Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: Blanket Accident Insurance - SR2014 DC Rates

State: District of Columbia

TOI: H04 Health - Blanket Accident /Sickness

Sub-TOI: H04.000 Health - Blanket Accident /Sickness

Filing Type: Rate

Date Submitted: 07/10/2014

SERFF Tr Num: MUTM-129629584

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: MAGGIE LARKIN

Implementation   10/01/2014
Date Requested:

Author(s):   Wanda Hill, Shelly Kaipust, Brandi Lashley, Kim Meyerring, Sandy Ramplin, Mary Gregg,
                            Krysia Gannon, Ellen Cochrane, Kendra Sayler, Kristin Miller, Lisa Koch, Maggie Larkin

Reviewer(s):   Darniece Shirley (primary), Alula Selassie, John Morgan

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State:	District of Columbia	Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness		
Product Name:	Blanket Accident Insurance - SR2014 DC Rates		
Project Name/Number:	2013 SR2014 Blanket Accident Medical Expense Policy/SR2014 DC		

General Information

Project Name: 2013 SR2014 Blanket Accident Medical
Expense Policy

Project Number: SR2014 DC

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Blanket

Filing Status Changed: 07/16/2014

State Status Changed:

Created By: Ellen Cochrane

Corresponding Filing Tracking Number: MUTM-129629585

FORMS

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions:

Status of Filing in Domicile:

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small

Overall Rate Impact:

Deemer Date:

Submitted By: Ellen Cochrane

No

Filing Description:
NAIC # 261-71412

Blanket Accident Insurance
Rate Manual Pages
Actuarial Memorandum

Enclosed for new filing with your department are copies of the rate pages to be used with a new blanket accident product that is being filed under separately under SERFF tracking number ¬¬¬ MUTM-129629585

Your acknowledgement of receipt and eventual acceptance of this filing is appreciated. Please feel free to contact our actuary, Scott Sather, at (402) 351-3746 if you have any questions about this submission.

Sincerely,

Maggie Larkin
Product and Advertising Compliance Analyst
Corporate Compliance and Ethics
Phone: 402-351-2481
Fax: 402-351-5298
Email: margaret.larkin@mutualofomaha.com

Company and Contact

Filing Contact Information
Kendra Sayler, Senior Product &
Advertising Compliance Analyst

kendra.sayler@mutualofomaha.com

State:	*District of Columbia*	*Filing Company:*	*Mutual of Omaha Insurance Company*
TOI/Sub-TOI:	*H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness*		
Product Name:	*Blanket Accident Insurance - SR2014 DC Rates*		
Project Name/Number:	*2013 SR2014 Blanket Accident Medical Expense Policy/SR2014 DC*		

Mutual of Omaha   402-351-2454 [Phone]

Mutual of Omaha Plaza   402-351-5298 [FAX]

Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company

Mutual of Omaha Plaza

Omaha, NE 68175

(402) 351-6910 ext. [Phone]

CoCode: 71412

Group Code: 261

Group Name:

FEIN Number: 47-0246511

State of Domicile: Nebraska

Company Type: Health Insurance

State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State:	*District of Columbia*	*Filing Company:*	*Mutual of Omaha Insurance Company*
TOI/Sub-TOI:	*H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness*		
Product Name:	*Blanket Accident Insurance - SR2014 DC Rates*		
Project Name/Number:	*2013 SR2014 Blanket Accident Medical Expense Policy/SR2014 DC*		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	NA

Company Rate Information

Company Name:	Company Rate Change:	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):
Mutual of Omaha Insurance Company	Neutral	0.000%	0.000%	$0	0	$0	0.000%	0.000%

Rate Review Detail

COMPANY:

Company Name: Mutual of Omaha Insurance Company
HHS Issuer Id: 00000

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
aaaa	00000	00000	10000

Trend Factors: nothing

FORMS:

New Policy Forms: 0
Affected Forms: 0
Other Affected Forms: 0

REQUESTED RATE CHANGE INFORMATION:

Change Period: Other
Member Months: 0
Benefit Change: None
Percent Change Requested: Min: 0.0 Max: 0.0 Avg: 0.0

PRIOR RATE:

Total Earned Premium: 0.00
Total Incurred Claims: 0.00
Annual $:   Min: 0.00 Max: 0.00 Avg: 0.00

REQUESTED RATE:

Projected Earned Premium: 0.00
Projected Incurred Claims: 0.00
Annual $:   Min: 0.00 Max: 0.00 Avg: 0.00

SERFF Tracking #:	MUTM-129629584	State Tracking #:		Company Tracking #:	MAGGIE LARKIN

State: District of Columbia   **Filing Company:**   Mutual of Omaha Insurance Company
TOI/Sub-TOI: H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness
Product Name: Blanket Accident Insurance - SR2014 DC Rates
Project Name/Number: 2013 SR2014 Blanket Accident Medical Expense Policy/SR2014 DC

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Manual	SR2014 DC	New		SR2014 Rate Manual Baseline.pdf,

Mutual of Omaha Insurance Company
Special Risk Rate Manual
SR2014 Policy Form

Table of Contents

Introduction

The manual rates for the SR2014 policy form are for a variety of different types of groups and organizations that have varied risks. The rate calculations for each type of risk shown in the table of contents are provided in the following pages.

As shown on the rate manual pages, the total claims cost is divided by (1 – Commission % – Home Office % – Claims/Admin %) to calculate the premium amount. These percentages can all vary by type of product, size of group, and general producer.

The manual rates may be adjusted up or down for any given group based upon plan design characteristics, unique characteristics of the case for which rates are being established, and underwriting guidelines.

1. Jockey Rates

The Jockey rates are for sponsored activity coverage for Jockeys as well as trainers. Note that when the term "Jockey" is used in these rates, it includes jockeys as well as drivers in the case of harness racing. There are different rates for Flat Racing and Harness/Steeplechase Racing, but the formulas are the same.

The per day rate for Jockeys is a flat rate for up to 12 events per day, and then an additional per event per day rate for each additional event. The per day rate for trainers is a flat rate. The per event or per day rates will cover all eligible Jockeys or trainers.

Benefits available:
* Accidental Death and Specific Loss Benefit (AD&SL)
* Medical Expense for Accident Benefit
* Total or Partial Disability Benefit

1. Accidental Death and Specific Loss (including Paralysis) Rate
Trainer AD&SL/Paralysis Rate = Trainer Rate per Day
Jockey AD&SL/Paralysis Rate =
= (Jockey ≤ 12 Event Rate per Day) + (Jockey > 12 Events Addl. per Event Rate) x N
where N = Maximum((# of events per day) - 12, 0)

	Flat Racing AD&SL Per Day Rates		
Principal Sum	Jockey ≤ 12 Events Rate per Day	Jockey > 12 Events Addl. per Event per Day	Trainer Rate per Day
$5,000.00	3.00	0.45	1.50
$10,000.00	6.00	0.90	3.00
$25,000.00	18.00	3.00	9.00
$50,000.00	33.00	5.40	16.50
$100,000.00	66.00	10.80	33.00

	Harness/Steeplechase Racing AD&SL Per Day Rates		
Principal Sum	Jockey ≤ 12 Events Rate per Day	Jockey > 12 Events Addl. per Event per Day	Trainer Rate per Day
$5,000.00	0.90	0.14	0.45
$10,000.00	1.80	0.27	0.90
$25,000.00	5.40	0.90	2.70
$50,000.00	9.90	1.62	4.95
$100,000.00	19.80	3.24	9.90

2. Medical Expense for Accident Rate
Trainer Medical Expense for Accident Rate = Trainer Rate per Day
Jockey Medical Expense for Accident Rate =
= (Jockey ≤ 12 Event Rate per Day) + (Jockey > 12 Events Addl. per Event Rate) x N
where N = Maximum((# of events per day) - 12, 0)

Flat Racing Medical Expense for Accident Per Day Rates				
Medical Expense Maximum	Deductible	Jockey ≤ 12 Events Rate per Day	Jockey > 12 Events Addl. per Event per Day	Trainer Rate per Day
$10,000	$0	459.00	75.90	229.50
	$250 corridor	449.82	74.38	224.91
	$500 corridor	438.80	72.56	219.40
	$1,000 corridor	419.99	69.45	209.99
$25,000	$0	483.00	79.80	241.50
	$250 corridor	473.34	78.20	236.67
	$500 corridor	461.75	76.29	230.87
	$1,000 corridor	441.95	73.02	220.97
$50,000	$0	558.00	92.10	279.00
	$250 corridor	546.84	90.26	273.42
	$500 corridor	533.45	88.05	266.72
	$1,000 corridor	510.57	84.27	255.29
$100,000	$0	630.00	103.80	315.00
	$250 corridor	617.40	101.72	308.70
	$500 corridor	602.28	99.23	301.14
	$1,000 corridor	576.45	94.98	288.23

Harness/Steeplechase Racing Medical Expense for Accident Per Day Rates				
Medical Expense Maximum	Deductible	Jockey ≤ 12 Events Rate per Day	Jockey > 12 Events Addl. per Event per Day	Trainer Rate per Day
$10,000	$0	137.70	22.77	68.85
	$250 corridor	134.95	22.31	67.47
	$500 corridor	131.64	21.77	65.82
	$1,000 corridor	126.00	20.83	63.00
$25,000	$0	144.90	23.94	72.45
	$250 corridor	142.00	23.46	71.00
	$500 corridor	138.52	22.89	69.26
	$1,000 corridor	132.58	21.91	66.29
$50,000	$0	167.40	27.63	83.70
	$250 corridor	164.05	27.08	82.03
	$500 corridor	160.03	26.41	80.02
	$1,000 corridor	153.17	25.28	76.59
$100,000	$0	189.00	31.14	94.50
	$250 corridor	185.22	30.52	92.61
	$500 corridor	180.68	29.77	90.34
	$1,000 corridor	172.94	28.49	86.47

3. Total/Partial Disability Rate

Trainer Total/Partial Disability Rate = Trainer Rate per Day

Jockey Total/Partial Disability Rate =

= (Jockey ≤ 12 Event Rate per Day) + (Jockey > 12 Events Addl. per Event Rate) x N

where N = Maximum((# of events per day) - 12, 0)

Flat Racing Total/Partial Disability Per Day Rates			
Weekly Benefit	Jockey ≤ 12 Events Rate per Day	Jockey > 12 Events Addl. per Event per Day	Trainer Rate per Day
$100.00	63.60	10.50	31.80
$150.00	94.80	15.60	47.40
$200.00	127.20	21.00	63.60

Harness/Steeplechase Racing Total/Partial Disability Per Day Rates			
Weekly Benefit	Jockey ≤ 12 Events Rate per Day	Jockey > 12 Events Addl. per Event per Day	Trainer Rate per Day
$100.00	19.20	3.17	9.60
$150.00	28.50	4.69	14.25
$200.00	38.10	6.29	19.05

4. Total Rate

Total Jockey Rate = SUM[all Jockey Rates from Steps 1 through 3]
Total Trainer Rate = SUM[all Trainer Rates from Steps 1 through 3]

5. Total Claims Cost

Total Claims Cost = (Total Jockey Rate) x (# of Days of Jockey coverage) +
                    + (Total Trainer Rate) x (# of Days of Trainer coverage)

6. Premium

There is a minimum premium requirement of $1,000 per policy. The premium is the larger of $1,000 and (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %).

Premium =
MAX[1000, (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)]

2. Motorsports Rates

The Motorsports rates are for sponsored activity coverage for all drivers, pit crew, and other essential track personnel at an event as well as optional coverage for people in the VIP area.

Benefits available:
- Accidental Death and Specific Loss Benefit (AD&SL)
- Medical Expense for Accident Benefit
- Total or Partial Disability Benefit

1. Accidental Death and Specific Loss Rate

The per event rate is $1.95 for each $1,000 of principal sum.

AD&SL Rate = 1.95 * (Principal Sum / 1,000)

2. Paralysis Rate

If paralysis benefits are included, the flat rate is $18.75 per event. The principal sum is the same as the AD&SL principal sum.

3. Medical Expense for Accident Rate

The per event rates are given in the table below. This rate also includes the Ambulance Expense Benefit.

Motorsports Medical Expense for Accident per Event Rates					
Benefits		52 week Benefit Period		104 week Benefit Period	
Medical Expense Maximum	Deductible	Reducing Deductible Rate	Corridor Deductible Rate	Reducing Deductible Rate	Corridor Deductible Rate
$3,000	$0	122.33	122.33	129.67	129.67
$3,000	$100	121.52	119.91	128.81	127.10
$3,000	$250	119.10	117.48	126.25	124.53
$3,000	$500	116.68	113.45	123.68	120.26
$3,000	$750	113.45	111.02	120.26	117.68
$3,000	$1,000	111.02	108.60	117.68	115.12
$3,000	$1,500	106.18	103.76	112.55	109.99
$3,000	$2,000	102.14	99.72	108.27	105.70
$3,000	$2,500	98.10	96.49	103.99	102.28
$3,000	$3,000	94.87	93.26	100.56	98.86
$3,000	$4,000	89.22	87.61	94.57	92.87
$3,000	$5,000	83.57	82.76	88.58	87.73
$3,000	$7,500	74.69	73.07	79.17	77.45
$3,000	$10,000	67.42	66.61	71.47	70.61
$5,000	$0	126.45	126.45	134.04	134.04
$5,000	$100	125.60	123.90	133.14	131.33
$5,000	$250	123.05	121.35	130.43	128.63
$5,000	$500	120.50	117.10	127.73	124.13
$5,000	$750	117.10	114.55	124.13	121.42
$5,000	$1,000	114.55	112.00	121.42	118.72
$5,000	$1,500	109.45	106.90	116.02	113.31

Motorsports Medical Expense for Accident per Event Rates					
Benefits		52 week Benefit Period		104 week Benefit Period	
Medical Expense Maximum	Deductible	Reducing Deductible Rate	Corridor Deductible Rate	Reducing Deductible Rate	Corridor Deductible Rate
$5,000	$2,000	105.20	102.65	111.51	108.81
$5,000	$2,500	100.95	99.25	107.01	105.21
$5,000	$3,000	97.55	95.85	103.40	101.60
$5,000	$4,000	91.60	89.90	97.10	95.29
$5,000	$5,000	85.65	84.80	90.79	89.89
$5,000	$7,500	76.30	74.60	80.88	79.08
$5,000	$10,000	68.65	67.80	72.77	71.87
$10,000	$0	141.00	141.00	149.46	149.46
$10,000	$100	140.00	138.00	148.40	146.28
$10,000	$250	137.00	135.00	145.22	143.10
$10,000	$500	134.00	130.00	142.04	137.80
$10,000	$750	130.00	127.00	137.80	134.62
$10,000	$1,000	127.00	124.00	134.62	131.44
$10,000	$1,500	121.00	118.00	128.26	125.08
$10,000	$2,000	116.00	113.00	122.96	119.78
$10,000	$2,500	111.00	109.00	117.66	115.54
$10,000	$3,000	107.00	105.00	113.42	111.30
$10,000	$4,000	100.00	98.00	106.00	103.88
$10,000	$5,000	93.00	92.00	98.58	97.52
$10,000	$7,500	82.00	80.00	86.92	84.80
$10,000	$10,000	73.00	72.00	77.38	76.32
$15,000	$0	170.10	170.10	180.31	180.31
$15,000	$100	168.80	166.20	178.93	176.17
$15,000	$250	164.89	162.30	174.78	172.04
$15,000	$500	161.00	155.80	170.66	165.15
$15,000	$750	155.80	151.90	165.15	161.01
$15,000	$1,000	151.90	148.00	161.01	156.88
$15,000	$1,500	144.10	140.20	152.75	148.61
$15,000	$2,000	137.60	133.70	145.86	141.72
$15,000	$2,500	131.10	128.50	138.97	136.21
$15,000	$3,000	125.90	123.30	133.45	130.70
$15,000	$4,000	116.80	114.20	123.81	121.05
$15,000	$5,000	107.70	106.40	114.16	112.78
$15,000	$7,500	93.40	90.80	99.00	96.25
$15,000	$10,000	81.70	80.40	86.60	85.22
$20,000	$0	201.00	201.00	213.06	213.06
$20,000	$100	200.00	198.00	212.00	209.88
$20,000	$250	197.00	195.00	208.82	206.70
$20,000	$500	194.00	190.00	205.64	201.40
$20,000	$750	190.00	187.00	201.40	198.22
$20,000	$1,000	187.00	184.00	198.22	195.04
$20,000	$1,500	181.00	178.00	191.86	188.68
$20,000	$2,000	176.00	173.00	186.56	183.38

Motorsports Medical Expense for Accident per Event Rates					
Benefits		52 week Benefit Period		104 week Benefit Period	
Medical Expense Maximum	Deductible	Reducing Deductible Rate	Corridor Deductible Rate	Reducing Deductible Rate	Corridor Deductible Rate
$20,000	$2,500	171.00	169.00	181.26	179.14
$20,000	$3,000	167.00	165.00	177.02	174.90
$20,000	$4,000	160.00	158.00	169.60	167.48
$20,000	$5,000	153.00	152.00	162.18	161.12
$20,000	$7,500	142.00	140.00	150.52	148.40
$20,000	$10,000	133.00	132.00	140.98	139.92
$25,000	$0	213.00	213.00	225.78	225.78
$25,000	$100	212.00	210.00	224.72	222.60
$25,000	$250	209.00	207.00	221.54	219.42
$25,000	$500	206.00	202.00	218.36	214.12
$25,000	$750	202.00	199.00	214.12	210.94
$25,000	$1,000	199.00	196.00	210.94	207.76
$25,000	$1,500	193.00	190.00	204.58	201.40
$25,000	$2,000	188.00	185.00	199.28	196.10
$25,000	$2,500	183.00	181.00	193.98	191.86
$25,000	$3,000	179.00	177.00	189.74	187.62
$25,000	$4,000	172.00	170.00	182.32	180.20
$25,000	$5,000	165.00	164.00	174.90	173.84
$25,000	$7,500	154.00	152.00	163.24	161.12
$25,000	$10,000	145.00	144.00	153.70	152.64
$50,000	$0	237.00	237.00	251.22	251.22
$50,000	$100	236.00	234.00	250.16	248.04
$50,000	$250	233.00	231.00	246.98	244.86
$50,000	$500	230.00	226.00	243.80	239.56
$50,000	$750	226.00	223.00	239.56	236.38
$50,000	$1,000	223.00	220.00	236.38	233.20
$50,000	$1,500	217.00	214.00	230.02	226.84
$50,000	$2,000	212.00	209.00	224.72	221.54
$50,000	$2,500	207.00	205.00	219.42	217.30
$50,000	$3,000	203.00	201.00	215.18	213.06
$50,000	$4,000	196.00	194.00	207.76	205.64
$50,000	$5,000	189.00	188.00	200.34	199.28
$50,000	$7,500	178.00	176.00	188.68	186.56
$50,000	$10,000	169.00	168.00	179.14	178.08
$75,000	$0	253.00	253.00	268.18	268.18
$75,000	$100	252.00	250.00	267.12	265.00
$75,000	$250	249.00	247.00	263.94	261.82
$75,000	$500	246.00	242.00	260.76	256.52
$75,000	$750	242.00	239.00	256.52	253.34
$75,000	$1,000	239.00	236.00	253.34	250.16
$75,000	$1,500	233.00	230.00	246.98	243.80
$75,000	$2,000	228.00	225.00	241.68	238.50
$75,000	$2,500	223.00	221.00	236.38	234.26

Motorsports Medical Expense for Accident per Event Rates					
Benefits		52 week Benefit Period		104 week Benefit Period	
Medical Expense Maximum	Deductible	Reducing Deductible Rate	Corridor Deductible Rate	Reducing Deductible Rate	Corridor Deductible Rate
$75,000	$3,000	219.00	217.00	232.14	230.02
$75,000	$4,000	212.00	210.00	224.72	222.60
$75,000	$5,000	205.00	204.00	217.30	216.24
$75,000	$7,500	194.00	192.00	205.64	203.52
$75,000	$10,000	185.00	184.00	196.10	195.04
$100,000	$0	268.00	268.00	284.08	284.08
$100,000	$100	267.00	265.00	283.02	280.90
$100,000	$250	264.00	262.00	279.84	277.72
$100,000	$500	261.00	257.00	276.66	272.42
$100,000	$750	257.00	254.00	272.42	269.24
$100,000	$1,000	254.00	251.00	269.24	266.06
$100,000	$1,500	248.00	245.00	262.88	259.70
$100,000	$2,000	243.00	240.00	257.58	254.40
$100,000	$2,500	238.00	236.00	252.28	250.16
$100,000	$3,000	234.00	232.00	248.04	245.92
$100,000	$4,000	227.00	225.00	240.62	238.50
$100,000	$5,000	220.00	219.00	233.20	232.14
$100,000	$7,500	209.00	207.00	221.54	219.42
$100,000	$10,000	200.00	199.00	212.00	210.94

4. VIP Area Rate

For coverage of non-participants in the pit area (with the same benefits as the drivers), the per event rate is $10.00.

5. Total Disability Rate

The Total Disability weekly benefit amount can be any amount between $100.00 and $300.00 per week, and the per event rates for each $100.00 of benefit are given in the table below. The rate depends on the waiting period (7 or 14 days) and the benefit period (26 or 52 weeks).

Per Event Total Disability Rates per $100.00 of Benefit	
7-day wait, 26 week Benefit Period	4.20
7-day wait, 52 week Benefit Period	6.00
14-day wait, 26 week Benefit Period	3.20
14-day wait, 52 week Benefit Period	4.20

Total Disability Rate =
= (Rate per $100.00 of benefit) * (Total Disability Benefit amount / 100)

6. Total per Event Rate

Total per Event Rate = SUM [all per event rates from steps 1 through 5]

7. Racing Claims Cost

For each covered event, multiply the Total per Event Rate from step 6 by the appropriate modifier from the table below based on the type of event being covered. Sum these up over all covered events, and this is the Racing Claims Cost

Racing Claims Cost = SUM[(Vehicle Modifier) * (Total per Event Rate)]
where the sum is over all events being covered

Vehicle Classifications & Modifiers		
Track Type	**Event Type/Races**	**Modifier**
Oval Tracks	Dwarf cars, go-karts, 1/4 midgets, legends, micro midgets, modified midgets	0.75
	Demo derbies, full-bodied stocks, TQ (3/4) midgets, super modifieds (economy type), Modifieds (IMCA-type), mini-sprints	1.00
	Enduros, Figure 8, Sprints (economy),	1.10
	Mixed Show (AVC - open wheel, stocks), Sprints (limited)	1.25
	Super Modified (NE-type)	1.50
	Midgets (full size), Sprints (unlimited/outlaws), motorcycles	2.00
	Snowmobiles	3.00
Drag Races	Drag Races, incl. super chargers or exotic fuel	1.00
	Drag Races, excl. super chargers or exotic fuel	0.50
	Timing-type Events (no prizes or purses awarded)	0.25
Road Course	"Fun Type" races only - 4 wheel vehicles	0.50
	"Fun Type" races only - motorcycles / SCHOOLS	1.00
	Other than "fun type" races - 4 wheel vehicles	1.00
	Other than "fun type" races - motorcycles	2.00
Off Road Course (Motorcycles, Snowmobiles, ATVs, Quads, or Odesseys)	Moto X and Scrambles (less than 250 entries)	2.00
	Obstacle course, hill climb & trials (less than 250 entries)	0.75
	TT Course (less than 250 entries)	1.25
	Moto X and Scrambles (250 or more entries)	4.00
	Obstacle course, hill climb & trials (250 or more entries)	1.50
	TT Course (250 or more entries)	2.50
Miscellaneous	Tractor Pull / Truck Pull	0.50
	Mud Bog / Mud Run	0.50
	Chuck Wagon / Chariot Racing	0.75
	Boat Racing	1.00
	Bicycle Moto X	0.75
Other	Autocross	0.55
	Schools - Cars	0.63
	Time Trials	0.50
	Blanket Hot Laps	0.60
	Ride & Drive	0.60
	Club Racing	0.90
	Rallies	1.00
	Monster Truck Show	0.50
	Quads/UTV/ATV	1.50
	Super Moto	3.00
	Schools - Cycles	1.25
	Moto X	2.00
	Pit Bikes	1.75
	Motorcycle Races	2.25
	Drifting	0.75

8. Additional Cost
     If coverage for Practice and/or Tuning & Testing is requested, the Additional Cost is the following:

     Additional Cost = (# of Practice events * $27.50) + (# of Tuning & Testing events * $13.75)

9. Total Claims Cost
     Total Claims Cost = Racing Claims Cost + Additional Cost

10. Premium
     There is a minimum premium requirement of $1,000 per policy. The premium is the larger of $1,000
     and (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %).

     Premium =
     MAX[1000, (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)]

3. Rodeo Rates

The Rodeo rates are for sponsored activity coverage for rodeo contestants as well as optional coverage for rodeo volunteers. There are minimum premiums listed for the different benefit amounts for both contestants and volunteers. The minimum premiums will be used for the premium calculation in Step 4.

Benefits included:
- Accidental Death and Specific Loss Benefit (AD&SL)
- Medical Expense for Accident Benefit

1. Contestant Claims Cost

a. Contestant Base Rate

The Contestant Base Rate depends on the type of rodeo events and the AD&SL principal sum and medical expense maximum. The rate is per contestant per rodeo. For Rough Stock (Bronc/Bareback) or Bull Riding contestants, use those specific rates, otherwise use the Other Rate.

Per Contestant Per Rodeo Base Rates				
AD&SL Principal Sum / Medical Maximum	Other	Rough Stock (Bronc/Bareback)	Bull Riding	Minimum Premium
$5,000/$5,000	2.16	3.24	15.12	$350
$10,000/$10,000	2.43	3.66	17.01	$500
$20,000/$20,000	2.70	4.05	18.90	$650
$25,000/$25,000	2.97	4.47	20.79	$700

b. Deductible Factor

The Contestant Base Rate is multiplied by the Deductible Factor.

Deductible (Reducing)	Deductible Factor
$0	1.25
$100	1.10
$250	1.00
$500	0.90
$1,000	0.80

c. Benefit Percentage Factor

The Contestant Base Rate is multiplied by the Benefit Percentage Factor and depends on the percentage of Allowable Expense provided.

Benefit Percentage	Benefit Percentage Factor
100% of Allowable Expense	1.250
80% of Allowable Expense	1.000
70% of Allowable Expense	0.875

d. Go Rounds Factor
The Contestant Base Rate is multiplied by the Go Rounds Factor. This factor depends on the number of Go Rounds in each rodeo event.

# of Go Rounds	Go Rounds Factor
1 Go Round	1.00
2 Go Rounds	1.25
3 Go Rounds	1.50

e. Contestant Final Rate
Multiply the Contestant Base Rate from Step 1a by the factors in steps 1b through 1d. This is the rate per contestant per rodeo.

Contestant Final Rate = 1a * 1b * 1c * 1d

f. Contestant Claims Cost
Multiply the Contestant Final Rate by the number of rodeos and the number of contestants per rodeo.

Contestant Claims Cost = (Contestant Final Rate)*(# of Rodeos)*(# of Contestants per Rodeo)

For multiple types of contestants (a combination of bull riding, bronc/bareback and other) calculate each contestant claims cost separately, and then add together.

2. Volunteer Claims Cost

a. Volunteer Base Rate
The Volunteer Base Rate depends on the policy benefits and the number of rodeos per year. If there is only one rodeo being covered, use the Per Volunteer per Rodeo rate. If there is more than one rodeo to be covered per year, use the Per Volunteer Annually rate.

Principal Sum / Medical Max	Per Volunteer Per Rodeo (1 Rodeo per Year)	Per Volunteer Annually (> 1 Rodeo per Year)	Minimum Premium
$5,000/$5,000	1.20	1.80	$325
$10,000/$10,000	1.80	2.70	$500
$10,000/$25,000	2.70	4.05	$750

b. Volunteer Claims Cost
To calculate the Volunteer Claims Cost, multiply the Volunteer Base Rate from step 2a by the number of volunteers.

Volunteer Claims Cost = (Volunteer Base Rate) * (# of Volunteers)

3. Total Claims Cost
Total Claims Cost = Contestant Claims Cost + Volunteer Claims Cost

4. Premium

There are minimum premiums for contestants and volunteer rates at the varying benefit amounts. Let M be the highest of all applicable minimum premiums for the specific rates/benefits used. Then the Premium is the larger of M and (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %).

M = MAX[all applicable minimum premiums for the specific rates/benefits used]

Premium =

= MAX[M, (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)]

4. Primary Intercollegiate Sports Rates

The Primary Intercollegiate Sports (ICS) Rates are for sponsored and supervised ICS activities coverage and are intended for ICS student athletes with no other insurance for sports related injury costs.

Benefits included:
- Medical Expense for Accident Benefit ($5,000 Maximum Benefit Amount and no deductible).

1. Total Claims Cost

For each covered athlete, determine their rate based on the risk category of the sport they participate in. The rates for each sport risk category are given below, and a listing of risk category by sport follows. The Total Claims Cost is the calculated by adding all of the rates for each athlete.

Total Claims Cost = SUM[Primary ICS Rate for covered athlete]
    where the sum is over all covered athletes

Rates for enrollment between August 1 and May 31 with coverage effective to next August 1

Risk Category	Primary ICS Rate
Football & Rugby	1011.66
Medium Risk Sports	604.50
Low Risk Sports	337.25

Rates for enrollment between June 1 and July 31 with coverage effective to next August 1

Risk Category	Primary ICS Rate
Football & Rugby	448.50
Medium Risk Sports	261.30
Low Risk Sports	152.65

Sport	Primary ICS Risk Category
Football	Football & Rugby
Rugby	Football & Rugby
Baseball	Medium
Basketball	Medium
Cheerleaders	Medium
Equestrian	Medium
Field Hockey	Medium
Gymnastics	Medium
Ice Hockey	Medium
Lacrosse	Medium
Skiing	Medium
Soccer	Medium
Softball	Medium
Track/Field	Medium
Volleyball	Medium
Wrestling	Medium
Archery	Low
Badminton	Low
Bowling	Low

Sport	Primary ICS Risk Category
Crew or Rowing	Low
Cross Country	Low
Dance, Drill Team & Mascots	Low
Fencing	Low
Golf	Low
Rifle	Low
Sailing	Low
Squash	Low
Student Managers, Student Trainers & Student Coaches	Low
Swimming/Diving	Low
Synchronized Swimming	Low
Tennis	Low
Water Polo	Low

2. Premium

Premium = (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)

5. Excess Intercollegiate Sports, Club, and Intramural Rates

The Excess Intercollegiate Sports (ICS), Club, and Intramural (IM) Rates are for sponsored and supervised activities coverage for intercollegiate, club or intramural sports.

Benefits included:
- Accidental Death and Specific Loss Benefit ($10,000)
- Heart or Circulatory Malfunctions Loss of Life Benefit ($10,000)
- Medical Expense for Accident Benefit (NCAA ICS is a $75,000 maximum and the others are a $25,000 maximum).

The following abbreviations will be used throughout:
ICS: Intercollegiate Sports
IM: Intramural

School Affiliations:
- NCAA I – National Collegiate Athletic Association, Division I
- NCAA II – National Collegiate Athletic Association, Division II
- NCAA III – National Collegiate Athletic Association, Division III
- NAIA – National Association of Intercollegiate Athletics
- NJCAA – National Junior College Athletic Association
- NCCAA – National Christian College Athletic Association
- NIRSA – National Intramural-Recreational Sports Association

Risk Class:

This is a categorization of the sports, based on the assumed amount of risk of injury in each sport. From highest to lowest risk, the classes are FB (football), I, II, III, and IV. The risk class of each sport is given in the table below.

Sport	Risk Class	Sport	Risk Class
Archery	IV	Mascots	IV
Badminton	IV	Outdoor Adventure	II
Band	IV	Paintball	III
Baseball	II	Ping Pong	IV
Basketball	I	Riflery	IV
Bowling	IV	Rodeo	FB
Boxing	FB	Roller Hockey	II
Canoe/kayak	IV	Rowing/Crew	III
Cheerleaders	III	Rugby	FB
Climbing	II	Sailing	IV
Cricket	IV	Skiing	I
Cross Country Running	III	Snowboarding	I
Cross Country Skiing	IV	Soccer	I
Curling	IV	Softball	II
Cycling	II	Squash/Racquetball	III
Dance	IV	Student Coaches	IV
Dance Team	IV	Student Managers	IV
Disc Golf	IV	Student Trainers	IV
Drill Team	IV	Surfing	I
Equestrian	II	Swimming/Diving	III

Sport	Risk Class
Fencing	IV
Field Hockey	II
Figure Skating	III
Fishing	IV
Football, Flag/Touch	I
Football, Tackle	FB
Golf	IV
Gymnastics	I
Ice Hockey	I
Lacrosse	II
Martial Arts	II

Sport	Risk Class
Tennis	III
Track/Field	III
Triathlon	II
Ultimate Frisbee	IV
Volleyball	II
Wakeboarding	II
Water Polo	II
Water Skiing	II
Weight Lifting	IV
Wrestling	I

1. Unadjusted Claims Cost

The Unadjusted Claims Cost step consists of two separate calculations: one for ICS and one for Club / IM Sports.

a. ICS Unadjusted Claims Cost

Determine the number of participants for ICS in each risk class (FB, I, II, III, and IV) using the table above. Multiply those numbers by the ICS rate for each risk class. Rates are given in the table below.

ICS Unadjusted Claims Cost =
 = SUM[(number of ICS participants in risk class) * (ICS Rate for risk class)]
 where the sum is over all risk classes.

Risk Class	ICS Rate
FB	665.79
I	472.79
II	282.01
III	96.66
IV	17.75

b. Club / IM Unadjusted Claims Cost

Determine the number of participants in each risk class for Club and IM sports. Multiply those numbers by the Club and IM rates for each risk class, and add together to get the Club / IM Unadjusted Claims Cost. Club and IM rates are given in the table below.

Club / IM Unadjusted Claims Cost =
 = SUM[(number of Club participants in risk class) * (Club Rate for risk class)]
 + SUM[(number of IM participants in risk class) * (IM Rate for risk class)]
 where the sums are over all risk classes.

Risk Class	Club Rate	Intramural (IM) Rate
FB	266.32	133.16
I	141.84	70.92
II	56.4	28.20
III	19.33	9.67
IV	3.55	1.78

2. Affiliation Factor

The ICS Unadjusted Claims Cost is multiplied by the Affiliation Factor (this is the affiliation of the school). The Club / IM Unadjusted Claims Cost does NOT get multiplied by the Affiliation Factor.

Affiliation	Factor
NCAA I	1.45
NCAA II	0.91
NCAA III	0.36
NAIA	0.75
NJCAA	1.25
NCCAA	0.75
Other	1.00

3. Deductible Factor

The Unadjusted Claims Costs are multiplied by the Deductible Factor from the table below.

Deductible (Reducing)	Factor
$0	1.0000
$100	0.9869
$250	0.9671
$500	0.9398
$750	0.9157
$1,000	0.8931
$1,250	0.8724
$1,500	0.8534
$2,000	0.8199
$2,500	0.7902
$3,000	0.7641
$4,000	0.7177
$5,000	0.6762
$7,500	0.5819
$10,000	0.4968
$15,000	0.3644
$20,000	0.2708

4. Benefit Period Factor

The Unadjusted Claims Costs are multiplied by the Benefit Period Factor from the table below.

Benefit Period	Factor
52 weeks	0.943
104 weeks	1.000
156 weeks	1.030

5. Additional Factors

There are three additional coverage options that have factors. The Unadjusted Claims Costs will be multiplied by all of these factors. The factors for these options are given in the table that follows and depend on whether the additional coverage options will be included or excluded.

Wear and Tear: includes policy language that expands the description of bodily harm to include wear and tear.

HMO/PPO: includes policy language to cover expenses incurred that were denied by another insurance plan due to not using an authorized medical vendor.

Re-Injury: includes policy language so that re-injury is covered under certain conditions.

Coverage Options:	Included	Excluded
Wear and Tear	1.000	0.909
HMO/PPO	1.000	0.893
Re-injury	1.000	0.909

6. ZIP Code Factor

The Unadjusted Claims Costs are multiplied by the ZIP Code Factor, which is based on the first 3 digits of the School's ZIP Code. The table of ZIP Code Factors is in Appendix A.

7. Adjusted Claims Cost

To calculate the Adjusted Claims Cost, multiply the ICS Unadjusted Claims Cost from step 1a by the factors from steps 2 through 6. Multiply the Club/IM Unadjusted Claims Cost from step 1b by the factors from steps 3 through 6. Add these together.

Adjusted Claims Cost = (1a * 2 * 3 * 4 * 5 * 6) + (1b * 3 * 4 * 5 * 6)

8. Premium

The premium calculation for fully insured policies is in step 8a, and the premium calculation for aggregate deductible policies is in step 8b.

8a. Fully Insured Premium

Fully Insured Premium =

= (Adjusted Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)

8b. Aggregate Premium

For an aggregate deductible policy, the aggregate deductible is set by the underwriter at their discretion, but it must be at least 80% of the Adjusted Claims Cost.

Let A = Aggregate Deductible / Adjusted Claims Cost

The formula to calculate Aggregate Premium is given below and depends on the aggregate deductible (Agg Deductible) and the aggregate premium % (AP%) which can determined from the table that follows. The aggregate premium % depends on A, as well as the aggregate deductible.

Aggregate Premium =

= (Agg Deductible * AP%) / (1 – Commission % - Home Office % - Claims/Admin %)

Aggregate Premium % (AP%)			
A = Agg Deductible / Adjusted Claims Cost	Agg Deductible ≤ $100,000	$100,000 < Agg Deductible ≤ $200,000	Agg Deductible > $200,000
0.80 ≤ A < 0.85	37.00%	34.30%	32.00%
0.85 ≤ A < 0.90	31.30%	28.40%	25.80%
0.90 ≤ A < 0.95	26.60%	23.40%	20.40%
0.95 ≤ A < 1.00	23.50%	19.30%	16.20%
1.00 ≤ A < 1.05	20.60%	15.90%	12.70%
1.05 ≤ A < 1.10	17.80%	13.10%	10.00%
1.10 ≤ A < 1.15	15.40%	10.60%	7.60%
1.15 ≤ A < 1.20	13.90%	9.20%	6.10%
1.20 ≤ A < 1.25	12.90%	8.10%	5.00%
1.25 ≤ A < 1.30	12.10%	7.60%	4.10%
1.30 ≤ A	11.40%	7.20%	3.60%

6. Child Fitness Center Rates

These rates are for sponsored and supervised activity coverage at child fitness centers, with optional coverage for birthday parties.

Benefits included:
- Medical Expense for Accident Benefit ($25,000 or $100,000 Maximum)

1. Base Claims Cost
For each participant, determine their rate from the table below based on their age group, participation type ("team" or "non-team"), and Medical Expense Maximum and sum over all participants.

Age	$25,000 Medical Expense Maximum		$100,000 Medical Expense Maximum	
	Team Rate	Non-Team Rate	Team Rate	Non-Team Rate
12 and Under	2.09	1.90	2.61	2.38
13-15	2.71	2.40	3.38	3.00
16-18	4.29	3.80	5.38	4.75
19 and over	Not Available	3.60	Not Available	4.50

Base Claims Cost = SUM[(participant rate)]
  where the sum is over all participants

2. Party Claims Cost
Party Claims Cost = 1.50 * (# of parties per year) * (average # of participants per party)

3. Final Claims Cost
Add the two claims costs from above and multiply by the deductible factor.

Final Claims Cost = (Base Claims Cost + Party Claims Cost) * (Deductible Factor)

Deductible	Factor
$100 corridor	1.00
$500 corridor	0.75
$1,000 corridor	0.65

4. Premium
There is a minimum premium of $300 per policy. The premium is the larger of $300 and
(Final Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)

Premium =
MAX(300, (Final Claims Cost) / (1 – Commission % – Home Office % – Claims/Admin %))

7. Child Development Center Rates

These rates are for sponsored and supervised activity coverage at child development centers, with optional coverage for birthday parties.

Benefits included:
- Medical Expense for Accident Benefit ($25,000 Maximum)

1. Base Claims Cost
For each participant determine their rate from the table below based on their age group and sum over all participants.

Age	Rate
18 and Under	1.80
19 and Over	2.50

Base Claims Cost = SUM[(participant rate)]
    where the sum is over all participants

2. Party Claims Cost
Party Claims Cost = 1.50 * (# of parties per year) * (average # of participants per party)

3. Final Claims Cost
Add the two claims costs from above and multiply by the deductible factor.

Final Claims Cost = (Base Claims Cost + Party Claims Cost) * (Deductible Factor)

Deductible	Factor
$100 corridor	1.00
$500 corridor	0.75
$1,000 corridor	0.65

4. Premium
There is a minimum premium of $150 per policy. The premium is the larger of $150 and
(Final Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)

Premium =
MAX(150, (Final Claims Cost) / (1 – Commission % – Home Office % – Claims/Admin %))

8. K-12 Rates

These rates are for sponsored/supervised activity coverage as well as 24-hour coverage for students at a K-12 school. There are two different plans, the Low Option and High Option. The two plans include the same types of benefits, but the High Option has higher limits.

Benefits included:
- Accidental Death and Specific Loss Benefit
- Extended Dental Benefit (optional)
- Medical Expense for Accident Benefit ($25,000 Maximum)

The specific sub- limits for the High and Low Options can be seen in the table below.

	Service/Treatment	Low Option	High Option
Inpatient:	Room & Board	Semi-Private Room Rate/$150 per day maximum	80% of Allowable Expense/Semi-Private Room Rate
	Hospital Miscellaneous	Up to $600 per day maximum	Up to $1,200 per day maximum
	Registered Nurse	75% of Allowable Expense	100% of Allowable Expense
	Physician's Nonsurgical Visits	Up to $40 per visit first day; $25 per visit each subsequent day	Up to $60 per visit first day; $40 per visit each subsequent day
	(Benefits are limited to one visit per day and do not apply when related to surgery)		
Outpatient:	Hospital Outpatient Surgery - Facility Charge	Up to $1,000 maximum	Up to $1,200 per day maximum
	Physician's Nonsurgical Visits	Up to $40 per visit first day; $25 per visit each subsequent day	Up to $60 per visit first day; $40 per visit each subsequent day
	(Benefits are limited to one visit per day and do not apply when related to surgery or physiotherapy)		
	Physiotherapy	Up to $30 per visit first day; $20 per visit each subsequent day/5 day maximum (Benefits are limited to one visit per day)	Up to $60 per visit first day; $40 per visit each subsequent day/5 day maximum (Benefits are limited to one visit per day)
	Emergency Room	Up to $150 maximum	Up to $300 maximum
	(Use of room and supplies; treatment must be rendered within 72 hours from time of injury)		
	X-Ray Services (Includes charges for reading)	$200 maximum	$600 maximum
	Cat Scan/MRI	$300 maximum	$600 maximum
	Laboratory	$50 maximum	$300 maximum
	Injections	No Benefits	No Benefits
	Prescription Drugs	$75 maximum (30 day supply per prescription in MD)	$200 maximum (30 day supply per prescription in MD)
	Orthopedic Braces and Appliances	$75 maximum	$140 maximum

	Service/Treatment	Low Option	High Option
Inpatient and/or Outpatient:	Surgeon's Fees	$1,000 maximum (No more than one procedure through the same incision will be paid)	$1,200 maximum (No more than one procedure through the same incision will be paid)
	Anesthetist/Assistant Surgeon	20% of surgeon's allowance	25% of surgeon's allowance
	Ambulance	$300 maximum	$800 maximum
	Consultant	$200 maximum	$400 maximum
	Dental	Up to $200 per tooth (Benefits are paid on sound natural teeth only)	Up to $500 per tooth (Benefits are paid on sound natural teeth only)
	Replacement of Eyeglasses, Contact Lenses and	$200 maximum (When broken as a result of a covered injury)	$300 maximum (When broken as a result of a covered injury)

1. Total Claims Cost

For each covered student/athlete, determine their rate based on coverage and plan options. Add up all of the rates for each athlete, and this is the Total Claims Cost.

K-12 Rates per Student/Athlete per Year			
Coverage		**Low Option**	**High Option**
24-Hour Coverage	With Extended Dental	57.78	85.38
	Without Extended Dental	51.99	79.59
	Summer Only With Extended Dental	19.26	26.97
	Summer Only Without Extended Dental	13.47	21.18
At School Coverage	With Extended Dental	18.63	24.39
	Without Extended Dental	12.84	18.60
Interscholastic Football Coverage (Grades 10-12)	With Extended Dental	94.38	143.82
	Without Extended Dental	88.59	138.03
	Spring Football Only With Extended Dental	41.10	60.99
	Spring Football Only Without Extended Dental	35.31	55.20

2. Premium

Premium = (Total Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)

9. Religious Program Rates

These are rates for sponsored/supervised activity coverage for Religious Programs. There are rates for a variety of classes – daycare; non-overnight volunteers; adult church groups; youth church groups; camp, conference, retreat, domestic overnight trips; and domestic mission trips. For these rates, a plan must be chosen that will determine the policy benefits for all classes that are covered.

Benefits included:
- Accidental Death and Specific Loss Benefit (AD&SL)
- Medical Expense for Accident and/or Short Term Emergency Sickness Benefit (only overnight activities qualify for the Short Term Emergency Sickness Benefit)

Plan options:
- **Plan 5**: $5,000 Medical Expense Maximum, $5,000 AD&SL Principal Sum, $1,000 Short Term Emergency Sickness Maximum
- **Plan 10**: $10,000 Medical Expense Maximum, $10,000 AD&SL Principal Sum, $2,000 Short Term Emergency Sickness Maximum
- **Plan 25**: $25,000 Medical Expense Maximum, $20,000 AD&SL Principal Sum, $2,500 Short Term Emergency Sickness Maximum

1. Religious Program Daycare

Religious Program Daycare Rates per Person per Year		
Plan 5	Plan 10	Plan 25
1.13	1.18	1.38

Religious Program Daycare Cost = (# of participants) * Rate

2. Non-Overnight Volunteers (No Mission Trips)
This rate per participant per year varies by volunteering category – physical or non-physical activities, and the number of days of volunteering per year (less than 10, or 10 or more).

Non-Overnight Volunteer Rates per Person per Year			
Volunteering Category	Plan 5	Plan 10	Plan 25
Less than 10 Days (Non-Physical)	0.25	0.38	0.50
10 or More Days (Non-Physical)	1.00	1.25	1.50
Less than 10 Days (Physical)	0.50	0.75	1.00
10 or More Days (Physical)	2.00	2.50	3.00

Non-Overnight Volunteers Cost = SUM[(# of volunteers in category) * Rate]
    where the sum is over all volunteering categories

3. Adult Church Groups (Non-Sports Activities)
The policyholder must choose between covering either "On Premise Activities Only" or "On and/or Off Premise Activities"

Adult Church Groups Rates per Person per Year			
Activity	**Plan 5**	**Plan 10**	**Plan 25**
On Premise Activities Only	0.50	0.75	1.00
On and Off Premise Activities	1.00	1.50	2.00

Adult Church Groups Cost = (Average weekly adult church attendance) * Rate

4. Youth Church Groups (Non-Sports Activities)

The church must choose between covering either "On Premise Activities Only" or "On and/or Off Premise Activities"

Youth Church Groups Rates per Person per Year			
Activity	**Plan 5**	**Plan 10**	**Plan 25**
On Premise Activities Only	0.38	0.50	0.63
On and Off Premise Activities	0.75	1.00	1.25

Youth Church Groups Cost = (Average weekly youth church attendance) * Rate

5. Camp, Conference, Retreat, Domestic Overnight Trips

Camp, Conference, Retreat, Domestic Overnight Trips Rates per Person per Calendar Day			
Activity	**Plan 5**	**Plan 10**	**Plan 25**
Overnight Activities	0.13	0.18	0.25
Day Activities	0.08	0.10	0.13

Camp, Conference, Retreat, Domestic Overnight Trips Cost =
= (# of Days of Overnight Activities) * (# of Overnight Participants) * (Overnight Rate) +
+ (# of Days of Day Activities) * (# of Day Participants) * (Day Rate)

6. Mission Trips (Domestic)

Mission Trips Rates per Person per Calendar Day		
Plan 5	**Plan 10**	**Plan 25**
0.18	0.25	0.38

Mission Trips Cost = SUM[(# of participants) * (# of days for the trip) * Rate]
where the sum is over all Domestic Mission Trips

7. Church Events

Church Events Rates per Person per Calendar Day		
Plan 5	**Plan 10**	**Plan 25**
0.08	0.10	0.13

Church Events Cost = SUM[(# of participants) * (# of days for the event) * Rate]
where the sum is over all Church Events

8. Total Claims Cost

Add the Claims Costs from steps 1 through 7. This is the Total Claims Cost.

Total Claims Cost = 1 + 2 + 3 + 4 + 5 + 6 + 7

9. Premium

Premium = (Total Claims Cost) / (1 − Commission % - Home Office % - Claims/Admin %)

10. Sports Teams, Tournaments, and Camps & Clinics Rates

These rates for sponsored/supervised activity coverage for adults and youth in a variety of activities: Sports Teams/Leagues, Tournaments, Day Camps & Clinics, and Overnight Camps & Clinics. There are minimum premiums listed for various activities, risk classes, and benefits throughout the rate. The minimum premiums will be used for the premium calculation in Step 9.

Benefits included:
- Accidental Death and Specific Loss Benefit
- Medical Expense for Accident and/or Short Term Emergency Sickness Benefit (only overnight activities qualify for the Short Term Emergency Sickness Benefit)

Standard Benefits/Limits:

Medical Expense for Accident	$25,000 maximum
Deductible	$100 Corridor
Coverage	Full Excess
Accidental Death & Specific Loss	$10,000 Principal Sum
Dental	100% of Allowable Expense
Outpatient Physical Therapy	100% of Allowable Expense
Outpatient Orthopedic Appliances	100% of Allowable Expense
Benefit Period	52 Weeks

Risk Class:

Activities/Sports are all assigned a Risk Class based on the risk of injury in each activity. The Risk Classes, from lowest risk to highest are numbered 1, 2, 3, and 4.

Activity	Risk Class	Activity	Risk Class
Aerobics	1	Paintball	3
Airsoft	3	Pistol	1
Archery	1	Polo (horse)	4
Badminton	1	Rifle	1
Baseball	2	Rock Climbing	4
Basketball	2	Rodeo	4
Baton Twirling	1	Roller Derby	4
Bocce Ball	1	Roller Hockey	4
Bowling	1	Rowing	1
Cheerleading	2	Rugby	4
Cricket	2	Running or 5K	1
Cross Country	1	Sailing	2
Curling	1	Skeet	1
Cycling/Bike Riding	3	Skiing-Cross Country	2
Dance	2	Skiing-Downhill	4
Diving	3	Snorkeling	1
Dodgeball	3	Snowboarding	4
Fencing	1	Soccer	4
Field Hockey	3	Softball	2
Football-Flag	3	Squash/Racquetball	2
Football-Noncontact	3	Surfing	4
Football-Tackle	4	Swimming	1
Frisbee	1	Table Tennis	1

Activity	Risk Class
Golf	1
Gymnastics	3
Handball	1
High Ropes	4
Hiking	1
Horseback Riding	4
Ice-Hockey	4
Ice-Skating	3
In-Line Skating	3
Judo	3
Karate/Martial Arts	3
Lacrosse	4
Marathon (26 miles)	2

Activity	Risk Class
T-Ball	1
Tennis	1
Track	2
Trap	1
Triathlon	3
Volleyball	1
Walking or 5K	1
Water Polo	3
Weightlifting	1
Whiffleball	1
Wrestling	3
Zip Lining	4

1. Tournament Claims Cost

Add up rates for all covered participants, multiply by the number of tournaments to be covered.

Tournament Claims Cost =
   = (SUM[Tournament Rate per Participant]) * (# of Tournaments)
   where the sum is over all covered tournament participants

Tournaments Rates per Participant*		
Risk Class	Ages 18 & Under	Adults (Ages 19 +)
Class 1	0.21	0.75
Class 2	0.28	1.25
Class 3	0.35	1.75
Class 4	0.48	2.50

*Rates are per tournament (up to 3 days of coverage).

2. Teams/Leagues Claims Cost

Add up rates for all covered participants. For leagues with 10 or more teams, multiply by the League Adjustment Factor.

Teams/Leagues Claims Cost =
   = (SUM[Teams/Leagues Rate per Participant]) * (League Adjustment Factor)
   where the sum is over all covered Team/League participants

Youth Teams/Leagues Rate per Participant per Season				
Risk Class	Ages 12 & Under	Ages 13 - 15	Ages 16 - 18	Min Premium
Class 1	1.00	1.75	2.25	$200
Class 2	1.25	2.10	2.63	$200
Class 3	1.60	2.65	3.95	$200
Class 4	2.75	4.45	6.75	$350

Adult (Ages 19 +) Teams/Leagues Rate per Participant per Season		
Risk Class	**Adults (Ages 19 +)**	**Min Premium**
Class 1	2.75	$350
Class 2	5.35	$500
Class 3	7.88	$550
Class 4	15.30	$600

Teams/Leagues Other Rate per Participant per Season	
Coaches	2.00
Officials	2.50
Volunteers	0.50

League Adjustment Factors	
Number of Teams	**Factor**
Less than 10 Teams	1.00
10 - 19 Teams	0.93
20 - 29 Teams	0.90
30 - 49 Teams	0.87
50 + Teams	0.85

3. Special Activities Claims Cost

Add up rates for all covered participants. For one day of coverage, use the One-Time Rate, otherwise use the Annual Rate. For ages 18 & under, use the youth rate, and for ages 19 & over, use the adult rate. Note that the Skateboarding rates below are at $1,000 and $2,500 corridor deductibles. These are the only available deductible options for skateboarding; deductible factors in Step 8 cannot be applied to this cost.

Special Activities Claims Cost =
    = (SUM[Special Activities Rate per Participant])
    where the sum is over all covered Special Activities participants

Special Activities Rates per Person						
Activity	**Corridor Deductible**	**Annual Youth Rate**	**Annual Adult Rate**	**One-Time Youth Rate**	**One-Time Adult Rate**	**Min Premium**
Skateboarding	$1,000	3.00	6.00	0.25	0.50	$500
Skateboarding	$2,500	2.00	4.00	0.15	0.30	$450
Bounce Houses	$100	Not Avail.	Not Avail.	0.08	0.08	$200
Family Fun Centers	$100	Not Avail.	Not Avail.	0.08	0.08	$200
Batting cage facilities	$100	Not Avail.	Not Avail.	0.14	0.88	$500

4. Day Camps & Clinics Claims Cost

Add up rates for all covered participants and multiply by the number of days of coverage. The composite rate should be used for youth participants (ages 18 & under) if there are a blend of all age ranges, otherwise use the rate for the specific ages of participants.

Day Camps & Clinics Claims Cost =
    = (SUM[Day Camps & Clinics Rate per Participant]) * (# of Days of Coverage)
    where the sum is over all covered Day Camp and Clinic participants

Youth Day Camps & Clinics Rates per Participant per Day					
Risk Class	Ages 12 & Under	Ages 13 - 15	Ages 16 - 18	Composite	Min Premium
Class 1	0.09	0.11	0.13	0.11	$200
Class 2	0.13	0.14	0.16	0.14	$200
Class 3	0.16	0.18	0.20	0.18	$200
Class 4	0.22	0.24	0.26	0.24	$300
Non-Sport	0.09	0.09	0.10	0.09	$200

Adults (Ages 19 +) Day Camps & Clinics Rates per Participant per Day		
Risk Class	Adults (Ages 19 +)	Min Premium
Class 1	0.38	$300
Class 2	0.88	$300
Class 3	1.38	$300
Class 4	1.88	$400
Non-Sport	0.38	$300

Day Camps & Clinics Other Rates per Participant per Day	
Coaches	0.38
Officials	0.50
Volunteers	0.25

5. Overnight Camps & Clinics

Add up rates for all covered participants and multiply by the number of days of coverage. The composite rate should be used for youth participants (ages 18 & under) if there are a blend of all age ranges, otherwise use the rate for the specific ages of participants. Any reference here to a Sickness benefit is for the Short Term Emergency Sickness benefit.

Overnight Camps & Clinics Claims Cost =
= (SUM[Overnight Camps & Clinics Rate per Participant]) * (# of Days of Coverage)
where the sum is over all covered Overnight Camp and Clinic participants

Youth Overnight Camps & Clinics per Participant per Day Rates – Standard Plan					
Risk Class	Ages 12 & Under	Ages 13 - 15	Ages 16 - 18	Composite	Min Premium
Class 1	0.12	0.14	0.16	0.14	$200
Class 2	0.16	0.18	0.19	0.18	$200
Class 3	0.20	0.21	0.23	0.21	$200
Class 4	0.25	0.28	0.30	0.28	$300
Non-Sport	0.12	0.13	0.14	0.13	$200

Youth Overnight Camps & Clinics per Participant per Day Rates – Standard + $1,000 Sickness					
Risk Class	Ages 12 & Under	Ages 13 - 15	Ages 16 - 18	Composite	Min Premium
Class 1	0.17	0.19	0.21	0.19	$200
Class 2	0.21	0.23	0.24	0.23	$200
Class 3	0.25	0.26	0.28	0.26	$200
Class 4	0.30	0.33	0.35	0.33	$300
Non-Sport	0.17	0.18	0.19	0.18	$200

Youth Overnight Camps & Clinics per Participant per Day Rates – Standard + $2,500 Sickness					
Risk Class	Ages 12 & Under	Ages 13 - 15	Ages 16 - 18	Composite	Min Premium
Class 1	0.20	0.22	0.24	0.22	$200
Class 2	0.24	0.25	0.27	0.25	$200
Class 3	0.27	0.29	0.31	0.29	$200
Class 4	0.33	0.35	0.37	0.35	$300
Non-Sport	0.20	0.20	0.21	0.20	$200

Adults (Ages 19 +) Overnight Camps & Clinics per Participant per Day Rates				
Risk Class	Standard	Standard + $1,000 Sickness	Standard + $2,500 Sickness	Min Premium
Class 1	0.50	0.68	0.75	$300
Class 2	1.00	1.18	1.25	$300
Class 3	1.50	1.68	1.75	$300
Class 4	2.00	2.18	2.25	$400
Non-Sport	0.50	0.68	0.75	$300

Overnight Camp & Clinics Other per Participant per Day Rates			
	Standard	Standard + $1,000 Sickness	Standard + $2,500 Sickness
Coaches	0.50	0.68	0.75
Officials	0.63	0.80	0.88
Volunteers	0.38	0.55	0.63

6. Groups and Organizations

Add up rates for all covered participants. If rate is per day, multiply by the number of days of coverage. Rates are per participant per year unless marked otherwise.

Groups and Organizations Claims Cost =

= (SUM[Groups and Organizations Rate per Participant]) * (# of Days of Coverage if rate is per day)
where the sum is over all covered Group and Organization participants

Type of Group	Rate	Min Premium
Adult Night School	2.50	$200
Aerobic Club / Exercise Club / Cross Fit / Fitness	3.25	$200
Bands	1.50	$200
Before & After School / Head Start	1.63	$200
Drill Teams	1.50	$200
Chorus Groups	1.50	$200
Community Work Programs	3.25	$200
Day Care Centers / Preschool	1.63	$200
Fishing Club	2.50	$200
Fraternal Organizations (Elks, Moose, Rotary, etc.)	1.50	$200

Type of Group	Rate	Min Premium
Gun Clubs	3.25	$200
Hunting Club	3.25	$200
Job Training Programs (non-paid participants-6 months)	2.00	$200
Officials, Referees or Umpire Groups / Associations *	3.25	$200
Parades	0.13 per Day	$200
PTA	1.50	$200
Ski Trips - Overnight (Downhill &/or Snowboarding)	1.13 per Day	$500
Soap Box Derbies - Year Round Clubs	4.88	$600
Soap Box Derbies	0.50 per Day	$200
Snowmobile Club	4.88	$600
Theater Group	1.50	$200
Trips - Day**	0.25 per Day	$200
Trips - Overnight**	0.50 per Day	$200
Homeschool Students non-sport	1.63	$200
Volunteer Only Program - 1 day	0.25	$200
Volunteer Only Program - 2-5 times	0.75	$200
Volunteer Only Program - 6+ times	1.50	$200
Volunteer Only Program - sport risk	0.50 per Day	$200
Volunteer Only Program - Physical Activity Work	3.00	$200

* Only if not associated with sports teams / leagues, day camps, or overnight camps.
** These are trips which do not involve any athletic activity and also do not involve any other activity separately rated such as band, cheerleading, skiing, etc. Trips for those activities must be rated according to the premium for that activity.

7. Unadjusted Claims Cost

Add up all of the claims costs from Steps 1 through 6.

Unadjusted Claims Cost = 1 + 2 + 3 + 4 + 5 + 6

8. Adjusted Claims Cost

There are a number of factors to adjust benefits. The Unadjusted Claims Cost will be multiplied by any applicable factors to make adjustments from the standard benefits.

To adjust Medical Maximum:

Medical Maximum	Factor	Minimum Premium
$5,000	0.83	$200
$10,000	0.92	$200
$15,000	0.95	$200
$25,000	1.00	$200
$50,000	1.15	$400
$100,000	1.35	$600

To adjust Deductible (can be used for all rates except Skateboarding Rates from Step 3):

Deductible	Corridor Deductible Factor	Reducing Deductible Factors
$0	1.150	1.150
$100	1.000	1.045
$250	0.930	1.000
$500	0.850	0.965
$1,000	0.730	0.880
$2,500	0.600	0.770

To adjust Benefit Period:

Benefit Period	Factor
52 Weeks	1.00
104 Weeks	1.06

To increase coverage from Full Excess to Primary Excess:

Primary Excess Factors		
Coverage	Factor	Minimum Premium
$100 Primary Excess	1.15	$250
$250 Primary Excess	1.25	$250

To increase coverage from Full Excess to Primary:

Coverage	Factor
Primary	1.40

To adjust Accidental Death and Specific Loss Benefit (AD&SL) limits:

AD&SL Benefit Limit Adjustment Factors	
AD&SL Limit Adjustment	Factor
$5,000 decrease	0.98
$10,000 increase	1.04

To decrease from Standard Limits (100% of Allowable Expense up to Medical Maximum) to lower limits:

Decreasing Internal Benefits		
Internal Benefit	Limit	Factor
Dental	$2,000	0.98
Physical Therapy	$1,000	0.95
Ortho. Appliances	$1,000	0.98

Adjusted Claims Cost = (Unadjusted Claims Cost) * PRODUCT[any factors from above that apply]

9. Premium

The tables above include multiple minimum premiums depending on the risk class/activity/benefits for the policy. Let M be the highest of all applicable minimum premiums for the specific risk class/activity/benefits of the policy. Then the Premium is the larger of M and (Adjusted Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %).

M = MAX[all applicable minimum premiums for the specific risk class/activities/benefits]

Premium =
MAX[M, (Adjusted Claims Cost) / (1 – Commission % - Home Office % - Claims/Admin %)]

Appendix A – ZIP Code Factors

These are the ZIP Code Factors used for the Excess Intercollegiate Sports, Club, and Intramural Rates. The factors use the first 3 digits of the school's ZIP code.

3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor
010	0.894	248	0.855	484	0.815	739	0.824
011	0.891	249	0.855	485	0.799	740	0.825
012	0.898	250	0.928	486	0.833	741	0.823
013	0.911	251	0.918	487	0.837	743	0.824
014	0.997	252	0.869	488	0.844	744	0.824
015	0.988	253	0.934	489	0.857	745	0.824
016	0.988	254	0.837	490	0.950	746	0.824
017	1.016	255	0.936	491	0.983	747	0.824
018	1.025	256	0.859	492	0.926	748	0.854
019	1.032	257	0.976	493	0.833	749	0.821
020	1.023	258	0.855	494	0.853	750	1.176
021	1.027	259	0.855	495	0.831	751	1.160
022	1.030	260	0.834	496	0.833	752	1.176
023	1.024	261	0.857	497	0.833	753	1.176
024	1.023	262	0.855	498	0.833	754	1.118
025	0.937	263	0.855	499	0.833	755	1.036
026	0.905	264	0.856	500	0.903	756	1.105
027	0.926	265	0.857	501	0.887	757	1.199
028	0.921	266	0.856	502	0.901	758	1.078
029	0.921	267	0.800	503	0.919	759	1.078
030	1.046	268	0.853	504	0.871	760	1.134
031	1.054	270	0.889	505	0.871	761	1.137
032	1.014	271	0.869	506	0.905	762	1.153
033	1.008	272	0.900	507	0.935	763	1.062
034	1.015	273	0.925	508	0.871	764	1.084
035	1.008	274	0.864	509	0.919	765	1.055
036	1.008	275	0.999	510	0.875	766	1.079
037	1.008	276	1.002	511	0.891	767	1.070
038	1.024	277	1.035	512	0.871	768	1.077
039	0.836	278	0.956	513	0.871	769	1.112
040	0.835	279	0.953	514	0.871	770	1.241
041	0.836	280	1.011	515	0.989	772	1.241
042	0.871	281	0.995	516	0.871	773	1.223
043	0.820	282	1.036	520	0.894	774	1.225
044	0.840	283	0.994	521	0.871	775	1.240
045	0.825	284	0.996	522	1.017	776	1.124
046	0.819	285	0.951	523	0.964	777	1.122
047	0.820	286	0.970	524	0.941	778	1.201
048	0.819	287	0.941	525	0.874	779	1.058
049	0.821	288	0.930	526	0.872	780	1.098
050	0.923	289	0.954	527	0.900	781	1.081

3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor
051	0.923	290	0.974	528	0.943	782	1.082
052	0.923	291	0.979	530	1.391	783	1.067
053	0.923	292	0.969	531	1.344	784	1.060
054	1.217	293	1.027	532	1.398	785	1.255
055	1.032	294	1.106	534	1.251	786	1.165
056	0.923	295	0.992	535	1.365	787	1.178
057	0.923	296	1.017	537	1.370	788	1.078
058	0.923	297	1.019	538	1.314	789	1.102
059	0.923	298	1.023	539	1.332	790	1.073
060	1.051	299	0.988	540	1.111	791	1.038
061	1.053	300	1.079	541	1.329	792	1.078
062	1.033	301	1.078	542	1.321	793	1.106
063	1.014	302	1.074	543	1.340	794	1.210
064	1.097	303	1.079	544	1.346	795	1.058
065	1.105	304	1.010	545	1.314	796	1.024
066	1.183	305	1.049	546	1.336	797	1.080
067	1.067	306	1.050	547	1.396	798	1.244
068	1.183	307	1.018	548	1.242	799	1.342
069	1.183	308	1.032	549	1.328	800	1.209
070	1.348	309	1.035	550	1.037	801	1.209
071	1.416	310	1.011	551	1.059	802	1.209
072	1.416	311	1.079	553	1.049	803	1.088
073	1.259	312	1.010	554	1.059	804	1.209
074	1.299	313	1.039	555	1.059	805	1.078
075	1.259	314	1.033	556	0.959	806	1.209
076	1.259	315	1.019	557	1.001	807	1.023
077	1.386	316	0.983	558	1.018	808	1.063
078	1.365	317	0.998	559	1.144	809	1.063
079	1.410	318	0.974	560	1.023	810	1.041
080	1.382	319	0.934	561	0.958	811	1.023
081	1.401	320	1.061	562	0.958	812	1.023
082	1.346	321	1.004	563	0.989	813	1.023
083	1.366	322	1.067	564	0.958	814	1.023
084	1.356	323	1.040	565	0.942	815	1.001
085	1.483	324	1.037	566	0.958	816	1.022
086	1.602	325	1.131	567	0.956	820	1.080
087	1.386	326	1.178	569	0.956	821	1.066
088	1.381	327	1.072	570	1.012	822	1.066
089	1.386	328	1.107	571	1.089	823	1.066
100	1.259	329	0.953	572	0.978	824	1.066
101	1.259	330	1.256	573	0.981	825	1.066
102	1.259	331	1.309	574	0.978	826	1.093
103	1.259	332	1.309	575	0.978	827	1.066
104	1.259	333	1.240	576	0.979	828	1.066
105	1.259	334	1.217	577	0.983	829	1.066
106	1.259	335	1.147	580	0.850	830	1.066
107	1.259	336	1.152	581	0.910	831	1.066
108	1.259	337	1.152	582	0.910	832	0.978

3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor
109	1.186	338	1.114	583	0.788	833	0.926
110	1.287	339	1.046	584	0.788	834	1.002
111	1.259	341	1.032	585	0.801	835	0.917
112	1.259	342	1.059	586	0.789	836	0.967
113	1.259	344	1.010	587	0.788	837	0.976
114	1.259	346	1.152	588	0.788	838	0.951
115	1.289	347	1.105	590	0.917	840	0.928
116	1.259	349	1.170	591	1.047	841	0.936
117	1.289	350	0.901	592	0.851	842	0.936
118	1.289	351	0.904	593	0.851	843	0.911
119	1.289	352	0.925	594	0.851	844	0.936
120	0.808	354	0.834	595	0.851	845	0.853
121	0.808	355	0.873	596	0.851	846	0.909
122	0.808	356	0.848	597	0.851	847	0.880
123	0.808	357	0.872	598	0.882	850	1.161
124	0.937	358	0.885	599	0.851	852	1.160
125	1.063	359	0.900	600	1.314	853	1.151
126	1.100	360	0.843	601	1.326	855	1.069
127	0.872	361	0.843	602	1.326	856	1.070
128	0.805	362	0.883	603	1.326	857	1.051
129	0.809	363	0.865	604	1.324	859	1.069
130	0.795	364	0.842	605	1.321	860	1.162
131	0.790	365	0.820	606	1.326	863	1.167
132	0.788	366	0.784	607	1.326	864	1.147
133	0.802	367	0.844	608	1.326	865	1.069
134	0.801	368	0.830	609	1.277	870	1.047
135	0.802	369	0.840	610	1.139	871	1.036
136	0.809	370	0.993	611	1.246	873	1.096
137	0.831	371	0.985	612	0.958	874	1.067
138	0.823	372	1.007	613	1.080	875	1.074
139	0.839	373	0.941	614	1.060	877	1.096
140	0.745	374	0.980	615	1.177	878	1.096
141	0.734	375	0.943	616	1.198	879	1.097
142	0.728	376	0.960	617	1.275	880	1.099
143	0.728	377	0.914	618	1.581	881	1.096
144	0.698	378	0.916	619	1.080	882	1.096
145	0.708	379	0.927	620	1.009	883	1.096
146	0.691	380	0.928	622	1.007	884	1.096
147	0.809	381	0.943	623	1.076	885	1.342
148	0.830	382	0.898	624	1.076	889	1.395
149	0.867	383	0.905	625	1.147	890	1.379
150	0.905	384	0.900	626	1.116	891	1.395
151	0.905	385	0.902	627	1.258	893	1.199
152	0.905	386	0.924	628	1.076	894	1.196
153	0.893	387	0.899	629	1.077	895	1.192
154	0.904	388	0.899	630	0.999	897	1.187
155	0.843	389	0.899	631	0.999	898	1.199
156	0.904	390	0.925	633	0.992	900	1.373

3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor
157	0.836	391	0.916	634	0.905	901	1.373
158	0.843	392	0.938	635	0.905	902	1.373
159	0.769	393	0.899	636	0.925	903	1.373
160	0.903	394	0.952	637	1.036	904	1.373
161	0.866	395	1.174	638	0.905	905	1.373
162	0.879	396	0.899	639	0.905	906	1.358
163	0.843	397	0.899	640	0.983	907	1.370
164	1.034	398	1.006	641	0.988	908	1.373
165	1.102	399	1.079	644	0.921	910	1.373
166	0.872	400	0.864	645	0.870	911	1.373
167	0.843	401	0.841	646	0.918	912	1.373
168	0.927	402	0.867	647	0.940	913	1.375
169	0.843	403	0.853	648	0.936	914	1.373
170	0.906	404	0.847	649	0.988	915	1.373
171	0.914	405	0.858	650	0.914	916	1.373
172	0.860	406	0.847	651	0.916	917	1.341
173	0.795	407	0.847	652	0.965	918	1.373
174	0.771	408	0.847	653	0.905	919	1.334
175	0.863	409	0.847	654	0.905	920	1.334
176	0.863	410	0.917	655	0.905	921	1.334
177	0.934	411	0.929	656	0.913	922	1.315
178	0.843	412	0.847	657	0.916	923	1.278
179	0.843	413	0.847	658	0.927	924	1.278
180	1.177	414	0.847	660	0.967	925	1.278
181	1.173	415	0.847	661	0.988	926	1.329
182	1.013	416	0.847	662	0.988	927	1.329
183	0.974	417	0.847	664	0.880	928	1.319
184	0.951	418	0.847	665	0.885	930	1.387
185	0.926	420	0.847	666	0.905	931	1.325
186	0.914	421	0.846	667	0.807	932	1.167
187	0.926	422	0.919	668	0.808	933	1.215
188	0.843	423	0.848	669	0.806	934	1.353
189	1.323	424	0.898	670	0.898	935	1.340
190	1.323	425	0.847	671	0.891	936	1.258
191	1.323	426	0.847	672	0.930	937	1.230
192	1.323	427	0.825	673	0.806	938	1.230
193	1.323	430	0.975	674	0.806	939	1.416
194	1.323	431	0.975	675	0.806	940	1.699
195	0.996	432	0.985	676	0.806	941	1.656
196	0.963	433	0.930	677	0.806	942	1.681
197	0.994	434	0.983	678	0.806	943	1.732
198	0.994	435	0.979	679	0.806	944	1.656
199	0.934	436	1.013	680	0.984	945	1.607
200	0.956	437	0.912	681	1.011	946	1.597
201	0.956	438	0.918	683	0.915	947	1.597
202	0.956	439	0.857	684	0.932	948	1.597
203	0.956	440	1.009	685	0.977	949	1.583
204	0.956	441	1.027	686	0.895	950	1.795

3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor	3 Digit ZIP Code	Factor
205	0.956	442	0.966	687	0.893	951	1.810
206	0.898	443	0.939	688	0.894	952	1.611
207	0.934	444	0.891	689	0.894	953	1.583
208	0.836	445	0.883	690	0.894	954	1.423
209	0.836	446	0.869	691	0.894	955	1.373
210	0.781	447	0.810	692	0.894	956	1.664
211	0.781	448	0.922	693	0.894	957	1.681
212	0.781	449	0.894	700	1.080	958	1.681
214	0.781	450	0.927	701	1.083	959	1.374
215	0.762	451	0.925	703	0.995	960	1.396
216	0.770	452	0.927	704	1.044	961	1.496
217	0.811	453	1.002	705	0.997	967	0.975
218	0.755	454	1.033	706	1.038	968	0.978
219	0.994	455	0.937	707	0.893	970	1.023
220	0.956	456	0.929	708	0.891	971	1.015
221	0.956	457	0.893	710	0.972	972	1.025
222	0.956	458	0.932	711	0.949	973	1.023
223	0.956	459	0.927	712	0.986	974	0.990
224	0.940	460	1.056	713	0.988	975	1.029
225	0.947	461	1.058	714	0.994	976	0.965
226	0.875	462	1.060	716	0.802	977	1.025
227	0.897	463	1.100	717	0.792	978	0.965
228	0.877	464	1.098	718	0.868	979	0.965
229	0.937	465	1.058	719	0.841	980	1.083
230	0.999	466	1.062	720	0.796	981	1.084
231	0.997	467	1.025	721	0.795	982	1.076
232	1.016	468	1.049	722	0.797	983	1.127
233	0.936	469	1.062	723	0.835	984	1.160
234	0.940	470	0.955	724	0.771	985	1.063
235	0.942	471	0.885	725	0.792	986	1.034
236	0.942	472	0.998	726	0.792	988	0.962
237	0.942	473	1.020	727	0.947	989	0.947
238	0.990	474	0.994	728	0.793	990	0.987
239	0.876	475	1.012	729	0.819	991	1.010
240	0.882	476	0.968	730	0.963	992	0.984
241	0.879	477	0.963	731	0.987	993	0.983
242	0.905	478	0.997	733	1.178	994	0.911
243	0.883	479	1.130	734	0.824	995	1.566
244	0.877	480	0.831	735	0.844	996	1.477
245	0.852	481	0.840	736	0.824	997	1.498
246	0.877	482	0.828	737	0.824	998	1.393
247	0.855	483	0.831	738	0.824	999	1.393

SERFF Tracking #:	MUTM-129629584	State Tracking #:		Company Tracking #:	MAGGIE LARKIN

State:	District of Columbia		Filing Company:	Mutual of Omaha Insurance Company
TOI/Sub-TOI:	H04 Health - Blanket Accident /Sickness/H04.000 Health - Blanket Accident /Sickness			
Product Name:	Blanket Accident Insurance - SR2014 DC Rates			
Project Name/Number:	2013 SR2014 Blanket Accident Medical Expense Policy/SR2014 DC			

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see Cover letter under the General Information Tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This is not a third party filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	SR2014 Actuarial Memorandum DC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see Actuarial Memorandum attached above.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Comments:	We comply
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not required for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Not required for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not required for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not required for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Mutual of Omaha Insurance Company
Actuarial Memorandum
Form SR2014

RE: Special Risk Policy Form SR2014

Scope and Purpose:
This is a filing for Mutual of Omaha's new Special Risk policy form with the rates as communicated in this memo and any accompanying or referenced exhibits. This filing is not intended to be used for any other purposes.

Description of Benefits:
This product provides blanket accident coverage which protects insured persons for covered injuries. Types of risks that may be covered include, but are not limited to the following: students (primary or secondary or post-secondary to cover school activities), associations, sports teams, religious groups, or groups participating in defined activity.

The following is a general description of the benefits provided by this policy form. For a detailed description of benefits, limitations, and exclusions, please refer to the policy form.

The benefits provided can vary depending on the specifics of the group being covered but can include the following benefits: Accidental Death and Specific Loss, Ambulance Expense, Trauma Counseling, Extended Dental, Heart or Circulatory Malfunctions, Needle Stick, Loss of Fees for Assigned Duties, Medical Expense for Accident and/or Short Term Emergency Sickness, Post Injury Concussion, and Total and/or Partial Disability. The specific policy features for each group will be chosen by the group policyholder. Overall, the vast majority of the claims are expected to come from the Medical Expense for Accident benefit as that is expected to be included by almost every policyholder.

Multiple benefit payment options are available for the Medical Expense for Accident benefit under this policy form up to the Medical Expense Maximum. Benefits can be paid as Primary, Primary Excess, or Full Excess. The vast majority of coverage is expected to be on a Full Excess basis.

Renewability Provision:
Policies issued are optionally renewable.

Applicability:
The rates in this filing will apply to both new business and future renewals.

Marketing Method:
This product is marketed through general producers and sometimes also sub-producers.

Underwriting Method:
This product is subject to group underwriting.

Issue Age Limits:
Insureds can be of any age provided they meet the eligibility requirements under the group policy.

Premium Basis:
The manual rates are detailed in the attached rate manual. Premium rates are set for each group policyholder separately, based upon the plan of benefits, demographic composition of the group, and characteristics of the group. Premiums are paid annually or in installments. There are no adjustments for different premium modes.

Proposed Rate Methodology:
The manual rates were developed using a combination of company experience, industry experience, consultant data, competitor information, input from general producers, and data from the Health Care Cost Institute.

Overall Premium Impact of Filing on DC Policyholders:
The average annual premium depends on the distribution of business sold between the different risk classes but is overall anticipated to be less than $50.00 per insured nationwide and in DC.

Filed Minimum Loss Ratio:
The overall loss ratio is expected to be at least 60%.

Interest Rate Assumptions:
Since this is an annually renewable term product, there is a minimal impact of interest rates on the pricing of this product.

Trend Assumptions:
There are no trend assumptions assumed in the pricing of this product.

Persistency:
The level of persistency does not have an impact on the pricing of this product as it is an annually rated and renewable product.

Expenses:
Expenses are added to the net claims rates that are developed to determine the final premium rate. The expense structure below reflects an average of expenses in similar markets in which the company conducts its business.

Commission and Brokerage	14%
TPA Claim Administration Fees	2%
Taxes, License, Fees	2%
General Administrative	17%
Risk Retention/Profit	5%

Proposed Effective Date:
The proposed effective date of these rates is upon approval. These rates will be in effect until subsequent rates are filed.

<u>Actuarial Certification:</u>
I certify that, in my opinion, the rates of this filing are not excessive, inadequate or unfairly discriminatory and to the best of my knowledge the product is in compliance with the applicable laws of the District of Columbia and the premiums are reasonable in relation to the benefits provided.

Scott B. Sather

Scott B. Sather, FSA, MAAA
Mutual of Omaha Insurance Company
June 18, 2014