
State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Filing at a Glance

Company: BEST Life and Health Insurance Company
Product Name: Group Stand Alone Dental
State: District of Columbia
TOI: H10G Group Health - Dental
Sub-TOI: H10G.000 Health Dental
Filing Type: Rate
Date Submitted: 10/30/2013
SERFF Tr Num: BLHI-129265499
SERFF Status: Pending State Action
State Tr Num:
State Status:
Co Tr Num: GFD-DP-RATE-DC

Implementation: 01/01/2014
Date Requested:
Author(s): Paul Peatross, Margie Mergen
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State: District of Columbia
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Filing Company: BEST Life and Health Insurance Company

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	11/20/2013	11/20/2013

Response Letters

Responded By	Created On	Date Submitted
Margie Mergen	11/22/2013	11/22/2013

Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
FYI...	Note To Reviewer	Margie Mergen	11/19/2013	11/19/2013

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/20/2013
Submitted Date	11/20/2013
Respond By Date	12/11/2013

Dear Paul Peatross,

Introduction:

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

Objection 1

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

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

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

Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: Please indicate in which state premium taxes for this block of business will be paid.

Objection 4

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: The rate filing only provides rate information for Small Groups; however the filing indicates applicability to both small and large groups. Please clarify. If large groups are included in the rate filing, please provide rates/factors applicable.

Objection 5

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

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: Please provide the chart of Group Size factors for commission.

Objection 6

- Actuarial Memorandum (Supporting Document)

- Actuarial Justification (Supporting Document)

- Actuarial Memorandum and Certifications (Supporting Document)

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: RE: Summary of Rating Factors The District of Columbia allows for a single area rating factor. Shown on this enclosed chart are four rating areas. Please revise and justify the chosen area factor.

Objection 7

- Actuarial Memorandum (Supporting Document)

- Actuarial Justification (Supporting Document)

- Actuarial Memorandum and Certifications (Supporting Document)

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: The rate filing mentions a Passive PPO product but no factor and/or rate information has been provided for this benefit. Please provide.

Objection 8

- Actuarial Memorandum (Supporting Document)

- Actuarial Justification (Supporting Document)

- Actuarial Memorandum and Certifications (Supporting Document)

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: Please provide an Assumption Analysis for this block of business Premium Factors (effectiveness and aging trend), Claims factor (claims trend) Persistency Factors (Lapses and Persistency)

Objection 9

- Actuarial Memorandum (Supporting Document)

- Actuarial Justification (Supporting Document)

- Actuarial Memorandum and Certifications (Supporting Document)

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)

Comments: What interest rate assumptions, if any are being made? Please justify.

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Objection 10

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF AREA FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF GROUP SIZE FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- ORTHO RATE CALCULATIONS, [GFD-END-OR-0113] (Rate)
- SUMMARY OF ORTHO PLAN FACTORS, [GFD-END-OR-0113] (Rate)
- VISION BENEFIT RIDER RATE CALCULATION, [GFD-END-CV-0113] (Rate)

Comments: Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests will need to be reviewed by that respective state.

Objection 11

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF AREA FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF GROUP SIZE FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- ORTHO RATE CALCULATIONS, [GFD-END-OR-0113] (Rate)
- SUMMARY OF ORTHO PLAN FACTORS, [GFD-END-OR-0113] (Rate)
- VISION BENEFIT RIDER RATE CALCULATION, [GFD-END-CV-0113] (Rate)

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

Conclusion:

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Sincerely,
Darniece Shirley

State: District of Columbia
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Filing Company: BEST Life and Health Insurance Company

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	11/22/2013
Submitted Date	11/22/2013

Dear Darniece Shirley,

Introduction:

Response 1

Comments:

We have always intended to file this in our State of Domiciliary. This product has been filed as of November 8, 2013 and is currently pending approval. I've sent a post-submission update to show that this is now the case.

Related Objection 1

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

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 2

Comments:

The average annual premiums for the base Indemnity and PPO plans are \$638.40 and \$507.60 respectively.

Related Objection 2

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

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

SERFF Tracking #:

BLHI-129265499

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

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf,	11/22/2013 By: Margie Mergen
<i>Previous Version</i>						
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Summary of Area Factors - DC Off Exchange 10182013.pdf,	10/30/2013 By: Margie Mergen

Response 3**Comments:**

Premium taxes of 2.0% for District of Columbia will be used for this block of business.

Related Objection 3

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please indicate in which state premium taxes for this block of business will be paid.

Changed Items:

SERFF Tracking #:

BLHI-129265499

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

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 4**Comments:**

Actually, we have included with this filing group size factors. Please see Summary of Size Factors. You will notice there is a factor for 51 to 100 employees.

Related Objection 4

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Unified Rate Review Template (Supporting Document)

SERFF Tracking #:

BLHI-129265499

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

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Comments: The rate filing only provides rate information for Small Groups; however the filing indicates applicability to both small and large groups. Please clarify. If large groups are included in the rate filing, please provide rates/factors applicable.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 5

Comments:

Done. Please see the enclosed Broker Commission Schedule.

Related Objection 5

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Comments: Please provide the chart of Group Size factors for commission.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 6

Comments:

The Summary of Area Factors has been revised to include only 1 rating area.

Related Objection 6

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: RE: Summary of Rating Factors The District of Columbia allows for a single area rating factor. Shown on this enclosed chart are four rating areas. Please revise and justify the chosen area factor.

Changed Items:

SERFF Tracking #:

BLHI-129265499

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

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf,	11/22/2013 By: Margie Mergen
<i>Previous Version</i>						
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Summary of Area Factors - DC Off Exchange 10182013.pdf,	10/30/2013 By: Margie Mergen

Response 7**Comments:**

We are using the indemnity pricing for Passive PPO because from a plan design stand-point Passive PPO is essentially the same as an indemnity plan. However, if a member does see a dentist within our PPO network, we will apply the network discount to that member's claim and that member will save on out-of-pocket costs.

Related Objection 7

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: The rate filing mentions a Passive PPO product but no factor and/or rate information has been provided for this benefit. Please provide.

Changed Items:

SERFF Tracking #:

BLHI-129265499

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

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes**Satisfied - Item:** Actuarial Memorandum**Comments:****Attachment(s):** Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf*Previous Version***Satisfied - Item:** *Actuarial Memorandum***Comments:****Attachment(s):** *Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf***Satisfied - Item:** Actuarial Justification**Comments:****Attachment(s):** Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf
Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf
Summary of Size Factors - DC Off Exchange 10182013.pdf*Previous Version***Satisfied - Item:** *Actuarial Justification***Comments:****Attachment(s):** *Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf*

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 8**Comments:**

Not applicable to dental since dental has short duration and we dont have significant business in District of Columbia.

Related Objection 8

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Comments: Please provide an Assumption Analysis for this block of business Premium Factors (effectiveness and aging trend), Claims factor (claims trend) Persistency Factors (Lapses and Persistency)

Changed Items:

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 9**Comments:**

No interest rate assumptions were used.

Related Objection 9

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Comments: What interest rate assumptions, if any are being made? Please justify.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes**Satisfied - Item:** Actuarial Memorandum**Comments:****Attachment(s):** Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf*Previous Version***Satisfied - Item:** Actuarial Memorandum**Comments:****Attachment(s):** Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf**Satisfied - Item:** Actuarial Justification**Comments:****Attachment(s):** Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf
Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf
Summary of Size Factors - DC Off Exchange 10182013.pdf*Previous Version***Satisfied - Item:** Actuarial Justification**Comments:****Attachment(s):** Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Response 10**Comments:**

Yes, we are confirming that this rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests are being reviewed by each respective state we expect to market this product.

Related Objection 10

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF AREA FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF GROUP SIZE FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO]

(Rate)

State: District of Columbia
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Filing Company: BEST Life and Health Insurance Company

- ORTHO RATE CALCULATIONS, [GFD-END-OR-0113] (Rate)
- SUMMARY OF ORTHO PLAN FACTORS, [GFD-END-OR-0113] (Rate)
- VISION BENEFIT RIDER RATE CALCULATION, [GFD-END-CV-0113] (Rate)
- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)

Comments: Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests will need to be reviewed by that respective state.

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf,	11/22/2013 By: Margie Mergen
<i>Previous Version</i>						
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Summary of Area Factors - DC Off Exchange 10182013.pdf,	10/30/2013 By: Margie Mergen

Response 11**Comments:**

Acknowledged.

Related Objection 11

Applies To:

- RATE CALCULATIONS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF PLAN FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF AREA FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- SUMMARY OF GROUP SIZE FACTORS, [GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO] (Rate)
- ORTHO RATE CALCULATIONS, [GFD-END-OR-0113] (Rate)
- SUMMARY OF ORTHO PLAN FACTORS, [GFD-END-OR-0113] (Rate)
- VISION BENEFIT RIDER RATE CALCULATION, [GFD-END-CV-0113] (Rate)
- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)

State: District of Columbia
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Filing Company: BEST Life and Health Insurance Company
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)

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

Changed Items:

Supporting Document Schedule Item Changes	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf

SERFF Tracking #:

BLHI-129265499

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

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedule Item Changes

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Memorandum</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
<i>Previous Version</i>	
Satisfied - Item:	<i>Actuarial Justification</i>
Comments:	
Attachment(s):	<i>Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf</i>

No Form Schedule items changed.

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Rate/Rule Schedule Item Changes

Item No.	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments	Date Submitted
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf,	11/22/2013 By: Margie Mergen
<i>Previous Version</i>						
1	SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Summary of Area Factors - DC Off Exchange 10182013.pdf,	10/30/2013 By: Margie Mergen

Conclusion:

Sincerely,
Margie Mergen

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Note To Reviewer

Created By:

Margie Mergen on 11/19/2013 10:36 AM

Last Edited By:

Margie Mergen

Submitted On:

11/19/2013 10:36 AM

Subject:

FYI...

Comments:

I have reviewed this form filing and can only officially approve this form filing after your corresponding rate filing is approved. As a result, I am withdrawing this filing at the COB on November 25, 2013 due to my time standard to approve filings. After the corresponding rate filing has been approved ,please contact me at 202 442-7796 and send a message via "Note to Reviewer" to request to reopen your form filing if this filing is withdrawn.

Conclusion:

Sincerely,
Colin Johnson

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Group Stand Alone Dental
Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Post Submission Update Request Submitted On 11/20/2013

Status: Submitted
 Created By: Margie Mergen

General Information:

Field Name	Requested Change	Prior Value
Status of Filing in Domicile	Pending	Not Filed
Domicile Status Comments	BEST Life is domiciled in Texas. This filing is pending approval.	BEST Life is domiciled in Texas. This filing has not been filed in the Texas.

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State: District of Columbia
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
 Product Name: Group Stand Alone Dental
 Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Filing Company: BEST Life and Health Insurance Company

Rate Information

Rate data applies to filing.

Filing Method: File & Use
 Rate Change Type: Neutral
 Overall Percentage of Last Rate Revision: 0.000%
 Effective Date of Last Rate Revision: 01/01/2014
 Filing Method of Last Filing: New product

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
BEST Life and Health Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		RATE CALCULATIONS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Plan Exhibit - DC Off Exchange 10182013.pdf,
2		SUMMARY OF PLAN FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Summary of Plan Factors - DC Off Exchange 10182013.pdf,
3		SUMMARY OF AREA FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf,
4		SUMMARY OF GROUP SIZE FACTORS	GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO	New		Summary of Size Factors - DC Off Exchange 10182013.pdf,
5		ORTHO RATE CALCULATIONS	GFD-END-OR-0113	New		Ortho Plan Exhibit - DC Off Exchange 10182013.pdf,
6		SUMMARY OF ORTHO PLAN FACTORS	GFD-END-OR-0113	New		Ortho Plan Factors - DC Off Exchange 10182013.pdf,
7		VISION BENEFIT RIDER RATE CALCULATION	GFD-END-CV-0113	New		Vision Plan Exhibit - DC Off Exchange 10182013.pdf,



BEST Life and Health Insurance Company

District of Columbia Health Insurance Off-Exchange Rate Filing

Small Employer Group Dental

	Indemnity	PPO
--	-----------	-----

Base Cost	\$ 39.53	\$ 31.43
State factor	0.98	0.98
Net Cost	\$ 38.57	\$ 30.67

Administrative	12.00%	12.00%
Premium Tax	2.00%	2.00%
Broker Commission**	10.00%	10.00%
Profit	3.50%	3.50%

Target Loss Ratio	72.50%	72.50%
-------------------	--------	--------

Rate*	\$ 53.20	\$ 42.30
-------	----------	----------

* Apply area factors from Summary of Area Factors to determine rates by different rating areas.

** Varies between 8% to 10% depending on group size.

District of Columbia Health Insurance Off-Exchange Rate Filing

Summary of Plan Factors

Name	Cal Max - In	Cal Max - Out	Co-Insurance - In	Co-Insurance - Out	Deductible	OON	Perio	Endo	PlanFactor
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	75	UCR	Basic	Basic	0.795071
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	75	UCR	Basic	Basic	0.960000
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	75	UCR	Basic	Basic	1.070332
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	75	UCR	Major	Major	0.728087
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	75	UCR	Major	Major	0.879121
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	75	UCR	Major	Major	0.980157
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	50	UCR	Basic	Basic	0.828199
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	50	UCR	Basic	Basic	1.000000
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	50	UCR	Basic	Basic	1.114929
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	50	UCR	Major	Major	0.758424
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	50	UCR	Major	Major	0.915751
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	50	UCR	Major	Major	1.020997
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	25	UCR	Basic	Basic	0.869609
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	25	UCR	Basic	Basic	1.050000
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	25	UCR	Basic	Basic	1.170675
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	25	UCR	Major	Major	0.796345
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	25	UCR	Major	Major	0.961538
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	25	UCR	Major	Major	1.072047
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	75	MAC	Basic	Basic	0.605768
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	75	MAC	Basic	Basic	0.731429
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	75	MAC	Basic	Basic	0.815491
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	75	MAC	Major	Major	0.554733
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	75	MAC	Major	Major	0.669806
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	75	MAC	Major	Major	0.746787
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	50	MAC	Basic	Basic	0.631009
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	50	MAC	Basic	Basic	0.761905
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	50	MAC	Basic	Basic	0.849470
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	50	MAC	Major	Major	0.577847
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	50	MAC	Major	Major	0.697715
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	50	MAC	Major	Major	0.777903
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	25	MAC	Basic	Basic	0.662559
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	25	MAC	Basic	Basic	0.800000
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	25	MAC	Basic	Basic	0.891943
Indemnity	\$1,000	\$1,000	100/80/50	100/80/50	25	MAC	Major	Major	0.606739
Indemnity	\$1,500	\$1,500	100/80/50	100/80/50	25	MAC	Major	Major	0.732601
Indemnity	\$2,000	\$2,000	100/80/50	100/80/50	25	MAC	Major	Major	0.816798
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	75	UCR	Basic	Basic	0.858748
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	75	UCR	Basic	Basic	1.052823
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	75	UCR	Basic	Basic	1.193622
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	75	UCR	Major	Major	0.786400
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	75	UCR	Major	Major	0.964123
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	75	UCR	Major	Major	1.093060
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	50	UCR	Basic	Basic	0.894529
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	50	UCR	Basic	Basic	1.096690
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	50	UCR	Basic	Basic	1.243356
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	50	UCR	Major	Major	0.819166
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	50	UCR	Major	Major	1.004295
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	50	UCR	Major	Major	1.138605
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	25	UCR	Basic	Basic	0.939256
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	25	UCR	Basic	Basic	1.151525
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	25	UCR	Basic	Basic	1.305524
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	25	UCR	Major	Major	0.860124
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	25	UCR	Major	Major	1.054510
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	25	UCR	Major	Major	1.195535
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	75	MAC	Basic	Basic	0.654284
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	75	MAC	Basic	Basic	0.802151
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	75	MAC	Basic	Basic	0.909426
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	75	MAC	Major	Major	0.599162
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	75	MAC	Major	Major	0.734570
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	75	MAC	Major	Major	0.832808
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	50	MAC	Basic	Basic	0.681546
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	50	MAC	Basic	Basic	0.835574
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	50	MAC	Basic	Basic	0.947319
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	50	MAC	Major	Major	0.624127
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	50	MAC	Major	Major	0.765177
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	50	MAC	Major	Major	0.867508
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	25	MAC	Basic	Basic	0.715624
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	25	MAC	Basic	Basic	0.877352
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	25	MAC	Basic	Basic	0.994685
Indemnity	\$1,000	\$1,000	100/90/60	100/90/60	25	MAC	Major	Major	0.655333
Indemnity	\$1,500	\$1,500	100/90/60	100/90/60	25	MAC	Major	Major	0.803436
Indemnity	\$2,000	\$2,000	100/90/60	100/90/60	25	MAC	Major	Major	0.910884

District of Columbia Health Insurance Off-Exchange Rate Filing

Summary of Plan Factors

Name	Cal Max - In	Cal Max - Out	Co-Insurance - In	Co-Insurance - Out	Deductible	OON	Perio	Endo	PlanFactor
PPO	\$1,000	\$1,000	100/80/50	80/80/50	75	UCR	Basic	Basic	0.960000
PPO	\$1,500	\$1,500	100/80/50	80/80/50	75	UCR	Basic	Basic	1.076584
PPO	\$2,000	\$2,000	100/80/50	80/80/50	75	UCR	Basic	Basic	1.262361
PPO	\$1,000	\$1,000	100/80/50	80/80/50	75	UCR	Major	Major	0.879121
PPO	\$1,500	\$1,500	100/80/50	80/80/50	75	UCR	Major	Major	0.985882
PPO	\$2,000	\$2,000	100/80/50	80/80/50	75	UCR	Major	Major	1.174323
PPO	\$1,000	\$1,000	100/80/50	80/80/50	50	UCR	Basic	Basic	1.000000
PPO	\$1,500	\$1,500	100/80/50	80/80/50	50	UCR	Basic	Basic	1.121441
PPO	\$2,000	\$2,000	100/80/50	80/80/50	50	UCR	Basic	Basic	1.335793
PPO	\$1,000	\$1,000	100/80/50	80/80/50	50	UCR	Major	Major	0.915751
PPO	\$1,500	\$1,500	100/80/50	80/80/50	50	UCR	Major	Major	1.026961
PPO	\$2,000	\$2,000	100/80/50	80/80/50	50	UCR	Major	Major	1.223253
PPO	\$1,000	\$1,000	100/80/50	80/80/50	25	UCR	Basic	Basic	1.050000
PPO	\$1,500	\$1,500	100/80/50	80/80/50	25	UCR	Basic	Basic	1.177513
PPO	\$2,000	\$2,000	100/80/50	80/80/50	25	UCR	Basic	Basic	1.402582
PPO	\$1,000	\$1,000	100/80/50	80/80/50	25	UCR	Major	Major	0.961538
PPO	\$1,500	\$1,500	100/80/50	80/80/50	25	UCR	Major	Major	1.078309
PPO	\$2,000	\$2,000	100/80/50	80/80/50	25	UCR	Major	Major	1.284416
PPO	\$1,000	\$1,000	100/80/50	80/80/50	75	MAC	Basic	Basic	0.731429
PPO	\$1,500	\$1,500	100/80/50	80/80/50	75	MAC	Basic	Basic	0.820254
PPO	\$2,000	\$2,000	100/80/50	80/80/50	75	MAC	Basic	Basic	0.977037
PPO	\$1,000	\$1,000	100/80/50	80/80/50	75	MAC	Major	Major	0.669806
PPO	\$1,500	\$1,500	100/80/50	80/80/50	75	MAC	Major	Major	0.751149
PPO	\$2,000	\$2,000	100/80/50	80/80/50	75	MAC	Major	Major	0.894722
PPO	\$1,000	\$1,000	100/80/50	80/80/50	50	MAC	Basic	Basic	0.761905
PPO	\$1,500	\$1,500	100/80/50	80/80/50	50	MAC	Basic	Basic	0.854431
PPO	\$2,000	\$2,000	100/80/50	80/80/50	50	MAC	Basic	Basic	1.017747
PPO	\$1,000	\$1,000	100/80/50	80/80/50	50	MAC	Major	Major	0.697715
PPO	\$1,500	\$1,500	100/80/50	80/80/50	50	MAC	Major	Major	0.782446
PPO	\$2,000	\$2,000	100/80/50	80/80/50	50	MAC	Major	Major	0.932003
PPO	\$1,000	\$1,000	100/80/50	80/80/50	25	MAC	Basic	Basic	0.800000
PPO	\$1,500	\$1,500	100/80/50	80/80/50	25	MAC	Basic	Basic	0.897153
PPO	\$2,000	\$2,000	100/80/50	80/80/50	25	MAC	Basic	Basic	1.068634
PPO	\$1,000	\$1,000	100/80/50	80/80/50	25	MAC	Major	Major	0.732601
PPO	\$1,500	\$1,500	100/80/50	80/80/50	25	MAC	Major	Major	0.821569
PPO	\$2,000	\$2,000	100/80/50	80/80/50	25	MAC	Major	Major	0.978603
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	50	UCR	Basic	Basic	0.702000
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	50	UCR	Basic	Basic	0.739946
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	50	UCR	Major	Major	0.545031
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	50	UCR	Major	Major	0.574493
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	25	UCR	Basic	Basic	0.737100
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	25	UCR	Basic	Basic	0.776944
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	25	UCR	Major	Major	0.572283
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	25	UCR	Major	Major	0.603217
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	50	MAC	Basic	Basic	0.534857
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	50	MAC	Basic	Basic	0.563769
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	50	MAC	Major	Major	0.415262
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	50	MAC	Major	Major	0.437709
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	25	MAC	Basic	Basic	0.561600
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	25	MAC	Basic	Basic	0.591957
* PPO	\$1,000	\$1,000	100/80/0	80/50/0	25	MAC	Major	Major	0.436025
* PPO	\$1,500	\$1,500	100/80/0	80/50/0	25	MAC	Major	Major	0.459594
PPO	\$1,000	\$1,000	100/90/60	100/80/50	75	UCR	Basic	Basic	1.016041
PPO	\$1,500	\$1,500	100/90/60	100/80/50	75	UCR	Basic	Basic	1.245663
PPO	\$2,000	\$2,000	100/90/60	100/80/50	75	UCR	Basic	Basic	1.412252
PPO	\$1,000	\$1,000	100/90/60	100/80/50	75	UCR	Major	Major	0.930440
PPO	\$1,500	\$1,500	100/90/60	100/80/50	75	UCR	Major	Major	1.140717
PPO	\$2,000	\$2,000	100/90/60	100/80/50	75	UCR	Major	Major	1.293271
PPO	\$1,000	\$1,000	100/90/60	100/80/50	50	UCR	Basic	Basic	1.058376
PPO	\$1,500	\$1,500	100/90/60	100/80/50	50	UCR	Basic	Basic	1.297566
PPO	\$2,000	\$2,000	100/90/60	100/80/50	50	UCR	Basic	Basic	1.471096
PPO	\$1,000	\$1,000	100/90/60	100/80/50	50	UCR	Major	Major	0.969209
PPO	\$1,500	\$1,500	100/90/60	100/80/50	50	UCR	Major	Major	1.188247
PPO	\$2,000	\$2,000	100/90/60	100/80/50	50	UCR	Major	Major	1.347157
PPO	\$1,000	\$1,000	100/90/60	100/80/50	25	UCR	Basic	Basic	1.111295
PPO	\$1,500	\$1,500	100/90/60	100/80/50	25	UCR	Basic	Basic	1.362444
PPO	\$2,000	\$2,000	100/90/60	100/80/50	25	UCR	Basic	Basic	1.544651
PPO	\$1,000	\$1,000	100/90/60	100/80/50	25	UCR	Major	Major	1.017669
PPO	\$1,500	\$1,500	100/90/60	100/80/50	25	UCR	Major	Major	1.247660
PPO	\$2,000	\$2,000	100/90/60	100/80/50	25	UCR	Major	Major	1.414515
PPO	\$1,000	\$1,000	100/90/60	100/80/50	75	MAC	Basic	Basic	0.774126
PPO	\$1,500	\$1,500	100/90/60	100/80/50	75	MAC	Basic	Basic	0.949077
PPO	\$2,000	\$2,000	100/90/60	100/80/50	75	MAC	Basic	Basic	1.076002
PPO	\$1,000	\$1,000	100/90/60	100/80/50	75	MAC	Major	Major	0.708907
PPO	\$1,500	\$1,500	100/90/60	100/80/50	75	MAC	Major	Major	0.869118
PPO	\$2,000	\$2,000	100/90/60	100/80/50	75	MAC	Major	Major	0.985349
PPO	\$1,000	\$1,000	100/90/60	100/80/50	50	MAC	Basic	Basic	0.806382
PPO	\$1,500	\$1,500	100/90/60	100/80/50	50	MAC	Basic	Basic	0.968622
PPO	\$2,000	\$2,000	100/90/60	100/80/50	50	MAC	Basic	Basic	1.120835
PPO	\$1,000	\$1,000	100/90/60	100/80/50	50	MAC	Major	Major	0.738445
PPO	\$1,500	\$1,500	100/90/60	100/80/50	50	MAC	Major	Major	0.905331
PPO	\$2,000	\$2,000	100/90/60	100/80/50	50	MAC	Major	Major	1.026406
PPO	\$1,000	\$1,000	100/90/60	100/80/50	25	MAC	Basic	Basic	0.846701
PPO	\$1,500	\$1,500	100/90/60	100/80/50	25	MAC	Basic	Basic	1.038053
PPO	\$2,000	\$2,000	100/90/60	100/80/50	25	MAC	Basic	Basic	1.176877
PPO	\$1,000	\$1,000	100/90/60	100/80/50	25	MAC	Major	Major	0.775367
PPO	\$1,500	\$1,500	100/90/60	100/80/50	25	MAC	Major	Major	0.950598
PPO	\$2,000	\$2,000	100/90/60	100/80/50	25	MAC	Major	Major	1.077726

*Ortho Plan Not Available.

District of Columbia Health Insurance Off-Exchange Rate Filing

Summary of Area Factors

Area Factor

Rating Area 1	1.000000
---------------	----------

District of Columbia Health Insurance Off-Exchange
 Rate Filing

Summary of Group Size Factors

Group Size	Dental	Ortho - to age 19	Ortho - over age 19
2-4	1.18	-	-
5-9	1.01	1.50	-
10-24	0.93	1.20	-
25-50	0.93	1.20	1.00
51-100	0.96	0.95	1.00



BEST Life and Health Insurance Company

District of Columbia Health Insurance Off-Exchange Rate Filing

Small Employer Group Dental - Orthodontia Rider

	Cosmetic Over 19	Cosmetic to Age 19
Base Cost	\$ 0.90	\$ 9.17
State factor	0.98	0.98
Net Cost	\$ 0.87	\$ 8.95
Administrative	12.00%	12.00%
Premium Tax	2.00%	2.00%
Broker Commission*	10.00%	10.00%
Profit	3.50%	3.50%
Target Loss Ratio	72.50%	72.50%
Rate	\$ 1.21	\$ 12.35

* *Varies between 8% to 10% depending on group size.*

District of Columbia Health Insurance Off-Exchange Rate Filing

Summary of Orthodontia Rider Plan Factors

Plan	Coinsurance-IN	Coinsurance-Out	Life Max IN	Life Max Out	OON	Plan Factor
Cosmetic To Age 19	50%	50%	\$1,000	1000	UCR	1.000000
Cosmetic To Age 19	50%	50%	\$1,500	1000	UCR	1.300000
Cosmetic To Age 19	50%	50%	\$2,000	1000	UCR	1.690000
Cosmetic To Age 19	50%	50%	\$1,000	1000	MAC	0.761905
Cosmetic To Age 19	50%	50%	\$1,500	1000	MAC	0.990476
Cosmetic To Age 19	50%	50%	\$2,000	1000	MAC	1.287619

Plan	Coinsurance-IN	Coinsurance-Out	Life Max IN	Life Max Out	OON	Plan Factor
Cosmetic Over 19	50%	50%	\$1,000	1000	UCR	1.000000
Cosmetic Over 19	50%	50%	\$1,500	1000	UCR	1.300000
Cosmetic Over 19	50%	50%	\$2,000	1000	UCR	1.690000
Cosmetic Over 19	50%	50%	\$1,000	1000	MAC	0.761905
Cosmetic Over 19	50%	50%	\$1,500	1000	MAC	0.990476
Cosmetic Over 19	50%	50%	\$2,000	1000	MAC	1.287619



BEST Life and Health Insurance Company

District of Columbia Health Insurance Off-Exchange Rate Filing
--

Small Employer Group Dental - Children's Vision Benefit Rider

Base Cost	\$	1.45
-----------	----	------

Administrative		12.00%
Premium Tax		2.00%
Broker Commission**		10.00%
Profit		3.50%

Target Loss Ratio		72.50%
-------------------	--	--------

Rate*	\$	1.99
-------	----	------

* For children through age 18.

* There is a 12 month waiting period immediately following the effective date.

** Varies between 8% to 10% depending on group size.

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	Coversheet - Group.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	Broker Commission Schedule - DC Final Plans-Off Exchange 11212013.pdf Revised Summary of Area Factors - DC Final Plans-Off Exchange 11212013.pdf Summary of Size Factors - DC Off Exchange 10182013.pdf
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	NA
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	

SERFF Tracking #:

BLHI-129265499

State Tracking #:

Company Tracking #:

GFD-DP-RATE-DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Group Stand Alone Dental

Project Name/Number:

Rate Filing-DC/GFD-DP-POL-0113

Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	



District of Columbia
Department of Insurance and Securities Regulation
Via SERFF

BEST Life and Health Insurance Company – NAIC No. 90638
FEIN: 95-6042390
SERFF Tracking #s BLHI-129265499

Dear Sir or Madam,

On behalf of BEST Life and Health Insurance Company, please find enclosed the Rates Filing. Details are provided below as requested:

- a. GFD-DP-POL-0113DC-IND, GFD-DP-POL-0113DC-PPO, GFD-DP-CERT-0113DC-IND, GFD-DP-CERT-0113DC-PPO
- b. Proposed Effective Date: January 1, 2014
- c. This is an initial filing.
- d. There are no DC Policyholders.
- e. This filing is for offering non-certified dental PPO/indemnity to small and large groups. This product provides coverage for groups not mandated to purchase a certified dental plan, or who have a certified pediatric only dental plan and need coverage for everyone else in their group. These forms do not replace previously filed forms and do not deviate from generally accepted standard insurance practices.
- f. Overall Premium Impact of Filing on DC Policyholders: This is a new product filing, not applicable.

Please contact me directly at the number listed below or via email for any questions you may have. I appreciate your time and consideration.

Sincerely,

Margie Mergen
Compliance Analyst
BEST Life and Health Insurance Company
1-800-433-0088, ext. 226
Fax: 949-222-1004
Email: mmergen@bestlife.com

Actuarial Memorandum

Scope and Purpose

This is a new product rate filing to for a new dental insurance product that will offer PPO, Passive PPO and Indemnity dental coverage off exchange only, under group policy number GFD-DP-POL-0113DC. The form filing does not replace previously approved forms.

Description of Benefits

These plans are designed to be offered through the Beneficial Employees Security Trust of Utah, which is situated in the State of Utah. These plans will be marketed to employer groups outside the District of Columbia SHOP Exchange market. The trust will be the policyholder.

Adults and child dependents ages 0 to 26 are eligible for coverage as long as the adults are full-time employees, or part-time employees if the employer so chooses. The Policy will coordinate benefits with a certified pediatric plan and provide additional coverage to child dependents ages 0 to 26, if the employer so chooses.

Benefit Renewability

The policies are standard group contracts, to be issued to employer-sponsored groups and group associations. Coverage for individuals is renewable at the option of the policyholder. The Company reserves the right to increase premiums.

Proposed Effective Date

January 1, 2014

Description of Rate Calculations

- Base claim costs are developed using our company California 2012 claims experience
- Base claim costs are adjusted to reflect the plan design and adjusted for area using the 2010 HealthMaps Dental Rate Manual.
- Standard company retention of 27.50% (administration – 12.00%, premium tax – 2.00%, commissions – 10.00% and profit – 3.50%) is applied.

Anticipated Future Loss Ratio

The anticipated future loss ratio for this policy is expected to be 72.50%. The loss ratio is computed as follows:

$$\text{Loss Ratio} = \frac{\text{Expected Incurred Claims}}{\text{Expected Earned Premium}}$$

Incurred claims are total claims for covered expenses paid on behalf of a covered person while coverage is in force, summed for all covered persons. Earned premium is the premium for each covered person for the period coverage is in force, summed for all covered persons.

I, Adam S. Chan, Actuary for BEST Life and Health Insurance Company ("BEST"), NAIC #90638, domiciled in Texas, do hereby certify that to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Utah and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the attached rates are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.

Actuarial Certification



Adam S. Chan, A.S.A., M.A.A.A.
Corporate Actuary
BEST Life and Health Insurance Company
Irvine, California

October 18, 2013
Date

District of Columbia Health Insurance
Off-Exchange Rate Filing

Broker Commission Schedule

Group Size	Commission %
2-50	10%
51-100	8%

District of Columbia Health Insurance Off-Exchange Rate Filing

Summary of Area Factors

Area Factor

Rating Area 1	1.000000
---------------	----------

District of Columbia Health Insurance Off-Exchange
 Rate Filing

Summary of Group Size Factors

Group Size	Dental	Ortho - to age 19	Ortho - over age 19
2-4	1.18	-	-
5-9	1.01	1.50	-
10-24	0.93	1.20	-
25-50	0.93	1.20	1.00
51-100	0.96	0.95	1.00

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Group Stand Alone Dental

Project Name/Number: Rate Filing-DC/GFD-DP-POL-0113

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
10/24/2013		Rate	SUMMARY OF AREA FACTORS	11/22/2013	Summary of Area Factors - DC Off Exchange 10182013.pdf (Superseded)
10/24/2013		Supporting Document	Actuarial Memorandum	11/22/2013	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf
10/24/2013		Supporting Document	Actuarial Justification	11/22/2013	Actuarial Memorandum DC - Off Exchange Group October 18 2013.pdf (Superseded)

District of Columbia Health Insurance Off-Exchange Rate Filing

Summary of Area Factors

Area Factor

Rating Area 1	0.975906
Rating Area 2	0.976866
Rating Area 3	1.043542
Rating Area 4	0.978771

Actuarial Memorandum

Scope and Purpose

This is a new product rate filing to for a new dental insurance product that will offer PPO, Passive PPO and Indemnity dental coverage off exchange only, under group policy number GFD-DP-POL-0113DC. The form filing does not replace previously approved forms.

Description of Benefits

These plans are designed to be offered through the Beneficial Employees Security Trust of Utah, which is situated in the State of Utah. These plans will be marketed to employer groups outside the District of Columbia SHOP Exchange market. The trust will be the policyholder.

Adults and child dependents ages 0 to 26 are eligible for coverage as long as the adults are full-time employees, or part-time employees if the employer so chooses. The Policy will coordinate benefits with a certified pediatric plan and provide additional coverage to child dependents ages 0 to 26, if the employer so chooses.

Benefit Renewability

The policies are standard group contracts, to be issued to employer-sponsored groups and group associations. Coverage for individuals is renewable at the option of the policyholder. The Company reserves the right to increase premiums.

Proposed Effective Date

January 1, 2014

Description of Rate Calculations

- Base claim costs are developed using our company California 2012 claims experience
- Base claim costs are adjusted to reflect the plan design and adjusted for area using the 2010 HealthMaps Dental Rate Manual.
- Standard company retention of 27.50% (administration – 12.00%, premium tax – 2.00%, commissions – 10.00% and profit – 3.50%) is applied.

Anticipated Future Loss Ratio

The anticipated future loss ratio for this policy is expected to be 72.50%. The loss ratio is computed as follows:

$$\text{Loss Ratio} = \frac{\text{Expected Incurred Claims}}{\text{Expected Earned Premium}}$$

Incurred claims are total claims for covered expenses paid on behalf of a covered person while coverage is in force, summed for all covered persons. Earned premium is the premium for each covered person for the period coverage is in force, summed for all covered persons.

I, Adam S. Chan, Actuary for BEST Life and Health Insurance Company ("BEST"), NAIC #90638, domiciled in Texas, do hereby certify that to the best of my knowledge and judgment, this rate submission is in compliance with the applicable laws and regulations of Utah and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the attached rates are reasonable in relation to the benefits provided and are not excessive, inadequate, or unfairly discriminatory.

Actuarial Certification



Adam S. Chan, A.S.A., M.A.A.A.
Corporate Actuary
BEST Life and Health Insurance Company
Irvine, California

October 18, 2013
Date