
State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: 2017 Ind SADP
Project Name/Number: IFD-PPO-RTE-0316DC/IFD-PPO-RTE-0316DC

Filing at a Glance

Company: BEST Life and Health Insurance Company
Product Name: 2017 Ind SADP
State: District of Columbia
TOI: H10I Individual Health - Dental
Sub-TOI: H10I.000 Health Dental
Filing Type: Rate
Date Submitted: 05/01/2016
SERFF Tr Num: BLHI-130553170
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: IFD-PPO-RTE-0316DC

Implementation: 01/01/2017
Date Requested:
Author(s): Paul Peatross
Reviewer(s): John Morgan (primary), Damon Siler
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** BEST Life and Health Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: 2017 Ind SADP
Project Name/Number: IFD-PPO-RTE-0316DC/IFD-PPO-RTE-0316DC

General Information

Project Name: IFD-PPO-RTE-0316DC	Status of Filing in Domicile: Not Filed
Project Number: IFD-PPO-RTE-0316DC	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Not yet filed in domicile.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact: -8.62%	Filing Status Changed: 05/05/2016
	State Status Changed:
Deemer Date:	Created By: Paul Peatross
Submitted By: Paul Peatross	Corresponding Filing Tracking Number:

Filing Description:
 Cover letter submitted under supporting documents tab.

Company and Contact

Filing Contact Information

Paul Peatross, President	ppeatross@bestlife.com
2505 McCabe Way	949-222-2118 [Phone]
Irvine, CA 92614	

Filing Company Information

BEST Life and Health Insurance Company	CoCode: 90638	State of Domicile: Texas
2505 McCabe Way	Group Code:	Company Type:
Irvine, CA 92623	Group Name:	State ID Number: 90638
(800) 433-0088 ext. [Phone]	FEIN Number: 95-6042390	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

BLHI-130553170

State Tracking #:

Company Tracking #:

IFD-PPO-RTE-0316DC

State: District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

Product Name: 2017 Ind SADP

Project Name/Number: IFD-PPO-RTE-0316DC/IFD-PPO-RTE-0316DC

Rate Information

Rate data applies to filing.

Filing Method:

Review and Approve

Rate Change Type:

Decrease

Overall Percentage of Last Rate Revision:

-12.000%

Effective Date of Last Rate Revision:

01/01/2016

Filing Method of Last Filing:

Review and Approve

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	-8.620%	-8.620%	\$0	0	\$0	-8.620%	-8.620%

SERFF Tracking #:

BLHI-130553170

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

IFD-PPO-RTE-0316DC

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

BEST Life and Health Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental**Product Name:** 2017 Ind SADP**Project Name/Number:** IFD-PPO-RTE-0316DC/IFD-PPO-RTE-0316DC

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Individual Pediatric Rates	IFD-PPO-POL-0316DC	Revised	Previous State Filing Number: BLHI-130058652 Percent Rate Change Request:	Individual Pediatric Rates - DC 04292016.pdf,
2		Individual Adult Rates	IFD-PPO-POL-0316DC	Revised	Previous State Filing Number: BLHI-130058652 Percent Rate Change Request:	Individual Supplemental Rates - DC 04292016.pdf,
3		Individual Plan Experience	IFD-PPO-POL-0316DC	Revised	Previous State Filing Number: BLHI-130058652 Percent Rate Change Request:	2015 Individual Plans Experience data.pdf,

District of Columbia 2017 Health Insurance Exchange Rate Filing

Individual Dental - Essential Pediatric Plans

High Plan - Actuarial Value 85%	Low Plan - Actuarial Value 70%
Per Child*	Per Child*

2016 Expected Claim Cost	\$ 35.18	\$ 27.23
Trend	1.00000	1.00000
Rate Change	0.91378	0.91378
2017 Expected Claim Cost	\$ 32.15	\$ 24.88

Administrative	13.50%	13.50%
Premium Tax	2.00%	2.00%
User Fees**	3.50%	3.50%
Broker Commission	10.00%	10.00%
Profit	3.50%	3.50%

Target Loss Ratio	67.50%	67.50%
-------------------	--------	--------

Final Rate**	\$ 47.63	\$ 36.86
--------------	----------	----------

* Children to age 21 are eligible to enroll on the Pediatric Dental Plans.

** User fees of 3.5% imposed by the Department of Health and Human Services are included.

District of Columbia 2017 Health Insurance Exchange Rate Filing

Individual Dental - Supplemental Plans

Advantage Gold	Plus Gold	Plus Silver	Basic Silver
----------------	-----------	-------------	--------------

2016 Expected Claim Cost	\$ 40.59	\$ 33.77	\$ 32.13	\$ 23.08
Trend	1.00000	1.00000	1.00000	1.00000
Rate Change	0.91378	0.91378	0.91378	0.91378
2017 Expected Claim Cost	\$ 37.09	\$ 30.86	\$ 29.36	\$ 21.09

Administrative	13.50%	13.50%	13.50%	13.50%
Premium Tax	2.00%	2.00%	2.00%	2.00%
User Fees*	3.50%	3.50%	3.50%	3.50%
Broker Commission	10.00%	10.00%	10.00%	10.00%
Profit	3.50%	3.50%	3.50%	3.50%

Target Loss Ratio	67.50%	67.50%	67.50%	67.50%
-------------------	--------	--------	--------	--------

Rate	\$ 54.95	\$ 45.72	\$ 43.50	\$ 31.24
------	----------	----------	----------	----------

Final Rate Per Individual***

Age 21 to 26**	\$ 51.43	\$ 42.79	\$ 40.72	\$ 29.24
Age 26 to 65	\$ 54.95	\$ 45.72	\$ 43.50	\$ 31.24
Age 65 and Up	\$ 65.94	\$ 54.86	\$ 52.20	\$ 37.49

* User fees of 3.5% imposed by the Department of Health and Human Services are included.

** Adults and child dependents ages 21 to 26 are eligible to enroll on the Supplemental Dental Plans.

District of Columbia 2017 Health Insurance Exchange Rate Filing
2015 Individual Plans Experience Data

SERFF ID	Total CHILD Member Month	Total ADULT Member Month	PAIDCLAIMS_CHILD	PAIDCLAIMS_ADULT	PREMIUM_CHILD	PREMIUM_ADULT
95051DC0020001						
95051DC0020002						
95051DC0020003						
95051DC0020004						
95051DC0020005						
95051DC0020006						
Grand Total	-	-	\$ -	\$ -	\$ -	\$ -
		PMPM Trend	#DIV/0!	#DIV/0!	0.0%	
		Trended PMPM		#DIV/0!		

2016 Expected Claims Cost PMPM

SERFF ID	Child	Adult
95051DC0020001	\$ 35.18	
95051DC0020002	\$ 27.23	
95051DC0020003		\$ 40.59
95051DC0020004		\$ 33.77
95051DC0020005		\$ 32.13
95051DC0020006		\$ 23.08
Weighted Average		\$ 32.39

Credibility 0.33

Blended claims PMPM

Rate Change -8.62% Based on weighted average nationwide rate changes

2016/2017 Annual Premium Base Rate

SERFF ID	2016 Annual Premium Base Rate	2017 Annual Premium Base Rate	Impact to Written Premium
95051DC0020001	\$ 625.44	\$ 571.51	\$ -
95051DC0020002	\$ 484.08	\$ 442.34	\$ -
95051DC0020003	\$ 721.56	\$ 659.35	\$ -
95051DC0020004	\$ 600.36	\$ 548.60	\$ -
95051DC0020005	\$ 571.20	\$ 521.95	\$ -
95051DC0020006	\$ 410.28	\$ 374.91	\$ -
			\$ -

SERFF Tracking #:

BLHI-130553170

State Tracking #:

Company Tracking #:

IFD-PPO-RTE-0316DC

State: District of Columbia
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: 2017 Ind SADP
Project Name/Number: IFD-PPO-RTE-0316DC/IFD-PPO-RTE-0316DC

Filing Company: BEST Life and Health Insurance Company

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	BL_DC2017IndCvrLtr_1.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Actuarial Memorandum DC - Individual 04302016.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	
Attachment(s):	AV_DC 04302016.pdf Rate Manual & UW Guidelines.pdf Summary of Age Factors.pdf Summary of Area Factors.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not P&C Filing
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not P&C Filing
Attachment(s):	

SERFF Tracking #:

BLHI-130553170

State Tracking #:

Company Tracking #:

IFD-PPO-RTE-0316DC

State:

District of Columbia

Filing Company:

BEST Life and Health Insurance Company

TOI/Sub-TOI:

H10I Individual Health - Dental/H10I.000 Health Dental

Product Name:

2017 Ind SADP

Project Name/Number:

IFD-PPO-RTE-0316DC/IFD-PPO-RTE-0316DC

Item Status:	
Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Stand Alone Dental Filing. URRT does not apply
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Stand Alone Dental Filing. URRT does not apply
Attachment(s):	
Item Status:	
Status Date:	



BEST Life and Health Insurance Company – NAIC No. 90638
FEIN: 95-6042390

April 22, 2016

Forms Replaced:
BLHI-130010086
IFD-PPO-POL-0315DC
IFD-PPO-APP-0315DC

Disposition Date: 06/03/2015

Forms Submitted:
BLHI-130524009
IFD-PPO-POL-0316DC
IFD-PPO-APP-0316DC

BEST Life submits this, its form and rates filing for use on and off of the individual marketplace in District of Columbia. The filing is consistent with the requirements of the Affordable Care Act, providing pediatric insureds with all benefits required and at the mandated actuarial values.

The forms have been updated. The cost sharing amounts and benefits are unchanged. Redlines have been attached under the supporting documents tab for comparison.

BEST Life is also including rates with this filing.

Sincerely,

Paul Peatross
BEST Life and Health Insurance Company
17701 Mitchell North
Irvine, CA 92614
949.222.2118
ppeatross@bestlife.com

Actuarial Memorandum

Scope and Purpose

This is a PPO product re-certification to satisfy the Stand-Alone Supplemental and Pediatric Dental Plans Rate Filing requirements for the District of Columbia Health Benefit Plan under individual policy number IFD-PPO-POL-0416DC. The form filing will replace previously approved forms.

HIOS ID: 95051

Description of Benefits

The policy provides benefits for two dental products: a Pediatric Dental Plan and an optional Supplemental Dental Plan. The Pediatric Dental plans offer the essential pediatric oral benefits required by the Affordable Care Act (ACA). Individuals will have the option of purchasing a high or low plan that meets the Actuarial Value required by the ACA. Individuals will also have the option of purchasing additional coverage for other family members, older than 21 and may choose from four Supplemental dental plans.

These plans are designed to be marketed to individuals through the District of Columbia Exchange market. The individual will be the Policyholder for this filing.

Children to age 21 are eligible to enroll on the Pediatric Dental Plan. Adults and child dependents ages 21 to 26 are eligible to enroll on the Supplemental Dental Plan.

Benefit Renewability

The policies are standard individual contracts. Coverage for individuals is guaranteed renewable.

Proposed Rate Change

To change the 2016 approved rates by (8.62%) based on the weighted average rate changes for our other state filings. See attached "2015 Individual Plans Experience data" for the current and proposed annual premium.

Proposed Effective Date

January 1, 2017

Description of Rate Calculations

- Start with the 2016 expected claims costs from the 2016 approved filings
- Trend it forward at 0% to 2017
- Apply a rate reduction of 12%
- Standard company retention of 32.50% (administration – 13.50%, premium tax – 2.00%, user fees – 3.50%, commissions – 10.00% and profit – 3.50%) is applied.
- Premium rate by different rating areas will be calculated by multiplied gross premium base rate by area factor.

Anticipated Future Loss Ratio

The anticipated future loss ratio for this policy is expected to be 67.50%. 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.

Area Factor

See attached “Summary of Area Factors”.

Age Factor

See attached “Summary of Age Factors”.

Actuarial Value Calculations

See attached “AV_DC 04292016”.

Rule Manual & Underwriting Guidelines

See attached “Rule Manual & UW Guidelines”.

Actuarial Certification

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 District of Columbia 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.



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

April 30, 2016
Date

District of Columbia 2017 Health Insurance Exchange Rate Filing

Calculation of Actuarial Values

High Plan - In-Network Benefits only*

	Basic Net Monthly Cost	Deductible Adjustments	Net Cost after Deductible Adjustments	Maximum Adjustments	Net Cost	Coinsurance	Final Net Cost
Class I	\$ 26.55	\$ -	\$ 26.55	\$ -	\$ 26.55	100%	\$ 26.55
Class II	\$ 10.28	\$ (1.49)	\$ 8.79	\$ (0.69)	\$ 8.10	70%	\$ 5.67
Class III	\$ 0.21	\$ -	\$ 0.21	\$ (0.11)	\$ 0.10	50%	\$ 0.05
Ortho.	\$ 0.09	\$ -	\$ 0.09	\$ (0.03)	\$ 0.06	50%	\$ 0.03

\$ 37.13

\$ 32.30

Actuarial Value	87.0%
-----------------	-------

Low Plan - In-Network Benefits only*

	Basic Net Monthly Cost	Deductible Adjustments	Net Cost after Deductible Adjustments	Maximum Adjustments	Net Cost	Coinsurance	Final Net Cost
Class I	\$ 26.55	\$ (6.96)	\$ 19.59	\$ -	\$ 19.59	100%	\$ 19.59
Class II	\$ 10.28	\$ (0.11)	\$ 10.17	\$ (0.69)	\$ 9.48	70%	\$ 6.64
Class III	\$ 0.21	\$ (0.02)	\$ 0.19	\$ (0.11)	\$ 0.08	50%	\$ 0.04
Ortho.	\$ 0.09	\$ -	\$ 0.09	\$ (0.03)	\$ 0.06	50%	\$ 0.03

\$ 37.13

\$ 26.30

Actuarial Value	70.8%
-----------------	-------

* A loading of 25% will be used to account for selection risk due to individual products.

District of Columbia 2017 Health Insurance Exchange Rate Filing

Rule Manual

2017 expected net cost	a	
Administrative	b	
Premium Tax	c	
User Fees	d	
Broker Commission	e	
Profit	f	
Target Loss Ratio	$g=1-b-c-d-e-f$	
2017 premium base rate	$h=a/g$	
Area factor by rating area	i	
Age factor	j	for supplemental plans only
2017 final premium rate	$k=h*i*j$	

Underwriting Guidelines

Renewability:
 Plans are guaranteed renewable

Rate will only vary by the following factors:
 Age, benefit option and geographic areas

District of Columbia 2017 Health Insurance Exchange
Rate Filing

Summary of Age Factors

Age Factor

Age 21 to 26	93.60%
Age 26 to 65	100.00%
Age 65 & up	120.00%



BEST Life and Health Insurance Company

District of Columbia 2017 Health Insurance Exchange Rate Filing
--

Summary of Area Factors

Area Factor

Rating Area 1	1.00000
---------------	---------