

State: District of Columbia **Filing Company:** Madison National Life Insurance Company Inc
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: IDEN Individual Dental Filing
Project Name/Number: /

Filing at a Glance

Company: Madison National Life Insurance Company Inc
Product Name: IDEN Individual Dental Filing
State: District of Columbia
TOI: H10I Individual Health - Dental
Sub-TOI: H10I.000 Health Dental
Filing Type: Rate
Date Submitted: 07/31/2014
SERFF Tr Num: IADC-129598813
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: MNL DC DENTAL RATE FILING
Implementation: On Approval
Date Requested:
Author(s): Vikki Adams
Reviewer(s): Darniece Shirley (primary), John Morgan
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: IDEN Individual Dental Filing
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 07/31/2014
 State Status Changed:
 Deemer Date: Created By: Vikki Adams
 Submitted By: Vikki Adams Corresponding Filing Tracking Number: IADC-129555199

Filing Description:

This is the rate filing that accompanies IADC-129555199 form filing.

Company and Contact

Filing Contact Information

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 602-395-7040 [Phone]

Filing Company Information

Madison National Life Insurance Company Inc	CoCode: 65781	State of Domicile: Wisconsin
1241 John Q Hammons Drive	Group Code: 450	Company Type: Life and Health
Madison, WI 53717	Group Name:	State ID Number:
(608) 830-2000 ext. [Phone]	FEIN Number: 39-0990296	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

IADC-129598813

State Tracking #:

Company Tracking #:

MNL DC DENTAL RATE FILING

State: District of Columbia

Filing Company:

Madison National Life Insurance Company Inc

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

Product Name: IDEN Individual Dental Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: %

Overall Percentage of Last Rate Revision: %

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

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):
Madison National Life Insurance Company Inc	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State: District of Columbia

Filing Company:

Madison National Life Insurance Company Inc

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

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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		Dental Rating Manual Example	MNL IDEN POL 0414	New		Dental Rating Manual Example.pdf, Dental Rating Manual Example.xlsx,
2		Dental Rating Manual for Act Memo	MNL IDEN POL 0414	New		Dental Rating Manual for Act Memo.pdf,
3		Tables for Actuarial Memo	MNL IDEN POL 0414	New		Tables for Actuarial Memo.pdf, Tables for Actuarial Memo.xlsx,

SERFF Tracking #:

IADC-129598813

State Tracking #:

Company Tracking #:

MNL DC DENTAL RATE FILING

State:

District of Columbia

Filing Company:

Madison National Life Insurance Company Inc

TOI/Sub-TOI:

H10I Individual Health - Dental/H10I.000 Health Dental

Product Name:

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/

Attachment Dental Rating Manual Example.xlsx is not a PDF document and cannot be reproduced here.

Attachment Tables for Actuarial Memo.xlsx is not a PDF document and cannot be reproduced here.

PPO In-Network Dental Claim Cost Rating Worksheet

Step	Employee				
	<u>Class I</u>	<u>Class II</u>	<u>Class III</u>	<u>Class IV</u>	
1	Starting Claim Cost	10.92	3.58	7.86	34.41
2	Deductible Credit Calculation				
	(a) Total Deductible Credit	2.72	2.72	2.27	2.72
	(b) Family Deductible Limit	1.000	1.000	1.000	1.000
	(c) Deductible Class Allocation	0.734	0.250	0.000	0.000
	(d) Adjusted Deductible Credit (2a)x(2b)x(2c)	1.994	0.679	0.000	0.000
3	Adjusted Claim Cost (1)-(2d)	8.93	2.90	7.86	34.41
4	Deductible Disincentive Factor	0.975	0.975	0.975	0.975
5	Contract adjustments				
	(a) Implant (Member basis)	0.000	0.000	0.000	0.000
	(b) Sealants for Children (Member basis)	0.068	0.000	0.000	0.000
	(c) Other (TMJ) (Member basis)	0.000	0.000	0.000	0.000
6	Adjusted Claim Cost				
	(3) x (4) + (5a) + (5b) + (5c)	8.77	2.83	7.66	33.55
	Area Adjustment				
7	(a) Utilization	0.901	0.901	0.901	0.901
	(b) Charge level	1.228	1.228	1.250	1.208
	Coinsurance Adjustment				
8	(a) Coinsurance Percentage	1.000	1.000	0.500	0.500
	(b) Fee limitation Adjustment	0.651	0.620	0.620	0.620
	(c) Effective Coinsurance % (8a) * (8b)	0.651	0.620	0.310	0.310
9	Benefit Richness Adjustment	0.877	0.877	0.868	0.844
	Adjusted Claim Cost				
10	(a) (6)*(7a)*(7b)*(8c)*(9)	5.54	1.70	2.32	9.55
	(b) Total (Class I + Class II + Class III+ Class IV)		19.11		
11	Trend Adjustment		1.000		
12	Annual Maximum Adjustment		0.889		
13	Child Definition Adjustment		1.029		
	Adj. Claim Cost for Non-Orthodontic Benefits				
14	(10b)*(11)*(12)*(13)		17.48		
15	Orthodontic Claim cost (Member Basis)		0.000		
16	TMJ Claim cost (Rider only) (Member Basis)		0.000		
17	Cost of separate maximum for Implants		1.000		
18	Cost of separate maximum for TMJ		1.000		
19	Census Adjustment		1.045		
20	Total Claim Cost		\$18.27		
	[(14)+(15)*(11)+(16)*(11)]*(17)*(18)*(19)				
21	Copay amount		\$10.00		
22	Network access fee (PMPM)		0.710		
	Penetration		30.0%		

23	Retention	
	Claims PMPM	\$17.23

of visits
For Copay

PPO OON / Indemnity Dental Claim Cost Rating Work

Step	Employee	
	<u>Class I</u>	<u>Class II</u>
1 Starting Claim Cost	10.92	3.58
2 Deductible Credit Calculation		
(a) Total Deductible Credit	2.72	2.72
(b) Family Deductible Limit	1.000	1.000
(c) Deductible Class Allocation	0.734	0.250
(d) Adjusted Deductible Credit (2a)x(2b)x(2c)	1.994	0.679
3 Adjusted Claim Cost (1)-(2d)	8.93	2.90
4 Deductible Disincentive Factor	0.975	0.975
5 Contract adjustments		
(a) Implant (Member basis)	0.000	0.000
(b) Sealants for Children (Member basis)	0.068	0.000
(c) Other (TMJ) (Member basis)	0.000	0.000
6 Adjusted Claim Cost		
(3) x (4) + (5a) + (5b) + (5c)	8.77	2.83
Area Adjustment		
7 (a) Utilization	0.901	0.901
(b) Charge level	1.228	1.228
Coinsurance Adjustment		
8 (a) Coinsurance Percentage	1.000	1.000
(b) Fee limitation Adjustment	0.651	0.620
(c) Effective Coinsurance % (8a) * (8b)	0.651	0.620
9 Benefit Richness Adjustment	0.877	0.877
Adjusted Claim Cost		
10 (a) (6)*(7a)*(7b)*(8c)*(9)	5.54	1.70
(b) Total (Class I + Class II + Class III+ Class IV)		19.11
11 Trend Adjustment		1.000
12 Annual Maximum Adjustment		0.889
13 Child Definition Adjustment		1.029
Adj. Claim Cost for Non-Orthodontic Benefits		
14 (10b)*(11)*(12)*(13)		17.48
15 Orthodontic Claim cost (Member Basis)		0.000
16 TMJ Claim cost (Rider only) (Member Basis)		0.000
17 Cost of separate maximum for Implants		1.000
18 Cost of separate maximum for TMJ		1.000
19 Census Adjustment		1.045
20 Total Claim Cost		\$18.27
[(14)+(15)*(11)+(16)*(11)]*(17)*(18)*(19)		
21 Copay amount		\$10.00
22 Network access fee (PMPM)		0.710

In	OON
2.1	2.1

sheet

<u>Class III</u>	<u>Class IV</u>
7.86	34.41
2.27	2.72
1.000	1.000
0.000	0.000
0.000	0.000
7.86	34.41
0.975	0.975
0.000	0.000
0.000	0.000
0.000	0.000
7.66	33.55
0.901	0.901
1.250	1.208
0.500	0.500
0.620	0.620
0.310	0.310
0.868	0.844
2.32	9.55

Dental Rating Manual

Step 1: Get Starting Claim Costs from Table 1 by Service Category for Class I-Class IV for in and Out of Network.

Step 2(a): Look up the Deductible Credit from Table 2 based upon deductible amount, whether it is annual or lifetime, if it is waived for Class 1 and Class 2 services and under which category X-rays are covered for in and Out of Network. Deductible values not in table will be interpolated to determine the credit amount.

Step 2(b): Look up the Family Deductible limit in Table 3 based upon deductible amount, if it is waived for Class 1 and Class 2 services and under which category X-rays are covered and the Family Deductible Limit for in and Out of Network.

Step 2(c): Allocate the Deductible Credit into the appropriate Class in Table 4 based upon if it is waived for Class 1 and Class 2 services and under which category X-rays are covered for in and Out of Network.

Step 2(d): Calculate the Adjusted Deductible Credit as Step (2a) x Step (2b) x Step (2c) for in and Out of Network.

Step 3: Calculate the Adjusted claim Cost as the Starting Claim cost - Adjusted Deductible Credit Step (1) – Step (2d) for in and Out of Network.

Step 4: Look up the Deductible Disincentive Factor in Table 4 based upon the amount of the Deductible for in and Out of Network.

Step 5(a): Look up costs for covering Implants from Table 5 (if covered) for in and Out of Network.

Step 5(b): Look up costs for covering Sealants from Table 6 (if covered) for in and Out of Network.

Step 5(c): Look up costs for covering TMJ from Table 5 (if covered) for in and Out of Network.

Step 6: Calculate Adjusted Claim costs as Step (3) x Step (4) + Step (5a) + Step (5b) + Step (5c) for in and Out of Network.

Step 7(a): Look up Area Adjustments for Utilization from Table 7 based upon 3-digit Zip Code for in and Out of Network.

Step 7(b): Look up Area Adjustments for Charge for each Class of Service from Table 7 based upon 3-digit Zip Code for in and Out of Network.

Step 8(a): Look up the coinsurance percentages for the plan by service category for in and Out of Network.

Step (8b): Apply the fee limitation adjustment which calculates fee schedule differences between area specific charges and fee schedules used for reimbursement for in and Out of Network.

Step 8(c): Calculate the Effective Coinsurance by multiplying Step (8a) x Step 8(b) for in and Out of Network.

Step 9: Look up the Benefit Richness Adjustment from Table 8 to account for differences in benefit between the standard plan assumed and the actual plan selected for in and Out of Network.

Step 10(a): Calculate the Adjusted Claim Cost as Step (6) x Step (7a) x Step (7b) x Step (8c) x Step (9) for in and Out of Network.

Step (10b): Sum the total claim Costs for all 4 categories for in and Out of Network.

Step (11): Using the annual trend assumption from Table 9 calculate the total trend to apply from the midpoint of the base period to the midpoint of the projection period for in and Out of Network.

Step (12): Look up the adjustment for annual maximum based upon the claim probability distribution Table 10 for in and Out of Network.

Step (13): Look up the factor for Child Age definition from Table 11 for in and Out of Network.

Step (14): Calculate the Adjusted Claim Costs for Non-orthodontic benefits by multiplying the results from Step (10b) x Step (11) x Step (12) and Step (13) for in and Out of Network.

Step (15): Look up the starting claim costs of Orthodontic benefits from Table 12 for in and Out of Network.

Step (16): Look up the additional costs of TMJ from Table 5 if covered as a rider for in and Out of Network.

Step (17): Look up factor from Table 5 if separate maximum applies for Implants benefits for in and Out of Network.

Step (18): Look up factor from Table 5 if separate maximum applies for TMJ benefits for in and Out of Network.

Step (19): Look up factor due to demographic/census differences from Table 13 for in and Out of Network.

Step (20): Calculate Total Claim Costs as {Step (14) + Step (15) x Step (11) +Step (16) x Step (11)} x Step (17) x Step (18) x Step (19) x for in and Out of Network.

Step (21): Subtract the Copay amount from the claim cost calculated in Step (20) for in and out of Network.

Step (22): Add the Network Access Fee to the claim costs calculated in Step (21). These fees will vary based upon the network being utilized and can range from \$0.00 for a non-network plan to \$1.25 on a PEPM basis.

Step (23): Blend the In-network and Out of Network Claim costs by multiplying the In-network costs in Step (22) by the penetration percentage and adding it to the Out of Network costs in Step (22) x (1-penetration percentage).

Step (24): Determine final premium by taking the Final Claim Costs in Step (23) and applying the expense model to calculate premium.

Table 1

Starting Claim costs

I	Prophylaxis	\$6.19
I	Fluoride Treatments	\$0.36
I	Laboratory and Other Diagnostic Tests	\$0.01
II	Oral Evaluations	\$4.35
II	X-rays	\$3.57
III	Emergency Treatment (Palliative)	\$0.22
III	Space Maintainers	\$0.02
III	Simple Extractions	\$1.04
III	Surgical Extractions	\$3.24
III	Oral Surgery	\$0.24
III	Anesthesia Services	\$0.57
III	Restorations	\$6.44
III	Periodontics	\$4.48
III	Endodontics	\$4.79
IV	Inlays/Onlays/Crowns	\$13.45
IV	Dentures and Other Removable Prosthetics	\$3.59
IV	Bridges and Other Fixed Prosthetics	\$3.84
IV	Denture and Bridge Repair (Simple)	\$0.16
IV	Other Prosthetics	\$0.20
Class I Subtotal		\$10.92
Class II Subtotal		\$3.58
Class III Subtotal		\$7.86
Class IV Subtotal		\$34.41
Dental total (Non-Orthodontic)		\$56.77

Table 2

Deductible Credit

<u>Lifetime Ded</u>	<u>Not Waived</u>	X-Rays in Class I or II <u>Waived</u>	X-Rays in Class III <u>Waived</u>
\$0	-\$0.42	-\$0.32	-\$0.52
\$15	\$0.33	\$0.26	\$0.41
\$25	\$0.83	\$0.64	\$1.03
\$35	\$1.16	\$0.90	\$1.38
\$40	\$1.33	\$1.04	\$1.55
\$50	\$1.66	\$1.30	\$1.90
\$75	\$2.48	\$1.94	\$2.64
\$100	\$3.30	\$2.58	\$3.37
\$150	\$4.99	\$3.91	\$4.89
\$200	\$6.69	\$5.23	\$6.55
\$250	\$8.36	\$6.91	\$8.64

<u>Annual Ded</u>	<u>Not Waived</u>	X-Rays in Class I or II <u>Waived</u>	X-Rays in Class III <u>Waived</u>
\$0	-\$0.69	-\$0.40	-\$0.60
\$15	\$0.54	\$0.32	\$0.47
\$25	\$1.36	\$0.80	\$1.18
\$35	\$1.90	\$1.13	\$1.57
\$40	\$2.18	\$1.29	\$1.77
\$50	\$2.72	\$1.61	\$2.12
\$75	\$4.06	\$2.42	\$3.01
\$100	\$5.42	\$3.21	\$3.84
\$150	\$7.25	\$4.36	\$4.91
\$200	\$9.08	\$5.51	\$5.50
\$250	\$11.05	\$7.48	\$6.34

Table 3 Family Deductible Limit

Deductible Waived For Class I Service (X-Ray in Class I)				
<u>Individual Annual Deductible</u>	Family Ded No Limit	Family Ded 2x	Family Ded 3x	Family Ded 4x
Deductible Amount				
\$0	1.000	1.000	1.000	1.000
\$15	1.000	0.940	0.988	0.994
\$25	1.000	0.900	0.980	0.990
\$35	1.000	0.902	0.980	0.990
\$40	1.000	0.903	0.981	0.990
\$50	1.000	0.905	0.981	0.991
\$55	1.000	0.906	0.981	0.991
\$60	1.000	0.907	0.981	0.991
\$75	1.000	0.910	0.982	0.991
\$100	1.000	0.914	0.984	0.992
\$150	1.000	0.923	0.986	0.993
\$200	1.000	0.932	0.988	0.994
\$250	1.000	0.941	0.990	0.995

Deductible Waived For Class I Service (X-Ray in Class II)				
<u>Individual Annual Deductible</u>	Family Ded No Limit	Family Ded 2x	Family Ded 3x	Family Ded 4x
Deductible Amount				
\$0	1.000	1.000	1.000	1.000
\$15	1.000	0.940	0.988	0.994
\$25	1.000	0.900	0.980	0.990
\$35	1.000	0.902	0.980	0.990
\$40	1.000	0.903	0.981	0.990
\$50	1.000	0.905	0.981	0.991
\$55	1.000	0.906	0.981	0.991

\$60	1.000	0.907	0.981	0.991
\$75	1.000	0.910	0.982	0.991
\$100	1.000	0.914	0.984	0.992
\$150	1.000	0.923	0.986	0.993
\$200	1.000	0.932	0.988	0.994
\$250	1.000	0.941	1.000	1.000

Deductible Not Waived For Class I Service (X-Ray in Class I)				
<u>Individual Annual Deductible</u>	Family Ded No	Family Ded		
Deductible Amount	Limit	2x	Family Ded 3x	Family Ded 4x
\$0	1.000	1.000	1.000	1.000
\$15	1.000	0.836	0.936	0.968
\$25	1.000	0.727	0.894	0.947
\$35	1.000	0.731	0.896	0.948
\$40	1.000	0.733	0.897	0.949
\$50	1.000	0.737	0.899	0.950
\$55	1.000	0.739	0.900	0.950
\$60	1.000	0.741	0.901	0.951
\$75	1.000	0.747	0.905	0.953
\$100	1.000	0.757	0.911	0.956
\$150	1.000	0.777	0.921	0.961
\$200	1.000	0.797	0.931	0.966
\$250	1.000	0.817	0.941	0.971

Table 4 Deductible Disincentive Table

		Ded Not Waived for Class I		
Stand Alone Programs		Deductible Applies to All Expense	Deductible Applies to All Expense	Deductible Applies to All Expense
<u>Individual Annual Deductible</u>	<u>Deductible Disincentive Adjustment Factor</u>	X-ray in Class I	X-ray in Class I	X-ray in Class I
Deductible Amount	Member	Class allocation (Class I)	Class allocation (Class II)	Class allocation (Class III)
\$0	1.000	75.0%	25.0%	0.0%
\$15	0.994	75.0%	25.0%	0.0%
\$25	0.990	75.0%	25.0%	0.0%
\$35	0.984	74.3%	24.8%	0.9%
\$40	0.981	74.0%	24.7%	1.3%
\$50	0.975	73.4%	24.5%	2.2%
\$55	0.973	71.0%	24.5%	4.6%
\$60	0.971	69.8%	23.3%	6.9%
\$75	0.965	64.5%	21.5%	14.0%
\$100	0.960	58.5%	19.5%	22.0%

\$150	0.945	48.0%	16.0%	36.0%
\$200	0.930	32.5%	19.9%	0.0%
\$250	0.915	29.2%	16.2%	0.0%

Table 5 TMJ and Implant Claim Costs

	Adult	Child	Cost PMPM
Cost for Implants	\$2.14	\$0.00	\$1.397
Cost for TMJ	\$0.31	\$0.08	\$0.230

Table 6 Sealants Claim Costs

	To Age	Member Adj
Contract does not cover	N	0
Contract covers sealants to age 13	13	\$0.058
Contract covers sealants to age 14	14	\$0.063
Contract covers sealants to age 15	15	\$0.068
Contract covers sealants to age 18	18	\$0.072
Contract covers sealants to age 19	19	\$0.073
Contract covers sealants to age 20	20	\$0.075
Contract covers sealants to age 21	21	\$0.076
Contract covers sealants to age 22	22	\$0.077
Contract covers sealants to age 23	23	\$0.079
Contract covers sealants to age 24	24	\$0.080
Contract covers sealants to age 25	25	\$0.082

Table 7 Area Factor Table

State	ZIP Code	Utilization	Class I	Class II
MA	010	1.108	0.969	0.969
MA	011	1.108	0.969	0.969
MA	012	1.149	0.860	0.860
MA	013	1.108	0.969	0.969
MA	014	1.078	1.002	1.002
MA	015	1.078	1.050	1.050
MA	016	1.078	1.098	1.098
MA	017	1.151	1.029	1.029
MA	018	1.151	0.984	0.984
MA	019	1.151	1.029	1.029
MA	020	1.151	1.042	1.042
MA	021	1.151	1.118	1.118
MA	022	1.151	1.133	1.133
MA	023	1.151	1.087	1.087
MA	024	1.151	1.074	1.074
MA	025	1.151	1.031	1.031
MA	026	1.151	1.031	1.031

MA	027	0.999	1.188	1.188
RI	028	0.999	0.977	0.977
RI	029	0.999	1.032	1.032
NH	030	1.032	1.124	1.124
NH	031	1.032	1.129	1.129
NH	032	1.024	1.084	1.084
NH	033	1.024	1.136	1.136
NH	034	1.024	1.084	1.084
NH	035	1.024	1.084	1.084
NH	036	1.024	1.084	1.084
NH	037	1.024	1.084	1.084
NH	038	1.032	1.073	1.073
ME	039	1.001	0.980	0.980
ME	040	1.001	0.980	0.980
ME	041	1.001	0.980	0.980
ME	042	0.948	0.969	0.969
ME	043	0.934	0.967	0.967
ME	044	0.949	0.949	0.949
ME	045	0.934	0.967	0.967
ME	046	0.934	0.967	0.967
ME	047	0.934	0.967	0.967
ME	048	0.934	0.967	0.967
ME	049	0.934	0.967	0.967
VT	050	1.033	0.931	0.931
VT	051	1.033	0.931	0.931
VT	052	1.033	0.931	0.931
VT	053	1.033	0.931	0.931
VT	054	1.059	0.960	0.960
VT	055	1.033	1.020	1.020
VT	056	1.033	0.931	0.931
VT	057	1.033	0.931	0.931
VT	058	1.033	0.931	0.931
VT	059	1.033	0.931	0.931
CT	060	1.153	1.073	1.073
CT	061	1.153	1.120	1.120
CT	062	1.153	1.025	1.025
CT	063	1.136	1.039	1.039
CT	064	1.153	1.122	1.122
CT	065	1.153	1.122	1.122
CT	066	1.151	1.087	1.087
CT	067	1.153	1.118	1.118
CT	068	1.151	1.137	1.137
CT	069	1.151	1.131	1.131
NJ	070	1.154	1.148	1.148
NJ	071	1.156	1.220	1.220
NJ	072	1.156	1.221	1.221
NJ	073	1.154	1.149	1.149

NJ	074	1.154	1.204	1.204
NJ	075	1.154	1.202	1.202
NJ	076	1.154	1.197	1.197
NJ	077	1.154	1.122	1.122
NJ	078	1.088	1.189	1.189
NJ	079	1.156	1.344	1.344
NJ	080	1.083	1.028	1.028
NJ	081	1.083	1.027	1.027
NJ	082	1.092	1.022	1.022
NJ	083	1.092	1.020	1.020
NJ	084	1.092	1.025	1.025
NJ	085	1.092	1.128	1.128
NJ	086	1.092	1.073	1.073
NJ	087	1.154	0.985	0.985
NJ	088	1.154	1.075	1.075
NJ	089	1.154	1.184	1.184
NJ	090	1.089	0.996	0.996
NJ	091	1.089	0.996	0.996
NJ	092	1.089	0.996	0.996
NJ	093	1.089	0.996	0.996
NJ	094	1.089	0.996	0.996
NJ	095	1.089	0.996	0.996
NJ	096	1.089	0.996	0.996
NJ	097	1.089	0.996	0.996
NJ	098	1.089	0.996	0.996
NJ	099	1.089	0.996	0.996
NY	100	1.156	1.538	1.538
NY	101	1.156	1.538	1.538
NY	102	1.156	1.538	1.538
NY	103	1.156	1.379	1.379
NY	104	1.156	1.379	1.379
NY	105	1.156	1.379	1.379
NY	106	1.156	1.379	1.379
NY	107	1.156	1.379	1.379
NY	108	1.156	1.379	1.379
NY	109	1.110	1.252	1.252
NY	110	1.155	1.333	1.333
NY	111	1.156	1.379	1.379
NY	112	1.156	1.432	1.432
NY	113	1.156	1.379	1.379
NY	114	1.156	1.379	1.379
NY	115	1.155	1.333	1.333
NY	116	1.156	1.379	1.379
NY	117	1.155	1.231	1.231
NY	118	1.155	1.282	1.282
NY	119	1.155	1.231	1.231
NY	120	1.131	0.925	0.925

NY	121	1.131	0.925	0.925
NY	122	1.131	0.925	0.925
NY	123	1.131	0.925	0.925
NY	124	1.086	0.965	0.965
NY	125	1.086	0.965	0.965
NY	126	1.110	1.002	1.002
NY	127	1.008	1.010	1.010
NY	128	1.086	0.979	0.979
NY	129	1.008	0.956	0.956
NY	130	1.091	0.867	0.867
NY	131	1.091	0.867	0.867
NY	132	1.091	0.867	0.867
NY	133	1.085	0.880	0.880
NY	134	1.085	0.880	0.880
NY	135	1.085	0.880	0.880
NY	136	1.008	0.956	0.956
NY	137	1.083	0.874	0.874
NY	138	1.083	0.874	0.874
NY	139	1.083	0.874	0.874
NY	140	1.151	0.848	0.848
NY	141	1.151	0.848	0.848
NY	142	1.151	0.848	0.848
NY	143	1.151	0.848	0.848
NY	144	1.126	0.826	0.826
NY	145	1.126	0.826	0.826
NY	146	1.126	0.826	0.826
NY	147	1.008	0.903	0.903
NY	148	1.083	0.861	0.861
NY	149	1.082	0.859	0.859
PA	150	1.139	0.803	0.803
PA	151	1.139	0.803	0.803
PA	152	1.139	0.803	0.803
PA	153	1.139	0.803	0.803
PA	154	1.139	0.803	0.803
PA	155	0.987	0.865	0.865
PA	156	1.139	0.756	0.756
PA	157	0.987	0.865	0.865
PA	158	0.987	0.865	0.865
PA	159	1.038	0.827	0.827
PA	160	1.139	0.803	0.803
PA	161	1.015	0.891	0.891
PA	162	0.987	0.865	0.865
PA	163	0.987	0.865	0.865
PA	164	1.038	0.820	0.820
PA	165	1.038	0.820	0.820
PA	166	1.038	0.878	0.878
PA	167	0.987	0.865	0.865

PA	168	1.036	0.864	0.864
PA	169	0.987	0.865	0.865
PA	170	1.038	0.886	0.886
PA	171	1.090	0.843	0.843
PA	172	0.987	0.919	0.919
PA	173	1.038	0.867	0.867
PA	174	1.038	0.867	0.867
PA	175	1.037	0.859	0.859
PA	176	1.037	0.910	0.910
PA	177	1.037	0.813	0.813
PA	178	0.987	0.865	0.865
PA	179	0.987	0.865	0.865
PA	180	1.088	0.938	0.938
PA	181	1.088	0.938	0.938
PA	182	1.127	0.751	0.751
PA	183	1.154	0.910	0.910
PA	184	1.127	0.798	0.798
PA	185	1.127	0.798	0.798
PA	186	1.127	0.798	0.798
PA	187	1.127	0.798	0.798
PA	188	0.987	0.919	0.919
PA	189	1.124	0.976	0.976
PA	190	1.124	0.976	0.976
PA	191	1.124	0.976	0.976
PA	192	1.124	0.976	0.976
PA	193	1.124	0.976	0.976
PA	194	1.124	0.976	0.976
PA	195	1.038	0.937	0.937
PA	196	1.038	0.937	0.937
DE	197	0.917	1.204	1.204
DE	198	0.917	1.204	1.204
DE	199	0.851	1.164	1.164
DC	200	1.070	1.151	1.151
VA	201	1.070	1.146	1.146
DC	202	1.070	1.151	1.151
DC	203	1.070	1.151	1.151
DC	204	1.070	1.151	1.151
DC	205	1.070	1.151	1.151
MD	206	1.070	1.002	1.002
MD	207	1.070	1.052	1.052
MD	208	1.153	0.972	0.972
MD	209	1.153	0.972	0.972
MD	210	1.073	1.067	1.067
MD	211	1.073	1.017	1.017
MD	212	1.073	1.017	1.017
MD	213	1.008	1.055	1.055
MD	214	1.073	1.017	1.017

MD	215	1.028	0.988	0.988
MD	216	1.008	0.950	0.950
MD	217	1.028	0.989	0.989
MD	218	1.029	0.918	0.918
MD	219	0.917	1.158	1.158
VA	220	1.070	1.096	1.096
VA	221	1.070	1.096	1.096
VA	222	1.070	1.146	1.146
VA	223	1.070	1.146	1.146
VA	224	1.070	0.947	0.947
VA	225	1.070	0.947	0.947
VA	226	0.927	0.952	0.952
VA	227	0.868	1.032	1.032
VA	228	0.927	0.947	0.947
VA	229	0.927	0.949	0.949
VA	230	0.996	0.973	0.973
VA	231	0.920	1.041	1.041
VA	232	0.996	0.973	0.973
VA	233	0.920	1.041	1.041
VA	234	0.920	1.041	1.041
VA	235	0.920	1.041	1.041
VA	236	0.920	1.041	1.041
VA	237	0.920	1.041	1.041
VA	238	0.996	0.973	0.973
VA	239	0.868	1.032	1.032
VA	240	0.929	0.912	0.912
VA	241	0.929	0.912	0.912
VA	242	0.912	0.927	0.927
VA	243	0.868	0.971	0.971
VA	244	0.868	1.032	1.032
VA	245	0.928	0.970	0.970
VA	246	0.868	0.911	0.911
WV	247	0.861	0.925	0.925
WV	248	0.861	0.925	0.925
WV	249	0.861	0.925	0.925
WV	250	0.937	0.848	0.848
WV	251	0.937	0.848	0.848
WV	252	0.861	0.925	0.925
WV	253	0.937	0.848	0.848
WV	254	1.070	0.748	0.748
WV	255	0.937	0.856	0.856
WV	256	0.861	0.925	0.925
WV	257	0.937	0.856	0.856
WV	258	0.861	0.925	0.925
WV	259	0.861	0.925	0.925
WV	260	0.963	0.809	0.809
WV	261	0.937	0.845	0.845

WV	262	0.861	0.925	0.925
WV	263	0.861	0.925	0.925
WV	264	0.861	0.925	0.925
WV	265	0.936	0.839	0.839
WV	266	0.861	0.925	0.925
WV	267	1.028	0.777	0.777
WV	268	0.861	0.925	0.925
WV	269	0.861	0.925	0.925
NC	270	0.852	1.020	1.020
NC	271	0.852	1.020	1.020
NC	272	0.864	0.989	0.989
NC	273	0.883	0.968	0.968
NC	274	0.883	0.968	0.968
NC	275	0.865	1.007	1.007
NC	276	0.884	0.994	0.994
NC	277	0.865	1.007	1.007
NC	278	0.865	1.016	1.016
NC	279	0.920	0.959	0.959
NC	280	0.872	1.004	1.004
NC	281	0.872	1.004	1.004
NC	282	0.872	1.004	1.004
NC	283	0.865	1.016	1.016
NC	284	0.865	1.016	1.016
NC	285	0.865	1.016	1.016
NC	286	0.864	0.980	0.980
NC	287	0.864	0.980	0.980
NC	288	0.864	0.980	0.980
NC	289	0.852	1.020	1.020
SC	290	0.889	0.836	0.836
SC	291	0.849	0.879	0.879
SC	292	0.889	0.888	0.888
SC	293	0.851	0.925	0.925
SC	294	0.918	0.897	0.897
SC	295	0.851	0.908	0.908
SC	296	0.851	0.909	0.909
SC	297	0.872	0.963	0.963
SC	298	0.896	0.907	0.907
SC	299	0.850	0.905	0.905
GA	300	0.878	1.134	1.134
GA	301	0.852	1.182	1.182
GA	302	0.878	1.134	1.134
GA	303	0.878	1.194	1.194
GA	304	0.851	1.086	1.086
GA	305	0.851	1.036	1.036
GA	306	0.851	1.036	1.036
GA	307	0.911	0.980	0.980
GA	308	0.896	0.986	0.986

GA	309	0.896	0.986	0.986
GA	310	0.851	1.025	1.025
GA	311	0.851	1.147	1.147
GA	312	0.851	1.025	1.025
GA	313	0.850	1.040	1.040
GA	314	0.850	1.040	1.040
GA	315	0.850	1.010	1.010
GA	316	0.850	1.005	1.005
GA	317	0.850	1.030	1.030
GA	318	0.851	1.034	1.034
GA	319	0.851	1.034	1.034
FL	320	0.928	0.964	0.964
FL	321	0.960	0.866	0.866
FL	322	0.928	0.964	0.964
FL	323	0.960	0.858	0.858
FL	324	0.960	0.858	0.858
FL	325	0.960	0.858	0.858
FL	326	0.960	0.886	0.886
FL	327	0.960	0.921	0.921
FL	328	0.933	0.971	0.971
FL	329	0.961	0.985	0.985
FL	330	1.002	1.342	1.342
FL	331	1.001	1.402	1.402
FL	332	1.001	1.344	1.344
FL	333	1.002	1.175	1.175
FL	334	1.090	0.975	0.975
FL	335	0.969	0.961	0.961
FL	336	0.969	0.907	0.907
FL	337	0.969	0.907	0.907
FL	338	0.961	0.983	0.983
FL	339	0.960	0.969	0.969
FL	340	0.854	1.341	1.341
FL	341	0.961	1.121	1.121
FL	342	0.960	1.003	1.003
FL	343	0.854	1.158	1.158
FL	344	0.960	0.888	0.888
FL	345	0.854	1.097	1.097
FL	346	0.969	0.961	0.961
FL	347	0.933	1.028	1.028
FL	348	0.854	1.097	1.097
FL	349	0.961	1.059	1.059
AL	350	0.930	0.837	0.837
AL	351	0.930	0.837	0.837
AL	352	0.930	0.837	0.837
AL	353	0.852	0.896	0.896
AL	354	0.879	0.882	0.882
AL	355	0.852	0.896	0.896

AL	356	0.880	0.906	0.906
AL	357	0.880	0.966	0.966
AL	358	0.880	0.906	0.906
AL	359	0.879	0.866	0.866
AL	360	0.879	0.865	0.865
AL	361	0.879	0.865	0.865
AL	362	0.879	0.866	0.866
AL	363	0.879	0.865	0.865
AL	364	0.852	0.896	0.896
AL	365	0.878	0.895	0.895
AL	366	0.878	0.839	0.839
AL	367	0.852	0.896	0.896
AL	368	0.879	0.865	0.865
AL	369	0.852	0.955	0.955
TN	370	0.911	0.942	0.942
TN	371	0.931	0.915	0.915
TN	372	0.931	0.969	0.969
TN	373	0.911	0.870	0.870
TN	374	0.911	0.866	0.866
TN	375	0.852	0.949	0.949
TN	376	0.912	0.884	0.884
TN	377	0.964	0.831	0.831
TN	378	0.912	0.884	0.884
TN	379	0.964	0.831	0.831
TN	380	0.936	0.869	0.869
TN	381	0.936	0.869	0.869
TN	382	0.852	0.949	0.949
TN	383	0.912	0.906	0.906
TN	384	0.852	0.949	0.949
TN	385	0.852	0.949	0.949
MS	386	0.936	0.903	0.903
MS	387	0.852	0.999	0.999
MS	388	0.852	0.999	0.999
MS	389	0.852	0.999	0.999
MS	390	0.887	0.947	0.947
MS	391	0.887	0.947	0.947
MS	392	0.887	0.947	0.947
MS	393	0.852	0.999	0.999
MS	394	0.852	1.002	1.002
MS	395	0.852	1.002	1.002
MS	396	0.852	0.999	0.999
MS	397	0.852	0.999	0.999
MS	398	0.900	1.042	1.042
MS	399	0.900	1.042	1.042
KY	400	0.993	0.800	0.800
KY	401	1.014	0.807	0.807
KY	402	0.993	0.854	0.854

KY	403	1.013	0.778	0.778
KY	404	0.890	0.912	0.912
KY	405	1.013	0.830	0.830
KY	406	0.890	0.973	0.973
KY	407	0.890	0.912	0.912
KY	408	0.890	0.912	0.912
KY	409	0.890	0.912	0.912
KY	410	0.961	0.868	0.868
KY	411	0.937	0.854	0.854
KY	412	0.890	0.912	0.912
KY	413	0.890	0.912	0.912
KY	414	0.890	0.912	0.912
KY	415	0.890	0.912	0.912
KY	416	0.890	0.912	0.912
KY	417	0.890	0.912	0.912
KY	418	0.890	0.912	0.912
KY	419	0.890	0.912	0.912
KY	420	0.890	0.912	0.912
KY	421	1.013	0.785	0.785
KY	422	0.911	0.870	0.870
KY	423	1.013	0.785	0.785
KY	424	0.932	0.821	0.821
KY	425	0.890	0.912	0.912
KY	426	0.890	0.912	0.912
KY	427	1.014	0.807	0.807
KY	428	1.014	0.807	0.807
KY	429	1.014	0.807	0.807
OH	430	1.001	0.933	0.933
OH	431	1.001	0.933	0.933
OH	432	1.001	0.933	0.933
OH	433	0.888	0.934	0.934
OH	434	0.967	0.914	0.914
OH	435	0.967	0.914	0.914
OH	436	0.967	0.968	0.968
OH	437	0.888	0.876	0.876
OH	438	0.888	0.876	0.876
OH	439	0.963	0.815	0.815
OH	440	1.072	0.875	0.875
OH	441	1.072	0.923	0.923
OH	442	0.984	0.938	0.938
OH	443	0.984	0.938	0.938
OH	444	1.015	0.894	0.894
OH	445	1.015	0.894	0.894
OH	446	0.963	0.914	0.914
OH	447	0.963	0.914	0.914
OH	448	0.963	0.907	0.907
OH	449	0.962	0.909	0.909

OH	450	0.961	0.930	0.930
OH	451	0.961	0.930	0.930
OH	452	0.961	0.930	0.930
OH	453	0.958	0.868	0.868
OH	454	0.958	0.922	0.922
OH	455	0.963	0.872	0.872
OH	456	0.937	0.919	0.919
OH	457	0.937	0.907	0.907
OH	458	0.962	0.841	0.841
OH	459	0.962	0.841	0.841
IN	460	0.933	0.893	0.893
IN	461	0.969	0.860	0.860
IN	462	0.969	0.968	0.968
IN	463	0.934	0.967	0.967
IN	464	0.933	0.966	0.966
IN	465	0.933	0.890	0.890
IN	466	0.933	0.896	0.896
IN	467	0.932	0.873	0.873
IN	468	0.932	0.873	0.873
IN	469	0.933	0.883	0.883
IN	470	0.961	0.817	0.817
IN	471	0.993	0.804	0.804
IN	472	0.933	0.842	0.842
IN	473	0.933	0.893	0.893
IN	474	0.933	0.842	0.842
IN	475	0.870	0.890	0.890
IN	476	0.932	0.824	0.824
IN	477	0.932	0.824	0.824
IN	478	0.933	0.842	0.842
IN	479	0.933	0.881	0.881
MI	480	1.118	1.103	1.103
MI	481	1.019	1.212	1.212
MI	482	0.987	1.263	1.263
MI	483	1.118	1.106	1.106
MI	484	1.020	1.181	1.181
MI	485	1.020	1.181	1.181
MI	486	1.018	1.004	1.004
MI	487	1.018	0.999	0.999
MI	488	1.029	1.040	1.040
MI	489	1.029	1.040	1.040
MI	490	1.016	0.967	0.967
MI	491	1.016	0.967	0.967
MI	492	1.016	0.967	0.967
MI	493	1.007	1.013	1.013
MI	494	1.016	1.000	1.000
MI	495	1.007	1.017	1.017
MI	496	0.966	1.084	1.084

MI	497	0.966	1.086	1.086
MI	498	0.966	1.021	1.021
MI	499	0.966	1.021	1.021
IA	500	1.001	0.911	0.911
IA	501	0.997	0.915	0.915
IA	502	0.997	0.915	0.915
IA	503	0.997	0.915	0.915
IA	504	0.956	0.831	0.831
IA	505	0.956	0.831	0.831
IA	506	1.000	0.797	0.797
IA	507	1.000	0.797	0.797
IA	508	0.956	0.831	0.831
IA	509	0.956	0.942	0.942
IA	510	0.956	0.831	0.831
IA	511	1.000	0.848	0.848
IA	512	0.956	0.831	0.831
IA	513	0.956	0.831	0.831
IA	514	0.956	0.831	0.831
IA	515	1.011	0.777	0.777
IA	516	0.956	0.831	0.831
IA	517	0.956	0.886	0.886
IA	518	0.956	0.886	0.886
IA	519	0.956	0.886	0.886
IA	520	1.000	0.844	0.844
IA	521	0.956	0.886	0.886
IA	522	1.000	0.844	0.844
IA	523	1.000	0.844	0.844
IA	524	1.000	0.844	0.844
IA	525	0.956	0.886	0.886
IA	526	0.956	0.886	0.886
IA	527	1.032	0.816	0.816
IA	528	1.032	0.816	0.816
IA	529	1.032	0.816	0.816
WI	530	1.033	1.081	1.081
WI	531	1.125	0.988	0.988
WI	532	1.092	1.035	1.035
WI	533	0.975	1.140	1.140
WI	534	1.034	1.092	1.092
WI	535	1.033	0.969	0.969
WI	536	0.975	1.026	1.026
WI	537	1.005	1.104	1.104
WI	538	0.975	1.026	1.026
WI	539	0.975	1.026	1.026
WI	540	1.045	0.970	0.970
WI	541	1.033	0.960	0.960
WI	542	0.975	1.026	1.026
WI	543	1.032	1.000	1.000

WI	544	1.033	0.969	0.969
WI	545	0.975	0.969	0.969
WI	546	1.032	0.915	0.915
WI	547	1.033	0.965	0.965
WI	548	1.064	0.960	0.960
WI	549	1.033	1.013	1.013
MN	550	1.045	1.017	1.017
MN	551	1.045	1.067	1.067
MN	552	1.003	1.124	1.124
MN	553	1.045	1.067	1.067
MN	554	1.045	1.067	1.067
MN	555	1.045	1.067	1.067
MN	556	0.956	1.022	1.022
MN	557	1.064	0.905	0.905
MN	558	1.064	0.905	0.905
MN	559	1.032	0.914	0.914
MN	560	1.003	0.963	0.963
MN	561	1.003	0.910	0.910
MN	562	1.003	0.910	0.910
MN	563	1.064	0.905	0.905
MN	564	1.003	0.963	0.963
MN	565	1.003	0.910	0.910
MN	566	1.003	0.910	0.910
MN	567	0.955	0.950	0.950
MN	568	1.003	0.910	0.910
MN	569	0.955	0.959	0.959
SD	570	1.000	0.845	0.845
SD	571	0.972	0.887	0.887
SD	572	0.895	0.977	0.977
SD	573	0.895	0.977	0.977
SD	574	0.895	0.977	0.977
SD	575	0.895	0.977	0.977
SD	576	0.895	0.977	0.977
SD	577	0.971	0.901	0.901
SD	578	0.895	0.977	0.977
SD	579	0.971	0.901	0.901
ND	580	0.956	0.890	0.890
ND	581	0.956	0.946	0.946
ND	582	0.955	0.822	0.822
ND	583	0.929	0.836	0.836
ND	584	0.929	0.836	0.836
ND	585	0.955	0.813	0.813
ND	586	0.929	0.836	0.836
ND	587	0.929	0.836	0.836
ND	588	0.929	0.836	0.836
ND	589	0.929	0.836	0.836
MT	590	0.972	0.961	0.961

MT	591	1.056	0.908	0.908
MT	592	0.972	0.961	0.961
MT	593	0.972	0.961	0.961
MT	594	1.056	0.883	0.883
MT	595	0.972	0.961	0.961
MT	596	0.972	0.961	0.961
MT	597	0.972	0.961	0.961
MT	598	1.057	0.941	0.941
MT	599	0.972	0.961	0.961
IL	600	1.125	1.054	1.054
IL	601	1.116	1.030	1.030
IL	602	1.116	1.030	1.030
IL	603	1.116	1.030	1.030
IL	604	1.116	1.030	1.030
IL	605	1.116	1.079	1.079
IL	606	1.116	1.079	1.079
IL	607	1.116	1.079	1.079
IL	608	1.116	1.079	1.079
IL	609	1.033	0.944	0.944
IL	610	1.032	0.935	0.935
IL	611	1.032	0.987	0.987
IL	612	1.032	0.893	0.893
IL	613	0.971	0.943	0.943
IL	614	0.971	0.943	0.943
IL	615	1.033	0.894	0.894
IL	616	1.033	0.894	0.894
IL	617	1.032	0.887	0.887
IL	618	1.032	0.894	0.894
IL	619	0.971	0.943	0.943
IL	620	0.976	0.955	0.955
IL	621	0.971	0.943	0.943
IL	622	0.976	0.955	0.955
IL	623	0.971	0.943	0.943
IL	624	0.971	0.832	0.832
IL	625	1.031	0.823	0.823
IL	626	1.030	0.823	0.823
IL	627	1.030	0.875	0.875
IL	628	0.971	0.832	0.832
IL	629	0.971	0.888	0.888
MO	630	0.976	0.995	0.995
MO	631	0.976	0.995	0.995
MO	632	0.881	1.094	1.094
MO	633	0.976	0.995	0.995
MO	634	0.881	1.033	1.033
MO	635	0.881	1.033	1.033
MO	636	0.881	1.033	1.033
MO	637	0.881	1.033	1.033

MO	638	0.881	0.972	0.972
MO	639	0.881	0.972	0.972
MO	640	0.984	0.983	0.983
MO	641	0.984	0.983	0.983
MO	642	0.881	0.972	0.972
MO	643	0.881	0.972	0.972
MO	644	0.881	0.972	0.972
MO	645	0.946	0.911	0.911
MO	646	0.881	0.972	0.972
MO	647	0.881	0.972	0.972
MO	648	0.900	0.974	0.974
MO	649	0.881	1.094	1.094
MO	650	0.946	0.884	0.884
MO	651	0.946	0.884	0.884
MO	652	0.946	0.884	0.884
MO	653	0.881	0.972	0.972
MO	654	0.881	0.972	0.972
MO	655	0.881	0.972	0.972
MO	656	0.946	0.904	0.904
MO	657	0.946	0.904	0.904
MO	658	0.946	0.904	0.904
MO	659	0.946	0.904	0.904
KS	660	0.984	0.913	0.913
KS	661	0.984	0.913	0.913
KS	662	0.984	1.020	1.020
KS	663	0.902	1.118	1.118
KS	664	0.902	0.942	0.942
KS	665	0.902	0.942	0.942
KS	666	0.938	0.970	0.970
KS	667	0.902	0.883	0.883
KS	668	0.902	0.883	0.883
KS	669	0.902	0.942	0.942
KS	670	0.900	0.947	0.947
KS	671	0.900	0.947	0.947
KS	672	0.900	1.006	1.006
KS	673	0.902	0.883	0.883
KS	674	0.902	0.942	0.942
KS	675	0.902	0.942	0.942
KS	676	0.902	0.942	0.942
KS	677	0.902	0.942	0.942
KS	678	0.902	0.942	0.942
KS	679	0.902	0.942	0.942
NE	680	1.011	0.837	0.837
NE	681	1.011	0.837	0.837
NE	682	1.018	0.827	0.827
NE	683	1.018	0.775	0.775
NE	684	1.018	0.775	0.775

NE	685	1.061	0.767	0.767
NE	686	1.018	0.775	0.775
NE	687	1.000	0.802	0.802
NE	688	1.018	0.775	0.775
NE	689	1.018	0.775	0.775
NE	690	1.018	0.775	0.775
NE	691	1.018	0.775	0.775
NE	692	1.018	0.775	0.775
NE	693	1.018	0.775	0.775
NE	694	1.018	0.775	0.775
NE	695	1.018	0.775	0.775
NE	696	1.018	0.775	0.775
NE	697	1.018	0.775	0.775
NE	698	1.018	0.775	0.775
NE	699	1.018	0.775	0.775
LA	700	0.944	0.842	0.842
LA	701	0.944	0.842	0.842
LA	702	0.851	0.937	0.937
LA	703	0.917	0.858	0.858
LA	704	0.944	0.842	0.842
LA	705	0.917	0.858	0.858
LA	706	0.917	0.858	0.858
LA	707	0.911	0.867	0.867
LA	708	0.911	0.867	0.867
LA	709	0.851	0.878	0.878
LA	710	0.918	0.828	0.828
LA	711	0.918	0.828	0.828
LA	712	0.918	0.828	0.828
LA	713	0.918	0.828	0.828
LA	714	0.851	0.878	0.878
LA	715	0.851	0.878	0.878
AR	716	0.899	0.961	0.961
AR	717	0.852	1.020	1.020
AR	718	0.862	0.958	0.958
AR	719	0.899	0.960	0.960
AR	720	0.913	0.951	0.951
AR	721	0.913	0.951	0.951
AR	722	0.913	0.951	0.951
AR	723	0.936	0.919	0.919
AR	724	0.900	0.976	0.976
AR	725	0.852	1.020	1.020
AR	726	0.852	1.020	1.020
AR	727	0.900	0.976	0.976
AR	728	0.852	1.020	1.020
AR	729	0.900	0.979	0.979
OK	730	0.960	0.954	0.954
OK	731	0.960	0.954	0.954

OK	732	0.878	1.059	1.059
OK	733	0.878	1.056	1.056
OK	734	0.878	0.934	0.934
OK	735	0.896	0.923	0.923
OK	736	0.878	0.934	0.934
OK	737	0.878	0.997	0.997
OK	738	0.878	0.997	0.997
OK	739	0.878	0.997	0.997
OK	740	0.930	0.988	0.988
OK	741	0.930	0.988	0.988
OK	742	0.878	1.059	1.059
OK	743	0.878	0.934	0.934
OK	744	0.930	0.872	0.872
OK	745	0.878	0.934	0.934
OK	746	0.878	0.934	0.934
OK	747	0.878	0.934	0.934
OK	748	0.878	0.934	0.934
OK	749	0.900	0.915	0.915
TX	750	0.863	1.140	1.140
TX	751	0.909	1.081	1.081
TX	752	0.909	1.081	1.081
TX	753	0.909	1.081	1.081
TX	754	0.909	0.910	0.910
TX	755	0.862	0.953	0.953
TX	756	0.861	0.936	0.936
TX	757	0.861	0.936	0.936
TX	758	0.851	0.965	0.965
TX	759	0.851	0.965	0.965
TX	760	0.873	1.122	1.122
TX	761	0.873	1.063	1.063
TX	762	0.909	1.024	1.024
TX	763	0.864	1.093	1.093
TX	764	0.851	1.025	1.025
TX	765	0.862	0.941	0.941
TX	766	0.862	0.954	0.954
TX	767	0.862	0.954	0.954
TX	768	0.851	0.965	0.965
TX	769	0.863	0.960	0.960
TX	770	0.889	1.051	1.051
TX	771	0.851	1.086	1.086
TX	772	0.889	1.051	1.051
TX	773	0.889	1.051	1.051
TX	774	0.889	0.992	0.992
TX	775	0.889	0.992	0.992
TX	776	0.863	0.969	0.969
TX	777	0.863	0.969	0.969
TX	778	0.862	0.941	0.941

TX	779	0.862	0.939	0.939
TX	780	0.863	0.979	0.979
TX	781	0.904	0.930	0.930
TX	782	0.904	0.930	0.930
TX	783	0.863	0.889	0.889
TX	784	0.863	0.889	0.889
TX	785	0.862	0.906	0.906
TX	786	0.898	1.038	1.038
TX	787	0.898	1.096	1.096
TX	788	0.851	0.965	0.965
TX	789	0.851	1.025	1.025
TX	790	0.851	1.025	1.025
TX	791	0.863	1.017	1.017
TX	792	0.851	1.025	1.025
TX	793	0.851	0.965	0.965
TX	794	0.863	0.961	0.961
TX	795	0.863	0.961	0.961
TX	796	0.863	0.961	0.961
TX	797	0.863	0.960	0.960
TX	798	0.853	1.026	1.026
TX	799	0.853	1.026	1.026
CO	800	1.084	1.150	1.150
CO	801	1.080	1.156	1.156
CO	802	1.080	1.149	1.149
CO	803	1.084	1.107	1.107
CO	804	1.080	1.151	1.151
CO	805	1.084	1.058	1.058
CO	806	1.083	1.127	1.127
CO	807	1.014	1.102	1.102
CO	808	1.065	1.099	1.099
CO	809	1.065	1.099	1.099
CO	810	1.084	0.961	0.961
CO	811	1.014	0.994	0.994
CO	812	1.014	0.994	0.994
CO	813	1.014	0.989	0.989
CO	814	1.014	0.989	0.989
CO	815	1.083	0.927	0.927
CO	816	1.014	1.096	1.096
CO	817	1.014	1.096	1.096
CO	818	1.083	1.029	1.029
CO	819	1.014	1.096	1.096
WY	820	0.985	0.980	0.980
WY	821	0.963	0.943	0.943
WY	822	0.963	0.943	0.943
WY	823	0.963	0.943	0.943
WY	824	0.963	0.943	0.943
WY	825	0.963	0.943	0.943

WY	826	0.985	0.922	0.922
WY	827	0.963	0.943	0.943
WY	828	0.963	0.943	0.943
WY	829	0.963	0.943	0.943
WY	830	0.963	0.943	0.943
WY	831	0.963	0.943	0.943
ID	832	1.084	0.847	0.847
ID	833	0.941	1.049	1.049
ID	834	0.998	0.941	0.941
ID	835	0.999	1.003	1.003
ID	836	0.998	0.982	0.982
ID	837	0.998	0.982	0.982
ID	838	0.998	0.986	0.986
ID	839	0.998	0.986	0.986
UT	840	1.084	1.047	1.047
UT	841	1.083	1.042	1.042
UT	842	1.069	0.891	0.891
UT	843	1.084	0.885	0.885
UT	844	1.084	0.881	0.881
UT	845	1.069	0.891	0.891
UT	846	1.084	0.879	0.879
UT	847	1.083	0.878	0.878
UT	848	1.084	0.879	0.879
UT	849	1.083	0.878	0.878
AZ	850	0.901	1.228	1.228
AZ	851	0.853	1.290	1.290
AZ	852	0.901	1.228	1.228
AZ	853	0.907	1.154	1.154
AZ	854	0.853	1.222	1.222
AZ	855	0.853	1.154	1.154
AZ	856	0.853	1.290	1.290
AZ	857	0.918	1.174	1.174
AZ	858	0.853	1.290	1.290
AZ	859	0.853	1.154	1.154
AZ	860	0.907	1.225	1.225
AZ	861	0.853	1.222	1.222
AZ	862	0.853	1.222	1.222
AZ	863	0.907	1.093	1.093
AZ	864	0.853	1.154	1.154
AZ	865	0.853	1.222	1.222
AZ	866	0.853	1.222	1.222
AZ	867	0.907	1.157	1.157
AZ	868	0.853	1.222	1.222
AZ	869	0.853	1.222	1.222
NM	870	0.863	1.069	1.069
NM	871	0.863	1.132	1.132
NM	872	0.852	1.159	1.159

NM	873	0.852	1.095	1.095
NM	874	0.853	1.103	1.103
NM	875	0.853	1.103	1.103
NM	876	0.852	1.095	1.095
NM	877	0.852	1.095	1.095
NM	878	0.852	1.031	1.031
NM	879	0.852	1.031	1.031
NM	880	0.852	1.025	1.025
NM	881	0.852	1.031	1.031
NM	882	0.852	1.031	1.031
NM	883	0.852	1.031	1.031
NM	884	0.852	1.095	1.095
NM	885	0.869	1.034	1.034
NM	886	0.852	1.075	1.075
NM	887	0.852	1.075	1.075
NM	888	0.869	1.081	1.081
NV	889	0.855	1.264	1.264
NV	890	0.854	1.324	1.324
NV	891	0.854	1.324	1.324
NV	892	0.855	1.264	1.264
NV	893	0.855	1.464	1.464
NV	894	0.924	1.344	1.344
NV	895	0.924	1.344	1.344
NV	896	0.855	1.464	1.464
NV	897	0.924	1.344	1.344
NV	898	0.855	1.464	1.464
NV	899	0.855	1.464	1.464
CA	900	1.046	1.438	1.438
CA	901	1.046	1.438	1.438
CA	902	1.046	1.438	1.438
CA	903	1.046	1.438	1.438
CA	904	1.046	1.492	1.492
CA	905	1.046	1.492	1.492
CA	906	1.101	1.279	1.279
CA	907	1.046	1.385	1.385
CA	908	1.046	1.332	1.332
CA	909	1.046	1.332	1.332
CA	910	1.046	1.332	1.332
CA	911	1.046	1.278	1.278
CA	912	1.046	1.278	1.278
CA	913	1.063	1.324	1.324
CA	914	1.046	1.385	1.385
CA	915	1.046	1.385	1.385
CA	916	1.046	1.385	1.385
CA	917	0.962	1.435	1.435
CA	918	1.046	1.332	1.332
CA	919	1.062	1.241	1.241

CA	920	1.062	1.241	1.241
CA	921	1.062	1.241	1.241
CA	922	1.042	1.263	1.263
CA	923	0.962	1.377	1.377
CA	924	0.962	1.377	1.377
CA	925	0.962	1.435	1.435
CA	926	1.101	1.328	1.328
CA	927	1.101	1.279	1.279
CA	928	0.962	1.550	1.550
CA	929	1.034	1.364	1.364
CA	930	1.063	1.273	1.273
CA	931	1.042	1.342	1.342
CA	932	1.043	1.206	1.206
CA	933	0.935	1.407	1.407
CA	934	1.042	1.277	1.277
CA	935	0.935	1.348	1.348
CA	936	1.042	1.086	1.086
CA	937	1.043	1.103	1.103
CA	938	1.034	1.061	1.061
CA	939	1.042	1.325	1.325
CA	940	1.157	1.233	1.233
CA	941	1.157	1.278	1.278
CA	942	1.034	1.263	1.263
CA	943	1.158	1.315	1.315
CA	944	1.157	1.187	1.187
CA	945	1.043	1.278	1.278
CA	946	1.111	1.199	1.199
CA	947	1.111	1.199	1.199
CA	948	1.111	1.199	1.199
CA	949	1.157	1.141	1.141
CA	950	1.043	1.520	1.520
CA	951	1.158	1.361	1.361
CA	952	1.022	1.219	1.219
CA	953	1.043	1.193	1.193
CA	954	1.099	1.092	1.092
CA	955	1.034	1.162	1.162
CA	956	1.043	1.227	1.227
CA	957	1.092	1.176	1.176
CA	958	1.092	1.225	1.225
CA	959	1.042	1.141	1.141
CA	960	1.042	1.141	1.141
CA	961	1.092	1.127	1.127
CA	962	1.034	1.010	1.010
CA	963	1.034	1.010	1.010
CA	964	1.034	1.010	1.010
CA	965	1.034	1.010	1.010
CA	966	1.034	1.010	1.010

HI	967	1.157	1.076	1.076
HI	968	1.157	1.076	1.076
HI	969	1.157	0.733	0.733
OR	970	1.081	1.250	1.250
OR	971	1.081	1.250	1.250
OR	972	1.081	1.250	1.250
OR	973	1.057	1.142	1.142
OR	974	1.057	1.166	1.166
OR	975	1.057	1.166	1.166
OR	976	1.020	1.146	1.146
OR	977	1.057	1.111	1.111
OR	978	1.020	1.088	1.088
OR	979	1.020	1.088	1.088
WA	980	1.120	1.347	1.347
WA	981	1.120	1.347	1.347
WA	982	1.009	1.447	1.447
WA	983	1.010	1.507	1.507
WA	984	0.993	1.535	1.535
WA	985	1.010	1.410	1.410
WA	986	1.009	1.391	1.391
WA	987	0.964	1.275	1.275
WA	988	1.010	1.387	1.387
WA	989	1.010	1.387	1.387
WA	990	1.009	1.317	1.317
WA	991	0.964	1.397	1.397
WA	992	1.009	1.317	1.317
WA	993	1.010	1.329	1.329
WA	994	0.999	1.309	1.309
AK	995	1.062	1.450	1.450
AK	996	1.062	1.450	1.450
AK	997	1.062	1.442	1.442
AK	998	0.934	1.695	1.695
AK	999	0.934	1.630	1.630

Table 8

Benefit Richness

	In Network	OON
Class I	100%	100%
Class II	100%	100%
Class III	50%	50%
Class IV	50%	50%

The formula for computing the adjustment is:

$$.75*(A - BW)^{-1} + .25*(A - BX)^{-1} + (C - DY)^{-1} + (E - FZ)^{-1} - 2$$

Class I & II

Maximum	A	B	C	D
---------	---	---	---	---

\$0				
\$250				
\$400				
\$500	1.2854	0.2173	1.3212	0.4015
\$750				
\$1,000	1.2681	0.2521	1.3212	0.4015
\$1,200				
\$1,250				
\$1,500	1.2476	0.2476	1.3212	0.4015
\$1,750				
\$1,800				
\$2,000	1.2420	0.2620	1.3212	0.4015
\$2,250				
\$2,500				
\$3,000	1.2150	0.2664	1.3212	0.4015

(Unlimited Annual Max)

Class III

Maximum	A	B	C	D
\$0				
\$250				
\$400				
\$500	1.0425	0.0425	1.3588	0.3079
\$750				
\$1,000	1.0425	0.0425	1.3358	0.3672
\$1,200				
\$1,250				
\$1,500	1.0425	0.0425	1.3004	0.3755
\$1,750				
\$1,800				
\$2,000	1.0425	0.0425	1.2645	0.3790
\$2,250				
\$2,500				
\$3,000	1.0425	0.0425	1.2180	0.3763

(Unlimited Annual Max)

Class IV

Maximum	A	B	C	D
\$0				
\$250				
\$400				
\$500	1.0407	0.0407	1.1128	0.1410
\$750				
\$1,000	1.0407	0.0407	1.1128	0.1410
\$1,200				
\$1,250				
\$1,500	1.0407	0.0407	1.1128	0.1410

\$1,750				
\$1,800				
\$2,000	1.0407	0.0407	1.1128	0.1410
\$2,250				
\$2,500				
\$3,000	1.0407	0.0407	1.1128	0.1410

(Unlimited Annual Max)

Table 9 Trend

Input	month	effective year	Trended months	annual
Effective Date		1 2015	0	6.0%

Table 10 Claim Probability Distribution

Inputs		In Network	Out of Network	In Network
	Ded	\$50	\$50	
	P&D Waived?	No	No	
	Annual Max	\$1,000	\$1,000	

TYPE OF COVERAGE: ALL COVERAGES (EXCEPT ORTHODONTI)
 EXPERIENCE LEVEL: 100/80/50 COINSURANCE

Claims Probability Distribution

***Assumes \$0 Deductible**

(1)	(2)	(3) = (1) x (2)		
Annual Frequency	Total Annual Claim	Adjusted Annual Claim Cost	Vlookup Column Reference	Annual Cost of Claim
0.3079643	\$0.00	\$0.00	1	\$0.00
0.0016030	\$18.24	\$23.24	2	\$0.02
0.0077321	\$41.50	\$52.87	3	\$0.23
0.0252527	\$66.56	\$84.81	4	\$1.21
0.0412356	\$90.88	\$115.79	5	\$2.70
0.0500286	\$110.73	\$141.08	6	\$3.99
0.0444491	\$130.95	\$166.85	7	\$4.20
0.0446816	\$155.41	\$198.02	8	\$5.01
0.0397590	\$182.18	\$232.13	9	\$5.22
0.0665725	\$213.18	\$271.63	10	\$10.23
0.0549445	\$253.72	\$323.28	11	\$10.05
0.0387582	\$300.43	\$382.80	12	\$8.40
0.0272272	\$351.96	\$448.46	13	\$6.91
0.0373486	\$427.48	\$544.68	14	\$11.51

0.0260514	\$533.24	\$679.44	15	\$10.02
0.0411114	\$693.26	\$883.33	16	\$20.55
0.0344614	\$893.22	\$1,138.11	17	\$22.20
0.0313167	\$1,100.00	\$1,401.59	18	\$24.84
0.0241507	\$1,374.52	\$1,751.37	19	\$23.93
0.0184234	\$1,617.65	\$2,061.16	20	\$21.49
0.0125768	\$1,840.09	\$2,344.58	21	\$16.69
0.0136191	\$2,146.84	\$2,735.43	22	\$21.08
0.0057181	\$2,582.52	\$3,290.57	23	\$10.65
0.0037023	\$3,199.02	\$4,076.08	24	\$8.54
0.0008603	\$4,159.39	\$5,299.76	25	\$2.58
0.0004515	\$6,021.86	\$7,672.85	26	\$1.96

Step 1:

Calculate Adjusted Deductible

In Network		Deductible Allocation	
		\$ Ded	Coinsurance
Class I		\$36.68	65%
Class II		\$12.50	62%
Class III		\$0.00	31%
Class IV		\$0.00	31%
Total			

Step 2:

Calculate Adjusted Benefit Maximum

Adjusted Benefit Maximum = Benefit Maximum + Adjusted Deduc

=> Adjusted benefit maximum = \$1,031.61

(Note: This is the plan cost that the member will incur before mer

Step 3:

Find Claim Cost Values

Column Reference	19
Adj. Annual Max	\$1,031.61
Frequency for Annual Max	0.0554
Avg. Annual Claim Cost	\$57.10
Claim Cost >= Adj. Annual Max	\$82.98
Annual claims cost above adj. annual max	\$25.88
Monthly claims cost above adj. annual max	\$2.16

Step 4:

Find Annual Maximum Adjustment

$$\text{Annual Max Adj} = \frac{\text{Claim Cost above adj. ded} - \text{Claim Cost above deduct}}{\text{Claim Cost above adj. deduct}}$$

IN Network Annual Max Adj = 0.8886

Table 11 Child Definition

Student to Age	19	20	21	22
19	0.883			
20	0.916	0.926		
21	0.95	0.96	0.97	
22	0.978	0.988	0.998	1.007
23	1	1.01	1.02	1.029
24	1.015	1.025	1.035	1.044
25	1.023	1.033	1.043	1.051
26	1.029	1.039	1.049	1.058
unlimited	1.034	1.044	1.054	1.063

Table 12 Ortho Starting Claim costs

Cost of Covering Both Child and Adult				
Coinsurance	40%	50%	60%	70%
Maximum	Member Rate	Member Rate	Member Rate	Member Rate
\$250 annual \$500 lifetime	\$0.62	\$0.65	\$0.68	\$0.72
\$0 annual \$500 lifetime	\$0.68	\$0.72	\$0.75	\$0.79
\$375 annual \$750 lifetime	\$0.92	\$0.97	\$1.02	\$1.07
\$0 annual \$750 lifetime	\$1.02	\$1.07	\$1.12	\$1.18
\$500 annual \$1000 lifetime	\$1.22	\$1.29	\$1.35	\$1.42
\$0 annual \$1000 lifetime	\$1.35	\$1.42	\$1.49	\$1.57
\$625 annual \$1250 lifetime	\$1.53	\$1.61	\$1.69	\$1.77
\$0 annual \$1250 lifetime	\$1.68	\$1.77	\$1.86	\$1.95
\$750 annual \$1500 lifetime	\$1.83	\$1.93	\$2.02	\$2.12
\$0 annual \$1500 lifetime	\$2.02	\$2.12	\$2.23	\$2.34
\$1000 annual \$2000 lifetime	\$2.20	\$2.32	\$2.43	\$2.56
\$0 annual \$2000 lifetime	\$2.43	\$2.56	\$2.68	\$2.82

Table 13 Census Adjustment

Underlying Cost Assumptions		Default	Actual
Employee	1.000	44%	62%
Spouse	1.047	21%	16%

Child	0.672	35%	22%
Census Adjustment		1.045	

& II	Ded Waived for Class I & II				Ded Not Wai	
Deductible Applies to All Expense	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation
X-ray in Class I	X-ray in Class I	X-ray in Class I	X-ray in Class I	X-ray in Class I	X-ray in Class II	X-ray in Class II
Class allocation (Class IV)	Class allocation (Class I)	Class allocation (Class II)	Class allocation (Class III)	Class allocation (Class IV)	Member (Class I)	Member (Class II)
0.0%	0.0%	0.0%	0.0%	0.0%	75.0%	25.0%
0.0%	0.0%	0.0%	100.0%	0.0%	75.0%	25.0%
0.0%	0.0%	0.0%	100.0%	0.0%	75.0%	25.0%
0.0%	0.0%	0.0%	100.0%	0.0%	73.4%	24.5%
0.0%	0.0%	0.0%	100.0%	0.0%	72.6%	24.2%
0.0%	0.0%	0.0%	100.0%	0.0%	71.0%	23.7%
0.0%	0.0%	0.0%	100.0%	0.0%	66.8%	23.7%
0.0%	0.0%	0.0%	100.0%	0.0%	64.7%	21.6%
0.0%	0.0%	0.0%	100.0%	0.0%	55.1%	18.4%
0.0%	0.0%	0.0%	99.8%	0.2%	39.2%	13.1%

0.0%	0.0%	0.0%	98.9%	1.1%	32.3%	10.8%
0.0%	0.0%	0.0%	100.0%	0.0%	51.1%	17.0%
0.0%	0.0%	0.0%	100.0%	0.0%	46.9%	15.6%

<u>Class III</u>	<u>Class IV</u>
1.007	1.079
1.007	1.079
0.931	1.008
1.007	1.079
1.044	1.096
1.093	1.148
1.143	1.200
1.052	1.141
1.006	1.091
1.061	1.132
1.044	1.136
1.143	1.240
1.135	1.235
1.090	1.186
1.098	1.191
1.064	1.126
1.064	1.126

1.142	1.227
0.939	1.010
0.992	1.066
1.212	1.253
1.213	1.247
1.162	1.206
1.218	1.263
1.162	1.206
1.162	1.206
1.162	1.206
1.162	1.206
1.157	1.196
1.089	1.128
1.089	1.128
1.089	1.128
1.091	1.142
1.027	1.090
1.028	1.060
1.027	1.090
1.027	1.090
1.027	1.090
1.027	1.090
1.027	1.090
1.008	1.050
1.008	1.050
1.008	1.050
1.008	1.050
1.046	1.067
1.104	1.150
1.008	1.050
1.008	1.050
1.008	1.050
1.008	1.050
1.083	1.089
1.130	1.136
1.035	1.040
1.052	1.056
1.132	1.138
1.126	1.147
1.131	1.188
1.122	1.143
1.184	1.243
1.177	1.237
1.121	1.135
1.073	1.085
1.074	1.086
1.122	1.136

1.175	1.190
1.173	1.189
1.168	1.183
1.146	1.133
1.191	1.240
1.182	1.195
1.074	1.053
1.073	1.052
1.068	1.047
1.066	1.045
1.071	1.050
1.172	1.154
1.116	1.098
1.006	0.995
1.098	1.086
1.209	1.196
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0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
0.992	1.016
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1.352	1.368
1.352	1.368
1.352	1.368
1.213	1.226
1.213	1.226
1.213	1.226
1.213	1.226
1.213	1.226
1.213	1.226
1.237	1.310
1.226	1.254
1.213	1.226
1.259	1.273
1.213	1.226
1.213	1.226
1.226	1.254
1.213	1.226
1.132	1.158
1.179	1.206
1.132	1.158
0.939	0.969

0.939	0.969
0.939	0.969
0.939	0.969
0.972	1.014
0.972	1.014
0.990	1.048
1.041	1.122
0.963	1.011
0.986	1.063
0.934	0.974
0.934	0.974
0.934	0.974
0.933	0.980
0.933	0.980
0.933	0.980
0.986	1.063
0.913	1.006
0.913	1.006
0.913	1.006
0.852	0.934
0.852	0.934
0.852	0.934
0.852	0.934
0.872	0.985
0.872	0.985
0.872	0.985
0.932	1.004
0.913	1.018
0.907	1.026
0.783	0.852
0.783	0.852
0.783	0.852
0.783	0.852
0.783	0.852
0.843	0.939
0.737	0.802
0.843	0.939
0.843	0.939
0.808	0.884
0.783	0.852
0.886	0.960
0.843	0.939
0.843	0.939
0.811	0.887
0.811	0.887
0.860	0.938
0.843	0.939

0.843	0.968
0.843	0.939
0.864	0.927
0.823	0.884
0.895	0.997
0.865	0.943
0.865	0.943
0.870	0.945
0.921	1.001
0.798	0.907
0.843	0.939
0.843	0.939
0.940	0.978
0.940	0.978
0.741	0.824
0.888	0.900
0.788	0.876
0.788	0.876
0.788	0.876
0.788	0.876
0.895	0.997
0.941	0.995
0.941	0.995
0.941	0.995
0.941	0.995
0.941	0.995
0.941	0.995
0.941	0.995
0.902	0.995
0.902	0.995
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1.229	1.275
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1.178	1.185
1.178	1.185
1.178	1.185
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0.994	1.016
0.994	1.016
1.045	1.093
0.995	1.041
0.995	1.041
1.096	1.095
0.995	1.041

0.985	1.049
0.987	0.986
0.983	1.051
0.978	0.967
1.183	1.226
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1.122	1.129
1.174	1.181
1.174	1.181
0.969	0.975
0.969	0.975
0.980	1.046
1.054	1.100
0.985	1.046
0.984	1.045
0.948	1.019
1.047	1.095
0.948	1.019
1.047	1.095
1.047	1.095
1.047	1.095
1.047	1.095
1.047	1.095
0.948	1.019
1.054	1.100
0.934	0.958
0.934	0.958
0.956	0.975
0.992	1.035
1.054	1.100
0.976	1.034
0.930	0.970
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0.915	0.995
0.915	0.995
0.915	0.995
0.843	0.915
0.843	0.915
0.915	0.995
0.843	0.915
0.766	0.771
0.839	0.912
0.915	0.995
0.839	0.912
0.915	0.995
0.915	0.995
0.824	0.900
0.843	0.918

0.915	0.995
0.915	0.995
0.915	0.995
0.842	0.924
0.915	0.995
0.775	0.825
0.915	0.995
0.915	0.995
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1.079	1.068
1.079	1.068
1.072	1.060
1.048	1.037
1.048	1.037
1.074	1.042
1.053	1.010
1.074	1.042
1.061	1.046
0.964	1.009
1.048	1.045
1.048	1.045
1.048	1.045
1.061	1.046
1.061	1.046
1.061	1.046
1.069	1.072
1.069	1.072
1.069	1.072
1.079	1.068
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0.915	0.982
0.946	1.034
0.972	1.043
0.940	0.997
0.931	0.990
0.945	1.007
0.944	1.008
1.006	1.003
0.981	0.999
0.944	1.011
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1.225	1.222
1.262	1.248
1.225	1.222
1.289	1.286
1.191	1.218
1.136	1.130
1.136	1.130
1.049	1.057
1.066	1.086

1.066	1.086
1.140	1.135
1.257	1.285
1.140	1.135
1.085	1.177
1.085	1.177
1.111	1.179
1.115	1.179
1.109	1.162
1.112	1.156
1.112	1.156
1.029	1.040
0.936	0.955
1.029	1.040
0.944	0.954
0.944	0.954
0.944	0.954
1.031	1.009
0.994	1.014
1.022	1.025
1.074	1.044
1.365	1.277
1.329	1.265
1.273	1.213
1.194	1.117
1.036	1.030
1.070	1.043
1.011	0.985
1.011	0.985
1.065	1.055
1.059	1.073
1.461	1.462
1.267	1.229
1.147	1.122
1.262	1.263
1.021	1.018
1.196	1.196
1.070	1.043
1.082	1.085
1.196	1.196
1.122	1.096
0.875	0.857
0.875	0.857
0.875	0.857
0.951	0.953
0.918	0.914
0.951	0.953

0.909	0.902
0.970	0.962
0.909	0.902
0.921	0.926
0.924	0.924
0.924	0.924
0.921	0.926
0.924	0.924
0.951	0.953
0.991	1.006
0.929	0.943
0.951	0.953
0.924	0.924
1.015	1.016
0.966	0.990
0.960	0.963
1.016	1.019
0.923	0.935
0.927	0.934
0.978	0.993
0.915	0.930
0.874	0.875
0.915	0.930
0.874	0.875
0.880	0.907
0.880	0.907
0.978	0.993
0.906	0.918
0.978	0.993
0.978	0.993
0.915	0.943
1.008	1.029
1.008	1.029
1.008	1.029
0.970	0.996
0.970	0.996
0.970	0.996
1.008	1.029
1.006	1.028
1.006	1.028
1.008	1.029
1.008	1.029
1.050	1.041
1.050	1.041
0.807	0.849
0.775	0.827
0.861	0.906

0.791	0.837
0.879	0.952
0.844	0.893
0.938	1.015
0.879	0.952
0.879	0.952
0.879	0.952
0.903	0.935
0.837	0.911
0.879	0.952
0.879	0.952
0.879	0.952
0.879	0.952
0.879	0.952
0.879	0.952
0.879	0.952
0.879	0.952
0.879	0.952
0.789	0.833
0.892	0.914
0.789	0.833
0.862	0.928
0.879	0.952
0.879	0.952
0.775	0.827
0.775	0.827
0.775	0.827
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1.000	1.013
1.000	1.013
1.000	1.013
0.979	1.036
0.960	1.004
0.960	1.004
1.017	1.063
0.918	0.971
0.918	0.971
0.830	0.906
0.923	0.953
0.975	1.006
1.004	1.053
1.004	1.053
0.888	0.963
0.888	0.963
0.961	1.015
0.961	1.015
0.973	1.009
0.947	1.033

0.968	1.002
0.968	1.002
0.968	1.002
0.914	0.953
0.971	1.013
0.888	0.960
0.901	0.980
0.905	0.986
0.907	0.970
0.907	0.970
0.941	0.963
0.916	0.920
1.030	1.035
0.993	1.015
0.994	1.016
0.941	0.967
0.939	0.963
0.940	0.984
0.940	0.984
0.939	0.975
0.850	0.880
0.810	0.853
0.865	0.916
0.941	0.963
0.865	0.916
0.940	0.982
0.865	0.932
0.865	0.932
0.866	0.916
0.939	0.977
1.009	0.997
1.110	1.100
1.129	1.135
1.012	1.000
1.039	1.019
1.039	1.019
0.946	0.938
0.946	0.939
1.001	0.989
1.001	0.989
0.956	0.973
0.956	0.973
0.955	0.973
1.015	1.043
1.007	1.039
1.019	1.046
1.055	1.078

1.057	1.080
0.994	1.016
0.994	1.016
<hr/>	
0.928	0.914
0.932	0.918
0.932	0.918
0.932	0.918
0.845	0.865
0.845	0.865
0.798	0.834
0.798	0.834
0.845	0.865
0.957	0.981
0.845	0.865
0.868	0.875
0.845	0.865
0.845	0.865
0.845	0.865
0.816	0.810
0.845	0.865
0.901	0.923
0.901	0.923
0.901	0.923
0.861	0.885
0.901	0.923
0.861	0.885
0.861	0.885
0.861	0.885
0.861	0.885
0.901	0.923
0.901	0.923
0.830	0.862
0.830	0.862
0.830	0.862
<hr/>	
1.109	1.136
1.032	1.034
1.050	1.064
1.176	1.207
1.126	1.108
0.997	1.026
1.059	1.086
1.163	1.153
1.059	1.086
1.059	1.086
1.006	0.985
1.007	1.025
1.059	1.086
1.064	1.093

1.002	1.022
1.000	1.026
0.928	0.983
1.009	1.018
0.953	0.994
1.063	1.082
<hr/>	
1.054	1.032
1.107	1.084
1.116	1.154
1.107	1.084
1.107	1.084
1.107	1.084
0.992	1.039
0.899	0.937
0.899	0.937
0.927	0.982
0.956	0.989
0.903	0.934
0.903	0.934
0.900	0.937
0.956	0.989
0.903	0.934
0.903	0.934
0.931	1.000
0.903	0.934
0.940	1.009
<hr/>	
0.865	0.872
0.903	0.873
0.945	0.967
0.945	0.967
0.945	0.967
0.945	0.967
0.945	0.967
0.872	0.892
0.945	0.967
0.872	0.892
<hr/>	
0.864	0.905
0.919	0.962
0.806	0.865
0.830	0.897
0.830	0.897
0.807	0.872
0.830	0.897
0.830	0.897
0.830	0.897
0.830	0.897
<hr/>	
0.978	0.976

0.967	0.963
0.978	0.976
0.978	0.976
0.900	0.899
0.978	0.976
0.978	0.976
0.978	0.976
0.957	0.943
0.978	0.976

1.101	1.104
1.054	1.055
1.054	1.055
1.054	1.055
1.054	1.055
1.104	1.105
1.104	1.105
1.104	1.105
1.104	1.105
0.976	0.986
0.974	0.997
1.028	1.052
0.909	0.943
0.963	1.008
0.963	1.008
0.936	0.916
0.936	0.916
0.903	0.954
0.903	0.948
0.963	1.008
0.962	0.989
0.963	1.008
0.962	0.989
0.963	1.008
0.850	0.890
0.846	0.913
0.836	0.923
0.888	0.980
0.850	0.890
0.907	0.949

1.003	1.031
1.003	1.031
1.108	1.151
1.003	1.031
1.046	1.087
1.046	1.087
1.046	1.087
1.046	1.087

0.985	1.023
0.985	1.023
1.004	1.015
1.004	1.015
0.985	1.023
0.985	1.023
0.985	1.023
0.909	0.955
0.985	1.023
0.985	1.023
0.970	0.979
1.108	1.151
0.939	0.950
0.939	0.950
0.939	0.950
0.985	1.023
0.985	1.023
0.985	1.023
0.923	0.948
0.923	0.948
0.923	0.948
0.923	0.948
<hr/>	
0.932	0.942
0.932	0.942
1.041	1.053
1.124	1.159
0.946	0.976
0.946	0.976
0.964	0.991
0.887	0.915
0.887	0.915
0.946	0.976
0.961	0.963
0.961	0.963
1.021	1.024
0.887	0.915
0.946	0.976
0.946	0.976
0.946	0.976
0.946	0.976
0.946	0.976
0.946	0.976
<hr/>	
0.878	0.872
0.878	0.872
0.865	0.874
0.811	0.820
0.811	0.820

0.832	0.859
0.811	0.820
0.821	0.827
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.811	0.820
0.937	0.941
0.937	0.941
1.027	1.053
0.953	0.986
0.937	0.941
0.953	0.986
0.953	0.986
0.972	0.977
0.972	0.977
0.963	0.988
0.885	0.911
0.885	0.911
0.885	0.911
0.885	0.911
0.963	0.988
0.963	0.988
0.966	1.000
1.024	1.046
1.018	1.069
0.965	1.002
0.966	0.967
0.966	0.967
0.966	0.967
0.966	0.967
0.931	0.960
0.972	0.981
1.024	1.046
1.024	1.046
0.972	0.981
1.024	1.046
0.972	0.978
0.973	0.980
0.973	0.980

1.055	1.066
1.052	1.064
0.931	0.941
0.911	0.916
0.931	0.941
0.993	1.003
0.993	1.003
0.993	1.003
1.004	1.008
1.004	1.008
1.055	1.066
0.931	0.941
0.886	0.890
0.931	0.941
0.931	0.941
0.931	0.941
0.931	0.941
0.908	0.914
1.242	1.216
1.175	1.161
1.175	1.161
1.175	1.161
0.990	0.977
1.012	1.064
1.018	1.074
1.018	1.074
1.043	1.062
1.043	1.062
1.227	1.206
1.162	1.143
1.114	1.100
1.176	1.141
1.108	1.128
1.030	1.057
1.020	1.055
1.020	1.055
1.043	1.062
1.025	1.045
1.131	1.129
1.173	1.195
1.131	1.129
1.131	1.129
1.068	1.066
1.068	1.066
1.024	1.037
1.024	1.037
1.031	1.057

1.023	1.067
1.018	1.035
0.972	0.992
0.972	0.992
0.990	0.960
0.990	0.960
0.947	0.987
1.138	1.101
1.201	1.162
1.043	1.062
1.108	1.128
1.108	1.128
1.104	1.098
1.108	1.128
1.043	1.062
1.020	1.049
1.020	1.049
1.020	1.049
1.025	1.045
1.047	1.003
1.047	1.003
1.168	1.152
1.180	1.158
1.173	1.151
1.124	1.109
1.176	1.153
1.075	1.060
1.166	1.177
1.149	1.143
1.158	1.109
1.159	1.109
1.015	0.970
1.036	1.031
1.036	1.031
1.031	1.026
1.031	1.026
0.955	0.967
1.143	1.137
1.143	1.137
1.060	1.072
1.143	1.137
0.928	0.956
0.893	0.920
0.893	0.920
0.893	0.920
0.893	0.920
0.893	0.920

0.874	0.899
0.893	0.920
0.893	0.920
0.893	0.920
0.893	0.920
0.893	0.920
<hr/>	
0.822	0.845
1.006	1.014
0.883	0.908
0.961	0.930
0.957	0.954
0.957	0.954
0.952	0.954
0.952	0.954
<hr/>	
1.023	1.050
1.014	1.063
0.868	0.903
0.859	0.883
0.861	0.885
0.868	0.903
0.858	0.890
0.854	0.895
0.858	0.890
0.854	0.895
<hr/>	
1.250	1.208
1.305	1.297
1.250	1.208
1.183	1.131
1.236	1.229
1.167	1.161
1.305	1.297
1.237	1.203
1.305	1.297
1.167	1.161
1.210	1.226
1.236	1.229
1.236	1.229
1.091	1.091
1.167	1.161
1.236	1.229
1.236	1.229
1.155	1.156
1.236	1.229
1.236	1.229
<hr/>	
1.087	1.080
1.151	1.143
1.133	1.176

1.070	1.111
1.078	1.096
1.078	1.096
1.070	1.111
1.070	1.111
1.007	1.046
1.007	1.046
1.001	1.056
1.007	1.046
1.007	1.046
1.007	1.046
1.070	1.111
1.021	0.968
1.050	1.090
1.050	1.090
1.067	1.012
1.356	1.197
1.272	1.225
1.272	1.225
1.356	1.197
1.570	1.386
1.467	1.277
1.467	1.277
1.570	1.386
1.467	1.277
1.570	1.386
1.570	1.386
1.301	1.239
1.301	1.239
1.301	1.239
1.301	1.239
1.350	1.285
1.350	1.285
1.228	1.131
1.253	1.193
1.205	1.147
1.205	1.147
1.205	1.147
1.157	1.101
1.157	1.101
1.275	1.170
1.253	1.193
1.253	1.193
1.253	1.193
1.301	1.267
1.205	1.147
1.241	1.141

1.241	1.141
1.241	1.141
1.156	1.129
1.249	1.216
1.249	1.216
1.301	1.267
1.275	1.174
1.228	1.131
1.406	1.368
1.399	1.254
1.226	1.125
1.400	1.244
1.134	1.059
1.322	1.229
1.269	1.147
1.267	1.178
1.029	0.987
1.037	0.964
1.088	0.976
1.309	1.206
1.242	1.117
1.288	1.159
1.296	1.161
1.271	1.142
1.196	1.076
1.277	1.137
1.196	1.070
1.196	1.070
1.196	1.070
1.150	1.035
1.457	1.310
1.316	1.183
1.187	1.063
1.157	1.049
1.123	1.005
1.192	1.069
1.226	1.092
1.177	1.033
1.226	1.076
1.188	1.065
1.188	1.065
1.128	0.990
1.037	0.929
1.037	0.929
1.037	0.929
1.037	0.929
1.037	0.929

0.937	0.919
0.937	0.919
0.639	0.626
1.130	1.063
1.130	1.063
1.130	1.063
1.055	1.015
1.048	1.000
1.048	1.000
1.035	0.991
0.998	0.952
0.983	0.941
0.983	0.941
1.280	1.187
1.280	1.187
1.345	1.279
1.417	1.310
1.439	1.329
1.290	1.210
1.294	1.223
1.195	1.111
1.312	1.209
1.312	1.209
1.266	1.161
1.309	1.217
1.266	1.161
1.257	1.159
1.253	1.213
1.399	1.178
1.399	1.178
1.410	1.175
1.554	1.335
1.494	1.284

Benefit Richness Adjustment Factors

	In Network	OON
Class I	0.8768	0.8768
Class II	0.8768	0.8768
Class III	0.8679	0.8679
Class IV	0.8840	0.8840
Annual Max	\$1,000	\$1,000

		In Network	OON
E	F	Factor	Factor

		0.7807	0.7807
		0.8047	0.8047
		0.8191	0.8191
1.0918	0.1836	0.8287	0.8287
		0.8527	0.8527
1.0918	0.1836	0.8768	0.8768
		0.8814	0.8814
		0.8846	0.8846
1.0918	0.1836	0.8925	0.8925
		0.9027	0.9027
		0.9047	0.9047
1.0918	0.1836	0.9129	0.9129
		0.9214	0.9214
		0.9298	0.9298
1.0918	0.1836	0.9467	0.9467

		In Network	OON
E	F	Factor	Factor
		0.7921	0.7921
		0.8110	0.8110
		0.8224	0.8224
1.1890	0.3780	0.8300	0.8300
		0.8489	0.8489
1.1890	0.3780	0.8679	0.8679
		0.8799	0.8799
		0.8833	0.8833
1.1890	0.3780	0.8988	0.8988
		0.9145	0.9145
		0.9176	0.9176
1.1890	0.3780	0.9302	0.9302
		0.9404	0.9404
		0.9506	0.9506
1.1890	0.3780	0.9710	0.9710

		In Network	OON
E	F	Factor	Factor
		0.5748	0.5748
		0.6421	0.6421
		0.6825	0.6825
1.6567	0.6467	0.7094	0.7094
		0.7767	0.7767
1.5236	0.7863	0.8440	0.8440
		0.8892	0.8892
		0.9017	0.9017
1.5025	1.0050	0.9594	0.9594

		0.9893	0.9893
		0.9953	0.9953
1.4757	1.0642	1.0192	1.0192
		1.0293	1.0293
		1.0394	1.0394
1.4489	1.0798	1.0595	1.0595

trend factor
1.000

IA)

TYPE OF COVERAGE: ALL COVERAGE
 EXPERIENCE LEVEL: 100/80/50 COI

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	Cla
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***Assumes \$0 Deductible**

(4)	(5)
Prob Claims >= Total Annual Claims	Annual Cost of Claims >= Total Annual Claims
1.0000000	\$254.19
0.6920357	\$254.19
0.6904327	\$254.17
0.6827006	\$253.94
0.6574478	\$252.73
0.6162123	\$250.00
0.5661837	\$246.03
0.5217346	\$241.83
0.4770530	\$236.83
0.4372941	\$231.61
0.3707216	\$221.37
0.3157771	\$211.32
0.2770189	\$202.93
0.2497917	\$196.02

(1)	(2)	
Annual Frequency	Total Annual Claim	Adjusted Annual Claim Cost
0.3079643	\$0.00	\$0.00
0.0016030	\$18.24	\$23.24
0.0077321	\$41.50	\$52.87
0.0252527	\$66.56	\$84.81
0.0412356	\$90.88	\$115.79
0.0500286	\$110.73	\$141.08
0.0444491	\$130.95	\$166.85
0.0446816	\$155.41	\$198.02
0.0397590	\$182.18	\$232.13
0.0665725	\$213.18	\$271.63
0.0549445	\$253.72	\$323.28
0.0387582	\$300.43	\$382.80
0.0272272	\$351.96	\$448.46
0.0373486	\$427.48	\$544.68

0.2124431	\$184.51
0.1863916	\$174.49
0.1452802	\$153.94
0.1108188	\$131.75
0.0795022	\$106.91
0.0553515	\$82.98
0.0369281	\$61.49
0.0243513	\$44.81
0.0107322	\$23.73
0.0050141	\$13.08
0.0013118	\$4.54
0.0004515	\$1.96

(Reverse CDF) Reverse CDF)

0.0260514	\$533.24	\$679.44
0.0411114	\$693.26	\$883.33
0.0344614	\$893.22	\$1,138.11
0.0313167	\$1,100.00	\$1,401.59
0.0241507	\$1,374.52	\$1,751.37
0.0184234	\$1,617.65	\$2,061.16
0.0125768	\$1,840.09	\$2,344.58
0.0136191	\$2,146.84	\$2,735.43
0.0057181	\$2,582.52	\$3,290.57
0.0037023	\$3,199.02	\$4,076.08
0.0008603	\$4,159.39	\$5,299.76
0.0004515	\$6,021.86	\$7,672.85

Step 1: Calculate Adjusted Deductible

Adj \$ Ded
\$23.86
\$7.75
\$0.00
\$0.00
\$31.61

In Network	Deductible
Class I	
Class II	
Class III	
Class IV	
Total	

Step 2: Calculate Adjusted Benefit Maximum

table

Adjusted Benefit Maximum =

=> Adjusted benefit maximum

number pays ded.)

(Note: This is the plan cost t

Step 3: Find Claim Cost Values

Column Reference	3
Adj. Annual Ded	\$31.61
Frequency for Annual Ded	0.6827
Avg. Annual Claim Cost	\$21.58
Claim Cost >= Adj. Ded	\$253.94
Annual claims cost above adj. ded	\$232.36
Monthly claims cost above adj. ded	\$19.36

Column Reference	
Adj. Annual Max	
Frequency for Annual Max	
Avg. Annual Claim Cost	
Claim Cost >= Adj. Annual M	
Annual claims cost above ac	
Monthly claims cost above a	

Monthly claims cost below annual r \$17.21

Step 4:

Find Annual Maximum Adj

ve adj. benefit max
tible

Annual Max Claim Cost ε
 Adj =

OON Annual Max Adj

	23	24	25	26 unlimited	
1.0305					
1.05		1.055			
1.058		1.062	1.067		
1.064		1.069	1.073	1.078	
1.069		1.074	1.078	1.083	1.088

Cost of Covering Child only					
80%	40%	50%	60%	70%	80%
Member Rate	Member Rate	Member Rate	Member Rate	Member Rate	Member Rate
\$0.75	\$0.46	\$0.49	\$0.51	\$0.54	\$0.56
\$0.83	\$0.51	\$0.54	\$0.56	\$0.59	\$0.62
\$1.12	\$0.69	\$0.72	\$0.76	\$0.80	\$0.84
\$1.24	\$0.76	\$0.80	\$0.84	\$0.88	\$0.92
\$1.49	\$0.91	\$0.96	\$1.01	\$1.06	\$1.11
\$1.64	\$1.01	\$1.06	\$1.11	\$1.17	\$1.23
\$1.86	\$1.14	\$1.20	\$1.26	\$1.32	\$1.39
\$2.05	\$1.26	\$1.32	\$1.39	\$1.46	\$1.53
\$2.23	\$1.37	\$1.44	\$1.51	\$1.59	\$1.67
\$2.46	\$1.51	\$1.59	\$1.67	\$1.75	\$1.84
\$2.68	\$1.64	\$1.73	\$1.82	\$1.91	\$2.00
\$2.96	\$1.81	\$1.91	\$2.00	\$2.10	\$2.21

Ded Waived for Class I & II		Ded Waived for Class I & II			
Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation	Deductible Credit allocation
X-ray in Class II	X-ray in Class II	X-ray in Class II	X-ray in Class II	X-ray in Class II	X-ray in Class II
Member (Class III)	Member (Class IV)	Member (Class I)	Member (Class II)	Member (Class III)	Member (Class IV)
0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
0.0%	0.0%	0.0%	0.0%	100.0%	0.0%
2.1%	0.0%	0.0%	0.0%	100.0%	0.0%
3.2%	0.0%	0.0%	0.0%	100.0%	0.0%
5.3%	0.0%	0.0%	0.0%	100.0%	0.0%
9.5%	0.0%	0.0%	0.0%	100.0%	0.0%
13.8%	0.0%	0.0%	0.0%	100.0%	0.0%
26.5%	0.0%	0.0%	0.0%	100.0%	0.0%
47.7%	0.0%	0.0%	0.0%	100.0%	0.0%

57.0%	0.0%	0.0%	0.0%	100.0%	0.0%
31.9%	0.0%	0.0%	0.0%	0.0%	100.0%
37.4%	0.0%	0.0%	0.0%	0.0%	100.0%

OON

GES (EXCEPT ORTHODONTIA)
INSURANCE

Claims Probability Distribution

	(3) = (1) x (2)	(4)	(5)
Vlookup Column Reference	Annual Cost of Claim	Prob Claims >= Total Annual Claims	Annual Cost of Claims >= Total Annual Claims
1	\$0.00	1.0000000	\$254.19
2	\$0.02	0.6920357	\$254.19
3	\$0.23	0.6904327	\$254.17
4	\$1.21	0.6827006	\$253.94
5	\$2.70	0.6574478	\$252.73
6	\$3.99	0.6162123	\$250.00
7	\$4.20	0.5661837	\$246.03
8	\$5.01	0.5217346	\$241.83
9	\$5.22	0.4770530	\$236.83
10	\$10.23	0.4372941	\$231.61
11	\$10.05	0.3707216	\$221.37
12	\$8.40	0.3157771	\$211.32
13	\$6.91	0.2770189	\$202.93
14	\$11.51	0.2497917	\$196.02

15	\$10.02	0.2124431	\$184.51
16	\$20.55	0.1863916	\$174.49
17	\$22.20	0.1452802	\$153.94
18	\$24.84	0.1108188	\$131.75
19	\$23.93	0.0795022	\$106.91
20	\$21.49	0.0553515	\$82.98
21	\$16.69	0.0369281	\$61.49
22	\$21.08	0.0243513	\$44.81
23	\$10.65	0.0107322	\$23.73
24	\$8.54	0.0050141	\$13.08
25	\$2.58	0.0013118	\$4.54
26	\$1.96	0.0004515	\$1.96

(Reverse CDF) (Reverse CDF)

Table

Allocation		
\$ Ded	Coinsurance	Adj \$ Ded
\$36.68	65%	\$23.86
\$12.50	62%	\$7.75
\$0.00	31%	\$0.00
\$0.00	31%	\$0.00
		\$31.61

Table Maximum

= Benefit Maximum + Adjusted Deductible

m = \$1,031.61

(That the member will incur before member pays ded.)

19	Column Reference	3
\$1,031.61	Adj. Annual Ded	\$31.61
0.0554	Frequency for Annual Ded	0.6827
\$57.10	Avg. Annual Claim Cost	\$21.58
Max	Claim Cost >= Adj. Ded	\$253.94
Adj. annual max	Annual claims cost above adj. ded	\$232.36
Adj. annual max	Monthly claims cost above adj. dec	\$19.36

Monthly claims cost below annual n \$17.21

ustment

above adj. ded - Claim Cost above adj. benefit max

Claim Cost above adj. deductible

= **0.8886**

State: District of Columbia

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

Product Name: IDEN Individual Dental Filing

Project Name/Number: /

Filing Company:

Madison National Life Insurance Company Inc

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	MNL Dental Filing Letter - DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	MNL Authorization Letter 2014.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Act memo for DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Certification in on page 4 of the Actuarial Memorandum.
Attachment(s):	
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):	
Item Status:	
Status Date:	

SERFF Tracking #:

IADC-129598813

State Tracking #:

Company Tracking #:

MNL DC DENTAL RATE FILING

State:

District of Columbia

Filing Company:

Madison National Life Insurance Company Inc

TOI/Sub-TOI:

H10I Individual Health - Dental/H10I.000 Health Dental

Product Name:

IDEN Individual Dental Filing

Project Name/Number:

/

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	This is not an ACA compliant plan so URRT is not applicable
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	This is not an ACA compliant plan so URRT is not applicable
Attachment(s):	
Item Status:	
Status Date:	



Member of The IHC Group

July 31, 2014

Chester A. Mcpherson, Interim Commissioner
Government of the District of Columbia Department of Insurance, Securities, and Banking
810 First Street, N. E., Suite 701
Washington, DC 20002

RE: Madison National Life Insurance Company, Inc.
NAIC #: 65781
NAIC Group #: 0450
FEIN #: 39-0990296

Individual Dental Policy - New Forms - MNL DC DENTAL RATE FILING

Forms List:

Individual Dental Policy:	MNL IDEN POL 0414
PPO Schedule of Benefits:	MNL IDEN PPO SB 0414
Indemnity Schedule of Benefits:	MNL IDEN IND SB 0414
Fee Schedule of Benefits:	MNL IDEN FSCH SB 0414
Individual Dental Insurance Application:	MNL IDEN APP 0414
[Optional] Vision Benefit Rider:	MNL IDEN VEBR 0414
[Optional] Vision and Hearing Benefit Rider:	MNL IDEN VISHEAREBR 0414

Dear Commissioner McCarty

We are submitting the above referenced new forms for your review and approval. These new forms are for use with the above referenced Individual Dental Insurance Policy.

This product will be sold off the exchange and is not intended to be ACA compliant.

This coverage provides for a number of separate plans as indicated in the Schedule of Benefits. The variability in the Schedule of Benefits is predicated upon applicant elections.

The following is a summary of each form being filed:

Form #MNL IDEN POL 0414 (Policy Form). This policy will offer Dental Insurance coverage for Covered Expenses related to various dental treatment and services. All benefits are subject to any applicable Waiting Periods and Deductibles, and the benefit maximums and Network/Non-Network Coinsurance amounts. Benefits are also subject to the Exclusions and Limitations and all other provisions of the Policy.

Form #MNL IDEN PPO SB 0414/MNL IDEN IND SB 0414/MNL IDEN FSCH SB 0414 (PPO, Indemnity and Fee Schedule of Benefits). This coverage provides for a number of separate plans as indicated in the Schedule of Benefits. The applicant elections will determine the variability in the Schedule of Benefits.

Form #MNL IDEN APP 0414 (Individual Dental Insurance Application). The application and related forms may be used on the internet for on-line completions and electronic submissions. These applications may, at some point be converted to an electronic document. Such adaptation may slightly alter the appearance of the document, but we assert that its content will not change and readability compliance will not be affected. The Insurer anticipates utilizing electronic and/or voice signatures for on-line fulfillment.

We may also offer one of the following Benefit riders to each applicant:

Form #MNL IDEN VEBR 0414 (Vision Benefit Rider).

Form #MNL IDEN VISHEAREBR 0414 (Vision and Hearing Benefit Rider)

Variable text is bracketed and may vary from case-to-case. Variable text will never exclude or limit provisions required by your jurisdiction. The Policy documents were prepared on a personal computer and will ultimately be printed from another data processing system that may cause some print style and/or page spacing changes. However, there will not be any changes to the actual text of the contract other than listed or bracketed variables, or to the general print size.

We certify to the best of our knowledge and belief that these forms do not violate any laws or regulations of your state and do not contain any previously disapproved versions.

We respectfully request your favorable consideration and expeditious approval of these new forms. Please let me know if you have any questions or if you require additional information in connection with this filing.

Sincerely,

Vikki Adams

Vikki Adams
Form Development & Compliance Specialist
PH: 602-395-7040
Email: vikki.adams@ihcgroup.com

January 1, 2014


RE: Madison National Life Insurance Company, Inc.

NAIC Company Number: 65781
NAIC Group Number: 0450
FEIN Number: 39-0990296

AUTHORIZATION STATEMENT

Madison National Life Insurance Company, Inc. ("MNL") hereby authorizes IHC Carrier Solutions, Inc. (Member of the IHC Group) to represent us in the submission of accident and health insurance forms and rates and to negotiate with the Department for their approval.

Sincerely,



Adam C. Vandervoort
Secretary

Madison National Life Insurance Company, INC. (MNL)
Individual Dental Vision and Hearing Insurance Benefits
Policy Form Numbers MNL IDEN POL 0414, MNL IDEN VEBR 0414, MNL IDEN VISHEAREBR 0414
Actuarial Memorandum – District of Columbia
Manual Rate Filing

- A. Reason for rate filing
- a. This is a filing for a new policy form. This filing pertains to Policy Forms MNL IDEN POL 0414, MNL IDEN VEBR 0414, and MNL IDEN VISHEAREBR 0414.
 - b. The purpose of the filing is to demonstrate compliance with the minimum requirements of your state and show that benefits are reasonable in relation to premiums charged.
- B. Description of Benefits
- a. Dental Benefits
 - i. The dental benefits will be payable under this individual policy form for medically necessary dental services and supplies subject to the maximums, limitations, conditions and exclusions of the policy.
 - ii. This is a PPO and Indemnity dental product that provides benefits through contracted and non-contracted providers.
 - iii. The amount payable under this policy for dental benefits will be determined by the specific provisions of the policy concerning:
 1. Coverage Type (Preventive, Diagnostic, Basic, Major, Prosthodontic or Orthodontic Care);
 2. The elapsed time since the certificate-holder's effective date (duration);
 3. Deductible;
 4. Coinsurance;
 5. Co-Payment;
 6. Annual and/or lifetime maximums;
 7. The network status of the provider (whether or not they are in the network).
 - b. Vision Benefits
 - i. This policy form has an optional rider that provides vision benefits.
 - ii. Vision benefits are available if dental coverage is selected.
 - iii. Vision benefits include services and supplies that are furnished by a licensed Ophthalmologist or Optometrist subject to the schedules, limitations and exclusions listed in the policy.
 - iv. Benefits are limited to examinations, lenses, frames and contact lenses prescribed by a licensed Ophthalmologist or Optometrist.
 - v. The amounts payable under this policy for vision benefits will be determined by the specific provisions of the policy concerning:
 1. Frequencies
 2. Co-Payment
 3. Allowances
 4. The network status of the provider
 5. The elapsed time since the certificate-holder's effective date (duration)
 - c. Hearing Benefits
 - i. This policy form has an optional rider that provides vision and hearing benefits.
 - ii. Hearing benefits are only available with the vision benefits and only if the dental benefits are selected. It is not available on a stand-alone basis.

- iii. Hearing benefits include a visit to a licensed audiologist and hearing aids.
- iv. The amounts payable under this policy for hearing benefits will be determined by the specific provisions of the policy concerning:
 - 1. The elapsed time since the certificate-holder's effective date (duration)

C. Renewability

- a. This product will be guaranteed renewable.

D. Applicability

- a. Madison National Life anticipates new issues and renewals under this form.

E. Morbidity

a. Dental

- i. The attached proprietary dental manual rating algorithm will be used to develop rates under this policy form.
- ii. The starting claim cost for each category of dental service (Diagnostic, Preventive, Basic, Major, and Orthodontics) is derived from data provided by an actuarial consulting firm. It has been supplemented with our own internal data.
- iii. The starting claim costs are developed assuming reimbursement at the full amount of the dentist submitted charges where these charges are equal to the national average charge.
- iv. These charges are then adjusted by various rating factors which can be found in the Dental Rating Manual attached.
- v. The starting claim costs have an experience midpoint of 1/1/12. They have been trended forward to the starting effective date of the form 1/1/15.

b. Vision

- i. Detailed frequency/utilization assumptions by procedure and copays are listed below:

Frequency	Exam	10	15
12		.571	.554
Frequency	Lenses	20	
12		.360	
Frequency	Frames	0	
24		.316	

c. Hearing

- i. Costs per hearing aid per year are listed below

Year	Amount
1	0
2	50
3	100
4	200
5	250

- ii. Assumed utilization for office visits is 16.8% per year.
- iii. Assumed device utilization is 19.9% per year.

F. Mortality

- a. Not applicable.

G. Persistency

- a. A dental lapse rate of between 15-40% per year is assumed.

H. Marketing Method

- a. This product will be marketed thru brokers, our captive field force, as well as independent agents and possibly direct to consumers.
- I. Rating Period
 - a. The rating period for this product will start when rates are filed and approved and will remain active until we file new rates and they are approved. The effective date of this product is January 1, 2015 or when rates are approved if later. In addition the effective date will not be before these rates are filed and approved by your state.
- J. Underwriting
 - a. There is no underwriting associated with this product.
- K. Effect of Law Changes
 - a. There is no law change affecting this filing.
- L. Rate History
 - a. There is no rate history as this is a new filing.
- M. Coordination of Benefits
 - a. All coordination of benefit savings have been reflected in the claim costs.
- N. Relation of Benefits to Premium
 - a. Premiums are determined by calculating durational claim costs based upon benefit design and then applying retention. The maximum values for the specific items in the retention formula can be seen in the table below:

Administration expenses	14.5%
Commissions	16.5%
ACA and Premium tax	4.5%
Profit	5.0%
 - b. Total retention equals 40.5%.
 - c. Benefits and loss ratios will vary by duration based upon the plan design and waiting periods chosen.
 - d. The anticipated lifetime target loss ratio is 59.5% which is above the minimum set by the district.
- O. Lifetime Loss Ratio
 - a. This product was not priced with a lifetime loss ratio.
- P. Provision for Profit and Contingencies
 - a. The provision for profit is set at 5%.
- Q. Explanation for Determination of Rates
 - a. Dental
 - i. Please see the Dental Rating Manual attached.
 - b. Vision
 - i. Utilization and unit costs along with copays, frequencies and allowances are used to generate claim costs.
 - ii. Age factors are applied if the member is over age 65.
 - iii. The retention above is applied to determine premium
 - c. Hearing
 - i. Group exposure from an outside consultant was modified for individual expectations.
 - ii. Age factors are applied if the member is over age 65.
- R. Trend
 - a. Dental
 - i. Claims trend is set at 6%. It was obtained by looking at our claim experience. As trend develops and changes over time, it will be reflected in renewal rates.

Renewal rates are derived from looking at the actual to expected claim costs and applying trend.

- b. Vision
 - i. Claims trend is set at 2%.
- c. Hearing
 - i. Since benefits are subject to a schedule no claims trend was assumed.
- S. Credibility
 - a. Since this is a new product it does not have any credible data.
- T. Data Requirements
 - a. Since this is a new product it does not have any experience.
- U. Side-by-Side Comparison
 - a. This is a new product so there is nothing that can be compared.
- V. Other Factors
 - a. Dental
 - i. Please refer to the attached Dental Rating Manual.

W. Certification

I, Seth Katz FSA, MAAA, am an actuary with Madison National Life Insurance Company certify to the best of my knowledge that this rate filing is in compliance with applicable laws and regulations of the district (31-4712) and with the rules of the Department of Insurance. I certify that the rates are not excessive, inadequate or unfairly discriminatory. I also certify that the rates are reasonable in relation to benefits provided. This filing complies with the Actuarial Standards of Practice as adopted by the Actuarial Standards Board, whose standards form the basis of this statement of opinion.



Seth L. Katz, FSA, MAAA, Director, Dental and Vision Actuarial Services
2101 W. Peoria Avenue, STE 100
Phoenix, AZ. 85029

7/14/14

Date