

State: District of Columbia **Filing Company:** Kanawha Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Group Hospital Indemnity - rate
Project Name/Number: /

Filing at a Glance

Company: Kanawha Insurance Company
Product Name: Group Hospital Indemnity - rate
State: District of Columbia
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Rate
Date Submitted: 01/24/2014
SERFF Tr Num: HUMA-129384814
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num: 8019 DC
Implementation: On Approval
Date Requested:
Author(s): Erin Mand, Christi Conrad, John Flood, Andrew Vogel, David Jonovic
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

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General Information

Project Name: Status of Filing in Domicile: Pending
Project Number: Date Approved in Domicile:
Requested Filing Mode: Domicile Status Comments:
Explanation for Combination/Other: Market Type: Group
Submission Type: New Submission Group Market Size: Small and Large
Group Market Type: Employer, Association Overall Rate Impact:
Filing Status Changed: 01/31/2014
State Status Changed: Deemer Date:
Created By: John Flood Submitted By: John Flood
Corresponding Filing Tracking Number:

Filing Description:

RE: Kanawha Insurance Company
Actuarial Memorandum and Rates
Dear Commissioner,

Kanawha Insurance Company is submitting the above captioned actuarial memorandum and premium rates for review and approval. These rates are new and not intended to replace any other rates currently in use.

The enclosed rates correspond with forms that are designed to provide group hospital indemnity coverage policy form 8019 DC. The policy form will be issued in your state on a direct issue basis to groups traditionally recognized as eligible groups for group insurance in accordance with insurance laws, rules and regulations.

With regard to marketing information, this policy will be offered on a contributory or non-contributory basis, where the insured may be required to contribute none, all, or a portion of the premium. Coverage will be marketed through agent/broker solicitation.

All bracketed numbers are variable to the extent allowable by your state's laws. All bracketed text is variable to the extent allowed by law. In addition, the bracketed text may or may not be included in the policy when printed. In no event will numbers or text be changed to impact compliance with your law.

Thank you for your attention to this filing. If you should have any questions, please contact me at 704-542-6656. My email address is jflood3@humana.com.

Company and Contact

Filing Contact Information

John Flood, Compliance Analyst jflood3@humana.com
210 South White Street 704-542-6656 [Phone]
Lancaster, SC 29721

State: District of Columbia **Filing Company:** Kanawha Insurance Company
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Filing Company Information

Kanawha Insurance Company	CoCode: 65110	State of Domicile: South
210 South White Street	Group Code: 119	Carolina
Lancaster, SC 29720	Group Name:	Company Type:
(800) 635-4252 ext. [Phone]	FEIN Number: 57-0380426	State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

HUMA-129384814

State Tracking #:

Company Tracking #:

8019 DC

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Filing Company: Kanawha Insurance Company

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		HI form 8019 Act Memo with Rates	8019 DC, 8119 DC	New		HI Form 8019 Act Memo With Rates.pdf,

KANAWHA INSURANCE COMPANY

ACTUARIAL MEMORANDUM

GROUP HOSPITAL INDEMNITY POLICY FORM 8019

1. Scope and Purpose

This actuarial memorandum has been prepared for the purpose of making a statement of rate adequacy for the referenced new policy form. It is not intended for any other purpose.

2. Benefit Description

The referenced policy form provides benefits for hospital confinement. Optional benefits include first hospital admission, emergency treatment, accident emergency room, intensive care unit confinement, inpatient and outpatient surgical benefits, post-hospitalization office visits, ambulance, diagnostic, outpatient lab, rehabilitation, family travel/lodging, health screening benefit, child major condition benefit, and three separate tiers of initial diagnosis and restoration benefits. More details on the benefits can be found in the policy form.

3. Renewability

This contract may be renewed or premiums changed at the option of the company on a group basis, on each group's annual anniversary.

4. Applicability

This is a new filing that will impact new business sold after approval.

5. Morbidity

Claim costs were developed off of company experience, population statistics, Milliman Health Cost Guidelines, SOA Long Term Care Study, and Tillinghast HealthMaps data.

6. Mortality

Mortality is included in the lapse rates.

7. Persistency

The lapse rate assumptions below are based on a combination of company experience and industry data. Different lapse rates were used for issue age and attained age rating.

Year	Issue Age Lapse Rates				
	<u>18-35</u>	<u>36-49</u>	<u>50-59</u>	<u>60-64</u>	<u>65+</u>
1	45.0%	35.0%	34.2%	37.7%	42.4%
2	40.0%	30.0%	27.2%	34.8%	39.9%
3	35.0%	25.0%	22.2%	30.9%	36.5%
5	25.0%	18.0%	17.3%	25.0%	31.8%
7	18.0%	15.0%	15.3%	19.2%	27.5%
10	15.0%	15.0%	15.4%	16.6%	27.9%
15	15.0%	15.0%	15.7%	17.5%	36.2%
20	15.0%	15.0%	16.0%	19.2%	48.5%
30	15.0%	15.0%	17.8%	25.8%	86.4%

KANAWHA INSURANCE COMPANY

Attained Age Lapse Rates

Year	18-24	25-29	30-34	35-39	40-49	50-59	60-64	65-69	70-74	75-79	80+
1	45.0%	45.0%	45.0%	35.0%	35.0%	34.2%	37.7%	42.4%	42.4%	42.4%	42.4%
2	40.0%	40.0%	40.0%	30.0%	34.0%	36.8%	42.8%	47.0%	47.0%	47.0%	39.9%
4	30.0%	30.0%	30.0%	21.0%	25.0%	28.8%	36.0%	41.2%	41.2%	41.2%	34.1%
6	21.0%	21.0%	21.0%	19.0%	19.0%	24.9%	30.2%	36.7%	36.7%	29.6%	29.6%
9	15.0%	15.0%	15.0%	19.0%	19.0%	24.9%	24.5%	33.7%	33.7%	26.6%	26.6%
14	15.0%	15.0%	19.0%	19.0%	19.0%	25.2%	25.4%	41.2%	34.2%	34.2%	34.2%
19	15.0%	19.0%	19.0%	19.0%	19.0%	25.5%	26.8%	45.6%	45.6%	45.6%	45.6%
29	19.0%	19.0%	19.0%	19.0%	19.0%	27.1%	25.0%	81.6%	81.6%	81.6%	81.6%
30	19.0%	19.0%	19.0%	19.0%	19.0%	27.3%	25.8%	86.4%	86.4%	86.4%	86.4%

8. Expenses

First Year Expenses: \$119 per policy + 13% of earned premium

Renewal Expenses: \$60.5 per policy for renewal (increasing annually with 3% inflation) + 4.5% of earned premium

Claims Expenses: 1.0% of incurred claims

Premium Tax: 2.0% of earned premium

Interest Rates: 4.0% for discounting

Commissions: 22.5% if issue age rated
15.0% if attained age rated

9. Marketing Method

The referenced policy will be predominantly sold through the worksite market by an agency distribution force that markets other products for the company.

10. Underwriting

This policy form is underwritten based on a simplified application with yes/no questions. If certain case size and participation requirements are met, groups may be underwritten on a guaranteed issue or contingent guaranteed issue basis.

11. Premium Classes

Premiums vary by age, family composition, and the benefits selected. This product may be sold on an issue age basis or an attained age basis. Different age bands, including composite rates, may be used for different groups.

Base rates may be adjusted due to group experience and other cost drivers including but not limited to the percent of premium paid by the employer, the rate guarantee length, industry, group size, waiving the pre-existing condition exclusion, commissions or expense differences, enrollment method, portability offered, group demographics and other group underwriting adjustments. Base rates may also vary by classes of employees within a group.

12. Issue Age Range

Coverage may be applied for by all eligible employees, union members or association members, regardless of issue age. A maximum issue age may be put in place on a group by group basis.

KANAWHA INSURANCE COMPANY

13. Area Factors

The pricing for this policy form did not incorporate area factors.

14. Average Annual Premium

Using the assumed distributions and proposed premiums, the anticipated average annual premium is \$513.

15. Premium Modalization Rules

Modal factors are the reciprocal of the number of premium payments in one year rounded to five decimals.

16. Claim Liability and Reserves

Reserves for claims incurred but not yet paid will be established according to generally accepted actuarial principles, including but not limited to analysis of claim lag triangles, durational target loss ratio methods, and percentage of premium methods. There are currently no claim reserves held since this is a new form.

17. Active Life Reserves

When appropriate, active life reserves will be set using an appropriate actuarial methodology. There are currently no active life reserves held since this is a new form.

18. Trend Assumption

No trend factors were assumed.

19. Anticipated Loss Ratio

The anticipated lifetime loss ratio is 51.0% on a discounted basis. Active life reserves were not used in the calculation of anticipated loss ratios.

20. Distribution of Business

<u>Age Distribution</u>		<u>Family Comp.</u>		<u>Issue or Attained Age Rated</u>	
18-35	31.6%	EE	69.1%	Issue Age	65.0%
36-49	37.6%	EE + SP	11.0%	Attained Age	35.0%
50-59	23.0%	EE + CH	8.8%		
60-64	6.0%	Family	11.2%		
65+	1.9%				

21. Contingency and Risk Margins

A contingency margin was added to the claim costs. On a composite basis, the contingency margin increased claim costs by 5.7%.

22. Experience.

Since this is a new filing in this state, there is no past experience.

23. Lifetime Loss Ratio

This is a new filing in this state. Therefore, the lifetime loss ratio is the same as the anticipated loss ratio.

KANAWHA INSURANCE COMPANY

24. History of Rate Adjustments

As a new form filing, there is no history of rate adjustments.

25. Number of Policyholders

As a new form filing, there are no policyholders yet.

26. Proposed Effective Date

The proposed effective date of this new filing is immediately following state approval.

27. Actuarial Certification

I am a member of the American Academy of Actuaries (AAA), and I meet the qualification standards of the AAA to make public statements of actuarial opinion regarding this policy.

I hereby certify that, to the best of my knowledge, the filing submitted here is in compliance with the applicable laws and regulations of this state; that the anticipated loss ratio submitted is expected to develop over the period for which rates are computed to provide coverage; that the benefits of the policy form affected by the rate filing are reasonable in relation to the premium charged, and conform to actuarial standards of practice as determined by the Actuarial Standards Board.



David Jonovic, FSA, MAAA
Managing Actuary - Kanawha Insurance Company
Phone: (262) 408-4606
Email: djonovic@humana.com

12/30/2013
Date

Hospital Indemnity Form 8019 - Issue Age - Annual Premiums

Hospital Indemnity Annual Premiums Per \$50 Daily Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	28.30	50.30	45.30	67.30
36-49	28.30	50.30	45.30	67.30
50-59	47.80	96.60	64.80	113.60
60-64	76.00	160.00	93.00	177.00
65+	123.50	266.00	140.50	283.00

Intensive Care Unit Benefit Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	4.60	8.50	8.30	12.20
36-49	4.60	8.50	8.30	12.20
50-59	9.50	19.50	13.20	23.20
60-64	15.00	32.00	18.70	35.70
65+	22.00	47.00	25.70	50.70

Wellness Benefit Annual Premiums Per \$25 Daily Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	11.50	20.30	13.40	22.20
36-49	11.50	20.30	13.40	22.20
50-59	15.70	29.00	17.60	30.90
60-64	19.10	35.50	21.00	37.40
65+	21.50	38.50	23.40	40.40

Inpatient Surgical Benefit Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	2.80	5.20	3.60	6.00
36-49	2.80	5.20	3.60	6.00
50-59	4.00	7.90	4.80	8.70
60-64	5.50	10.90	6.30	11.70
65+	7.30	14.20	8.10	15.00

First Hospital Admission Benefit Annual Premiums Per \$50 Daily Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	5.50	10.10	9.20	13.80
36-49	5.50	10.10	9.20	13.80
50-59	7.70	15.30	11.40	19.00
60-64	11.10	22.90	14.80	26.60
65+	16.40	34.80	20.10	38.50

Outpatient Surgical Benefit Annual Premiums for \$25 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	4.80	8.90	7.10	11.20
36-49	4.80	8.90	7.10	11.20
50-59	6.60	13.00	8.90	15.30
60-64	8.30	16.50	10.60	18.80
65+	10.30	20.80	12.60	23.10

Emergency Treatment Annual Premiums for \$25 per day max 3 days

Age	Employee	EE + Spouse	EE + Child	Family
18-35	12.80	23.10	30.80	41.10
36-49	12.80	23.10	30.80	41.10
50-59	11.30	20.20	29.30	38.20
60-64	12.80	22.90	30.80	40.90
65+	14.50	25.50	32.50	43.50

Tier 1 Diagnosis Benefit Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	1.30	1.63	1.36	1.69
36-49	2.26	3.25	2.33	3.32
50-59	4.08	6.20	4.14	6.26
60-64	6.44	9.98	6.51	10.04
65+	8.50	13.28	8.57	13.34

Child Major Condition Benefit Annual Premiums for \$50

Age	Employee	EE + Spouse	EE + Child	Family
18-35	0.06	0.11	0.06	0.12
36-49	0.06	0.11	0.06	0.12
50-59	0.02	0.02	0.02	0.02
60-64	0.02	0.02	0.02	0.02
65+	0.02	0.02	0.02	0.02

Tier 2 Diagnosis Benefit Annual Premiums for \$100 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	3.00	3.75	3.05	3.80
36-49	5.38	7.74	5.43	7.79
50-59	10.00	15.23	10.05	15.28
60-64	14.90	23.00	14.95	23.05
65+	20.60	32.20	20.65	32.25

Accident Benefit Rider Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	3.10	5.50	8.00	10.40
36-49	3.10	5.50	8.00	10.40
50-59	3.10	5.50	8.00	10.40
60-64	3.10	5.50	8.00	10.40
65+	3.10	5.50	8.00	10.40

Tier 3 Diagnosis Benefit Annual Premiums for \$250 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-35	2.08	3.00	2.13	3.05
36-49	4.48	6.38	4.53	6.43
50-59	8.90	13.63	8.95	13.68
60-64	15.85	24.65	15.90	24.70
65+	25.00	39.00	25.05	39.05

Hospital Indemnity Form 8019 - Issue Age - Annual Premiums

Office Visit Benefit Annual Premiums for \$25 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	14.50	26.90	23.10	35.50
36-49	14.50	26.90	23.10	35.50
50-59	16.90	33.30	25.50	41.90
60-64	23.80	48.70	32.40	57.30
65+	34.50	72.00	43.10	80.60

Family Travel/Lodging Benefit Annual Premiums for \$50 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	1.10	2.00	2.50	3.40
36-49	1.10	2.00	2.50	3.40
50-59	1.60	3.20	3.00	4.60
60-64	2.30	4.70	3.70	6.10
65+	3.20	6.40	4.60	7.80

Ambulance Benefit Annual Premiums for \$50 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	3.20	5.50	6.00	8.30
36-49	3.20	5.50	6.00	8.30
50-59	5.30	9.90	8.10	12.70
60-64	8.50	16.20	11.30	19.00
65+	14.50	29.00	17.30	31.80

Restoration Tier 1 Benefit Annual Premiums for \$50 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	0.01	0.01	0.01	0.02
36-49	0.01	0.02	0.02	0.02
50-59	0.02	0.03	0.03	0.04
60-64	0.03	0.04	0.03	0.04
65+	0.03	0.05	0.04	0.05

Diagnostic Benefit Annual Premiums for \$25 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	3.50	6.30	5.10	7.90
36-49	3.50	6.30	5.10	7.90
50-59	4.80	9.30	6.40	10.90
60-64	6.00	11.80	7.60	13.40
65+	7.10	13.90	8.70	15.50

Restoration Tier 2 Benefit Annual Premiums for \$100 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	0.07	0.09	0.08	0.10
36-49	0.15	0.21	0.16	0.22
50-59	0.35	0.52	0.36	0.53
60-64	0.42	0.63	0.43	0.64
65+	0.50	0.72	0.51	0.73

Outpatient Lab Benefit Annual Premiums for \$25 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	30.70	56.90	49.20	75.40
36-49	30.70	56.90	49.20	75.40
50-59	43.90	85.50	62.40	104.00
60-64	54.60	108.00	73.10	126.50
65+	63.10	127.50	81.60	146.00

Restoration Tier 3 Benefit Annual Premiums for \$250 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	0.28	0.35	0.30	0.38
36-49	0.60	0.83	0.63	0.85
50-59	1.38	2.03	1.40	2.05
60-64	1.68	2.48	1.70	2.50
65+	2.00	2.88	2.03	2.90

Rehabilitation Benefit Annual Premiums for \$25 Benefit

<u>Age</u>	<u>Employee</u>	<u>EE + Spouse</u>	<u>EE + Child</u>	<u>Family</u>
18-35	0.80	1.40	0.90	1.50
36-49	0.80	1.40	0.90	1.50
50-59	2.20	4.10	2.30	4.20
60-64	3.90	8.00	4.00	8.10
65+	9.10	19.00	9.20	19.10

Hospital Indemnity Form 8019 - Attained Age - Annual Premiums

Hospital Indemnity
Annual Premiums Per \$50 Daily Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	22.70	40.00	38.40	55.70
25-29	22.70	40.00	38.40	55.70
30-34	22.70	40.00	38.40	55.70
35-39	22.70	40.00	38.40	55.70
40-44	22.70	40.00	38.40	55.70
45-49	22.70	40.00	38.40	55.70
50-54	28.70	53.30	44.40	69.00
55-59	38.30	75.50	54.00	91.20
60-64	52.10	106.00	67.80	121.70
65-69	82.65	174.00	98.35	189.70
70-74	126.15	278.00	141.85	293.70
75-79	187.05	405.00	202.75	420.70
80+	348.00	770.00	363.70	785.70

Intensive Care Unit Benefit
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	2.80	4.50	6.10	7.80
25-29	2.80	4.50	6.10	7.80
30-34	2.80	4.50	6.10	7.80
35-39	2.80	4.50	6.10	7.80
40-44	2.80	4.50	6.10	7.80
45-49	4.00	7.50	7.30	10.80
50-54	5.80	11.00	9.10	14.30
55-59	8.10	15.50	11.40	18.80
60-64	11.90	23.70	15.20	27.00
65-69	17.57	40.02	20.87	43.32
70-74	24.70	53.94	28.00	57.24
75-79	32.19	71.34	35.49	74.64
80+	39.15	86.13	42.45	89.43

Wellness Benefit
Annual Premiums Per \$25 Daily Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	9.10	15.20	10.80	16.90
25-29	9.10	15.20	10.80	16.90
30-34	9.10	15.20	10.80	16.90
35-39	9.10	15.20	10.80	16.90
40-44	9.10	15.20	10.80	16.90
45-49	11.20	19.50	12.90	21.20
50-54	12.40	22.50	14.10	24.20
55-59	14.79	27.00	16.49	28.70
60-64	18.10	33.50	19.80	35.20
65-69	19.23	35.50	20.93	37.20
70-74	19.58	36.50	21.28	38.20
75-79	19.58	36.50	21.28	38.20
80+	19.58	36.50	21.28	38.20

Inpatient Surgical Benefit
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	2.00	3.40	2.70	4.10
25-29	2.00	3.40	2.70	4.10
30-34	2.00	3.40	2.70	4.10
35-39	2.00	3.40	2.70	4.10
40-44	2.00	3.40	2.70	4.10
45-49	2.60	4.90	3.30	5.60
50-54	3.20	6.00	3.90	6.70
55-59	3.90	7.50	4.60	8.20
60-64	4.70	9.20	5.40	9.90
65-69	5.74	11.50	6.44	12.20
70-74	7.20	14.50	7.90	15.20
75-79	9.31	19.00	10.01	19.70
80+	11.48	24.00	12.18	24.70

First Hospital Admission Benefit
Annual Premiums Per \$50 Daily Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	4.80	8.70	8.20	12.10
25-29	4.80	8.70	8.20	12.10
30-34	4.80	8.70	8.20	12.10
35-39	4.80	8.70	8.20	12.10
40-44	4.80	8.70	8.20	12.10
45-49	4.80	8.70	8.20	12.10
50-54	5.50	10.10	8.90	13.50
55-59	6.35	12.30	9.75	15.70
60-64	8.00	15.90	11.40	19.30
65-69	11.75	24.00	15.15	27.40
70-74	17.31	36.90	20.71	40.30
75-79	26.10	57.00	29.50	60.40
80+	41.76	92.00	45.16	95.40

Outpatient Surgical Benefit
Annual Premiums for \$25 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	3.74	6.40	5.84	8.50
25-29	3.74	6.40	5.84	8.50
30-34	3.74	6.40	5.84	8.50
35-39	3.74	6.40	5.84	8.50
40-44	3.74	6.40	5.84	8.50
45-49	4.80	8.90	6.90	11.00
50-54	5.50	10.40	7.60	12.50
55-59	6.10	11.80	8.20	13.90
60-64	7.05	13.60	9.15	15.70
65-69	8.50	16.50	10.60	18.60
70-74	10.40	20.50	12.50	22.60
75-79	13.10	26.50	15.20	28.60
80+	16.97	35.50	19.07	37.60

Hospital Indemnity Form 8019 - Attained Age - Annual Premiums

Emergency Treatment
Annual Premiums for \$25 per day max 3 days

Age	Employee	EE + Spouse	EE + Child	Family
18-24	12.30	21.50	28.10	37.30
25-29	12.30	21.50	28.10	37.30
30-34	12.30	21.50	28.10	37.30
35-39	12.30	21.50	28.10	37.30
40-44	12.30	21.50	28.10	37.30
45-49	12.30	21.50	28.10	37.30
50-54	11.50	20.00	27.30	35.80
55-59	11.50	20.00	27.30	35.80
60-64	12.00	22.00	27.80	37.80
65-69	13.92	25.50	29.72	41.30
70-74	13.92	25.50	29.72	41.30
75-79	13.92	25.50	29.72	41.30
80+	13.92	25.50	29.72	41.30

Tier 1 Diagnosis Benefit
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.84	0.98	0.90	1.04
25-29	0.93	1.10	0.99	1.16
30-34	1.10	1.38	1.16	1.44
35-39	1.33	1.73	1.39	1.79
40-44	1.63	2.28	1.69	2.34
45-49	2.03	2.90	2.09	2.96
50-54	2.68	4.00	2.74	4.06
55-59	3.25	4.90	3.31	4.96
60-64	4.58	7.00	4.64	7.06
65-69	6.55	10.25	6.61	10.31
70-74	9.18	14.25	9.24	14.31
75-79	10.44	16.25	10.50	16.31
80+	11.53	18.00	11.59	18.06

Child Major Condition Benefit
Annual Premiums for \$50

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.05	0.10	0.05	0.10
25-29	0.05	0.10	0.05	0.10
30-34	0.05	0.10	0.05	0.10
35-39	0.05	0.10	0.05	0.10
40-44	0.05	0.10	0.05	0.10
45-49	0.03	0.05	0.03	0.05
50-54	0.02	0.02	0.02	0.03
55-59	0.02	0.02	0.02	0.03
60-64	0.02	0.02	0.02	0.03
65-69	0.02	0.02	0.02	0.03
70-74	0.02	0.02	0.02	0.03
75-79	0.02	0.02	0.02	0.03
80+	0.02	0.02	0.02	0.03

Tier 2 Diagnosis Benefit
Annual Premiums for \$100 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	1.72	1.82	1.76	1.86
25-29	2.10	2.48	2.14	2.52
30-34	2.44	3.06	2.48	3.10
35-39	2.88	3.88	2.92	3.92
40-44	3.44	4.75	3.48	4.79
45-49	4.36	6.30	4.40	6.34
50-54	5.55	8.30	5.59	8.34
55-59	7.35	11.00	7.39	11.04
60-64	9.74	15.00	9.78	15.04
65-69	13.49	21.00	13.53	21.04
70-74	19.58	31.00	19.62	31.04
75-79	28.71	45.50	28.75	45.54
80+	43.50	69.50	43.54	69.54

Accident Benefit Rider
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	2.90	5.00	7.20	9.30
25-29	2.90	5.00	7.20	9.30
30-34	2.90	5.00	7.20	9.30
35-39	2.90	5.00	7.20	9.30
40-44	2.90	5.00	7.20	9.30
45-49	2.90	5.00	7.20	9.30
50-54	2.90	5.00	7.20	9.30
55-59	2.90	5.00	7.20	9.30
60-64	2.90	5.00	7.20	9.30
65-69	2.90	5.00	7.20	9.30
70-74	2.90	5.00	7.20	9.30
75-79	2.90	5.00	7.20	9.30
80+	2.90	5.00	7.20	9.30

Tier 3 Diagnosis Benefit
Annual Premiums for \$250 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	1.65	1.90	1.73	1.98
25-29	1.70	1.98	1.78	2.05
30-34	1.93	2.35	2.00	2.43
35-39	2.15	2.78	2.23	2.85
40-44	2.75	3.75	2.83	3.83
45-49	3.88	5.38	3.95	5.45
50-54	5.25	7.83	5.33	7.90
55-59	7.50	11.50	7.58	11.58
60-64	10.64	16.50	10.71	16.58
65-69	14.98	23.25	15.05	23.33
70-74	21.13	33.25	21.20	33.33
75-79	29.80	46.25	29.87	46.33
80+	39.15	61.25	39.23	61.33

Hospital Indemnity Form 8019 - Attained Age - Annual Premiums

Office Visit Benefit
Annual Premiums for \$25 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	12.20	22.10	20.00	29.90
25-29	12.20	22.10	20.00	29.90
30-34	12.20	22.10	20.00	29.90
35-39	12.20	22.10	20.00	29.90
40-44	12.20	22.10	20.00	29.90
45-49	12.20	22.10	20.00	29.90
50-54	13.05	23.49	20.85	31.29
55-59	15.23	28.00	23.03	35.80
60-64	20.01	39.00	27.81	46.80
65-69	26.97	53.00	34.77	60.80
70-74	37.41	73.95	45.21	81.75
75-79	52.20	104.40	60.00	112.20
80+	87.00	189.00	94.80	196.80

Family Travel/Lodging Benefit
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.80	1.30	2.10	2.60
25-29	0.80	1.30	2.10	2.60
30-34	0.80	1.30	2.10	2.60
35-39	0.80	1.30	2.10	2.60
40-44	0.80	1.30	2.10	2.60
45-49	1.04	1.90	2.34	3.20
50-54	1.22	2.30	2.52	3.60
55-59	1.48	2.70	2.78	4.00
60-64	1.91	3.80	3.21	5.10
65-69	2.61	5.20	3.91	6.50
70-74	3.13	6.30	4.43	7.60
75-79	3.39	6.80	4.69	8.10
80+	3.92	7.90	5.22	9.20

Ambulance Benefit
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	2.60	4.10	5.20	6.70
25-29	2.60	4.10	5.20	6.70
30-34	2.60	4.10	5.20	6.70
35-39	2.60	4.10	5.20	6.70
40-44	2.60	4.10	5.20	6.70
45-49	2.87	5.00	5.47	7.60
50-54	3.65	6.30	6.25	8.90
55-59	4.70	8.50	7.30	11.10
60-64	6.79	12.50	9.39	15.10
65-69	10.01	19.20	12.61	21.80
70-74	14.79	29.50	17.39	32.10
75-79	23.49	47.00	26.09	49.60
80+	39.15	80.00	41.75	82.60

Restoration Tier 1 Benefit
Annual Premiums for \$50 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.01	0.01	0.01	0.01
25-29	0.01	0.01	0.01	0.01
30-34	0.01	0.01	0.01	0.01
35-39	0.01	0.01	0.01	0.01
40-44	0.01	0.01	0.01	0.01
45-49	0.01	0.01	0.01	0.01
50-54	0.01	0.02	0.01	0.02
55-59	0.01	0.02	0.01	0.02
60-64	0.02	0.02	0.02	0.02
65-69	0.02	0.03	0.02	0.03
70-74	0.02	0.03	0.02	0.03
75-79	0.03	0.04	0.03	0.04
80+	0.03	0.05	0.03	0.05

Diagnostic Benefit
Annual Premiums for \$25 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	2.70	4.60	4.20	6.10
25-29	2.70	4.60	4.20	6.10
30-34	2.70	4.60	4.20	6.10
35-39	2.70	4.60	4.20	6.10
40-44	2.70	4.60	4.20	6.10
45-49	3.40	6.10	4.90	7.60
50-54	3.83	7.13	5.33	8.63
55-59	4.44	8.50	5.94	10.00
60-64	5.22	10.09	6.72	11.59
65-69	6.18	12.00	7.68	13.50
70-74	7.31	14.20	8.81	15.70
75-79	8.27	16.10	9.77	17.60
80+	9.14	18.00	10.64	19.50

Restoration Tier 2 Benefit
Annual Premiums for \$100 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.01	0.02	0.01	0.02
25-29	0.02	0.03	0.02	0.03
30-34	0.03	0.04	0.03	0.04
35-39	0.04	0.05	0.04	0.05
40-44	0.05	0.07	0.05	0.07
45-49	0.06	0.08	0.06	0.08
50-54	0.07	0.10	0.07	0.10
55-59	0.08	0.12	0.08	0.12
60-64	0.09	0.15	0.09	0.15
65-69	0.09	0.15	0.09	0.15
70-74	0.10	0.16	0.10	0.16
75-79	0.11	0.16	0.11	0.16
80+	0.12	0.18	0.12	0.18

Hospital Indemnity Form 8019 - Attained Age - Annual Premiums

Outpatient Lab Benefit Annual Premiums for \$25 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	24.36	42.20	40.86	58.70
25-29	24.36	42.20	40.86	58.70
30-34	24.36	42.20	40.86	58.70
35-39	24.36	42.20	40.86	58.70
40-44	24.36	42.20	40.86	58.70
45-49	29.70	55.00	46.20	71.50
50-54	34.50	63.90	51.00	80.40
55-59	41.00	76.40	57.50	92.90
60-64	48.50	96.00	65.00	112.50
65-69	57.50	111.00	74.00	127.50
70-74	67.50	131.00	84.00	147.50
75-79	67.50	135.00	84.00	151.50
80+	67.50	135.00	84.00	151.50

Restoration Tier 3 Benefit Annual Premiums for \$250 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.13	0.15	0.13	0.15
25-29	0.15	0.18	0.15	0.18
30-34	0.18	0.20	0.18	0.20
35-39	0.20	0.25	0.20	0.25
40-44	0.23	0.28	0.23	0.28
45-49	0.38	0.55	0.38	0.55
50-54	0.43	0.58	0.43	0.58
55-59	0.73	0.95	0.73	0.95
60-64	0.98	1.33	0.98	1.33
65-69	1.25	1.73	1.25	1.73
70-74	1.63	2.25	1.63	2.25
75-79	1.93	2.88	1.93	2.88
80+	2.13	3.25	2.13	3.25

Rehabilitation Benefit Annual Premiums for \$25 Benefit

Age	Employee	EE + Spouse	EE + Child	Family
18-24	0.50	0.80	0.60	0.90
25-29	0.50	0.80	0.60	0.90
30-34	0.50	0.80	0.60	0.90
35-39	0.50	0.80	0.60	0.90
40-44	0.50	0.80	0.60	0.90
45-49	0.60	1.00	0.70	1.10
50-54	0.80	1.40	0.90	1.50
55-59	1.20	2.20	1.30	2.30
60-64	2.00	3.90	2.10	4.00
65-69	4.00	8.10	4.10	8.20
70-74	11.00	23.00	11.10	23.10
75-79	25.00	52.50	25.10	52.60
80+	66.00	140.00	66.10	140.10

Hospital Indemnity Form 8019 Benefit Adjustment Factors

Hospital Indemnity Adjustments

Max Days	Factor
3 days	0.51
10 days	0.81
15 days	0.89
30 days	1.00
60 days	1.06

Rehabilitation Adjustments

Max Days	Factor
10 days	0.70
15 days	0.83
30 days	1.00
60 days	1.10

Intensive Care Unit Adjustments

Max Days	Factor
3 days	0.51
10 days	0.81
15 days	0.89
30 days	1.00
60 days	1.06

Family Travel/Lodging Adjustments

Max Days	Factor
3 days	0.51
10 days	0.81
15 days	0.89
30 days	1.00
60 days	1.06

Outpatient Lab Adjustments

Max Days	Factor
2 Per Year	0.80
3 Per Year	1.00
4 Per Year	1.10

Post Hospitalization Office Visits

Max Days	Factor
2 Per Year	0.40
3 Per Year	0.60
4 Per Year	0.80
5 Per Year	1.00

Diagnostic Benefit Adjustments

Max Days	Factor
1 Per Year	0.90
2 Per Year	1.00
3 Per Year	1.05

Emergency Treatment Adjustments

Max Days	Factor
1 Per Year	0.67
2 Per Year	0.89
3 Per Year	1.00
5 Per Year	1.05

Initial Diagnosis and Restoration Benefit Percentages

Employee	Spouse	Children
100%	50%	25%

*Benefit options not listed here may also be used and will be calculated on a similar basis.

Hospital Indemnity Form 8016 Group Adjustment Factors

Type of Adjustment	Factor Range
Percent of Premium Paid by Employer	0.75-1.00
Rate Guarantee Period Length	1.00-1.15
Group Size	0.75-1.25
Waiving the Pre-existing Condition Exclusion	1.00-1.25
Commission and Expenses	0.65-1.20
Enrollment Method	0.85-1.15
Group Underwriting	0.75-1.25
Industry	0.75-1.25
Including Portability	1.00-1.25

State: District of Columbia

Filing Company:

Kanawha Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity - rate

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	See Filing description.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Act memo is attached under the Rate Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Act memo, attached under the Rate Schedule tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

HUMA-129384814

State Tracking #:

Company Tracking #:

8019 DC

State: District of Columbia

Filing Company: Kanawha Insurance Company

TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity

Product Name: Group Hospital Indemnity - rate

Project Name/Number: /

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

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