

State: District of Columbia **Filing Company:** United Concordia Life and Health Insurance Company

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Grp FFS 2014

Project Name/Number: GRP DC FFS 2014 Non-HCR Rates/DCRR1

Filing at a Glance

Company: United Concordia Life and Health Insurance Company

Product Name: Grp FFS 2014

State: District of Columbia

TOI: H10G Group Health - Dental

Sub-TOI: H10G.000 Health Dental

Filing Type: Rate

Date Submitted: 12/13/2013

SERFF Tr Num: UCIN-129291201

SERFF Status: Pending Industry Response

State Tr Num:

State Status:

Co Tr Num: DC/UCLH/A-001-14

Implementation Date Requested: 01/01/2014

Author(s): Benjamin Schaefer, Amber Jones, Lorraine Badarzynski

Reviewer(s): Donghan Xu (primary), Alula Selassie

Disposition Date:

Disposition Status:

Implementation Date:

State Filing Description:

State: District of Columbia **Filing Company:** United Concordia Life and Health Insurance Company

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General Information

Project Name: GRP DC FFS 2014 Non-HCR Rates

Project Number: DCRR1

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 01/06/2014

State Status Changed:

Created By: Lorraine Badarzynski

Corresponding Filing Tracking Number:

Status of Filing in Domicile: Not Filed

Date Approved in Domicile:

Domicile Status Comments: This filing is specific to the state it's filed in.

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: Lorraine Badarzynski

Filing Description:

The company is submitting a new group rating manual. The rating manual is for small and large groups and will apply to non-certified business (non-health care reform rates). The rate manual will be used with the company's filed and approved group policy forms. Please see the attached Actuarial Memorandum for additional information.

United Concordia Life and Health Insurance Company ("Company"), NAIC number 62294, which currently offers both individual and group dental insurance, is submitting this filing for approval. The filing contains an actuarial memorandum and a new rate manual for use in the small/large group dental insurance market for non-certified plans(non-HCR rates). The rate manual will be used in conjunction with policy forms DC9802 (11/07) and DC9802L (11/07), which were previously approved by your Department under SERFF Tracking # UCIN-127105245 on 5/5/2011. The Company intends to begin implementation of this rate manual for groups with effective and renewal dates beginning January 1, 2014.

The rate manual included with this filing updates the factors and methodology to be used in determining prices for group dental insurance policies newly issued as well as renewals. A national rating guideline is used to calculate utilization, and cost per service is based upon a maximum-allowed charge schedule of benefits. An actuarial memorandum is attached under the Supporting Documentation tab.

The currently approved rate filing SERFF Tracking # is UCIN-1238333319, implementation date 1/29/2013. The above rate filing is new rates, not revised from the current approved rate filing.

Group rates are deregulated (exempt from filing) in PA - the state of domicile.

The average premium is \$58.52 per contract per month.

This rate filing is subject to conformity with the corresponding forms filing.

The entire methodology was changed; therefore no direct comparison between existing and revised methodologies is practicable. The definition of factors and the order of calculation are different, and as a result, there is not a directly comparable relationship between the two.

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Product Name: Grp FFS 2014
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Company and Contact

Filing Contact Information

Lorraine Badarzynski, Actuarial Specialist Lorraine.Badarzynski@highmark.com
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 DPLR 4, Suite 404
 Harrisburg, PA 17110

Filing Company Information

United Concordia Life and Health Insurance Company	CoCode: 62294	State of Domicile: Pennsylvania
4401 Deer Path Road	Group Code: 812	Company Type: LAH
Harrisburg, PA 17110	Group Name: Highmark	State ID Number:
(800) 332-0366 ext. [Phone]	FEIN Number: 23-1661402	

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:

SERFF Tracking #:

UCIN-129291201

State Tracking #:

Company Tracking #:

DC/UCLH/A-001-14

State:

District of Columbia

Filing Company:

United Concordia Life and Health Insurance Company

TOI/Sub-TOI:

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Product Name:

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GRP DC FFS 2014 Non-HCR Rates/DCRR1

Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donghan Xu	01/06/2014	01/06/2014

Response Letters

Responded By	Created On	Date Submitted
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State: District of Columbia Filing Company: United Concordia Life and Health Insurance Company
 TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
 Product Name: Grp FFS 2014
 Project Name/Number: GRP DC FFS 2014 Non-HCR Rates/DCRR1

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	01/06/2014
Submitted Date	01/06/2014
Respond By Date	01/20/2014

Dear Lorraine Badarzynski,

Introduction:

Objection 1

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- DC Group Dental Manual 2014, [DC9802 (11/07), DC9802L (11/07)] (Rate)

Comments: Is this product going to be sold in the DC HIX?

Conclusion:

Sincerely,
Donghan Xu

SERFF Tracking #:

UCIN-129291201

State Tracking #:

Company Tracking #:

DC/UCLH/A-001-14

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Product Name: Grp FFS 2014

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Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Decrease

Overall Percentage of Last Rate Revision: -9.800%

Effective Date of Last Rate Revision: 01/29/2013

Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
United Concordia Life and Health Insurance Company	0.000%	0.000%	\$0	5,366	\$3,767,670	5.000%	-14.000%

SERFF Tracking #:

UCIN-129291201

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

DC/UCLH/A-001-14

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GRP DC FFS 2014 Non-HCR Rates/DCRR1

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC Group Dental Manual 2014	DC9802 (11/07), DC9802L (11/07)	New		DC Group Dental Manual 2014.pdf,

UCLH 2014

Group Dental Rate Manual

DC

Policy Forms: DC9802 (11/07), DC9802L (11/07), Et al.

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I. Introduction

1. Purpose

This manual documents United Concordia's rating methodology for determining rates for fee-for-service group dental insurance.

In addition to this section, the manual includes the following.

Section II. Describes the rating methods used and the purpose of each.

Section III. Provides an overview of the manual-rating algorithm

Section IV. Contains all manual-rating algorithm tables

2. Rating Methods

United Concordia employs three methods of rating.

Manual rating is used to estimate the claim and expense costs for a particular group as defined by its characteristics. All groups using this method with the same characteristics will have the same rate. This method is currently employed below 150 subscribers and for groups of 150 or more, if they have no acceptable claims experience.

Experience rating uses a groups own claims experience to determine its premium. This method is employed for groups of at least 150 subscribers.

Pooled rating blends methods manual and experience rating and is based on groups between the sizes of 50 and 150. The size determines the group's credibility. The larger the group, the more credible its experience is.

II. United Concordia's Benefit Definitions

This section describes United Concordia's manual rating benefit configurations.

1. Standard Service Definition

Dental services are divided into four (4) classes. Benefit categories are grouped into these classes. These groupings are primarily for application of coinsurance levels, deductibles, and maximums. The applications are listed in the Plan table 2.C., Section IV. Minimal variations in those factors may occur, due to minor service to class distribution adjustments.

Class I: Diagnostic and Preventive Services

Diagnostic services are necessary to make conclusions about the oral health of a patient and the dental treatment required. Preventive services are those procedures that help a patient avoid, or minimize, adverse conditions and diseases of the oral cavity.

Class II: Basic Dental Services

Basic dental services are procedures that are routine dental care to correct and/or minor diseases of the oral cavity.

Class III: Major Dental Services

Major dental services consist of major restorative procedures or prosthetics, such as dentures, bridges, crowns, inlays and onlays.

Class IV: Orthodontia

Orthodontics is the prevention and correction of dental abnormalities through the use of corrective devices, such as braces and retainers.

2. Non-Standard Service Definition

The following services are non-standard, however rating is provided:

Implants: This benefit offers coverage for implants. Coverage can be offered in two different ways: 1) As a separate category with its own coinsurance and lifetime maximum amount, priced at a standard amount per member per month, or 2) Included as a Class III benefit under the standard coinsurance and program maximum amounts, priced as an added percentage of overall premium. Implants will not be covered for children. Pricing for (1) is included in table 1.C, Section IV.

TMD_TMJ: This benefit offers coverage for temporomandibular joint disorder (TMD) and craniomandibular disorder (CMD). This benefit has its own coinsurance level. Pricing for coverage under a separate annual maximum is available for some locations and is shown in table 1.B, Section IV.

Posterior Composites: Composite restorations are covered under the Alternate Benefit Treatment (ABT) as posterior resins, and are not included in these claims costs. Table 1.D. in Section IV shows the claims cost adjustment necessary to include composite restorations outside of ABT.

3. Product Option Definition

United Concordia offers four fee-for-service product options.

Concordia Flex is a fee-for-service dental plan where benefit coverage does **not** vary by whether a member visits a network or non-network provider.

Concordia Preferred is a preferred provider dental plan (active PPO) design with different “in-network” and “out-of-network” benefits.

Concordia Choice is a fee-for-service dental plan where benefit coverage does **not** vary by whether a member visits a network or non-network provider. Waiting periods may apply.

4. Rating Region Definition

Appendix A defines the rating region by non-contiguous US Postal zip code ranges.

5. Multiple Product Options within Group

This section describes how multiple product options may be offered within a group.

Dual Option If there are two plans offered, the premium of the lower plan is A, the premium of the higher plan is B. To reduce anti-selection risk, the loading = $(B - A) \times 20\%$ is applied.

Moreover, groups requesting an optional two plan offering with less than a 5% claims cost differential will be charged for the higher plan rate.

III. Manual Rating Algorithm Steps

This section provides an overview of the manual rating algorithm.

The following are the steps taken to develop a manual rate, table level descriptions documented in Section IV.

1. Composite Claims Costs ($A \times B \times C \times D \times E$)

This step documents addresses claims costs by rating region. Claims costs are assumed to follow a standard plan option design, with adjustments to the standard plan options reflected in step 2. Implants, TMD_TMJ, Composite restorations may not be included in the claims costs and are defined in Section II. See Section IV for the following table details.

- A. COMPOSITE CLAIMS COST
- B. TMD_TMJ
- C. IMPLANTS
- D. COMPOSITES
- E. TREND

2. Plan Options ($A \times B \times C \times D$)

This step adjusts for the cost sharing options assumed in the composite claims cost, step 1. The standard options are maximum of \$1000, a deductible applying to both classes II, III in network and I, II, III, and a 100/80/50 Flex plan, as defined in Section II. See Section IV for the following table details.

- A. ANNUAL MAXIMUM
- B. AMO
- C. PLAN
- D. NETWORK

3. Group Characteristics ($A \times B \times C \times D$)

Group specific adjustments are made in this step. See Section IV for the following table details.

- A. SIC
- B. PRIOR COVERAGE
- C. DEPENDENT STUDENT
- D. GROUP SIZE

4. Tier (A)

This section creates the desired tiering. See Section IV for the following table details.

- A. TIER

5. Additional Coverage's ($A + B + C + D$)

This step adds optional orthodontia coverage, non-standard deductible credits, and wellness costs. See Section IV for the following table details.

- A. ADULT ORTHODONTIA
- B. CHILD ORTHODONTIA
- C. DEDUCTIBLE
- D. WELLNESS

6. Underwriting ($A \times B$)

This step makes underwriting type adjustments. See Section IV for the following table details.

- A. PARTICIPATION
- B. RATE GUARANTEE

7. Target Loss Ratio $((1 \times 2 \times 3 \times 4) + 5) + B) \div (1 - A - C)$

This section adjusts claims costs for target loss ratios. Sales adjustment freedom is given in certain geographic locations. See Section IV for the following table details.

- A. COMMISSION
- B. COMMISSION PC
- C. RETENTION

Worksheet Calculation

This section summarizes how the previous sections are combined to produce a manual rate, X_i .

$X_i = 6 \times 7$, where the numbers are the steps listed above.

IV. Manual Rating Algorithm Tables

This section provides the tables as shown in the previous section

The following are the tables used in the previous sections. Table 1A, represents the first table shown in the first step of the prior section—composite claims cost, and so forth. Brief descriptions of the fields and values of each table are shown.

1. A. COMPOSITE CLAIMS COST

Claims costs are assumed to follow a standard plan option design, with adjustments to the standard plan options reflected in step 2. Implants and TMD_TMJ under a separate annual maximum are not included in the costs shown below. Composite restorations are covered under the Alternate Benefit Treatment (ABT) as posterior resins, and are not included in these claims costs. The ensuing tables show the claims cost adjustments necessary to include Implants, TMD_TMJ, and composite restorations outside of ABT.

Rating Region	Composite
DC_State	18.10

1. B. TMD_TMJ

Coverage is not available in DC.

1. C. IMPLANTS

This section shows the adjustments to include implant coverage under the annual maximum.

Benefit	Annual Maximum	Factor
Maximum	1000	1.0150
Not Covered	1000	1.0000
Maximum	1500	1.0225
Not Covered	1500	1.0000
Maximum	2000	1.0300
Not Covered	2000	1.0000
Maximum	2500	1.0375
Not Covered	2500	1.0000
Maximum	3000	1.0450
Not Covered	3000	1.0000

1. D. COMPOSITES

This section shows the adjustment to include posterior composites under standard treatment.

Benefit	Factor
Not Covered	1.00
WO ABT	1.02

1. E. TREND

The Annual Trend is 1.05 which is applied to the base claims cost.

2. A. ANNUAL MAXIMUM

This section provides the annual maximum adjustments, effective nationwide.

Annual Maximum	Factor
500	0.817
550	0.840
600	0.862
650	0.885
700	0.907
750	0.930
800	0.950
850	0.962
900	0.975
950	0.988
1000	1.000
1050	1.004
1100	1.008
1150	1.013
1200	1.018
1250	1.022
1300	1.026
1350	1.031
1400	1.035
1450	1.040
1500	1.044
1550	1.047
1600	1.050
1650	1.056
1700	1.059
1750	1.062
1800	1.063
1850	1.065
1900	1.066
1950	1.068
2000	1.069
2050	1.071
2100	1.074
2150	1.075
2200	1.077
2250	1.079
2300	1.081
2350	1.083
2400	1.084
2450	1.086
2500	1.089
2550	1.091
2600	1.092

2650	1.093
2700	1.093
2750	1.095
2800	1.095
2850	1.096
2900	1.096
2950	1.098
3000	1.098
5000	1.104
10000	1.105
Unlimited	1.120

2. B. AMO

This section provides the maximum application and rollover adjustments by annual maximum.

Annual Maximum	Options	Factor
1000	AMR Standard	1.023
1000	Not Included	0.980
1000	Preventive Incentive	1.000
1200	AMR Standard	1.017
1200	Not Included	0.982
1200	Preventive Incentive	1.000
1250	AMR Standard	1.013
1250	Not Included	0.983
1250	Preventive Incentive	1.000
1500	AMR Standard	0.997
1500	Not Included	0.985
1500	Preventive Incentive	1.000
1750	AMR Standard	0.996
1750	Not Included	0.988
1750	Preventive Incentive	1.000
2000	AMR Standard	0.996
2000	Not Included	0.992
2000	Preventive Incentive	1.000
2250	AMR Standard	0.996
2250	Not Included	0.993
2250	Preventive Incentive	1.000
2500	AMR Standard	0.997
2500	Not Included	0.994
2500	Preventive Incentive	1.000
3000	AMR Standard	0.998
3000	Not Included	0.995
3000	Preventive Incentive	1.000
3500	AMR Standard	0.998
3500	Not Included	0.996
3500	Preventive Incentive	1.000
4000	AMR Standard	0.999
4000	Not Included	0.997
4000	Preventive Incentive	1.000

2. C. PLAN

This section shows the predefined plan table, which reflects coinsurance level, waiting period, and deductible application, effective nationwide. Product options shown are defined in Section II.

Plan	Deductible Applies		Factor
	In	Out	
Choice_V1	No_Yes_Yes	Yes_Yes_Yes	0.870
Choice_V4	No_Yes_Yes	Yes_Yes_Yes	0.840
Choice_V5	No_Yes_Yes	Yes_Yes_Yes	0.880
Choice_V6	No_Yes_Yes	Yes_Yes_Yes	0.980
Choice_V8	No_Yes_Yes	Yes_Yes_Yes	1.000
Choice_VX	No_Yes_Yes	Yes_Yes_Yes	0.830
Choice_VY	No_Yes_Yes	Yes_Yes_Yes	0.960
Flex_2W	No_Yes_Yes	Yes_Yes_Yes	0.680
Flex_3A	No_Yes_Yes	Yes_Yes_Yes	0.960
Flex_3B	No_Yes_Yes	Yes_Yes_Yes	0.980
Flex_3C	No_Yes_Yes	Yes_Yes_Yes	0.950
Flex_3N	No_Yes_Yes	Yes_Yes_Yes	0.980
Flex_3W	No_Yes_Yes	Yes_Yes_Yes	1.000
Flex_3WX	No_Yes_Yes	Yes_Yes_Yes	1.240
Flex_4W	No_Yes_Yes	Yes_Yes_Yes	0.760
Flex_6A	No_Yes_Yes	Yes_Yes_Yes	0.890
Flex_6B	No_Yes_Yes	Yes_Yes_Yes	0.910
Flex_6C	No_Yes_Yes	Yes_Yes_Yes	0.880
Flex_6W	No_Yes_Yes	Yes_Yes_Yes	0.930
Flex_7A	No_Yes_Yes	Yes_Yes_Yes	1.060
Flex_7B	No_Yes_Yes	Yes_Yes_Yes	1.080
Flex_7C	No_Yes_Yes	Yes_Yes_Yes	1.050
Flex_7W	No_Yes_Yes	Yes_Yes_Yes	1.120
Flex_8W	No_Yes_Yes	Yes_Yes_Yes	1.080
Flex_AC	No_Yes_Yes	Yes_Yes_Yes	1.000
Flex_AW	No_Yes_Yes	Yes_Yes_Yes	1.050
Flex_BC	No_Yes_Yes	Yes_Yes_Yes	1.000
Flex_BW	No_Yes_Yes	Yes_Yes_Yes	1.050
Flex_CC	No_Yes_Yes	Yes_Yes_Yes	0.950
Flex_CW	No_Yes_Yes	Yes_Yes_Yes	1.000
Flex_DC	No_Yes_Yes	Yes_Yes_Yes	0.950
Flex_DW	No_Yes_Yes	Yes_Yes_Yes	1.000
Flex_EC	No_Yes_Yes	Yes_Yes_Yes	0.750
Flex_EW	No_Yes_Yes	Yes_Yes_Yes	0.800
Pref_10A	No_Yes_Yes	Yes_Yes_Yes	0.910
Pref_10B	No_Yes_Yes	Yes_Yes_Yes	0.930
Pref_10C	No_Yes_Yes	Yes_Yes_Yes	0.900

Pref_10W	No_Yes_Yes	Yes_Yes_Yes	0.950
Pref_10WD	No_Yes_Yes	No_Yes_Yes	0.950
Pref_13A	No_Yes_Yes	Yes_Yes_Yes	1.060
Pref_13B	No_Yes_Yes	Yes_Yes_Yes	1.080
Pref_13C	No_Yes_Yes	Yes_Yes_Yes	1.050
Pref_13W	No_Yes_Yes	Yes_Yes_Yes	1.110
Pref_13WD	No_Yes_Yes	No_Yes_Yes	1.110
Pref_2A	No_Yes_Yes	Yes_Yes_Yes	0.860
Pref_2B	No_Yes_Yes	Yes_Yes_Yes	0.790
Pref_2C	No_Yes_Yes	Yes_Yes_Yes	0.760
Pref_2W	No_Yes_Yes	Yes_Yes_Yes	0.800
Pref_2WD	No_Yes_Yes	No_Yes_Yes	0.800
Pref_4A	No_Yes_Yes	Yes_Yes_Yes	0.940
Pref_4B	No_Yes_Yes	Yes_Yes_Yes	0.960
Pref_4C	No_Yes_Yes	Yes_Yes_Yes	0.930
Pref_4W	No_Yes_Yes	Yes_Yes_Yes	0.980
Pref_4WD	No_Yes_Yes	No_Yes_Yes	0.980

2. D. NETWORK

This section provides the penetration weighted network adjustments by geographic location.

Rating Region	Reimbursement		Factor
	In	Out	
DC_State	Advantage	80th	0.960
DC_State	Advantage	90th	0.980
DC_State	Advantage	Advantage	0.882
DC_State	AdvantagePLUS	80th	0.980
DC_State	AdvantagePLUS	90th	1.000
DC_State	AdvantagePLUS	Advantage	0.900
DC_State	Alliance	80th	0.970
DC_State	Alliance	90th	0.990
DC_State	Alliance	Advantage	0.891

3. A. SIC

This section provides the standard industry code, group specific, adjustment factors.

SIC Code		Group Size		Factor
From	To	From	To	
100	199	51	200	0.900
100	199	2	50	1.000
200	299	51	200	0.900
200	299	2	50	1.000
300	399	2	50	1.000
300	399	51	200	0.900
400	499	51	200	0.900

400	499	2	50	1.000
500	599	51	200	0.900
500	599	2	50	1.000
600	699	51	200	0.900
600	699	2	50	1.000
700	799	51	200	0.900
700	799	2	50	1.000
800	899	51	200	0.900
800	899	2	50	1.000
900	999	2	50	1.000
900	999	51	200	0.900
1000	1099	2	50	1.000
1000	1099	51	200	0.925
1100	1199	51	200	0.925
1100	1199	2	50	1.000
1200	1299	2	50	1.000
1200	1299	51	200	0.925
1300	1399	51	200	0.975
1300	1399	2	50	1.000
1400	1499	2	50	1.000
1400	1499	51	200	0.925
1500	1599	51	200	0.975
1500	1599	2	50	1.000
1600	1699	2	50	1.000
1600	1699	51	200	0.975
1700	1799	2	50	1.000
1700	1799	51	200	0.950
2000	2099	51	200	0.950
2000	2099	2	50	1.000
2100	2199	2	50	1.000
2100	2199	51	200	0.900
2200	2299	51	200	0.900
2200	2299	2	50	1.000
2300	2399	2	50	1.000
2300	2399	51	200	0.950
2400	2499	2	50	1.000
2400	2499	51	200	0.950
2500	2599	2	50	1.000
2500	2599	51	200	0.900
2600	2699	51	200	0.900
2600	2699	2	50	1.000
2700	2799	2	50	1.000
2700	2799	51	200	1.000
2800	2899	2	50	1.000
2800	2899	51	200	0.975
2900	2999	2	50	1.000
2900	2999	51	200	0.900
3000	3099	2	50	1.000
3000	3099	51	200	0.900
3100	3199	51	200	0.900

3100	3199	2	50	1.000
3200	3299	51	200	0.975
3200	3299	2	50	1.000
3300	3399	2	50	1.000
3300	3399	51	200	0.975
3400	3499	51	200	0.975
3400	3499	2	50	1.000
3500	3599	2	50	1.000
3500	3599	51	200	0.950
3600	3699	51	200	0.950
3600	3699	2	50	1.000
3700	3799	51	200	0.950
3700	3799	2	50	1.000
3800	3899	51	200	0.950
3800	3899	2	50	1.000
3900	3999	2	50	1.000
3900	3999	51	200	0.950
4000	4099	2	50	1.000
4000	4099	51	200	0.975
4100	4199	2	50	1.000
4100	4199	51	200	0.975
4200	4299	51	200	0.950
4200	4299	2	50	1.000
4300	4399	51	200	0.950
4300	4399	2	50	1.000
4400	4499	51	200	0.975
4400	4499	2	50	1.000
4500	4599	2	50	1.000
4500	4599	51	200	1.000
4600	4699	2	50	1.000
4600	4699	51	200	0.950
4700	4799	2	50	1.000
4700	4799	51	200	0.950
4800	4899	2	50	1.000
4800	4899	51	200	0.975
4900	4999	51	200	0.975
4900	4999	2	50	1.000
5000	5099	2	50	1.000
5000	5099	51	200	1.000
5100	5199	2	50	1.000
5100	5199	51	200	1.000
5200	5299	2	50	1.000
5200	5299	51	200	1.000
5300	5399	2	50	1.000
5300	5399	51	200	1.000
5400	5499	51	200	1.000
5400	5499	2	50	1.000
5500	5599	51	200	1.000
5500	5599	2	50	1.000
5600	5699	51	200	1.000

5600	5699	2	50	1.000
5700	5799	51	200	0.975
5700	5799	2	50	1.000
5800	5899	2	50	1.000
5800	5899	51	200	0.975
5900	5999	2	50	1.000
5900	5999	51	200	0.975
6000	6099	51	200	1.025
6000	6099	2	50	1.000
6100	6199	2	50	1.000
6100	6199	51	200	1.025
6200	6299	2	50	1.000
6200	6299	51	200	1.025
6300	6399	51	200	1.050
6300	6399	2	50	1.000
6400	6499	51	200	1.100
6400	6499	2	50	1.000
6500	6599	51	200	1.100
6500	6599	2	50	1.000
6600	6699	2	50	1.000
6600	6699	51	200	1.050
6700	6799	51	200	1.050
6700	6799	2	50	1.000
7000	7099	2	50	1.000
7000	7099	51	200	1.000
7200	7299	51	200	1.000
7200	7299	2	50	1.000
7300	7360	2	50	1.000
7300	7360	51	200	1.000
7361	7361	51	200	0.000
7361	7361	2	50	1.000
7362	7388	51	200	1.000
7362	7388	2	50	1.000
7389	7389	2	50	1.000
7389	7389	51	200	0.000
7500	7599	2	50	1.000
7500	7599	51	200	0.975
7600	7699	2	50	1.000
7600	7699	51	200	0.950
7800	7899	2	50	1.000
7800	7899	51	200	1.100
7900	7999	2	50	1.000
7900	7999	51	200	1.025
8000	8099	51	200	1.200
8000	8099	2	50	1.000
8100	8199	51	200	1.200
8100	8199	2	50	1.000
8200	8299	2	50	1.000
8200	8229	51	200	1.250
8230	8299	51	200	1.200

8300	8399	2	50	1.000
8300	8399	51	200	1.150
8400	8499	2	50	1.000
8400	8499	51	200	1.050
8600	8699	2	50	1.000
8600	8699	51	200	1.150
8700	8799	51	200	1.100
8700	8799	2	50	1.000
8800	8899	51	200	1.150
8800	8899	2	50	1.000
8900	8999	51	200	1.100
8900	8999	2	50	1.000
9100	9199	2	50	1.000
9100	9199	51	200	1.250
9200	9299	2	50	1.000
9200	9299	51	200	1.250
9300	9399	2	50	1.000
9300	9399	51	200	1.250
9400	9499	2	50	1.000
9400	9499	51	200	1.250
9500	9999	2	50	1.000
9500	9999	51	200	1.250

3. B. PRIOR COVERAGE

This section provides the prior coverage adverse risk adjustments.

Prior Coverage Years		Group Size		Factor
From	To	From	To	
1	1	51	999999	1.050
2	99	51	999999	1.000
0	0	51	999999	1.100
0	99	2	50	1.000

3. C. DEPENDENT STUDENT

This section provides factor adjustments for dependent student age definitions. Factors are dampened for Sales purposes.

Age		Factor
Student	Dependent	
19	19	1
20	19	1
21	19	1
22	19	1
23	19	1
24	19	1

25	19	1
26	19	1.0075
27	19	1.0075
28	19	1.0075
29	19	1.0075
30	19	1.015
20	20	1
21	20	1
22	20	1
23	20	1
24	20	1
25	20	1.0075
26	20	1.0075
27	20	1.0075
28	20	1.0075
29	20	1.015
30	20	1.015
21	21	1
22	21	1
23	21	1
24	21	1.0075
25	21	1.0075
26	21	1.0075
27	21	1.0075
28	21	1.015
29	21	1.015
30	21	1.015
22	22	1
23	22	1.0075
24	22	1.0075
25	22	1.0075
26	22	1.0075
27	22	1.015
28	22	1.015
29	22	1.015
30	22	1.015
23	23	1.0075
24	23	1.0075
25	23	1.0075
26	23	1.015
27	23	1.015
28	23	1.015
29	23	1.015
30	23	1.0225
24	24	1.0075
25	24	1.015

26	24	1.015
27	24	1.015
28	24	1.015
29	24	1.0225
30	24	1.0225
25	25	1.015
26	25	1.015
27	25	1.015
28	25	1.0225
29	25	1.0225
30	25	1.0225
99	25	1.03
26	26	1.015
27	26	1.0225
28	26	1.0225
29	26	1.0225
30	26	1.0225
99	26	1.03
27	27	1.0225
28	27	1.0225
29	27	1.0225
30	27	1.03
28	28	1.0225
29	28	1.03
30	28	1.03
29	29	1.03
30	29	1.03
30	30	1.03

3. D. GROUP SIZE

This section reflects the group size risk and expense adjustment by rating region.

Rating Region	Group Size		Factor
	From	To	
DC_State	2	9	2.074
DC_State	10	49	1.443
DC_State	50	99	1.065
DC_State	100	150	1

4. A. TIER

This section reflects the tier adjustment by rating region.

Rating Region	2 Tier		3 Tier			4 tier			
	EE only	Family	EE only	Two Party	Family	EE only	EE + 1 Adult	EE + Child(ren)	Family
DC_State	1.000	2.548	1.000	1.858	2.954	1.000	1.996	1.798	3.027

5. A. ADULT ORTHODONTIA

This section provides the adult orthodontia composite claims cost by lifetime maximum and size.

Group Size		Maximum	2 Tier		3 Tier			4 tier			
From	To		EE only	Family	EE only	Two Party	Family	EE only	EE + 1 Adult	EE + Child(ren)	Family
25	150	1000	\$0.50	\$0.92	\$0.50	\$0.90	\$0.93	\$0.50	\$1.00	\$0.50	\$1.00
25	150	1500	\$0.71	\$1.31	\$0.71	\$1.28	\$1.33	\$0.71	\$1.42	\$0.71	\$1.42
25	150	2000	\$0.95	\$1.75	\$0.95	\$1.71	\$1.77	\$0.95	\$1.90	\$0.95	\$1.90
10	24	1000	\$0.75	\$1.38	\$0.75	\$1.35	\$1.40	\$0.75	\$1.50	\$0.75	\$1.50
10	24	1500	\$1.07	\$1.96	\$1.07	\$1.92	\$1.99	\$1.07	\$2.13	\$1.07	\$2.13
10	24	2000	\$1.43	\$2.62	\$1.43	\$2.56	\$2.66	\$1.43	\$2.85	\$1.43	\$2.85
2	9	1000	\$1.00	\$1.84	\$1.00	\$1.80	\$1.86	\$1.00	\$2.00	\$1.00	\$2.00
2	9	1500	\$1.42	\$2.61	\$1.42	\$2.55	\$2.65	\$1.42	\$2.84	\$1.42	\$2.84
2	9	2000	\$1.90	\$3.49	\$1.90	\$3.41	\$3.54	\$1.90	\$3.80	\$1.90	\$3.80
2	150	Not Covered	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

5. B. CHILD ORTHODONTIA

This section provides the child orthodontia composite claims cost by lifetime maximum and size.

Group Size		Maximum	2 Tier		3 Tier			4 tier			
From	To		EE only	Family	EE only	Two Party	Family	EE only	EE + 1 Adult	EE + Child(ren)	Family
25	150	1000	\$0.00	\$5.55	\$0.00	\$1.02	\$5.87	\$0.00	\$0.00	\$5.47	\$5.47
25	150	1500	\$0.00	\$8.31	\$0.00	\$1.55	\$8.91	\$0.00	\$0.00	\$8.31	\$8.31
25	150	2000	\$0.00	\$11.09	\$0.00	\$2.07	\$11.88	\$0.00	\$0.00	\$11.09	\$11.09
10	24	1000	\$0.00	\$8.33	\$0.00	\$1.53	\$8.80	\$0.00	\$0.00	\$8.21	\$8.21
10	24	1500	\$0.00	\$12.47	\$0.00	\$2.32	\$13.36	\$0.00	\$0.00	\$12.47	\$12.47
10	24	2000	\$0.00	\$16.63	\$0.00	\$3.10	\$17.82	\$0.00	\$0.00	\$16.63	\$16.63
2	9	1000	\$0.00	\$11.11	\$0.00	\$2.04	\$11.73	\$0.00	\$0.00	\$10.95	\$10.95
2	9	1500	\$0.00	\$16.63	\$0.00	\$3.10	\$17.81	\$0.00	\$0.00	\$16.63	\$16.63
2	9	2000	\$0.00	\$22.18	\$0.00	\$4.13	\$23.76	\$0.00	\$0.00	\$22.18	\$22.18
2	150	Not Covered	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

5. C. WELLNESS

This section provides the optional additional claims cost to include additional dental coverage frequencies with the intent of reducing claims costs.

Rating Region	Group Size		Condition	2 Tier		3 Tier			4 tier			
	From	To		EE only	Family	EE only	Two Party	Family	EE only	EE + 1 Adult	EE + Child(ren)	Family
DC_State	0	99999	Not_Included	0	0	0	0	0	0	0	0	0
DC_State	0	99999	Standard	0.4	0.9	0.4	0.6	0.8	0.4	0.5	0.7	0.8

5. D. DEDUCTIBLE

This delineates the composite deductible claims cost by application and deductible amount.

Deductible	Deductible Applicable		2 Tier		3 Tier			4 tier			
	IN	Out	EE only	Family	EE only	Two Party	Family	EE only	EE + 1 Adult	EE + Child(ren)	Family
0,0	No_Yes_Yes	Yes_Yes_Yes	\$2.09	\$5.35	\$2.09	\$3.89	\$6.20	\$2.09	\$4.18	\$3.78	\$6.36
25,75	No_Yes_Yes	Yes_Yes_Yes	\$1.15	\$2.95	\$1.15	\$2.15	\$3.42	\$1.15	\$2.30	\$2.08	\$3.51
50,150	No_Yes_Yes	Yes_Yes_Yes	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
0,0	No_Yes_Yes	No_Yes_Yes	\$2.70	\$6.91	\$2.70	\$5.03	\$8.02	\$2.70	\$5.40	\$4.88	\$8.22
25, 75	No_Yes_Yes	No_Yes_Yes	\$1.76	\$4.52	\$1.76	\$3.29	\$5.24	\$1.76	\$3.53	\$3.19	\$5.37
50, 150	No_Yes_Yes	No_Yes_Yes	\$0.61	\$1.57	\$0.61	\$1.14	\$1.82	\$0.61	\$1.22	\$1.11	\$1.86

6. A. PARTICIPATION

This section provides the participation adjustments by group size and participation level (enrollees/eligible).

Group Size		Participation Percent		Factor
From	To	From	To	
2	9	100.00%	100.00%	1.00
10	50	0.00%	69.90%	1.15
10	50	70.00%	89.90%	1.00
10	50	90.00%	100.00%	1.00
51	200	0.00%	69.90%	1.15
51	200	70.00%	89.99%	1.00
51	200	90.00%	100.00%	0.90

6. B. RATE GUARANTEE

This section provides the rate guarantee factors by group size and rating region (for contract length in months).

Rating Region	Guarantee	Group Size		Factor
		From	To	
DC_State	12	2	150	1.000
DC_State	24	2	50	1.015
DC_State	24	51	150	1.050

7. A. COMMISSION

This table provides the allowable commission ranges by geographic location and group size.

Rating Region	Group Size		Commission	
	From	To	Min	Max
DC_State	0	9	15	15
DC_State	10	99999	0	10

7. B. COMMISSION PC

This section provides the optional, allowable per contract commissions by group size and location.

Rating Region	Group Size		Commission	
	From	To	From	To
DC_State	10	200	0.0	3.0
DC_State	0	9	0.0	0.0

7. C. RETENTION

This section provides the retention table which is effective nationwide by group size.

Group Size		Retention
From	To	
2	150	0.205

Appendix A: Rating Region and Zip Code Definition

This manual uses rating regions as defined by zip code ranges. A given rating region may represent multiple, non-consecutive zip code ranges.

State	Rating Region	Zip Code Range	
		From	To
DC	State	20000	20099
DC	State	20200	20599
DC	State	56901	56920

State: District of Columbia

TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental

Product Name: Grp FFS 2014

Project Name/Number: GRP DC FFS 2014 Non-HCR Rates/DCRR1

Filing Company:

United Concordia Life and Health Insurance Company

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	See the General Description, Filing Description section.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is not being submitted on behalf of the insurer. The insurance company itself is submitting the filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	See the attached Actuarial Memorandum. The Actuarial Memorandum includes a break-down of expenses as percentage of premium. The entire methodology was changed; therefore no direct comparison between existing and revised methodologies is practicable. The definition of factors and the order of calculation are different, and as a result, there is not a directly comparable relationship between the two.
Attachment(s):	DC Group Dental Actuarial Memorandum 2014.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	We are not filing new forms.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Comments:	See the attached document.
Attachment(s):	DC Experience 2012_2013.pdf
Item Status:	
Status Date:	

SERFF Tracking #:

UCIN-129291201

State Tracking #:

Company Tracking #:

DC/UCLH/A-001-14

State: District of Columbia
TOI/Sub-TOI: H10G Group Health - Dental/H10G.000 Health Dental
Product Name: Grp FFS 2014
Project Name/Number: GRP DC FFS 2014 Non-HCR Rates/DCRR1

Filing Company: United Concordia Life and Health Insurance Company

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

Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	See the attached document.
Attachment(s):	DC Group Dental Actuarial Memorandum 2014.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable. This is a non-certified(non-health care reform) filing.
Attachment(s):	
Item Status:	
Status Date:	

UNITED CONCORDIA LIFE & HEALTH INSURANCE COMPANY
Actuarial Memorandum

POLICY FORMS: DC9802 (11/07), DC9802L (11/07), Et al.

Scope & Purpose:

The purpose of this filing is to submit rates, factors and methodology to be used in determining prices for group dental insurance.

Benefit Description:

This plan provides Group Dental care on a fee-for-service basis. The benefits may vary between services received by network versus non-network dentists.

Renewability Clause:

The Policy is optionally renewable.

Applicability:

This form applies to new issues as well as renewals.

Morbidity:

A National Rating Guideline is used to calculate utilization and cost per service is based upon a Maximum-allowed charge schedule of benefits.

Expenses:

Administrative Expense	11.0%
Premium Taxes/Other Taxes	4.5%
Profit	5.0%

Commissions:

Average commission of 10.0%.

Marketing Method:

Sold on a Group basis through agents and brokers.

Underwriting:

Underwriting is based on group-specific characteristics including group size, industry, prior coverage, and participation.

Premium Classes:

Premiums are uni-sex and are either 2-, 3-, 4-or 5-tiered.

UNITED CONCORDIA LIFE & HEALTH INSURANCE COMPANY
Actuarial Memorandum

POLICY FORMS: DC9802 (11/07), DC9802L (11/07), Et al.

Claim Liability and Reserves:

Completion Factor Methodology

Active Life Reserves:

Not Applicable

Trend Assumptions – Medical and Insurance:

Dental Trend: 5.0%

Anticipated Loss Ratio:

69.5%

Proposed Effective Date:

1/1/2014

Actuarial Certification:

I, Rick S. Pawelski, am an actuary employed by Highmark Financial Shared Services. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the qualification standards for prescribed statements of actuarial opinion with respect to the issues covered in this filing. I certify that the above statements are true and that, to the best of my knowledge and belief, this rate filing is in compliance with the applicable laws and regulations of this state. The rates have been developed in compliance with the applicable ASOPs. The rates are neither inadequate nor excessive nor unfairly discriminatory, and are appropriate for the classes of risks for which they have been computed.



Rick S. Pawelski, FSA, MAAA

December 13, 2013

Date

Attachment

DC Experience is from 7/1/2012 to 6/30/2013

District of Columbia Experience

Experience Period	Number of Contracts	Total Premium	Incurred Claims	Average Loss Ratio
7/1/2012 - 6/30/2013	5,366	3,767,670	2,725,199	72.33%

Countrywide Experience

Experience Period	Number of Contracts	Total Premium	Incurred Claims	Average Loss Ratio
7/1/2012 - 6/30/2013	1,159,240	645,144,205	488,773,959	75.76%

UNITED CONCORDIA LIFE & HEALTH INSURANCE COMPANY
Actuarial Memorandum

POLICY FORMS: DC9802 (11/07), DC9802L (11/07), Et al.

Scope & Purpose:

The purpose of this filing is to submit rates, factors and methodology to be used in determining prices for group dental insurance.

Benefit Description:

This plan provides Group Dental care on a fee-for-service basis. The benefits may vary between services received by network versus non-network dentists.

Renewability Clause:

The Policy is optionally renewable.

Applicability:

This form applies to new issues as well as renewals.

Morbidity:

A National Rating Guideline is used to calculate utilization and cost per service is based upon a Maximum-allowed charge schedule of benefits.

Expenses:

Administrative Expense	11.0%
Premium Taxes/Other Taxes	4.5%
Profit	5.0%

Commissions:

Average commission of 10.0%.

Marketing Method:

Sold on a Group basis through agents and brokers.

Underwriting:

Underwriting is based on group-specific characteristics including group size, industry, prior coverage, and participation.

Premium Classes:

Premiums are uni-sex and are either 2-, 3-, 4-or 5-tiered.

UNITED CONCORDIA LIFE & HEALTH INSURANCE COMPANY
Actuarial Memorandum

POLICY FORMS: DC9802 (11/07), DC9802L (11/07), Et al.

Claim Liability and Reserves:

Completion Factor Methodology

Active Life Reserves:

Not Applicable

Trend Assumptions – Medical and Insurance:

Dental Trend: 5.0%

Anticipated Loss Ratio:

69.5%

Proposed Effective Date:

1/1/2014

Actuarial Certification:

I, Rick S. Pawelski, am an actuary employed by Highmark Financial Shared Services. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the qualification standards for prescribed statements of actuarial opinion with respect to the issues covered in this filing. I certify that the above statements are true and that, to the best of my knowledge and belief, this rate filing is in compliance with the applicable laws and regulations of this state. The rates have been developed in compliance with the applicable ASOPs. The rates are neither inadequate nor excessive nor unfairly discriminatory, and are appropriate for the classes of risks for which they have been computed.



Rick S. Pawelski, FSA, MAAA

December 13, 2013

Date