89	E
Dodge	13	91	C
Dooly	13	93	C
Dougherty	13	95	B

County	FIPS Code		Area Table
	State	County	
GEORGIA			
Douglas	13	97	E
Early	13	99	B
Echols	13	101	B
Effingham	13	103	C
Elbert	13	105	C
Emanuel	13	107	C
Evans	13	109	C
Fannin	13	111	C
Fayette	13	113	E
Floyd	13	115	E
Forsyth	13	117	E
Franklin	13	119	C
Fulton	13	121	E
Gilmer	13	123	C
Glascok	13	125	C
Glynn	13	127	B
Gordon	13	129	D
Grady	13	131	B
Greene	13	133	C
Gwinnett	13	135	E
Habersham	13	137	C
Hall	13	139	C
Hancock	13	141	C
Haralson	13	143	E
Harris	13	145	B
Hart	13	147	C
Heard	13	149	E
Henry	13	151	E
Houston	13	153	C
Irwin	13	155	B
Jackson	13	157	C
Jasper	13	159	D
Jeff Davis	13	161	B
Jefferson	13	163	C
Jenkins	13	165	C
Johnson	13	167	C
Jones	13	169	D
Lamar	13	171	E
Lanier	13	173	B
Laurens	13	175	C
Lee	13	177	B
Liberty	13	179	C
Lincoln	13	181	C
Long	13	183	C
Lowndes	13	185	B
Lumpkin	13	187	C
Mc Duffie	13	189	C
Mc Intosh	13	191	C
Macon	13	193	C
Madison	13	195	C
Marion	13	197	B
Meriwether	13	199	E

County	FIPS Code		Area Table
	State	County	
GEORGIA			
Miller	13	201	B
Mitchell	13	205	B
Monroe	13	207	D
Montgomery	13	209	C
Morgan	13	211	D
Murray	13	213	C
Muscogee	13	215	C
Newton	13	217	E
Oconee	13	219	C
Oglethorpe	13	221	C
Paulding	13	223	E
Peach	13	225	C
Pickens	13	227	E
Pierce	13	229	B
Pike	13	231	E
Polk	13	233	E
Pulaski	13	235	C
Putnam	13	237	C
Quitman	13	239	B
Rabun	13	241	C
Randolph	13	243	B
Richmond	13	245	D
Rockdale	13	247	E
Schley	13	249	B
Screven	13	251	C
Seminole	13	253	B
Spalding	13	255	E
Stephens	13	257	C
Stewart	13	259	B
Sumter	13	261	B
Talbot	13	263	B
Taliaferro	13	265	C
Tattnall	13	267	C
Taylor	13	269	C
Telfair	13	271	C
Terrell	13	273	B
Thomas	13	275	B
Tift	13	277	B
Toombs	13	279	C
Towns	13	281	C
Treutlen	13	283	C
Troup	13	285	E
Turner	13	287	B
Twiggs	13	289	D
Union	13	291	C
Upson	13	293	E
Walker	13	295	C
Walton	13	297	E
Ware	13	299	B
Warren	13	301	C
Washington	13	303	C
Wayne	13	305	B

County	FIPS Code		Area Table
	State	County	
GEORGIA			
Webster	13	307	B
Wheeler	13	309	C
White	13	311	C
Whitfield	13	313	C
Wilcox	13	315	C
Wilkes	13	317	C
Wilkinson	13	319	C
Worth	13	321	B

HAWAII			
Hawaii	15	1	C
Honolulu	15	3	C
Kalawao	15	5	C
Kauai	15	7	C
Maui	15	9	C

IOWA			
Adair	19	1	B
Adams	19	3	A
Allamakee	19	5	A
Appanoose	19	7	A
Audubon	19	9	B
Benton	19	11	B
Black Hawk	19	13	A
Boone	19	15	B
Bremer	19	17	A
Buchanan	19	19	A
Buena Vista	19	21	A
Butler	19	23	A
Calhoun	19	25	A
Carroll	19	27	A
Cass	19	29	B
Cedar	19	31	B
Cerro Gordo	19	33	A
Cherokee	19	35	A
Chickasaw	19	37	A
Clarke	19	39	B
Clay	19	41	A
Clayton	19	43	A
Clinton	19	45	B
Crawford	19	47	A
Dallas	19	49	B
Davis	19	51	A
Decatur	19	53	B
Delaware	19	55	A
Des Moines	19	57	A
Dickinson	19	59	A
Dubuque	19	61	A
Emmet	19	63	A
Fayette	19	65	A
Floyd	19	67	A
Franklin	19	69	A

2011 Aggregate Stop Loss

County	FIPS Code		
	State	County	Area Table
IOWA			
Fremont	19	71	A
Greene	19	73	B
Grundy	19	75	A
Guthrie	19	77	B
Hamilton	19	79	B
Hancock	19	81	A
Hardin	19	83	B
Harrison	19	85	B
Henry	19	87	A
Howard	19	89	A
Humboldt	19	91	A
Ida	19	93	A
Iowa	19	95	B
Jackson	19	97	A
Jasper	19	99	B
Jefferson	19	101	A
Johnson	19	103	B
Jones	19	105	B
Keokuk	19	107	A
Kossuth	19	109	A
Lee	19	111	A
Linn	19	113	B
Louisa	19	115	B
Lucas	19	117	B
Lyon	19	119	A
Madison	19	121	B
Mahaska	19	123	B
Marion	19	125	B
Marshall	19	127	B
Mills	19	129	B
Mitchell	19	131	A
Monona	19	133	A
Monroe	19	135	A
Montgomery	19	137	B
Muscatine	19	139	B
O'Brien	19	141	A
Osceola	19	143	A
Page	19	145	A
Palo Alto	19	147	A
Plymouth	19	149	A
Pocahontas	19	151	A
Polk	19	153	B
Pottawattamie	19	155	B
Poweshiek	19	157	B
Ringgold	19	159	A
Sac	19	161	A
Scott	19	163	B
Shelby	19	165	B
Sioux	19	167	A
Story	19	169	B
Tama	19	171	B
Taylor	19	173	A

County	FIPS Code		
	State	County	Area Table
IOWA			
Union	19	175	A
Van Buren	19	177	A
Wapello	19	179	A
Warren	19	181	B
Washington	19	183	B
Wayne	19	185	B
Webster	19	187	A
Winnebago	19	189	A
Winneshiek	19	191	A
Woodbury	19	193	B
Worth	19	195	A
Wright	19	197	A

IDAHO			
Ada	16	1	B
Adams	16	3	B
Bannock	16	5	A
Bear Lake	16	7	A
Benewah	16	9	B
Bingham	16	11	A
Blaine	16	13	A
Boise	16	15	B
Bonner	16	17	B
Bonneville	16	19	C
Boundary	16	21	B
Butte	16	23	A
Camas	16	25	A
Canyon	16	27	B
Caribou	16	29	A
Cassia	16	31	A
Clark	16	33	C
Clearwater	16	35	A
Custer	16	37	A
Elmore	16	39	B
Franklin	16	41	A
Fremont	16	43	C
Gem	16	45	B
Gooding	16	47	A
Idaho	16	49	A
Jefferson	16	51	C
Jerome	16	53	A
Kootenai	16	55	B
Latah	16	57	B
Lemhi	16	59	C
Lewis	16	61	A
Lincoln	16	63	A
Madison	16	65	C
Minidoka	16	67	A
Nez Perce	16	69	A
Oneida	16	71	A
Owyhee	16	73	B
Payette	16	75	B

County	FIPS Code		
	State	County	Area Table
IDAHO			
Power	16	77	A
Shoshone	16	79	B
Teton	16	81	C
Twin Falls	16	83	A
Valley	16	85	B
Washington	16	87	B

ILLINOIS			
Adams	17	1	B
Alexander	17	3	B
Bond	17	5	D
Boone	17	7	F
Brown	17	9	B
Bureau	17	11	D
Calhoun	17	13	D
Carroll	17	15	E
Cass	17	17	C
Champaign	17	19	E
Christian	17	21	C
Clark	17	23	B
Clay	17	25	B
Clinton	17	27	D
Coles	17	29	C
Cook	17	31	G
Crawford	17	33	B
Cumberland	17	35	B
De Kalb	17	37	G
De Witt	17	39	D
Douglas	17	41	C
Du Page	17	43	G
Edgar	17	45	C
Edwards	17	47	B
Effingham	17	49	B
Fayette	17	51	C
Ford	17	53	E
Franklin	17	55	B
Fulton	17	57	D
Gallatin	17	59	B
Greene	17	61	D
Grundy	17	63	G
Hamilton	17	65	B
Hancock	17	67	B
Hardin	17	69	B
Henderson	17	71	C
Henry	17	73	B
Iroquois	17	75	E
Jackson	17	77	B
Jasper	17	79	B
Jefferson	17	81	B
Jersey	17	83	D
Jo Daviess	17	85	E
Johnson	17	87	B

County	FIPS Code		
	State	County	Area Table
ILLINOIS			
Kane	17	89	G
Kankakee	17	91	E
Kendall	17	93	G
Knox	17	95	C
Lake	17	97	G
La Salle	17	99	F
Lawrence	17	101	B
Lee	17	103	F
Livingston	17	105	F
Logan	17	107	C
Mc Donough	17	109	C
Mc Henry	17	111	G
Mc Lean	17	113	C
Macon	17	115	C
Macoupin	17	117	C
Madison	17	119	D
Marion	17	121	B
Marshall	17	123	D
Mason	17	125	C
Massac	17	127	B
Menard	17	129	C
Mercer	17	131	B
Monroe	17	133	D
Montgomery	17	135	D
Morgan	17	137	C
Moultrie	17	139	C
Ogle	17	141	E
Peoria	17	143	D
Perry	17	145	C
Piatt	17	147	E
Pike	17	149	B
Pope	17	151	B
Pulaski	17	153	B
Putnam	17	155	D
Randolph	17	157	D
Richland	17	159	B
Rock Island	17	161	B
Saint Clair	17	163	D
Saline	17	165	B
Sangamon	17	167	D
Schuyler	17	169	C
Scott	17	171	C
Shelby	17	173	C
Stark	17	175	C
Stephenson	17	177	E
Tazewell	17	179	D
Union	17	181	B
Vermilion	17	183	E
Wabash	17	185	B
Warren	17	187	C
Washington	17	189	D
Wayne	17	191	B

County	FIPS Code		Area Table
	State	County	
ILLINOIS			
White	17	193	B
Whiteside	17	195	C
Will	17	197	G
Williamson	17	199	B
Winnebago	17	201	E
Woodford	17	203	D

INDIANA			
Adams	18	1	C
Allen	18	3	C
Bartholomew	18	5	B
Benton	18	7	B
Blackford	18	9	B
Boone	18	11	D
Brown	18	13	C
Carroll	18	15	B
Cass	18	17	B
Clark	18	19	B
Clay	18	21	C
Clinton	18	23	D
Crawford	18	25	B
Daviess	18	27	A
Dearborn	18	29	A
Decatur	18	31	B
De Kalb	18	33	C
Delaware	18	35	B
Dubois	18	37	A
Elkhart	18	39	C
Fayette	18	41	B
Floyd	18	43	B
Fountain	18	45	B
Franklin	18	47	A
Fulton	18	49	B
Gibson	18	51	B
Grant	18	53	B
Greene	18	55	B
Hamilton	18	57	D
Hancock	18	59	D
Harrison	18	61	B
Hendricks	18	63	D
Henry	18	65	B
Howard	18	67	B
Huntington	18	69	C
Jackson	18	71	B
Jasper	18	73	C
Jay	18	75	B
Jefferson	18	77	B
Jennings	18	79	B
Johnson	18	81	D
Knox	18	83	A
Kosciusko	18	85	C
LaGrange	18	87	C

County	FIPS Code		Area Table
	State	County	
INDIANA			
Lake	18	89	D
La Porte	18	91	D
Lawrence	18	93	B
Madison	18	95	D
Marion	18	97	D
Marshall	18	99	C
Martin	18	101	A
Miami	18	103	B
Monroe	18	105	B
Montgomery	18	107	B
Morgan	18	109	D
Newton	18	111	C
Noble	18	113	C
Ohio	18	115	A
Orange	18	117	B
Owen	18	119	B
Parke	18	121	C
Perry	18	123	A
Pike	18	125	A
Porter	18	127	D
Posey	18	129	B
Pulaski	18	131	B
Putnam	18	133	D
Randolph	18	135	B
Ripley	18	137	A
Rush	18	139	D
Saint Joseph	18	141	D
Scott	18	143	B
Shelby	18	145	D
Spencer	18	147	B
Starke	18	149	C
Steuben	18	151	C
Sullivan	18	153	C
Switzerland	18	155	A
Tippecanoe	18	157	B
Tipton	18	159	D
Union	18	161	B
Vanderburgh	18	163	B
Vermillion	18	165	C
Vigo	18	167	C
Wabash	18	169	B
Warren	18	171	B
Warrick	18	173	B
Washington	18	175	B
Wayne	18	177	B
Wells	18	179	C
White	18	181	B
Whitley	18	183	C

KANSAS			
Allen	20	1	C
Anderson	20	3	E

2011 Aggregate Stop Loss

County	FIPS Code		
	State	County	Area Table
KANSAS			
Atchison	20	5	E
Barber	20	7	D
Barton	20	9	B
Bourbon	20	11	C
Brown	20	13	C
Butler	20	15	D
Chase	20	17	C
Chautauqua	20	19	B
Cherokee	20	21	C
Cheyenne	20	23	A
Clark	20	25	A
Clay	20	27	B
Cloud	20	29	B
Coffey	20	31	D
Comanche	20	33	D
Cowley	20	35	D
Crawford	20	37	C
Decatur	20	39	B
Dickinson	20	41	B
Doniphan	20	43	E
Douglas	20	45	E
Edwards	20	47	B
Elk	20	49	B
Ellis	20	51	B
Ellsworth	20	53	B
Finney	20	55	A
Ford	20	57	A
Franklin	20	59	E
Geary	20	61	C
Gove	20	63	A
Graham	20	65	B
Grant	20	67	A
Gray	20	69	A
Greeley	20	71	A
Greenwood	20	73	D
Hamilton	20	75	A
Harper	20	77	D
Harvey	20	79	D
Haskell	20	81	A
Hodgeman	20	83	A
Jackson	20	85	C
Jefferson	20	87	E
Jewell	20	89	A
Johnson	20	91	E
Kearny	20	93	A
Kingman	20	95	D
Kiowa	20	97	D
Labette	20	99	B
Lane	20	101	A
Leavenworth	20	103	E
Lincoln	20	105	B
Linn	20	107	E

County	FIPS Code		
	State	County	Area Table
KANSAS			
Logan	20	109	A
Lyon	20	111	C
Mc Pherson	20	113	B
Marion	20	115	C
Marshall	20	117	C
Meade	20	119	A
Miami	20	121	E
Mitchell	20	123	B
Montgomery	20	125	B
Morris	20	127	C
Morton	20	129	A
Nemaha	20	131	C
Neosho	20	133	C
Ness	20	135	B
Norton	20	137	B
Osage	20	139	C
Osborne	20	141	B
Ottawa	20	143	B
Pawnee	20	145	B
Phillips	20	147	B
Pottawatomie	20	149	C
Pratt	20	151	D
Rawlins	20	153	A
Reno	20	155	B
Republic	20	157	A
Rice	20	159	B
Riley	20	161	C
Rooks	20	163	B
Rush	20	165	B
Russell	20	167	B
Saline	20	169	B
Scott	20	171	A
Sedgwick	20	173	D
Seward	20	175	A
Shawnee	20	177	C
Sheridan	20	179	A
Sherman	20	181	A
Smith	20	183	A
Stafford	20	185	B
Stanton	20	187	A
Stevens	20	189	A
Sumner	20	191	D
Thomas	20	193	A
Trego	20	195	B
Wabaunsee	20	197	C
Wallace	20	199	A
Washington	20	201	A
Wichita	20	203	A
Wilson	20	205	C
Woodson	20	207	C
Wyandotte	20	209	E

County	FIPS Code		
	State	County	Area Table
KENTUCKY			
Adair	21	1	A
Allen	21	3	B
Anderson	21	5	C
Ballard	21	7	B
Barren	21	9	B
Bath	21	11	C
Bell	21	13	C
Boone	21	15	C
Bourbon	21	17	C
Boyd	21	19	C
Boyle	21	21	C
Bracken	21	23	C
Breathitt	21	25	E
Breckinridge	21	27	C
Bullitt	21	29	C
Butler	21	31	A
Caldwell	21	33	B
Calloway	21	35	B
Campbell	21	37	C
Carlisle	21	39	B
Carroll	21	41	C
Carter	21	43	C
Casey	21	45	C
Christian	21	47	A
Clark	21	49	C
Clay	21	51	C
Clinton	21	53	A
Crittenden	21	55	B
Cumberland	21	57	A
Daviess	21	59	A
Edmonson	21	61	A
Elliott	21	63	C
Estill	21	65	C
Fayette	21	67	C
Fleming	21	69	C
Floyd	21	71	C
Franklin	21	73	C
Fulton	21	75	B
Gallatin	21	77	C
Garrard	21	79	C
Grant	21	81	C
Graves	21	83	B
Grayson	21	85	A
Green	21	87	A
Greenup	21	89	C
Hancock	21	91	A
Hardin	21	93	B
Harlan	21	95	A
Harrison	21	97	C
Hart	21	99	A
Henderson	21	101	B
Henry	21	103	C

County	FIPS Code		
	State	County	Area Table
KENTUCKY			
Hickman	21	105	B
Hopkins	21	107	B
Jackson	21	109	C
Jefferson	21	111	C
Jessamine	21	113	C
Johnson	21	115	E
Kenton	21	117	C
Knott	21	119	B
Knox	21	121	C
Larue	21	123	A
Laurel	21	125	B
Lawrence	21	127	D
Lee	21	129	E
Leslie	21	131	B
Letcher	21	133	B
Lewis	21	135	C
Lincoln	21	137	C
Livingston	21	139	B
Logan	21	141	A
Lyon	21	143	B
Mc Cracken	21	145	B
Mc Creary	21	147	A
Mc Lean	21	149	A
Madison	21	151	C
Magoffin	21	153	C
Marion	21	155	C
Marshall	21	157	B
Martin	21	159	E
Mason	21	161	C
Meade	21	163	C
Menifee	21	165	C
Mercer	21	167	C
Metcalfe	21	169	B
Monroe	21	171	B
Montgomery	21	173	C
Morgan	21	175	C
Muhlenberg	21	177	A
Nelson	21	179	C
Nicholas	21	181	C
Ohio	21	183	A
Oldham	21	185	C
Owen	21	187	C
Owsley	21	189	E
Pendleton	21	191	C
Perry	21	193	C
Pike	21	195	C
Powell	21	197	C
Pulaski	21	199	C
Robertson	21	201	C
Rockcastle	21	203	C
Rowan	21	205	C
Russell	21	207	A

County	FIPS Code		Area Table
	State	County	
KENTUCKY			
Scott	21	209	C
Shelby	21	211	C
Simpson	21	213	B
Spencer	21	215	C
Taylor	21	217	A
Todd	21	219	A
Trigg	21	221	A
Trimble	21	223	C
Union	21	225	B
Warren	21	227	B
Washington	21	229	C
Wayne	21	231	A
Webster	21	233	B
Whitley	21	235	B
Wolfe	21	237	E
Woodford	21	239	C

LOUISIANA			
Acadia	22	1	E
Allen	22	3	E
Ascension	22	5	E
Assumption	22	7	E
Avoyelles	22	9	E
Beauregard	22	11	E
Bienville	22	13	E
Bossier	22	15	E
Caddo	22	17	E
Calcasieu	22	19	E
Caldwell	22	21	E
Cameron	22	23	E
Catahoula	22	25	E
Claiborne	22	27	E
Concordia	22	29	E
De Soto	22	31	E
East Baton Rouge	22	33	E
East Carroll	22	35	E
East Feliciana	22	37	E
Evangeline	22	39	E
Franklin	22	41	E
Grant	22	43	E
Iberia	22	45	E
Iberville	22	47	E
Jackson	22	49	E
Jefferson	22	51	G
Jefferson Davis	22	53	E
Lafayette	22	55	E
Lafourche	22	57	E
La Salle	22	59	E
Lincoln	22	61	E
Livingston	22	63	E
Madison	22	65	E
Morehouse	22	67	E

County	FIPS Code		Area Table
	State	County	
LOUISIANA			
Natchitoches	22	69	E
Orleans	22	71	G
Ouachita	22	73	E
Plaquemines	22	75	G
Pointe Coupee	22	77	E
Rapides	22	79	E
Red River	22	81	E
Richland	22	83	E
Sabine	22	85	E
Saint Bernard	22	87	G
Saint Charles	22	89	G
Saint Helena	22	91	F
Saint James	22	93	G
Saint John The Baptist	22	95	G
Saint Landry	22	97	E
Saint Martin	22	99	E
Saint Mary	22	101	E
Saint Tammany	22	103	F
Tangipahoa	22	105	F
Tensas	22	107	E
Terrebonne	22	109	E
Union	22	111	E
Vermilion	22	113	E
Vernon	22	115	E
Washington	22	117	F
Webster	22	119	E
West Baton Rouge	22	121	E
West Carroll	22	123	E
West Feliciana	22	125	E
Winn	22	127	E

MASSACHUSETTS			
Barnstable	25	1	C
Berkshire	25	3	C
Bristol	25	5	C
Dukes	25	7	C
Essex	25	9	D
Franklin	25	11	C
Hampden	25	13	C
Hampshire	25	15	C
Middlesex	25	17	D
Nantucket	25	19	C
Norfolk	25	21	E
Plymouth	25	23	D
Suffolk	25	25	E
Worcester	25	27	D

MARYLAND			
Allegany	24	1	B
Anne Arundel	24	3	D
Baltimore	24	5	D
Baltimore (City)	24	510	D

County	FIPS Code		
	State	County	Area Table
MARYLAND			
Calvert	24	9	D
Caroline	24	11	B
Carroll	24	13	D
Cecil	24	15	C
Charles	24	17	D
Dorchester	24	19	B
Frederick	24	21	C
Garrett	24	23	B
Harford	24	25	D
Howard	24	27	D
Kent	24	29	B
Montgomery	24	31	D
Prince George's	24	33	D
Queen Anne's	24	35	B
Saint Mary's	24	37	D
Somerset	24	39	B
Talbot	24	41	B
Washington	24	43	C
Wicomico	24	45	B
Worcester	24	47	B

MAINE			
Androscoggin	23	1	C
Aroostook	23	3	B
Cumberland	23	5	B
Franklin	23	7	B
Hancock	23	9	B
Kennebec	23	11	B
Knox	23	13	B
Lincoln	23	15	B
Oxford	23	17	C
Penobscot	23	19	B
Piscataquis	23	21	B
Sagadahoc	23	23	B
Somerset	23	25	B
Waldo	23	27	B
Washington	23	29	B
York	23	31	B

MICHIGAN			
Alcona	26	1	A
Alger	26	3	B
Allegan	26	5	B
Alpena	26	7	A
Antrim	26	9	B
Arenac	26	11	A
Baraga	26	13	A
Barry	26	15	C
Bay	26	17	B
Benzie	26	19	B
Berrien	26	21	D
Branch	26	23	C

County	FIPS Code		
	State	County	Area Table
MICHIGAN			
Calhoun	26	25	C
Cass	26	27	C
Charlevoix	26	29	A
Cheboygan	26	31	A
Chippewa	26	33	A
Clare	26	35	B
Clinton	26	37	C
Crawford	26	39	A
Delta	26	41	B
Dickinson	26	43	B
Eaton	26	45	C
Emmet	26	47	A
Genesee	26	49	C
Gladwin	26	51	B
Gogebic	26	53	A
Grand Traverse	26	55	B
Gratiot	26	57	C
Hillsdale	26	59	C
Houghton	26	61	A
Huron	26	63	C
Ingham	26	65	C
Ionia	26	67	C
Iosco	26	69	A
Iron	26	71	A
Isabella	26	73	B
Jackson	26	75	C
Kalamazoo	26	77	C
Kalkaska	26	79	B
Kent	26	81	A
Keweenaw	26	83	A
Lake	26	85	A
Lapeer	26	87	C
Leelanau	26	89	B
Lenawee	26	91	C
Livingston	26	93	D
Luce	26	95	B
Mackinac	26	97	A
Macomb	26	99	E
Manistee	26	101	B
Marquette	26	103	B
Mason	26	105	A
Mecosta	26	107	A
Menominee	26	109	B
Midland	26	111	B
Missaukee	26	113	B
Monroe	26	115	E
Montcalm	26	117	C
Montmorency	26	119	A
Muskegon	26	121	A
Newaygo	26	123	A
Oakland	26	125	D
Oceana	26	127	A

County	FIPS Code		Area Table
	State	County	
MICHIGAN			
Ogemaw	26	129	B
Ontonagon	26	131	A
Osceola	26	133	B
Oscoda	26	135	B
Otsego	26	137	A
Ottawa	26	139	A
Presque Isle	26	141	A
Roscommon	26	143	B
Saginaw	26	145	B
Saint Clair	26	147	E
Saint Joseph	26	149	C
Sanilac	26	151	C
Schoolcraft	26	153	B
Shiawassee	26	155	C
Tuscola	26	157	A
Van Buren	26	159	C
Washtenaw	26	161	E
Wayne	26	163	E
Wexford	26	165	B

MINNESOTA			
Aitkin	27	1	A
Anoka	27	3	D
Becker	27	5	A
Beltrami	27	7	A
Benton	27	9	B
Big Stone	27	11	B
Blue Earth	27	13	B
Brown	27	15	B
Carlton	27	17	A
Carver	27	19	D
Cass	27	21	A
Chippewa	27	23	B
Chisago	27	25	D
Clay	27	27	A
Clearwater	27	29	A
Cook	27	31	A
Cottonwood	27	33	A
Crow Wing	27	35	A
Dakota	27	37	D
Dodge	27	39	C
Douglas	27	41	B
Faribault	27	43	B
Fillmore	27	45	C
Freeborn	27	47	B
Goodhue	27	49	D
Grant	27	51	B
Hennepin	27	53	D
Houston	27	55	C
Hubbard	27	57	A
Isanti	27	59	D
Itasca	27	61	A

County	FIPS Code		Area Table
	State	County	
MINNESOTA			
Jackson	27	63	A
Kanabec	27	65	D
Kandiyohi	27	67	B
Kittson	27	69	A
Koochiching	27	71	A
Lac Qui Parle	27	73	B
Lake	27	75	A
Lake Of The Woods	27	77	A
Le Sueur	27	79	B
Lincoln	27	81	A
Lyon	27	83	B
Mc Leod	27	85	D
Mahnomen	27	87	A
Marshall	27	89	A
Martin	27	91	B
Meeker	27	93	D
Mille Lacs	27	95	C
Morrison	27	97	B
Mower	27	99	C
Murray	27	101	A
Nicollet	27	103	C
Nobles	27	105	A
Norman	27	107	A
Olmsted	27	109	C
Otter Tail	27	111	A
Pennington	27	113	A
Pine	27	115	D
Pipestone	27	117	A
Polk	27	119	A
Pope	27	121	B
Ramsey	27	123	D
Red Lake	27	125	A
Redwood	27	127	B
Renville	27	129	D
Rice	27	131	D
Rock	27	133	A
Roseau	27	135	A
Saint Louis	27	137	B
Scott	27	139	D
Sherburne	27	141	D
Sibley	27	143	D
Stearns	27	145	C
Steele	27	147	D
Stevens	27	149	B
Swift	27	151	B
Todd	27	153	B
Traverse	27	155	B
Wabasha	27	157	C
Wadena	27	159	A
Waseca	27	161	B
Washington	27	163	D
Watonwan	27	165	B

County	FIPS Code		Area Table
	State	County	
MINNESOTA			
Wilkin	27	167	A
Winona	27	169	C
Wright	27	171	D
Yellow Medicine	27	173	B

MISSOURI			
Adair	29	1	B
Andrew	29	3	C
Atchison	29	5	C
Audrain	29	7	C
Barry	29	9	B
Barton	29	11	C
Bates	29	13	C
Benton	29	15	C
Bollinger	29	17	E
Boone	29	19	C
Buchanan	29	21	C
Butler	29	23	D
Caldwell	29	25	C
Callaway	29	27	C
Camden	29	29	C
Cape Girardeau	29	31	E
Carroll	29	33	C
Carter	29	35	D
Cass	29	37	E
Cedar	29	39	B
Chariton	29	41	C
Christian	29	43	B
Clark	29	45	B
Clay	29	47	E
Clinton	29	49	D
Cole	29	51	D
Cooper	29	53	C
Crawford	29	55	B
Dade	29	57	B
Dallas	29	59	B
Daviess	29	61	C
De Kalb	29	63	C
Dent	29	65	B
Douglas	29	67	B
Dunklin	29	69	C
Franklin	29	71	D
Gasconade	29	73	D
Gentry	29	75	C
Greene	29	77	B
Grundy	29	79	C
Harrison	29	81	C
Henry	29	83	C
Hickory	29	85	B
Holt	29	87	C
Howard	29	89	C
Howell	29	91	B

County	FIPS Code		Area Table
	State	County	
MISSOURI			
Iron	29	93	C
Jackson	29	95	E
Jasper	29	97	D
Jefferson	29	99	D
Johnson	29	101	E
Knox	29	103	B
Laclede	29	105	B
Lafayette	29	107	E
Lawrence	29	109	B
Lewis	29	111	B
Lincoln	29	113	D
Linn	29	115	C
Livingston	29	117	C
Mc Donald	29	119	D
Macon	29	121	B
Madison	29	123	C
Maries	29	125	C
Marion	29	127	B
Mercer	29	129	C
Miller	29	131	C
Mississippi	29	133	C
Moniteau	29	135	D
Monroe	29	137	C
Montgomery	29	139	D
Morgan	29	141	D
New Madrid	29	143	C
Newton	29	145	D
Nodaway	29	147	C
Oregon	29	149	B
Osage	29	151	D
Ozark	29	153	B
Pemiscot	29	155	C
Perry	29	157	E
Pettis	29	159	C
Phelps	29	161	B
Pike	29	163	D
Platte	29	165	E
Polk	29	167	B
Pulaski	29	169	B
Putnam	29	171	B
Ralls	29	173	C
Randolph	29	175	C
Ray	29	177	E
Reynolds	29	179	C
Ripley	29	181	D
Saint Charles	29	183	D
Saint Clair	29	185	C
Sainte Genevieve	29	186	C
Saint Francois	29	187	C
Saint Louis	29	189	D
Saint Louis City (City)	29	510	D
Saline	29	195	C

County	FIPS Code		Area Table
	State	County	
MISSOURI			
Schuyler	29	197	B
Scotland	29	199	B
Scott	29	201	D
Shannon	29	203	B
Shelby	29	205	B
Stoddard	29	207	D
Stone	29	209	B
Sullivan	29	211	B
Taney	29	213	B
Texas	29	215	B
Vernon	29	217	C
Warren	29	219	D
Washington	29	221	D
Wayne	29	223	D
Webster	29	225	B
Worth	29	227	C
Wright	29	229	B

MISSISSIPPI			
Adams	28	1	C
Alcorn	28	3	A
Amite	28	5	A
Attala	28	7	C
Benton	28	9	C
Bolivar	28	11	A
Calhoun	28	13	A
Carroll	28	15	B
Chickasaw	28	17	A
Choctaw	28	19	A
Claiborne	28	21	C
Clarke	28	23	B
Clay	28	25	A
Coahoma	28	27	C
Copiah	28	29	C
Covington	28	31	C
De Soto	28	33	C
Forrest	28	35	E
Franklin	28	37	A
George	28	39	D
Greene	28	41	C
Grenada	28	43	A
Hancock	28	45	F
Harrison	28	47	F
Hinds	28	49	C
Holmes	28	51	C
Humphreys	28	53	B
Issaquena	28	55	C
Itawamba	28	57	A
Jackson	28	59	F
Jasper	28	61	B
Jefferson	28	63	C
Jefferson Davis	28	65	C

County	FIPS Code		Area Table
	State	County	
MISSISSIPPI			
Jones	28	67	C
Kemper	28	69	B
Lafayette	28	71	C
Lamar	28	73	C
Lauderdale	28	75	B
Lawrence	28	77	A
Leake	28	79	C
Lee	28	81	A
Leflore	28	83	A
Lincoln	28	85	A
Lowndes	28	87	A
Madison	28	89	C
Marion	28	91	C
Marshall	28	93	C
Monroe	28	95	A
Montgomery	28	97	A
Neshoba	28	99	B
Newton	28	101	B
Noxubee	28	103	B
Oktibbeha	28	105	A
Panola	28	107	C
Pearl River	28	109	C
Perry	28	111	D
Pike	28	113	A
Pontotoc	28	115	A
Prentiss	28	117	A
Quitman	28	119	C
Rankin	28	121	C
Scott	28	123	C
Sharkey	28	125	B
Simpson	28	127	C
Smith	28	129	C
Stone	28	131	F
Sunflower	28	133	A
Tallahatchie	28	135	A
Tate	28	137	C
Tippah	28	139	C
Tishomingo	28	141	A
Tunica	28	143	C
Union	28	145	B
Walthall	28	147	A
Warren	28	149	C
Washington	28	151	A
Wayne	28	153	B
Webster	28	155	A
Wilkinson	28	157	A
Winston	28	159	B
Yalobusha	28	161	A
Yazoo	28	163	C

County	FIPS Code		Area Table
	State	County	
MONTANA			
Beaverhead	30	1	A
Big Horn	30	3	B
Blaine	30	5	A
Broadwater	30	7	A
Carbon	30	9	B
Carter	30	11	A
Cascade	30	13	A
Chouteau	30	15	A
Custer	30	17	A
Daniels	30	19	A
Dawson	30	21	A
Deer Lodge	30	23	A
Fallon	30	25	A
Fergus	30	27	A
Flathead	30	29	A
Gallatin	30	31	A
Garfield	30	33	A
Glacier	30	35	A
Golden Valley	30	37	B
Granite	30	39	A
Hill	30	41	A
Jefferson	30	43	A
Judith Basin	30	45	A
Lake	30	47	A
Lewis And Clark	30	49	A
Liberty	30	51	A
Lincoln	30	53	A
Mc Cone	30	55	A
Madison	30	57	A
Meagher	30	59	A
Mineral	30	61	A
Missoula	30	63	A
Musselshell	30	65	B
Park	30	67	B
Petroleum	30	69	B
Phillips	30	71	A
Pondera	30	73	A
Powder River	30	75	A
Powell	30	77	A
Prairie	30	79	A
Ravalli	30	81	A
Richland	30	83	A
Roosevelt	30	85	A
Rosebud	30	87	A
Sanders	30	89	A
Sheridan	30	91	A
Silver Bow	30	93	A
Stillwater	30	95	B
Sweet Grass	30	97	B
Teton	30	99	A
Toole	30	101	A
Treasure	30	103	B

County	FIPS Code		Area Table
	State	County	
MONTANA			
Valley	30	105	A
Wheatland	30	107	B
Wibaux	30	109	A
Yellowstone	30	111	B
NORTH CAROLINA			
Alamance	37	1	B
Alexander	37	3	C
Alleghany	37	5	C
Anson	37	7	C
Ashe	37	9	C
Avery	37	11	C
Beaufort	37	13	B
Bertie	37	15	B
Bladen	37	17	B
Brunswick	37	19	B
Buncombe	37	21	B
Burke	37	23	C
Cabarrus	37	25	C
Caldwell	37	27	C
Camden	37	29	B
Carteret	37	31	B
Caswell	37	33	B
Catawba	37	35	C
Chatham	37	37	C
Cherokee	37	39	B
Chowan	37	41	B
Clay	37	43	B
Cleveland	37	45	C
Columbus	37	47	B
Craven	37	49	B
Cumberland	37	51	B
Currituck	37	53	B
Dare	37	55	B
Davidson	37	57	B
Davie	37	59	B
Duplin	37	61	B
Durham	37	63	D
Edgecombe	37	65	B
Forsyth	37	67	B
Franklin	37	69	C
Gaston	37	71	C
Gates	37	73	B
Graham	37	75	B
Granville	37	77	C
Greene	37	79	B
Guilford	37	81	B
Halifax	37	83	B
Harnett	37	85	C
Haywood	37	87	B
Henderson	37	89	B
Hertford	37	91	B

County	FIPS Code		
	State	County	Area Table
NORTH CAROLINA			
Hoke	37	93	B
Hyde	37	95	B
Iredell	37	97	C
Jackson	37	99	B
Johnston	37	101	C
Jones	37	103	B
Lee	37	105	C
Lenoir	37	107	B
Lincoln	37	109	C
Mc Dowell	37	111	B
Macon	37	113	B
Madison	37	115	B
Martin	37	117	B
Mecklenburg	37	119	C
Mitchell	37	121	B
Montgomery	37	123	C
Moore	37	125	B
Nash	37	127	B
New Hanover	37	129	B
Northampton	37	131	B
Onslow	37	133	B
Orange	37	135	C
Pamlico	37	137	B
Pasquotank	37	139	B
Pender	37	141	B
Perquimans	37	143	B
Person	37	145	C
Pitt	37	147	B
Polk	37	149	B
Randolph	37	151	B
Richmond	37	153	B
Robeson	37	155	B
Rockingham	37	157	B
Rowan	37	159	C
Rutherford	37	161	C
Sampson	37	163	B
Scotland	37	165	B
Stanly	37	167	C
Stokes	37	169	B
Surry	37	171	B
Swain	37	173	B
Transylvania	37	175	B
Tyrrell	37	177	B
Union	37	179	C
Vance	37	181	C
Wake	37	183	C
Warren	37	185	C
Washington	37	187	B
Watauga	37	189	C
Wayne	37	191	B
Wilkes	37	193	C
Wilson	37	195	B

County	FIPS Code		
	State	County	Area Table
NORTH CAROLINA			
Yadkin	37	197	B
Yancey	37	199	B
NORTH DAKOTA			
Adams	38	1	A
Barnes	38	3	A
Benson	38	5	A
Billings	38	7	A
Bottineau	38	9	A
Bowman	38	11	A
Burke	38	13	A
Burleigh	38	15	A
Cass	38	17	A
Cavalier	38	19	A
Dickey	38	21	A
Divide	38	23	A
Dunn	38	25	A
Eddy	38	27	A
Emmons	38	29	A
Foster	38	31	A
Golden Valley	38	33	A
Grand Forks	38	35	A
Grant	38	37	A
Griggs	38	39	A
Hettinger	38	41	A
Kidder	38	43	A
La Moure	38	45	A
Logan	38	47	A
Mc Henry	38	49	A
Mc Intosh	38	51	A
Mc Kenzie	38	53	A
Mc Lean	38	55	A
Mercer	38	57	A
Morton	38	59	A
Mountrail	38	61	A
Nelson	38	63	A
Oliver	38	65	A
Pembina	38	67	A
Pierce	38	69	A
Ramsey	38	71	A
Ransom	38	73	A
Renville	38	75	A
Richland	38	77	A
Rolette	38	79	A
Sargent	38	81	A
Sheridan	38	83	A
Sioux	38	85	A
Slope	38	87	A
Stark	38	89	A
Steele	38	91	A
Stutsman	38	93	A
Towner	38	95	A

County	FIPS Code		
	State	County	Area Table
NORTH DAKOTA			
Trail	38	97	A
Walsh	38	99	A
Ward	38	101	A
Wells	38	103	A
Williams	38	105	A

NEBRASKA			
Adams	31	1	A
Antelope	31	3	A
Arthur	31	5	A
Banner	31	7	A
Blaine	31	9	A
Boone	31	11	A
Box Butte	31	13	A
Boyd	31	15	A
Brown	31	17	A
Buffalo	31	19	A
Burt	31	21	C
Butler	31	23	B
Cass	31	25	C
Cedar	31	27	A
Chase	31	29	A
Cherry	31	31	A
Cheyenne	31	33	A
Clay	31	35	A
Colfax	31	37	A
Cuming	31	39	B
Custer	31	41	A
Dakota	31	43	B
Dawes	31	45	A
Dawson	31	47	A
Deuel	31	49	A
Dixon	31	51	A
Dodge	31	53	C
Douglas	31	55	C
Dundy	31	57	A
Fillmore	31	59	C
Franklin	31	61	A
Frontier	31	63	A
Furnas	31	65	A
Gage	31	67	C
Garden	31	69	A
Garfield	31	71	A
Gosper	31	73	A
Grant	31	75	A
Greeley	31	77	A
Hall	31	79	A
Hamilton	31	81	A
Harlan	31	83	A
Hayes	31	85	A
Hitchcock	31	87	A
Holt	31	89	A

County	FIPS Code		
	State	County	Area Table
NEBRASKA			
Hooker	31	91	A
Howard	31	93	A
Jefferson	31	95	C
Johnson	31	97	C
Kearney	31	99	A
Keith	31	101	A
Keya Paha	31	103	A
Kimball	31	105	A
Knox	31	107	A
Lancaster	31	109	C
Lincoln	31	111	A
Logan	31	113	A
Loup	31	115	A
Mc Pherson	31	117	A
Madison	31	119	A
Merrick	31	121	A
Morrill	31	123	A
Nance	31	125	A
Nemaha	31	127	C
Nuckolls	31	129	A
Otoe	31	131	C
Pawnee	31	133	C
Perkins	31	135	A
Phelps	31	137	A
Pierce	31	139	A
Platte	31	141	A
Polk	31	143	A
Red Willow	31	145	A
Richardson	31	147	C
Rock	31	149	A
Saline	31	151	C
Sarpy	31	153	C
Saunders	31	155	C
Scotts Bluff	31	157	A
Seward	31	159	C
Sheridan	31	161	A
Sherman	31	163	A
Sioux	31	165	A
Stanton	31	167	A
Thayer	31	169	C
Thomas	31	171	A
Thurston	31	173	C
Valley	31	175	A
Washington	31	177	C
Wayne	31	179	A
Webster	31	181	A
Wheeler	31	183	A
York	31	185	C

NEW HAMPSHIRE			
Belknap	33	1	B
Carroll	33	3	C

County	FIPS Code		Area Table
	State	County	
NEW HAMPSHIRE			
Cheshire	33	5	B
Coos	33	7	B
Grafton	33	9	C
Hillsborough	33	11	C
Merrimack	33	13	C
Rockingham	33	15	C
Strafford	33	17	C
Sullivan	33	19	C

NEW JERSEY			
Atlantic	34	1	F
Bergen	34	3	G
Burlington	34	5	G
Camden	34	7	G
Cape May	34	9	E
Cumberland	34	11	F
Essex	34	13	G
Gloucester	34	15	G
Hudson	34	17	G
Hunterdon	34	19	F
Mercer	34	21	F
Middlesex	34	23	F
Monmouth	34	25	F
Morris	34	27	G
Ocean	34	29	F
Passaic	34	31	G
Salem	34	33	G
Somerset	34	35	F
Sussex	34	37	G
Union	34	39	G
Warren	34	41	G

NEW MEXICO			
Bernalillo	35	1	C
Catron	35	3	B
Chaves	35	5	E
Cibola	35	6	C
Colfax	35	7	D
Curry	35	9	C
De Baca	35	11	C
Dona Ana	35	13	C
Eddy	35	15	E
Grant	35	17	C
Guadalupe	35	19	B
Harding	35	21	D
Hidalgo	35	23	C
Lea	35	25	E
Lincoln	35	27	C
Los Alamos	35	28	B
Luna	35	29	C
Mc Kinley	35	31	B
Mora	35	33	D

County	FIPS Code		Area Table
	State	County	
NEW MEXICO			
Otero	35	35	C
Quay	35	37	B
Rio Arriba	35	39	B
Roosevelt	35	41	C
Sandoval	35	43	C
San Juan	35	45	B
San Miguel	35	47	B
Santa Fe	35	49	B
Sierra	35	51	B
Socorro	35	53	B
Taos	35	55	B
Torrance	35	57	C
Union	35	59	B
Valencia	35	61	C

NEVADA			
Carson City	32	510	F
Churchill	32	1	F
Clark	32	3	G
Douglas	32	5	F
Elko	32	7	D
Esmeralda	32	9	G
Eureka	32	11	D
Humboldt	32	13	F
Lander	32	15	D
Lincoln	32	17	G
Lyon	32	19	F
Mineral	32	21	F
Nye	32	23	G
Pershing	32	27	F
Storey	32	29	F
Washoe	32	31	F
White Pine	32	33	E

NEW YORK			
Albany	36	1	C
Allegany	36	3	B
Bronx	36	5	H
Broome	36	7	B
Cattaraugus	36	9	B
Cayuga	36	11	B
Chautauqua	36	13	B
Chemung	36	15	B
Chenango	36	17	B
Clinton	36	19	B
Columbia	36	21	D
Cortland	36	23	B
Delaware	36	25	C
Dutchess	36	27	E
Erie	36	29	B
Essex	36	31	B
Franklin	36	33	B

County	FIPS Code		
	State	County	Area Table
NEW YORK			
Fulton	36	35	C
Genesee	36	37	B
Greene	36	39	D
Hamilton	36	41	B
Herkimer	36	43	B
Jefferson	36	45	B
Kings	36	47	H
Lewis	36	49	B
Livingston	36	51	B
Madison	36	53	B
Monroe	36	55	B
Montgomery	36	57	C
Nassau	36	59	G
New York	36	61	J
Niagara	36	63	B
Oneida	36	65	B
Onondaga	36	67	B
Ontario	36	69	B
Orange	36	71	G
Orleans	36	73	B
Oswego	36	75	B
Otsego	36	77	B
Putnam	36	79	G
Queens	36	81	H
Rensselaer	36	83	C
Richmond	36	85	H
Rockland	36	87	G
Saint Lawrence	36	89	B
Saratoga	36	91	C
Schenectady	36	93	C
Schoharie	36	95	C
Schuyler	36	97	B
Seneca	36	99	B
Steuben	36	101	B
Suffolk	36	103	G
Sullivan	36	105	F
Tioga	36	107	B
Tompkins	36	109	B
Ulster	36	111	D
Warren	36	113	B
Washington	36	115	B
Wayne	36	117	B
Westchester	36	119	G
Wyoming	36	121	B
Yates	36	123	B
OHIO			
Adams	39	1	B
Allen	39	3	B
Ashland	39	5	C
Ashtabula	39	7	E
Athens	39	9	A

County	FIPS Code		
	State	County	Area Table
OHIO			
Auglaize	39	11	B
Belmont	39	13	A
Brown	39	15	C
Butler	39	17	C
Carroll	39	19	C
Champaign	39	21	C
Clark	39	23	C
Clermont	39	25	C
Clinton	39	27	C
Columbiana	39	29	D
Coshocton	39	31	A
Crawford	39	33	C
Cuyahoga	39	35	E
Darke	39	37	C
Defiance	39	39	D
Delaware	39	41	C
Erie	39	43	C
Fairfield	39	45	C
Fayette	39	47	C
Franklin	39	49	C
Fulton	39	51	D
Gallia	39	53	B
Geauga	39	55	E
Greene	39	57	D
Guernsey	39	59	A
Hamilton	39	61	C
Hancock	39	63	B
Hardin	39	65	A
Harrison	39	67	A
Henry	39	69	D
Highland	39	71	C
Hocking	39	73	C
Holmes	39	75	C
Huron	39	77	C
Jackson	39	79	B
Jefferson	39	81	A
Knox	39	83	C
Lake	39	85	E
Lawrence	39	87	B
Licking	39	89	C
Logan	39	91	A
Lorain	39	93	E
Lucas	39	95	D
Madison	39	97	C
Mahoning	39	99	E
Marion	39	101	A
Medina	39	103	E
Meigs	39	105	A
Mercer	39	107	B
Miami	39	109	C
Monroe	39	111	A
Montgomery	39	113	E

County	FIPS Code		
	State	County	Area Table
OHIO			
Morgan	39	115	A
Morrow	39	117	B
Muskingum	39	119	A
Noble	39	121	A
Ottawa	39	123	D
Paulding	39	125	B
Perry	39	127	B
Pickaway	39	129	C
Pike	39	131	B
Portage	39	133	E
Preble	39	135	C
Putnam	39	137	B
Richland	39	139	C
Ross	39	141	B
Sandusky	39	143	D
Scioto	39	145	B
Seneca	39	147	C
Shelby	39	149	C
Stark	39	151	C
Summit	39	153	E
Trumbull	39	155	E
Tuscarawas	39	157	C
Union	39	159	C
Van Wert	39	161	B
Vinton	39	163	B
Warren	39	165	C
Washington	39	167	A
Wayne	39	169	D
Williams	39	171	D
Wood	39	173	D
Wyandot	39	175	B

OKLAHOMA			
Adair	40	1	B
Alfalfa	40	3	C
Atoka	40	5	B
Beaver	40	7	B
Beckham	40	9	B
Blaine	40	11	C
Bryan	40	13	C
Caddo	40	15	D
Canadian	40	17	D
Carter	40	19	B
Cherokee	40	21	B
Choctaw	40	23	C
Cimarron	40	25	B
Cleveland	40	27	D
Coal	40	29	B
Comanche	40	31	B
Cotton	40	33	B
Craig	40	35	B
Creek	40	37	C

County	FIPS Code		
	State	County	Area Table
OKLAHOMA			
Custer	40	39	C
Delaware	40	41	B
Dewey	40	43	B
Ellis	40	45	B
Garfield	40	47	C
Garvin	40	49	C
Grady	40	51	D
Grant	40	53	C
Greer	40	55	B
Harmon	40	57	B
Harper	40	59	B
Haskell	40	61	B
Hughes	40	63	B
Jackson	40	65	B
Jefferson	40	67	B
Johnston	40	69	B
Kay	40	71	B
Kingfisher	40	73	C
Kiowa	40	75	C
Latimer	40	77	B
Le Flore	40	79	B
Lincoln	40	81	B
Logan	40	83	D
Love	40	85	B
Mc Clain	40	87	D
Mc Curtain	40	89	C
Mc Intosh	40	91	B
Major	40	93	C
Marshall	40	95	B
Mayes	40	97	B
Murray	40	99	D
Muskogee	40	101	B
Noble	40	103	C
Nowata	40	105	C
Okfuskee	40	107	B
Oklahoma	40	109	D
Okmulgee	40	111	B
Osage	40	113	C
Ottawa	40	115	B
Pawnee	40	117	C
Payne	40	119	C
Pittsburg	40	121	B
Pontotoc	40	123	B
Pottawatomie	40	125	B
Pushmataha	40	127	B
Roger Mills	40	129	B
Rogers	40	131	C
Seminole	40	133	B
Sequoyah	40	135	B
Stephens	40	137	C
Texas	40	139	B
Tillman	40	141	B

County	FIPS Code		Area Table
	State	County	
OKLAHOMA			
Tulsa	40	143	C
Wagoner	40	145	B
Washington	40	147	C
Washita	40	149	C
Woods	40	151	C
Woodward	40	153	B

OREGON			
Baker	41	1	A
Benton	41	3	A
Clackamas	41	5	B
Clatsop	41	7	B
Columbia	41	9	B
Coos	41	11	A
Crook	41	13	A
Curry	41	15	A
Deschutes	41	17	A
Douglas	41	19	A
Gilliam	41	21	A
Grant	41	23	A
Harney	41	25	A
Hood River	41	27	B
Jackson	41	29	B
Jefferson	41	31	A
Josephine	41	33	B
Klamath	41	35	A
Lake	41	37	A
Lane	41	39	A
Lincoln	41	41	A
Linn	41	43	A
Malheur	41	45	A
Marion	41	47	A
Morrow	41	49	A
Multnomah	41	51	B
Polk	41	53	A
Sherman	41	55	B
Tillamook	41	57	B
Umatilla	41	59	A
Union	41	61	A
Wallowa	41	63	A
Wasco	41	65	B
Washington	41	67	B
Wheeler	41	69	A
Yamhill	41	71	B

PENNSYLVANIA			
Adams	42	1	B
Allegheny	42	3	F
Armstrong	42	5	C
Beaver	42	7	F
Bedford	42	9	B
Berks	42	11	E

County	FIPS Code		Area Table
	State	County	
PENNSYLVANIA			
Blair	42	13	B
Bradford	42	15	C
Bucks	42	17	F
Butler	42	19	D
Cambria	42	21	C
Cameron	42	23	C
Carbon	42	25	D
Centre	42	27	B
Chester	42	29	G
Clarion	42	31	C
Clearfield	42	33	B
Clinton	42	35	B
Columbia	42	37	D
Crawford	42	39	E
Cumberland	42	41	C
Dauphin	42	43	D
Delaware	42	45	G
Elk	42	47	C
Erie	42	49	F
Fayette	42	51	D
Forest	42	53	C
Franklin	42	55	B
Fulton	42	57	B
Greene	42	59	D
Huntingdon	42	61	B
Indiana	42	63	C
Jefferson	42	65	C
Juniata	42	67	D
Lackawanna	42	69	C
Lancaster	42	71	D
Lawrence	42	73	D
Lebanon	42	75	D
Lehigh	42	77	F
Luzerne	42	79	C
Lycoming	42	81	B
Mc Kean	42	83	B
Mercer	42	85	D
Mifflin	42	87	D
Monroe	42	89	D
Montgomery	42	91	G
Montour	42	93	D
Northampton	42	95	F
Northumberland	42	97	D
Perry	42	99	D
Philadelphia	42	101	G
Pike	42	103	D
Potter	42	105	B
Schuylkill	42	107	C
Snyder	42	109	D
Somerset	42	111	C
Sullivan	42	113	C
Susquehanna	42	115	C

County	FIPS Code		Area Table
	State	County	
PENNSYLVANIA			
Tioga	42	117	B
Union	42	119	D
Venango	42	121	D
Warren	42	123	D
Washington	42	125	E
Wayne	42	127	C
Westmoreland	42	129	D
Wyoming	42	131	D
York	42	133	B

RHODE ISLAND			
Bristol	44	1	D
Kent	44	3	D
Newport	44	5	D
Providence	44	7	D
Washington	44	9	D

SOUTH CAROLINA			
Abbeville	45	1	C
Aiken	45	3	B
Allendale	45	5	B
Anderson	45	7	C
Bamberg	45	9	C
Barnwell	45	11	B
Beaufort	45	13	C
Berkeley	45	15	C
Calhoun	45	17	C
Charleston	45	19	C
Cherokee	45	21	C
Chester	45	23	C
Chesterfield	45	25	C
Clarendon	45	27	C
Colleton	45	29	C
Darlington	45	31	C
Dillon	45	33	C
Dorchester	45	35	C
Edgefield	45	37	B
Fairfield	45	39	C
Florence	45	41	C
Georgetown	45	43	C
Greenville	45	45	C
Greenwood	45	47	C
Hampton	45	49	C
Horry	45	51	C
Jasper	45	53	C
Kershaw	45	55	C
Lancaster	45	57	C
Laurens	45	59	C
Lee	45	61	C
Lexington	45	63	C
Mc Cormick	45	65	B
Marion	45	67	C

County	FIPS Code		Area Table
	State	County	
SOUTH CAROLINA			
Marlboro	45	69	C
Newberry	45	71	C
Oconee	45	73	C
Orangeburg	45	75	C
Pickens	45	77	C
Richland	45	79	C
Saluda	45	81	C
Spartanburg	45	83	C
Sumter	45	85	C
Union	45	87	C
Williamsburg	45	89	C
York	45	91	C

SOUTH DAKOTA			
Aurora	46	3	A
Beadle	46	5	A
Bennett	46	7	A
Bon Homme	46	9	B
Brookings	46	11	B
Brown	46	13	A
Brule	46	15	A
Buffalo	46	17	A
Butte	46	19	B
Campbell	46	21	A
Charles Mix	46	23	A
Clark	46	25	A
Clay	46	27	B
Codington	46	29	A
Corson	46	31	A
Custer	46	33	B
Davison	46	35	A
Day	46	37	A
Deuel	46	39	A
Dewey	46	41	A
Douglas	46	43	A
Edmunds	46	45	A
Fall River	46	47	B
Faulk	46	49	A
Grant	46	51	A
Gregory	46	53	A
Haakon	46	55	A
Hamlin	46	57	A
Hand	46	59	A
Hanson	46	61	A
Harding	46	63	B
Hughes	46	65	A
Hutchinson	46	67	B
Hyde	46	69	A
Jackson	46	71	A
Jerauld	46	73	A
Jones	46	75	A
Kingsbury	46	77	A

County	FIPS Code		
	State	County	Area Table
SOUTH DAKOTA			
Lake	46	79	B
Lawrence	46	81	B
Lincoln	46	83	B
Lyman	46	85	A
Mc Cook	46	87	B
Mc Pherson	46	89	A
Marshall	46	91	A
Meade	46	93	B
Mellette	46	95	A
Miner	46	97	A
Minnehaha	46	99	B
Moody	46	101	B
Pennington	46	103	B
Perkins	46	105	A
Potter	46	107	A
Roberts	46	109	A
Sanborn	46	111	A
Shannon	46	113	B
Spink	46	115	A
Stanley	46	117	A
Sully	46	119	A
Todd	46	121	A
Tripp	46	123	A
Turner	46	125	B
Union	46	127	B
Walworth	46	129	A
Yankton	46	135	B
Ziebach	46	137	A

TENNESSEE			
Anderson	47	1	B
Bedford	47	3	D
Benton	47	5	B
Bledsoe	47	7	B
Blount	47	9	B
Bradley	47	11	B
Campbell	47	13	B
Cannon	47	15	D
Carroll	47	17	B
Carter	47	19	D
Cheatham	47	21	D
Chester	47	23	B
Claiborne	47	25	B
Clay	47	27	C
Cocke	47	29	B
Coffee	47	31	B
Crockett	47	33	D
Cumberland	47	35	B
Davidson	47	37	D
Decatur	47	39	B
De Kalb	47	41	D
Dickson	47	43	D

County	FIPS Code		
	State	County	Area Table
TENNESSEE			
Dyer	47	45	D
Fayette	47	47	D
Fentress	47	49	B
Franklin	47	51	B
Gibson	47	53	B
Giles	47	55	B
Grainger	47	57	B
Greene	47	59	C
Grundy	47	61	B
Hamblen	47	63	B
Hamilton	47	65	C
Hancock	47	67	B
Hardeman	47	69	D
Hardin	47	71	B
Hawkins	47	73	B
Haywood	47	75	D
Henderson	47	77	B
Henry	47	79	B
Hickman	47	81	D
Houston	47	83	D
Humphreys	47	85	D
Jackson	47	87	B
Jefferson	47	89	B
Johnson	47	91	D
Knox	47	93	C
Lake	47	95	D
Lauderdale	47	97	D
Lawrence	47	99	B
Lewis	47	101	B
Lincoln	47	103	B
Loudon	47	105	B
Mc Minn	47	107	B
Mc Nairy	47	109	B
Macon	47	111	D
Madison	47	113	B
Marion	47	115	C
Marshall	47	117	D
Maury	47	119	B
Meigs	47	121	B
Monroe	47	123	B
Montgomery	47	125	D
Moore	47	127	B
Morgan	47	129	B
Obion	47	131	B
Overton	47	133	B
Perry	47	135	D
Pickett	47	137	B
Polk	47	139	B
Putnam	47	141	B
Rhea	47	143	B
Roane	47	145	B
Robertson	47	147	D

County	FIPS Code		
	State	County	Area Table
TENNESSEE			
Rutherford	47	149	D
Scott	47	151	B
Sequatchie	47	153	B
Sevier	47	155	B
Shelby	47	157	D
Smith	47	159	C
Stewart	47	161	D
Sullivan	47	163	D
Sumner	47	165	D
Tipton	47	167	D
Trousdale	47	169	D
Unicoi	47	171	D
Union	47	173	B
Van Buren	47	175	B
Warren	47	177	D
Washington	47	179	D
Wayne	47	181	B
Weakley	47	183	B
White	47	185	B
Williamson	47	187	D
Wilson	47	189	D

TEXAS			
Anderson	48	1	E
Andrews	48	3	D
Angelina	48	5	G
Aransas	48	7	F
Archer	48	9	D
Armstrong	48	11	E
Atascosa	48	13	D
Austin	48	15	F
Bailey	48	17	G
Bandera	48	19	D
Bastrop	48	21	D
Baylor	48	23	D
Bee	48	25	D
Bell	48	27	C
Bexar	48	29	D
Blanco	48	31	D
Borden	48	33	E
Bosque	48	35	D
Bowie	48	37	D
Brazoria	48	39	G
Brazos	48	41	G
Brewster	48	43	G
Briscoe	48	45	D
Brooks	48	47	F
Brown	48	49	D
Burleson	48	51	G
Burnet	48	53	D
Caldwell	48	55	D
Calhoun	48	57	D

County	FIPS Code		
	State	County	Area Table
TEXAS			
Callahan	48	59	E
Cameron	48	61	G
Camp	48	63	E
Carson	48	65	E
Cass	48	67	D
Castro	48	69	E
Chambers	48	71	G
Cherokee	48	73	F
Childress	48	75	D
Clay	48	77	E
Cochran	48	79	G
Coke	48	81	D
Coleman	48	83	D
Collin	48	85	F
Collingsworth	48	87	E
Colorado	48	89	E
Comal	48	91	D
Comanche	48	93	D
Concho	48	95	D
Cooke	48	97	F
Coryell	48	99	C
Cottle	48	101	D
Crane	48	103	D
Crockett	48	105	D
Crosby	48	107	G
Culberson	48	109	G
Dallam	48	111	E
Dallas	48	113	F
Dawson	48	115	G
Deaf Smith	48	117	E
Delta	48	119	D
Denton	48	121	F
De Witt	48	123	D
Dickens	48	125	F
Dimmit	48	127	B
Donley	48	129	D
Duval	48	131	F
Eastland	48	133	D
Ector	48	135	D
Edwards	48	137	B
Ellis	48	139	F
El Paso	48	141	G
Erath	48	143	D
Falls	48	145	C
Fannin	48	147	D
Fayette	48	149	D
Fisher	48	151	E
Floyd	48	153	D
Foard	48	155	D
Fort Bend	48	157	F
Franklin	48	159	D
Freestone	48	161	D

County	FIPS Code		
	State	County	Area Table
TEXAS			
Frio	48	163	D
Gaines	48	165	G
Galveston	48	167	G
Garza	48	169	G
Gillespie	48	171	D
Glasscock	48	173	D
Goliad	48	175	D
Gonzales	48	177	D
Gray	48	179	E
Grayson	48	181	F
Gregg	48	183	E
Grimes	48	185	G
Guadalupe	48	187	D
Hale	48	189	E
Hall	48	191	D
Hamilton	48	193	C
Hansford	48	195	E
Hardeman	48	197	D
Hardin	48	199	G
Harris	48	201	G
Harrison	48	203	E
Hartley	48	205	E
Haskell	48	207	E
Hays	48	209	D
Hemphill	48	211	E
Henderson	48	213	F
Hidalgo	48	215	G
Hill	48	217	E
Hockley	48	219	G
Hood	48	221	F
Hopkins	48	223	D
Houston	48	225	D
Howard	48	227	D
Hudspeth	48	229	G
Hunt	48	231	E
Hutchinson	48	233	E
Irion	48	235	D
Jack	48	237	E
Jackson	48	239	D
Jasper	48	241	G
Jeff Davis	48	243	D
Jefferson	48	245	G
Jim Hogg	48	247	F
Jim Wells	48	249	F
Johnson	48	251	F
Jones	48	253	E
Karnes	48	255	D
Kaufman	48	257	F
Kendall	48	259	D
Kenedy	48	261	F
Kent	48	263	E
Kerr	48	265	D

County	FIPS Code		
	State	County	Area Table
TEXAS			
Kimble	48	267	D
King	48	269	D
Kinney	48	271	B
Kleberg	48	273	F
Knox	48	275	D
Lamar	48	277	D
Lamb	48	279	F
Lampasas	48	281	C
La Salle	48	283	D
Lavaca	48	285	D
Lee	48	287	D
Leon	48	289	E
Liberty	48	291	G
Limestone	48	293	D
Lipscomb	48	295	E
Live Oak	48	297	D
Llano	48	299	D
Loving	48	301	D
Lubbock	48	303	G
Lynn	48	305	G
Mc Culloch	48	307	D
Mc Lennan	48	309	D
Mc Mullen	48	311	D
Madison	48	313	G
Marion	48	315	E
Martin	48	317	D
Mason	48	319	D
Matagorda	48	321	F
Maverick	48	323	B
Medina	48	325	D
Menard	48	327	D
Midland	48	329	D
Milam	48	331	C
Mills	48	333	D
Mitchell	48	335	E
Montague	48	337	F
Montgomery	48	339	G
Moore	48	341	E
Morris	48	343	D
Motley	48	345	D
Nacogdoches	48	347	G
Navarro	48	349	F
Newton	48	351	G
Nolan	48	353	E
Nueces	48	355	F
Ochiltree	48	357	E
Oldham	48	359	E
Orange	48	361	G
Palo Pinto	48	363	E
Panola	48	365	E
Parker	48	367	F
Parmer	48	369	E

County	FIPS Code		
	State	County	Area Table
TEXAS			
Pecos	48	371	D
Polk	48	373	G
Potter	48	375	E
Presidio	48	377	G
Rains	48	379	D
Randall	48	381	E
Reagan	48	383	D
Real	48	385	C
Red River	48	387	D
Reeves	48	389	D
Refugio	48	391	E
Roberts	48	393	E
Robertson	48	395	G
Rockwall	48	397	F
Runnels	48	399	D
Rusk	48	401	E
Sabine	48	403	G
San Augustine	48	405	G
San Jacinto	48	407	G
San Patricio	48	409	F
San Saba	48	411	D
Schleicher	48	413	D
Scurry	48	415	E
Shackelford	48	417	E
Shelby	48	419	G
Sherman	48	421	E
Smith	48	423	F
Somervell	48	425	F
Starr	48	427	G
Stephens	48	429	D
Sterling	48	431	D
Stonewall	48	433	E
Sutton	48	435	D
Swisher	48	437	E
Tarrant	48	439	F
Taylor	48	441	E
Terrell	48	443	D
Terry	48	445	G
Throckmorton	48	447	D
Titus	48	449	D
Tom Green	48	451	D
Travis	48	453	D
Trinity	48	455	E
Tyler	48	457	G
Upshur	48	459	E
Upton	48	461	D
Uvalde	48	463	B
Val Verde	48	465	B
Van Zandt	48	467	F
Victoria	48	469	D
Walker	48	471	G
Waller	48	473	F

County	FIPS Code		
	State	County	Area Table
TEXAS			
Ward	48	475	D
Washington	48	477	G
Webb	48	479	D
Wharton	48	481	F
Wheeler	48	483	E
Wichita	48	485	D
Wilbarger	48	487	D
Willacy	48	489	G
Williamson	48	491	D
Wilson	48	493	D
Winkler	48	495	D
Wise	48	497	F
Wood	48	499	E
Yoakum	48	501	G
Young	48	503	D
Zapata	48	505	D
Zavala	48	507	B
UTAH			
Beaver	49	1	A
Box Elder	49	3	A
Cache	49	5	A
Carbon	49	7	A
Daggett	49	9	C
Davis	49	11	C
Duchesne	49	13	C
Emery	49	15	A
Garfield	49	17	A
Grand	49	19	A
Iron	49	21	A
Juab	49	23	A
Kane	49	25	A
Millard	49	27	A
Morgan	49	29	C
Piute	49	31	A
Rich	49	33	C
Salt Lake	49	35	C
San Juan	49	37	A
Sanpete	49	39	A
Sevier	49	41	A
Summit	49	43	C
Tooele	49	45	C
Uintah	49	47	C
Utah	49	49	B
Wasatch	49	51	C
Washington	49	53	A
Wayne	49	55	A
Weber	49	57	B
VIRGINIA			
Accomack	51	1	C
Albemarle	51	3	C

County	FIPS Code		
	State	County	Area Table
VIRGINIA			
Alexandria (City)	51	510	E
Alleghany	51	5	B
Amelia	51	7	D
Amherst	51	9	B
Appomattox	51	11	B
Arlington	51	13	E
Augusta	51	15	B
Bath	51	17	B
Bedford	51	19	B
Bedford (City)	51	515	B
Bland	51	21	B
Botetourt	51	23	C
Bristol (City)	51	520	B
Brunswick	51	25	D
Buchanan	51	27	B
Buckingham	51	29	B
Buena Vista (City)	51	530	B
Campbell	51	31	B
Caroline	51	33	C
Carroll	51	35	B
Charles City	51	36	D
Charlotte	51	37	B
Charlottesville (City)	51	540	C
Chesapeake City (City)	51	550	C
Chesterfield	51	41	D
Clarke	51	43	D
Colonial Heights (City)	51	570	D
Covington (City)	51	580	B
Craig	51	45	C
Culpeper	51	47	D
Cumberland	51	49	D
Danville (City)	51	590	B
Dickenson	51	51	B
Dinwiddie	51	53	D
Emporia (City)	51	595	D
Essex	51	57	C
Fairfax	51	59	E
Fairfax (City)	51	600	E
Falls Church (City)	51	610	E
Fauquier	51	61	F
Floyd	51	63	C
Fluvanna	51	65	C
Franklin	51	67	C
Franklin (City)	51	620	D
Frederick	51	69	C
Fredericksburg (City)	51	630	C
Galax (City)	51	640	B
Giles	51	71	C
Gloucester	51	73	D
Goochland	51	75	D
Grayson	51	77	B
Greene	51	79	C

County	FIPS Code		
	State	County	Area Table
VIRGINIA			
Greensville	51	81	D
Halifax	51	83	B
Hampton City (City)	51	650	C
Hanover	51	85	D
Harrisonburg (City)	51	660	C
Henrico	51	87	D
Henry	51	89	C
Highland	51	91	B
Hopewell (City)	51	670	D
Isle Of Wight	51	93	C
James City	51	95	D
King And Queen	51	97	D
King George	51	99	C
King William	51	101	D
Lancaster	51	103	C
Lee	51	105	B
Lexington (City)	51	678	B
Loudoun	51	107	F
Louisa	51	109	D
Lunenburg	51	111	B
Lynchburg (City)	51	680	B
Madison	51	113	D
Manassas (City)	51	683	F
Manassas Park (City)	51	685	F
Martinsville (City)	51	690	C
Mathews	51	115	D
Mecklenburg	51	117	B
Middlesex	51	119	D
Montgomery	51	121	C
Nelson	51	125	C
New Kent	51	127	D
Newport News (City)	51	700	C
Norfolk (City)	51	710	C
Northampton	51	131	C
Northumberland	51	133	C
Norton (City)	51	720	B
Nottoway	51	135	C
Orange	51	137	C
Page	51	139	C
Patrick	51	141	C
Petersburg (City)	51	730	D
Pittsylvania	51	143	B
Poquoson (City)	51	735	C
Portsmouth (City)	51	740	C
Powhatan	51	145	D
Prince Edward	51	147	B
Prince George	51	149	D
Prince William	51	153	E
Pulaski	51	155	C
Radford (City)	51	750	C
Rappahannock	51	157	E
Richmond	51	159	D

County	FIPS Code		
	State	County	Area Table
VIRGINIA			
Richmond (City)	51	760	D
Roanoke	51	161	C
Roanoke (City)	51	770	C
Rockbridge	51	163	B
Rockingham	51	165	C
Russell	51	167	B
Salem (City)	51	775	C
Scott	51	169	B
Shenandoah	51	171	C
Smyth	51	173	B
Southampton	51	175	D
Spotsylvania	51	177	C
Stafford	51	179	D
Staunton (City)	51	790	B
Suffolk (City)	51	800	C
Surry	51	181	D
Sussex	51	183	D
Tazewell	51	185	B
Virginia Beach (City)	51	810	C
Warren	51	187	C
Washington	51	191	B
Waynesboro (City)	51	820	C
Westmoreland	51	193	C
Williamsburg (City)	51	830	D
Winchester (City)	51	840	C
Wise	51	195	B
Wythe	51	197	B
York	51	199	C

VERMONT			
Addison	50	1	C
Bennington	50	3	B
Caledonia	50	5	B
Chittenden	50	7	C
Essex	50	9	B
Franklin	50	11	C
Grand Isle	50	13	C
Lamoille	50	15	B
Orange	50	17	B
Orleans	50	19	B
Rutland	50	21	B
Washington	50	23	B
Windham	50	25	B
Windsor	50	27	B

WASHINGTON			
Adams	53	1	B
Asotin	53	3	A
Benton	53	5	B
Chelan	53	7	B
Clallam	53	9	D
Clark	53	11	B

County	FIPS Code		
	State	County	Area Table
WASHINGTON			
Columbia	53	13	B
Cowlitz	53	15	B
Douglas	53	17	B
Ferry	53	19	B
Franklin	53	21	B
Garfield	53	23	B
Grant	53	25	B
Grays Harbor	53	27	D
Island	53	29	C
Jefferson	53	31	D
King	53	33	C
Kitsap	53	35	C
Kittitas	53	37	B
Klickitat	53	39	B
Lewis	53	41	D
Lincoln	53	43	B
Mason	53	45	D
Okanogan	53	47	B
Pacific	53	49	C
Pend Oreille	53	51	B
Pierce	53	53	D
San Juan	53	55	C
Skagit	53	57	C
Skamania	53	59	B
Snohomish	53	61	C
Spokane	53	63	C
Stevens	53	65	B
Thurston	53	67	D
Wahkiakum	53	69	B
Walla Walla	53	71	B
Whatcom	53	73	C
Whitman	53	75	B
Yakima	53	77	B

WISCONSIN			
Adams	55	1	B
Ashland	55	3	A
Barron	55	5	B
Bayfield	55	7	A
Brown	55	9	C
Buffalo	55	11	C
Burnett	55	13	A
Calumet	55	15	D
Chippewa	55	17	C
Clark	55	19	B
Columbia	55	21	B
Crawford	55	23	B
Dane	55	25	C
Dodge	55	27	D
Door	55	29	C
Douglas	55	31	A
Dunn	55	33	C

County	FIPS Code		Area Table
	State	County	
WISCONSIN			
Eau Claire	55	35	C
Florence	55	37	C
Fond Du Lac	55	39	C
Forest	55	41	B
Grant	55	43	A
Green	55	45	C
Green Lake	55	47	A
Iowa	55	49	C
Iron	55	51	B
Jackson	55	53	C
Jefferson	55	55	D
Juneau	55	57	B
Kenosha	55	59	D
Kewaunee	55	61	C
La Crosse	55	63	C
Lafayette	55	65	C
Langlade	55	67	B
Lincoln	55	69	B
Manitowoc	55	71	C
Marathon	55	73	B
Marinette	55	75	C
Marquette	55	77	B
Menominee	55	78	C
Milwaukee	55	79	D
Monroe	55	81	C
Oconto	55	83	C
Oneida	55	85	B
Outagamie	55	87	B
Ozaukee	55	89	D
Pepin	55	91	C
Pierce	55	93	B
Polk	55	95	A
Portage	55	97	A
Price	55	99	B
Racine	55	101	C
Richland	55	103	C
Rock	55	105	C
Rusk	55	107	B
Saint Croix	55	109	A
Sauk	55	111	B
Sawyer	55	113	A
Shawano	55	115	B
Sheboygan	55	117	D
Taylor	55	119	B
Trempealeau	55	121	C
Vernon	55	123	C
Vilas	55	125	B
Walworth	55	127	D
Washburn	55	129	A
Washington	55	131	D
Waukesha	55	133	D
Waupaca	55	135	A

County	FIPS Code		Area Table
	State	County	
WISCONSIN			
Waushara	55	137	A
Winnebago	55	139	A
Wood	55	141	B
WEST VIRGINIA			
Barbour	54	1	B
Berkeley	54	3	B
Boone	54	5	D
Braxton	54	7	C
Brooke	54	9	C
Cabell	54	11	C
Calhoun	54	13	C
Clay	54	15	D
Doddridge	54	17	B
Fayette	54	19	C
Gilmer	54	21	B
Grant	54	23	B
Greenbrier	54	25	C
Hampshire	54	27	B
Hancock	54	29	C
Hardy	54	31	B
Harrison	54	33	B
Jackson	54	35	D
Jefferson	54	37	B
Kanawha	54	39	D
Lewis	54	41	B
Lincoln	54	43	C
Logan	54	45	C
Mc Dowell	54	47	C
Marion	54	49	C
Marshall	54	51	C
Mason	54	53	C
Mercer	54	55	C
Mineral	54	57	B
Mingo	54	59	C
Monongalia	54	61	C
Monroe	54	63	C
Morgan	54	65	B
Nicholas	54	67	C
Ohio	54	69	C
Pendleton	54	71	B
Pleasants	54	73	C
Pocahontas	54	75	C
Preston	54	77	C
Putnam	54	79	C
Raleigh	54	81	C
Randolph	54	83	B
Ritchie	54	85	B
Roane	54	87	D
Summers	54	89	C
Taylor	54	91	B
Tucker	54	93	B

County	FIPS Code		Area Table
	State	County	
WEST VIRGINIA			
Tyler	54	95	C
Upshur	54	97	B
Wayne	54	99	C
Webster	54	101	B
Wetzel	54	103	C
Wirt	54	105	C
Wood	54	107	C
Wyoming	54	109	C

County	FIPS Code		Area Table
	State	County	
WYOMING			
Albany	56	1	D
Big Horn	56	3	B
Campbell	56	5	A
Carbon	56	7	C
Converse	56	9	B
Crook	56	11	A
Fremont	56	13	B
Goshen	56	15	B
Hot Springs	56	17	B
Johnson	56	19	A
Laramie	56	21	D
Lincoln	56	23	A
Natrona	56	25	B
Niobrara	56	27	B
Park	56	29	B
Platte	56	31	B
Sheridan	56	33	A
Sublette	56	35	A
Sweetwater	56	37	A
Teton	56	39	B
Uinta	56	41	A
Washakie	56	43	B
Weston	56	45	A

XII. INDUSTRY FACTORS

Industry Factors by SIC Range

SIC Range	Description	Medical Factor
No Adjustment		1.000
0111 – 0191	Agriculture – Crops	1.050
0211 – 0291	Agriculture – Livestock	1.050
0711 – 0783	Agricultural Services	1.025
Except 0741 – 0742	Veterinary	1.000
0811 – 0851	Forestry	1.050
0912 – 0972	Fishing, Hunting	1.100
1011 – 1241	Mining — Metal, Coal	1.175
1311 – 1389	Oil & Gas Extraction	1.100
1411 – 1499	Mining & Quarrying Except Metal & Fuels	1.150
1521 – 1542	Building Construction	1.050
1611 – 1629	Other Than Building Construction	1.050
1711 – 1799	Construction — Special Trades	1.025
2011 – 2017	Meat Products	1.050
2018 – 2099	Food Products	1.000
2111 – 2141	Tobacco Manufacturer	1.050
2211 – 2299	Textile Mill Products	1.000
2311 – 2399	Apparel & Other Textiles	1.000
2411	Logging	1.075

XII. INDUSTRY FACTORS

Industry Factors by SIC Range

SIC Range	Description	Medical Factor
2421 – 2429	Sawmills	1.050
2431 – 2499	Lumber & Wood Products (Except Furniture)	1.050
2511 – 2599	Furniture & Fixtures	1.000
2611	Pulp Mills	1.025
2612 – 2679	Paper & Allied Products	1.000
2711 – 2796	Printing & Publishing	1.000
2812 – 2899	Chemicals & Allied Products	1.025
Except 2831 – 2836	Drugs	1.000
Except 2892	Explosives	1.125
2911 – 2999	Petroleum Refining	1.025
3011 – 3089	Rubber & Miscellaneous Plastic	1.000
3111	Leather Tanning	1.100
3112 – 3199	Leather & Leather Products	1.025
3211 – 3299	Stone, Clay & Glass Products	1.025
Except 3292	Asbestos Products	1.175
3312 – 3399	Primary Metal Industries	1.050
3411 – 3499	Fabricated Metal Products	1.000
3511 – 3599	Machinery, Except Electrical	1.000
3612 – 3699	Electrical Machinery & Equipment	0.975
3711 – 3799	Transportation Equipment	1.000
3812 – 3873	Instruments	0.975

XII. INDUSTRY FACTORS

Industry Factors by SIC Range

SIC Range	Description	Medical Factor
3911 – 3999	Miscellaneous Manufacturing	0.975
4011 – 4013	Railroad Transportation	1.050
4111 – 4173	Local Passenger Transportation	1.100
Except 4121	Taxicabs	1.150
4212 – 4231	Trucking	1.100
4311	US Postal Service	1.050
4412 – 4499	Water Transportation	1.075
4512 – 4581	Air Transportation	1.000
4612 – 4619	Pipe Lines, Except Natural Gas	1.025
4724 – 4789	Transportation Services	0.975
4812 – 4899	Communication	0.950
4911 – 4971	Electric, Gas & Sanitary System	1.025
Except 4952 – 4959	Sanitary Services	1.100
5012 – 5099	Wholesale Trade – Durable Goods	1.000
Except 5093	Scrap & Waste	1.100
5111 – 5199	Wholesale Trade – Non-durable Goods	1.000
Except 5181 – 5182	Beer, Wine & Distilled Alcoholic Beverages	1.050
5211 – 5499	Retail – Hardware, General, Food	1.000
5511 – 5599	Automotive Dealers & Service Stations	1.075
Except 5541	Gasoline Service Stations	1.100

XII. INDUSTRY FACTORS

Industry Factors by SIC Range

SIC Range	Description	Medical Factor
5611 – 5736	Retail – Apparel, Furniture	1.000
5812	Eating Places	1.100
5813	Drinking Places	1.150
5912 – 5999	Miscellaneous Retail	1.000
Except 5921	Liquor Stores	1.100
6011 – 6099	Banking	0.950
6111 – 6163	Credit Agencies Other Than Banks	0.950
6211 – 6289	Security, Commodity Brokers	0.975
6311 – 6399	Insurance Carriers	1.000
6411	Insurance Agents/Brokers	1.000
6512 – 6553	Real Estate	1.000
6712 – 6799	Holding, Other Investment Companies	0.975
7011 – 7041	Hotels/Other Lodging	1.075
7211 – 7219	Laundry and Garment Services	1.050
7221 – 7299	Other Personal Services	1.050
7311 – 7389	Business Services	1.000
Except 7342 – 7349	Services to Buildings	1.050
Except 7371 – 7379	Computer Services	0.950
Except 7381	Detective Agencies	1.075
7513 – 7519	Automotive Rental	1.000
7521 – 7549	Automotive Services	1.050

XII. INDUSTRY FACTORS

Industry Factors by SIC Range

SIC Range	Description	Medical Factor
7622 – 7699	Miscellaneous Repair Services	1.000
7812 – 7841	Motion Pictures	1.025
7911 – 7999	Amusement & Recreation, Except Movies	1.100
Except 7991	Physical Fitness Facility	1.075
8011 – 8099	Health Services	1.125
Except 8060 – 8069	Hospitals	1.175
8111	Legal Services	1.075
8211 – 8299	Educational Services	1.000
8322 – 8399	Social Services	1.050
8412 – 8422	Museums, Gardens & Zoos	1.000
8611 – 8699	Nonprofit Membership Organization	1.050
8711 – 8748	Services (Engineering, Architect, Accounting, Research)	0.950
8811 – 8999	Miscellaneous Services	1.000
9111 – 9199	General Government	1.075
9211 – 9229	Justice and Public Safety	1.150
9311 – 9721	Other Government	1.100

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
No Adjustment		1.000
111110 - 111419	Crop Farming	1.050
111421 - 111421	Nursery and Tree Production	1.050
111422 - 111992	Crop Farming	1.050
111998 - 111998	All Other Miscellaneous Crop Farming	1.050
112111 - 112420	Livestock Ranching	1.050
112511 - 112512	Finfish and Shellfish Farming and Hatcheries	1.050
112519 - 112990	Livestock Ranching	1.050
113110 - 113210	Timber Tract Operations	1.050
113310 - 113310	Logging	1.075
114111 - 114210	Fishing, Hunting, and Trapping	1.100
115111 - 115310	Support Activities for Farming and Ranching	1.025
211111 - 211112	Petroleum or Natural Gas Extraction	1.100
212111 - 212399	Mining	1.175
213111 - 213112	Drilling Oil and Gas Wells	1.100
213113 - 213115	Mining Support	1.175
221111 - 221310	Hydroelectric and Water Systems	1.025
221320 - 221320	Sewage Treatment Facilities	1.100
221330 - 221330	Steam and Air-Conditioning Supply	1.025
236115 - 236210	Residential or Industrial Construction	1.050
236220 - 236220	Commercial and Institutional Building Construction	1.050
237110 - 237130	Utility Line Construction	1.050

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
237210 - 237210	Land Subdivision	1.000
237310 - 237990	Civil Engineering Construction	1.050
238110 - 238390	Foundation and Finishing Contractors	1.025
238910 - 238910	Site Preparation Contractors	1.025
238990 - 238990	All Other Specialty Trade Contractors	1.025
311111 - 311119	Pet Food Manufacturers	1.000
311211 - 311520	Food Manufacturing	1.000
311611 - 311613	Animal (except Poultry) Slaughtering and Processing	1.050
311615 - 311615	Poultry Processing	1.050
311711 - 311999	Food Manufacturing	1.000
312111 - 312140	Beverage Manufacturing	1.000
312210 - 312229	Tobacco Product Manufacturing	1.050
313111 - 315999	Apparel Manufacturing	1.000
316110 - 316110	Leather and Hide Tanning and Finishing	1.100
316211 - 316211	Rubber and Plastics Footwear Manufacturing	1.000
316212 - 316999	Leather Good Manufacturing	1.025
321113 - 321113	Sawmills	1.050
321114 - 321911	Wood Product Manufacturing	1.050
321912 - 321920	Millwork	1.050
321991 - 321999	Prefabricated Wood Building Manufacturing	1.050
322110 - 322110	Pulp Mills	1.025
322120 - 322224	Paper Mills & Paper Packaging Manufacturing	1.000
322225 - 322225	Laminated Aluminum Foil Manufacturing for Flexible Packaging Uses	1.000
322226 - 322299	Other Paper Product Manufacturing	1.000
323110 - 323122	Printing	1.000

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
324110 - 324199	Petroleum Refineries	1.025
325110 - 325320	Petrochemical Manufacturing	1.025
325411 - 325414	Biological Medicine Manufacturing	1.000
325510 - 325910	Paint or Ink Manufacturing	1.025
325920 - 325920	Explosives Manufacturing	1.125
325991 - 325991	Custom Compounding of Purchased Resins	1.025
325992 - 325992	Photographic Film, Paper, Plate, and Chemical Manufacturing	1.025
325998 - 325998	All Other Miscellaneous Chemical Product and Preparation Manufacturing	1.025
326111 - 326112	Plastic Container Manufacturing	1.000
326113 - 326199	Plastic Product Manufacturing	1.000
326211 - 326211	Tire Manufacturing (except Retreading)	1.000
326212 - 326212	Tire Retreading	1.050
326220 - 326299	Rubber Product Manufacturing	1.000
327111 - 327999	Nonmetallic Mineral Product Manufacturing	1.025
331111 - 331222	Iron or Steel	1.050
331311 - 331311	Alumina Refining	1.050
331312 - 331528	Nonferrous Foundries (except Die-Casting)	1.050
332111 - 332117	Metal Forging	1.000
332211 - 332212	Flatware or Hand tool Manufacturing	1.000
332213 - 332612	Saw blade or Spring Manufacturing	1.000
332618 - 332618	Other Fabricated Wire Product Manufacturing	1.000
332710 - 332722	Machine Shops	1.000
332811 - 332811	Metal Heat Treating	1.050
332812 - 332812	Metal Coating, Engraving (except Jewelry and Silverware), and Allied Services to Manufacturers	1.000
332813 - 332813	Electroplating, Plating, Polishing, Anodizing and Coloring	1.000

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
332911 - 332999	Fabricated metal Manufacturing	1.000
333111 - 333313	Industrial Machinery Manufacturing	1.000
333314 - 333315	Optical Equipment Manufacturing	0.975
333319 - 333414	Commercial and Service Industry Machinery Manufacturing	1.000
333415 - 333415	Air-Conditioning and Warm Air Heating Equipment and Commercial and Industrial Refrigeration Equipment Manufacturing	1.000
333511 - 334119	Other Commercial Machinery Manufacturing	1.000
334210 - 334419	Electronic Component Manufacturing	0.975
334510 - 334517	Electromedical Apparatus Manufacturing	0.975
334518 - 334519	Watch and Measuring Device Manufacturing	0.975
334611 - 334611	Software Reproducing	0.975
334612 - 334612	Prerecorded Compact Disc (except Software), Tape, and Record Reproducing	0.975
334613 - 334613	Magnetic and Optical Recording Media Manufacturing	0.975
335110 - 335228	Household Appliance Manufacturing	0.975
335311 - 335312	Motor and Generator Manufacturing	0.975
335313 - 335912	Switch and Battery Manufacturing	0.975
335921 - 335929	Fiber Optic and Communication Wire Manufacturing	1.000
335931 - 335999	Electrical Equipment Manufacturing	0.975
336111 - 336312	Automobile Manufacturing	1.000
336321 - 336321	Vehicular Lighting Equipment Manufacturing	0.975
336322 - 336330	Vehicle Electrical or Steering Manufacturing	1.000
336340 - 336350	Vehicle Brake or Transmission Manufacturing	1.000
336360 - 336999	Other Vehicle Component Manufacturing	1.000
337110 - 339111	Furniture Manufacturing	1.000
339112 - 339112	Surgical and Medical Instrument Manufacturing	0.975

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
339113 - 339113	Surgical Appliance and Supplies Manufacturing	0.975
339114 - 339115	Dental Equipment and Supplies Manufacturing	0.975
339116 - 339116	Dental Laboratories	1.125
339911 - 339914	Jewelry	0.975
339920 - 339920	Sporting and Athletic Goods Manufacturing	0.975
339931 - 339931	Doll and Stuffed Toy Manufacturing	0.975
339932 - 339932	Game, Toy, and Children's Vehicle Manufacturing	0.975
339941 - 339941	Pen and Mechanical Pencil Manufacturing	0.975
339942 - 339942	Lead Pencil and Art Good Manufacturing	0.975
339943 - 339950	Written Materials Manufacturing	0.975
339991 - 339991	Gasket, Packing, and Sealing Device Manufacturing	1.000
339992 - 339999	Other Manufacturing	0.975
423110 - 423920	Wholesalers	1.000
423930 - 423930	Recyclable Material Merchant Wholesalers	1.100
423940 - 424720	Wholesalers	1.000
424810 - 424820	Liquor Wholesalers	1.050
424910 - 424990	Wholesalers	1.000
425110 - 425120	Wholesale Agents and Brokers	1.000
441110 - 441229	Motor Vehicle Dealers	1.075
441310 - 441320	Automotive Part or Tire Dealers	1.075
442110 - 445299	Specialty Stores	1.000
445310 - 445310	Beer, Wine, and Liquor Stores	1.100
446110 - 446199	Pharmacies and Person Care Stores	1.000
447110 - 447190	Gasoline Stations and Convenience Stores	1.100
448110 - 452990	General Merchandise Stores	1.000

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
453110 - 453998	Store Retailers	1.000
454111 - 454390	Direct Selling Establishments	1.000
481111 - 481212	Scheduled and Chartered Air Transportation	1.000
481219 - 481219	Other Nonscheduled Air Transportation	1.000
482111 - 482112	Railroads	1.050
483111 - 483212	Water Passenger or Freight Transportation	1.075
484110 - 484230	Trucking	1.100
485111 - 485210	Mixed Transit	1.100
485310 - 485310	Taxi Service	1.150
485320 - 485999	Other Ground Passenger Transportation	1.100
486110 - 486110	Pipeline Transportation of Crude Oil	1.025
486210 - 486210	Pipeline Transportation of Natural Gas	1.025
486910 - 486990	Other Pipeline Transportation	1.025
487110 - 487110	Scenic and Sightseeing Transportation, Land	1.100
487210 - 487990	Scenic and Sightseeing Transportation, Other	1.075
488111 - 488111	Air Traffic Control	1.000
488119 - 488119	Other Airport Operations	1.000
488190 - 488210	Support Activities for Air or Rail Transportation	1.050
488310 - 488330	Port, Harbor, or Navigational Services	1.075
488390 - 488390	Other Support Activities for Water Transportation	1.075
488410 - 488410	Motor Vehicle Towing	1.050
488490 - 488490	Other Support Activities for Road Transportation	1.100
488510 - 488999	All Other Support Activities for Transportation	0.975
491110 - 492210	Mail and Delivery Services	1.100
493110 - 493190	Warehousing and Storage	1.100

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
511110 - 511199	Publishers	1.000
511210 - 511210	Software Publishers	0.950
512110 - 512199	Motion Picture and Video Production	1.025
512210 - 512210	Record Production	1.000
512220 - 512220	Integrated Record Production/Distribution	1.000
512230 - 512230	Music Publishers	1.000
512240 - 512290	Other Sound Recording Industries	1.000
515111 - 515210	Radio and Subscription Programming	0.950
516110 - 516110	Internet Publishing and Broadcasting	1.000
517110 - 517910	Other Telecommunications	0.950
518111 - 518111	Internet Service Providers	0.950
518112 - 518112	Web Search Portals	1.000
518210 - 518210	Data Processing, Hosting, and Related Services	0.950
519110 - 519110	News Syndicates	1.000
519120 - 519120	Libraries and Archives	1.000
519190 - 519190	All Other Information Services	1.000
521110 - 521110	Monetary Authorities - Central Bank	0.950
522110 - 522294	Banking	0.950
522298 - 522320	Financial Transaction Processing	0.950
522390 - 522390	Other Activities Related to Credit Intermediation	0.950
523110 - 523120	Securities Brokerage	0.975
523130 - 523130	Commodity Contracts Dealing	0.975
523140 - 523210	Securities and Commodity Exchanges	0.975
523910 - 523910	Miscellaneous Intermediation	0.975
523920 - 523930	Portfolio Management	0.975

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
523991 - 523991	Trust, Fiduciary, and Custody Activities	0.975
523999 - 523999	Miscellaneous Financial Investment Activities	0.975
524113 - 524130	Insurers	1.000
524210 - 524298	All Other Insurance Related Activities	1.000
525110 - 525190	Pension or Insurance Funds	1.000
525910 - 525930	Investment Trusts	0.975
525990 - 525990	Other Financial Vehicles	0.975
531110 - 531120	Lessor of Residential or Nonresidential Buildings	1.000
531130 - 531130	Lessor of Mini-warehouses and Self-Storage Units	1.100
531190 - 532120	Lessor of Other Real Estate Property or Vehicles	1.000
532210 - 532210	Consumer Electronics and Appliances Rental	1.000
532220 - 532220	Formal Wear and Costume Rental	1.050
532230 - 532230	Video Tape and Disc Rental	1.025
532291 - 532291	Home Health Equipment Rental	1.000
532292 - 532292	Recreational Goods Rental	1.100
532299 - 532310	All Other Consumer Goods Rental	1.000
532411 - 532411	Commercial Air, Rail, and Water Transportation Equipment Rental and Leasing	0.975
532412 - 532420	Office Machinery and Equipment Rental and Leasing	1.000
532490 - 532490	Other Commercial and Industrial Machinery and Equipment Rental and Leasing	1.000
533110 - 533110	Lessor of Nonfinancial Intangible Assets (except Copyrighted Works)	1.000
541110 - 541110	Offices of Lawyers	1.075
541120 - 541120	Offices of Notaries	1.000
541191 - 541191	Title Abstract and Settlement Offices	1.000
541199 - 541199	All Other Legal Services	1.000
541211 - 541211	Offices of Certified Public Accountants	0.950

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
541213 - 541213	Tax Preparation Services	0.950
541214 - 541214	Payroll Services	0.950
541219 - 541219	Other Accounting Services	0.950
541310 - 541310	Architectural Services	0.950
541320 - 541320	Landscape Architectural Services	0.950
541330 - 541330	Engineering Services	0.950
541340 - 541350	Drafting or Inspection Services	1.000
541360 - 541360	Geophysical Surveying and Mapping Services	0.950
541370 - 541370	Surveying and Mapping (except Geophysical) Services	0.950
541380 - 541380	Testing Laboratories	0.950
541410 - 541420	Interior or Industrial Design Services	1.000
541430 - 541430	Graphic Design Services	1.000
541490 - 541490	Other Specialized Design Services	1.000
541511 - 541519	Computer Related Services	0.950
541611 - 541611	Administrative Management and General Management Consulting Services	0.950
541612 - 541612	Human Resources and Executive Search Consulting Services	0.950
541613 - 541613	Marketing Consulting Services	0.950
541614 - 541614	Process, Physical Distribution, and Logistics Consulting Services	0.950
541618 - 541618	Other Management Consulting Services	0.950
541620 - 541690	Other Scientific and Technical Consulting Services	0.950
541710 - 541710	Research and Development in the Physical, Engineering, and Life Sciences	0.950
541720 - 541720	Research and Development in the Social Sciences and Humanities	0.950
541810 - 541810	Advertising Agencies	1.000
541820 - 541820	Public Relations Agencies	0.950
541830 - 541890	Other Services Related to Advertising	1.000

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
541910 - 541910	Marketing Research and Public Opinion Polling	0.950
541921 - 541921	Photography Studios, Portrait	1.050
541922 - 541922	Commercial Photography	1.000
541930 - 541930	Translation and Interpretation Services	1.000
541940 - 541940	Veterinary Services	1.000
541990 - 541990	All Other Professional, Scientific, and Technical Services	0.950
551111 - 551112	Offices of Holding Companies	0.975
551114 - 561210	Office Administrative Services	1.000
561310 - 561310	Employment Placement Agencies	1.000
561320 - 561499	All Other Business Support Services	1.000
561510 - 561591	Travel Agencies	1.000
561599 - 561599	All Other Travel Arrangement and Reservation Services	1.000
561611 - 561613	Investigation or Armored Car Services	1.075
561621 - 561622	Security Systems Services	1.000
561710 - 561720	Exterminating and Janitorial Services	1.050
561730 - 561730	Landscaping Services	1.000
561740 - 561740	Carpet and Upholstery Cleaning Services	1.050
561790 - 561790	Other Services to Buildings and Dwellings	1.000
561910 - 561920	Packaging and Convention Services	1.000
561990 - 561990	All Other Support Services	1.000
562111 - 562119	Waste Collection	1.100
562211 - 562219	Waste Treatment and Disposal	1.100
562910 - 562920	Materials Recovery Facilities	1.100
562991 - 562998	All Other Miscellaneous Waste Management Services	1.100
611110 - 611430	Elementary through Professional Development Schools	1.000

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
611511 - 611511	Cosmetology and Barber Schools	1.050
611512 - 611519	Other Technical and Trade Schools	1.000
611610 - 611620	Fine Arts or Sports Schools	1.000
611630 - 611699	All Other Miscellaneous Schools and Instruction	1.000
611710 - 611710	Educational Support Services	1.000
621111 - 621610	Professional Medical Providers	1.125
621910 - 621910	Ambulance Services	1.125
621991 - 621999	All Other Miscellaneous Ambulatory Health Care Services	1.125
622110 - 622310	Hospitals	1.175
623110 - 623210	Nursing Care or Retardation Facilities	1.125
623220 - 623220	Residential Mental Health and Substance Abuse Facilities	1.175
623311 - 623311	Continuing Care Retirement Communities	1.125
623312 - 624410	Elderly or Child Day Care Services	1.050
711110 - 711219	Theater or Spectator Sports	1.100
711310 - 711410	Promoters or Agents of Performances or Sports	1.100
711510 - 711510	Independent Artists, Writers, and Performers	1.025
712110 - 712130	Museums or Zoos	1.000
712190 - 713920	Nature or Amusement Parks or Skiing Facilities	1.100
713930 - 713930	Marinas	1.075
713940 - 713990	All Other Amusement and Recreation Industries	1.100
721110 - 722320	Hotels, Cafeterias, or Caterers	1.075
722330 - 722330	Mobile Food Services	1.000
722410 - 722410	Drinking Places (Alcoholic Beverages)	1.150
811111 - 811198	Automotive Repair and Maintenance	1.050
811211 - 811490	Personal and Household Goods Repair and Maintenance	1.000

 Industry Factors by NAICS Range

NAICS Range	Description	Medical Factor
812111 - 812199	Personal Care Services	1.050
812210 - 812220	Funeral Homes or Cemeteries	1.050
812310 - 812332	Laundry Services	1.050
812910 - 812910	Pet Care (except Veterinary) Services	1.050
812921 - 812922	Photofinishing	1.050
812930 - 812990	All Other Personal Services	1.050
813110 - 813110	Religious Organizations	1.050
813211 - 813211	Grant making Foundations	1.050
813212 - 813319	Other Social Advocacy Organizations	1.050
813410 - 813990	Business, Professional, Labor, and Political Organizations	1.050
814110 - 814110	Private Households	1.000
921110 - 921120	Legislative Bodies	1.075
921130 - 921130	Public Finance Activities	1.100
921140 - 921140	Executive and Legislative Offices, Combined	1.075
921150 - 921150	American Indian and Alaska Native Tribal Governments	1.100
921190 - 921190	Other General Government Support	1.075
922110 - 922140	Courts or Correctional Institutions	1.150
922150 - 922150	Parole Offices and Probation Offices	1.150
922160 - 922190	All Other Justice, Public Order, and Safety Activities	1.150
923110 - 928120	Administration or Regulation Programs	1.100

SERFF Tracking Number: AMAL-127687273 State: District of Columbia
Filing Company: Amalgamated Life Insurance Company State Tracking Number:
Company Tracking Number: ALSLP-11 RATES
TOI: H12 Health - Excess/Stop Loss Sub-TOI: H12.001 Accident & Sickness
Product Name: Excess Loss 2011
Project Name/Number: Excess Loss 2011/ALSLP-11

Supporting Document Schedules

Item Status:

**Status
Date:**

Satisfied - Item: Actuarial Justification

Comments:

Attachment:

Actuarial_Memorandum_08-03-11_for_curr_states.pdf

**Amalgamated Life Insurance Company
Group Excess Loss Insurance Policy
Actuarial Memorandum**

PURPOSE

The purpose of this filing is to disclose the development of the new Group Excess Loss Insurance Policy manuals that covers Specific and Aggregate Stop Loss rating. The purpose of this filing is to institute new policy forms and application. The filing also certifies that the rates remain reasonable in relation to the benefits. This memorandum should not be used for other purposes.

BACKGROUND

Amalgamated Life Insurance Company last filed Specific and Aggregate Stop Loss rates in 2007. We are therefore filing new Specific and Aggregate Stop Loss manuals. The new manuals will be effective on the date of approval.

UPDATE OF THE SPECIFIC AND AGGEGATE STOP LOSS MANUAL

Since we do not have credible Specific Stop Loss experience, we based our Specific Stop Loss manual on the Towers Watson 2011 HealthMAPS Specific Stop Loss manual. The manual enclosed is virtually the same as the Towers Watson manual except that we have slightly modified the age factors for employees, introduced three levels of credibility factors and introduced some PPO Network Discount Adjustments that are not part of the Towers Watson Manual, and by having an experience rating formula to be used at the discretion of the underwriter or the request of the group. The PPO network factors were developed using both discount information in our possession and actuarial judgment. The Stop Loss rates in the new manuals are both lower and higher, depending on group size and specific stop loss level, than the rates in our old manual. The anticipated loss ratio is 70%.

CERTIFICATION

The rates for the products described in the Actuarial Memorandum have been developed under my supervision using reasonable and actuarially sound assumptions and methods. I believe the rates to be reasonable in relation to the benefits, under the standards described above. To the

best of my knowledge and judgment, these rates are in compliance with the applicable laws and regulations of the State in which they are being filing.



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August 3, 2011