

SERFF Tracking #:

TRST-128843523

State Tracking #:

Company Tracking #:

13.00017

State: District of Columbia

Filing Company: Trustmark Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: A-607 Rates

Project Name/Number: A-607 Rates/

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	A-607 DC, WB-607	New		Rates.pdf

Trustmark Insurance Company
District of Columbia
Rate Manual

Accident Policy Form A-607 DC
WB-607

2007

Accident Form A-607 Benefits & Annual Premium Rates
24-Hour Coverage

	Definition of "1 unit" of benefit			Rate		
	EE	SP	CH*	EE	SP	CH*
BASE BENEFITS:						
Hospital Admlsion Benefit	\$50			\$1.10	\$0.71	\$1.36
Hospital Confinement Benefit Maximum benefit period 365 days	\$50			\$3.75	\$2.41	\$2.01
Hospital Intensive Care Unit Benefit Maximum benefit period 15 days	\$50			\$0.46	\$0.30	\$0.27
Air Ambulance Benefit	\$500			\$0.34	\$0.22	\$0.68
Ambulance Benefit	\$100			\$1.02	\$0.66	\$1.75
Appliance Benefit	\$100			\$4.36	\$2.83	\$5.82
Blood/Plasma/Platelets	\$300			\$0.15	\$0.10	\$0.22
Burn Benefit				\$0.44	\$0.29	\$0.31
- Third-degree burns which cover 35 or more square inches of body surface	\$10,000					
- Third-degree bums which cover at least 9 square inches of body surface, but less than 35 square inches of body surface	\$1,500					
- Second-degree bums which cover at least 36% of body surface	\$750					
Concussion Benefit	\$100			\$0.22	\$0.14	\$0.70
Dislocation Benefit	Open Reduction Benefit			\$0.26	\$0.17	\$0.54
- Hip	\$4,000					
- Knee (except patella)	\$2,000					
- Ankle bone (medialor lateral malleolus) or bones of the foot (other than toes)	\$1,600					
- Collarbone (sternoclavicular)	\$1,000					
- Lower jaw	\$600					
- Shoulder (glenohumeral)	\$600					
- Elbow	\$600					
- Wrist	\$600					
- Bone or bones of the hand (other than fingers)	\$600					
- Collarbone (acromioclavicular and separation)	\$200					
- One toe or finger	\$200					
Closed Reduction benefit is 50% of applicable Open Reduction benefit						
Without anesthesia, 25% of applicable Closed Reduction benefit.						
Incomplete Dislocation, 25% of applicable Closed Reduction benefit.						

Accident Form A-607 Benefits & Annual Premium Rates
24-Hour Coverage

	Definition of "1 unit" of benefit			Rate		
	EE	SP	CH*	EE	SP	CH*
Doctor's Office Visit Benefit	\$50			\$12.86	\$8.34	\$18.44
Emergency Dental Benefit				\$2.45	\$1.59	\$4.87
- Extraction	\$50					
- Crown	\$150					
Emergency Room Treatment Benefit	\$150			\$16.36	\$10.61	\$41.71
Eye Injury Benefit	\$200			\$3.82	\$2.48	\$0.75
Fracture Benefit	Open Reduction Benefit			\$23.14	\$15.00	\$48.80
- Skull (except bones of face or nose) depressed skull fracture	\$5,000					
- Skull (except bones of face or nose) simple non-depressed skull fracture	\$2,000					
- Hip, thigh (femur)	\$3,000					
- Body of vertebrae (excluding vertebral processes)	\$1,600					
- Pelvis (includes Ilium, Ischium, pubis acetabulum except coccyx)	\$1,600					
- Leg (tibia and/or fibula)	\$1,600					
- Bones of face or nose (except mandible or maxilla)	\$700					
- Upper jaw, maxilla (except alveolar process)	\$700					
- Upper arm between elbow and shoulder (humerus)	\$700					
- Lower jaw, mandible (except alveolar process)	\$600					
- Shoulder blade (scapula), collarbone (clavicle), sternum	\$600					
- Vertebral processes	\$600					
- Forearm (radius and/or ulna), hand	\$600					
- Wrist (except finger)	\$600					
- Kneecap (patella)	\$600					
- Foot (except toes)	\$600					
- Ankle (medial or lateral malleolus)	\$600					
- Rib	\$500					
- Coccyx	\$400					
- Finger, toe	\$100					
Closed Reduction benefit is 50% of applicable Open Reduction benefit						
Chip or Avulsion Fractures, 25% of applicable Closed Reduction benefit						
Internal Injuries & Surgery				\$0.65	\$0.42	\$0.58
- Exploratory or other surgery without repair	\$100					
- Surgery	\$1,000					
Torn Knee Cartilage				\$3.28	\$2.12	\$1.78
- Exploratory or Shaved Cartilage (Debridement)	\$100					
- Torn Knee Cartilage	\$500					

Exhibit A

Accident Form A-607 Benefits & Annual Premium Rates
24-Hour Coverage

	Definition of "1 unit" of benefit			Rate			
	EE	SP	CH*	EE	SP	CH*	
Lacerations - Total of all lacerations is over 6 inches long and repaired by stitches - Total of all lacerations is 2 to 6 inches long and repaired by stitches - Total of all lacerations is less than 2 inches long and repaired by stitches - Laceration not requiring stitches	\$400			\$3.01	\$1.96	\$3.93	
Lodging - per night Maximum benefit period 30 days	\$100			\$0.02	\$0.02	\$0.02	
Loss of Finger, Toe, Hand, Foot, Sight - Loss of both hands or both feet or sight of both eyes or any combination of two or more listed above - Loss of one hand or one foot or sight of one eye - Loss of 2 or more fingers, 2 or more toes, or any combination of 2 or more listed above - Loss of one finger or one toe	\$15,000	\$7,500	\$1,500	\$750	\$1.81	\$1.17	\$0.58
Physical Therapy Maximum of 6 treatments	\$25			\$2.42	\$1.57	\$1.92	
Prosthetic Device or Artificial Limb - More than one prosthetic device or artificial limb - One prosthetic device or artificial limb	\$1,000	\$500		\$0.22	\$0.14	\$0.36	
Ruptured (Herniated) Disc	\$400			\$0.68	\$0.44	\$0.05	
Tendon/Ligament/Rotator Cuff - Repair of more than one - Repair of one - Exploratory arthroscopic surgery without repair	\$600	\$400	\$100	\$2.55	\$1.65	\$1.40	
Transportation - per trip Maximum benefit period up to 3 trips	\$300			\$0.07	\$0.05	\$0.06	

Exhibit A

Accident Form A-607 Benefits & Annual Premium Rates
24-Hour Coverage

	Definition of "1 unit" of benefit			Rate		
	EE	SP	CH*	EE	SP	CH*
OPTIONAL BENEFITS:						
Accidental Death Benefit	\$5,000	\$2,000	\$1,000	\$5.87	\$1.53	\$1.56
Accidental Death Benefit - Common Carrier	\$5,000	\$2,000	\$1,000	\$0.01	\$0.01	\$0.01
Catastrophic Accident Benefit 365 elimination period	\$10,000	\$5,000	\$5,000	\$1.42	\$0.46	\$0.79
Accident Disability Monthly Benefit Non-Occupational 0-day elimination period						
6-month benefit period	\$100	\$100	\$0	\$11.48	\$11.48	\$0.00
12-month benefit period	\$100	\$100	\$0	\$14.12	\$14.12	\$0.00
Wellness Benefit - Rider Form WB-607 2 visits per calendar year per covered person and not more than 4 visits per calendar year per family						
60-day waiting period		\$25		\$24.23	\$24.23	\$85.60
1-year waiting period		\$25		\$18.39	\$18.39	\$64.96

* Child rates include all children - not per child.

Accident Form A-607 Benefits & Annual Premium Rates
Non-Occupational Coverage

	Definition of "1 unit" of benefit			Rate		
	EE	SP	CH*	EE	SP	CH*
BASE BENEFITS:						
Hospital Admission Benefit	\$50			\$0.96	\$0.62	\$1.37
Hospital Confinement Benefit Maximum benefit period 365 days	\$50			\$3.24	\$2.09	\$2.02
Hospital Intensive Care Unit Benefit Maximum benefit period 15 days	\$50			\$0.40	\$0.26	\$0.27
Air Ambulance Benefit	\$500			\$0.30	\$0.19	\$0.69
Ambulance Benefit	\$100			\$0.89	\$0.58	\$1.76
Appilance Benefit	\$100			\$3.79	\$2.45	\$5.84
Blood/Plasma/Platelets	\$300			\$0.13	\$0.08	\$0.22
Burn Benefit				\$0.38	\$0.25	\$0.31
- Third-degree burns which cover 35 or more square inches of body surface	\$10,000					
- Third-degree burns which cover at least 9 square inches of body surface, but less than 35 square inches of body surface	\$1,500					
- Second-degree burns which cover at least 36% of body surface	\$750					
Concussion Benefit	\$100			\$0.19	\$0.12	\$0.70
Dislocation Benefit	Open Reduction Benefit			\$0.22	\$0.14	\$0.54
- Hip	\$4,000					
- Knee (except patella)	\$2,000					
- Ankle bone (medial or lateral malleolus) or bones of the foot (other than toes)	\$1,600					
- Collarbone (sternoclavicular)	\$1,000					
- Lower jaw	\$600					
- Shoulder (glenohumeral)	\$600					
- Elbow	\$600					
- Wrist	\$600					
- Bone or bones of the hand (other than fingers)	\$600					
- Collarbone (acromioclavicular and separation)	\$200					
- One toe or finger	\$200					
<p>Closed Reduction benefit is 50% of applicable Open Reduction benefit</p> <p>Without anesthesia, 25% of applicable Closed Reduction benefit.</p> <p>Incomplete Dislocation, 25% of applicable Closed Reduction benefit.</p>						

Accident Form A-607 Benefits & Annual Premium Rates
Non-Occupational Coverage

	Definition of "1 unit" of benefit			Rate		
	EE	SP	CH*	EE	SP	CH*
Doctor's Office Visit Benefit	\$50			\$11.17	\$7.24	\$18.51
Emergency Dental Benefit				\$2.13	\$1.38	\$4.88
- Extraction	\$50					
- Crown	\$150					
Emergency Room Treatment Benefit	\$150			\$14.21	\$9.20	\$41.87
Eye Injury Benefit	\$200			\$3.32	\$2.15	\$0.75
Fracture Benefit	Open Reduction Benefit			\$20.10	\$13.04	\$48.99
- Skull (except bones of face or nose) depressed skull fracture	\$5,000					
- Skull (except bones of face or nose) simple non-depressed skull fracture	\$2,000					
- Hip, thigh (femur)	\$3,000					
- Body of vertebrae (excluding vertebral processes)	\$1,600					
- Pelvis (includes Ilium, Ischium, pubis acetabulum except coccyx)	\$1,600					
- Leg (tibia and/or fibula)	\$1,600					
- Bones of face or nose (except mandible or maxilla)	\$700					
- Upper jaw, maxilla (except alveolar process)	\$700					
- Upper arm between elbow and shoulder (humerus)	\$700					
- Lower jaw, mandible (except alveolar process)	\$600					
- Shoulder blade (scapula), collarbone (clavicle), sternum	\$600					
- Vertebral processes	\$600					
- Forearm (radius and/or ulna), hand	\$600					
- Wrist (except finger)	\$600					
- Kneecap (patella)	\$600					
- Foot (except toes)	\$600					
- Ankle (medial or lateral malleolus)	\$600					
- Rib	\$500					
- Coccyx	\$400					
- Finger, toe	\$100					
Closed Reduction benefit is 50% of applicable Open Reduction benefit						
Chip or Avulsion Fractures, 25% of applicable Closed Reduction benefit						
Internal Injuries & Surgery				\$0.57	\$0.37	\$0.59
- Exploratory or other surgery without repair	\$100					
- Surgery	\$1,000					
Torn Knee Cartilage				\$2.84	\$1.84	\$1.79
- Exploratory or Shaved Cartilage (Debridement)	\$100					
- Torn Knee Cartilage	\$500					

Accident Form A-607 Benefits & Annual Premium Rates
Non-Occupational Coverage

	Definition of "1 unit" of benefit			Rate		
	EE	SP	CH*	EE	SP	CH*
Lacerations - Total of all lacerations is over 6 inches long and repaired by stitches - Total of all lacerations is 2 to 6 inches long and repaired by stitches - Total of all lacerations is less than 2 inches long and repaired by stitches - Laceration not requiring stitches		\$400		\$2.61	\$1.69	\$3.94
		\$200				
		\$50				
		\$25				
Lodging - per night Maximum benefit period 30 days		\$100		\$0.02	\$0.01	\$0.02
Loss of Finger, Toe, Hand, Foot, Sight - Loss of both hands or both feet or sight of both eyes or any combination of two or more listed above - Loss of one hand or one foot or sight of one eye - Loss of 2 or more fingers, 2 or more toes, or any combination of 2 or more listed above - Loss of one finger or one toe		\$15,000		\$1.58	\$1.01	\$0.59
		\$7,500				
		\$1,500				
		\$750				
Physical Therapy Maximum of 6 treatments		\$25		\$2.10	\$1.36	\$1.93
Prosthetic Device or Artificial Limb - More than one prosthetic device or artificial limb - One prosthetic device or artificial limb		\$1,000		\$0.19	\$0.12	\$0.36
		\$500				
Ruptured (Herniated) Disc		\$400		\$0.59	\$0.38	\$0.05
Tendon/Ligament/Rotator Cuff - Repair of more than one - Repair of one - Exploratory arthroscopic surgery without repair		\$600		\$2.21	\$1.43	\$1.40
		\$400				
		\$100				
Transportation - per trip Maximum benefit period up to 3 trips		\$300		\$0.06	\$0.04	\$0.06

Accident Form A-607 Benefits & Annual Premium Rates
Non-Occupational Coverage

	Definition of "1 unit" of benefit			Rate		
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OPTIONAL BENEFITS:						
Accidental Death Benefit	\$5,000	\$2,000	\$1,000	\$5.10	\$1.32	\$1.56
Accidental Death Benefit - Common Carrier	\$5,000	\$2,000	\$1,000	\$0.01	\$0.01	\$0.01
Catastrophic Accident Benefit 365 elimination period	\$10,000	\$5,000	\$5,000	\$1.23	\$0.40	\$0.79
Accident Disability Monthly Benefit Non-Occupational 0-day elimination period						
6-month benefit period	\$100	\$100	\$0	\$11.48	\$11.48	\$0.00
12-month benefit period	\$100	\$100	\$0	\$14.12	\$14.12	\$0.00
Wellness Benefit - Rider Form WB-607 2 visits per calendar year per covered person and not more than 4 visits per calendar year per family						
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1-year waiting period		\$25		\$18.39	\$18.39	\$64.96

* Child rates include all children - not per child.

SERFF Tracking #:

TRST-128843523

State Tracking #:

Company Tracking #:

13.00017

State: District of Columbia

Filing Company: Trustmark Insurance Company

TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name: A-607 Rates

Project Name/Number: A-607 Rates/

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:			
Attachment(s):			
Cover Letter DC Rates Signed.pdf			

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

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

		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:	Please see the Actuarial Memorandum attached above. Thank you.		

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

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

Item Status:

Status Date:

SERFF Tracking #:

TRST-128843523

State Tracking #:

Company Tracking #:

13.00017

State:

District of Columbia

Filing Company:

Trustmark Insurance Company

TOI/Sub-TOI:

H02G Group Health - Accident Only/H02G.000 Health - Accident Only

Product Name:

A-607 Rates

Project Name/Number:

A-607 Rates/

Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	N/A - not a rate increase.		

January 16, 2013

District of Columbia Department of Insurance,
Securities and Banking
Insurance Products Division
810 First Street, NE, Suite 701
Washington, DC 20002

Re: FEIN: 36-0792925; NAIC: 276-61425
Trustmark Insurance Company
A-607 Rate Filing
Our File # 13.00017

Dear Sir or Madam:

In 2007 we filed and your Department approved our Accident Only product, form # A-607 et al., under SERFF Tracking # TRST-125226911. In the Dispositions section of that filing, all forms were marked approved except for a rate page submitted with the filing, which was marked as "Re-File Under Rates." In the course of reviewing our records we discovered that, due to an oversight, we did not re-file these rates as requested. The purpose of this filing is to correct this oversight. Please find the Rate Manual attached under the Rate/Rate Schedule tab and the Actuarial Memorandum attached under the Supporting Documentation tab. These represent the rates implemented upon approval of our forms filing # TRST-125226911, dated July 31, 2007. There will be no premium impact on DC policyholders as a result of this filing.

If you have any questions with regard to this filing, please feel free to contact me at (847) 283-3434. Thank you.

Sincerely,



Joel Masinter
Senior Compliance Analyst

Trustmark Insurance Company
Accident Policy Form A-607 and Rider Form WB-607
Actuarial Memorandum

Generic

A. Scope and Purpose

This is an initial filing for policy form A-607 and rider form WB-607.

The purpose of this filing is to submit rates for approval and to demonstrate compliance with the laws and regulations of this state. Any information included in this memorandum that is not required by regulation or law is solely for the purpose of supplying additional information to the regulators regarding this filing.

This Actuarial Memorandum is not to be used for any other purpose.

B. Benefit Description

Policy Form A-607 is an accident form issued to individuals aged 17-80. It is guaranteed renewable, with the company reserving the right to adjust premiums on a class basis.

The policy will provide benefits for a range of accident-related losses including hospitalization, ambulance, emergency room, lodging, transportation, injury (e.g. dislocation, fracture, burns, surgery), and injury recovery (e.g. doctor office visit, physical therapy, appliances).

Optional benefits include accidental death, catastrophic accident, and accident disability benefits (issue ages 17-67). Rider form WB-607 will be available, providing a variety of wellness benefits. Previously approved Loss of Work rider form LCWP-501 may also be marketed with this product.

This policy may be issued either with or without occupational coverage.

Please see attached Exhibits A and B for the comprehensive list of benefits.

C. Marketing and Underwriting

The accident product will be marketed and issued on a voluntary payroll deduction basis and will be guaranteed issue as long as the employee is actively at work. Spouse coverage will require that the spouse is not currently disabled.

D. Gross Premiums

Gross premiums were derived from asset share calculations for quinquennial issue ages by equating the present value at issue of premium with the present value at issue of benefits, expenses, and contingency margins. An assumed distribution of

issue ages and family coverage was assumed to derive composite 4-tiered rates.

Gross premiums will vary by 24-hour vs. non-occupational coverage. Rates provided in this memorandum are “per unit” meaning that fractions or multiples of the individual units may be purchased. The premium for these benefits is calculated by multiplying the “per unit” rates by the number of units being purchased.

After selecting the number of units and calculating the associated premium, a policy fee will be added to cover fixed expenses. The policy fee is expected to be \$36.90 but may vary on a case-by-case basis.

Rates may also vary by an industry factor ranging from 0.5 to 2.0 times the gross premium.

Large associations or groups may have sufficient volume to be analyzed and rated on a separate basis. These groups currently receive the attached rates. However, each shall constitute its own rating class for the purpose of future rate changes once Trustmark gains a sufficient volume of claims experience.

E. Anticipated Loss Ratio

The expected lifetime loss ratio is at least 45%.

F. Morbidity

The following publications were used to derive the accident incident rates and claim costs:

- Injury Facts, 2005-2006 edition – National Safety Council
- National trends in injury hospitalizations, 1979-2001 – CDC National Center for Health Statistics – March 2005
- National Ambulatory Medical Care Survey: 2004 Summary – CDC National Center for Health Statistics – June 2006
- National Ambulatory Medical Care Survey: 2004 Outpatient Department Summary – CDC National Center for Health Statistics – June 2006
- National Hospital Ambulatory Medical Care Survey: 2004 Emergency Department Summary – CDC National Center for Health Statistics – June 2006
- National Vital Statistics Reports – Deaths: Injuries 2002 – CDC National Center for Health Statistics – January 2006
- Summary Health Statistics for the U.S. Population: National Health Interview Survey, 2002 – CDC National Center for Health Statistics

Adjustments were made to the claim costs in order to reflect differences in utilization between the insured population and general population and also to reflect differences in the definition of “accident” between the policy and the data sources. The adjustments were determined using publicly available information and competitive data.

Incurred claim costs were developed by sex and attained age at diagnosis.

G. Persistency

Persistency rates were developed from Trustmark's experience with other voluntary worksite products and adjusted for changes in behavior that are expected on an accident plan.

H. Expenses

Expenses are expected to be 43% of premium over the lifetime of the policy.

I. Average Annual Premium

The expected average annual premium for this form is \$386.

J. Interest Rates

The interest rate on net liabilities is 6% and the valuation interest rate is 4%.

K. Actuarial Certification

To the best of my knowledge and judgment, this entire rate filing is in compliance with the applicable laws and regulations. The benefits are reasonable in relation to the premiums for policy form A-607 and rider form WB-607.

Respectfully submitted,



A.J. Tyll, FSA, MAAA
Associate Actuary and Assistant Vice President