

**State:** District of Columbia **Filing Company:** Delta Dental Insurance Company  
**TOI/Sub-TOI:** H10I Individual Health - Dental/H10I.000 Health Dental  
**Product Name:** DC, bHCR17, DDIC, PPO, Ind, Rates  
**Project Name/Number:** /

## Filing at a Glance

Company: Delta Dental Insurance Company  
Product Name: DC, bHCR17, DDIC, PPO, Ind, Rates  
State: District of Columbia  
TOI: H10I Individual Health - Dental  
Sub-TOI: H10I.000 Health Dental  
Filing Type: Rate  
Date Submitted: 04/29/2016  
SERFF Tr Num: DDPa-130480929  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: DC, BHCR17, DDIC, PPO, IND, RATES  
Implementation: 01/01/2017  
Date Requested:  
Author(s): Connie Roth, Debra LeRiche, Alisa Koelling, Brandy Christian  
Reviewer(s): Darniece Shirley (primary), John Morgan, Damon Siler  
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:** DC, bHCR17, DDIC, PPO, Ind, Rates  
**Project Name/Number:** /

## General Information

Project Name: Status of Filing in Domicile: Not Filed  
 Project Number: Date Approved in Domicile:  
 Requested Filing Mode: 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: 05/05/2016  
 State Status Changed:  
 Deemer Date: Created By: Debra LeRiche  
 Submitted By: Debra LeRiche Corresponding Filing Tracking Number: DDPA-130480970

### Filing Description:

Enclosed for your review and approval are new individual dental rates pertaining to forms XIP-DC-ENT-17 et al. (inside the Exchange) and OPIP-DC-ENT-17 et al. (outside the Exchange). Forms were submitted under SERFF Tracking No. DDPA-130480970.

These rates will be used when our Delta Dental PPO product is sold direct or by a partnership relationship to individuals inside and outside the District of Columbia Exchange. Both the inside Exchange and outside Exchange products will use the Delta Dental PPO network and will be marketed by licensed agents, brokers, third party administrators, mass marketed via various publications or online. Inside Exchange will also be marketed by the District of Columbia Exchange. These rates are similar to the individual dental HCR rates approved by your Department on 5/14/2015 under SERFF Tracking No. DDPA-129959721.

The individual pediatric (EHB) plans will provide coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA).

The individual family plans will provide the required EHB coverage for individuals to age 19 and other dental coverage for anyone over the age of 19.

Our effective date for use of these rates will be January 1, 2017 for coverage effective January 1, 2017 and after, provided the filing has been approved by or deemed approved by your Department.

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.

Thank you for your attention to this filing. If you have any questions or need additional information, please feel free to contact me at 916-851-5536 or dleriche@delta.org.

Sincerely,  
Debra LeRiche  
Regulatory Analyst

## Company and Contact

### Filing Contact Information

Debra LeRiche, Regulatory Analyst dleriche@delta.org

**State:** District of Columbia **Filing Company:** Delta Dental Insurance Company  
**TOI/Sub-TOI:** H101 Individual Health - Dental/H101.000 Health Dental  
**Product Name:** DC, bHCR17, DDIC, PPO, Ind, Rates  
**Project Name/Number:** /

M/S A2S 916-851-5536 [Phone]  
 11155 International Drive 916-858-4808 [FAX]  
 Rancho Cordova, CA 95670

**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-130480929

State Tracking #:

Company Tracking #:

DC, BHCR17, DDIC, PPO, IND, RATES

State: District of Columbia

Filing Company:

Delta Dental Insurance Company

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

Product Name: DC, bHCR17, DDIC, PPO, Ind, Rates

Project Name/Number: /

### Rate Information

Rate data applies to filing.

Filing Method:

Review and Approval

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

0.000%

Effective Date of Last Rate Revision:

01/01/2016

Filing Method of Last Filing:

SERFF

### 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):
Delta Dental Insurance Company	2.700%	2.700%	\$14,350	1,069	\$533,180	7.300%	0.000%

**SERFF Tracking #:**

DDPA-130480929

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

DC, BHCR17, DDIC, PPO, IND, RATES

**State:**

District of Columbia

**Filing Company:**

Delta Dental Insurance Company

**TOI/Sub-TOI:**

H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:**

DC, bHCR17, DDIC, PPO, Ind, Rates

**Project Name/Number:**

/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memo Delta DC Family PPO Individual	XIP-DC-ENT-17	New		Actuarial Memorandum Delta DC Family PPO Individual 2016 04 29.pdf,
2		Actuarial Memo Delta DC Out Pediatric PPO Individual	OPIP-DC-ENT-17	New		Actuarial Memorandum Delta DC Out Pediatric PPO Individual 2016 04 29.pdf,



**ACTUARIAL MEMORANDUM**  
**Delta Dental Insurance Company**  
**State of District of Columbia**  
**April 29, 2016**

**Form Number: XIP-DC-ENT-17**

**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 guaranteed 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 statewide.

**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 for 2017 is 0%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**20. Experience**

Please see Attachment C for DDIC small group experience.

**21. Lifetime Loss Ratio**

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

**22. Number of Policyholders**

There are 524 policy holders enrolled in District of Columbia Individual Family plans as of 12/31/2015.

**23. Proposed Effective Date**

01/01/2017.

**24. 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.



Date: 4/29/2016

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 Market - Family Plans**  
**Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	NAB*
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	Yes	No	Yes	No
Per Person	\$85	\$90	\$50	\$50
Family	N/A	N/A	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Waiting Period (Major)	None	None	12 mos	NAB*
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
<b>Rates:</b>				
Statewide	\$30.03	\$23.65	\$46.24	\$21.77

\*NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia - Individual Market - Family Plans**  
**Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expense	24.00%	24.00%	24.00%	24.00%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Commission	5.00%	5.00%	5.00%	5.00%
Total	34.50%	32.00%	34.50%	34.50%
Anticipated Loss Ratio **	65.50%	68.00%	65.50%	65.50%
Target Loss Ratio ***	65.50%	68.00%	65.50%	65.50%

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

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

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

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>2013</b></u>	<u><b>2014</b></u>	<u><b>2015</b></u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



**ACTUARIAL MEMORANDUM**  
**Delta Dental Insurance Company**  
**State of District of Columbia**  
**April 29, 2016**

**Form Number: OPIP-DC-ENT-17**

**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 guaranteed 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 statewide.

**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 for 2017 is 0%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**20. Experience**

Please see Attachment C for DDIC small group experience.

**21. Lifetime Loss Ratio**

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

**22. Number of Policyholders**

There are no policy holders enrolled in District of Columbia Individual Pediatric plans as of 12/31/2015.

**23. Proposed Effective Date**

01/01/2017.

**24. 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.



Date: 4/29/2016

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 Market - Pediatric Plans**  
**Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
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	\$90
Family	N/A	N/A
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
<b>Rates:</b>		
Statewide	\$30.03	\$23.65

\*NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia - Individual Market - Pediatric Plans**  
**Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Admin Expense	24.00%	24.00%
Risk Margin	5.50%	3.00%
Commission	5.00%	5.00%
Total	34.50%	32.00%
Anticipated Loss Ratio **	65.50%	68.00%
Target Loss Ratio ***	65.50%	68.00%

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

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

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

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>2013</b></u>	<u><b>2014</b></u>	<u><b>2015</b></u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%

State: District of Columbia

Filing Company:

Delta Dental Insurance Company

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

Product Name: DC, bHCR17, DDIC, PPO, Ind, Rates

Project Name/Number: /

## Supporting Document Schedules

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

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Delta Dental Insurance Company (the insurer) is submitting this filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Please see the attached Actuarial Certifications.
<b>Attachment(s):</b>	Actuarial Memorandum Delta DC Family PPO Individual 2016 04 29.pdf Actuarial Memorandum Delta DC Out Pediatric PPO Individual 2016 04 29.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see the attached Actuarial Certifications.
<b>Attachment(s):</b>	Actuarial Memorandum Delta DC Family PPO Individual 2016 04 29.pdf Actuarial Memorandum Delta DC Out Pediatric PPO Individual 2016 04 29.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	This is not a P&C filing.
<b>Attachment(s):</b>	

**SERFF Tracking #:**

DDPA-130480929

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

DC, BHCR17, DDIC, PPO, IND, RATES

**State:**

District of Columbia

**Filing Company:**

Delta Dental Insurance Company

**TOI/Sub-TOI:**

H10I Individual Health - Dental/H10I.000 Health Dental

**Product Name:**

DC, bHCR17, DDIC, PPO, Ind, Rates

**Project Name/Number:**

/

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	This is not a binder filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	This is not a binder filing.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Satisfied - Item:</b>	Previously Approved Rates
<b>Comments:</b>	Attached are the previously approved rates: * Inside exchange rates approved 8/11/14 under SERFF Tracking No. DDPA-129528172. * Outside exchange rates approved 8/11/14 under SERFF Tracking No. DDPA-129569843. * Inside and Outside exchange rates approved 5/14/15 under SERFF Tracking No. DDPA-129959721.
<b>Attachment(s):</b>	Actuarial Cert DC DDIC PPO Family Ind Approved 8-11-14.pdf Actuarial Cert DC DDIC PPO Out Pediatric Ind Approved 8-11-14.pdf Actuarial Cert DC DDIC PPO Family Ind Approved 5-14-15.pdf Actuarial Cert DC DDIC PPO Out Family Ind Approved 5-14-15.pdf Actuarial Cert DC DDIC PPO Out Pediatric Ind Approved 5-14-15.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

March 11, 2016

Dear Sir or Madam,

Enclosed for your review and approval are new individual dental rates pertaining to forms XIP-DC-ENT-17 et al. (inside the Exchange) and OPIP-DC-ENT-17 et al. (outside the Exchange). Forms were submitted under SERFF Tracking No. DDPA-130480970.

These rates will be used when our Delta Dental PPO product is sold direct or by a partnership relationship to individuals inside and outside the District of Columbia Exchange. Both the inside Exchange and outside Exchange products will use the Delta Dental PPO network and will be marketed by licensed agents, brokers, third party administrators, mass marketed via various publications or online. Inside Exchange will also be marketed by the District of Columbia Exchange. These rates are similar to the individual dental HCR rates approved by your Department on 5/14/2015 under SERFF Tracking No. DDPA-129959721.

The individual pediatric (EHB) plans will provide coverage for the pediatric oral services required by the essential health benefits provisions of the Affordable Care Act (ACA).

The individual family plans will provide the required EHB coverage for individuals to age 19 and other dental coverage for anyone over the age of 19.

Our effective date for use of these rates will be January 1, 2017 for coverage effective January 1, 2017 and after, provided the filing has been approved by or deemed approved by your Department.

These rates will not be used in our domiciliary state of Delaware; therefore, they have not been submitted to the Delaware Department of Insurance.

If you have any questions or need additional information, please feel free to contact me at 916-851-5536 or [dleriche@delta.org](mailto:dleriche@delta.org).

Sincerely,



Debra LeRiche  
Regulatory Analyst



**ACTUARIAL MEMORANDUM**  
**Delta Dental Insurance Company**  
**State of District of Columbia**  
**April 29, 2016**

**Form Number: XIP-DC-ENT-17**

**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 guaranteed 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 statewide.

**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 for 2017 is 0%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**20. Experience**

Please see Attachment C for DDIC small group experience.

**21. Lifetime Loss Ratio**

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

**22. Number of Policyholders**

There are 524 policy holders enrolled in District of Columbia Individual Family plans as of 12/31/2015.

**23. Proposed Effective Date**

01/01/2017.

**24. 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.



Date: 4/29/2016

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 Market - Family Plans**  
**Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	NAB*
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	Yes	No	Yes	No
Per Person	\$85	\$90	\$50	\$50
Family	N/A	N/A	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Waiting Period (Major)	None	None	12 mos	NAB*
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
<b>Rates:</b>				
Statewide	\$30.03	\$23.65	\$46.24	\$21.77

\*NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia - Individual Market - Family Plans**  
**Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expense	24.00%	24.00%	24.00%	24.00%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Commission	5.00%	5.00%	5.00%	5.00%
Total	34.50%	32.00%	34.50%	34.50%
Anticipated Loss Ratio **	65.50%	68.00%	65.50%	65.50%
Target Loss Ratio ***	65.50%	68.00%	65.50%	65.50%

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

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

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

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>2013</b></u>	<u><b>2014</b></u>	<u><b>2015</b></u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



**ACTUARIAL MEMORANDUM**  
**Delta Dental Insurance Company**  
**State of District of Columbia**  
**April 29, 2016**

**Form Number: OPIP-DC-ENT-17**

**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 guaranteed 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 statewide.

**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 for 2017 is 0%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**20. Experience**

Please see Attachment C for DDIC small group experience.

**21. Lifetime Loss Ratio**

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

**22. Number of Policyholders**

There are no policy holders enrolled in District of Columbia Individual Pediatric plans as of 12/31/2015.

**23. Proposed Effective Date**

01/01/2017.

**24. 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.



Date: 4/29/2016

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 Market - Pediatric Plans**  
**Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
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	\$90
Family	N/A	N/A
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
<b>Rates:</b>		
Statewide	\$30.03	\$23.65

\*NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia - Individual Market - Pediatric Plans**  
**Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Admin Expense	24.00%	24.00%
Risk Margin	5.50%	3.00%
Commission	5.00%	5.00%
Total	34.50%	32.00%
Anticipated Loss Ratio **	65.50%	68.00%
Target Loss Ratio ***	65.50%	68.00%

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

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

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

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>2013</b></u>	<u><b>2014</b></u>	<u><b>2015</b></u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



**ACTUARIAL MEMORANDUM**  
**Delta Dental Insurance Company**  
**State of District of Columbia**  
**April 29, 2016**

**Form Number: XIP-DC-ENT-17**

**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 guaranteed 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 statewide.

**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 for 2017 is 0%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**20. Experience**

Please see Attachment C for DDIC small group experience.

**21. Lifetime Loss Ratio**

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

**22. Number of Policyholders**

There are 524 policy holders enrolled in District of Columbia Individual Family plans as of 12/31/2015.

**23. Proposed Effective Date**

01/01/2017.

**24. 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.



Date: 4/29/2016

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 Market - Family Plans**  
**Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Diagnostic & Preventive	100%	100%	100%	100%
Basic Services	80%	50%	80%	50%
Major Services	50%	50%	50%	NAB*
Orthodontics (Medically Necessary)	50%	50%	NAB*	NAB*
Deductible				
Waived on D&P	Yes	No	Yes	No
Per Person	\$85	\$90	\$50	\$50
Family	N/A	N/A	\$150	\$150
Annual Maximum	None	None	\$1,000	\$1,000
Waiting Period (Major)	None	None	12 mos	NAB*
Out of Pocket Maximum (PPO dentists only)				
per child	\$350	\$350	NAB*	NAB*
per 2+ children	\$700	\$700	NAB*	NAB*
<b>Rates:</b>				
Statewide	\$30.03	\$23.65	\$46.24	\$21.77

\*NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia - Individual Market - Family Plans**  
**Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
Admin Expense	24.00%	24.00%	24.00%	24.00%
Risk Margin	5.50%	3.00%	5.50%	5.50%
Commission	5.00%	5.00%	5.00%	5.00%
Total	34.50%	32.00%	34.50%	34.50%
Anticipated Loss Ratio **	65.50%	68.00%	65.50%	65.50%
Target Loss Ratio ***	65.50%	68.00%	65.50%	65.50%

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

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

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

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>2013</b></u>	<u><b>2014</b></u>	<u><b>2015</b></u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



**ACTUARIAL MEMORANDUM**  
**Delta Dental Insurance Company**  
**State of District of Columbia**  
**April 29, 2016**

**Form Number: OPIP-DC-ENT-17**

**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 guaranteed 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 statewide.

**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 for 2017 is 0%.

**18. Anticipated Loss Ratio**

The anticipated loss ratio is shown in Attachment B.

**19. Contingency and Risk Margins**

Risk margin is shown in Attachment B.

**20. Experience**

Please see Attachment C for DDIC small group experience.

**21. Lifetime Loss Ratio**

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

**22. Number of Policyholders**

There are no policy holders enrolled in District of Columbia Individual Pediatric plans as of 12/31/2015.

**23. Proposed Effective Date**

01/01/2017.

**24. 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.



Date: 4/29/2016

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 Market - Pediatric Plans**  
**Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
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	\$90
Family	N/A	N/A
Out of Pocket Maximum (PPO dentists only)		
per child	\$350	\$350
per 2+ children	\$700	\$700
<b>Rates:</b>		
Statewide	\$30.03	\$23.65

\*NAB is not a benefit

Note: Covered procedures are defined in the forms

**Attachment B**  
**District of Columbia - Individual Market - Pediatric Plans**  
**Administrative Expenses (as a percent of premium)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
Admin Expense	24.00%	24.00%
Risk Margin	5.50%	3.00%
Commission	5.00%	5.00%
Total	34.50%	32.00%
Anticipated Loss Ratio **	65.50%	68.00%
Target Loss Ratio ***	65.50%	68.00%

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

This formula was used for 2016. For 2017 ACA tax is assumed 0% to reflect the moratorium.

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

**Attachment C**  
**DDIC Small Group Experience**

	<u><b>2013</b></u>	<u><b>2014</b></u>	<u><b>2015</b></u>
Number of Groups	1,312	1,328	1,385
Number of Primary Subscribers	38,726	40,492	42,229
Earned Premium	\$25,519,349	\$26,266,543	\$26,724,888
Average Annual Premium	\$659	\$649	\$633
Incurred Claims	\$16,200,637	\$16,689,762	\$16,313,817
Number of Incurred Claims	124,512	126,904	123,848
Incurred Loss Ratio	63.5%	63.5%	61.0%



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**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
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*
<b>Rates:</b>				
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)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>	<b>Adult Preferred</b>	<b>Adult Basic</b>
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 OPIP-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.



Thomas J. Leibowitz, FSA, MAAA  
Vice President and Chief Actuary  
Delta Dental Insurance Company  
100 First Street  
San Francisco, CA 94105  
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**Attachment A**  
**District of Columbia Individual Pediatric Dental Benefits**

<b>PPO/PPO</b>	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
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*
<b>Rates:</b>		
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)**

	<b>Pediatric Preferred</b>	<b>Pediatric Basic</b>
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 CERTIFICATION  
Delta Dental Insurance Company  
State of District of Columbia  
March 27, 2015

Form Number XIP-DC-ENT-16

There is no impact to rates for the forms listed above. The rates were previously approved as shown below:

2015 Form Number	Plan	Approval Date
XIP-DC-ENT-15	Family	8/13/2014

**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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(415) 972-8443



ACTUARIAL CERTIFICATION  
Delta Dental Insurance Company  
State of District of Columbia  
March 27, 2015

Form Number OXIP-DC-ENT-16

This is a new filing. However, plans and rates outside the exchange are identical to plans and rates inside the exchange. The plans and rates inside the exchange referenced below were approved by your office and will be used in 2016 for the above forms.

2015 Form Number	Plan	Approval Date
XIP-DC-ENT-15	Family	8/13/2014

**Actuarial Certification**

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ACTUARIAL CERTIFICATION  
Delta Dental Insurance Company  
State of District of Columbia  
March 27, 2015

Form Number OPIP-DC-ENT-16

There is no impact to rates for the forms listed above. The rates were previously approved as shown below:

2015 Form Number	Plan	Approval Date
OPIP-DC-ENT-15	Pediatric	8/13/2014

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