

State: District of Columbia

Filing Company: Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Time Base Chassis (TIM &TGM)

Project Name/Number: Time Base Chassis (TIM &TGM)/DC01446FI00108

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: 8.000%

Effective Date of Last Rate Revision: 07/01/2011

Filing Method of Last Filing: Prior Approval

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Time Insurance Company	Decrease	-4.000%	-4.000%	\$-58,747	386	\$1,468,673	10.000%	-7.000%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		372			109		4	
Policy Holders:		308			74		4	

State: District of Columbia **Filing Company:** Time Insurance Company
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other
Product Name: Time Base Chassis (TIM & TGM)
Project Name/Number: Time Base Chassis (TIM & TGM)/DC01446FI00108

Rate Review Detail

COMPANY:

Company Name: Time Insurance Company
 HHS Issuer Id: 95120
 Product Names: Base Contract, RightStart/SaveRight, Student Select
 Trend Factors: Annual trend for all products is 15%

FORMS:

New Policy Forms:
 Affected Forms: 253, 554
 Other Affected Forms: TIM.POL.DC

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 6,804
 Benefit Change: Increase
 Percent Change Requested: Min: -7.0 Max: 10.0 Avg: -4.0

PRIOR RATE:

Total Earned Premium: 1,634,969.00
 Total Incurred Claims: 658,092.00
 Annual \$: Min: 42.00 Max: 2,458.00 Avg: 240.00

REQUESTED RATE:

Projected Earned Premium: 1,100,118.00
 Projected Incurred Claims: 801,551.00
 Annual \$: Min: 39.00 Max: 2,458.00 Avg: 231.00

State: District of Columbia

Filing Company:

Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Time Base Chassis (TIM &TGM)

Project Name/Number: Time Base Chassis (TIM &TGM)/DC01446FI00108

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information		Attachments
1		Base Contract Rates	TIM.POL.DC	Revised	Previous State Filing Number:		2012_11_01 DC - BaseContract RN
					Percent Rate Change Request:	4.000	Filing_2012_07_24.PDF
2		RightStart/SaveRight Rates	253	Revised	Previous State Filing Number:		2012_11_01 DC - RightStart RN
					Percent Rate Change Request:	4.000	Filing_2012_07_24.PDF
3		Student Select Rates	554	Revised	Previous State Filing Number:		2012_11_01 DC Student Select
					Percent Rate Change Request:	4.000	554_2012_09_06.PDF

ASSURANT HEALTH
 TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
 STATE OF DC
 MONTHLY RATE - STANDARD CLASS

UNISEX

Attained Age	DEDUCTIBLE												
	0	500	1,000	1,500	2,000	2,500	3,000	4,000	5,000	7,500	10,000	15,000	25,000
0-17	786	601	456	398	359	328	312	287	264	238	210	177	140
18	786	601	456	398	359	328	312	287	264	238	210	177	140
19	788	603	462	402	367	332	319	293	273	241	210	177	140
20	794	609	466	416	369	334	325	293	277	243	211	179	141
21	798	613	470	419	373	340	327	295	277	244	211	179	141
22	800	615	473	419	374	344	327	301	282	246	212	180	142
23	806	622	474	420	376	344	327	302	282	250	211	180	142
24	814	629	475	420	375	344	327	304	283	250	211	179	142
25	818	633	475	422	377	345	333	303	283	249	211	179	142
26	822	637	478	423	380	345	333	302	283	249	212	181	142
27	826	641	482	424	378	344	334	303	284	251	214	183	144
28	832	647	485	427	384	346	333	305	287	251	215	183	144
29	839	655	492	432	386	350	337	309	291	252	217	184	144
30	852	667	498	441	389	354	339	313	296	257	219	187	145
31	862	678	507	448	396	363	350	321	302	261	225	192	149
32	872	688	517	453	409	374	356	328	311	270	233	198	154
33	888	703	531	469	424	388	369	340	321	277	240	205	160
34	900	716	549	482	439	401	380	352	329	287	249	213	166
35	922	738	565	499	454	416	394	361	341	297	258	220	172
36	940	756	584	515	469	431	408	374	353	308	267	228	178
37	965	781	606	532	486	446	423	387	363	319	277	236	185
38	982	799	625	551	503	462	438	401	376	330	287	245	192
39	1011	828	647	570	521	479	454	415	389	340	297	254	199
40	1042	859	671	591	540	496	470	430	403	352	308	263	205
41	1063	880	690	611	559	514	486	445	417	364	320	272	213
42	1095	913	716	633	579	533	503	461	432	378	329	280	219
43	1122	940	740	655	600	553	522	477	447	391	341	290	227
44	1145	962	762	676	621	572	541	494	462	404	354	300	236
45	1170	987	788	701	643	591	560	509	475	418	364	308	241
46	1194	1012	813	719	662	609	577	528	492	433	378	320	250
47	1222	1040	839	746	682	631	598	547	507	448	391	331	259
48	1248	1066	868	771	706	654	617	566	525	465	404	341	267
49	1284	1101	900	799	732	678	640	587	544	481	419	354	277
50	1316	1133	932	827	758	703	664	608	563	498	435	367	288
51	1354	1172	962	856	786	726	685	631	584	515	451	381	299
52	1394	1212	995	887	811	753	709	651	600	533	467	395	309
53	1423	1241	1024	912	832	775	734	670	621	549	478	404	316
54	1465	1284	1061	941	860	797	754	690	639	568	495	417	327
55	1519	1334	1100	974	890	826	782	716	662	589	513	432	340
56	1560	1376	1127	999	912	841	799	730	679	605	530	446	351
57	1618	1431	1169	1035	942	872	828	757	704	624	546	460	360
58	1651	1464	1192	1057	960	884	839	769	712	636	558	470	368
59	1702	1516	1235	1086	990	910	865	790	731	651	574	484	378
60	1733	1546	1258	1104	1003	923	876	800	740	666	581	490	383
61	1785	1597	1296	1138	1031	944	898	822	759	681	600	505	396
62	1815	1629	1314	1151	1038	953	904	830	771	691	608	511	401
63	1866	1679	1352	1183	1065	976	931	854	787	707	625	525	412
64	1889	1702	1368	1194	1077	984	936	860	792	714	629	530	415
Per Child	652	464	301	251	198	173	160	154	142	125	113	96	76

Substandard rating/ridering may apply based on the evaluation of the health risk of the individual and the following:
 benefits provided, coverage period and benefit modifications.
 Rates for deductibles not shown will be interpolated based on rates shown.
 Family Discount: For all policies with 2 Adults, multiply each base rate by 0.88
 Modal Factors: Monthly = 1, Quarterly = 3, Semi-Annual = 6, Annual = 12
 One-time processing fee of \$20 applies to all policies issued.

The range of rate increases for all policies will be 0% to 10%
 These ranges are achieved through the use of floors and caps and include both the renewal increase and attained age increases.
 In order to minimize the impact of large rate increases on any particular insured, we use floors and caps on the percentage change in the total cost to the insured, including any fees for association memberships.

**ASSURANT HEALTH
 TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
 STATE OF DC
 MONTHLY RATE - STANDARD CLASS**

UNISEX (NOT AVAILABLE TO NEW ISSUES)

Attained Age	DEDUCTIBLE											
	500	1,000	1,500	2,000	2,500	3,000	4,000	5,000	7,500	10,000	15,000	25,000
65	1702	1368	1194	1077	984	936	860	792	714	629	530	415
66	1702	1368	1194	1077	984	936	860	792	714	629	530	415
67	1702	1368	1194	1077	984	936	860	792	714	629	530	415
68	1702	1368	1194	1077	984	936	860	792	714	629	530	415
69	1702	1368	1194	1077	984	936	860	792	714	629	530	415
70	1702	1368	1194	1077	984	936	860	792	714	629	530	415
71	1702	1368	1194	1077	984	936	860	792	714	629	530	415
72	1702	1368	1194	1077	984	936	860	792	714	629	530	415
73	1702	1368	1194	1077	984	936	860	792	714	629	530	415
74	1702	1368	1194	1077	984	936	860	792	714	629	530	415
75	1702	1368	1194	1077	984	936	860	792	714	629	530	415
76	1702	1368	1194	1077	984	936	860	792	714	629	530	415
77	1702	1368	1194	1077	984	936	860	792	714	629	530	415
78	1702	1368	1194	1077	984	936	860	792	714	629	530	415
79	1702	1368	1194	1077	984	936	860	792	714	629	530	415
80	1702	1368	1194	1077	984	936	860	792	714	629	530	415
81	1702	1368	1194	1077	984	936	860	792	714	629	530	415
82	1702	1368	1194	1077	984	936	860	792	714	629	530	415
83	1702	1368	1194	1077	984	936	860	792	714	629	530	415
84	1702	1368	1194	1077	984	936	860	792	714	629	530	415
85+	1702	1368	1194	1077	984	936	860	792	714	629	530	415

Substandard rating/ridering may apply based on the evaluation of the health risk of the individual and the following:
 benefits provided, coverage period and benefit modifications.

Rates for deductibles not shown will be interpolated based on rates shown.

Family Discount: For all policies with 2 Adults, multiply each base rate by 0.88

Modal Factors: Monthly = 1, Quarterly = 3, Semi-Annual = 6, Annual = 12

One-time processing fee of \$20 applies to all policies issued.

The range of rate increases for all policies will be 0% to 10%

These ranges are achieved through the use of floors and caps and include both the renewal increase and attained age increases.

In order to minimize the impact of large rate increases on any particular insured, we use floors and caps on the percentage change in the total cost to the insured, including any fees for association memberships.

**ASSURANT HEALTH
 TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
 STATE OF DC
 BASE ADJUSTMENT FACTORS**

<u>Deductible</u>																
<u>0</u>	<u>500</u>	<u>1,000</u>	<u>1,500</u>	<u>2,000</u>	<u>2,400</u>	<u>2,850</u>	<u>3,000</u>	<u>3,500</u>	<u>3,750</u>	<u>4,000</u>	<u>4,500</u>	<u>5,100</u>	<u>7,500</u>	<u>10,000</u>	<u>15,000</u>	<u>25,000</u>
0.990	0.990	0.990	0.990	0.892	0.849	0.849	0.798	0.777	0.769	0.769	0.769	0.769	0.769	0.769	0.769	0.769

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
PLAN ADJUSTMENT FACTORS

COREMED

<u>Deductible</u>																	
<u>0</u>	<u>250</u>	<u>500</u>	<u>750</u>	<u>1,000</u>	<u>1,250</u>	<u>1,500</u>	<u>2,000</u>	<u>2,250</u>	<u>2,500</u>	<u>3,000</u>	<u>3,500</u>	<u>4,000</u>	<u>5,000</u>	<u>7,500</u>	<u>10,000</u>	<u>15,000</u>	<u>25,000</u>
1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.036	0.980	0.956	0.956	0.956	1.071	1.130

MAXPLAN

<u>Deductible</u>																	
<u>0</u>	<u>250</u>	<u>500</u>	<u>750</u>	<u>1,000</u>	<u>1,250</u>	<u>1,500</u>	<u>2,000</u>	<u>2,250</u>	<u>2,500</u>	<u>3,000</u>	<u>3,500</u>	<u>4,000</u>	<u>5,000</u>	<u>7,500</u>	<u>10,000</u>	<u>15,000</u>	<u>25,000</u>
0.980	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.027	1.032	1.006	1.006	1.006	1.006	1.006

ONEDEDUCTIBLE/HSA

<u>Deductible</u>								
<u>1,100</u>	<u>1,200</u>	<u>1,600</u>	<u>2,100</u>	<u>2,700</u>	<u>2,850</u>	<u>3,750</u>	<u>5,000</u>	
0.840	0.851	0.840	0.800	0.720	0.720	0.712	0.643	

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
PRODUCT FACTORS**

<u>COREMED</u>		<u>COREMED ELITE (NOT AVAILABLE FOR NEW ISSUES)</u>	
<u>State</u>	<u>Factor</u>	<u>State</u>	<u>Factor</u>
DC	0.841	DC	0.947
<u>MAXPLAN</u>		<u>MAXPLAN ELITE (NOT AVAILABLE FOR NEW ISSUES)</u>	
<u>State</u>	<u>Factor</u>	<u>State</u>	<u>Factor</u>
DC	1.051	DC	1.117
<u>ONE DEDUCTIBLE/HSA</u>		<u>ONE DEDUCTIBLE/HSA ELITE (NOT AVAILABLE FOR NEW ISSUES)</u>	
<u>State</u>	<u>Factor</u>	<u>State</u>	<u>Factor</u>
DC	1.025	DC	0.980

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
OUTPATIENT SURGICAL FACILITY FEE & INPATIENT MEDICAL FACILITY FEE OPTIONS

<u>Access Fee</u>	<u>Deductible</u>																		
	<u>0</u>	<u>250</u>	<u>500</u>	<u>750</u>	<u>1,000</u>	<u>1,500</u>	<u>2,000</u>	<u>2,500</u>	<u>3,000</u>	<u>3,500</u>	<u>3,750</u>	<u>4,000</u>	<u>4,500</u>	<u>5,000</u>	<u>5,100</u>	<u>7,500</u>	<u>10,000</u>	<u>15,000</u>	<u>25,000</u>
\$0	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.000	1.000
\$200	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.980	0.980
\$750	0.925	0.945	0.945	0.945	0.945	0.945	0.945	0.955	0.955	0.955	0.955	0.955	0.955	0.955	0.955	0.955	0.955	0.955	0.955

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
COREMED RX BASE FACTORS (RX SUBJECT TO MEDICAL DED/COINS)

Coinsurance Level	Deductible													
	0	250	500	750	1000	1100	1200	1250	1500	1600	2000	2100	2200	2250
50/50 to \$1,400	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$1,500	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$1,600	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$1,800	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$1,900	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$2,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$2,100	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$2,400	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$2,500	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$2,600	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$3,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$3,100	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$3,300	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$3,400	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$3,700	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$4,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$4,500	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$4,800	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$4,900	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$5,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$5,500	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$6,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$7,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$7,500	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$8,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$9,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$10,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$11,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$12,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$15,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$17,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
50/50 to \$20,000	0.938	0.938	0.938	0.938	0.931	0.931	0.931	0.931	0.920	0.920	0.913	0.913	0.913	0.913
60/40 to \$1,750	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$1,875	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$2,000	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$2,250	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$2,375	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$2,500	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$3,000	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$3,250	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$3,750	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$3,875	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$4,125	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$4,250	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923
60/40 to \$5,000	0.949	0.949	0.949	0.949	0.942	0.942	0.942	0.942	0.930	0.930	0.923	0.923	0.923	0.923

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
COREMED RX BASE FACTORS (SEPARATE RX DEDUCTIBLE)

Coinsurance Level	Deductible													
	0	250	500	750	1000	1100	1200	1250	1500	1600	2000	2100	2200	2250
50/50 to \$1,400	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$1,500	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$1,600	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$1,800	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$1,900	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$2,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$2,100	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$2,400	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$2,500	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$2,600	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$3,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$3,100	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$3,300	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$3,400	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$3,700	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$4,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$4,500	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$4,800	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$4,900	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$5,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$5,500	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$6,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$7,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$7,500	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$8,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$9,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$10,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$11,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$12,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$15,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$17,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
50/50 to \$20,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$1,750	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$1,875	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$2,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$2,250	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$2,375	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$2,500	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$3,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$3,250	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$3,750	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$3,875	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$4,125	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$4,250	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050
60/40 to \$5,000	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.071	1.050	1.050	1.050	1.050	1.050	1.050

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
COREMED RX ADJUSTMENT FACTORS

Rx Subject to Major Medical Deductible / Coinsurance

Attained Age	Unisex	
	Preferred	Standard
Child	1.000	1.000
0-17	1.000	1.000
18-24	1.000	1.000
25-29	1.000	1.000
30-34	1.000	1.000
35-39	1.000	1.000
40-44	1.000	1.000
45-49	1.000	1.000
50-54	1.000	1.000
55-59	1.000	1.000
60-64	1.000	1.000

Drug Card - \$15 Generic / \$25 + 50% After \$500 Ded Brand

Attained Age	Unisex	
	Preferred	Standard
Child	1.000	1.000
0-17	1.000	1.000
18-24	1.000	1.000
25-29	1.000	1.000
30-34	1.000	1.000
35-39	1.000	1.000
40-44	1.000	1.000
45-49	1.000	1.000
50-54	1.000	1.000
55-59	1.000	1.000
60-64	1.000	1.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
HEALTH STATUS FACTORS

Age	Preferred Smoker	Age	Standard Smoker
17	1.33	17	1.56
18	1.33	18	1.56
19	1.33	19	1.56
20	1.33	20	1.56
21	1.33	21	1.56
22	1.33	22	1.56
23	1.33	23	1.56
24	1.33	24	1.56
25	1.33	25	1.56
26	1.33	26	1.56
27	1.33	27	1.56
28	1.33	28	1.56
29	1.33	29	1.56
30	1.33	30	1.56
31	1.33	31	1.56
32	1.33	32	1.56
33	1.33	33	1.56
34	1.33	34	1.56
35	1.33	35	1.56
36	1.33	36	1.56
37	1.33	37	1.56
38	1.33	38	1.56
39	1.33	39	1.56
40	1.33	40	1.56
41	1.33	41	1.56
42	1.33	42	1.56
43	1.33	43	1.56
44	1.33	44	1.56
45	1.33	45	1.56
46	1.33	46	1.56
47	1.33	47	1.56
48	1.33	48	1.56
49	1.33	49	1.56
50	1.33	50	1.56
51	1.33	51	1.56
52	1.33	52	1.56
53	1.33	53	1.56
54	1.33	54	1.56
55	1.33	55	1.56
56	1.33	56	1.56
57	1.33	57	1.56
58	1.33	58	1.56
59	1.33	59	1.56
60	1.33	60	1.56
61	1.33	61	1.56
62	1.33	62	1.56
63	1.33	63	1.56
64	1.33	64	1.56
Preferred Non-Smoker (All Ages):			0.85
Standard Non-Smoker (All Ages):			1.00

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
TREND FACTORS

<u>Date</u>	<u>Factor</u>
11/01/2012	3.0213
12/01/2012	3.0213
01/01/2013	3.1286
02/01/2013	3.1286
03/01/2013	3.1286
04/01/2013	3.2397
05/01/2013	3.2397
06/01/2013	3.2397
07/01/2013	3.3547
08/01/2013	3.3547
09/01/2013	3.3547
10/01/2013	3.4738
11/01/2013	3.4738
12/01/2013	3.4738

*Each additional quarter multiply by 1.0355

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
COINSURANCE FACTORS

Coinsurance Level	Deductible													
	0	250	500	750	1000	1100	1200	1250	1500	1600	2000	2100	2200	2250
50/50 to \$1,400	0.823	0.854	0.885	0.916	0.927	0.927	0.927	0.937	0.948	0.948	0.958	0.958	0.958	0.968
50/50 to \$1,500	0.814	0.845	0.876	0.907	0.918	0.918	0.918	0.928	0.938	0.938	0.948	0.948	0.948	0.959
50/50 to \$1,600	0.810	0.840	0.871	0.902	0.912	0.912	0.912	0.922	0.933	0.933	0.943	0.943	0.943	0.953
50/50 to \$1,800	0.800	0.830	0.861	0.891	0.901	0.901	0.901	0.911	0.921	0.921	0.931	0.931	0.931	0.942
50/50 to \$1,900	0.795	0.825	0.855	0.885	0.896	0.896	0.896	0.906	0.916	0.916	0.926	0.926	0.926	0.936
50/50 to \$2,000	0.790	0.820	0.850	0.880	0.890	0.890	0.890	0.900	0.910	0.910	0.920	0.920	0.920	0.930
50/50 to \$2,100	0.786	0.816	0.846	0.874	0.884	0.884	0.884	0.894	0.904	0.904	0.914	0.914	0.914	0.924
50/50 to \$2,400	0.774	0.804	0.834	0.856	0.866	0.866	0.866	0.876	0.886	0.886	0.896	0.896	0.896	0.906
50/50 to \$2,500	0.770	0.800	0.830	0.850	0.860	0.860	0.860	0.870	0.880	0.880	0.890	0.890	0.890	0.900
50/50 to \$2,600	0.766	0.796	0.826	0.846	0.856	0.856	0.856	0.866	0.876	0.876	0.886	0.886	0.886	0.894
50/50 to \$3,000	0.750	0.780	0.810	0.830	0.840	0.840	0.840	0.850	0.860	0.860	0.870	0.870	0.870	0.870
50/50 to \$3,100	0.748	0.778	0.808	0.828	0.838	0.838	0.838	0.848	0.858	0.858	0.868	0.868	0.868	0.869
50/50 to \$3,300	0.743	0.773	0.803	0.823	0.833	0.833	0.833	0.843	0.853	0.853	0.863	0.863	0.863	0.866
50/50 to \$3,400	0.740	0.770	0.800	0.820	0.830	0.830	0.830	0.840	0.850	0.850	0.861	0.861	0.861	0.865
50/50 to \$3,700	0.733	0.763	0.793	0.813	0.823	0.823	0.823	0.833	0.843	0.843	0.854	0.854	0.854	0.861
50/50 to \$4,000	0.726	0.756	0.786	0.806	0.816	0.816	0.816	0.826	0.836	0.836	0.847	0.847	0.847	0.857
50/50 to \$4,500	0.690	0.720	0.750	0.770	0.780	0.780	0.780	0.790	0.800	0.800	0.810	0.810	0.810	0.810
50/50 to \$4,800	0.685	0.715	0.745	0.765	0.775	0.768	0.768	0.785	0.795	0.788	0.805	0.798	0.805	0.811
50/50 to \$4,900	0.683	0.713	0.743	0.763	0.773	0.764	0.764	0.783	0.793	0.784	0.803	0.794	0.803	0.811
50/50 to \$5,000	0.681	0.711	0.741	0.761	0.771	0.760	0.760	0.781	0.791	0.780	0.801	0.790	0.801	0.811
50/50 to \$5,500	0.662	0.690	0.718	0.738	0.748	0.748	0.748	0.758	0.768	0.768	0.778	0.778	0.778	0.788
50/50 to \$6,000	0.653	0.680	0.707	0.727	0.737	0.737	0.737	0.747	0.757	0.757	0.767	0.767	0.767	0.777
50/50 to \$7,000	0.639	0.665	0.690	0.710	0.720	0.720	0.720	0.730	0.740	0.740	0.750	0.750	0.750	0.760
50/50 to \$7,500	0.630	0.653	0.675	0.695	0.705	0.705	0.705	0.715	0.725	0.725	0.735	0.735	0.735	0.745
50/50 to \$8,000	0.620	0.640	0.660	0.680	0.690	0.690	0.690	0.700	0.710	0.710	0.720	0.720	0.720	0.730
50/50 to \$9,000	0.611	0.631	0.651	0.671	0.681	0.681	0.681	0.691	0.700	0.700	0.710	0.710	0.710	0.720
50/50 to \$10,000	0.580	0.610	0.640	0.650	0.660	0.660	0.660	0.670	0.680	0.680	0.690	0.690	0.690	0.700
50/50 to \$11,000	0.574	0.604	0.632	0.644	0.654	0.654	0.654	0.662	0.672	0.672	0.682	0.682	0.682	0.692
50/50 to \$15,000	0.550	0.580	0.600	0.620	0.630	0.630	0.630	0.640	0.640	0.640	0.650	0.650	0.650	0.660
50/50 to \$20,000	0.530	0.560	0.580	0.600	0.610	0.610	0.610	0.620	0.620	0.620	0.630	0.630	0.630	0.640
60/40 to \$1,750	0.894	0.915	0.936	0.947	0.957	0.957	0.957	0.968	0.968	0.968	0.978	0.978	0.978	0.978
60/40 to \$1,875	0.885	0.906	0.927	0.937	0.948	0.948	0.948	0.958	0.958	0.958	0.968	0.968	0.968	0.968
60/40 to \$2,000	0.876	0.897	0.918	0.928	0.938	0.938	0.938	0.948	0.948	0.948	0.959	0.959	0.959	0.959
60/40 to \$2,250	0.863	0.883	0.904	0.914	0.924	0.924	0.924	0.934	0.934	0.934	0.944	0.944	0.944	0.944
60/40 to \$2,375	0.857	0.877	0.897	0.907	0.917	0.917	0.917	0.927	0.927	0.927	0.937	0.937	0.937	0.937
60/40 to \$2,500	0.850	0.870	0.890	0.900	0.910	0.910	0.910	0.920	0.920	0.920	0.930	0.930	0.930	0.930
60/40 to \$3,000	0.836	0.856	0.876	0.886	0.896	0.896	0.896	0.906	0.906	0.906	0.916	0.916	0.916	0.918
60/40 to \$3,250	0.829	0.849	0.869	0.879	0.889	0.889	0.889	0.899	0.899	0.899	0.909	0.909	0.909	0.912
60/40 to \$3,750	0.815	0.835	0.855	0.865	0.875	0.875	0.875	0.885	0.885	0.885	0.895	0.895	0.895	0.900
60/40 to \$3,875	0.812	0.832	0.852	0.862	0.872	0.872	0.872	0.882	0.882	0.882	0.892	0.892	0.892	0.897

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
COINSURANCE FACTORS

Coinsurance Level	Deductible															
	2300	2400	2500	2700	2850	3000	3500	3750	4000	4500	5000	5100	7500	10000	15000	25000
50/50 to \$1,400	0.968	0.968	0.968	0.968	0.968	0.979	0.989	0.989	0.989	1.000	1.000	1.000	1.000	1.000	1.000	1.000
50/50 to \$1,500	0.959	0.959	0.959	0.959	0.959	0.969	0.979	0.979	0.979	0.990	0.990	0.990	0.990	0.990	0.990	0.990
50/50 to \$1,600	0.953	0.953	0.953	0.953	0.953	0.963	0.974	0.974	0.974	0.984	0.984	0.984	0.984	0.984	0.984	0.984
50/50 to \$1,800	0.942	0.942	0.942	0.942	0.942	0.952	0.962	0.962	0.962	0.972	0.972	0.972	0.972	0.972	0.972	0.972
50/50 to \$1,900	0.936	0.936	0.936	0.936	0.936	0.946	0.956	0.956	0.956	0.966	0.966	0.966	0.966	0.966	0.966	0.966
50/50 to \$2,000	0.930	0.930	0.930	0.930	0.930	0.940	0.950	0.950	0.950	0.960	0.960	0.960	0.960	0.960	0.960	0.960
50/50 to \$2,100	0.924	0.924	0.924	0.924	0.924	0.936	0.946	0.946	0.948	0.958	0.958	0.958	0.958	0.958	0.958	0.958
50/50 to \$2,400	0.906	0.906	0.906	0.906	0.906	0.924	0.934	0.934	0.942	0.952	0.952	0.952	0.952	0.952	0.952	0.952
50/50 to \$2,500	0.900	0.900	0.900	0.900	0.900	0.920	0.930	0.930	0.940	0.950	0.950	0.950	0.950	0.950	0.950	0.950
50/50 to \$2,600	0.894	0.894	0.896	0.896	0.896	0.914	0.924	0.924	0.934	0.944	0.946	0.946	0.946	0.946	0.946	0.946
50/50 to \$3,000	0.870	0.870	0.880	0.880	0.880	0.890	0.900	0.900	0.910	0.920	0.930	0.930	0.930	0.930	0.930	0.930
50/50 to \$3,100	0.869	0.869	0.878	0.878	0.878	0.888	0.898	0.898	0.908	0.918	0.927	0.927	0.927	0.927	0.927	0.928
50/50 to \$3,300	0.866	0.866	0.873	0.873	0.873	0.884	0.894	0.894	0.904	0.914	0.921	0.921	0.922	0.922	0.922	0.923
50/50 to \$3,400	0.865	0.865	0.871	0.871	0.871	0.882	0.892	0.892	0.902	0.912	0.918	0.918	0.919	0.919	0.920	0.920
50/50 to \$3,700	0.861	0.861	0.864	0.864	0.864	0.876	0.886	0.887	0.897	0.907	0.910	0.910	0.910	0.911	0.912	0.913
50/50 to \$4,000	0.857	0.857	0.857	0.857	0.857	0.870	0.880	0.881	0.891	0.901	0.901	0.901	0.902	0.903	0.904	0.905
50/50 to \$4,500	0.810	0.810	0.820	0.820	0.820	0.830	0.840	0.840	0.850	0.860	0.870	0.870	0.870	0.870	0.870	0.870
50/50 to \$4,800	0.811	0.811	0.815	0.815	0.808	0.829	0.839	0.839	0.849	0.859	0.863	0.863	0.863	0.863	0.864	0.864
50/50 to \$4,900	0.811	0.811	0.813	0.813	0.804	0.828	0.838	0.838	0.848	0.858	0.860	0.860	0.861	0.861	0.862	0.862
50/50 to \$5,000	0.811	0.811	0.811	0.811	0.800	0.828	0.838	0.838	0.848	0.858	0.858	0.858	0.859	0.859	0.860	0.860
50/50 to \$5,500	0.788	0.788	0.788	0.788	0.788	0.808	0.818	0.818	0.827	0.837	0.837	0.837	0.838	0.838	0.838	0.838
50/50 to \$6,000	0.777	0.777	0.777	0.777	0.777	0.797	0.807	0.807	0.813	0.823	0.823	0.823	0.827	0.827	0.827	0.827
50/50 to \$7,000	0.760	0.760	0.760	0.760	0.760	0.780	0.790	0.790	0.796	0.806	0.806	0.806	0.811	0.812	0.813	0.814
50/50 to \$7,500	0.745	0.745	0.745	0.745	0.745	0.765	0.775	0.775	0.778	0.788	0.788	0.788	0.796	0.796	0.797	0.797
50/50 to \$8,000	0.730	0.730	0.730	0.730	0.730	0.750	0.760	0.760	0.760	0.770	0.770	0.770	0.780	0.780	0.780	0.780
50/50 to \$9,000	0.720	0.720	0.720	0.721	0.721	0.740	0.750	0.750	0.750	0.761	0.761	0.761	0.771	0.771	0.773	0.774
50/50 to \$10,000	0.700	0.700	0.700	0.700	0.700	0.720	0.685	0.716	0.709	0.718	0.718	0.736	0.718	0.718	0.718	0.718
50/50 to \$11,000	0.692	0.692	0.692	0.692	0.692	0.710	0.712	0.712	0.722	0.732	0.732	0.732	0.732	0.732	0.732	0.732
50/50 to \$15,000	0.660	0.660	0.660	0.660	0.660	0.670	0.651	0.680	0.671	0.681	0.700	0.681	0.681	0.681	0.681	0.681
50/50 to \$20,000	0.640	0.640	0.640	0.640	0.640	0.650	0.660	0.660	0.670	0.680	0.680	0.680	0.680	0.680	0.680	0.680
60/40 to \$1,750	0.978	0.978	0.978	0.978	0.978	0.999	0.999	0.999	1.010	1.010	1.010	1.010	1.020	1.020	1.020	1.020
60/40 to \$1,875	0.968	0.968	0.968	0.968	0.968	0.989	0.989	0.989	1.000	1.000	1.000	1.000	1.010	1.010	1.010	1.010
60/40 to \$2,000	0.959	0.959	0.959	0.959	0.959	0.979	0.979	0.979	0.990	0.990	0.990	0.990	1.000	1.000	1.000	1.000
60/40 to \$2,250	0.944	0.944	0.944	0.944	0.944	0.965	0.965	0.965	0.975	0.975	0.975	0.975	0.985	0.985	0.985	0.985
60/40 to \$2,375	0.937	0.937	0.937	0.937	0.937	0.957	0.957	0.957	0.967	0.967	0.967	0.967	0.978	0.978	0.978	0.978
60/40 to \$2,500	0.930	0.930	0.930	0.930	0.930	0.950	0.950	0.950	0.960	0.960	0.960	0.960	0.970	0.970	0.970	0.970
60/40 to \$3,000	0.918	0.918	0.918	0.918	0.918	0.936	0.938	0.938	0.946	0.948	0.948	0.948	0.956	0.956	0.956	0.956
60/40 to \$3,250	0.912	0.912	0.912	0.912	0.912	0.929	0.932	0.932	0.939	0.942	0.942	0.942	0.949	0.949	0.949	0.949
60/40 to \$3,750	0.900	0.900	0.900	0.900	0.900	0.915	0.920	0.920	0.925	0.930	0.930	0.930	0.935	0.935	0.935	0.935
60/40 to \$3,875	0.897	0.897	0.897	0.897	0.897	0.912	0.917	0.917	0.922	0.927	0.927	0.927	0.932	0.932	0.932	0.932

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
COINSURANCE FACTORS

Coinsurance Level	Deductible													
	0	250	500	750	1000	1100	1200	1250	1500	1600	2000	2100	2200	2250
60/40 to \$4,125	0.805	0.825	0.845	0.855	0.865	0.865	0.865	0.875	0.875	0.875	0.885	0.885	0.885	0.891
60/40 to \$4,250	0.801	0.821	0.841	0.851	0.861	0.861	0.861	0.871	0.871	0.871	0.881	0.881	0.881	0.888
60/40 to \$5,000	0.780	0.800	0.820	0.830	0.840	0.840	0.840	0.850	0.850	0.850	0.860	0.860	0.860	0.870
60/40 to \$5,625	0.770	0.790	0.810	0.820	0.830	0.830	0.830	0.840	0.840	0.840	0.850	0.850	0.850	0.860
60/40 to \$6,250	0.760	0.780	0.800	0.810	0.820	0.820	0.820	0.830	0.830	0.830	0.840	0.840	0.840	0.850
60/40 to \$7,500	0.744	0.764	0.784	0.794	0.804	0.804	0.804	0.814	0.814	0.814	0.824	0.824	0.824	0.834
60/40 to \$10,000	0.700	0.720	0.740	0.750	0.750	0.750	0.750	0.760	0.770	0.770	0.770	0.770	0.770	0.780
60/40 to \$12,500	0.682	0.702	0.721	0.731	0.731	0.731	0.731	0.741	0.751	0.751	0.751	0.751	0.751	0.761
60/40 to \$15,000	0.660	0.680	0.700	0.710	0.710	0.710	0.710	0.720	0.730	0.730	0.730	0.730	0.730	0.740
60/40 to \$18,750	0.630	0.650	0.660	0.670	0.670	0.670	0.670	0.680	0.690	0.690	0.690	0.690	0.690	0.700
60/40 to \$25,000	0.610	0.630	0.640	0.650	0.650	0.650	0.650	0.660	0.670	0.670	0.670	0.670	0.670	0.680
70/30 to \$8,333	0.734	0.757	0.768	0.779	0.791	0.791	0.791	0.791	0.802	0.802	0.813	0.813	0.813	0.813
70/30 to \$11,667	0.712	0.734	0.745	0.756	0.767	0.767	0.767	0.767	0.778	0.778	0.789	0.789	0.789	0.789
70/30 to \$13,333	0.691	0.712	0.723	0.733	0.744	0.744	0.744	0.744	0.755	0.755	0.765	0.765	0.765	0.765
70/30 to \$16,667	0.670	0.691	0.701	0.711	0.722	0.722	0.722	0.722	0.732	0.732	0.742	0.742	0.742	0.742
70/30 to \$25,000	0.650	0.670	0.680	0.690	0.700	0.700	0.700	0.700	0.710	0.710	0.720	0.720	0.720	0.720
75/25 to \$8,000	0.790	0.810	0.830	0.850	0.860	0.860	0.860	0.860	0.870	0.870	0.880	0.880	0.880	0.880
75/25 to \$12,000	0.760	0.780	0.800	0.820	0.830	0.830	0.830	0.840	0.850	0.850	0.869	0.860	0.860	0.870
75/25 to \$14,000	0.750	0.769	0.789	0.809	0.819	0.819	0.819	0.829	0.838	0.838	0.848	0.848	0.848	0.858
75/25 to \$18,000	0.720	0.738	0.757	0.777	0.786	0.786	0.786	0.796	0.804	0.804	0.814	0.814	0.814	0.824
80/20 to \$3,500	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096	1.096
80/20 to \$3,750	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079	1.079
80/20 to \$4,000	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063	1.063
80/20 to \$4,500	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031	1.031
80/20 to \$4,750	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015
80/20 to \$5,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
80/20 to \$5,250	0.992	0.994	0.996	0.996	0.996	0.996	0.996	0.996	0.996	0.996	0.996	0.996	0.996	0.996
80/20 to \$6,000	0.968	0.976	0.984	0.984	0.984	0.984	0.984	0.984	0.984	0.984	0.984	0.984	0.984	0.984
80/20 to \$6,250	0.960	0.970	0.980	0.980	0.980	0.980	0.980	0.980	0.980	0.980	0.980	0.980	0.980	0.980
80/20 to \$6,500	0.957	0.967	0.976	0.976	0.978	0.978	0.978	0.978	0.978	0.978	0.979	0.979	0.979	0.979
80/20 to \$7,000	0.952	0.960	0.969	0.969	0.973	0.973	0.973	0.973	0.973	0.973	0.977	0.977	0.977	0.977
80/20 to \$7,500	0.947	0.954	0.961	0.961	0.968	0.968	0.968	0.968	0.968	0.968	0.975	0.975	0.975	0.975
80/20 to \$7,750	0.942	0.949	0.957	0.959	0.964	0.964	0.964	0.964	0.964	0.964	0.970	0.970	0.970	0.970
80/20 to \$8,250	0.931	0.940	0.948	0.954	0.957	0.957	0.957	0.957	0.957	0.957	0.960	0.960	0.960	0.960
80/20 to \$8,500	0.925	0.935	0.944	0.952	0.954	0.954	0.954	0.954	0.954	0.954	0.955	0.955	0.955	0.955
80/20 to \$8,750	0.920	0.930	0.940	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950	0.950
80/20 to \$9,250	0.912	0.922	0.932	0.938	0.942	0.942	0.942	0.942	0.942	0.942	0.946	0.946	0.946	0.950
80/20 to \$10,000	0.900	0.910	0.920	0.920	0.930	0.930	0.930	0.930	0.930	0.930	0.940	0.940	0.940	0.950
80/20 to \$12,500	0.883	0.893	0.903	0.903	0.913	0.913	0.913	0.913	0.913	0.913	0.923	0.923	0.923	0.933
80/20 to \$15,000	0.860	0.870	0.880	0.880	0.890	0.890	0.890	0.890	0.890	0.890	0.900	0.900	0.900	0.910
80/20 to \$17,500	0.780	0.790	0.800	0.800	0.830	0.830	0.830	0.830	0.830	0.830	0.860	0.860	0.860	0.860
80/20 to \$20,000	0.846	0.856	0.866	0.866	0.876	0.876	0.876	0.876	0.876	0.876	0.886	0.886	0.886	0.886
80/20 to \$25,000	0.842	0.852	0.861	0.861	0.871	0.871	0.871	0.871	0.871	0.871	0.881	0.881	0.881	0.881
100%	1.250	1.200	1.150	1.120	1.100	1.100	1.100	1.090	1.080	1.080	1.060	1.060	1.060	1.050

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
HSA/ONE DEDUCTIBLE COINSURANCE ADJUSTMENT FACTORS**

Deductible	NON_ELITE Coinsurance				ELITE Coinsurance			
	50	60	80	100	50	60	80	100
0	0.921	0.921	0.928	0.993	0.926	0.926	0.932	1.089
1200	0.921	0.921	0.928	0.993	0.926	0.926	0.932	1.089
1600	0.918	0.918	0.927	0.993	0.924	0.924	0.932	1.089
2100	0.917	0.917	0.924	0.990	0.923	0.923	0.931	1.089
2700	0.914	0.914	0.920	0.987	0.920	0.920	0.929	1.085
2850	0.914	0.914	0.920	0.987	0.920	0.920	0.929	1.085
3750	0.914	0.914	0.920	0.985	0.918	0.918	0.927	1.079
5000	0.914	0.914	0.920	0.983	0.916	0.916	0.925	1.076

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
WELLNESS FACTOR

Deductible Range	Adult	Dependents
\$0-2999	1.05	1.05
\$3000-4999	1.06	1.06
\$5000-\$7499	1.07	1.06
\$7500-9999	1.08	1.07
\$10000-14999	1.10	1.08
\$15000-24999	1.11	1.10
\$25000+	1.13	1.12

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
ONE DECREASING DEDUCTIBLE LOAD
BASE CONTRACT ONE DEDUCTIBLE/HSA PRODUCTS
PPO AND TRADITIONAL

<u>Coinsurance Percent</u>	<u>\$1,200</u>	<u>\$1,600</u>	<u>\$2,100</u>	<u>\$2,700</u>	<u>\$2,850</u>	<u>\$3,750</u>	<u>\$5,000</u>
50	1.00	1.00	1.00	1.00	1.00	1.00	1.00
60	1.00	1.00	1.00	1.00	1.00	1.00	1.00
80	1.00	1.00	1.00	1.00	1.00	1.00	1.00
100	1.00	1.00	1.00	1.00	1.03	1.04	1.04

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
HSA/ONE DEDUCTIBLE MEMBER SIZE FACTORS

One Member

<u>Deductible</u>	Coinsurance (%)			
	<u>50</u>	<u>60</u>	<u>80</u>	<u>100</u>
\$0	0.96	0.96	0.99	1.07
\$1,200	0.96	0.96	0.99	1.07
\$1,600	1.00	1.00	1.03	1.11
\$2,100	0.98	0.98	0.98	1.07
\$2,700	0.96	0.96	0.96	1.02
\$2,850	0.96	0.96	0.96	1.02
\$3,750	0.96	0.96	0.96	1.02
\$5,000	0.96	0.96	0.96	0.96

Two Members

<u>Deductible</u>	Coinsurance (%)			
	<u>50</u>	<u>60</u>	<u>80</u>	<u>100</u>
\$0	0.96	0.96	0.99	1.07
\$1,200	0.96	0.96	0.99	1.07
\$1,600	0.95	0.94	0.94	0.98
\$2,100	0.94	0.93	0.90	0.96
\$2,700	0.93	0.92	0.89	0.93
\$2,850	0.93	0.92	0.89	0.93
\$3,750	0.93	0.92	0.89	0.90
\$5,000	0.93	0.92	0.89	0.87

Three Members

<u>Deductible</u>	Coinsurance (%)			
	<u>50</u>	<u>60</u>	<u>80</u>	<u>100</u>
\$0	0.96	0.96	0.99	1.07
\$1,200	0.96	0.96	0.99	1.07
\$1,600	0.96	0.96	0.97	1.03
\$2,100	0.96	0.95	0.94	1.00
\$2,700	0.95	0.94	0.92	0.96
\$2,850	0.95	0.94	0.92	0.96
\$3,750	0.95	0.94	0.92	0.93
\$5,000	0.95	0.94	0.92	0.90

Four Members

<u>Deductible</u>	Coinsurance (%)			
	<u>50</u>	<u>60</u>	<u>80</u>	<u>100</u>
\$0	0.96	0.96	0.99	1.07
\$1,200	0.96	0.96	0.99	1.07
\$1,600	0.96	0.96	0.97	1.03
\$2,100	0.96	0.95	0.94	1.00
\$2,700	0.95	0.94	0.92	0.96
\$2,850	0.95	0.94	0.92	0.96
\$3,750	0.95	0.94	0.92	0.93
\$5,000	0.95	0.94	0.92	0.90

Five or More Members

<u>Deductible</u>	Coinsurance (%)			
	<u>50</u>	<u>60</u>	<u>80</u>	<u>100</u>
\$0	0.96	0.96	0.99	1.10
\$1,200	0.96	0.96	0.99	1.10
\$1,600	0.96	0.96	0.97	1.06
\$2,100	0.96	0.95	0.94	1.03
\$2,700	0.95	0.94	0.92	0.99
\$2,850	0.95	0.94	0.92	0.99
\$3,750	0.95	0.94	0.92	0.95
\$5,000	0.95	0.94	0.92	0.90

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
PPO FACTORS**

NEW

**PROPOSED
OneDeductible/HSA**

PPO Information				Deductible													
State	Market	Vendor	City Code	0	500	750	1000	1500	2000	2250	2500	3000	4000	5000	10000	15000	25000
DC	District of Columbia	ONET	DCD	0.65	0.65	0.65	0.65	0.64	0.64	0.64	0.64	0.63	0.62	0.61	0.6	0.59	0.59
DC	District of Columbia	PHCS	WDC	0.64	0.64	0.64	0.64	0.63	0.63	0.63	0.63	0.62	0.61	0.6	0.59	0.58	0.58
DC	District of Columbia	Network X		0.53	0.53	0.53	0.53	0.52	0.52	0.52	0.52	0.51	0.50	0.49	0.48	0.47	0.47

**PROPOSED
CoreMed/MaxPlan**

PPO Information				Deductible													
State	Market	Vendor	City Code	0	500	750	1000	1500	2000	2250	2500	3000	4000	5000	10000	15000	25000
DC	District of Columbia	ONET	DCD	0.52	0.52	0.52	0.52	0.51	0.51	0.51	0.51	0.51	0.49	0.48	0.47	0.46	0.46
DC	District of Columbia	PHCS	WDC	0.51	0.51	0.51	0.51	0.50	0.50	0.50	0.50	0.49	0.48	0.47	0.46	0.45	0.45
DC	District of Columbia	Network X		0.36	0.36	0.36	0.36	0.35	0.35	0.35	0.35	0.34	0.33	0.32	0.31	0.30	0.30

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
AREA FACTORS

<u>State</u>	<u>3_Digit Zip</u>	<u>Last 2 Digits</u>	<u>HSA</u> <u>Factor</u>	<u>Non-HSA</u> <u>Factor</u>
DC	200		0.56	0.85
DC	202		0.56	0.85
DC	203		0.56	0.85
DC	204		0.56	0.85
DC	205		0.56	0.85

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
PRIOR COVERAGE LOADS

Primary Prior Coverage		
EE		
	1-Ded and CoreMed Copay Rx	CoreMed Integrated Rx
N	1.196	1.150
Y	0.948	0.892
Spouse Prior Coverage		
SP		
	1-Ded and CoreMed Copay Rx	CoreMed Integrated Rx
N	1.196	1.150
Y	0.948	0.892
Dependent Prior Coverage		
DEP		
	1-Ded and CoreMed Copay Rx	CoreMed Integrated Rx
N	1.000	1.000
Y	1.000	1.000

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
ACCIDENTAL MEDICAL EXPENSE RIDER

Adult Rates

<u>Benefit</u>	<u>Deductible</u>														
	<u>\$0</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$1,250</u>	<u>\$1,500</u>	<u>\$2,000</u>	<u>\$2,500</u>	<u>\$3,000</u>	<u>\$4,000</u>	<u>\$5,000</u>	<u>\$7,500</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$25,000</u>
\$250	4.50	5.00	5.40	5.80	5.90	6.10	6.30	6.50	6.60	6.60	6.70	6.80	6.80	6.80	6.80
\$300	5.00	5.50	6.10	6.50	6.60	6.80	7.00	7.30	7.40	7.40	7.50	7.60	7.60	7.60	7.60
\$500	7.30	8.10	8.90	9.60	9.80	10.00	10.30	10.80	10.90	10.90	11.00	11.10	11.10	11.10	11.10
\$750	9.20	10.20	11.10	12.00	12.20	12.50	13.00	13.40	13.50	13.60	13.80	13.90	13.90	13.90	13.90
\$1,000	10.90	12.10	13.20	14.30	14.50	14.90	15.40	16.00	16.10	16.20	16.30	16.50	16.50	16.50	16.50
\$2,500	17.60	19.50	21.50	23.00	23.40	24.20	25.00	25.70	26.10	26.10	26.50	26.80	26.80	26.80	26.80

Child Rates

<u>Benefit</u>	<u>Deductible</u>														
	<u>\$0</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$1,250</u>	<u>\$1,500</u>	<u>\$2,000</u>	<u>\$2,500</u>	<u>\$3,000</u>	<u>\$4,000</u>	<u>\$5,000</u>	<u>\$7,500</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$25,000</u>
\$250	5.10	5.70	6.20	6.60	6.70	6.90	7.00	7.30	7.40	7.40	7.50	7.60	7.60	7.60	7.60
\$300	5.80	6.40	6.90	7.40	7.50	7.70	7.90	8.10	8.30	8.30	8.40	8.50	8.50	8.50	8.50
\$500	8.60	9.50	10.20	10.90	11.10	11.30	11.70	12.10	12.20	12.20	12.30	12.40	12.40	12.40	12.40
\$750	10.70	11.90	12.80	13.60	13.90	14.20	14.60	15.10	15.20	15.30	15.40	15.50	15.50	15.50	15.50
\$1,000	12.70	14.10	15.10	16.30	16.50	16.70	17.40	17.90	18.00	18.20	18.30	18.40	18.40	18.40	18.40
\$2,500	20.30	22.60	24.60	26.20	26.60	27.30	28.20	28.80	29.30	29.30	29.70	30.10	30.10	30.10	30.10

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
OPTIONAL LIFE INSURANCE MONTHLY RATES PER \$10,000

Maximum Guaranteed Rates		
Age	Non-Smoker	Smoker
Child	3.36	3.36
17	3.36	5.04
18	3.36	5.04
19	3.36	5.04
20	3.36	5.04
21	3.36	5.04
22	3.36	5.04
23	3.36	5.04
24	3.36	5.04
25	3.36	5.04
26	3.36	5.04
27	3.36	5.04
28	3.36	5.04
29	3.36	5.04
30	3.36	5.04
31	3.36	5.25
32	3.47	5.36
33	3.47	5.57
34	3.68	5.67
35	3.68	5.99
36	3.99	6.30
37	4.10	6.83
38	4.31	7.14
39	4.41	7.56
40	4.62	7.88
41	4.94	8.51
42	5.25	9.14
43	5.57	9.98
44	5.88	10.61
45	6.20	11.24
46	6.62	11.97
47	7.14	12.92
48	7.46	13.76
49	7.88	14.49
50	8.40	15.44
51	9.03	16.59
52	9.66	17.85
53	10.29	19.11
54	10.92	20.16
55	11.55	21.42
56	12.50	23.31
57	13.44	25.41
58	14.49	27.30
59	15.44	29.30
60	16.38	31.19
61	17.85	34.23
62	19.22	37.07
63	20.69	39.90
64	22.26	42.74

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
STATE OF DC
OPTIONAL MATERNITY RIDER**

Monthly Premium Rates

Separate Maternity Deductible

<u>Plan</u>	<u>250</u>	<u>500</u>	<u>750</u>	<u>1,000</u>	<u>1,250</u>	<u>1,500</u>	<u>2,000</u>	<u>2,250</u>	<u>2,500</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>7,500</u>	<u>10,000</u>	<u>15,000</u>
Traditional	425	395	365	335	305	275	220	195	170	130	80	55	20	10	5
PPO	355	325	295	265	240	210	155	135	115	85	50	35	15	8	5

Rates for deductibles not shown will be interpolated based on rates shown.

**ASSURANT HEALTH
 TIME INSURANCE COMPANY FORM TIM.POL.DC/JOHN ALDEN LIFE INSURANCE COMPANY FORM JIM.POL.DC
 STATE OF DC
 OPTIONAL WELLNESS RIDER FOR HSA/ONE DEDUCTIBLE**

<u>Age</u>	<u>\$1,000</u>	<u>\$1,500</u>	<u>\$2,000</u>	<u>\$2,500</u>	<u>\$5,000</u>
Adult	5.50	6.40	7.20	8.10	8.80
child	5.40	6.30	6.70	7.50	7.80

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
MONTHLY RATE - STANDARD CLASS**

UNISEX

Attained Age	DEDUCTIBLE												
	0	500	1,000	1,500	2,000	2,500	3,000	4,000	5,000	7,500	10,000	15,000	25,000
0-17	786	601	456	398	359	328	312	287	264	238	210	177	140
18	786	601	456	398	359	328	312	287	264	238	210	177	140
19	788	603	462	402	367	332	319	293	273	241	210	177	140
20	794	609	466	416	369	334	325	293	277	243	211	179	141
21	798	613	470	419	373	340	327	295	277	244	211	179	141
22	800	615	473	419	374	344	327	301	282	246	212	180	142
23	806	622	474	420	376	344	327	302	282	250	211	180	142
24	814	629	475	420	375	344	327	304	283	250	211	179	142
25	818	633	475	422	377	345	333	303	283	249	211	179	142
26	822	637	478	423	380	345	333	302	283	249	212	181	142
27	826	641	482	424	378	344	334	303	284	251	214	183	144
28	832	647	485	427	384	346	333	305	287	251	215	183	144
29	839	655	492	432	386	350	337	309	291	252	217	184	144
30	852	667	498	441	389	354	339	313	296	257	219	187	145
31	862	678	507	448	396	363	350	321	302	261	225	192	149
32	872	688	517	453	409	374	356	328	311	270	233	198	154
33	888	703	531	469	424	388	369	340	321	277	240	205	160
34	900	716	549	482	439	401	380	352	329	287	249	213	166
35	922	738	565	499	454	416	394	361	341	297	258	220	172
36	940	756	584	515	469	431	408	374	353	308	267	228	178
37	965	781	606	532	486	446	423	387	363	319	277	236	185
38	982	799	625	551	503	462	438	401	376	330	287	245	192
39	1011	828	647	570	521	479	454	415	389	340	297	254	199
40	1042	859	671	591	540	496	470	430	403	352	308	263	205
41	1063	880	690	611	559	514	486	445	417	364	320	272	213
42	1095	913	716	633	579	533	503	461	432	378	329	280	219
43	1122	940	740	655	600	553	522	477	447	391	341	290	227
44	1145	962	762	676	621	572	541	494	462	404	354	300	236
45	1170	987	788	701	643	591	560	509	475	418	364	308	241
46	1194	1012	813	719	662	609	577	528	492	433	378	320	250
47	1222	1040	839	746	682	631	598	547	507	448	391	331	259
48	1248	1066	868	771	706	654	617	566	525	465	404	341	267
49	1284	1101	900	799	732	678	640	587	544	481	419	354	277
50	1316	1133	932	827	758	703	664	608	563	498	435	367	288
51	1354	1172	962	856	786	726	685	631	584	515	451	381	299
52	1394	1212	995	887	811	753	709	651	600	533	467	395	309
53	1423	1241	1024	912	832	775	734	670	621	549	478	404	316
54	1465	1284	1061	941	860	797	754	690	639	568	495	417	327
55	1519	1334	1100	974	890	826	782	716	662	589	513	432	340
56	1560	1376	1127	999	912	841	799	730	679	605	530	446	351
57	1618	1431	1169	1035	942	872	828	757	704	624	546	460	360
58	1651	1464	1192	1057	960	884	839	769	712	636	558	470	368
59	1702	1516	1235	1086	990	910	865	790	731	651	574	484	378
60	1733	1546	1258	1104	1003	923	876	800	740	666	581	490	383
61	1785	1597	1296	1138	1031	944	898	822	759	681	600	505	396
62	1815	1629	1314	1151	1038	953	904	830	771	691	608	511	401
63	1866	1679	1352	1183	1065	976	931	854	787	707	625	525	412
64	1889	1702	1368	1194	1077	984	936	860	792	714	629	530	415
Per Child	652	464	301	251	198	173	160	154	142	125	113	96	76

Substandard rating/ridering may apply based on the evaluation of the health risk of the individual and the following:
benefits provided, coverage period and benefit modifications.

Rates for deductibles not shown will be interpolated based on rates shown.

Family Discount: For all policies with 2 Adults, multiply each base rate by 0.88

Modal Factors: Monthly = 1, Quarterly = 3, Semi-Annual = 6, Annual = 12

One-time processing fee of \$20 applies to all policies issued.

The range of rate increases for all policies will be 0% to 10%

These ranges are achieved through the use of floors and caps and include both the renewal increase and attained age increases.

In order to minimize the impact of large rate increases on any particular insured, we use floors and caps on the percentage change in the total cost to the insured, including any fees for association memberships.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
MONTHLY RATE - STANDARD CLASS**

UNISEX (NOT AVAILABLE TO NEW ISSUES)

Attained Age	DEDUCTIBLE											
	500	1,000	1,500	2,000	2,500	3,000	4,000	5,000	7,500	10,000	15,000	25,000
65	1702	1368	1194	1077	984	936	860	792	714	629	530	415
66	1702	1368	1194	1077	984	936	860	792	714	629	530	415
67	1702	1368	1194	1077	984	936	860	792	714	629	530	415
68	1702	1368	1194	1077	984	936	860	792	714	629	530	415
69	1702	1368	1194	1077	984	936	860	792	714	629	530	415
70	1702	1368	1194	1077	984	936	860	792	714	629	530	415
71	1702	1368	1194	1077	984	936	860	792	714	629	530	415
72	1702	1368	1194	1077	984	936	860	792	714	629	530	415
73	1702	1368	1194	1077	984	936	860	792	714	629	530	415
74	1702	1368	1194	1077	984	936	860	792	714	629	530	415
75	1702	1368	1194	1077	984	936	860	792	714	629	530	415
76	1702	1368	1194	1077	984	936	860	792	714	629	530	415
77	1702	1368	1194	1077	984	936	860	792	714	629	530	415
78	1702	1368	1194	1077	984	936	860	792	714	629	530	415
79	1702	1368	1194	1077	984	936	860	792	714	629	530	415
80	1702	1368	1194	1077	984	936	860	792	714	629	530	415
81	1702	1368	1194	1077	984	936	860	792	714	629	530	415
82	1702	1368	1194	1077	984	936	860	792	714	629	530	415
83	1702	1368	1194	1077	984	936	860	792	714	629	530	415
84	1702	1368	1194	1077	984	936	860	792	714	629	530	415
85+	1702	1368	1194	1077	984	936	860	792	714	629	530	415

Substandard rating/ridering may apply based on the evaluation of the health risk of the individual and the following:
benefits provided, coverage period and benefit modifications.

Rates for deductibles not shown will be interpolated based on rates shown.

Family Discount: For all policies with 2 Adults, multiply each base rate by 0.88

Modal Factors: Monthly = 1, Quarterly = 3, Semi-Annual = 6, Annual = 12

One-time processing fee of \$20 applies to all policies issued.

The range of rate increases for all policies will be 0% to 10%

These ranges are achieved through the use of floors and caps and include both the renewal increase and attained age increases.

In order to minimize the impact of large rate increases on any particular insured, we use floors and caps on the percentage change in the total cost to the insured, including any fees for association memberships.

ASSURANT HEALTH
 TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
 STATE OF DC
 BASE ADJUSTMENT FACTORS

		<u>Deductible</u>																											
0	250	500	750	1,000	1,100	1,200	1,250	1,500	1,600	2,000	2,100	2,200	2,250	2,300	2,400	2,500	2,700	2,850	3,000	3,500	4,000	4,500	5,000	5,100	7,000	10,000	15,000	25,000	
0.990	0.990	0.990	0.990	0.990	0.990	0.990	0.990	0.990	0.990	0.892	0.849	0.849	0.849	0.849	0.849	0.849	0.849	0.849	0.798	0.777	0.769	0.769	0.769	0.769	0.769	0.769	0.769	0.769	0.769

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
 TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
 STATE OF DC
 PLAN ADJUSTMENT FACTORS**

RIGHTSTART

<u>Deductible</u>														
<u>0</u>	<u>500</u>	<u>750</u>	<u>1,000</u>	<u>1,250</u>	<u>1,500</u>	<u>2,000</u>	<u>2,200</u>	<u>2,500</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>5,100</u>	<u>7,500</u>	<u>10,000</u>
1.030	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.980	0.950	0.950	0.950	0.950	0.950

SAVERIGHT/SAVERIGHT HSA

<u>Deductible</u>		
<u>2,400</u>	<u>2,500</u>	<u>3,000</u>
1.000	1.010	0.900

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
WELLNESS FACTOR**

FOR NON GRANDFATHERED POLICIES:

WELLNESS FACTORS

Deductible Range	Adult	Dependents
\$0-2999	1.05	1.05
\$3000-4999	1.06	1.06
\$5000-\$7499	1.07	1.06
\$7500-9999	1.08	1.07
\$10000-14999	1.10	1.08
\$15000-24999	1.11	1.10
\$25000+	1.13	1.12

FOR GRANDFATHERED POLICIES:

WELLNESS FACTOR
1.00

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
PLAN DISCOUNT FACTORS**

RightStart Plan Discount Factor

<u>Age</u>	<u>Factor</u>
Adult	0.583
Children	0.612

SaveRight HSA Plan Discount Factor

<u>Age</u>	<u>Factor</u>
Adult	0.595
Children	0.620

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
PLAN TYPE ADJUSTMENT FACTORS**

NON-HSA FACTORS

<u>Outpatient</u> <u>Limit</u>	<u>Annual</u> <u>Maximum</u>	<u>Factor</u>
\$1,000	\$75,000	0.81
\$1,000	\$125,000	0.85
\$2,500	\$50,000	0.88
\$2,500	\$100,000	0.97
\$2,500	\$250,000	1.04
\$5,000	\$50,000	1.00
\$5,000	\$100,000	1.08
\$5,000	\$250,000	1.13
\$7,500	\$50,000	1.07
\$7,500	\$100,000	1.17
\$7,500	\$250,000	1.25
\$10,000	\$50,000	1.13
\$10,000	\$100,000	1.23
\$10,000	\$250,000	1.24
\$15,000	\$50,000	1.20
\$15,000	\$100,000	1.30
\$15,000	\$250,000	1.38
Unlimited	Unlimited	1.58

HSA FACTORS

<u>Outpatient</u> <u>Limit</u>		<u>Factor</u>
\$15,000		1.35
\$25,000		1.50
Unlimited	Unlimited	1.58

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
PRODUCT FACTORS**

RIGHTSTART

<u>State</u>	<u>Factor</u>
DC	0.856

RIGHTSTART ELITE

<u>State</u>	<u>Factor</u>
DC	0.927

SAVERIGHT/SAVERIGHT HSA

<u>State</u>	<u>Factor</u>
DC	0.820

SAVERIGHT/SAVERIGHT HSA ELITE

<u>State</u>	<u>Factor</u>
DC	0.858

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
PLAN RX CAP BUY-UP FACTOR**

Rx Buy-up Factor

State	Product	
	RightStart	SaveRight
DC	1.05	1.05

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
COPAY FACTORS**

Two Visit Copay Factors

<u>Copay</u>	<u>A/C</u>	<u>Coinsuranc</u>	<u>Deductible</u>											
			<u>0</u>	<u>500</u>	<u>750</u>	<u>1000</u>	<u>1250</u>	<u>1500</u>	<u>2000</u>	<u>2500</u>	<u>3000</u>	<u>3500</u>	<u>4000</u>	<u>5000</u>
\$25	Adult	50	1.14	1.14	1.15	1.15	1.15	1.16	1.18	1.21	1.21	1.21	1.21	1.21
	Adult	60	1.14	1.14	1.15	1.15	1.15	1.16	1.18	1.21	1.21	1.21	1.21	1.21
	Adult	70	1.14	1.14	1.15	1.15	1.15	1.16	1.18	1.21	1.21	1.21	1.21	1.21
	Adult	75	1.14	1.14	1.15	1.15	1.15	1.16	1.18	1.21	1.21	1.21	1.21	1.21
	Adult	80	1.14	1.14	1.15	1.15	1.15	1.16	1.18	1.21	1.21	1.21	1.21	1.21
	Adult	100	1.14	1.14	1.15	1.15	1.15	1.16	1.18	1.21	1.21	1.21	1.21	1.21
	Child	50	1.26	1.26	1.27	1.27	1.27	1.28	1.3	1.33	1.33	1.33	1.33	1.33
	Child	60	1.26	1.26	1.27	1.27	1.27	1.28	1.3	1.33	1.33	1.33	1.33	1.33
	Child	70	1.26	1.26	1.27	1.27	1.27	1.28	1.3	1.33	1.33	1.33	1.33	1.33
	Child	75	1.26	1.26	1.27	1.27	1.27	1.28	1.3	1.33	1.33	1.33	1.33	1.33
	Child	80	1.26	1.26	1.27	1.27	1.27	1.28	1.3	1.33	1.33	1.33	1.33	1.33
	Child	100	1.26	1.26	1.27	1.27	1.27	1.28	1.3	1.33	1.33	1.33	1.33	1.33

Two Visit Copay Factors

<u>Copay</u>	<u>A/C</u>	<u>Coinsuranc</u>	<u>Deductible</u>											
			<u>0</u>	<u>500</u>	<u>750</u>	<u>1000</u>	<u>1250</u>	<u>1500</u>	<u>2000</u>	<u>2500</u>	<u>3000</u>	<u>3500</u>	<u>4000</u>	<u>5000</u>
\$45	Adult	50	1.02	1.02	1.03	1.03	1.03	1.03	1.05	1.08	1.08	1.08	1.08	1.08
	Adult	60	1.02	1.02	1.03	1.03	1.03	1.03	1.05	1.08	1.08	1.08	1.08	1.08
	Adult	70	1.02	1.02	1.03	1.03	1.03	1.03	1.05	1.08	1.08	1.08	1.08	1.08
	Adult	75	1.02	1.02	1.03	1.03	1.03	1.03	1.05	1.08	1.08	1.08	1.08	1.08
	Adult	80	1.02	1.02	1.03	1.03	1.03	1.03	1.05	1.08	1.08	1.08	1.08	1.08
	Adult	100	1.02	1.02	1.03	1.03	1.03	1.03	1.05	1.08	1.08	1.08	1.08	1.08
	Child	50	1.12	1.12	1.13	1.13	1.13	1.14	1.16	1.19	1.19	1.19	1.19	1.19
	Child	60	1.12	1.12	1.13	1.13	1.13	1.14	1.16	1.19	1.19	1.19	1.19	1.19
	Child	70	1.12	1.12	1.13	1.13	1.13	1.14	1.16	1.19	1.19	1.19	1.19	1.19
	Child	75	1.12	1.12	1.13	1.13	1.13	1.14	1.16	1.19	1.19	1.19	1.19	1.19
	Child	80	1.12	1.12	1.13	1.13	1.13	1.14	1.16	1.19	1.19	1.19	1.19	1.19
	Child	100	1.12	1.12	1.13	1.13	1.13	1.14	1.16	1.19	1.19	1.19	1.19	1.19

State Adjustment Factors

CURRENT
State Adjustment Factor: 1.098

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
HEALTH STATUS FACTORS

Age	Preferred Smoker	Age	Standard Smoker
17	1.33	17	1.56
18	1.33	18	1.56
19	1.33	19	1.56
20	1.33	20	1.56
21	1.33	21	1.56
22	1.33	22	1.56
23	1.33	23	1.56
24	1.33	24	1.56
25	1.33	25	1.56
26	1.33	26	1.56
27	1.33	27	1.56
28	1.33	28	1.56
29	1.33	29	1.56
30	1.33	30	1.56
31	1.33	31	1.56
32	1.33	32	1.56
33	1.33	33	1.56
34	1.33	34	1.56
35	1.33	35	1.56
36	1.33	36	1.56
37	1.33	37	1.56
38	1.33	38	1.56
39	1.33	39	1.56
40	1.33	40	1.56
41	1.33	41	1.56
42	1.33	42	1.56
43	1.33	43	1.56
44	1.33	44	1.56
45	1.33	45	1.56
46	1.33	46	1.56
47	1.33	47	1.56
48	1.33	48	1.56
49	1.33	49	1.56
50	1.33	50	1.56
51	1.33	51	1.56
52	1.33	52	1.56
53	1.33	53	1.56
54	1.33	54	1.56
55	1.33	55	1.56
56	1.33	56	1.56
57	1.33	57	1.56
58	1.33	58	1.56
59	1.33	59	1.56
60	1.33	60	1.56
61	1.33	61	1.56
62	1.33	62	1.56
63	1.33	63	1.56
64	1.33	64	1.56
Preferred Non-Smoker (All Ages):		0.85	
Standard Non-Smoker (All Ages):		1.00	

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
TREND FACTORS**

RIGHTSTART

<u>Date</u>	<u>Factor</u>
11/01/2012	2.5592
12/01/2012	2.5592
01/01/2013	2.6501
02/01/2013	2.6501
03/01/2013	2.6501
04/01/2013	2.7442
05/01/2013	2.7442
06/01/2013	2.7442
07/01/2013	2.8416
08/01/2013	2.8416
09/01/2013	2.8416
10/01/2013	2.9425
11/01/2013	2.9425
12/01/2013	2.9425

*Each additional quarter multiply by 1.0355

SAVERIGHT

<u>Date</u>	<u>Factor</u>
11/01/2012	2.6705
12/01/2012	2.6705
01/01/2013	2.7653
02/01/2013	2.7653
03/01/2013	2.7653
04/01/2013	2.8635
05/01/2013	2.8635
06/01/2013	2.8635
07/01/2013	2.9652
08/01/2013	2.9652
09/01/2013	2.9652
10/01/2013	3.0705
11/01/2013	3.0705
12/01/2013	3.0705

*Each additional quarter multiply by 1.0355

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
SAVERIGHT/SAVERIGHT HSA COINSURANCE ADJUSTMENT FACTORS**

Deductible	NON_ELITE Coinsurance				ELITE Coinsurance			
	50	60	75	100	50	60	75	100
0	0.940	0.940	0.940	1.000	0.940	0.940	0.940	1.036
2200	0.940	0.940	0.940	1.000	0.940	0.940	0.940	1.036
2300	0.940	0.940	0.940	1.000	0.940	0.940	0.940	1.036
3000	0.940	0.940	0.940	1.000	0.940	0.940	0.940	1.036
5100	0.940	0.940	0.940	1.000	0.940	0.940	0.940	1.036

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
MEMBER SIZE FACTORS**

<u>Deductible</u>	<u>Coinsurance (%)</u>			
	<u>50</u>	<u>60</u>	<u>75</u>	<u>100</u>
\$1,000	1.00	1.00	1.00	1.06
\$2,000	0.98	0.98	0.98	1.04
\$2,200	0.98	0.98	0.98	1.04
\$2,300	0.98	0.98	0.98	1.04
\$3,000	0.96	0.96	0.96	1.02
\$5,100	0.96	0.96	0.96	0.96

Factors apply to all deductibles greater than or equal to those listed.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
PPO FACTORS**

PPO Information		RightStart/SaveRight HSA															
State	Market	Vendor	City Code	0	500	750	1000	1500	2000	Deductible							
										2250	2500	3000	4000	5000	10000	15000	25000
DC	District of Columbia	ONET	DCD	0.52	0.52	0.52	0.52	0.51	0.51	0.51	0.51	0.50	0.49	0.48	0.47	0.46	0.46
DC	District of Columbia	PHCS	WDC	0.51	0.51	0.51	0.51	0.50	0.50	0.50	0.50	0.49	0.48	0.47	0.46	0.45	0.45
DC	District of Columbia	ASA		0.41	0.41	0.41	0.41	0.40	0.40	0.40	0.40	0.39	0.38	0.37	0.36	0.35	0.35

Factors apply to all deductibles greater than or equal to those listed.
If Assurant Health initiates the roll to Network X off-renewal, the rate change will be subject to a floor of -4% and a cap of 9%.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
AREA FACTORS**

<u>State</u>	<u>Digit Zi</u>	<u>HSA Factor</u>	<u>Non-HSA Factor</u>
DC	200	0.56	0.85
DC	202	0.56	0.85
DC	203	0.56	0.85
DC	204	0.56	0.85
DC	205	0.56	0.85

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
PRIOR COVERAGE LOAD

	Primary Prior Coverage	
	EE	
N	1.150	
Y	0.958	
	Spouse Prior Coverage	
	SP	
N	1.150	
Y	0.958	
	Dependent Prior Coverage	
	DEP	
N	1.000	
Y	1.000	

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
ACCIDENTAL MEDICAL EXPENSE RIDER**

Adult Rates

<u>Benefit</u>	<u>Deductible</u>														
	<u>\$0</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$1,250</u>	<u>\$1,500</u>	<u>\$2,000</u>	<u>\$2,500</u>	<u>\$3,000</u>	<u>\$4,000</u>	<u>\$5,000</u>	<u>\$7,500</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$25,000</u>
\$250	4.50	5.00	5.40	5.80	5.90	6.10	6.30	6.50	6.60	6.60	6.70	6.80	6.80	6.80	6.80
\$300	5.00	5.50	6.10	6.50	6.60	6.80	7.00	7.30	7.40	7.40	7.50	7.60	7.60	7.60	7.60
\$500	7.30	8.10	8.90	9.60	9.80	10.00	10.30	10.80	10.90	10.90	11.00	11.10	11.10	11.10	11.10
\$750	9.20	10.20	11.10	12.00	12.20	12.50	13.00	13.40	13.50	13.60	13.80	13.90	13.90	13.90	13.90
\$1,000	10.90	12.10	13.20	14.30	14.50	14.90	15.40	16.00	16.10	16.20	16.30	16.50	16.50	16.50	16.50
\$2,500	17.60	19.50	21.50	23.00	23.40	24.20	25.00	25.70	26.10	26.10	26.50	26.80	26.80	26.80	26.80

Child Rates

<u>Benefit</u>	<u>Deductible</u>														
	<u>\$0</u>	<u>\$500</u>	<u>\$750</u>	<u>\$1,000</u>	<u>\$1,250</u>	<u>\$1,500</u>	<u>\$2,000</u>	<u>\$2,500</u>	<u>\$3,000</u>	<u>\$4,000</u>	<u>\$5,000</u>	<u>\$7,500</u>	<u>\$10,000</u>	<u>\$15,000</u>	<u>\$25,000</u>
\$250	5.10	5.70	6.20	6.60	6.70	6.90	7.00	7.30	7.40	7.40	7.50	7.60	7.60	7.60	7.60
\$300	5.80	6.40	6.90	7.40	7.50	7.70	7.90	8.10	8.30	8.30	8.40	8.50	8.50	8.50	8.50
\$500	8.60	9.50	10.20	10.90	11.10	11.30	11.70	12.10	12.20	12.20	12.30	12.40	12.40	12.40	12.40
\$750	10.70	11.90	12.80	13.60	13.90	14.20	14.60	15.10	15.20	15.30	15.40	15.50	15.50	15.50	15.50
\$1,000	12.70	14.10	15.10	16.30	16.50	16.70	17.40	17.90	18.00	18.20	18.30	18.40	18.40	18.40	18.40
\$2,500	20.30	22.60	24.60	26.20	26.60	27.30	28.20	28.80	29.30	29.30	29.70	30.10	30.10	30.10	30.10

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
OPTIONAL LIFE INSURANCE MONTHLY RATES PER \$10,000

Maximum Guaranteed Rates		
Age	Non-Smoker	Smoker
Child	3.36	3.36
17	3.36	5.04
18	3.36	5.04
19	3.36	5.04
20	3.36	5.04
21	3.36	5.04
22	3.36	5.04
23	3.36	5.04
24	3.36	5.04
25	3.36	5.04
26	3.36	5.04
27	3.36	5.04
28	3.36	5.04
29	3.36	5.04
30	3.36	5.04
31	3.36	5.25
32	3.47	5.36
33	3.47	5.57
34	3.68	5.67
35	3.68	5.99
36	3.99	6.30
37	4.10	6.83
38	4.31	7.14
39	4.41	7.56
40	4.62	7.88
41	4.94	8.51
42	5.25	9.14
43	5.57	9.98
44	5.88	10.61
45	6.20	11.24
46	6.62	11.97
47	7.14	12.92
48	7.46	13.76
49	7.88	14.49
50	8.40	15.44
51	9.03	16.59
52	9.66	17.85
53	10.29	19.11
54	10.92	20.16
55	11.55	21.42
56	12.50	23.31
57	13.44	25.41
58	14.49	27.30
59	15.44	29.30
60	16.38	31.19
61	17.85	34.23
62	19.22	37.07
63	20.69	39.90
64	22.26	42.74

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
OPTIONAL MATERNITY RIDER**

Monthly Premium Rates

<u>Plan</u>	<u>Separate Maternity Deductible</u>														
	<u>250</u>	<u>500</u>	<u>750</u>	<u>1,000</u>	<u>1,250</u>	<u>1,500</u>	<u>2,000</u>	<u>2,250</u>	<u>2,500</u>	<u>3,000</u>	<u>4,000</u>	<u>5,000</u>	<u>7,500</u>	<u>10,000</u>	<u>15,000</u>
Traditional	425	395	365	335	305	275	220	195	170	130	80	55	20	10	5
PPO	355	325	295	265	240	210	155	135	115	85	50	35	15	8	5

Factors apply to all deductibles greater than or equal to those listed.

ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC

RIGHTSTART CANCER RIDER MONTHLY RATES

APPLIES TO GRANDFATHERED POLICIES ONLY:

<u>Age</u>	<u>Unisex</u> <u>Annual Outpatient Maximum</u>		
	<u>2,500</u>	<u>5,000</u>	<u>10,000</u>
0-17	26.06	20.32	17.59
18	26.06	20.32	17.59
19	26.06	20.32	17.59
20	26.06	20.32	17.59
21	26.06	20.32	17.59
22	26.06	20.32	17.59
23	26.94	21.03	18.20
24	27.86	21.09	18.25
25	28.35	21.40	18.55
26	28.35	21.47	18.55
27	28.45	21.52	18.64
28	28.59	21.68	18.76
29	29.16	22.12	19.14
30	29.64	22.40	19.33
31	30.65	23.19	20.01
32	31.19	23.61	20.37
33	32.25	24.44	21.09
34	33.35	25.13	21.70
35	34.48	26.00	22.46
36	35.65	26.91	23.24
37	36.86	27.85	24.06
38	38.11	28.82	24.90
39	39.40	29.83	25.77
40	40.73	30.87	26.67
41	42.12	31.94	27.61
42	43.55	33.05	28.57
43	45.02	34.21	29.57
44	46.55	35.40	30.61
45	48.13	36.63	31.68
46	49.42	37.67	32.56
47	51.10	38.99	33.70
48	52.68	40.21	34.72
49	54.46	41.61	35.93
50	56.31	43.06	37.19
51	58.04	44.42	38.36
52	59.82	45.87	39.65
53	61.75	47.40	40.96
54	63.34	48.63	42.02
55	65.49	50.32	43.49
56	66.80	51.41	44.41
57	69.00	53.12	45.90
58	69.66	53.69	46.39
59	71.59	55.28	47.77
60	72.37	55.97	48.33
61	74.03	57.29	49.50
62	74.34	57.54	49.72
63	76.32	59.11	51.07
64	76.61	59.38	51.36
Child	11.19	9.59	7.60

Note: Risk factors, 1.042 quarterly trend, family size factor, and area factors apply to rates.

**ASSURANT HEALTH
TIME INSURANCE COMPANY FORM 253/JOHN ALDEN LIFE INSURANCE COMPANY FORM 376
STATE OF DC
CANCER RIDER TREND FACTORS**

Date	Factor
11/01/2012	2.2057
12/01/2012	2.2057
01/01/2013	2.2840
02/01/2013	2.2840
03/01/2013	2.2840
04/01/2013	2.3651
05/01/2013	2.3651
06/01/2013	2.3651
07/01/2013	2.4491
08/01/2013	2.4491
09/01/2013	2.4491
10/01/2013	2.5360
11/01/2013	2.5360
12/01/2013	2.5360

*Each additional quarter multiply by 1.0355

MEDICAL EXPENSE FORM 554

DC Student Select Rates

Current Rates

Age	Deductible			
	\$250	\$500	\$1,000	\$2,500
17-24	\$2,590.00	\$1,665.00	\$1,190.00	\$845.00
25-29	\$3,335.00	\$1,800.00	\$1,260.00	\$845.00
30-34	\$4,454.00	\$2,485.00	\$1,878.00	\$1,336.00
35-39	\$4,454.00	\$3,550.00	\$1,878.00	\$1,336.00
40-44	\$7,656.00	\$5,591.00	\$3,778.00	\$2,861.00
45-49	\$7,656.00	\$5,591.00	\$3,778.00	\$2,861.00
50-54	\$13,328.00	\$12,006.00	\$11,171.00	\$9,779.00
55-59	\$13,328.00	\$12,006.00	\$11,171.00	\$9,779.00
60-64	\$16,661.00	\$15,008.00	\$13,964.00	\$12,224.00
65+	\$16,661.00	\$15,008.00	\$13,964.00	\$12,224.00
Each Child	\$3,090.00	\$2,777.00	\$2,109.00	\$1,378.00

Proposed Rates

Age	Deductible			
	\$250	\$500	\$1,000	\$2,500
17-24	\$2,732.00	\$1,757.00	\$1,255.00	\$891.00
25-29	\$3,518.00	\$1,899.00	\$1,329.00	\$891.00
30-34	\$4,699.00	\$2,622.00	\$1,981.00	\$1,409.00
35-39	\$4,699.00	\$3,745.00	\$1,981.00	\$1,409.00
40-44	\$8,077.00	\$5,899.00	\$3,986.00	\$3,018.00
45-49	\$8,077.00	\$5,899.00	\$3,986.00	\$3,018.00
50-54	\$14,061.00	\$12,666.00	\$11,785.00	\$10,317.00
55-59	\$14,061.00	\$12,666.00	\$11,785.00	\$10,317.00
60-64	\$17,577.00	\$15,833.00	\$14,732.00	\$12,896.00
65+	\$17,577.00	\$15,833.00	\$14,732.00	\$12,896.00
Each Child	\$3,260.00	\$2,930.00	\$2,225.00	\$1,454.00

Change

Age	Deductible			
	\$250	\$500	\$1,000	\$2,500
17-24	5%	6%	5%	5%
25-29	5%	5%	5%	5%
30-34	6%	6%	5%	5%
35-39	6%	5%	5%	5%
40-44	5%	6%	6%	5%
45-49	5%	6%	6%	5%
50-54	5%	5%	5%	6%
55-59	5%	5%	5%	6%
60-64	5%	5%	5%	5%
65+	5%	5%	5%	5%
Each Child	6%	6%	6%	6%

The range of rate increases will be 0% to 10% for all policies.

Modal Factors:

Annual	1.00
Semi-Annual	0.52

Policy Fees:

Application Fee	\$20
-----------------	------

Annual Rate	_____
x Modal Factor	_____
+Application Fee	_____
=Total Due	_____

SERFF Tracking #:

ASWX-G128573720

State Tracking #:

Company Tracking #:

ASWX-G128573720

State: District of Columbia

Filing Company: Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Time Base Chassis (TIM &TGM)

Project Name/Number: Time Base Chassis (TIM &TGM)/DC01446FI00108

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	NA		

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form		
Bypass Reason:	NA		

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter		
Comments:			
Attachment(s):	2012_11_01 DC RN TIM-JIM Cover Letter_2012_07_24.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Projection		
Comments:			
Attachment(s):	2012_11_01 RN Projection DC 2012_09_12.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):	2012_11_01 DC RN TIM-JIM - Memo_2012_07_24.PDF		

		Item Status:	Status Date:
Satisfied - Item:	Experience		
Comments:			

SERFF Tracking #:

ASWX-G128573720

State Tracking #:

Company Tracking #:

ASWX-G128573720

State: District of Columbia

Filing Company: Time Insurance Company

TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005C Individual - Other

Product Name: Time Base Chassis (TIM &TGM)

Project Name/Number: Time Base Chassis (TIM &TGM)/DC01446FI00108

Attachment(s):

2012_11_01 DC RN Experience_2012_07_24.PDF

Item Status:

Status Date:

Satisfied - Item:

Trend Calculation Combined

Comments:

Attachment(s):

2012_11_01 Trend Calculation Combined 2012_05_08.PDF

Item Status:

Status Date:

Satisfied - Item:

Objection Response.2012.11.28

Comments:

Attachment(s):

2012_11_01 DC TIM ALL IM RN Objection Response_2012_11_19.PDF



ASSURANT

501 West Michigan
PO Box 3050
Milwaukee, WI 53201-
3050
T 800-800-1212
F 414-299-8904

www.assurant.com

September 14, 2012

District of Columbia Department of Insurance
810 First Street, N.E.
Washington, DC, 20002

Revision to rate filing for Major Medical policies
TIM.POL.DC, 253, 554
Time Insurance Company
NAIC Co. No. 0069477

Revision to rate filing for Major Medical policies
JIM.POL.DC, 376
John Alden Life Insurance Company
NAIC Co. No. 0065080

To whom it may concern:

We are revising our **Renewal** rates for policies TIM.POL.DC, 253, 554, JIM.POL.DC, and 376 in the District of Columbia. A comprehensive actuarial memorandum describing the assumptions underlying this rate filing has been included, as well as experience exhibits and rates.

This filing applies to grandfathered and non-grandfathered policies. Grandfathered plans are defined as plans effective March 23, 2010 or prior. Non-grandfathered plans are defined as plans effective after March 23, 2010.

The revised renewal rates will be effective on or after November 1, 2012, upon your approval.

Within the state, the average annualized increase for renewals under this form is -4%. The above increases do not include the effect of attained age increase or elected plan change upon renewal.

Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

Page 2

We extended quarterly trend factors through 12/31/13. We are requesting an exception to the 12 month trend limit. Our goal is use these filed rates until 1/1/14, when PPACA adjustments will be needed. However, if experience worsens, we may need to refile for an earlier effective date.

As of June 30, 2012, there were 403 policies in force with \$1,580,443 in annualized premium in the state, under the forms included within this filing.

Forms TIM.POL.DC and JIM.POL.DC are open blocks of business in DC. Forms 253, 554, and 376 are closed blocks of business in DC

Your prompt attention to this filing is appreciated. Please contact me should you have any questions regarding this filing.

Sincerely,

A handwritten signature in black ink that reads "Brent Wiskirchen". The signature is written in a cursive, slightly slanted style.

Brent Wiskirchen, ASA, MAAA
Actuarial Associate - Individual Medical
Brent.Wiskirchen@Assurant.com
Phone: 414-299-7969

Assurant Health
Historical & Projected Experience For All Policies
State of DC
Historical & Projected Experience

Historical Experience

Experience Period	Earned Premium	Expected Claims	Actual Claims	Claims A/E	Loss Ratio
2009	\$ 1,718,854	\$ 1,053,348	\$ 467,606	0.44	27%
2010	\$ 1,732,191	\$ 1,082,526	\$ 545,727	0.50	32%
2011	\$ 1,778,776	\$ 1,229,070	\$ 588,551	0.48	33%
January-March 2012	\$ 421,577	\$ 240,053	\$ 179,749	0.75	43%

Anticipated Future Experience with Proposed Rate Actions - (-4)% annualized (excludes attained age)

Experience Period	Earned Premium	Expected Claims	Forecasted Claims	Claims A/E	Loss Ratio
April - Dec 2012	\$ 1,103,547	\$ 855,066	\$ 812,168	0.95	74%
2013	\$ 1,125,489	\$ 852,592	\$ 808,864	0.95	72%
2014	\$ 863,559	\$ 662,474	\$ 649,286	0.98	75%
2015	\$ 680,362	\$ 525,297	\$ 518,462	0.99	76%
2016	\$ 536,029	\$ 415,322	\$ 412,826	0.99	77%
2017	\$ 423,924	\$ 328,686	\$ 327,787	1.00	77%
2018	\$ 336,432	\$ 260,850	\$ 260,137	1.00	77%
2019	\$ 266,998	\$ 207,015	\$ 206,448	1.00	77%
2020	\$ 211,893	\$ 164,290	\$ 163,841	1.00	77%

Historical	\$ 6,025,394	\$ 3,839,742	\$ 1,892,113	0.49	31%
Projected	\$ 4,779,105	\$ 3,678,214	\$ 3,575,943	0.97	75%

Anticipated Future Experience without Proposed Rate Actions

Experience Period	Earned Premium	Expected Claims	Forecasted Claims	Claims A/E	Loss Ratio
April - Dec 2012	\$ 1,101,255	\$ 852,859	\$ 812,168	0.95	74%
2013	\$ 1,065,699	\$ 807,204	\$ 808,864	1.00	76%
2014	\$ 795,174	\$ 610,013	\$ 649,286	1.06	82%
2015	\$ 626,484	\$ 483,699	\$ 518,462	1.07	83%
2016	\$ 493,581	\$ 382,433	\$ 412,826	1.08	84%
2017	\$ 390,353	\$ 302,658	\$ 327,787	1.08	84%
2018	\$ 309,790	\$ 240,194	\$ 260,137	1.08	84%
2019	\$ 245,854	\$ 190,621	\$ 206,448	1.08	84%
2020	\$ 195,114	\$ 151,280	\$ 163,841	1.08	84%

Historical	\$ 6,025,394	\$ 3,839,742	\$ 1,892,113	0.49	31%
Projected	\$ 4,508,534	\$ 3,469,568	\$ 3,575,943	1.03	79%

Assumptions:

- Annual lapse rate: 33% This lapse rate assumption is based on recent experience so we feel it is the appropriate assumption to use in the projection.
- Annual claims trend: 18%
- Attained age: 3%
- Discount Rate: 4%
- Rate increases starting 11/1/2013 assumed to get to target future loss ratio by 2016
- Sales assumed through 4/1/2012
- Expected claims starting 1/1/2011 target a 77% future loss ratio
- 2011 and later historical expected claims reflect 77% loss ratio target.
- Projection is before the impact of any plan design or network changes

TIME INSURANCE COMPANY
JOHN ALDEN LIFE INSURANCE COMPANY

Actuarial Memorandum

For

Individual Major Medical Forms TIM.POL.DC, 253, 554

Individual Major Medical Forms JIM.POL.DC, 376

District of Columbia

A. PURPOSE

The purpose of this rate filing is to demonstrate the reasonableness of benefits in relationship to premiums, or, if required, more specifically that the anticipated loss ratio of this product meets the minimum requirement of the District of Columbia. This rate filing is not intended to be used for other purposes.

This filing applies to grandfathered and non-grandfathered policies. Grandfathered plans are defined as plans effective March 23, 2010 or prior. Non-grandfathered plans are defined as plans effective after March 23, 2010.

B. DESCRIPTION

Forms TIM.POL.DC and JIM.POL.DC are Guaranteed Renewable (as defined under HIPAA) Individual Major Medical issued to individuals under age 64 and their families. Coverage beyond age 65 will be secondary to Medicare.

Premiums are on an attained age basis and will increase with age. Premiums also vary by underwriting classification and geographic area. Additionally, premiums will reflect selected benefits under the policy, such as product type, deductible, coinsurance parameters, accidental medical expense, office copay feature, PPO product and network, drug card features, optional maternity, and term life coverage.

Policies will be marketed through general agencies, brokers, wholesale arrangements, and direct to consumer.

C. BUSINESS PLAN

The renewal period is assumed to start November 1, 2012. The premium rate will vary by month of issue throughout the renewal period based on our quarterly trend.

D. RATE CALCULATION METHOD

The premiums for Forms TIM.POL.DC, 253, 554, JIM.POL.DC, and 376 were developed through a comprehensive analysis of company experience, using an actual to expected loss ratio method. The underlying premium scale was adjusted to the pricing period by the major medical trend assumption. Assumptions are detailed in section E.

E. ACTUARIAL ASSUMPTIONS

The following assumptions are used in the development of the proposed premium scale.

1. Morbidity

- a. National claims experience was compiled in determining our initial premium scale.
- b. Secular Trend - The effect that inflation, advancing medical technology and techniques, increased cost shifting and increased utilization will have on future claim costs are accounted for by an annual secular trend of 15% for major medical business. The trend assumption was developed from studies of company experience.

2. Lapse Rates

The current lapse rates assumed in our pricing model are as follows:

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
Lapse Rate	.41	.36	.30	.26	.24	.22	.21	.17	.17	.15

3. Expenses

Expenses as a percentage of premiums, reflective of average national lifetime levels, are accounted for our new business pricing methodology as follows:

General Expenses & Distribution Costs	16%
---------------------------------------	-----

Actuarial Memorandum – Forms TIM.POL.DC, JIM.POL.DC, 253, 376, and 554

Taxes, Licenses and Fees	2%
<u>Managed Care Fees</u>	<u>3%</u>
Total Expenses	21%

4. Interest

A level 4.0% annual interest rate is assumed to be earned on the unearned premium reserve and claim reserve. These investment earnings are offsets to required premium.

5. Area Factors

Area factors remain unchanged.

6. Credibility

The experience shown in the projection for the District of Columbia is credibility weighted with nationwide experience. At the time of this filing, the credibility standard used was as follows:

$$\text{DC Credibility} = \sqrt{(\text{DC Life Months in 12 months experience} / 900,000)}.$$

The credibility assumption is consistent with the federal Minimum Loss Ratio (MLR) regulation 45 CFR Part 158 Interim Final Rule from December 1, 2010.

F. OPTIONAL BENEFITS

Optional benefits are available with this form. They include the following:

Doctor's Office Copay Rider. This rider provides benefits for doctor's office visits for an insured, payable at 100% after a copayment is paid.

Inpatient/Outpatient Access Fees. This rider provides options at three levels with the CoreMed/PAC Plan for copayments on inpatient days and outpatient surgeries.

Accident Medical Expense (AME) – Provides benefits for an injury due to a covered accident. AME is administered per injury/accident instead of a calendar year benefit. After AME benefits are paid, any annual deductible, coinsurance and copayments apply. *Discontinued – only available to policies that already have this option.*

Rx Benefit Option. CoreMed Plans have the option of drugs subject to major medical deductible and coinsurance (upon contract approval) or a \$500 deductible drug card with copayments on brand and generic drugs and coinsurance on brand name drugs. Under OneDeductible plans, drugs are subject to major medical deductible and coinsurance.

Term Life Insurance. Term life insurance will be offered in face amounts ranging up to \$200,000. *Discontinued – only available to policies that already have this option.*

Maternity Rider. This rider pays 100% of covered routine maternity services after the maternity deductible has been met. Certain exclusions apply. *Discontinued – only available to policies that already have this option.*

Optional Wellness for OneDeductible Plan. This rider provides \$500 per person each calendar year for preventive services. There is 12 month waiting period for this benefit. *Discontinued – only available to policies that already have this option.*

G. AVERAGE ANNUAL PREMIUM ESTIMATE

Single:	\$3,344
Family:	\$6,924
Combined:	\$3,921

H. ANTICIPATED LOSS RATIOS

The anticipated future loss ratio, which is calculated as the present value of benefits divided by the present value of premiums over the remaining life of the policy (approximated as 10 years), is determined to be:

77.0%.

Based on the information currently available, we believe this anticipated loss ratio equates to the 80% Medical Loss Ratio under the PPACA. The 80% minimum medical loss ratio (MLR) stated in the PPACA includes costs for healthcare quality in claims and subtracts taxes from premium. Please see the following work up for justification of the 77% target loss ratio:

Healthcare Quality Expenses = 0.5% (Long term assumption)

State Premium Taxes = 2.0% (DC Tax rate)

Income Tax (2.5% Pre-Tax Profit X 38.65% FIT Rate) = 0.97% (Long term profit target)

$$\frac{\text{Claims + Health Care Quality Expenses}}{\text{Premium - State Taxes - Federal Income Tax}} = \text{Medical Loss Ratio}$$

$$\frac{\text{Claims + 0.5\%}}{100\% - 2.0\% - 0.97\%} = 80\%$$

$$\text{Claims} = 77\%$$

I. CERTIFICATION

To the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations concerning premium rate development of this state, in that benefits are reasonable in relationship to premiums.



Brent Wiskirchen, ASA, MAAA
Actuarial Associate - Individual Medical
9/2012

**ASSURANT HEALTH
TIME INSURANCE COMPANY/JOHN ALDEN LIFE INSURANCE COMPANY
STATE OF DC
EXPERIENCE THROUGH 03/31/2012**

DC Forms TIM.POL.DC, 253, 554, JIM.POL.DC, 376

<u>Year</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Expected Claims</u>	<u>Loss Ratio</u>	<u>Actual to Expected</u>
2008	\$1,766,167	\$614,824	\$1,052,616	34.8%	0.58
2009	\$1,718,854	\$467,606	\$1,053,348	27.2%	0.44
2010	\$1,732,191	\$545,727	\$1,082,526	31.5%	0.50
2011	\$1,778,776	\$588,551	\$1,229,070	33.1%	0.48
<u>2012</u>	<u>\$421,577</u>	<u>\$179,749</u>	<u>\$240,053</u>	<u>42.6%</u>	<u>0.75</u>
Grand Total	\$7,417,564	\$2,396,458	\$4,657,613	32.3%	0.51

Nationwide (Includes Similar Forms)

<u>Year</u>	<u>Earned Premium</u>	<u>Incurred Claims</u>	<u>Expected Claims</u>	<u>Loss Ratio</u>	<u>Actual to Expected</u>
2008	\$1,245,831,000	\$798,780,798	\$789,953,158	64.1%	1.01
2009	\$1,225,121,948	\$824,623,196	\$777,098,326	67.3%	1.06
2010	\$1,183,297,305	\$802,520,149	\$770,536,524	67.8%	1.04
2011	\$1,086,761,851	\$759,089,556	\$797,902,088	69.8%	0.95
<u>2012</u>	<u>\$253,253,887</u>	<u>\$150,034,244</u>	<u>\$150,989,767</u>	<u>59.2%</u>	<u>0.99</u>
Grand Total	\$4,994,265,991	\$3,335,047,943	\$3,286,479,863	66.8%	1.01

2011 and later historical DC expected claims reflect 77% loss ratio target.

2011 and later historical Nationwide expected claims reflect 77% loss ratio target.

Assurant Health Trend Factor Summary
Base Contract, RightStart, P2000, 227
Nationwide Experience, 201001-201012 to 201101-201112

The trend factor is calculated by taking the change in average claims from one 12-month period to the next and dividing that by the changes in claims that are explained by underwriting wear-off, plan changes, and attained age. The 1st 12-month period includes all policies; the 2nd 12-month period includes only those policies from the 1st 12-month period that are still active.

Trend calculation steps:

A) Change in PMPM Claims

PMPM Claims from 201001-201012: \$119.32

PMPM Claims from 201101-201112: \$149.45

Change in PMPM Claims = $\$149.45/\$119.32 = 1.253$

B) Underwriting Wear-off

Change in PMPM Expected Claims

PMPM EC from 201001-201012: \$113.23

PMPM EC from 201101-201112: \$141.8

Change in PMPM Expected Claims = $\$141.8/\$113.23 = 1.252$

Change in PMPM Earned Premium

PMPM EP from 201001-201012: \$182.31

PMPM EP from 201101-201112: \$209.77

Change in PMPM Earned Premium = $\$209.77/\$182.31 = 1.151$

Underwriting Wear-off = $1.252/1.151 = 1.088$

The expected claims are calculated by multiplying the earned premium by an expected loss ratio, which increases with policy duration due to the effects of underwriting wear-off

C) Plan Change

Change in PMPM Earned Premium = 1.151 (see above)

1+ average rate increase given = 1.192

Plan Change = $1.151/1.192 = 0.965$

The plan change reflects the buy-down of policy benefits

D) Attained Age

Attained age = 1.03

This assumed factor represents the change in claims due to aging

Trend = $A/(B*C*D)-1 = 1.253/(1.088*0.965*1.03)-1 = 15.7\%$

The past four years of trend were 19.7%, 20.4%, 13.9%, and 15.7% for an average of 17.4%.

Assurant Health Trend Factor Summary
Base Contract, RightStart, P2000, 227
Nationwide Experience, 200901-200912 to 201001-201012

The trend factor is calculated by taking the change in average claims from one 12-month period to the next and dividing that by the changes in claims that are explained by underwriting wear-off, plan changes, and attained age. The 1st 12-month period includes all policies; the 2nd 12-month period includes only those policies from the 1st 12-month period that are still active.

Trend calculation steps:

A) Change in PMPM Claims

PMPM Claims from 200901-200912: \$122.32

PMPM Claims from 201001-201012: \$143.81

Change in PMPM Claims = $\$143.81/\$122.32 = 1.176$

B) Underwriting Wear-off

Change in PMPM Expected Claims

PMPM EC from 200901-200912: \$113.21

PMPM EC from 201001-201012: \$136.91

Change in PMPM Expected Claims = $\$136.91/\$113.21 = 1.209$

Change in PMPM Earned Premium

PMPM EP from 200901-200912: \$182.95

PMPM EP from 201001-201012: \$203.2

Change in PMPM Earned Premium = $\$203.2/\$182.95 = 1.111$

Underwriting Wear-off = $1.209/1.111 = 1.089$

The expected claims are calculated by multiplying the earned premium by an expected loss ratio, which increases with policy duration due to the effects of underwriting wear-off

C) Plan Change

Change in PMPM Earned Premium = 1.111 (see above)

1+ average rate increase given = 1.207

Plan Change = $1.111/1.207 = 0.92$

The plan change reflects the buy-down of policy benefits

D) Attained Age

Attained age = 1.03

This assumed factor represents the change in claims due to aging

Trend = $A/(B*C*D)-1 = 1.176/(1.089*0.92*1.03)-1 = 13.9\%$

Assurant Health Trend Factor Summary
Base Contract, RightStart, P2000, 227
Nationwide Experience, 200801-200812 to 200901-200912

The trend factor is calculated by taking the change in average claims from one 12-month period to the next and dividing that by the changes in claims that are explained by underwriting wear-off, plan changes, and attained age. The 1st 12-month period includes all policies; the 2nd 12-month period includes only those policies from the 1st 12-month period that are still active.

Trend calculation steps:

A) Change in PMPM Claims

PMPM Claims from 200801-200812: \$115.83

PMPM Claims from 200901-200912: \$141.74

Change in PMPM Claims = $\$141.74/\$115.83 = 1.224$

B) Underwriting Wear-off

Change in PMPM Expected Claims

PMPM EC from 200801-200812: \$114.47

PMPM EC from 200901-200912: \$134.1

Change in PMPM Expected Claims = $\$134.1/\$114.47 = 1.171$

Change in PMPM Earned Premium

PMPM EP from 200801-200812: \$180.71

PMPM EP from 200901-200912: \$198.32

Change in PMPM Earned Premium = $\$198.32/\$180.71 = 1.097$

Underwriting Wear-off = $1.171/1.097 = 1.067$

The expected claims are calculated by multiplying the earned premium by an expected loss ratio, which increases with policy duration due to the effects of underwriting wear-off

C) Plan Change

Change in PMPM Earned Premium = 1.097 (see above)

1+ average rate increase given = 1.187

Plan Change = $1.097/1.187 = 0.925$

The plan change reflects the buy-down of policy benefits

D) Attained Age

Attained age = 1.03

This assumed factor represents the change in claims due to aging

Trend = $A/(B*C*D)-1 = 1.224/(1.067*0.925*1.03)-1 = 20.4\%$

Assurant Health Trend Factor Summary
Base Contract, RightStart, P2000, 227
Nationwide Experience, 200701-200712 to 200801-200812

The trend factor is calculated by taking the change in average claims from one 12-month period to the next and dividing that by the changes in claims that are explained by underwriting wear-off, plan changes, and attained age. The 1st 12-month period includes all policies; the 2nd 12-month period includes only those policies from the 1st 12-month period that are still active.

Trend calculation steps:

A) Change in PMPM Claims

PMPM Claims from 200701-200712: \$101.32

PMPM Claims from 200801-200812: \$128.73

Change in PMPM Claims = $\$128.73/\$101.32 = 1.27$

B) Underwriting Wear-off

Change in PMPM Expected Claims

PMPM EC from 200701-200712: \$105.24

PMPM EC from 200801-200812: \$128.32

Change in PMPM Expected Claims = $\$128.32/\$105.24 = 1.219$

Change in PMPM Earned Premium

PMPM EP from 200701-200712: \$168.26

PMPM EP from 200801-200812: \$189.72

Change in PMPM Earned Premium = $\$189.72/\$168.26 = 1.127$

Underwriting Wear-off = $1.219/1.127 = 1.081$

The expected claims are calculated by multiplying the earned premium by an expected loss ratio, which increases with policy duration due to the effects of underwriting wear-off

C) Plan Change

Change in PMPM Earned Premium = 1.127 (see above)

1+ average rate increase given = 1.183

Plan Change = $1.127/1.183 = 0.953$

The plan change reflects the buy-down of policy benefits

D) Attained Age

Attained age = 1.03

This assumed factor represents the change in claims due to aging

Trend = $A/(B*C*D)-1 = 1.27/(1.081*0.953*1.03)-1 = 19.7\%$



ASSURANT

501 West Michigan
PO Box 3050
Milwaukee, WI 53201-
3050
T 800-800-1212

www.assurant.com

November 28, 2012

District of Columbia Department of Insurance
810 First Street, N.E.
Washington, DC, 20002

Revision to rate filing for Major Medical policies
TIM.POL.DC, 253, 554
Time Insurance Company
NAIC Co. No. 0069477
SERFF Filing ID: ASWX-G128573720

Dear Ms. Shirley,

We are sending a follow up to your objection letter sent on November 19, 2012.

Please see below for additional information requested to continue review of the rate filing.

Objection 1

Comments: The Annual \$ maximum (Prior Rate and Requested Rate) in the Rate Review Detail do not correlate with the % change requested of 10%. Please review for accuracy. If a post submission change is necessary, the State will accept.

Response:

The Annual \$ maximum listed in the rate review detail for TIC is the premium for the policyholder in DC who had the highest premium at the time this filing was submitted. This policyholder was at the maximum premium rate that we allow. Therefore, the 10% change will not be applied to this policy and the rate will not change. At the time this filing was submitted, there was 1 policy in DC with this maximum rate.

Objection 2

Schedule Items:

Actuarial Justification

Comments: Please provide further detail for the noted 16% of General Expenses and Distribution.

Response:

Please see the following chart for the split of general expenses and distribution by first year and renewal:

	First Year	Renewal Years	Total
General Expenses	10%	10%	10%
Distribution Costs	14%	4%	6%

Please note that the state level expenses presented in any given year are not actual figures, but rather assumptions used for the purpose of pricing. This percent of premium representation of expenses is consistent with our actual to expected loss ratio pricing methodology.

Objection 3

Schedule Items:

Actuarial Justification

Comments: On January 1, 2013, the minimum deductible for an HSA-compatible health plan will change. How will this impact policyholders whose plans do not renew until January, 2013 and later? What information has been communicated to policyholders who will be affected? Will their policies automatically convert to the new HSA deductible level?

Response:

The change to the minimum deductible will be effective 1/1/2013, regardless of when the plan renews. Information will be communicated to policyholders ahead of time informing them about their deductible change. There is only 1 policy in DC that will be affected by this change.

Page 3

Your prompt attention to this filing is appreciated. Please contact me should you have any questions regarding this filing.

Sincerely,

A handwritten signature in black ink that reads "Brent Wiskirchen". The signature is written in a cursive style with a large initial "B" and a long, sweeping underline.

Brent Wiskirchen, ASA, MAAA
Actuarial Associate - Individual Medical
Brent.Wiskirchen@Assurant.com
Phone: 414-299-7969