

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: DDIC, 15HCR Ind PPO DC, Rates
Project Name/Number: DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

Filing at a Glance

Company: Delta Dental Insurance Company
 Product Name: DDIC, 15HCR Ind PPO DC, Rates
 State: District of Columbia
 TOI: H10I Individual Health - Dental
 Sub-TOI: H10I.000 Health Dental
 Filing Type: Rate
 Date Submitted: 06/05/2014
 SERFF Tr Num: DDPa-129528172
 SERFF Status: Pending State Action
 State Tr Num:
 State Status:
 Co Tr Num: DDIC, 15HCR IND PPO DC, RATES
 Implementation: 01/01/2015
 Date Requested:
 Author(s): Connie Roth, Noel Brennan, Alisa Koelling, Brandy Christian
 Reviewer(s): Darniece Shirley (primary), Alula Selassie, John Morgan, Beichen Li
 Disposition Date:
 Disposition Status:
 Implementation Date:
 State Filing Description:

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: DDIC, 15HCR Ind PPO DC, Rates
Project Name/Number: DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

General Information

Project Name: DDIC, 15HCR Ind PPO DC, Rates	Status of Filing in Domicile: Not Filed
Project Number: DDIC, 15HCR Ind PPO DC, Rates	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: These rates will not be used in in our domiciliary state of Delaware; therefore, they have not been submitted to the Delaware Department of Insurance.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 06/11/2014
Deemer Date:	State Status Changed:
Submitted By: Alisa Koelling	Created By: Alisa Koelling
	Corresponding Filing Tracking Number: DDPA-129528173

Filing Description:
Dear Sir or Madam:

Enclosed for your review and approval is a new Delta Dental Insurance Company (NAIC Company Code 81396) individual rate filing under SERFF #DDPA-129528172.

This is an initial rate filing. These rates will be used when our Delta Dental product is sold direct or by a partnership relationship to individuals inside the District of Columbia Health Benefit Exchange. We have filed forms for use inside the exchange under SERFF #DDPA-129528173. These products will use the Delta Dental PPO and Delta Dental Premier® networks and will be marketed by the District of Columbia Health Benefit Exchange, licensed agents, brokers, third party administrators, mass marketed via various publications or online.

These rates pertain to the pediatric (EHB) plans Individual Pediatric Preferred/High and Basic/Low Plans that will provide the required coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA). They also pertain to the family plans Individual Family Preferred/High and Basic/Low Plans that will provide the required EHB coverage and dental coverage for anyone over the age of 19.

Our effective date for use of these rates will be January 1, 2015, provided the filing has been approved by or deemed approved by your Department.

Thank you for your attention to this filing. If you should need any additional information or have any questions, please do not hesitate to contact me at (916) 861-1974 or akoelling@delta.org.

Sincerely,
Alisa Koelling
Regulatory Analyst

Company and Contact

Filing Contact Information

Alisa Koelling, Regulatory Analyst	akoelling@delta.org
11155 International Drive	916-861-1974 [Phone]
Rancho COrdova, CA 95670	916-861-2748 [FAX]

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: DDIC, 15HCR Ind PPO DC, Rates
Project Name/Number: DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

Filing Company Information

Delta Dental Insurance Company	CoCode: 81396	State of Domicile: Delaware
1130 Sanctuary Parkway	Group Code: 2479	Company Type: LAH
Suite 600	Group Name:	State ID Number:
Alpharetta, GA 30009	FEIN Number: 94-2761537	
(770) 641-5217 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

DDPA-129528172

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

DDIC, 15HCR IND PPO DC, RATES

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

Delta Dental Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental**Product Name:** DDIC, 15HCR Ind PPO DC, Rates**Project Name/Number:** DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Removed - Withdraw		New		
2		Actuarial Memorandum (Family)	XIP-DC-ENT-15	New		Actuarial Memorandum Delta DC Family PPO Individual 2014 05 30.pdf,



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number XIP-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to individuals through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", written in a cursive style.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia Individual Family Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	no
Per Person	\$85	\$80	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (MN Ortho)	12 mos	12 mos	NAB*	NAB*
Waiting Periods (Major)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	NAB*	NAB*
Rates:				
Region 1	\$28.00	\$22.49	\$46.24	\$21.77

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B

District of Columbia Individual Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	0.00%	0.00%	0.00%	0.00%
ACA Tax	1.50%	1.50%	1.50%	1.50%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	34.50%	32.00%	34.50%	34.50%
Anticipated Loss Ratio **	66.50%	69.04%	66.50%	66.50%
Target Loss Ratio***	65.50%	68.00%	65.50%	65.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%

State: District of Columbia **Filing Company:** Delta Dental Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: DDIC, 15HCR Ind PPO DC, Rates
Project Name/Number: DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the attached Cover Letter.
Attachment(s):	DDIC HCR Inside Individual Cover Letter (Rates).pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Submitter is an employee of the company.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Please see the attached Actuarial Memorandums.
Attachment(s):	Actuarial Memorandum Delta DC Pediatric PPO Individual 2014 05 30.pdf Actuarial Memorandum Delta DC Family PPO Individual 2014 05 30.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see the attached Actuarial Memorandums.
Attachment(s):	Actuarial Memorandum Delta DC Pediatric PPO Individual 2014 05 30.pdf Actuarial Memorandum Delta DC Family PPO Individual 2014 05 30.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a 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:	This is not a P&C filing.
Attachment(s):	

SERFF Tracking #:

DDPA-129528172

State Tracking #:

Company Tracking #:

DDIC, 15HCR IND PPO DC, RATES

State: District of Columbia

Filing Company: Delta Dental Insurance Company

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

Product Name: DDIC, 15HCR Ind PPO DC, Rates

Project Name/Number: DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	This is not a binder filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	We are not proposing a rate increase on a non-grandfathered product, nor is this a binder filing.
Attachment(s):	
Item Status:	
Status Date:	

Dear Sir or Madam:

Enclosed for your review and approval is a new Delta Dental Insurance Company (NAIC Company Code 81396) individual rate filing under SERFF #DDPA-129528172.

This is an initial rate filing. These rates will be used when our Delta Dental product is sold direct or by a partnership relationship to individuals inside the District of Columbia Health Benefit Exchange. We have filed forms for use inside the exchange under SERFF #DDPA-129528173. These products will use the Delta Dental PPO and Delta Dental Premier® networks and will be marketed by the District of Columbia Health Benefit Exchange, licensed agents, brokers, third party administrators, mass marketed via various publications or online.

These rates pertain to the pediatric (EHB) plans Individual Pediatric Preferred/High and Basic/Low Plans that will provide the required coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA). They also pertain to the family plans Individual Family Preferred/High and Basic/Low Plans that will provide the required EHB coverage and dental coverage for anyone over the age of 19.

Our effective date for use of these rates will be January 1, 2015, provided the filing has been approved by or deemed approved by your Department.

Thank you for your attention to this filing. If you should need any additional information or have any questions, please do not hesitate to contact me at (916) 861-1974 or akoelling@delta.org.

Sincerely,



Alisa Koelling
Regulatory Analyst
Delta Dental Insurance Company



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number PIP-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to individuals through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", written in a cursive style.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia Individual Pediatric Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$85	\$80
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (MN Ortho)	12 mos	12 mos
Waiting Periods (Major)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	\$28.00	\$22.49

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia Individual Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic
Admin Expenses	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	0.00%	0.00%
ACA Tax	1.50%	1.50%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	34.50%	32.00%
Anticipated Loss Ratio **	66.50%	69.04%
Target Loss Ratio***	65.50%	68.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number XIP-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to individuals through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
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Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia Individual Family Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	no
Per Person	\$85	\$80	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (MN Ortho)	12 mos	12 mos	NAB*	NAB*
Waiting Periods (Major)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	NAB*	NAB*
Rates:				
Region 1	\$28.00	\$22.49	\$46.24	\$21.77

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B

District of Columbia Individual Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	0.00%	0.00%	0.00%	0.00%
ACA Tax	1.50%	1.50%	1.50%	1.50%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	34.50%	32.00%	34.50%	34.50%
Anticipated Loss Ratio **	66.50%	69.04%	66.50%	66.50%
Target Loss Ratio***	65.50%	68.00%	65.50%	65.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number PIP-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to individuals through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

A handwritten signature in dark ink, appearing to read "Thomas J. Leibowitz", with a long horizontal flourish extending to the right.

Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
San Francisco, CA 94105
(415) 972-8443

Attachment A
District of Columbia Individual Pediatric Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic
Diagnostic & Preventive	100%	100%
Basic Services	80%	50%
Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$85	\$80
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (MN Ortho)	12 mos	12 mos
Waiting Periods (Major)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	\$28.00	\$22.49

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B
District of Columbia Individual Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic
Admin Expenses	22.50%	22.50%
Risk Margin	5.50%	3.00%
Premium Tax	0.00%	0.00%
ACA Tax	1.50%	1.50%
TPA Admin	0.00%	0.00%
Commissions	5.00%	5.00%
Total	34.50%	32.00%
Anticipated Loss Ratio **	66.50%	69.04%
Target Loss Ratio ***	65.50%	68.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
Average Annual Premium	\$643	\$641	\$656
Incurred Claims	\$17,011,429	\$15,864,140	\$16,475,297
Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number XIP-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The family dental plans are defined in Attachment A and cover standardly covered services.

3. Renewability

All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to individuals through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

24. Proposed Effective Date

01/01/2015.

25. Actuarial Certification

I, Thomas J. Leibowitz, FSA, MAAA, am a member of the American Academy of Actuaries, and meet the Academy Qualification Standard for rendering this Opinion.

I have reviewed the actuarial assumptions and methods on which the rates are based. I hereby certify that to the best of my knowledge and judgment, this rate filing is in compliance with the applicable laws and regulations of the state of District of Columbia and complies with Actuarial Standard of Practice No. 8. The rates shown are

- Based on actuarially sound principles
- Are not inadequate, excessive or unfairly discriminatory, and
- Are reasonable in relation to the benefits provided.

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Thomas J. Leibowitz, FSA, MAAA
Vice President and Chief Actuary
Delta Dental Insurance Company
100 First Street
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(415) 972-8443

Attachment A
District of Columbia Individual Family Dental Benefits

PPO/PPO	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	0%
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	yes	no	yes	no
Per Person	\$85	\$80	\$50	\$50
Family	n/a	n/a	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Othodontics Maximum (Lifetime)	None	None	NAB*	NAB*
Waiting Periods (MN Ortho)	12 mos	12 mos	NAB*	NAB*
Waiting Periods (Major)	None	None	12 mos	None
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
Dental Accident Benefits	NAB*	NAB*	NAB*	NAB*
Rates:				
Region 1	\$28.00	\$22.49	\$46.24	\$21.77

* NAB is not a benefit

Note: Covered procedures are defined in the forms

Attachment B

District of Columbia Individual Administrative Expenses (as a percent of premium)

	Pediatric Preferred	Pediatric Basic	Adult Preferred	Adult Basic
Admin Expenses	22.50%	22.50%	22.50%	22.50%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Premium Tax	0.00%	0.00%	0.00%	0.00%
ACA Tax	1.50%	1.50%	1.50%	1.50%
TPA Admin	0.00%	0.00%	0.00%	0.00%
Commissions	5.00%	5.00%	5.00%	5.00%
Total	34.50%	32.00%	34.50%	34.50%
Anticipated Loss Ratio **	66.50%	69.04%	66.50%	66.50%
Target Loss Ratio***	65.50%	68.00%	65.50%	65.50%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

*** Target Loss Ratio = (1 - Total)

Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
Number of Policy Holders	3,496	3,233	3,114
Number of Certificate Holders	40,197	38,607	38,955
Earned Premium	\$25,848,980	\$24,734,953	\$25,567,789
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Number of Incurred Claims	137,931	125,498	125,237
Incurred Loss Ratio	65.8%	64.1%	64.4%

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

Delta Dental Insurance Company

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental**Product Name:** DDIC, 15HCR Ind PPO DC, Rates**Project Name/Number:** DDIC, 15HCR Ind PPO DC, Rates/DDIC, 15HCR Ind PPO DC, Rates

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)
05/30/2014		Rate	Actuarial Memorandum (Pediatric)	06/11/2014	Actuarial Memorandum Delta DC Pediatric PPO Individual 2014 05 30.pdf (Superceded)



ACTUARIAL MEMORANDUM
Delta Dental Insurance Company
State of District of Columbia
May 30, 2014

Form Number PIP-DC-ENT-15

1. Scope and Purpose of Filing

This filing is for the above Delta Dental Insurance Company (DDIC) forms.

2. Description of Benefits

The pediatric dental EHB are defined in Attachment A and cover essential health benefit services as defined by the state. These comply with the actuarial value requirements for the preferred and basic EHB plans.

3. Renewability

All individual dental programs are optionally renewable. Premiums are guaranteed for each 12-month contract term.

4. Applicability

DDIC anticipates both new issues and renewals under these forms.

5. Morbidity

The proposed rates were developed using the Delta Dental Insurance Company (DDIC), NAIC #81396, rating manual, which is currently in use in numerous states. Adjustments have been made to reflect the fee schedules and area definitions associated with this filing.

6. Mortality

Not applicable.

7. Persistency

Loss ratios are expected to be consistent over time. As a result, there are no lapse assumptions.

8. Expenses

Expenses are shown in Attachment B. Co-marketing in conjunction with a medical plan, may require a change in administrative assumptions due to division of labor between medical and dental, cost sharing, etc.

9. Marketing Method

This will be sold to individuals through the District of Columbia health exchange or through agents and brokers inside or outside the exchange.

10. Underwriting

The plans are manually rated.

11. Premium Classes

Gross premiums vary by plan designs illustrated in Attachment A.

12. Issue Age Range

Not applicable.

13. Area Factors

Manual rates are adjusted by region.

14. Premium Modalization Rules

Not applicable.

15. Claim Liability and Reserves

This reserve is projected from historical claims runoff, using a common reserving methodology.

16. Active Life Reserves

Not applicable since this is a dental program.

17. Trend Assumptions

The annual cost trend rate is 3%.

18. Anticipated Loss Ratio

The anticipated loss ratio is shown in Attachment B.

19. Distribution of Business

Not applicable since this is a new plan as of 1/1/2015.

20. Contingency and Risk Margins

Risk margin is shown in Attachment B.

21. Experience

Please see Attachment C for DDIC small group experience.

22. Lifetime Loss Ratio

The lifetime loss ratio is equal to the anticipated loss ratio.

23. Number of Policyholders

Not applicable since this is a new plan as of 1/1/2015.

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Major Services	50%	50%
Orthodontics (Medically Necessary)	50%	50%
Deductible		
Waived on D&P	yes	no
Per Person	\$85	\$80
Family	n/a	n/a
Annual Maximum	None	None
Orthodontics Maximum (Lifetime)	None	None
Waiting Periods (MN Ortho)	12 mos	12 mos
Waiting Periods (Major)	None	None
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
Dental Accident Benefits	NAB*	NAB*
Rates:		
Region 1	\$28.00	\$22.49

* NAB is not a benefit

Note: Covered procedures are defined in the forms

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Commissions	5.00%	5.00%
Total	34.50%	32.00%
Anticipated Loss Ratio **	66.50%	69.04%
Target Loss Ratio***	65.50%	68.00%

** Anticipated Loss Ratio = (1 - Total) / (1 - Premium Tax - ACA Tax)

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Attachment C
DDIC Small Group Experience

	<u>CY2011</u>	<u>CY2012</u>	<u>CY2013</u>
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