Filing at a Glance

Company:	Unimerica Insurance Company
Product Name:	Excess Loss Rates
State:	District of Columbia
TOI:	H12 Health - Excess/Stop Loss
Sub-TOI:	H12.003 Provider
Filing Type:	Rate
Date Submitted:	05/09/2014
SERFF Tr Num:	UHLC-129535175
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	PELIP (01/14)
Implementation Date Requested:	On Approval
Author(s):	Jayne Jackowski, Lynn Powers
Reviewer(s):	John Morgan (primary), Alula Selassie, Beichen Li
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* ***Filing Company:*** *Unimerica Insurance Company*
TOI/Sub-TOI: *H12 Health - Excess/Stop Loss/H12.003 Provider*
Product Name: *Excess Loss Rates*
Project Name/Number: *Provider Excess Loss/PELIP (01/14)*

General Information

Project Name: Provider Excess Loss
Project Number: PELIP (01/14)
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer
Filing Status Changed: 05/14/2014
State Status Changed:
Created By: Lynn Powers
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small and Large
Overall Rate Impact:

Deemer Date:
Submitted By: Lynn Powers

Filing Description:

We respectfully submit the proposed new Provider Excess Loss rates for your formal approval. These rates will be used with the new Provider Excess Loss forms which are currently pending approval (SERFF Tracking Number UHLC-129535176) with your department.

Company and Contact

Filing Contact Information

Lynn Powers,
3100 AMS Blvd.
Green Bay, WI 54313

lynn_a_powers@uhc.com
920-661-2283 [Phone]

Filing Company Information

Unimerica Insurance Company
PO Box 150450
Hartford, CT 0606115-0450
(860) 702-6017 ext. [Phone]

CoCode: 91529
Group Code: 707
Group Name:
FEIN Number: 52-1996029

State of Domicile: Wisconsin
Company Type: Life and Health
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	*UHLC-129535175*	***State Tracking #:***		***Company Tracking #:***	*PELIP (01/14)*

State:	*District of Columbia*	***Filing Company:***	*Unimerica Insurance Company*
TOI/Sub-TOI:	*H12 Health - Excess/Stop Loss/H12.003 Provider*		
Product Name:	*Excess Loss Rates*		
Project Name/Number:	*Provider Excess Loss/PELIP (01/14)*		

Form Schedule

Lead Form Number: PELIP.DC (01/14)

Item No.	Schedule Item Status	Form Name	Form Number	Form Type	Form Action	Action Specific Data	Readability Score	Attachments
1		Provider Excess Loss Insurance Policy	PELIP.DC (01/14)	POL	Initial		50.000	PELIP.DC (01.14).pdf
2		Provider Excess Loss Insurance Application	PELIP-APP (01/14)	AEF	Initial		50.000	PELIP-APP (01.14).pdf
3		Specific Step Down Deductible Endorsement	PELIP-STEP DOWN (01/14)	POLA	Initial		50.000	PELIP STEP DOWN (01.14).pdf
4		Aggregate Specific Deductible Endorsement	PELIP AGGSP (01/14)	POLA	Initial		50.000	PELIP AGGSP (01.14).pdf
5		Experience Refund Endorsement	PELIP EXP REF (01/14)	POLA	Initial		50.000	PELIP EXP REF (01.14).pdf

Form Type Legend:

ADV	Advertising	**AEF**	Application/Enrollment Form
CER	Certificate	**CERA**	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	**FND**	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	**NOC**	Notice of Coverage
OTH	Other	**OUT**	Outline of Coverage
PJK	Policy Jacket	**POL**	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	**SCH**	Schedule Pages

UNIMERICA INSURANCE COMPANY

A Stock Company

Administrative Offices: [6300 Olson Memorial Highway, Golden Valley, MN 55427]

Phone: [1-800-454-0233]

Unimerica Insurance Company ("Company") agrees to reimburse the Policyholder as outlined under the provisions of this Provider Excess Loss Insurance Policy ("Policy").

This Policy is legally binding between the Policyholder and Unimerica Insurance Company. The consideration for this Policy includes, but is not limited to, the Application and the payment of premiums as provided hereinafter.

The Policyholder is entitled to the reimbursement described in this Policy if the Policyholder is eligible for insurance under the provisions of this Policy. Reimbursement is subject to the terms and conditions of this Policy.

The first premium is due on the first (1st) day of the Policy Period. Subsequent monthly premiums are due on the first (1st) day of each month thereafter. The premium is not considered paid until the Company receives the premium payment.

All periods of coverage will begin and end 12:01 a.m. local time at the principal office of the Policyholder.

This Policy is delivered in and is governed by the laws of the state of issue.

IN WITNESS WHEREOF Unimerica Insurance Company has caused this Policy to be executed by its Chief Executive Officer and Secretary.

[Timothy F. Ryan, Secretary]

[Diane D. Souza, Chief Executive Officer]

PROVIDER EXCESS LOSS INSURANCE POLICY

Unimerica Insurance Company

A Stock Company
Administrative Offices: [6300 Olson Memorial Highway, Golden Valley, MN 55427]
Phone: [1-800-454-0233]

SCHEDULE OF INSURANCE

This Schedule of insurance is only applicable to Provider Excess Loss Insurance provided by the Company during the Benefit Period shown below.

Policyholder: [ABC Provider Group]
Policy Number: [12345]
Effective Date: [January 1, 2014]

Coverage specified herein is applicable only during the Policy Period from [January 1, 2014 to January 1, 2015], and is further subject to all terms and conditions of this Policy.

MANAGED CARE ORGANIZATION(S) who have entered into Capitated Agreements with the Applicant:
[Name: _____ Name: _____
Address:_____ Address:_____]

LINES OF BUSINESS:

[☐ Commercial
☐ Medicare
☐ Medicaid]

[SPECIFIC COVERAGE

Benefit Period: [Covered Expenses Incurred from January 1, 2014 through December 31, 2014; and
Paid from January 1, 2014 through March 31, 2015, or the termination date, whichever occurs first, if the termination date is other than the end of the Policy Period.]

[Carryforward - Any Covered Services Incurred by the Policyholder for a Member during the last [90] days of the Policy Period, that did not result in a claim only because the Specific Deductible was not met in full with respect to that Member, shall be applied toward the applicable Specific Deductible in the subsequent Benefit Period.]

Specific Deductible [

Hospital	[$50,000 - $2,000,000] Per Member
Physician	[$25,000 - $1,000,000] Per Member
Combined	[$50,000 - $2,000,000] Per Member
Fixed Procedural Fee(s) (FPF)	An amount equal to the FPF

]

Specific Percentage Reimbursable:

[Inpatient Hospital Services 50%-100%]
[Extended Care 50%-100%]
[Long Term Acute Care 50%-100%]
[Chemical Dependency Services 50%-100%]
[Rehabilitation Services 50%-100%]
[Home Health Care 50%-100%]
[Hospice Care 50%-100%]
[Outpatient Care 50%-100%]
[Durable Medical Equipment 50%-100%]
[Prescription Drugs 50%-100%]

[Ambulance Services 50%-100%]
[Physician Care 50%-100%]
[Referral Services 50%-100%]
[Transplants 50%-100%]

Maximum Specific Benefit: [Hospital – [$1,000,000 – unlimited] per Member]
[Physician – [$500,000 – unlimited] per Member]
[Combined – [$1,000,000 – unlimited] per Member]

Rate: [$ /Member/Month] **]**

[AGGREGATE COVERAGE

[Benefit Period: Incurred from January 1, 2014 through December 31, 2014; and
Paid from January 1, 2014 through March 31, 2015, or the termination date, whichever occurs first, if the termination date is other than the end of the Policy Period.]

Aggregate Percentage Reimbursable [50% - 100%]

Maximum Aggregate Benefit [$500,000 – unlimited] per Member

Minimum Annual Aggregate Deductible: [$_____]

Maximum Covered Expenses per Member accumulating toward the Aggregate Benefit: [$25,000 - $2,000,000]

Monthly Aggregate Factors:
[Commercial Members – [$]
Medicare Members - [$]
Medicaid Members - [$]]

Rate: [$ /Member/Month] **]**

COVERED EXPENSES: [

- ☐ Inpatient Hospital Services [(subject to Hospital Deductible)]
- ☐ Extended Care [(subject to Hospital Deductible)]
- ☐ Long Term Acute Care [(subject to Hospital Deductible)]
- ☐ Chemical Dependency Services [(subject to Hospital Deductible)]
- ☐ Rehabilitation Services [(subject to Hospital Deductible)]
- ☐ Home Health Care [(subject to [Hospital/Physician] Deductible)]
- ☐ Hospice Care [(subject to [Hospital/Physician] Deductible)]
- ☐ Outpatient Care [(subject to Hospital Deductible)]
- ☐ Durable Medical Equipment [(subject to [Hospital/Physician] Deductible)]
- ☐ Prescription Drugs [(subject to Hospital Deductible if billed by Hospital; Physician Deductible if billed by Physician)]
- ☐ Ambulance Services [(subject to Hospital Deductible)]
- ☐ Physician Care [(subject to Physician Deductible)]
- ☐ Emergency Out-Of-Area Care [(subject to Hospital Deductible)]
- ☐ Referral Services [(subject to Hospital Deductible if billed by Hospital; Physician Deductible if billed by Physician)]
- ☐ Transplant Services [(subject to Hospital Deductible if billed by Hospital; Physician Deductible if billed by Physician)]]

[MAXIMUM ALLOWABLE CHARGES:

[Inpatient Hospital Services: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Extended Care [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Long Term Acute Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Chemical Dependency Services: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Rehabilitation Services: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Home Health Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Hospice Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Outpatient Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Durable Medical Equipment: [amount Paid; xx% of billed charges]]
[Prescription Drugs: [amount Paid; Medicare Allowable; the average wholesale price (AWP) less $____; xx% of billed charges]]
[Ambulance Services: [lesser of amount Paid; Medicare Allowable; xx% of billed charges]]
[Physician Care: [lesser of amount Paid; Medicare Allowable; the Provider's Reasonable and Customary charge; xx% of billed charges; xx% of geographically adjusted RBRVS]]
[Referral Services: [amount Paid; $x,xxx/day; xx% of billed charges]]
[Transplants: [lesser of amount Paid; Fixed Procedural Fee]]

The Maximum Allowable Charge will not exceed the maximum amount of liability for the Policyholder. **]**

[**SPECIAL CONDITIONS**:]

ENDORSEMENTS

☐ Aggregating Specific Endorsement

☐ Experience Refund Endorsement

☐ Step Down Deductible Endorsement

DEFINITIONS

AMBULANCE SERVICES means Emergency transportation to a hospital, physician or other medical provider by a vehicle equipped to provide medical care to a Member.

[ANNUAL AGGREGATE DEDUCTIBLE for any one Benefit Period means the greater of: (a) sum of the Monthly Aggregate Deductibles; or (b) the Minimum Annual Aggregate Deductible.]

[AVERAGE DAILY MAXIMUM means the average allowed per day [for each period of continuous confinement during the Benefit Period][over all confinements during the Benefit Period], as shown in the Schedule of Insurance.]

BENEFIT PERIOD means the period of time specified in the Schedule of insurance in which a Covered Expense must be Incurred and Paid by the Policyholder to be eligible for reimbursement under this Policy. This period ends when coverage terminates in accordance with the Termination Provisions.

CAPITATED AGREEMENT means the written and executed agreement, including all amendments and addenda thereto, including without limitation a division of financial responsibility, between the Policyholder and the Managed Care Organization through which the Policyholder agrees to provide Covered Expenses. The Capitated Agreement must be reviewed and accepted by the Company.

CHEMICAL DEPENDENCY SERVICES means services, supplies and pharmaceuticals provided to treat patients in a Chemical Dependency Treatment Facility. Services include inpatient treatment; partial hospitalization care; and outpatient treatment with physician monitoring and intensive nursing care following an individualized treatment plan.

CHEMICAL DEPENDENCY TREATMENT FACILITY means an institution licensed by the laws of the state where it is located as a Chemical Dependency Treatment Facility and which:

1. Is operating within the scope of its license;
2. Provides 24-hour-a-day nursing care furnished or supervised by graduate registered nurses;
3. Maintains daily medical records on each patient;
4. Has services of a Physician available at all times under an established written and then-current agreement;
5. Uses appropriate methods to dispense and administer drugs and medicines;
6. Has transfer arrangements with at least one Hospital;
7. Has a utilization review plan in effect; and
8. Has treatment policies developed with the advice of, and reviewed by, a group of professionals who are specialists in the care and treatment of chemical dependency.

COVERED EXPENSE means [the Fixed Procedural Fee(s) for]services and supplies covered under the Plan, and;

- indicated as covered on the Schedule of Insurance
- provided to Members for which the Policyholder is responsible under a Capitated Agreement;
- for the Lines of Business indicated as covered on the Schedule of Insurance; and
- which are not excluded elsewhere in the Policy.

Covered Expense does not include:

- [Fixed Procedural Fees;]
- [any payment in excess of the Maximum Allowable Charge;]
- any payment for the cost of administrating the Policyholder's contracted services;
- copays, rebates, discounts, credits, subrogation recovery, coordination of benefit determinations or any similar offset or reduction against the Policyholder's responsibility under a Capitated Agreement;
- Subcapitated services, subcapitation, surcharges, taxes, loss adjustment expenses, care coordination and related administrative services or vendor fees;
- charges that are not eligible under the Plan[; and
- Outliers].

[CUSTODIAL CARE means services and supplies provided to a Member that is for maintenance, not mainly rehabilitative or restorative, or mainly to assist in activities of daily living (such as help in eating, getting out of bed, bathing, dressing, toileting, or taking drugs). Custodial Care does not include Hospice Care.]

DURABLE MEDICAL EQUIPMENT means equipment ordered by a Physician, including orthotics and prosthetics.

EFFECTIVE DATE is the date set forth in the applicable Schedule of insurance.

EMERGENCY OUT-OF-AREA CARE means care provided to a Member that, due to an emergency, is provided outside the Policyholder's service area. An emergency exists when there is a sudden onset of illness or accidental injury occurring while the Member is outside the service area requiring such immediate treatment that the life or health of the Member might be jeopardized if taken to the service area. Such services are covered only until the Member can be transferred to a Physician or facility covered under the Capitation Agreement.

EXPERIMENTAL/INVESTIGATIONAL [means a medical procedure, treatment, service, supply, equipment, drug, or device that:

1. Cannot be lawfully marketed without approval of the U.S. Food and Drug Administration (FDA) and the FDA has not approved the procedure, treatment, service, supply, equipment, drug or device for the particular use at the time it is provided; or
2. Is the subject on ongoing Phase I, II or III clinical trials or under study to determine its maximum tolerated dose, toxicity, safety, efficacy, or efficacy as compared with the standard means of treatment or diagnosis; or
3. Reliable Evidence shows that the consensus among experts is that further studies or clinical trials are necessary to determine its maximum tolerated dose, toxicity, safety, efficacy, or efficacy as compared with the standard means of treatment or diagnosis.

Reliable Evidence means: 1) published reports and articles in the authoritative peer reviewed medical and scientific literature; 2) the written protocol or protocols used by the treating facility or the protocols of another facility studying substantially the same drug, device, or medical treatment or procedure; or 3) the written informed consent used by the treating facility or by another facility studying substantially the same drug, device or medical treatment or procedure.]

EXTENDED CARE means services supplies and pharmaceuticals provided to treat patients requiring complex care or rehabilitation. Extended Care is provided in an Extended Care Facility/Skilled Nursing Facility for a brief but severe episode of illness for conditions that are the result of disease, trauma or during recovery from surgery.

EXTENDED CARE FACILITY/SKILLED NURSING FACILITY means a separate facility or a facility within a Hospital that offers a program designed to provide room and board, 24-hour-a-day skilled nursing services (by or under the supervision of full-time registered nurses (R.N.) and other necessary medical services to patients with chronic or non-critical injuries or illnesses. Such facility must: 1) meet the requirements established for approved operation under Medicare; and 2) be licensed by the state in which it operates or certified by the Department of Health and Human Services in its locality. Extended care Facilities must be under the supervision of a Physician or staff of Physicians whose services are available at all times.

[FIXED PROCEDURAL FEE means a predetermined fee for an identified procedure, including but not limited to case rate, discounted fee for service, Diagnosis-Related Group (DRG) or per diem rate(s).]

HOME HEALTH CARE means services, supplies and pharmaceuticals provided by an agency or organization which:

1. Is primarily engaged in and is federally qualified or state certified as a home health agency and is duly licensed, if such licensing is required, by the appropriate licensing authority, to provide nursing and other therapeutic services in the home;
2. Has policies which are established by a professional group associated with such agency or organization, including at least one Physician and at least one registered nurse;
3. Provides for full-time supervision of such services by a Physician or by a registered nurse;
4. Maintains a complete medical record on each patient; and
5. Has its own administrator.

HOSPICE CARE means a comprehensive package of care and services in the home or other facility for the care of a Member with a terminal illness who is expected to live [6 months] or less, as certified by a Physician. Hospice Care is provided by health care providers whom are Medicare certified and have a current state Hospice license.

HOSPITAL means a facility operating for the treatment and care of the sick and injured, medical and surgical diagnosis and therapy, and major surgical procedures. Such facilities must be licensed by all appropriate authorities and must operate under the direction of a full-time staff of Physicians.

INCURRED means with respect to medical services or supplies, the date on which the services are rendered or supplies are purchased. Inpatient Hospital charges with continuous stays under a Fixed Procedural Fee arrangement that span two ore more Benefit Periods will be calculated on a prorated per day basis by dividing the total amount of Covered Expenses by the total number of days of confinement per Benefit Period.

INPATIENT HOSPITAL SERVICES means services, supplies and pharmaceuticals provided to treat patients medically or surgically with an immediate and/or severe injury or illness for a Member who is a registered inpatient in a Hospital. Inpatient Hospital Services do not include Physician Services unless billed by the Hospital.

LONG TERM ACUTE CARE means services, supplies and pharmaceuticals provided to treat patients in a Long Term Acute Facility, who are stable enough to move from an Extended Care Facility but require specialized, complex services with daily physician monitoring and intensive nursing care, generally with a length of stay of twenty-five (25) days or more.

LONG-TERM ACUTE FACILITY(IES) means a separate facility or a facility within a Hospital that meets the requirements established for approved operation under Medicare; licensed by the state in which it operates or certified by the Department of Health and Human Services in its locality.

MANAGED CARE ORGANIZATION means those organizations listed in the Schedule of Insurance for whom the Policyholder has agreed to provide or arrange to provide those services and supplies described in the Capitated Agreement.

MATERIAL CHANGE means a change or combination of changes that represent a change in the risk assumed by the Company, as solely determined by the Company to include:

- Any change in the Capitated Agreement;
- The Policyholder acquires the assets of another entity or merges with or comes under the control of another person or entity;
- Expansion of existing services, service area or the addition of a new service area; or
- Any change in the Policyholder's service management or vendor contracts.

[MAXIMUM ALLOWABLE CHARGE means the most the Company will consider applicable for any Covered Expenses, regardless of the actual amount Incurred.]

MEDICAID means Title XIX of the Social Security Act of 1965, as amended.

MEDICARE means Title XVIII of the Social Security Act of 1965, as amended.

MEDICALLY NECESSARY means any treatment, drug, device, procedure, supply or service that is

- Appropriate and essential for the diagnosis and treatment of the Member's symptoms;
- Within the scope, duration or intensity of that level of care which is needed to provide safe, adequate and appropriate diagnosis or treatment;
- In accordance with generally accepted current professional medical practice, based on consultation with an appropriate service provider; and
- Involves only the use of drugs or substances formally approved by the U.S. Food and Drug Administration (FDA).

A treatment, drug, device, procedure, supply or services is NOT Medically Necessary if it

- Is Experimental/Investigational;
- Is primarily for the convenience to the patient or the patient's family;
- Could have been omitted without adversely affecting the Member's condition or the quality of medical care

The fact that a Physician may prescribe, order, recommend or approve a treatment, drug, device, procedure, supply or service does not, of itself, make it Medically Necessary.

MEMBER(S) means an individual for whom the Policyholder is responsible under a Capitated Agreement.

[MONTHLY AGGREGATE DEDUCTIBLE means, with respect to a particular month, the total number of Members for that given Policy month multiplied by the corresponding Monthly Aggregate Factors as specified in the Schedule of insurance.]

OUTLIER means payment made in addition to the capitation fee when a specified day, dollar or other limit is triggered.

OUTPATIENT CARE means services and supplies provided in a Hospital under the direction of a Physician to a Member who is not admitted as a registered bed patient. Hospital Outpatient Services include services at an outpatient hospital facility, dialysis center, ambulatory surgical center or similar facility setting.

PAY, PAID, PAYMENT means checks or drafts issued and deposited in the U.S. Mail or otherwise promptly delivered to the payee, with sufficient funds on deposit to honor all outstanding drafts and checks. A capitated service, or a service for which no check or draft is issued, is considered Paid on the date it is Incurred.

PHYSICIAN CARE means services or treatment rendered to a Member by a Physician who has a contract or agreement with the Policyholder for services specified in the Capitated Agreement.

PHYSICIAN means a person duly licensed to provide health care services and who is practicing with the scope of his or her license.

PLAN means the health care plan established to provide certain benefits to Members through the Managed Care Organization

PRESCRIPTION DRUGS means drugs that are approved by the U.S. Food and Drug Administration; prescribed by a Physician; and administered by a Physician or licensed professional authorized and directed by a Physician. Prescription Drugs may include, but are not limited to serums, injectables, infusibles, ointments, immunizations and vaccinations. Prescription Drugs shall also include blood, blood products, plasma-derived or non-plasma derived agents for treatment of clotting disorders and growth hormones. [Prescription Drugs does not include Retail Prescription Drugs or over-the-counter drugs.]

REASONABLE AND CUSTOMARY means the usual charge made by the provider of care for a service not to exceed the usual charge made by the majority of like providers for same or like services in the same geographical area in which the service or treatment is performed.

REFERRAL SERVICES means those services which, due to the specialized nature required, are not available in and cannot be provided by the Policyholder when such services are specifically authorized under the provisions of the Capitated Agreement.

REHABILITATION SERVICES means rehabilitative or restorative health care services under the supervision of a Physician. Rehabilitative Services includes only those services provided and billed by a Rehabilitation Facility including, but not limited to; room and board; twenty-four hour nursing care; physical, speech, occupation and cardiac therapies; medical supplies; and other services deemed appropriate by and prescribed by a Physician.

REHABILITATION FACILITY(IES) A Hospital licensed as a Rehabilitation Hospital by the laws of the state where it is located, or in lieu thereof, is a participating Rehabilitation Facility under Medicare, and which provides rehabilitation care to Members and has the services of a Physician available at all times under an established agreement.

RETAIL PRESCRIPTION DRUGS means prescription drugs that are dispensed and billed by a pharmacy, mail order pharmacy or pharmacy benefit manager, other than chemotherapy drugs and injectables.

SPECIFIC DEDUCTIBLE is set forth in the Schedule of insurance. The Specific Deductible will apply separately to each Benefit Period.

SUBCAPITATED means services provided to a Member for which the Policyholder is responsible under the Capitated Agreement which the Policyholder has capitated with another provider to perform.

TRANSPLANT SERVICES means Covered Services related to organ, tissue, bone marrow or peripheral stem cell transplant. Services include transplant network access fees; acquisition costs; and reasonable transportation and lodging costs for the Member up to a maximum of $10,000 per Benefit Period relating to the transplant, whether or not the transplant takes place. Transplant Services do not include:

1. Ventricular assist device or artificial/mechanical or animal organ or animal tissue grafting and related services;
2. Transplantation not approved by a specialist Physician board certified in the transplant specialty. Such Physician must certify that an alternative procedure would not be effective in the treatment of the Member;
3. Transportation, lodging and meal costs for anyone other than the Member; or
4. Experimental/Investigational transplants.

REIMBURSEMENT PROVISIONS

NOTICE OF COVERED EXPENSE The Policyholder will give written notice of Covered Expenses to the Company on the Company's customary proof of loss form, within [thirty (30) – ninety (90) days] of the date the Policyholder becomes aware of the existence of facts which would reasonably suggest the possibility that Covered Expenses will be Incurred which are equal to or exceed [fifty percent (50%) – eighty percent (80%)] of the Specific Deductible or [$20,000 – $100,000], whichever is less.

Failure to furnish written notice will not invalidate or reduce any claim if it was not reasonably possible to provide such written notice within the time period required. However, in no event will the Company be liable for any claims submitted for reimbursement more than [twelve (12) – twenty-four (24) months] after the end of the Benefit Period.

[SPECIFIC COVERAGE

If, while this Policy is in effect, the Covered Expenses for the applicable Benefit Period exceed the applicable Specific Deductible, the Company will reimburse the Policyholder, subject to the terms and conditions of this Policy including the limits set forth in the Schedule of Insurance.

The amount of the reimbursement will be equal to the Specific Percentage Reimbursable times the amount by which Covered Expenses exceed the applicable Specific Deductible amount, but will not exceed the Maximum Specific Benefit.

Covered Expenses for any Member during the Benefit Period will be determined according to the Benefit Period described in the Schedule of insurance.

If Provider Excess Loss Insurance terminates before the end of the Policy Period, the Specific Deductible will not be reduced.]

[AGGREGATE COVERAGE

If the Covered Expenses for the applicable Benefit Period exceed the Annual Aggregate Deductible for the Benefit Period, the Company will reimburse the Policyholder, subject to the terms and conditions of this Policy including the limits set forth in the Schedule of insurance.

The amount of the reimbursement will be equal to the Aggregate Percentage Reimbursable times the amount by which Covered Expenses exceed the Annual Aggregate Deductible amount, but will not exceed the Maximum Aggregate Benefit.

Covered Expenses will not include any amounts reimbursed by the Company under any other provision of this Policy. If the Policyholder’s coverage terminates before the end of the Policy Period, the greater of the Accumulated Annual Aggregate Deductible or the Minimum Annual Aggregate Deductible will apply. The Minimum Aggregate Deductible will not be reduced.]

DETERMINATION OF COVERED EXPENSE

The determination of benefits under the Plan is the sole responsibility of its Plan Sponsor and the Policyholder’s responsibility under the Capitated Agreement is the sole responsibility of the Managed Care Organization. However, the Company reserves the right to interpret the terms and conditions of the Plan and the Capitated Agreement as it applies to this Policy. The Company will have the authority to reimburse or deny reimbursement under this Policy.

PREMIUMS AND FACTORS PROVISIONS

PAYMENT OF PREMIUMS For coverage to remain in effect, any subsequent monthly premium must be received by the Company by the first (1st) day of each month. Premiums are not considered Paid until the Company receives the premium payment. Premiums or other payments made by the Policyholder to their Agent or Broker shall not be deemed or considered payments to the Company until actually received by the Company. The entire amount of the applicable premium shall be paid when due. The Company is not obligated to accept or apply any premium paid which is less than the entire amount due for any period. Premium payments shall be credited first to any past due and unpaid premium, in the order in which due.

GRACE PERIOD A Grace Period of thirty-one (31) days from the due date will be allowed for the payment of each premium after the first. During the Grace Period, the coverage will remain in effect provided the full premium is Paid before the end of the Grace Period. Should a premium otherwise due, not be Paid during the Grace Period, this Policy will terminate without further notice as of midnight on the last day for which premiums were Paid.

PREMIUM AMOUNT The premiums will be calculated using rates determined by the Company as set forth in the Schedule of insurance. The amount of total premium due each month is the sum obtained by multiplying the applicable premium rates shown in the Schedule of insurance by the actual number of appropriate Members.

The Policyholder will be liable for any premium taxes assessed at any time against the Company beyond any taxes which may be payable on the premium received by the Company.

All requests for adjustments, credits or refunds because of overpayment of premiums shall be reported, in writing, with accompanying detail within ninety (90) days after termination of the applicable Policy Period.

The Company will not refund any portion of the premiums Paid if this Policy terminates during this Policy Period. The Company shall be entitled to reduce the reimbursements due the Policyholder under this Policy against any premiums due and unpaid, any overpayments or other reimbursements made in error or upon incorrect information, and any other amounts due the Company.

TERMS, PREMIUM RATE AND MONTHLY AGGREGATE FACTOR CHANGE The Company may change the Policy's terms, premium rates or factors for any of the following:

a) the date the terms of this Policy are changed;

b) the date the Policyholder’s responsibility under the Capitation Agreement changes;

c) the date the Policyholder’s license or right to practice has been revoked, suspended or surrendered at the request of any regulatory or judicial authority;

d) the date of a Material Change; or

e) the date the number of Members on any premium due date in any Line of Business varies more than [ten percent (10%-30%)] from the number of Members from the immediate previous month.

TERMINATION PROVISIONS

This Policy and coverage provided hereunder will terminate upon the earliest of:

a) the premium due date of any premium which remains unpaid at the end of the Grace Period;

b) the date the Policyholder suspends active business operations or dissolves;

c) the end of the Policy Period;

d) the date of termination of any applicable Capitated Agreement;

e) the date the Policyholder is unwilling to accept modified premiums, terms, or provisions to the Policy offered by the Company to expand the coverage under the Policy as described in the section entitled TERMS, PREMIUM RATE AND MONTHLY AGGREGATE FACTOR CHANGE; or

f) The date of Cancellation as explained under the section entitled CANCELLATION PROVISIONS.

CANCELLATION PROVISIONS

This Policy may be cancelled by the Policyholder by mailing written notice to the Company which states when thereafter such cancellation shall be elected. This Policy may be cancelled by the Company by mailing to the Policyholder at the address of record, a written notice which states when, not less than [30-90 days] thereafter, such cancellation shall be effective for any of the following reasons:

a) Fraud, misrepresentation, or failure to comply with the terms and conditions of this Policy by the Policyholder.

b) A Material Change.

c) Material breach of this Policy. The party terminating for this reason must give the other party notice of the actions or inactions that constitute the breach and 5 business days to cure the breach to the satisfaction of the notifying party.

d) The Company elects to non-renew this Policy.

SUBSEQUENT POLICY PERIOD PROVISIONS

At the end of a Policy Period, this Policy may have a Subsequent Policy Period only by mutual agreement of the Policyholder and the Company and provided that the Company has not given a thirty (30) day termination notice or such other termination notice as required by law. The Subsequent Policy Period may be subject to new premium rates, factors, new underwriting terms, new Benefit Period and other new Policy terms. The terms and conditions for a subsequent Policy Period will be evidenced by the issuance of a new Schedule of Insurance by the Company, which shows the new premium rates, Benefit Period and other new terms.

GENERAL PROVISIONS

ASSIGNMENT The Policyholder may not assign the Policyholder's interest in or reimbursement under this Policy, and the Company will not recognize any such assignment.

AUDITS The Company will have the right: (a) to inspect and audit all records and procedures of the Policyholder that are applicable to the administration of this Policy; and (b) to require, upon request, proof satisfactory to the Company that Payment has been made to the Member or the provider of such services or benefits which are the basis for any Loss by the Policyholder hereunder.

CHANGES TO THE POLICY Only the President, a Vice President, or the Secretary of the Company have the authority to alter this Policy, or to waive any of the Company's rights and then only in writing. No such alteration of this Policy shall be valid unless endorsed and attached to this Policy. No agent or broker has the authority to alter this Policy or to waive any of its provisions.

CLERICAL ERROR Clerical errors, whether by the Policyholder or by the Company, in keeping or transmitting any records pertaining to the coverage, will not invalidate or limit coverage otherwise validly in force nor continue coverage otherwise validly terminated. Clerical error does not include any failure of the Policyholder or any agent of the Policyholder: (a) to comply with the requirements relating to notice of claims or payment of claims; or (b) to disclose underwriting information requested by the Company, whether or not intentional and regardless of the actual knowledge of the person providing the information.

CONFORMITY WITH LAW If any provision of this Policy is contrary to any law to which it is subject, such provision is hereby amended to conform to the minimum requirements of such law.

ENTIRE CONTRACT The Entire Contract between the Company and the Policyholder will consist of this Policy, Schedule of Insurance, application, and approved amendments or endorsements.

INSOLVENCY Nothing in this Policy shall either relieve an insolvent or bankrupt Policyholder from the obligation to pay premiums when due or delay or abate cancellation of this Policy for failure to do so. The insolvency, bankruptcy, financial impairment, receivership, voluntary plan of arrangement with creditors, or dissolution of the Policyholder will not impose upon the Company any liability other than the liability defined in this Policy. In particular, the insolvency of the Policyholder will not make the Company liable to the creditors of the Policyholder, including Members.

LEGAL ACTION The Policyholder cannot file suit until ninety (90) days after the date on which proof of loss is given to the Company. The Policyholder cannot file suit more than three (3) years after the date on which the Policyholder must give the Company proof of Loss.

LIABILITY The Company will have neither the right nor the obligation under this Policy to directly pay any Member or provider of professional or medical services. The Company's sole liability is to the Policyholder, subject to the terms and conditions of this Policy. Nothing in this Policy shall cause Company to become a party to the Capitated Agreement.

MISSTATED DATA, CONCEALMENT, FRAUD The Company has relied on the information provided by the Policyholder or any agent of the Policyholder, in the issuance of this Policy, or for any Subsequent Policy Period. In the event of a misrepresentation, concealment or omission of a fact, or a mistake of fact (whether or not a mutual mistake), any of which materially affect the underwriting, premium, rating or terms and conditions of this Policy, the Company may, at its option:

a) increase premium rates, attachment points and/or otherwise change the terms and conditions of this Policy. Such increase or change to be effective retroactively to the Effective Date or as of any premium due date thereafter, or
b) terminate this Policy as of the next premium due date.

The Company may declare this Policy null and void in its inception if, whether before or after a claim, the Policyholder or any agent of the Policyholder has willfully or intentionally misrepresented, concealed, omitted any material fact affecting terms, conditions, or underwriting of this Policy. In such event, the Company's liability under this Policy

shall be limited to refunding premiums paid by the Policyholder after deducting there from the amount of any Covered Expenses reimbursed by the Company to the Policyholder prior to the date of termination. If the amount of the Covered Expenses reimbursed by the Company to the Policyholder exceeds the premiums paid by the Policyholder, the Policyholder shall pay the Company the difference within thirty (30) days of the date the Company notifies the Policyholder of such difference.

NOTICE OF COMPLAINT, APPEAL, LEGAL ACTION As a condition precedent to the Company reimbursing the Policyholder in any settlement or judgment for a disputed Covered Expense, the Policyholder shall immediately inform the Company of any notice of appeal, notice of legal action, or objection, demand or complaint which the Policyholder received regarding any Covered Expense that may be reimburse under this Policy.

PARTIES TO THE POLICY The parties to this Policy are the Policyholder and the Company. The Company's sole liability under this Policy is to the Policyholder. This Policy does not create any right or legal relation between the Company, the Managed Care Organization or any Member.

POLICYHOLDER REQUIREMENTS The Policyholder will submit by the twentieth (20^{th}) day of each month all proofs, reports, and supporting documents required by the Company, including, but not limited to, a monthly summary of all eligible claims payment processed by the Policyholder and number of Members for the prior month. The Policyholder will be responsible for the investigation, auditing, calculating and Payment of all claims to providers.

RECORDS The Policyholder will maintain records of all Members during the Benefit Period and for a period of seven (7) years after the end of the Benefit Period. The Policyholder will make all such records available to the Company as needed to evaluate its liability under this Policy.

SEVERABILITY CLAUSE Any clause deemed void, invalid, or otherwise unenforceable, whether or not such a provision is contrary to public policy, will not render any of the remaining provisions of this Policy invalid.

THIRD PARTY RECOVERY The Policyholder shall undertake to pursue any and all valid claims a Member may have against third parties arising out of any occurrence resulting in a payment by the Policyholder or reimbursement by the Company. The Policyholder will account for and pay to the Company any amounts recovered which are reimbursable by the Company to the Policyholder under this Policy, regardless of whether this Policy is still in force on the date of recovery. Third party shall mean a person, entity or insurance company other than the Policyholder or a Member. An insurance company shall include insurance companies providing third party liability coverage, or other insurance coverage; i.e. no fault, uninsured, under insured or other similar coverage.

The Policyholder shall notify the Company immediately upon discovering that a claim against a third party may exist. Should the Policyholder fail to pursue any valid claims against a third party, the Policyholder shall assign its subrogation and third party recovery rights to the Company so as to allow the Company to pursue third party recoveries for Covered Expenses reimbursable to the Policyholder. In the event of such assignment, the Company shall have to exercise and enforce all of the Policyholders rights against such third party. The Policyholder shall furnish such information, assistance, cooperation and execute and deliver such instruments, all as are necessary for the Company to pursue third party recoveries pursuant to this provision.

The Company’s right to third party recoveries, as provided for in this provision, shall constitute and impose a trust and first-priority lien arising from any cause of action, settlement, judgment or arbitration award against a third party.

The Policyholder shall pay the Company all amounts recovered, whether by suit, settlement, alternative dispute resolution, including but not limited to arbitration or mediation, or otherwise, from any third party or their insurer to the extent of Covered Expenses regardless of whether such recovery shall be a full or partial recovery. If a third party recovery received by the Policyholder is less than the total amount paid by the Policyholder on behalf of the Member, the Company shall be entitled to recover first, in full, any Covered Expense reimbursed by the Company under this Policy. The Company’s recovery shall not be reduced by any attorney’s fees incurred by the Policyholder or Member unless the Company otherwise agrees in writing. All remaining amounts shall be paid to the Policyholder.

The Policyholder’s failure to comply with this provision may result in the denial of a Covered Expense, in addition to all other rights of the Company under this Policy.

WAIVER Failure of the Company to strictly enforce its rights under this Policy shall not waive any such right, regardless of the frequency or similarity of the circumstances.

GENERAL EXCLUSIONS PROVISIONS

The Company will not reimburse the Policyholder for any of the following:

a) Any payment which does not strictly comply with the terms and conditions of the Capitation Agreement;

b) Any payment based on or arising out of a Material Change, unless the Company provides written acceptance of the change;

c) Any payment for services or supplies not Medically Necessary;

d) Any payment for services or supplies in excess of Reasonable and Customary, or which is in excess of any amount that would have been charged the Policyholder in the absence of the Capitated Agreement;

e) Any payment reimbursable to the Policyholder from any other source;

f) Any payment or expense caused by or resulting from war, declared or undeclared or international armed conflict;

g) Any payment for litigation costs and expenses, extra-contractual damages, compensatory damages, interest, exemplary and punitive damages or liabilities, including but not limited to those resulting from negligence, intentional wrongs, fraud, bad faith or strict liability on the part of the Policyholder or any agent or representative of the Policyholder;

h) Any payment for occupational accidents or illnesses which are also eligible expenses covered by Workers' Compensation or Occupational Disease law, or similar legislation, whether or not coverage under such law is actually in force;

i) Any payment for Experimental/Investigational procedures;

j) [Any payment for Custodial Care;]

k) [Any payment for artificial conception processes, including but not limited to: in-vitro fertilization, gamete intrafallopian transfer (GIFT), artificial insemination and donor sperm;]

l) [Any payment for retail Prescription Drugs;]

m) [Any payment for Ambulance Services that do not result in a hospital admission or emergency room visit;]

n) [any payment for cosmetic services;]

o) [any payment for Retail Prescription Drugs;]

p) [Any payment for expenses that resulted from the Member’s commission of a crime or illegal act;]

q) [Any payment for treatment, services or supplies performed for or provided to a Member in a setting that does not require the technical skills or professional training of medical or nursing personnel in order to be safely and effectively performed, including but not limited to, help in walking, getting in and out of bed, bathing, dressing, eating, any other activities of daily living, administration of oral or topical medicals, or supervision of exercise programs that do not require the skills of a therapist.]

r) [Any payment for any procedure or treatment to change physical characteristics to those of the opposite sex, and any other treatment or studies related to sex change.]

s) [any payment for hearing aids, prescription lenses or dental treatment.]

t) [Any payment resulting from an injury or illness that is the result of a nuclear or radioactive accident.]

u) [any payment for services done for cosmetic purposes; unless performed to correct functional disorders or congenital anomalies; or due to accident injury occurring while the individual is a Member.]

v) [any payment for treatment, services or supplies resulting from any Transplant or transfer of any tissue or organ from one body part to another or from one body, including a corpse, to another.]

UNIMERICA INSURANCE COMPANY

A Stock Company
Administrative Offices: [6300 Olson Memorial Highway, Golden Valley, MN 55427

Phone: 1-800-454-0233]

APPLICATION FOR PROVIDER EXCESS LOSS INSURANCE

The undersigned Applicant requests the Provider Excess Loss Insurance benefits shown herein and provided by Unimerica Insurance Company, and agrees to be bound by the terms and provisions of the Provider Excess Loss Insurance Policy.

Applicant: [ABC Provider]
Address:[ ]
Key Contact: [Telephone: Tax ID:]

Effective Date: [_____]

Managed Care Organization(s) who have entered into Capitated Contracts with the Applicant:

[Name: _____ Name: _____
Address: _____ Address: _____
Type of Organization: _____ Type of Organization: _____]

Lines of Business

☐ Commercial
☐ Medicare
☐ Medicaid

SPECIFIC COVERAGE

Benefit Period: [Incurred from January 1, 2014 through December 31, 2014; and
Paid from January 1, 2014 through March 31, 2015, or the termination date, whichever occurs first, if the termination date is other than the end of the Policy Period.]

[Carryforward - Any Covered Services Incurred by the Policyholder for a Member during the last [90] days of the Policy Period, that did not result in a claim only because the Specific Deductible was not met in full with respect to that Member, shall be applied toward the applicable Specific Deductible in the subsequent Benefit Period.]

Specific Deductible [

[Hospital]	[$50,000 - $2,000,000] Per Member
[Physician]	[$25,000 - $1,000,000] Per Member
[Combined]	[$50,000 - $2,000,000] Per Member

]

Specific Percentage Reimbursable:

[Inpatient Hospital Services	50%-100%]
[Extended Care	50%-100%]
[Long Term Acute Care	50%-100%]
[Chemical Dependency Services	50%-100%]
[Rehabilitation Services	50%-100%]
[Home Health Care	50%-100%]
[Hospice Care	50%-100%]
[Outpatient Care	50%-100%]
[Durable Medical Equipment	50%-100%]
[Prescription Drugs	50%-100%]
[Ambulance Services	50%-100%]
[Physician Care	50%-100%]
[Referral Services	50%-100%]
[Transplants	50%-100%]

Maximum Specific Benefit: [Hospital – [$1,000,000 – unlimited] per Member]
[Physician – [$500,000 – unlimited] per Member]
[Combined – [$1,000,000 – unlimited] per Member]
[Fixed Procedural Fee(s)]

Rate: [$ /Member/Month]

1. Specific Step-Down Deductible Endorsement ☐ Yes ☐ No [ ]
2. Aggregating Specific Deductible Endorsement ☐ Yes ☐ No [ ]
3. Experience Refund Endorsement ☐ Yes ☐ No [ ]

[**AGGREGATE COVERAGE**

[Benefit Period: Incurred from January 1, 2014 through December 31, 2014; and
Paid from January 1, 2014 through March 31, 2015, or the termination date, whichever occurs first, if the termination date is other than the end of the Policy Period.]

Aggregate Percentage Reimbursable [50% - 100%]

Maximum Aggregate Benefit [$500,000 – unlimited] per Member

Minimum Annual Aggregate Deductible: [$_____]

Maximum Covered Expenses per Member accumulating toward the Aggregate Benefit: [$25,000 - $2,000,000]

Monthly Aggregate Factors:
Commercial Members – [$]
Medicare Members - [$]
Medicaid Members - [$]

Rate: [$ /Member/Month]]

COVERED EXPENSES: [

- ☐ Inpatient Hospital Services (subject to Hospital Deductible)
- ☐ Extended Care (subject to Hospital Deductible)
- ☐ Long Term Acute Care (subject to Hospital Deductible)
- ☐ Chemical Dependency Services (subject to Hospital Deductible)
- ☐ Rehabilitation Services (subject to Hospital Deductible)
- ☐ Home Health Care (subject to [Hospital/Physician] Deductible)
- ☐ Hospice Care (subject to [Hospital/Physician] Deductible)
- ☐ Outpatient Care (subject to Hospital Deductible)
- ☐ Durable Medical Equipment (subject to [Hospital/Physician] Deductible)
- ☐ Prescription Drugs (subject to Hospital Deductible if billed by Hospital; Physician Deductible if billed by Physician)
- ☐ Ambulance Services (subject to Hospital Deductible)
- ☐ Physician Care (subject to Physician Deductible)
- ☐ Emergency Out-Of-Area Care (subject to Hospital Deductible)
- ☐ Referral Services (applicable Deductible)
- ☐ Transplant Services]

[MAXIMUM ALLOWABLE CHARGES:

[Inpatient Hospital Services: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Extended Care [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Long Term Acute Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Chemical Dependency Services: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Rehabilitation Services: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Home Health Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Hospice Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Outpatient Care: [lesser of amount Paid; $x,xxx Average Daily Maximum; or xx% of billed charges]]
[Durable Medical Equipment: [amount Paid; xx% of billed charges]]
[Prescription Drugs: [amount Paid; Medicare Allowable; the average wholesale price (AWP) less $____; xx% of billed charges]]
[Ambulance Services: [lesser of amount Paid; Medicare Allowable; xx% of billed charges]]
[Physician Care: [lesser of amount Paid; Medicare Allowable; the Provider's Reasonable and Customary charge; xx% of billed charges; xx% of geographically adjusted RBRVS]]
[Referral Services: [amount Paid; $x,xxx/day; xx% of billed charges]]
[Transplants: [lesser of amount Paid; Fixed Procedural Fee]]

The Maximum Allowable Charge will not exceed the maximum amount of liability for the Policyholder. **]**

It is understood and agreed by the undersigned that:

a. The statements, declarations and representations made in this Application, any request for proposal, the underwriting information provided by or on behalf of the undersigned and the Capitated Contract are the undersigned's representations; that any Policy is issued in reliance upon the truth of such statements, declarations, and representations; and that such statements, declarations, and representations will form a part of the Provider Excess Loss Insurance Policy. Any inaccuracy in such information or failure to disclose any such information, including all claims or possible claims, paid or pending, or which the Applicant should otherwise know about, if discovered later, can result in rejection of this Application, or can change the terms, conditions or premiums, or can void coverage.

b. As a condition precedent to the approval of this Application, the undersigned shall furnish to the Company a copy of the Capitated Contract(s) which shall be kept on file in the office of the Company. No Provider Excess Loss Insurance will be effective nor reimbursement made unless a Capitated Contract is received and accepted by the Company.

c. Any coverage resulting from this Application shall be subject to the terms and provisions of the Policy herein applied for. Coverage shall become effective on the date specified in this Application if all requirements of the Company, including the Capitated Contract and the underwriting requirements have been met and the required premiums paid.

d. The receipt by the Company of the first month's premium and deposit of any check drawn in connection with this Application shall not constitute an acceptance of liability. In the event the Company does not approve this application, its sole obligation shall be to refund such sum to the undersigned.

g. Other: [ ]

The undersigned has read the entire Application for Provider Excess Loss Insurance and understands that the insurance requested herein is not in effect until this Application is approved and accepted by the Company.

Full Legal Name of Applicant:[_____]

Signature of Authorized Person: [_____]

Print Name:[_____]Title:[_____]

Date: [_____]

Signature of Agent or Broker:[_____]

Print Name of Agent or Broker:[_____]

FRAUD WARNING NOTICES: (Please review notice that applies in your state)

For applicants in Arkansas, Louisiana, New Mexico and Rhode Island:

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance, is guilty of a crime and may be subject to fines and confinement in prison.

For applicants in Colorado:

It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds, shall be reported to the Colorado division of insurance within the Department of Regulatory Agencies.

For applicants in District of Columbia:

WARNING: It is a crime to provide false or misleading information to an insurer for purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the application.

For applicants in Florida:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

For applicants in Kentucky, New Mexico, Ohio, and Pennsylvania:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

For applicants in Maine, Tennessee and Virginia:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

For applicants in New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

For applicants in all other states:

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

SPECIFIC STEP-DOWN DEDUCTIBLE ENDORSEMENT

[Policyholder:

Effective Date:]

The Specific Deductible under Specific Coverage as contained in the Schedule of Insurance will be reduced 15% when the Qualified Service is provided by an OptumHealth Care Solutions Centers of Excellence Network Facility.

The Covered Person's Specific Deductible will have a one-time reduction per Policy Period when a "Qualified Service" is provided by an OptumHealth Care Solutions Center of Excellence Network Facility. The Specific Deductible (Per Covered Person) reduction will apply in the Policy Period in which the Qualified Service is paid by the Plan.

Qualified Service: Means any hospital confinement in an OptumHealth Care Solutions Centers of Excellence Network Facility, such as transplant or other complex medical condition, in which pre-notification of services has been qualified by OptumHealth Care Solutions for the contracted rate.

The Company is not responsible for any Covered Person's decision to receive treatment, services, or supplies from an OptumHealth Care Solutions Centers of Excellence Network, nor does the Company make warranties or representations regarding the qualifications of providers of treatment, services or supplies provided by the OptumHealth Care Solutions Centers of Excellence Network.

All other provisions of the Provider Excess Loss Insurance Policy remain unaffected by this Endorsement.

[ ]

[Secretary Signature]

[BY:

Title:

Date:]

AGGREGATING SPECIFIC DEDUCTIBLE ENDORSEMENT

Policyholder: [ ]

Effective Date: [ ]

In consideration for the premium shown in the Schedule of Insurance, the Company has agreed to attach this Endorsement to the Provider Excess Loss Insurance Policy. This Endorsement will continue in full force and effect for the duration of that Policy Period and each Subsequent Benefit Periods.

The section entitled "Specific Coverage" is hereby deleted and replaced with the following:

SPECIFIC COVERAGE

The Schedule of Insurance indicates whether Specific Coverage is provided under this Policy. If, while this Policy is in effect, the Covered Expenses for a Covered Person for the applicable Benefit Period exceed the Specific Deductible and the Aggregating Specific Deductible, the Company will reimburse the Policyholder, subject to the terms and conditions of this Policy including the limits set forth in the Schedule of Insurance.

The Aggregating Specific Deductible is set forth in the Schedule of Insurance. The Aggregating Specific Deductible will apply separately to each Benefit Period. The Aggregating Specific Deductible is the amount of Covered Expenses, whether from one or more Covered Persons, that the Policyholder must pay after the Specific Deductible before the Company will reimburse any Covered Expenses to the Policyholder.

The amount of the reimbursement will be equal to the Specific Percentage Reimbursable times the amount by which Covered Expenses exceed the Specific Deductible and the Aggregating Specific Deductible amount, but will not exceed the Maximum Specific Benefit.

Covered Expenses for any Covered Person during the Policy Period will be determined according to the Benefit Period described in the Schedule of Insurance.

If Specific Excess Loss Insurance terminates before the end of the Policy Period, the Specific Deductible and the Aggregating Specific Deductible will not be reduced.

All other provisions of the Provider Excess Loss Insurance Policy remain unaffected by this Endorsement.

[ ]

[Secretary Signature]

[BY:

Title:

Date:]

EXPERIENCE REFUND ENDORSEMENT

Policyholder: [XXXXX]

Effective Date: [XXXXX]

In consideration for the premium shown in the Schedule of Insurance, the Provider Excess Loss Insurance Policy (the "Policy") will be revised with the addition of Experience Refund Provision.

EXPERIENCE REFUND

The Company will pay the Policyholder an Experience Refund of [10 - 40 %] of Net Profit if the Company issues the Policyholder a Policy/Amendment that provides insurance for a Subsequent Benefit Period and insurance is continuous from the first day of the Policy Period through the entire Subsequent Benefit Period.

NET PROFIT

Net Profit is calculated as:

a. [50% - 70%] of the sum of all premiums paid by the Policyholder for the Specific Coverage for the Policy Period; minus

b. the sum of all Specific Coverage claims for the Policy Period.

CALCULATION OF REFUND

Company will calculate and send to the Policyholder, the Experience Refund, if due, [6-12 months] after the end of the Policy Period.

If Specific Coverage claims are paid after an Experience Refund has been paid to the Policyholder, and such claims relate to the Policy Period for which the Experience Refund has been paid a new Net Profit will be calculated and the Policyholder shall reimburse Company for any reduction in the Experience Refund within thirty (30) days after written notice by the Company. Company may, at its option be reimbursed for any reduction on a previously paid Experience Refund by subtracting the reduced amount from any future payable claim.

All other provisions of the Provider Excess Loss Insurance Policy remain unaffected by this Endorsement.

[

Secretary

Unimerica Insurance Company]

SERFF Tracking #:	*UHLC-129535175*	***State Tracking #:***		***Company Tracking #:***	*PELIP (01/14)*

State:	*District of Columbia*	***Filing Company:***	*Unimerica Insurance Company*
TOI/Sub-TOI:	*H12 Health - Excess/Stop Loss/H12.003 Provider*		
Product Name:	*Excess Loss Rates*		
Project Name/Number:	*Provider Excess Loss/PELIP (01/14)*		

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:	11/11/1111
Filing Method of Last Filing:	N/A

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):
Unimerica Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

SERFF Tracking #:	*UHLC-129535175*	***State Tracking #:***		***Company Tracking #:***	*PELIP (01/14)*

State:	*District of Columbia*	***Filing Company:***	*Unimerica Insurance Company*
TOI/Sub-TOI:	*H12 Health - Excess/Stop Loss/H12.003 Provider*		
Product Name:	*Excess Loss Rates*		
Project Name/Number:	*Provider Excess Loss/PELIP (01/14)*		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Hospital Rate Manual	PELIP.DC (01/14)	New		HospitalRateManual_2014.pdf,
2		Physician Rate Manual	PELIP.DC (01/14)	New		PhysicianRateManual_2014.pdf,

SERFF Tracking #:	*UHLC-129535175*	***State Tracking #:***		***Company Tracking #:***	*PELIP (01/14)*

State:	*District of Columbia*	***Filing Company:***	*Unimerica Insurance Company*
TOI/Sub-TOI:	*H12 Health - Excess/Stop Loss/H12.003 Provider*		
Product Name:	*Excess Loss Rates*		
Project Name/Number:	*Provider Excess Loss/PELIP (01/14)*		

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Physician Excess of Loss Manual Calculation

Exhibit P-1

Result A: Unadjusted Net PMPM	Excess Claims Cost, based on Specific Deductible	
Result B: Ancillary Services Factor	Excess Claim cost of All Ancillary Services with adjustment for associated Daily and Annual Maximum	
Result C: Trend factor	Trend from Midpoint of Excess Claim Cost table to Midpoint of the Policy Period	
Result D: Coinsurance factor	Coinsurance Percentage	
Result E: Age/Sex Factor	Age/Sex Factor based on demographics of the membership	
Result F: Adjustment Net PMPM	(A+B)*C*D*E	
Result G: Credibility factor	Credility Factor based on Member years, Deductible	
Result H: Experience PMPM	PMPM from Provider's Historical Experience	
Result I: Total Experience rated Net PMPM	=if(H is null, F, H*G+F*(1-G))	
Result J: Expense	Expense factor	
Result K: Manual Premium Rate	=if(G is null, F,I)/(1-J)	

Physician Claim Distributions

Exhibit P-2

Allowed Threshold	Commercial Claimants	Commercial Average Annual Expense	Commercial Annual Expenses	Medicare Claimants	Medicare Average Annual Expense	Medicare Annual Expenses	Medicaid TANF Claimants	Medicaid TANF Average Annual Expense	Medicaid TANF Annual Expenses
$0	3,321,786	$54.87	$ 182,253,465	1,285,784	$57.62	$ 74,090,992	1,811,232	$57.07	$ 103,370,236
100	1,048,893	163.15	171,124,564	566,434	$171.35	97,056,378	2,107,229	169.71	357,610,643
200	876,023	274.78	240,716,966	613,961	$288.59	177,184,322	1,480,936	285.83	423,296,640
300	758,610	386.01	292,831,375	674,864	$405.41	273,595,205	1,080,698	401.53	433,931,112
400	598,352	497.38	297,605,657	608,503	$522.37	317,863,015	785,838	517.37	406,569,103
500	469,823	608.59	285,930,007	529,677	$639.17	338,555,470	573,140	633.06	362,830,045
600	685,504	769.82	527,714,947	850,642	$808.50	687,748,133	761,128	800.77	609,487,090
800	493,912	993.35	490,625,756	689,032	$1,043.26	718,842,385	491,573	1,033.28	507,933,352
1,000	707,440	1,357.61	960,425,760	1,177,875	$1,425.83	1,679,446,820	623,921	1,412.18	881,090,792
1,500	390,803	1,920.20	750,418,707	806,532	$2,016.69	1,626,524,523	365,078	1,997.39	729,203,398
2,000	262,872	2,480.71	652,109,933	571,074	$2,605.37	1,487,859,958	235,509	2,580.44	607,717,274
2,500	184,438	3,039.40	560,580,816	416,020	$3,192.13	1,327,989,316	143,192	3,161.57	452,711,657
3,000	119,346	3,596.50	429,228,046	300,891	$3,777.22	1,136,530,878	77,606	3,741.07	290,329,832
3,500	84,756	4,213.59	357,126,952	232,220	$4,171.89	968,795,374	55,067	4,255.36	234,329,911
4,000	62,258	4,777.29	297,424,670	182,051	$4,730.03	861,105,992	37,074	4,824.67	178,869,683
4,500	47,781	5,340.66	255,182,255	142,059	$5,287.83	751,183,813	27,990	5,393.56	150,965,798
5,000	58,642	6,151.58	360,740,661	194,099	$6,090.70	1,182,197,810	38,147	6,212.55	236,990,123
6,000	38,535	7,284.40	280,704,457	127,842	$7,212.27	922,031,313	27,480	7,356.56	202,158,169
7,000	17,551	8,415.07	147,692,950	81,505	$8,331.62	679,068,296	12,365	8,498.52	105,084,255
8,000	11,504	9,548.69	109,848,073	55,799	$9,454.58	527,555,853	7,345	9,644.14	70,836,235
9,000	7,938	10,681.59	84,790,451	40,552	$10,575.26	428,847,748	4,971	10,786.78	53,621,108
10,000	5,529	11,808.59	65,289,699	29,867	$11,692.02	349,205,537	3,800	11,925.66	45,317,514
11,000	4,028	12,934.34	52,099,502	23,467	$12,806.23	300,523,805	1,955	13,065.17	25,542,401
12,000	2,997	14,069.08	42,165,031	17,801	$13,928.99	247,949,994	1,264	14,212.71	17,964,867
13,000	2,431	15,192.63	36,933,282	12,993	$15,044.33	195,471,043	905	15,339.71	13,882,439
14,000	1,940	16,325.70	31,671,862	11,577	$16,166.01	187,153,902	849	16,492.78	14,002,374
15,000	1,518	17,445.79	26,482,703	8,132	$17,277.25	140,498,584	479	17,629.37	8,444,470
16,000	1,306	18,568.23	24,250,107	6,750	$18,387.33	124,114,497	468	18,757.56	8,778,536
17,000	1,020	19,699.84	20,093,833	5,526	$19,510.63	107,815,736	187	19,885.92	3,718,667
18,000	858	20,847.84	17,887,450	4,791	$20,634.91	98,861,853	125	21,024.63	2,628,078
19,000	729	21,974.14	16,019,147	3,305	$21,745.28	71,868,137	452	22,198.01	10,033,501
20,000	1,504	23,856.12	35,879,610	7,292	$23,628.19	172,296,794	391	24,117.05	9,429,765
22,500	1,105	26,712.29	29,517,081	5,088	$26,445.11	134,552,701	463	26,996.75	12,499,497
25,000	930	29,530.15	27,463,037	3,393	$29,238.04	99,204,664	250	29,796.58	7,449,145
27,500	727	32,333.36	23,506,353	3,147	$32,036.37	100,818,449	39	32,549.77	1,269,441
30,000	551	35,163.64	19,375,164	2,081	$34,796.46	72,411,431	498	35,474.26	17,666,183
32,500	418	37,955.20	15,865,273	1,451	$37,593.06	54,547,532	74	38,335.15	2,836,801
35,000	578	42,071.56	24,317,364	1,574	$41,655.18	65,565,261	42	42,120.17	1,769,047
40,000	250	47,570.14	11,892,536	734	$47,182.38	34,631,869	41	47,756.33	1,958,009
45,000	125	53,233.16	6,654,145	332	$52,825.93	17,538,208	90	54,478.76	4,903,089
50,000	83	58,809.59	4,881,196	332	$58,454.67	19,406,950	85	60,045.20	5,103,842
55,000	46	64,976.56	2,988,922	158	$63,761.01	10,074,240	75	65,798.56	4,934,892
60,000	21	70,577.42	1,482,126	88	$69,997.65	6,159,793	38	71,484.55	2,716,413
65,000	13	73,878.28	960,418	70	$75,374.02	5,276,182	32	77,336.39	2,474,765
70,000	8	85,963.34	687,707	53	$80,580.96	4,270,791	27	82,906.96	2,238,488
75,000	10	85,765.72	857,657	17	$87,794.74	1,492,511	19	88,501.80	1,681,534
80,000	6	86,951.36	521,708	53	$90,655.43	4,804,738	16	93,799.33	1,500,789
85,000	6	92,221.11	553,327	17	$97,998.75	1,665,979	13	99,774.08	1,297,063
90,000	1	146,236.86	146,237	17	$103,598.64	1,761,177	8	105,190.89	841,527
95,000	4	115,605.76	462,423	-	$ -	-	5	111,076.26	555,381
100,000	13	169,504.47	2,203,558	17	$173,452.52	2,948,693	2	141,802.27	283,605

Physician Expense Distribution by Service Type and Annual Expenditure

Exhibit P-3A

Commercial

	Surgery						Evaluation & Management						Non-Evaluation & Management										
Allowed	Non-	Maternity					Office	Preventive	Inpatient	Consulta-	Emergency	Misc	Immun, Injec	Veni-					Ophthalmalo	phthalmalo	Physical		Other	Other
Threshold	Maternity	Non-Deliv	Delivery	Anesthesia	Radiology	Pathology	Visits	Visits	Visits	tions	Room	Physician	& Infusions	puncture	llergy Test	Cardio.	Chemo.	Exams	Services	Medicine	Psychiatry	Medicine	HCPCS
$ -	0.00%	0.00%	0.00%	0.36%	2.31%	5.71%	65.03%	11.90%	0.54%	0.15%	3.81%	1.59%	4.61%	0.17%	0.01%	0.20%	0.00%	0.34%	0.06%	0.21%	1.25%	0.68%	1.06%
100	2.56%	0.01%	0.00%	0.01%	2.79%	10.66%	46.35%	17.80%	1.68%	0.81%	4.44%	1.76%	4.67%	0.26%	0.01%	0.45%	0.00%	1.23%	0.23%	0.25%	1.44%	1.01%	1.59%
200	3.48%	0.01%	0.00%	0.02%	3.35%	13.95%	41.11%	15.59%	2.62%	1.27%	3.19%	1.92%	6.08%	0.26%	0.02%	0.65%	0.00%	1.02%	0.29%	0.38%	1.63%	1.12%	2.01%
300	4.42%	0.02%	0.00%	0.04%	3.93%	14.40%	39.06%	12.83%	3.17%	1.62%	2.88%	2.05%	6.73%	0.25%	0.02%	0.89%	0.00%	1.08%	0.33%	0.54%	1.96%	1.24%	2.54%
400	5.47%	0.04%	0.00%	0.10%	4.68%	14.53%	37.85%	10.81%	3.27%	1.98%	2.76%	1.90%	6.37%	0.24%	0.03%	1.13%	0.01%	1.11%	0.37%	0.75%	2.26%	1.36%	3.00%
500	6.32%	0.04%	0.00%	0.23%	5.30%	14.52%	36.65%	9.27%	3.40%	2.27%	2.68%	1.80%	5.99%	0.23%	0.04%	1.35%	0.01%	1.12%	0.40%	0.97%	2.59%	1.50%	3.33%
600	7.39%	0.06%	0.00%	0.73%	6.05%	14.26%	34.85%	7.60%	3.34%	2.56%	2.62%	1.81%	5.46%	0.21%	0.04%	1.63%	0.01%	1.10%	0.43%	1.37%	3.10%	1.72%	3.66%
800	8.74%	0.10%	0.02%	1.91%	6.80%	13.76%	32.24%	5.97%	3.17%	2.78%	2.50%	1.91%	4.83%	0.19%	0.04%	1.84%	0.02%	1.02%	0.43%	1.88%	3.71%	2.01%	4.12%
1000	10.57%	0.15%	0.05%	4.56%	7.31%	12.79%	28.10%	4.31%	3.22%	2.92%	2.31%	2.07%	4.59%	0.16%	0.04%	1.97%	0.02%	0.89%	0.41%	2.55%	4.36%	2.33%	4.34%
1500	12.81%	0.22%	0.29%	7.67%	7.41%	11.60%	23.65%	2.96%	3.56%	2.87%	2.13%	2.12%	4.47%	0.13%	0.03%	2.04%	0.03%	0.74%	0.38%	3.14%	4.84%	2.64%	4.28%
2,000	14.88%	0.26%	1.58%	9.69%	7.31%	10.59%	20.81%	2.26%	3.77%	2.72%	2.08%	1.59%	3.41%	0.11%	0.03%	2.13%	0.04%	0.65%	0.36%	3.57%	5.14%	2.74%	4.27%
2,500	16.60%	0.31%	2.74%	11.59%	7.32%	9.91%	18.72%	1.85%	3.40%	2.58%	2.03%	1.01%	2.34%	0.10%	0.02%	2.18%	0.04%	0.61%	0.36%	3.88%	5.22%	2.82%	4.35%
3,000	17.77%	0.37%	4.89%	13.60%	7.18%	9.40%	16.59%	1.55%	2.77%	2.40%	1.92%	0.53%	1.48%	0.09%	0.02%	2.18%	0.04%	0.55%	0.33%	3.99%	5.14%	2.82%	4.36%
3,500	18.51%	0.41%	6.88%	15.33%	7.10%	8.88%	14.82%	1.32%	2.52%	2.21%	1.81%	0.32%	1.08%	0.09%	0.02%	2.06%	0.05%	0.47%	0.30%	4.06%	4.88%	2.66%	4.23%
4,000	19.13%	0.45%	8.32%	16.61%	7.06%	8.39%	13.48%	1.15%	2.38%	2.05%	1.72%	0.22%	0.90%	0.08%	0.02%	1.93%	0.05%	0.42%	0.26%	4.03%	4.63%	2.49%	4.24%
4,500	20.04%	0.46%	8.59%	17.31%	7.09%	8.05%	12.56%	1.01%	2.39%	1.95%	1.67%	0.16%	0.77%	0.08%	0.01%	1.88%	0.05%	0.38%	0.25%	4.05%	4.45%	2.43%	4.34%
5,000	21.20%	0.45%	8.24%	17.85%	7.09%	7.87%	11.69%	0.87%	2.49%	1.90%	1.63%	0.14%	0.72%	0.07%	0.01%	1.89%	0.06%	0.35%	0.23%	4.16%	4.40%	2.35%	4.34%
6,000	22.52%	0.42%	7.24%	17.92%	7.14%	7.65%	10.88%	0.73%	2.80%	1.89%	1.65%	0.12%	0.70%	0.07%	0.01%	1.92%	0.08%	0.31%	0.21%	4.27%	4.49%	2.44%	4.54%
7,000	23.85%	0.37%	5.81%	17.89%	7.05%	7.54%	10.34%	0.64%	3.16%	1.88%	1.71%	0.12%	0.79%	0.06%	0.01%	1.97%	0.10%	0.29%	0.19%	4.30%	4.55%	2.46%	4.90%
8,000	25.41%	0.33%	4.50%	17.86%	7.00%	7.34%	9.85%	0.55%	3.49%	1.89%	1.80%	0.11%	0.76%	0.06%	0.03%	1.88%	0.13%	0.27%	0.20%	4.20%	4.50%	2.54%	5.28%
9,000	26.38%	0.28%	3.31%	17.73%	6.95%	7.06%	9.45%	0.49%	3.85%	1.90%	1.86%	0.10%	0.84%	0.06%	0.01%	1.99%	0.17%	0.26%	0.18%	3.99%	4.38%	2.64%	6.11%
10,000	26.96%	0.25%	2.45%	17.28%	6.98%	6.89%	9.05%	0.43%	4.21%	1.88%	1.96%	0.10%	0.99%	0.06%	0.01%	2.00%	0.23%	0.24%	0.17%	3.75%	4.41%	2.79%	6.91%
11,000	27.48%	0.24%	1.86%	17.05%	6.92%	6.99%	8.72%	0.38%	4.46%	1.88%	2.06%	0.09%	0.88%	0.05%	0.02%	1.92%	0.29%	0.23%	0.16%	3.44%	4.23%	2.85%	7.80%
12,000	27.92%	0.20%	1.35%	16.66%	6.97%	6.54%	8.26%	0.35%	4.89%	1.83%	2.24%	0.10%	0.90%	0.05%	0.01%	1.77%	0.35%	0.22%	0.16%	3.10%	4.09%	2.93%	9.11%
13,000	27.64%	0.16%	1.02%	16.32%	6.99%	6.42%	7.84%	0.32%	5.10%	1.81%	2.36%	0.10%	0.86%	0.05%	0.01%	1.83%	0.46%	0.20%	0.16%	2.90%	3.67%	2.97%	10.80%
14,000	27.86%	0.20%	0.70%	15.95%	6.92%	6.25%	7.39%	0.28%	5.30%	1.76%	2.37%	0.09%	0.97%	0.05%	0.01%	1.70%	0.52%	0.18%	0.15%	2.62%	3.31%	2.96%	12.47%
15,000	27.32%	0.18%	0.62%	14.85%	7.44%	6.31%	7.11%	0.27%	5.39%	1.72%	2.42%	0.10%	0.90%	0.05%	0.01%	1.62%	0.65%	0.17%	0.13%	2.25%	3.16%	2.85%	14.50%
16,000	26.34%	0.09%	0.58%	14.64%	7.44%	6.30%	6.75%	0.24%	5.46%	1.65%	2.56%	0.09%	0.95%	0.05%	0.01%	1.45%	0.70%	0.17%	0.15%	2.11%	3.21%	3.07%	15.99%
17,000	25.87%	0.13%	0.33%	14.01%	7.20%	5.61%	6.58%	0.23%	6.05%	1.62%	2.75%	0.09%	0.96%	0.04%	0.01%	1.36%	0.85%	0.16%	0.14%	1.97%	3.13%	2.95%	17.98%
18,000	24.82%	0.11%	0.33%	13.64%	7.67%	5.43%	6.28%	0.21%	5.80%	1.65%	2.84%	0.08%	0.93%	0.04%	0.00%	1.40%	0.97%	0.15%	0.12%	1.80%	2.66%	2.75%	20.31%
19,000	25.01%	0.05%	0.24%	13.12%	8.14%	5.27%	5.90%	0.20%	5.77%	1.56%	2.59%	0.07%	0.93%	0.04%	0.01%	1.29%	1.07%	0.14%	0.11%	1.62%	2.43%	2.72%	21.72%
20,000	23.27%	0.07%	0.23%	12.34%	8.59%	5.00%	5.46%	0.19%	5.76%	1.46%	2.75%	0.08%	0.98%	0.04%	0.01%	1.06%	1.18%	0.14%	0.11%	1.42%	2.15%	2.61%	25.11%
22,500	21.29%	0.04%	0.13%	10.81%	10.40%	4.13%	4.90%	0.15%	5.54%	1.34%	2.81%	0.10%	0.96%	0.04%	0.00%	1.02%	1.38%	0.10%	0.09%	1.00%	1.83%	2.52%	29.43%
25,000	18.39%	0.04%	0.10%	9.67%	11.91%	3.67%	4.53%	0.14%	5.29%	1.20%	2.91%	0.07%	0.94%	0.04%	0.01%	0.83%	1.53%	0.10%	0.08%	0.90%	1.19%	2.31%	34.16%
27,500	17.05%	0.07%	0.14%	8.95%	11.30%	3.71%	4.32%	0.13%	5.25%	1.16%	2.98%	0.10%	1.01%	0.04%	0.00%	0.75%	1.70%	0.08%	0.06%	0.81%	1.28%	1.95%	37.16%
30,000	15.39%	0.02%	0.10%	8.38%	10.56%	3.14%	4.02%	0.12%	5.22%	1.05%	3.28%	0.08%	1.05%	0.04%	0.00%	0.68%	1.72%	0.09%	0.09%	0.64%	1.01%	1.87%	41.46%
32,500	14.32%	0.00%	0.04%	7.75%	9.16%	3.29%	3.91%	0.10%	4.62%	1.01%	2.87%	0.06%	1.07%	0.04%	0.00%	0.65%	1.92%	0.07%	0.07%	0.53%	0.78%	1.64%	46.09%
35,000	12.64%	0.00%	0.02%	6.90%	7.28%	2.89%	3.52%	0.10%	4.36%	0.89%	3.07%	0.07%	1.14%	0.03%	0.00%	0.52%	2.08%	0.07%	0.07%	0.54%	0.70%	1.69%	51.38%
40,000	10.79%	0.00%	0.05%	5.72%	6.40%	2.67%	3.19%	0.08%	3.95%	0.82%	2.80%	0.10%	1.11%	0.03%	0.00%	0.51%	2.18%	0.05%	0.03%	0.33%	0.50%	1.38%	57.28%
45,000	9.23%	0.00%	0.01%	5.40%	6.16%	2.56%	3.01%	0.07%	3.88%	0.75%	2.96%	0.04%	1.10%	0.03%	0.00%	0.48%	2.23%	0.04%	0.03%	0.31%	0.43%	1.19%	60.07%
50,000	8.40%	0.00%	0.02%	4.88%	6.09%	2.34%	2.86%	0.06%	3.36%	0.67%	2.34%	0.03%	1.05%	0.03%	0.00%	0.36%	2.45%	0.04%	0.03%	0.24%	0.33%	1.13%	63.30%
55,000	7.90%	0.00%	0.01%	4.84%	6.20%	2.32%	2.85%	0.06%	3.09%	0.61%	1.69%	0.04%	1.10%	0.04%	0.00%	0.33%	2.38%	0.03%	0.04%	0.18%	0.16%	1.00%	65.15%
60,000	7.23%	0.00%	0.01%	3.97%	6.07%	2.23%	2.72%	0.05%	2.61%	0.58%	2.26%	0.04%	1.02%	0.04%	0.00%	0.33%	2.68%	0.03%	0.02%	0.19%	0.19%	0.91%	66.81%
65,000	6.28%	0.00%	0.01%	3.47%	6.24%	1.99%	2.57%	0.05%	2.52%	0.52%	2.11%	0.04%	1.01%	0.03%	0.00%	0.30%	2.50%	0.03%	0.05%	0.15%	0.12%	0.72%	69.28%
70,000	5.82%	0.00%	0.00%	3.11%	6.32%	1.97%	2.34%	0.04%	2.25%	0.47%	1.58%	0.03%	1.02%	0.03%	0.00%	0.41%	2.45%	0.02%	0.01%	0.15%	0.09%	0.90%	70.98%
75,000	5.51%	0.00%	0.00%	2.88%	6.30%	1.75%	2.24%	0.04%	1.69%	0.44%	1.22%	0.17%	0.82%	0.03%	0.00%	0.41%	2.59%	0.02%	0.01%	0.11%	0.07%	1.22%	72.44%
80,000	5.84%	0.00%	0.01%	2.88%	6.99%	1.86%	2.26%	0.04%	1.72%	0.41%	1.41%	0.02%	0.88%	0.03%	0.00%	0.21%	2.63%	0.02%	0.01%	0.09%	0.06%	0.56%	72.09%
85,000	4.75%	0.00%	0.00%	2.31%	7.69%	1.59%	2.01%	0.03%	2.04%	0.39%	1.38%	0.01%	0.81%	0.03%	0.00%	0.40%	2.23%	0.02%	0.02%	0.12%	0.04%	1.05%	73.08%
90,000	4.02%	0.00%	0.01%	2.38%	4.97%	1.56%	2.01%	0.03%	1.66%	0.39%	2.10%	0.01%	0.89%	0.03%	0.00%	0.20%	2.35%	0.03%	0.10%	0.13%	0.18%	0.62%	76.34%
95,000	4.52%	0.00%	0.01%	2.73%	5.56%	1.64%	1.93%	0.04%	1.48%	0.34%	1.23%	0.02%	0.85%	0.03%	0.00%	0.21%	2.44%	0.02%	0.01%	0.07%	0.03%	0.91%	75.92%
100,000	2.11%	0.00%	0.01%	1.12%	4.02%	0.87%	1.16%	0.02%	0.66%	0.17%	0.66%	0.05%	0.63%	0.02%	0.00%	0.22%	1.56%	0.01%	0.01%	0.06%	0.14%	0.52%	85.99%

Physician Expense Distribution by Service Type and Annual Expenditure

Exhibit P-3B

Medicare

	Surgery						Evaluation & Management						Non-Evaluation & Management										
Allowed	Non-	Maternity					Office	Preventive	Inpatient	Consulta-	Emergency	Misc	Immun, Injec	Veni-				Ophthalmalo	phthalmalo	Physical		Other	Other
Threshold	Maternity	Non-Deliv	Delivery	Anesthesia	Radiology	Pathology	Visits	Visits	Visits	tions	Room	Physician	& Infusions	puncture	Allergy Test	Cardio.	Chemo.	Exams	Services	Medicine	Psychiatry	Medicine	HCPCS
$ -	0.00%	0.00%	0.00%	0.01%	4.57%	8.51%	63.68%	1.50%	4.68%	0.15%	3.40%	0.02%	6.87%	0.60%	0.00%	1.22%	0.01%	0.39%	0.12%	0.18%	0.50%	0.20%	3.37%
100	2.63%	0.00%	0.00%	0.12%	3.80%	11.61%	51.27%	3.79%	9.48%	0.69%	3.71%	0.01%	2.42%	0.63%	0.00%	1.21%	0.00%	4.12%	0.66%	0.18%	0.33%	0.43%	2.93%
200	3.41%	0.00%	0.00%	0.16%	4.16%	13.56%	47.64%	4.00%	10.52%	0.99%	3.02%	0.01%	2.42%	0.62%	0.00%	1.54%	0.01%	2.82%	0.71%	0.24%	0.24%	0.51%	3.40%
300	4.24%	0.00%	0.00%	0.19%	4.73%	13.81%	44.97%	3.82%	9.65%	1.26%	2.90%	0.01%	2.86%	0.60%	0.00%	1.82%	0.01%	3.09%	0.88%	0.26%	0.27%	0.58%	4.04%
400	5.12%	0.00%	0.00%	0.28%	5.02%	13.56%	43.16%	3.59%	9.75%	1.46%	2.69%	0.01%	2.79%	0.56%	0.00%	2.12%	0.01%	3.28%	0.94%	0.33%	0.22%	0.61%	4.47%
500	6.04%	0.00%	0.00%	0.36%	4.95%	13.19%	41.76%	3.39%	9.62%	1.73%	2.79%	0.01%	2.62%	0.53%	0.00%	2.57%	0.01%	3.34%	1.03%	0.38%	0.24%	0.65%	4.77%
600	7.61%	0.00%	0.00%	0.54%	5.15%	12.80%	40.12%	2.85%	9.09%	2.03%	2.91%	0.02%	2.27%	0.48%	0.00%	3.09%	0.02%	3.35%	1.12%	0.57%	0.23%	0.86%	4.88%
800	9.72%	0.00%	0.00%	0.79%	5.52%	12.35%	37.83%	2.37%	8.91%	2.50%	3.07%	0.02%	1.74%	0.44%	0.01%	3.56%	0.03%	3.19%	1.20%	0.71%	0.24%	1.00%	4.80%
1000	12.33%	0.00%	0.00%	1.24%	6.39%	11.47%	33.65%	1.79%	9.37%	2.87%	3.35%	0.02%	1.45%	0.37%	0.01%	3.97%	0.03%	2.91%	1.13%	1.15%	0.26%	1.25%	4.99%
1500	14.39%	0.00%	0.00%	1.69%	7.02%	10.50%	29.34%	1.21%	11.27%	3.07%	3.41%	0.02%	2.16%	0.30%	0.01%	4.06%	0.03%	2.40%	1.05%	1.51%	0.29%	1.47%	4.81%
2,000	17.13%	0.00%	0.01%	2.21%	7.28%	9.50%	25.99%	0.90%	12.34%	3.17%	3.44%	0.02%	2.27%	0.26%	0.01%	4.29%	0.03%	2.04%	1.00%	1.76%	0.23%	1.60%	4.55%
2,500	19.54%	0.00%	0.01%	2.55%	7.31%	8.78%	24.15%	0.71%	11.63%	3.31%	3.61%	0.02%	1.93%	0.23%	0.01%	4.59%	0.03%	1.91%	1.01%	2.03%	0.28%	1.87%	4.50%
3,000	21.04%	0.00%	0.01%	2.72%	7.82%	8.75%	23.02%	0.64%	10.26%	3.51%	3.82%	0.03%	1.41%	0.20%	0.01%	4.83%	0.03%	1.82%	0.98%	2.03%	0.31%	2.17%	4.59%
3,500	22.32%	0.00%	0.02%	3.06%	8.03%	8.40%	21.54%	0.52%	9.93%	3.50%	3.80%	0.02%	1.06%	0.19%	0.01%	5.13%	0.04%	1.62%	0.95%	2.41%	0.34%	2.56%	4.55%
4,000	23.27%	0.00%	0.02%	3.30%	8.27%	8.04%	20.19%	0.48%	10.07%	3.51%	3.94%	0.02%	0.97%	0.19%	0.01%	4.87%	0.05%	1.49%	0.85%	2.42%	0.38%	2.87%	4.82%
4,500	24.74%	0.00%	0.03%	3.68%	8.35%	7.69%	19.00%	0.44%	10.09%	3.45%	4.07%	0.02%	0.70%	0.18%	0.01%	4.74%	0.05%	1.34%	0.77%	2.68%	0.27%	2.72%	4.98%
5,000	24.94%	0.00%	0.01%	3.97%	8.69%	7.75%	17.67%	0.37%	10.38%	3.51%	3.98%	0.03%	0.55%	0.16%	0.01%	4.91%	0.06%	1.18%	0.68%	2.47%	0.33%	3.11%	5.22%
6,000	25.14%	0.00%	0.01%	4.21%	8.82%	7.20%	16.03%	0.32%	11.46%	3.49%	4.15%	0.03%	0.44%	0.14%	0.01%	5.00%	0.10%	1.02%	0.63%	2.64%	0.50%	3.18%	5.48%
7,000	25.43%	0.00%	0.03%	4.27%	8.41%	7.08%	14.45%	0.24%	12.17%	3.48%	4.17%	0.03%	0.47%	0.13%	0.00%	5.00%	0.12%	0.85%	0.54%	2.81%	0.52%	3.63%	6.17%
8,000	26.54%	0.00%	0.01%	4.47%	8.41%	6.72%	13.54%	0.21%	12.07%	3.49%	3.89%	0.04%	0.44%	0.12%	0.01%	4.59%	0.16%	0.81%	0.50%	2.80%	0.66%	3.46%	7.06%
9,000	26.31%	0.00%	0.02%	4.44%	8.46%	6.22%	12.31%	0.18%	13.25%	3.50%	3.94%	0.02%	0.60%	0.11%	0.00%	4.69%	0.22%	0.64%	0.45%	2.56%	0.47%	3.99%	7.62%
10,000	26.34%	0.00%	0.00%	4.71%	8.22%	5.87%	11.64%	0.15%	13.37%	3.37%	4.01%	0.02%	0.77%	0.11%	0.01%	4.53%	0.29%	0.60%	0.37%	2.43%	0.44%	3.67%	9.08%
11,000	26.56%	0.00%	0.02%	4.59%	8.26%	5.61%	11.10%	0.13%	14.66%	3.65%	4.15%	0.02%	0.59%	0.09%	0.00%	4.23%	0.33%	0.57%	0.34%	2.00%	0.59%	3.76%	8.73%
12,000	28.09%	0.01%	0.00%	4.54%	8.18%	5.04%	9.98%	0.12%	14.27%	3.43%	4.13%	0.03%	0.53%	0.09%	0.00%	3.70%	0.46%	0.52%	0.35%	1.35%	0.70%	3.84%	10.64%
13,000	27.19%	0.00%	0.00%	4.20%	8.39%	4.59%	9.28%	0.10%	16.01%	3.36%	4.12%	0.03%	0.58%	0.08%	0.00%	3.78%	0.58%	0.48%	0.36%	1.24%	0.50%	4.05%	11.09%
14,000	25.51%	0.00%	0.00%	3.97%	7.81%	4.52%	8.54%	0.11%	14.48%	3.07%	4.04%	0.02%	0.66%	0.07%	0.00%	3.66%	0.52%	0.38%	0.28%	1.31%	0.82%	3.94%	16.28%
15,000	25.59%	0.00%	0.00%	3.72%	8.97%	4.91%	8.72%	0.07%	14.42%	3.00%	4.10%	0.04%	0.84%	0.08%	0.00%	3.39%	0.79%	0.33%	0.22%	0.86%	0.81%	3.52%	15.62%
16,000	25.02%	0.00%	0.00%	3.38%	9.61%	4.39%	7.57%	0.07%	14.24%	2.95%	3.43%	0.02%	0.65%	0.06%	0.01%	3.00%	0.87%	0.37%	0.27%	1.01%	0.98%	4.05%	18.05%
17,000	25.36%	0.00%	0.00%	3.55%	9.09%	4.36%	7.89%	0.09%	14.94%	2.74%	3.52%	0.01%	0.65%	0.06%	0.00%	2.81%	0.82%	0.35%	0.17%	1.05%	0.25%	3.99%	18.31%
18,000	24.98%	0.00%	0.00%	3.96%	9.29%	3.95%	7.08%	0.08%	14.17%	2.94%	3.97%	0.01%	0.57%	0.06%	0.00%	2.92%	0.99%	0.38%	0.27%	1.39%	0.14%	3.60%	19.25%
19,000	23.07%	0.00%	0.00%	3.25%	9.03%	4.06%	6.67%	0.05%	15.10%	2.70%	2.93%	0.01%	0.64%	0.06%	0.00%	2.55%	1.39%	0.29%	0.13%	0.62%	0.21%	4.26%	22.98%
20,000	22.17%	0.00%	0.00%	3.22%	10.71%	3.99%	6.00%	0.04%	13.94%	2.66%	3.39%	0.01%	0.76%	0.06%	0.01%	2.42%	1.45%	0.31%	0.17%	1.01%	0.13%	3.69%	23.86%
22,500	21.80%	0.00%	0.00%	2.85%	11.65%	3.17%	5.42%	0.06%	13.01%	2.35%	2.95%	0.02%	0.76%	0.05%	0.00%	1.93%	1.51%	0.25%	0.23%	0.46%	0.42%	3.58%	27.52%
25,000	18.91%	0.00%	0.00%	2.49%	13.31%	2.90%	4.50%	0.03%	13.16%	2.17%	2.73%	0.02%	0.82%	0.05%	0.01%	1.79%	1.54%	0.17%	0.05%	0.43%	0.05%	2.83%	32.03%
27,500	19.07%	0.00%	0.00%	2.42%	17.71%	3.54%	4.66%	0.06%	11.99%	2.00%	3.61%	0.04%	0.91%	0.04%	0.00%	1.73%	1.81%	0.11%	0.04%	0.42%	0.23%	2.54%	27.06%
30,000	16.52%	0.00%	0.00%	2.14%	14.29%	2.55%	4.30%	0.04%	11.25%	1.56%	2.01%	0.02%	0.67%	0.04%	0.00%	1.51%	1.46%	0.11%	0.13%	0.46%	0.24%	1.61%	39.09%
32,500	17.46%	0.00%	0.00%	2.13%	18.92%	2.80%	4.77%	0.04%	10.56%	1.83%	1.97%	0.00%	0.76%	0.06%	0.00%	1.39%	2.18%	0.19%	0.17%	0.10%	0.05%	2.33%	32.27%
35,000	11.13%	0.00%	0.00%	1.47%	21.07%	2.41%	3.97%	0.04%	7.12%	1.29%	1.31%	0.01%	0.78%	0.04%	0.01%	0.89%	1.70%	0.24%	0.22%	0.36%	0.20%	1.94%	43.80%
40,000	10.23%	0.00%	0.00%	1.41%	15.43%	2.18%	3.71%	0.04%	6.65%	1.29%	1.57%	0.00%	0.91%	0.05%	0.00%	0.79%	2.42%	0.10%	0.03%	0.11%	0.05%	1.12%	51.90%
45,000	8.68%	0.00%	0.00%	0.99%	11.42%	2.18%	2.99%	0.02%	6.35%	1.01%	1.48%	0.00%	1.11%	0.05%	0.00%	0.88%	2.10%	0.06%	0.02%	0.16%	0.25%	1.97%	58.28%
50,000	7.00%	0.00%	0.00%	0.93%	11.46%	2.39%	3.42%	0.05%	5.41%	1.03%	1.12%	0.00%	1.40%	0.05%	0.00%	0.63%	3.17%	0.12%	0.08%	0.51%	0.01%	1.22%	60.00%
55,000	12.80%	0.00%	0.00%	1.09%	9.51%	2.38%	3.72%	0.00%	7.68%	1.25%	1.27%	0.00%	1.31%	0.04%	0.00%	0.59%	2.44%	0.03%	0.03%	0.94%	0.44%	0.90%	53.59%
60,000	4.05%	0.00%	0.00%	1.41%	9.55%	2.85%	3.99%	0.05%	3.62%	0.66%	0.24%	0.03%	0.81%	0.08%	0.00%	0.33%	5.15%	0.08%	0.02%	0.00%	0.00%	0.75%	66.34%
65,000	3.39%	0.00%	0.00%	0.59%	2.87%	0.76%	1.40%	0.00%	2.68%	0.40%	0.32%	0.01%	0.38%	0.02%	0.00%	0.19%	0.88%	0.05%	0.00%	0.00%	0.02%	0.49%	85.55%
70,000	6.13%	0.00%	0.00%	0.47%	10.07%	1.41%	1.51%	0.03%	4.23%	0.61%	0.06%	0.00%	0.43%	0.04%	0.00%	0.45%	1.93%	0.02%	0.00%	0.00%	0.01%	0.34%	72.26%
75,000	2.05%	0.00%	0.00%	0.70%	7.80%	0.98%	3.02%	0.00%	9.11%	1.38%	2.31%	0.00%	0.34%	0.05%	0.00%	0.38%	2.27%	0.16%	0.00%	0.00%	0.00%	2.68%	66.77%
80,000	0.97%	0.00%	0.00%	0.12%	8.05%	0.91%	1.88%	0.00%	0.32%	0.37%	0.05%	0.00%	0.25%	0.01%	0.00%	0.08%	1.79%	0.00%	0.02%	0.17%	0.00%	0.00%	84.99%
85,000	0.04%	0.00%	0.00%	0.00%	0.12%	0.06%	0.33%	0.00%	0.55%	0.08%	0.05%	0.00%	0.38%	0.00%	0.00%	0.00%	1.13%	0.00%	0.00%	0.00%	0.00%	0.00%	97.25%
90,000	0.02%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.02%	99.91%
95,000	0.01%	0.00%	0.00%	0.00%	0.00%	0.02%	2.07%	0.00%	0.00%	0.26%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.16%	0.00%	0.00%	0.00%	0.00%	0.00%	97.46%
100,000	0.42%	0.00%	0.00%	0.00%	0.01%	1.84%	0.13%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%	0.01%	0.00%	0.05%	0.06%	97.45%

Physician Expense Distribution by Service Type and Annual Expenditure

Exhibit P-3C

Medicaid TANF

	Surgery						Evaluation & Management						Non-Evaluation & Management										
Allowed	Non-	Maternity					Office	Preventive	Inpatient	Consulta-	Emergency	Misc	Immun, Injec	Veni-					Ophthalmolo	phthalmolo	Physical		Other	Other
Threshold	Maternity	Non-Deliv	Delivery	Anesthesia	Radiology	Pathology	Visits	Visits	Visits	tions	Room	Physician	& Infusions	puncture	Allergy Test	Cardio.	Chemo.	Exams	Services	Medicine	Psychiatry	Medicine	HCPCS
$ -	0.00%	0.00%	0.00%	0.36%	2.31%	5.71%	65.03%	11.90%	0.54%	0.15%	3.81%	1.59%	4.61%	0.17%	0.01%	0.20%	0.00%	0.34%	0.06%	0.21%	1.25%	0.68%	1.06%
100	2.56%	0.01%	0.00%	0.01%	2.79%	10.66%	46.35%	17.80%	1.68%	0.81%	4.44%	1.76%	4.67%	0.26%	0.01%	0.45%	0.00%	1.23%	0.23%	0.25%	1.44%	1.01%	1.59%
200	3.48%	0.01%	0.00%	0.02%	3.35%	13.95%	41.11%	15.59%	2.62%	1.27%	3.19%	1.92%	6.08%	0.26%	0.02%	0.65%	0.00%	1.02%	0.29%	0.38%	1.63%	1.12%	2.01%
300	4.42%	0.02%	0.00%	0.04%	3.93%	14.40%	39.06%	12.83%	3.17%	1.62%	2.88%	2.05%	6.73%	0.25%	0.02%	0.89%	0.00%	1.08%	0.33%	0.54%	1.96%	1.24%	2.54%
400	5.47%	0.04%	0.00%	0.10%	4.68%	14.53%	37.85%	10.81%	3.27%	1.98%	2.76%	1.90%	6.37%	0.24%	0.03%	1.13%	0.01%	1.11%	0.37%	0.75%	2.26%	1.36%	3.00%
500	6.32%	0.04%	0.00%	0.23%	5.30%	14.52%	36.65%	9.27%	3.40%	2.27%	2.68%	1.80%	5.99%	0.23%	0.04%	1.35%	0.01%	1.12%	0.40%	0.97%	2.59%	1.50%	3.33%
600	7.39%	0.06%	0.00%	0.73%	6.05%	14.26%	34.85%	7.60%	3.34%	2.56%	2.62%	1.81%	5.46%	0.21%	0.04%	1.63%	0.01%	1.10%	0.43%	1.37%	3.10%	1.72%	3.66%
800	8.74%	0.10%	0.02%	1.91%	6.80%	13.76%	32.24%	5.97%	3.17%	2.78%	2.50%	1.91%	4.83%	0.19%	0.04%	1.84%	0.02%	1.02%	0.43%	1.88%	3.71%	2.01%	4.12%
1000	10.57%	0.15%	0.05%	4.56%	7.31%	12.79%	28.10%	4.31%	3.22%	2.92%	2.31%	2.07%	4.59%	0.16%	0.04%	1.97%	0.02%	0.89%	0.41%	2.55%	4.36%	2.33%	4.34%
1500	12.81%	0.22%	0.29%	7.67%	7.41%	11.60%	23.65%	2.96%	3.56%	2.87%	2.13%	2.12%	4.47%	0.13%	0.03%	2.04%	0.03%	0.74%	0.38%	3.14%	4.84%	2.64%	4.28%
2,000	14.88%	0.26%	1.58%	9.69%	7.31%	10.59%	20.81%	2.26%	3.77%	2.72%	2.08%	1.59%	3.41%	0.11%	0.03%	2.13%	0.04%	0.65%	0.36%	3.57%	5.14%	2.74%	4.27%
2,500	16.60%	0.31%	2.74%	11.59%	7.32%	9.91%	18.72%	1.85%	3.40%	2.58%	2.03%	1.01%	2.34%	0.10%	0.02%	2.18%	0.04%	0.61%	0.36%	3.88%	5.22%	2.82%	4.35%
3,000	17.77%	0.37%	4.89%	13.60%	7.18%	9.40%	16.59%	1.55%	2.77%	2.40%	1.92%	0.53%	1.48%	0.09%	0.02%	2.18%	0.04%	0.55%	0.33%	3.99%	5.14%	2.82%	4.36%
3,500	18.51%	0.41%	6.88%	15.33%	7.10%	8.88%	14.82%	1.32%	2.52%	2.21%	1.81%	0.32%	1.08%	0.09%	0.02%	2.06%	0.05%	0.47%	0.30%	4.06%	4.88%	2.66%	4.23%
4,000	19.13%	0.45%	8.32%	16.61%	7.06%	8.39%	13.48%	1.15%	2.38%	2.05%	1.72%	0.22%	0.90%	0.08%	0.02%	1.93%	0.05%	0.42%	0.26%	4.03%	4.63%	2.49%	4.24%
4,500	20.04%	0.46%	8.59%	17.31%	7.09%	8.05%	12.56%	1.01%	2.39%	1.95%	1.67%	0.16%	0.77%	0.08%	0.01%	1.88%	0.05%	0.38%	0.25%	4.05%	4.45%	2.43%	4.34%
5,000	21.20%	0.45%	8.24%	17.85%	7.09%	7.87%	11.69%	0.87%	2.49%	1.90%	1.63%	0.14%	0.72%	0.07%	0.01%	1.89%	0.06%	0.35%	0.23%	4.16%	4.40%	2.35%	4.34%
6,000	22.52%	0.42%	7.24%	17.92%	7.14%	7.65%	10.88%	0.73%	2.80%	1.89%	1.65%	0.12%	0.70%	0.07%	0.01%	1.92%	0.08%	0.31%	0.21%	4.27%	4.49%	2.44%	4.54%
7,000	23.85%	0.37%	5.81%	17.89%	7.05%	7.54%	10.34%	0.64%	3.16%	1.88%	1.71%	0.12%	0.79%	0.06%	0.01%	1.97%	0.10%	0.29%	0.19%	4.30%	4.55%	2.46%	4.90%
8,000	25.41%	0.33%	4.50%	17.86%	7.00%	7.34%	9.85%	0.55%	3.49%	1.89%	1.80%	0.11%	0.76%	0.06%	0.03%	1.88%	0.13%	0.27%	0.20%	4.20%	4.50%	2.54%	5.28%
9,000	26.38%	0.28%	3.31%	17.73%	6.95%	7.06%	9.45%	0.49%	3.85%	1.90%	1.86%	0.10%	0.84%	0.06%	0.01%	1.99%	0.17%	0.26%	0.18%	3.99%	4.38%	2.64%	6.11%
10,000	26.96%	0.25%	2.45%	17.28%	6.98%	6.89%	9.05%	0.43%	4.21%	1.88%	1.96%	0.10%	0.99%	0.06%	0.01%	2.00%	0.23%	0.24%	0.17%	3.75%	4.41%	2.79%	6.91%
11,000	27.48%	0.24%	1.86%	17.05%	6.92%	6.99%	8.72%	0.38%	4.46%	1.88%	2.06%	0.09%	0.88%	0.05%	0.02%	1.92%	0.29%	0.23%	0.16%	3.44%	4.23%	2.85%	7.80%
12,000	27.92%	0.20%	1.35%	16.66%	6.97%	6.54%	8.26%	0.35%	4.89%	1.83%	2.24%	0.10%	0.90%	0.05%	0.01%	1.77%	0.35%	0.22%	0.16%	3.10%	4.09%	2.93%	9.11%
13,000	27.64%	0.16%	1.02%	16.32%	6.99%	6.42%	7.84%	0.32%	5.10%	1.81%	2.36%	0.10%	0.86%	0.05%	0.01%	1.83%	0.46%	0.20%	0.16%	2.90%	3.67%	2.97%	10.80%
14,000	27.86%	0.20%	0.70%	15.95%	6.92%	6.25%	7.39%	0.28%	5.30%	1.76%	2.37%	0.09%	0.97%	0.05%	0.01%	1.70%	0.52%	0.18%	0.15%	2.62%	3.31%	2.96%	12.47%
15,000	27.32%	0.18%	0.62%	14.85%	7.44%	6.31%	7.11%	0.27%	5.39%	1.72%	2.42%	0.10%	0.90%	0.05%	0.01%	1.62%	0.65%	0.17%	0.13%	2.25%	3.16%	2.85%	14.50%
16,000	26.34%	0.09%	0.58%	14.64%	7.44%	6.30%	6.75%	0.24%	5.46%	1.65%	2.56%	0.09%	0.95%	0.05%	0.01%	1.45%	0.70%	0.17%	0.15%	2.11%	3.21%	3.07%	15.99%
17,000	25.87%	0.13%	0.33%	14.01%	7.20%	5.61%	6.58%	0.23%	6.05%	1.62%	2.75%	0.09%	0.96%	0.04%	0.01%	1.36%	0.85%	0.16%	0.14%	1.97%	3.13%	2.95%	17.98%
18,000	24.82%	0.11%	0.33%	13.64%	7.67%	5.43%	6.28%	0.21%	5.80%	1.65%	2.84%	0.08%	0.93%	0.04%	0.00%	1.40%	0.97%	0.15%	0.12%	1.80%	2.66%	2.75%	20.31%
19,000	25.01%	0.05%	0.24%	13.12%	8.14%	5.27%	5.90%	0.20%	5.77%	1.56%	2.59%	0.07%	0.93%	0.04%	0.01%	1.29%	1.07%	0.14%	0.11%	1.62%	2.43%	2.72%	21.72%
20,000	23.27%	0.07%	0.23%	12.34%	8.59%	5.00%	5.46%	0.19%	5.76%	1.46%	2.75%	0.08%	0.98%	0.04%	0.01%	1.06%	1.18%	0.14%	0.11%	1.42%	2.15%	2.61%	25.11%
22,500	21.29%	0.04%	0.13%	10.81%	10.40%	4.13%	4.90%	0.15%	5.54%	1.34%	2.81%	0.10%	0.96%	0.04%	0.00%	1.02%	1.38%	0.10%	0.09%	1.00%	1.83%	2.52%	29.43%
25,000	18.39%	0.04%	0.10%	9.67%	11.91%	3.67%	4.53%	0.14%	5.29%	1.20%	2.91%	0.07%	0.94%	0.04%	0.01%	0.83%	1.53%	0.10%	0.08%	0.90%	1.19%	2.31%	34.16%
27,500	17.05%	0.07%	0.14%	8.95%	11.30%	3.71%	4.32%	0.13%	5.25%	1.16%	2.98%	0.10%	1.01%	0.04%	0.00%	0.75%	1.70%	0.08%	0.06%	0.81%	1.28%	1.95%	37.16%
30,000	15.39%	0.02%	0.10%	8.38%	10.56%	3.14%	4.02%	0.12%	5.22%	1.05%	3.28%	0.08%	1.05%	0.04%	0.00%	0.68%	1.72%	0.09%	0.09%	0.64%	1.01%	1.87%	41.46%
32,500	14.32%	0.00%	0.04%	7.75%	9.16%	3.29%	3.91%	0.10%	4.62%	1.01%	2.87%	0.06%	1.07%	0.04%	0.00%	0.65%	1.92%	0.07%	0.07%	0.53%	0.78%	1.64%	46.09%
35,000	12.64%	0.00%	0.02%	6.90%	7.28%	2.89%	3.52%	0.10%	4.36%	0.89%	3.07%	0.07%	1.14%	0.03%	0.00%	0.52%	2.08%	0.07%	0.07%	0.54%	0.70%	1.69%	51.38%
40,000	10.79%	0.00%	0.05%	5.72%	6.40%	2.67%	3.19%	0.08%	3.95%	0.82%	2.80%	0.10%	1.11%	0.03%	0.00%	0.51%	2.18%	0.05%	0.03%	0.33%	0.50%	1.38%	57.28%
45,000	9.23%	0.00%	0.01%	5.40%	6.16%	2.56%	3.01%	0.07%	3.88%	0.75%	2.96%	0.04%	1.10%	0.03%	0.00%	0.48%	2.23%	0.04%	0.03%	0.31%	0.43%	1.19%	60.07%
50,000	8.40%	0.00%	0.02%	4.88%	6.09%	2.34%	2.86%	0.06%	3.36%	0.67%	2.34%	0.03%	1.05%	0.03%	0.00%	0.36%	2.45%	0.04%	0.03%	0.24%	0.33%	1.13%	63.30%
55,000	7.90%	0.00%	0.01%	4.84%	6.20%	2.32%	2.85%	0.06%	3.09%	0.61%	1.69%	0.04%	1.10%	0.04%	0.00%	0.33%	2.38%	0.03%	0.04%	0.18%	0.16%	1.00%	65.15%
60,000	7.23%	0.00%	0.01%	3.97%	6.07%	2.23%	2.72%	0.05%	2.61%	0.58%	2.26%	0.04%	1.02%	0.04%	0.00%	0.33%	2.68%	0.03%	0.02%	0.19%	0.19%	0.91%	66.81%
65,000	6.28%	0.00%	0.01%	3.47%	6.24%	1.99%	2.57%	0.05%	2.52%	0.52%	2.11%	0.04%	1.01%	0.03%	0.00%	0.30%	2.50%	0.03%	0.05%	0.15%	0.12%	0.72%	69.28%
70,000	5.82%	0.00%	0.00%	3.11%	6.32%	1.97%	2.34%	0.04%	2.25%	0.47%	1.58%	0.03%	1.02%	0.03%	0.00%	0.41%	2.45%	0.02%	0.01%	0.15%	0.09%	0.90%	70.98%
75,000	5.51%	0.00%	0.00%	2.88%	6.30%	1.75%	2.24%	0.04%	1.69%	0.44%	1.22%	0.17%	0.82%	0.03%	0.00%	0.41%	2.59%	0.02%	0.01%	0.11%	0.07%	1.22%	72.44%
80,000	5.84%	0.00%	0.01%	2.88%	6.99%	1.86%	2.26%	0.04%	1.72%	0.41%	1.41%	0.02%	0.88%	0.03%	0.00%	0.21%	2.63%	0.02%	0.01%	0.09%	0.06%	0.56%	72.09%
85,000	4.75%	0.00%	0.00%	2.31%	7.69%	1.59%	2.01%	0.03%	2.04%	0.39%	1.38%	0.01%	0.81%	0.03%	0.00%	0.40%	2.23%	0.02%	0.02%	0.12%	0.04%	1.05%	73.08%
90,000	4.02%	0.00%	0.01%	2.38%	4.97%	1.56%	2.01%	0.03%	1.66%	0.39%	2.10%	0.01%	0.89%	0.03%	0.00%	0.20%	2.35%	0.03%	0.10%	0.13%	0.18%	0.62%	76.34%
95,000	4.52%	0.00%	0.01%	2.73%	5.56%	1.64%	1.93%	0.04%	1.48%	0.34%	1.23%	0.02%	0.85%	0.03%	0.00%	0.21%	2.44%	0.02%	0.01%	0.07%	0.03%	0.91%	75.92%
100,000	2.11%	0.00%	0.01%	1.12%	4.02%	0.87%	1.16%	0.02%	0.66%	0.17%	0.66%	0.05%	0.63%	0.02%	0.00%	0.22%	1.56%	0.01%	0.01%	0.06%	0.14%	0.52%	85.99%

Age/Sex Factors by Deductible

Exhibit P-4

Commercial

	Male										Female									
Age	<=6,249	6,250 - 8,749	8,750 - 11,249	11,250 - 13,749	13,750 - 16,249	16,250 - 18,749	18,750 - 24,999	25,000 - 32,499	32,500 - 37,499	>=37,500	<=6,249	6,250 - 8,749	8,750 - 11,249	11,250 - 13,749	13,750 - 16,249	16,250 - 18,749	18,750 - 24,999	25,000 - 32,499	32,500 - 37,499	>=37,500
0	4.44	5.66	6.90	8.16	9.27	10.40	11.55	11.55	11.55	11.55	3.77	4.77	5.78	6.80	7.46	8.12	8.78	8.78	8.78	8.78
1 - 4	0.12	0.15	0.18	0.22	0.24	0.26	0.29	0.29	0.29	0.29	0.10	0.13	0.15	0.18	0.20	0.21	0.23	0.23	0.23	0.23
5 - 9	0.24	0.27	0.31	0.36	0.38	0.41	0.43	0.43	0.43	0.43	0.20	0.20	0.21	0.21	0.22	0.24	0.25	0.25	0.25	0.25
10 - 14	0.27	0.31	0.34	0.38	0.41	0.44	0.47	0.47	0.47	0.47	0.27	0.31	0.34	0.38	0.41	0.44	0.47	0.47	0.47	0.47
15 - 19	0.32	0.36	0.39	0.43	0.44	0.46	0.48	0.48	0.48	0.48	0.32	0.29	0.26	0.24	0.23	0.21	0.20	0.20	0.20	0.20
20 - 24	0.23	0.22	0.21	0.19	0.19	0.18	0.17	0.17	0.17	0.17	0.35	0.33	0.31	0.29	0.28	0.27	0.27	0.27	0.27	0.27
25 - 29	0.27	0.29	0.30	0.32	0.35	0.38	0.40	0.40	0.40	0.40	0.42	0.39	0.37	0.35	0.33	0.32	0.31	0.31	0.31	0.31
30 - 34	0.30	0.31	0.33	0.34	0.36	0.38	0.39	0.39	0.39	0.39	0.52	0.49	0.46	0.43	0.41	0.39	0.38	0.38	0.38	0.38
35 - 39	0.46	0.47	0.48	0.48	0.49	0.50	0.50	0.50	0.50	0.50	0.64	0.63	0.62	0.60	0.58	0.56	0.54	0.54	0.54	0.54
40 - 44	0.75	0.75	0.76	0.77	0.78	0.79	0.80	0.80	0.80	0.80	0.98	0.96	0.94	0.92	0.87	0.82	0.77	0.77	0.77	0.77
45 - 49	1.12	1.11	1.10	1.09	1.05	1.01	0.97	0.97	0.97	0.97	1.17	1.10	1.04	0.97	0.94	0.90	0.87	0.87	0.87	0.87
50 - 54	1.75	1.78	1.82	1.85	1.88	1.91	1.93	1.93	1.93	1.93	1.75	1.75	1.74	1.72	1.70	1.67	1.65	1.65	1.65	1.65
55 - 59	2.70	2.68	2.66	2.63	2.56	2.49	2.42	2.42	2.42	2.42	1.90	1.90	1.89	1.88	1.83	1.78	1.75	1.75	1.75	1.75
60 - 64	3.72	3.45	3.18	2.90	2.78	2.68	2.57	2.57	2.57	2.57	2.42	2.40	2.38	2.36	2.33	2.30	2.27	2.27	2.27	2.27
65 +	6.51	6.06	5.60	5.13	4.87	4.62	4.35	4.35	4.35	4.35	4.88	4.29	3.70	3.09	2.95	2.80	2.67	2.67	2.67	2.67

Medicare

	Male										Female									
Age	<=7,499	7,500 - 9,999	10,000 - 12,499	12,500 - 14,999	15,000 - 17,499	17,500 - 19,999	20,000 - 29,999	30,000 - 34,999	35,000 - 39,999	>=40,000	<=7,499	7,500 - 9,999	10,000 - 12,499	12,500 - 14,999	15,000 - 17,499	17,500 - 19,999	20,000 - 29,999	30,000 - 34,999	35,000 - 39,999	>=40,000
< 65	0.98	0.94	0.90	0.86	0.85	0.83	0.81	0.81	0.81	0.81	0.93	0.95	0.96	0.98	1.02	1.06	1.10	1.10	1.10	1.10
65 - 69	0.92	0.86	0.79	0.73	0.71	0.70	0.68	0.68	0.68	0.68	0.61	0.61	0.61	0.61	0.64	0.66	0.69	0.69	0.69	0.69
70 - 74	1.04	1.08	1.11	1.15	1.12	1.09	1.05	1.05	1.05	1.05	0.81	0.80	0.78	0.77	0.78	0.80	0.81	0.81	0.81	0.81
75 - 79	1.25	1.29	1.32	1.35	1.30	1.25	1.20	1.20	1.20	1.20	0.90	0.88	0.86	0.84	0.86	0.88	0.90	0.90	0.90	0.90
80 - 84	1.57	1.62	1.67	1.73	1.66	1.60	1.53	1.53	1.53	1.53	1.00	1.00	0.99	0.99	1.03	1.06	1.10	1.10	1.10	1.10
85+	1.96	2.03	2.09	2.16	2.08	2.00	1.92	1.92	1.92	1.92	1.08	1.08	1.08	1.07	1.13	1.19	1.25	1.25	1.25	1.25

Medicaid TANF

	Male										Female									
Age	<=7,499	7,500 - 9,999	10,000 - 12,499	12,500 - 14,999	15,000 - 17,499	17,500 - 19,999	20,000 - 29,999	30,000 - 34,999	35,000 - 39,999	>=40,000	<=7,499	7,500 - 9,999	10,000 - 12,499	12,500 - 14,999	15,000 - 17,499	17,500 - 19,999	20,000 - 29,999	30,000 - 34,999	35,000 - 39,999	>=40,000
0	7.83	8.49	9.03	9.46	9.62	9.77	9.90	9.90	9.90	9.90	7.06	7.61	8.07	8.43	8.58	8.74	8.87	8.87	8.87	8.87
1 - 4	0.20	0.22	0.23	0.24	0.25	0.25	0.25	0.25	0.25	0.25	0.19	0.20	0.21	0.22	0.22	0.23	0.23	0.23	0.23	0.23
5 - 9	0.41	0.44	0.47	0.49	0.51	0.53	0.55	0.55	0.55	0.55	0.33	0.30	0.27	0.25	0.25	0.25	0.25	0.25	0.25	0.25
10 - 14	0.49	0.54	0.58	0.61	0.63	0.64	0.66	0.66	0.66	0.66	0.53	0.52	0.51	0.51	0.52	0.52	0.53	0.53	0.53	0.53
15 - 19	0.66	0.69	0.71	0.73	0.71	0.70	0.68	0.68	0.68	0.68	0.64	0.52	0.43	0.36	0.31	0.27	0.24	0.24	0.24	0.24
20 - 24	0.36	0.31	0.26	0.22	0.20	0.18	0.16	0.16	0.16	0.16	0.74	0.62	0.51	0.43	0.40	0.38	0.35	0.35	0.35	0.35
25 - 29	0.56	0.51	0.48	0.45	0.50	0.54	0.56	0.56	0.56	0.56	0.87	0.73	0.61	0.51	0.47	0.44	0.40	0.40	0.40	0.40
30 - 34	0.64	0.59	0.54	0.51	0.52	0.52	0.52	0.52	0.52	0.52	1.07	0.89	0.76	0.65	0.60	0.55	0.52	0.52	0.52	0.52
35 - 39	0.82	0.75	0.68	0.64	0.61	0.59	0.58	0.58	0.58	0.58	1.39	1.21	1.07	0.94	0.87	0.81	0.75	0.75	0.75	0.75
40 - 44	1.10	1.00	0.91	0.84	0.82	0.80	0.77	0.77	0.77	0.77	1.48	1.29	1.13	1.00	0.94	0.89	0.84	0.84	0.84	0.84
45 - 49	1.56	1.44	1.34	1.25	1.20	1.15	1.10	1.10	1.10	1.10	1.73	1.51	1.33	1.18	1.12	1.06	1.01	1.01	1.01	1.01
50 - 54	2.38	2.21	2.07	1.95	1.88	1.82	1.77	1.77	1.77	1.77	2.38	2.10	1.87	1.68	1.55	1.44	1.33	1.33	1.33	1.33
55 - 59	3.53	3.11	2.78	2.50	2.29	2.10	1.91	1.91	1.91	1.91	2.71	2.41	2.17	1.97	1.88	1.79	1.71	1.71	1.71	1.71
60 - 64	5.09	4.27	3.60	3.04	2.89	2.75	2.62	2.62	2.62	2.62	3.04	2.69	2.42	2.19	2.07	1.96	1.85	1.85	1.85	1.85
65 +	10.01	7.50	5.47	3.77	3.55	3.35	3.17	3.17	3.17	3.17	6.57	4.93	3.60	2.50	2.27	2.06	1.85	1.85	1.85	1.85

Ancillary Services Relative to Physician Expenses by Annual Claim Threshold Exhibit P-5A

Commercial

Threshold	Physician	OP Surgery	Dialysis	Radiology	Radiation Therapy	All Other OP	All OP	DME	Supplies	SNF	HH	Chemo	Blood	IV - Home	IV - Phys	Rx - All
0	100.0%	26.5%	2.2%	12.8%	4.8%	46.1%	92.4%	2.0%	0.2%	0.8%	1.2%	5.5%	0.3%	0.4%	9.7%	7.8%
1,000	100.0%	49.6%	4.9%	23.0%	9.4%	82.5%	169.5%	4.2%	0.4%	1.5%	2.3%	10.4%	0.8%	0.9%	18.5%	15.1%
2,000	100.0%	76.9%	8.6%	29.9%	14.4%	126.1%	255.9%	6.2%	0.5%	2.3%	3.8%	15.6%	1.4%	1.6%	27.0%	22.5%
3,000	100.0%	106.4%	13.7%	35.0%	20.3%	150.1%	325.4%	8.1%	0.7%	3.3%	5.8%	22.3%	2.4%	2.6%	36.6%	31.2%
4,000	100.0%	133.3%	20.0%	39.3%	28.4%	172.4%	393.4%	9.7%	0.8%	4.4%	8.2%	27.9%	3.5%	3.8%	47.4%	40.3%
5,000	100.0%	161.3%	27.5%	43.1%	39.4%	193.5%	464.8%	11.0%	1.0%	5.7%	10.8%	35.2%	4.9%	5.3%	59.4%	51.0%
6,000	100.0%	186.0%	36.2%	46.3%	52.1%	213.0%	533.6%	12.2%	1.1%	7.0%	13.7%	44.2%	6.6%	7.0%	42.6%	48.7%
7,000	100.0%	202.4%	46.2%	49.3%	67.3%	230.7%	595.9%	13.3%	1.3%	8.5%	16.8%	55.0%	8.5%	9.0%	52.1%	60.5%
7,500	100.0%	212.6%	51.8%	50.6%	75.7%	239.0%	629.6%	13.9%	1.4%	9.3%	21.0%	60.8%	9.5%	10.2%	57.1%	66.9%
8,000	100.0%	222.6%	57.7%	51.9%	85.4%	246.9%	664.6%	14.4%	1.4%	10.0%	24.7%	67.0%	10.7%	11.4%	62.4%	73.7%
9,000	100.0%	224.3%	70.8%	54.4%	102.4%	262.2%	714.0%	15.5%	1.5%	11.6%	29.6%	80.1%	13.4%	14.1%	73.4%	88.3%
10,000	100.0%	237.5%	88.0%	56.7%	120.8%	276.6%	779.6%	16.6%	1.7%	13.1%	35.1%	94.3%	16.5%	17.2%	85.1%	104.2%
11,000	100.0%	243.9%	99.9%	58.4%	134.3%	290.2%	826.7%	16.7%	1.8%	14.7%	42.6%	113.5%	19.6%	20.4%	98.2%	123.9%
12,000	100.0%	249.5%	122.3%	60.2%	147.7%	303.7%	883.5%	16.8%	1.9%	16.2%	50.1%	134.7%	22.8%	23.7%	111.4%	144.6%
13,000	100.0%	260.1%	142.3%	61.9%	161.2%	317.3%	942.8%	19.1%	2.0%	7.8%	57.7%	147.7%	26.1%	27.1%	124.5%	161.7%
14,000	100.0%	264.7%	162.4%	63.6%	174.7%	330.9%	996.3%	19.3%	2.1%	8.5%	68.5%	159.0%	27.6%	28.7%	137.6%	176.3%
15,000	100.0%	268.5%	184.0%	65.3%	188.1%	344.5%	1050.4%	21.4%	2.2%	9.2%	77.8%	170.4%	29.1%	30.3%	150.8%	191.0%
16,000	100.0%	272.1%	209.0%	66.3%	199.8%	358.4%	1105.6%	21.5%	2.3%	9.9%	82.0%	184.4%	30.7%	32.0%	169.4%	210.5%
17,000	100.0%	275.2%	234.4%	67.2%	211.4%	372.3%	1160.5%	21.7%	2.3%	10.6%	91.2%	198.4%	32.2%	33.6%	185.0%	228.6%
18,000	100.0%	277.1%	260.4%	68.2%	216.9%	320.9%	1143.4%	24.1%	2.4%	11.3%	102.0%	212.4%	33.8%	35.3%	194.1%	243.7%
19,000	100.0%	271.4%	290.0%	69.1%	231.2%	322.8%	1184.5%	24.2%	2.5%	12.0%	102.4%	226.4%	35.3%	36.9%	198.5%	256.5%
20,000	100.0%	269.8%	320.7%	70.1%	243.3%	323.2%	1227.0%	25.2%	2.6%	12.7%	127.0%	240.5%	36.8%	38.6%	200.5%	268.2%
22,500	100.0%	272.5%	350.3%	71.1%	272.9%	340.7%	1307.5%	27.8%	2.7%	14.5%	162.9%	276.3%	38.7%	40.7%	211.5%	300.0%
25,000	100.0%	264.1%	380.9%	70.0%	306.5%	360.0%	1381.6%	30.4%	2.9%	16.3%	173.5%	315.6%	41.3%	43.6%	211.3%	329.8%
27,500	100.0%	251.3%	412.9%	70.0%	339.4%	369.1%	1442.7%	30.9%	2.9%	17.9%	173.6%	280.8%	43.2%	45.5%	200.4%	313.5%
30,000	100.0%	221.4%	445.0%	69.9%	359.3%	367.1%	1462.6%	33.5%	3.0%	19.5%	179.8%	183.2%	45.9%	48.3%	180.5%	256.7%
32,500	100.0%	213.9%	478.5%	67.4%	375.0%	356.6%	1491.4%	33.9%	3.1%	14.5%	180.0%	175.0%	50.8%	53.7%	174.7%	261.0%
35,000	100.0%	190.2%	512.0%	63.5%	375.8%	354.8%	1496.3%	34.3%	3.1%	15.3%	180.3%	166.7%	57.2%	60.2%	152.2%	256.8%
40,000	100.0%	185.3%	559.3%	59.5%	373.1%	347.1%	1524.3%	32.0%	3.2%	16.8%	165.2%	164.5%	62.8%	66.0%	127.5%	253.6%
45,000	100.0%	156.8%	626.1%	55.0%	341.4%	319.0%	1498.2%	29.5%	3.2%	17.1%	157.2%	144.2%	70.3%	73.5%	118.3%	252.2%
50,000	100.0%	146.2%	577.9%	40.7%	321.1%	283.9%	1369.6%	27.1%	3.1%	15.9%	149.1%	107.7%	77.6%	80.7%	107.6%	238.6%
55,000	100.0%	113.8%	537.1%	35.5%	276.4%	252.2%	1215.0%	22.2%	3.2%	15.9%	140.9%	96.4%	79.5%	82.3%	87.9%	225.9%
60,000	100.0%	108.6%	496.3%	29.0%	237.4%	215.1%	1086.3%	18.6%	3.2%	15.8%	137.5%	94.1%	87.0%	83.9%	79.6%	229.7%
65,000	100.0%	93.1%	374.0%	26.2%	205.0%	186.6%	884.9%	17.6%	3.4%	13.3%	134.5%	91.6%	98.7%	85.6%	78.4%	240.0%
70,000	100.0%	87.6%	272.2%	22.8%	166.4%	146.3%	695.3%	16.3%	3.6%	13.2%	131.5%	89.1%	114.2%	87.2%	68.2%	247.0%
75,000	100.0%	79.2%	142.3%	20.2%	126.0%	111.2%	478.9%	15.6%	3.8%	13.2%	128.7%	83.2%	123.1%	89.0%	54.4%	243.9%
80,000	100.0%	63.5%	104.9%	17.3%	96.3%	93.0%	375.0%	14.5%	4.0%	13.1%	94.8%	80.3%	145.8%	90.7%	51.9%	260.5%
85,000	100.0%	56.4%	101.6%	15.6%	84.6%	75.8%	334.0%	14.9%	4.2%	13.2%	81.8%	57.2%	158.3%	92.5%	37.2%	246.2%
90,000	100.0%	51.9%	98.2%	13.9%	65.6%	66.8%	296.4%	15.2%	4.5%	13.2%	79.6%	54.6%	170.7%	94.3%	35.1%	255.4%
95,000	100.0%	45.9%	94.6%	12.3%	53.6%	57.6%	263.9%	15.6%	4.7%	13.2%	68.7%	50.1%	183.9%	96.1%	31.9%	262.2%
100,000	100.0%	21.4%	50.0%	10.9%	26.8%	29.3%	138.5%	15.8%	4.8%	13.1%	43.7%	24.4%	197.0%	97.8%	15.5%	244.0%

Ancillary Services Relative to Physician Expenses by Annual Claim Threshold Exhibit P-5B

Medicare

Threshold	Physician	OP Surgery	Dialysis	Radiology	Radiation Therapy	All Other OP	All OP	DME	Supplies	SNF	HH	Chemo	Blood	IV - Home	IV - Phys	Rx - All
0	100.0%	22.6%	8.8%	14.9%	7.1%	33.1%	86.5%	4.2%	0.9%	1.9%	4.7%	11.9%	0.0%	0.9%	11.9%	12.5%
1,000	100.0%	34.0%	14.2%	22.1%	12.0%	49.0%	131.4%	6.4%	1.2%	2.8%	4.6%	18.6%	0.0%	1.4%	20.0%	20.0%
2,000	100.0%	44.6%	20.7%	26.9%	18.0%	67.4%	177.5%	8.0%	1.4%	3.7%	5.9%	24.9%	0.0%	1.9%	29.2%	27.5%
3,000	100.0%	53.6%	28.8%	30.7%	25.2%	80.3%	218.6%	9.4%	1.5%	4.9%	7.2%	32.2%	0.0%	2.2%	40.0%	35.6%
4,000	100.0%	61.7%	39.0%	33.6%	26.5%	92.7%	253.5%	10.5%	1.6%	6.1%	8.5%	35.2%	0.0%	2.6%	52.4%	42.3%
5,000	100.0%	68.0%	51.7%	36.0%	34.3%	106.1%	296.1%	11.5%	1.8%	7.4%	9.7%	39.6%	0.0%	3.0%	66.8%	50.1%
6,000	100.0%	74.0%	67.2%	37.8%	43.8%	120.8%	343.5%	12.5%	1.9%	8.9%	10.7%	45.8%	0.0%	3.4%	36.0%	40.8%
7,000	100.0%	79.7%	85.9%	39.2%	55.0%	136.7%	396.5%	13.6%	2.1%	10.4%	11.6%	54.3%	0.0%	3.9%	43.8%	49.0%
7,500	100.0%	82.3%	96.6%	40.0%	61.1%	145.1%	425.2%	14.1%	2.2%	11.2%	12.5%	58.9%	0.0%	4.2%	48.1%	53.5%
8,000	100.0%	84.7%	108.3%	41.0%	68.9%	153.8%	456.8%	14.7%	2.3%	12.1%	13.3%	63.8%	0.0%	4.4%	52.6%	58.4%
9,000	100.0%	88.7%	135.1%	42.5%	83.4%	172.4%	522.2%	15.8%	2.5%	13.6%	14.1%	75.0%	0.0%	5.0%	62.7%	69.4%
10,000	100.0%	93.8%	167.3%	43.9%	99.9%	192.2%	597.1%	17.0%	2.6%	15.2%	14.9%	87.9%	0.0%	5.7%	73.8%	82.1%
11,000	100.0%	96.8%	182.7%	44.4%	104.8%	194.9%	623.7%	17.1%	2.6%	16.5%	15.2%	85.7%	0.0%	6.7%	73.8%	82.6%
12,000	100.0%	99.8%	195.0%	44.9%	108.9%	197.5%	646.1%	17.2%	2.7%	6.3%	15.6%	85.0%	0.0%	7.6%	74.9%	84.2%
13,000	100.0%	107.8%	221.9%	45.5%	115.0%	200.2%	690.3%	20.3%	3.0%	10.2%	16.5%	93.8%	0.0%	8.5%	80.9%	93.0%
14,000	100.0%	109.6%	248.8%	46.0%	121.9%	202.8%	729.0%	20.4%	3.0%	10.8%	17.3%	98.7%	0.0%	9.5%	82.8%	97.9%
15,000	100.0%	111.2%	278.3%	46.5%	129.2%	205.5%	770.7%	23.4%	3.2%	12.2%	18.7%	114.8%	0.0%	10.5%	93.9%	113.5%
16,000	100.0%	110.8%	307.1%	45.7%	126.6%	180.2%	770.3%	23.5%	3.3%	12.6%	19.1%	116.8%	0.0%	11.6%	92.9%	115.8%
17,000	100.0%	103.8%	336.0%	44.9%	123.7%	174.0%	782.4%	23.6%	3.3%	13.1%	19.3%	114.3%	0.0%	11.7%	89.5%	113.9%
18,000	100.0%	101.4%	365.0%	44.1%	121.7%	144.3%	776.5%	23.1%	3.5%	14.8%	20.6%	110.0%	0.0%	15.7%	85.8%	113.4%
19,000	100.0%	100.3%	385.8%	43.3%	117.6%	138.7%	785.8%	22.7%	3.6%	15.3%	20.8%	108.9%	0.0%	15.8%	85.9%	114.3%
20,000	100.0%	101.0%	406.9%	42.5%	113.9%	133.1%	797.4%	22.3%	3.9%	17.3%	20.5%	107.0%	0.0%	14.2%	85.2%	113.8%
22,500	100.0%	95.6%	431.4%	45.0%	102.5%	123.3%	797.8%	21.9%	4.4%	20.5%	19.5%	103.5%	0.0%	13.4%	82.1%	112.8%
25,000	100.0%	88.8%	456.5%	41.6%	95.3%	112.4%	794.6%	21.6%	4.6%	20.8%	18.4%	100.6%	0.0%	12.5%	79.7%	112.2%
27,500	100.0%	76.6%	482.8%	40.4%	82.8%	98.2%	780.7%	19.6%	4.8%	21.3%	19.4%	76.5%	0.0%	12.5%	66.2%	92.8%
30,000	100.0%	56.3%	508.8%	39.2%	70.9%	78.1%	753.2%	17.5%	4.5%	22.0%	15.1%	47.3%	0.0%	11.5%	50.8%	67.5%
32,500	100.0%	47.2%	537.8%	37.0%	64.6%	65.0%	751.6%	14.8%	5.1%	24.3%	16.2%	37.7%	0.0%	11.8%	40.1%	56.7%
35,000	100.0%	38.2%	564.7%	35.4%	50.4%	49.1%	737.8%	12.0%	5.7%	18.9%	17.2%	30.2%	0.0%	11.8%	31.0%	47.5%
40,000	100.0%	25.8%	535.5%	32.5%	44.0%	42.2%	680.1%	9.4%	5.7%	20.8%	17.0%	21.6%	0.0%	10.9%	22.7%	36.8%
45,000	100.0%	13.6%	518.8%	31.1%	34.0%	32.8%	630.3%	8.4%	6.6%	21.2%	16.4%	15.6%	0.0%	10.9%	14.5%	29.5%
50,000	100.0%	13.9%	384.0%	19.2%	24.6%	21.8%	463.5%	7.3%	7.7%	21.8%	14.2%	14.1%	0.0%	9.9%	10.9%	26.3%
55,000	100.0%	13.7%	336.4%	16.1%	22.4%	19.6%	408.3%	6.5%	7.7%	20.3%	14.8%	18.0%	0.0%	10.1%	11.9%	25.9%
60,000	100.0%	14.0%	227.1%	12.2%	21.4%	18.5%	293.2%	5.7%	8.4%	18.9%	14.6%	14.3%	0.0%	9.1%	12.8%	25.0%
65,000	100.0%	14.3%	166.4%	10.9%	17.9%	17.8%	227.2%	4.5%	8.6%	17.5%	15.1%	15.8%	0.0%	9.3%	15.0%	26.3%
70,000	100.0%	15.3%	99.1%	9.1%	17.2%	17.1%	157.7%	3.0%	8.9%	15.9%	14.6%	17.4%	0.0%	8.3%	16.7%	27.4%
75,000	100.0%	17.2%	63.6%	7.6%	16.3%	17.0%	121.8%	1.2%	8.2%	14.5%	14.9%	15.9%	0.0%	8.4%	16.1%	27.0%
80,000	100.0%	18.3%	49.6%	5.9%	10.3%	15.5%	99.6%	0.9%	7.3%	13.0%	15.6%	13.1%	0.0%	8.6%	14.1%	27.8%
85,000	100.0%	14.3%	41.3%	5.3%	8.0%	15.1%	84.0%	0.5%	7.0%	11.8%	17.9%	13.4%	0.0%	8.8%	16.2%	28.0%
90,000	100.0%	11.8%	31.4%	4.6%	4.3%	10.2%	62.2%	0.3%	6.2%	10.5%	19.9%	14.5%	0.0%	9.1%	11.1%	28.2%
95,000	100.0%	10.8%	26.9%	3.8%	2.0%	11.9%	55.4%	0.0%	4.6%	9.7%	23.3%	16.1%	0.0%	9.3%	13.6%	28.5%
100,000	100.0%	8.6%	23.0%	2.9%	1.1%	6.5%	42.0%	0.0%	2.4%	4.7%	23.4%	9.6%	0.0%	9.6%	16.0%	28.5%

Ancillary Services Relative to Physician Expenses by Annual Claim Threshold

Exhibit P-5C

Medicaid

Threshold	Physician	OP Surgery	Dialysis	Radiology	Radiation Therapy	All Other OP	All OP	DME	Supplies	SNF	HH	Chemo	Blood	IV - Home	IV - Phys	Rx - All
0	100.0%	26.5%	2.2%	12.8%	4.8%	46.1%	92.4%	2.0%	0.2%	0.8%	1.2%	5.5%	0.3%	0.4%	9.7%	7.8%
1,000	100.0%	49.6%	4.9%	23.0%	9.4%	82.5%	169.5%	4.2%	0.4%	1.5%	2.3%	10.4%	0.8%	0.9%	18.5%	15.1%
2,000	100.0%	76.9%	8.6%	29.9%	14.4%	126.1%	255.9%	6.2%	0.5%	2.3%	3.8%	15.6%	1.4%	1.6%	27.0%	22.5%
3,000	100.0%	106.4%	13.7%	35.0%	20.3%	150.1%	325.4%	8.1%	0.7%	3.3%	5.8%	22.3%	2.4%	2.6%	36.6%	31.2%
4,000	100.0%	133.3%	20.0%	39.3%	28.4%	172.4%	393.4%	9.7%	0.8%	4.4%	8.2%	27.9%	3.5%	3.8%	47.4%	40.3%
5,000	100.0%	161.3%	27.5%	43.1%	39.4%	193.5%	464.8%	11.0%	1.0%	5.7%	10.8%	35.2%	4.9%	5.3%	59.4%	51.0%
6,000	100.0%	186.0%	36.2%	46.3%	52.1%	213.0%	533.6%	12.2%	1.1%	7.0%	13.7%	44.2%	6.6%	7.0%	42.6%	48.7%
7,000	100.0%	202.4%	46.2%	49.3%	67.3%	230.7%	595.9%	13.3%	1.3%	8.5%	16.8%	55.0%	8.5%	9.0%	52.1%	60.5%
7,500	100.0%	212.6%	51.8%	50.6%	75.7%	239.0%	629.6%	13.9%	1.4%	9.3%	21.0%	60.8%	9.5%	10.2%	57.1%	66.9%
8,000	100.0%	222.6%	57.7%	51.9%	85.4%	246.9%	664.6%	14.4%	1.4%	10.0%	24.7%	67.0%	10.7%	11.4%	62.4%	73.7%
9,000	100.0%	224.3%	70.8%	54.4%	102.4%	262.2%	714.0%	15.5%	1.5%	11.6%	29.6%	80.1%	13.4%	14.1%	73.4%	88.3%
10,000	100.0%	237.5%	88.0%	56.7%	120.8%	276.6%	779.6%	16.6%	1.7%	13.1%	35.1%	94.3%	16.5%	17.2%	85.1%	104.2%
11,000	100.0%	243.9%	99.9%	58.4%	134.3%	290.2%	826.7%	16.7%	1.8%	14.7%	42.6%	113.5%	19.6%	20.4%	98.2%	123.9%
12,000	100.0%	249.5%	122.3%	60.2%	147.7%	303.7%	883.5%	16.8%	1.9%	16.2%	50.1%	134.7%	22.8%	23.7%	111.4%	144.6%
13,000	100.0%	260.1%	142.3%	61.9%	161.2%	317.3%	942.8%	19.1%	2.0%	7.8%	57.7%	147.7%	26.1%	27.1%	124.5%	161.7%
14,000	100.0%	264.7%	162.4%	63.6%	174.7%	330.9%	996.3%	19.3%	2.1%	8.5%	68.5%	159.0%	27.6%	28.7%	137.6%	176.3%
15,000	100.0%	268.5%	184.0%	65.3%	188.1%	344.5%	1050.4%	21.4%	2.2%	9.2%	77.8%	170.4%	29.1%	30.3%	150.8%	191.0%
16,000	100.0%	272.1%	209.0%	66.3%	199.8%	358.4%	1105.6%	21.5%	2.3%	9.9%	82.0%	184.4%	30.7%	32.0%	169.4%	210.5%
17,000	100.0%	275.2%	234.4%	67.2%	211.4%	372.3%	1160.5%	21.7%	2.3%	10.6%	91.2%	198.4%	32.2%	33.6%	185.0%	228.6%
18,000	100.0%	277.1%	260.4%	68.2%	216.9%	320.9%	1143.4%	24.1%	2.4%	11.3%	102.0%	212.4%	33.8%	35.3%	194.1%	243.7%
19,000	100.0%	271.4%	290.0%	69.1%	231.2%	322.8%	1184.5%	24.2%	2.5%	12.0%	102.4%	226.4%	35.3%	36.9%	198.5%	256.5%
20,000	100.0%	269.8%	320.7%	70.1%	243.3%	323.2%	1227.0%	25.2%	2.6%	12.7%	127.0%	240.5%	36.8%	38.6%	200.5%	268.2%
22,500	100.0%	272.5%	350.3%	71.1%	272.9%	340.7%	1307.5%	27.8%	2.7%	14.5%	162.9%	276.3%	38.7%	40.7%	211.5%	300.0%
25,000	100.0%	264.1%	380.9%	70.0%	306.5%	360.0%	1381.6%	30.4%	2.9%	16.3%	173.5%	315.6%	41.3%	43.6%	211.3%	329.8%
27,500	100.0%	251.3%	412.9%	70.0%	339.4%	369.1%	1442.7%	30.9%	2.9%	17.9%	173.6%	280.8%	43.2%	45.5%	200.4%	313.5%
30,000	100.0%	221.4%	445.0%	69.9%	359.3%	367.1%	1462.6%	33.5%	3.0%	19.5%	179.8%	183.2%	45.9%	48.3%	180.5%	256.7%
32,500	100.0%	213.9%	478.5%	67.4%	375.0%	356.6%	1491.4%	33.9%	3.1%	14.5%	180.0%	175.0%	50.8%	53.7%	174.7%	261.0%
35,000	100.0%	190.2%	512.0%	63.5%	375.8%	354.8%	1496.3%	34.3%	3.1%	15.3%	180.3%	166.7%	57.2%	60.2%	152.2%	256.8%
40,000	100.0%	185.3%	559.3%	59.5%	373.1%	347.1%	1524.3%	32.0%	3.2%	16.8%	165.2%	164.5%	62.8%	66.0%	127.5%	253.6%
45,000	100.0%	156.8%	626.1%	55.0%	341.4%	319.0%	1498.2%	29.5%	3.2%	17.1%	157.2%	144.2%	70.3%	73.5%	118.3%	252.2%
50,000	100.0%	146.2%	577.9%	40.7%	321.1%	283.9%	1369.6%	27.1%	3.1%	15.9%	149.1%	107.7%	77.6%	80.7%	107.6%	238.6%
55,000	100.0%	113.8%	537.1%	35.5%	276.4%	252.2%	1215.0%	22.2%	3.2%	15.9%	140.9%	96.4%	79.5%	82.3%	87.9%	225.9%
60,000	100.0%	108.6%	496.3%	29.0%	237.4%	215.1%	1086.3%	18.6%	3.2%	15.8%	137.5%	94.1%	87.0%	83.9%	79.6%	229.7%
65,000	100.0%	93.1%	374.0%	26.2%	205.0%	186.6%	884.9%	17.6%	3.4%	13.3%	134.5%	91.6%	98.7%	85.6%	78.4%	240.0%
70,000	100.0%	87.6%	272.2%	22.8%	166.4%	146.3%	695.3%	16.3%	3.6%	13.2%	131.5%	89.1%	114.2%	87.2%	68.2%	247.0%
75,000	100.0%	79.2%	142.3%	20.2%	126.0%	111.2%	478.9%	15.6%	3.8%	13.2%	128.7%	83.2%	123.1%	89.0%	54.4%	243.9%
80,000	100.0%	63.5%	104.9%	17.3%	96.3%	93.0%	375.0%	14.5%	4.0%	13.1%	94.8%	80.3%	145.8%	90.7%	51.9%	260.5%
85,000	100.0%	56.4%	101.6%	15.6%	84.6%	75.8%	334.0%	14.9%	4.2%	13.2%	81.8%	57.2%	158.3%	92.5%	37.2%	246.2%
90,000	100.0%	51.9%	98.2%	13.9%	65.6%	66.8%	296.4%	15.2%	4.5%	13.2%	79.6%	54.6%	170.7%	94.3%	35.1%	255.4%
95,000	100.0%	45.9%	94.6%	12.3%	53.6%	57.6%	263.9%	15.6%	4.7%	13.2%	68.7%	50.1%	183.9%	96.1%	31.9%	262.2%
100,000	100.0%	21.4%	50.0%	10.9%	26.8%	29.3%	138.5%	15.8%	4.8%	13.1%	43.7%	24.4%	197.0%	97.8%	15.5%	244.0%

Daily and Annual Maximum factor by service type

Exhibit P-6A

Commercial

OUTPATIENT SURGERY

	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.816	0.885	0.955	0.968	0.982	0.985	0.988	0.993	0.995	0.997	1.000
$1,000	0.709	0.819	0.929	0.950	0.971	0.976	0.981	0.990	0.993	0.995	1.000
$2,000	0.622	0.765	0.908	0.936	0.963	0.970	0.976	0.987	0.991	0.994	1.000
$3,000	0.548	0.717	0.886	0.920	0.955	0.963	0.971	0.984	0.988	0.992	1.000
$4,000	0.487	0.675	0.862	0.904	0.945	0.955	0.965	0.981	0.986	0.991	1.000
$5,000	0.439	0.638	0.836	0.886	0.935	0.947	0.959	0.978	0.984	0.989	1.000
$6,000	0.401	0.604	0.807	0.866	0.924	0.938	0.952	0.974	0.981	0.987	1.000
$7,000	0.370	0.574	0.777	0.845	0.912	0.928	0.945	0.970	0.978	0.986	1.000
$7,500	0.357	0.560	0.763	0.834	0.906	0.923	0.941	0.968	0.977	0.985	1.000
$8,000	0.345	0.548	0.750	0.824	0.899	0.918	0.937	0.966	0.975	0.983	1.000
$9,000	0.324	0.524	0.724	0.804	0.884	0.906	0.928	0.961	0.972	0.981	1.000
$10,000	0.306	0.502	0.699	0.783	0.867	0.893	0.918	0.956	0.968	0.979	1.000
$11,000	0.291	0.483	0.675	0.762	0.849	0.878	0.907	0.949	0.964	0.976	1.000
$12,000	0.277	0.464	0.651	0.741	0.831	0.864	0.896	0.943	0.959	0.973	1.000
$13,000	0.266	0.448	0.631	0.723	0.815	0.850	0.885	0.937	0.955	0.970	1.000
$14,000	0.253	0.430	0.607	0.702	0.796	0.833	0.871	0.929	0.950	0.966	1.000
$15,000	0.242	0.414	0.586	0.682	0.779	0.818	0.858	0.922	0.944	0.963	1.000
$16,000	0.233	0.400	0.568	0.665	0.762	0.802	0.843	0.913	0.938	0.959	1.000
$17,000	0.224	0.387	0.550	0.648	0.745	0.787	0.828	0.904	0.932	0.954	1.000
$18,000	0.216	0.376	0.535	0.633	0.731	0.773	0.815	0.895	0.926	0.950	1.000
$19,000	0.210	0.366	0.522	0.619	0.717	0.759	0.802	0.885	0.919	0.946	1.000
$20,000	0.200	0.351	0.502	0.600	0.697	0.741	0.785	0.873	0.911	0.940	1.000
$22,500	0.187	0.331	0.475	0.573	0.671	0.718	0.765	0.859	0.900	0.933	1.000
$25,000	0.177	0.313	0.450	0.548	0.646	0.695	0.745	0.843	0.888	0.925	1.000
$27,500	0.168	0.298	0.428	0.526	0.623	0.674	0.725	0.827	0.876	0.916	1.000
$30,000	0.159	0.283	0.407	0.504	0.601	0.653	0.706	0.811	0.863	0.907	1.000
$32,500	0.153	0.272	0.391	0.486	0.582	0.636	0.689	0.796	0.850	0.896	1.000
$35,000	0.148	0.261	0.375	0.469	0.564	0.618	0.672	0.780	0.837	0.885	1.000
$40,000	0.136	0.239	0.342	0.434	0.526	0.582	0.638	0.750	0.811	0.864	1.000
$45,000	0.131	0.227	0.322	0.411	0.500	0.556	0.612	0.724	0.787	0.843	1.000
$50,000	0.126	0.214	0.302	0.388	0.473	0.529	0.586	0.698	0.764	0.822	1.000
$55,000	0.124	0.207	0.291	0.373	0.455	0.511	0.567	0.679	0.746	0.805	1.000
$60,000	0.121	0.200	0.279	0.358	0.436	0.492	0.548	0.659	0.728	0.788	1.000
$65,000	0.120	0.196	0.272	0.348	0.424	0.479	0.535	0.645	0.713	0.774	1.000
$70,000	0.118	0.192	0.266	0.339	0.412	0.467	0.521	0.630	0.699	0.760	1.000
$75,000	0.118	0.190	0.262	0.333	0.405	0.459	0.512	0.619	0.688	0.749	1.000
$80,000	0.118	0.188	0.258	0.328	0.398	0.450	0.503	0.609	0.678	0.739	1.000
$85,000	0.118	0.187	0.256	0.325	0.394	0.446	0.498	0.602	0.670	0.731	1.000
$90,000	0.118	0.186	0.254	0.322	0.390	0.441	0.493	0.595	0.663	0.723	1.000
$95,000	0.118	0.186	0.254	0.321	0.388	0.439	0.490	0.591	0.658	0.718	1.000
$100,000	0.119	0.186	0.253	0.319	0.386	0.436	0.486	0.587	0.653	0.712	1.000

Exhibit P-6B

Commercial

DIALYSIS

	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.950	0.971	0.993	0.995	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$1,000	0.903	0.944	0.985	0.989	0.993	0.994	0.996	0.997	0.998	0.999	1.000
$2,000	0.854	0.915	0.976	0.983	0.990	0.991	0.993	0.996	0.997	0.998	1.000
$3,000	0.807	0.887	0.966	0.976	0.985	0.988	0.990	0.994	0.996	0.997	1.000
$4,000	0.766	0.861	0.955	0.968	0.980	0.984	0.987	0.992	0.995	0.997	1.000
$5,000	0.731	0.837	0.943	0.959	0.975	0.979	0.984	0.990	0.993	0.996	1.000
$6,000	0.699	0.815	0.931	0.950	0.970	0.975	0.980	0.988	0.992	0.995	1.000
$7,000	0.670	0.794	0.919	0.941	0.964	0.970	0.977	0.986	0.990	0.994	1.000
$7,500	0.631	0.772	0.913	0.937	0.961	0.968	0.975	0.985	0.990	0.993	1.000
$8,000	0.617	0.762	0.906	0.932	0.958	0.966	0.973	0.984	0.989	0.993	1.000
$9,000	0.590	0.742	0.895	0.924	0.953	0.961	0.969	0.982	0.988	0.992	1.000
$10,000	0.565	0.724	0.883	0.915	0.947	0.957	0.966	0.980	0.986	0.991	1.000
$11,000	0.538	0.705	0.872	0.907	0.942	0.952	0.962	0.978	0.985	0.990	1.000
$12,000	0.510	0.686	0.861	0.899	0.937	0.948	0.959	0.976	0.984	0.990	1.000
$13,000	0.489	0.670	0.852	0.892	0.932	0.944	0.956	0.975	0.982	0.989	1.000
$14,000	0.463	0.652	0.841	0.884	0.927	0.940	0.953	0.973	0.981	0.988	1.000
$15,000	0.440	0.635	0.831	0.877	0.922	0.936	0.950	0.971	0.980	0.987	1.000
$16,000	0.421	0.622	0.822	0.870	0.918	0.932	0.947	0.969	0.979	0.987	1.000
$17,000	0.403	0.608	0.814	0.864	0.914	0.929	0.944	0.968	0.978	0.986	1.000
$18,000	0.388	0.597	0.806	0.858	0.910	0.926	0.941	0.966	0.977	0.985	1.000
$19,000	0.374	0.586	0.799	0.853	0.906	0.923	0.939	0.965	0.976	0.985	1.000
$20,000	0.348	0.569	0.789	0.845	0.902	0.919	0.936	0.963	0.974	0.984	1.000
$22,500	0.330	0.554	0.779	0.837	0.896	0.914	0.932	0.959	0.972	0.982	1.000
$25,000	0.313	0.541	0.769	0.830	0.891	0.910	0.928	0.956	0.970	0.981	1.000
$27,500	0.298	0.529	0.760	0.823	0.886	0.906	0.925	0.954	0.968	0.980	1.000
$30,000	0.284	0.517	0.751	0.817	0.882	0.902	0.922	0.951	0.966	0.979	1.000
$32,500	0.276	0.510	0.744	0.812	0.879	0.899	0.920	0.949	0.964	0.978	1.000
$35,000	0.268	0.503	0.738	0.806	0.875	0.897	0.918	0.946	0.963	0.977	1.000
$40,000	0.252	0.488	0.724	0.796	0.869	0.891	0.913	0.942	0.960	0.975	1.000
$45,000	0.232	0.473	0.713	0.788	0.864	0.887	0.910	0.943	0.957	0.973	1.000
$50,000	0.213	0.457	0.702	0.780	0.858	0.882	0.906	0.941	0.955	0.972	1.000
$55,000	0.199	0.445	0.691	0.772	0.854	0.878	0.903	0.939	0.952	0.970	1.000
$60,000	0.185	0.433	0.681	0.765	0.849	0.874	0.900	0.937	0.950	0.969	1.000
$65,000	0.176	0.424	0.672	0.758	0.844	0.870	0.896	0.934	0.948	0.968	1.000
$70,000	0.166	0.414	0.663	0.750	0.838	0.866	0.893	0.932	0.945	0.966	1.000
$75,000	0.158	0.407	0.655	0.744	0.833	0.861	0.890	0.933	0.949	0.965	1.000
$80,000	0.151	0.399	0.648	0.738	0.828	0.857	0.886	0.931	0.947	0.963	1.000
$85,000	0.145	0.393	0.641	0.732	0.822	0.852	0.883	0.929	0.945	0.962	1.000
$90,000	0.139	0.387	0.634	0.726	0.817	0.848	0.879	0.927	0.944	0.960	1.000
$95,000	0.135	0.381	0.628	0.720	0.811	0.843	0.875	0.925	0.942	0.959	1.000
$100,000	0.131	0.376	0.622	0.714	0.806	0.839	0.872	0.922	0.940	0.957	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6C

Commercial

RADIOLOGY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.936	0.967	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.881	0.938	0.994	0.996	0.998	0.998	0.999	0.999	0.999	0.999	1.000
$2,000	0.828	0.910	0.992	0.994	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$3,000	0.783	0.886	0.988	0.992	0.996	0.996	0.997	0.998	0.998	0.999	1.000
$4,000	0.750	0.867	0.984	0.989	0.995	0.995	0.996	0.997	0.998	0.998	1.000
$5,000	0.725	0.852	0.980	0.986	0.993	0.994	0.995	0.997	0.997	0.998	1.000
$6,000	0.704	0.839	0.975	0.983	0.991	0.992	0.994	0.996	0.997	0.997	1.000
$7,000	0.686	0.828	0.970	0.979	0.989	0.991	0.992	0.995	0.996	0.997	1.000
$7,500	0.678	0.823	0.967	0.978	0.988	0.990	0.991	0.994	0.995	0.997	1.000
$8,000	0.670	0.818	0.965	0.976	0.987	0.989	0.990	0.994	0.995	0.996	1.000
$9,000	0.656	0.808	0.959	0.972	0.984	0.986	0.989	0.992	0.994	0.995	1.000
$10,000	0.643	0.798	0.954	0.968	0.982	0.984	0.987	0.991	0.993	0.995	1.000
$11,000	0.630	0.789	0.948	0.963	0.978	0.981	0.984	0.989	0.992	0.994	1.000
$12,000	0.618	0.781	0.943	0.959	0.975	0.979	0.982	0.988	0.990	0.993	1.000
$13,000	0.608	0.773	0.937	0.955	0.972	0.976	0.979	0.986	0.989	0.992	1.000
$14,000	0.596	0.764	0.931	0.950	0.968	0.972	0.976	0.984	0.987	0.990	1.000
$15,000	0.585	0.755	0.925	0.945	0.964	0.969	0.974	0.982	0.986	0.989	1.000
$16,000	0.576	0.747	0.919	0.940	0.960	0.965	0.970	0.979	0.983	0.987	1.000
$17,000	0.566	0.739	0.913	0.934	0.956	0.961	0.967	0.976	0.981	0.986	1.000
$18,000	0.557	0.732	0.907	0.929	0.951	0.957	0.963	0.974	0.979	0.984	1.000
$19,000	0.548	0.724	0.900	0.923	0.946	0.953	0.959	0.970	0.977	0.982	1.000
$20,000	0.537	0.715	0.893	0.917	0.941	0.948	0.955	0.967	0.974	0.980	1.000
$22,500	0.523	0.702	0.882	0.908	0.933	0.941	0.948	0.962	0.970	0.977	1.000
$25,000	0.509	0.690	0.870	0.898	0.925	0.933	0.941	0.956	0.965	0.974	1.000
$27,500	0.498	0.678	0.859	0.887	0.916	0.924	0.933	0.950	0.960	0.970	1.000
$30,000	0.487	0.667	0.847	0.877	0.906	0.916	0.925	0.943	0.955	0.965	1.000
$32,500	0.480	0.658	0.837	0.867	0.897	0.906	0.916	0.935	0.948	0.960	1.000
$35,000	0.474	0.650	0.826	0.857	0.887	0.897	0.907	0.927	0.941	0.954	1.000
$40,000	0.461	0.633	0.806	0.837	0.868	0.879	0.890	0.912	0.928	0.943	1.000
$45,000	0.457	0.624	0.791	0.821	0.852	0.863	0.875	0.897	0.915	0.932	1.000
$50,000	0.453	0.614	0.776	0.806	0.836	0.848	0.860	0.882	0.902	0.920	1.000
$55,000	0.455	0.611	0.767	0.796	0.825	0.837	0.848	0.871	0.891	0.911	1.000
$60,000	0.456	0.607	0.758	0.786	0.814	0.825	0.837	0.859	0.881	0.902	1.000
$65,000	0.459	0.606	0.754	0.780	0.806	0.818	0.829	0.851	0.874	0.895	1.000
$70,000	0.461	0.605	0.749	0.774	0.799	0.810	0.821	0.843	0.866	0.889	1.000
$75,000	0.463	0.605	0.748	0.772	0.795	0.806	0.817	0.838	0.862	0.885	1.000
$80,000	0.465	0.606	0.746	0.769	0.792	0.802	0.813	0.833	0.858	0.881	1.000
$85,000	0.468	0.607	0.747	0.769	0.790	0.801	0.811	0.830	0.854	0.877	1.000
$90,000	0.470	0.609	0.748	0.768	0.789	0.799	0.809	0.828	0.851	0.873	1.000
$95,000	0.472	0.611	0.751	0.771	0.790	0.800	0.809	0.828	0.850	0.870	1.000
$100,000	0.473	0.614	0.754	0.773	0.791	0.801	0.810	0.828	0.848	0.867	1.000

Exhibit P-6D

Commercial

RADIATION THERAPY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.944	0.966	0.987	0.990	0.993	0.994	0.995	0.997	0.998	0.998	1.000
$1,000	0.892	0.933	0.974	0.980	0.987	0.989	0.991	0.994	0.996	0.997	1.000
$2,000	0.838	0.899	0.960	0.970	0.979	0.983	0.986	0.991	0.994	0.996	1.000
$3,000	0.786	0.865	0.944	0.958	0.971	0.976	0.981	0.988	0.991	0.994	1.000
$4,000	0.740	0.834	0.927	0.945	0.963	0.969	0.975	0.985	0.989	0.992	1.000
$5,000	0.701	0.805	0.909	0.931	0.953	0.961	0.969	0.981	0.986	0.990	1.000
$6,000	0.666	0.778	0.891	0.917	0.944	0.954	0.963	0.977	0.983	0.988	1.000
$7,000	0.634	0.753	0.873	0.904	0.935	0.946	0.957	0.974	0.980	0.986	1.000
$7,500	0.619	0.741	0.864	0.897	0.930	0.942	0.954	0.972	0.979	0.986	1.000
$8,000	0.604	0.729	0.855	0.890	0.926	0.938	0.951	0.970	0.978	0.985	1.000
$9,000	0.551	0.682	0.813	0.865	0.916	0.931	0.945	0.966	0.975	0.983	1.000
$10,000	0.525	0.660	0.796	0.851	0.907	0.923	0.939	0.963	0.972	0.981	1.000
$11,000	0.501	0.641	0.780	0.839	0.898	0.915	0.933	0.959	0.970	0.979	1.000
$12,000	0.478	0.621	0.763	0.826	0.889	0.908	0.927	0.956	0.967	0.977	1.000
$13,000	0.459	0.604	0.749	0.815	0.881	0.901	0.922	0.952	0.965	0.976	1.000
$14,000	0.435	0.583	0.732	0.801	0.871	0.893	0.915	0.948	0.962	0.974	1.000
$15,000	0.414	0.565	0.716	0.789	0.862	0.886	0.909	0.945	0.959	0.972	1.000
$16,000	0.395	0.548	0.702	0.777	0.853	0.878	0.903	0.941	0.956	0.970	1.000
$17,000	0.376	0.532	0.687	0.766	0.844	0.871	0.897	0.937	0.954	0.968	1.000
$18,000	0.361	0.518	0.674	0.755	0.836	0.864	0.892	0.934	0.951	0.966	1.000
$19,000	0.347	0.505	0.662	0.745	0.828	0.857	0.886	0.931	0.949	0.965	1.000
$20,000	0.325	0.485	0.645	0.731	0.817	0.848	0.879	0.926	0.945	0.962	1.000
$22,500	0.297	0.459	0.622	0.712	0.802	0.835	0.868	0.918	0.940	0.958	1.000
$25,000	0.271	0.435	0.600	0.693	0.787	0.822	0.856	0.910	0.934	0.954	1.000
$27,500	0.263	0.426	0.590	0.681	0.772	0.808	0.844	0.902	0.927	0.950	1.000
$30,000	0.254	0.418	0.581	0.669	0.756	0.794	0.833	0.894	0.921	0.945	1.000
$32,500	0.240	0.401	0.562	0.651	0.741	0.781	0.821	0.886	0.914	0.940	1.000
$35,000	0.227	0.385	0.543	0.634	0.726	0.767	0.809	0.877	0.908	0.935	1.000
$40,000	0.199	0.352	0.505	0.600	0.695	0.740	0.785	0.860	0.894	0.926	1.000
$45,000	0.183	0.336	0.489	0.584	0.679	0.726	0.774	0.854	0.885	0.914	1.000
$50,000	0.167	0.320	0.473	0.568	0.663	0.713	0.763	0.848	0.877	0.903	1.000
$55,000	0.157	0.305	0.454	0.546	0.638	0.689	0.741	0.829	0.861	0.891	1.000
$60,000	0.147	0.290	0.434	0.524	0.614	0.666	0.719	0.809	0.846	0.879	1.000
$65,000	0.140	0.280	0.420	0.507	0.594	0.646	0.699	0.790	0.829	0.866	1.000
$70,000	0.133	0.270	0.407	0.490	0.574	0.627	0.679	0.770	0.813	0.853	1.000
$75,000	0.130	0.264	0.397	0.478	0.558	0.610	0.662	0.752	0.797	0.839	1.000
$80,000	0.126	0.257	0.388	0.465	0.542	0.593	0.645	0.734	0.780	0.825	1.000
$85,000	0.124	0.253	0.382	0.456	0.530	0.580	0.631	0.717	0.765	0.810	1.000
$90,000	0.122	0.249	0.375	0.447	0.518	0.567	0.617	0.701	0.749	0.795	1.000
$95,000	0.121	0.246	0.371	0.440	0.510	0.558	0.606	0.687	0.735	0.781	1.000
$100,000	0.120	0.243	0.367	0.434	0.501	0.548	0.594	0.673	0.721	0.767	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6E

Commercial

	ALL OTHER OP SERVICES										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.918	0.954	0.989	0.992	0.995	0.996	0.997	0.998	0.999	0.999	1.000
$1,000	0.866	0.924	0.982	0.987	0.992	0.994	0.995	0.997	0.998	0.998	1.000
$2,000	0.814	0.894	0.974	0.982	0.989	0.991	0.993	0.996	0.997	0.998	1.000
$3,000	0.768	0.866	0.965	0.975	0.985	0.988	0.990	0.994	0.995	0.997	1.000
$4,000	0.729	0.842	0.954	0.968	0.981	0.984	0.987	0.992	0.994	0.996	1.000
$5,000	0.695	0.819	0.942	0.959	0.976	0.980	0.984	0.990	0.993	0.995	1.000
$6,000	0.666	0.797	0.929	0.950	0.971	0.976	0.981	0.988	0.991	0.994	1.000
$7,000	0.639	0.778	0.916	0.941	0.965	0.971	0.977	0.986	0.989	0.992	1.000
$7,500	0.627	0.768	0.910	0.936	0.962	0.968	0.975	0.985	0.988	0.992	1.000
$8,000	0.615	0.759	0.904	0.931	0.958	0.966	0.973	0.983	0.987	0.991	1.000
$9,000	0.593	0.742	0.891	0.921	0.952	0.960	0.969	0.981	0.985	0.989	1.000
$10,000	0.572	0.726	0.879	0.912	0.944	0.954	0.964	0.978	0.983	0.988	1.000
$11,000	0.554	0.710	0.866	0.902	0.937	0.948	0.959	0.974	0.981	0.986	1.000
$12,000	0.536	0.695	0.854	0.891	0.929	0.941	0.954	0.971	0.979	0.984	1.000
$13,000	0.521	0.682	0.843	0.882	0.922	0.935	0.949	0.968	0.976	0.983	1.000
$14,000	0.504	0.667	0.829	0.871	0.913	0.928	0.942	0.964	0.973	0.981	1.000
$15,000	0.488	0.653	0.817	0.861	0.906	0.921	0.937	0.960	0.971	0.979	1.000
$16,000	0.475	0.640	0.805	0.851	0.898	0.914	0.931	0.956	0.968	0.976	1.000
$17,000	0.461	0.627	0.793	0.841	0.890	0.907	0.924	0.952	0.965	0.974	1.000
$18,000	0.450	0.616	0.782	0.833	0.883	0.901	0.919	0.948	0.962	0.972	1.000
$19,000	0.439	0.605	0.772	0.824	0.876	0.895	0.913	0.944	0.959	0.970	1.000
$20,000	0.424	0.591	0.758	0.812	0.867	0.886	0.906	0.939	0.955	0.967	1.000
$22,500	0.406	0.573	0.740	0.797	0.854	0.875	0.896	0.932	0.949	0.963	1.000
$25,000	0.389	0.556	0.723	0.782	0.842	0.864	0.886	0.925	0.944	0.959	1.000
$27,500	0.374	0.540	0.706	0.768	0.829	0.853	0.876	0.918	0.938	0.954	1.000
$30,000	0.359	0.525	0.690	0.754	0.817	0.842	0.867	0.910	0.932	0.950	1.000
$32,500	0.347	0.512	0.676	0.741	0.805	0.831	0.857	0.903	0.925	0.945	1.000
$35,000	0.336	0.499	0.662	0.728	0.794	0.821	0.847	0.895	0.919	0.940	1.000
$40,000	0.312	0.473	0.634	0.703	0.771	0.800	0.828	0.880	0.906	0.929	1.000
$45,000	0.295	0.454	0.613	0.682	0.751	0.781	0.811	0.865	0.894	0.919	1.000
$50,000	0.278	0.435	0.592	0.662	0.731	0.763	0.794	0.850	0.881	0.909	1.000
$55,000	0.265	0.420	0.575	0.645	0.715	0.747	0.779	0.837	0.870	0.899	1.000
$60,000	0.252	0.405	0.558	0.628	0.698	0.731	0.764	0.824	0.858	0.889	1.000
$65,000	0.242	0.393	0.544	0.614	0.684	0.717	0.751	0.812	0.847	0.879	1.000
$70,000	0.232	0.381	0.530	0.600	0.670	0.704	0.738	0.800	0.837	0.870	1.000
$75,000	0.224	0.371	0.518	0.587	0.656	0.691	0.726	0.789	0.827	0.861	1.000
$80,000	0.216	0.361	0.505	0.574	0.643	0.679	0.714	0.778	0.817	0.852	1.000
$85,000	0.209	0.352	0.495	0.563	0.631	0.667	0.703	0.768	0.808	0.844	1.000
$90,000	0.202	0.343	0.484	0.552	0.619	0.656	0.692	0.758	0.799	0.836	1.000
$95,000	0.196	0.335	0.474	0.542	0.609	0.645	0.682	0.749	0.789	0.827	1.000
$100,000	0.191	0.328	0.465	0.532	0.598	0.635	0.671	0.739	0.780	0.819	1.000

Exhibit P-6F

Commercial

	ALL OP FACILITY SERVICES										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.795	0.874	0.954	0.967	0.980	0.984	0.988	0.993	0.995	0.996	1.000
$1,000	0.711	0.823	0.935	0.954	0.973	0.979	0.983	0.990	0.993	0.995	1.000
$2,000	0.642	0.780	0.919	0.943	0.966	0.974	0.979	0.988	0.991	0.994	1.000
$3,000	0.583	0.743	0.902	0.931	0.959	0.969	0.975	0.986	0.989	0.993	1.000
$4,000	0.533	0.709	0.885	0.918	0.952	0.963	0.971	0.984	0.988	0.992	1.000
$5,000	0.492	0.680	0.867	0.906	0.944	0.958	0.967	0.981	0.986	0.991	1.000
$6,000	0.458	0.653	0.848	0.892	0.937	0.952	0.963	0.979	0.984	0.990	1.000
$7,000	0.429	0.629	0.829	0.879	0.929	0.947	0.959	0.976	0.982	0.989	1.000
$7,500	0.416	0.618	0.820	0.872	0.924	0.944	0.956	0.975	0.981	0.988	1.000
$8,000	0.404	0.608	0.811	0.866	0.920	0.941	0.954	0.974	0.980	0.987	1.000
$9,000	0.382	0.588	0.794	0.853	0.912	0.934	0.949	0.971	0.978	0.986	1.000
$10,000	0.364	0.571	0.778	0.841	0.903	0.928	0.945	0.968	0.976	0.985	1.000
$11,000	0.349	0.556	0.764	0.829	0.893	0.921	0.940	0.965	0.974	0.983	1.000
$12,000	0.334	0.541	0.749	0.817	0.884	0.915	0.935	0.962	0.972	0.982	1.000
$13,000	0.322	0.529	0.737	0.807	0.877	0.909	0.930	0.960	0.970	0.981	1.000
$14,000	0.309	0.516	0.723	0.795	0.867	0.901	0.924	0.956	0.968	0.979	1.000
$15,000	0.297	0.504	0.710	0.784	0.859	0.894	0.919	0.953	0.965	0.978	1.000
$16,000	0.288	0.493	0.699	0.775	0.851	0.888	0.914	0.950	0.963	0.976	1.000
$17,000	0.279	0.483	0.688	0.766	0.843	0.881	0.909	0.947	0.961	0.975	1.000
$18,000	0.271	0.475	0.679	0.758	0.837	0.875	0.904	0.944	0.958	0.973	1.000
$19,000	0.264	0.468	0.671	0.751	0.830	0.870	0.900	0.941	0.956	0.972	1.000
$20,000	0.254	0.457	0.659	0.740	0.821	0.862	0.893	0.937	0.953	0.970	1.000
$22,500	0.243	0.444	0.644	0.727	0.809	0.851	0.881	0.929	0.947	0.966	1.000
$25,000	0.232	0.432	0.631	0.714	0.797	0.840	0.869	0.920	0.940	0.962	1.000
$27,500	0.223	0.422	0.620	0.704	0.787	0.831	0.859	0.912	0.934	0.958	1.000
$30,000	0.214	0.412	0.609	0.693	0.777	0.822	0.849	0.903	0.927	0.953	1.000
$32,500	0.207	0.404	0.601	0.685	0.769	0.815	0.841	0.896	0.921	0.949	1.000
$35,000	0.200	0.396	0.592	0.677	0.761	0.808	0.833	0.890	0.916	0.944	1.000
$40,000	0.185	0.380	0.575	0.661	0.746	0.793	0.822	0.876	0.904	0.936	1.000
$45,000	0.173	0.368	0.563	0.648	0.734	0.782	0.811	0.865	0.895	0.928	1.000
$50,000	0.162	0.356	0.550	0.636	0.722	0.771	0.799	0.855	0.886	0.921	1.000
$55,000	0.153	0.347	0.541	0.627	0.713	0.762	0.790	0.846	0.878	0.915	1.000
$60,000	0.144	0.337	0.531	0.617	0.703	0.753	0.781	0.836	0.870	0.909	1.000
$65,000	0.137	0.330	0.523	0.609	0.695	0.745	0.773	0.828	0.863	0.903	1.000
$70,000	0.130	0.322	0.515	0.601	0.688	0.738	0.768	0.826	0.856	0.898	1.000
$75,000	0.124	0.316	0.508	0.595	0.682	0.732	0.762	0.820	0.850	0.893	1.000
$80,000	0.118	0.310	0.502	0.589	0.675	0.726	0.756	0.814	0.844	0.888	1.000
$85,000	0.114	0.305	0.497	0.583	0.670	0.721	0.750	0.808	0.839	0.884	1.000
$90,000	0.109	0.300	0.491	0.578	0.665	0.716	0.745	0.803	0.833	0.880	1.000
$95,000	0.105	0.296	0.487	0.574	0.661	0.712	0.745	0.807	0.841	0.876	1.000
$100,000	0.101	0.292	0.482	0.569	0.656	0.707	0.740	0.802	0.837	0.872	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6G

Commercial

	DME/ORTHOTICS/PROSTHETICS/SUPPLIES										
	Daily Maximum										
Deductible	$1,000	$1,500	$2,000	$2,500	$3,000	$3,500	$4,000	$4,500	$5,000	$5,500	$6,500
$0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$3,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$4,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$5,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$6,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$8,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$9,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$10,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$11,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$12,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$13,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$14,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$15,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$16,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$17,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$18,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$19,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$20,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$22,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$25,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$27,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$30,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$32,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$35,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$40,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$45,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$50,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$55,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$60,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$65,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$70,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$75,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$80,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$85,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$90,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$95,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$100,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Exhibit P-6H

Commercial

	MEDICAL SUPPLIES										
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.936	0.943	0.966	0.977	0.987	0.998	0.991	0.992	0.994	0.999	1.000
$1,000	0.874	0.889	0.933	0.954	0.975	0.996	0.982	0.985	0.988	0.998	1.000
$2,000	0.819	0.839	0.898	0.930	0.962	0.994	0.972	0.978	0.983	0.998	1.000
$3,000	0.779	0.801	0.867	0.909	0.950	0.992	0.964	0.970	0.977	0.997	1.000
$4,000	0.754	0.777	0.844	0.892	0.940	0.988	0.956	0.964	0.972	0.996	1.000
$5,000	0.738	0.760	0.827	0.880	0.933	0.985	0.950	0.959	0.968	0.994	1.000
$6,000	0.726	0.748	0.814	0.870	0.926	0.981	0.945	0.955	0.964	0.993	1.000
$7,000	0.717	0.739	0.803	0.861	0.920	0.977	0.940	0.950	0.960	0.991	1.000
$7,500	0.714	0.735	0.798	0.857	0.917	0.975	0.938	0.948	0.959	0.990	1.000
$8,000	0.710	0.732	0.794	0.854	0.914	0.973	0.935	0.946	0.957	0.989	1.000
$9,000	0.704	0.725	0.786	0.847	0.908	0.969	0.931	0.942	0.953	0.987	1.000
$10,000	0.699	0.720	0.779	0.841	0.903	0.965	0.927	0.938	0.950	0.985	1.000
$11,000	0.695	0.715	0.774	0.836	0.899	0.961	0.923	0.935	0.947	0.982	1.000
$12,000	0.691	0.711	0.768	0.831	0.894	0.956	0.919	0.931	0.943	0.979	1.000
$13,000	0.687	0.707	0.763	0.826	0.889	0.952	0.915	0.927	0.940	0.977	1.000
$14,000	0.683	0.703	0.758	0.821	0.884	0.947	0.911	0.923	0.936	0.974	1.000
$15,000	0.680	0.699	0.753	0.817	0.880	0.943	0.907	0.920	0.932	0.971	1.000
$16,000	0.676	0.695	0.749	0.812	0.876	0.938	0.903	0.916	0.929	0.967	1.000
$17,000	0.673	0.691	0.744	0.808	0.871	0.934	0.899	0.912	0.925	0.964	1.000
$18,000	0.669	0.687	0.740	0.804	0.867	0.930	0.895	0.908	0.921	0.961	1.000
$19,000	0.666	0.684	0.736	0.799	0.863	0.925	0.890	0.904	0.917	0.957	1.000
$20,000	0.662	0.680	0.732	0.795	0.858	0.921	0.886	0.900	0.913	0.954	1.000
$22,500	0.653	0.670	0.722	0.785	0.847	0.910	0.876	0.890	0.903	0.944	1.000
$25,000	0.644	0.661	0.713	0.774	0.836	0.898	0.865	0.879	0.893	0.934	1.000
$27,500	0.637	0.654	0.704	0.765	0.826	0.887	0.855	0.869	0.883	0.924	1.000
$30,000	0.630	0.647	0.696	0.755	0.816	0.876	0.845	0.859	0.873	0.913	1.000
$32,500	0.626	0.642	0.690	0.749	0.809	0.869	0.837	0.851	0.865	0.905	1.000
$35,000	0.621	0.637	0.684	0.742	0.801	0.861	0.829	0.843	0.857	0.897	1.000
$40,000	0.613	0.628	0.671	0.729	0.787	0.845	0.814	0.827	0.841	0.880	1.000
$45,000	0.606	0.620	0.662	0.720	0.778	0.837	0.804	0.817	0.831	0.870	1.000
$50,000	0.599	0.612	0.652	0.711	0.770	0.829	0.794	0.808	0.821	0.860	1.000
$55,000	0.593	0.607	0.646	0.706	0.766	0.826	0.791	0.804	0.818	0.857	1.000
$60,000	0.587	0.601	0.641	0.702	0.763	0.824	0.787	0.801	0.814	0.853	1.000
$65,000	0.581	0.596	0.637	0.700	0.762	0.824	0.786	0.800	0.813	0.852	1.000
$70,000	0.576	0.590	0.633	0.697	0.760	0.824	0.785	0.799	0.812	0.852	1.000
$75,000	0.571	0.586	0.631	0.696	0.760	0.826	0.786	0.800	0.813	0.853	1.000
$80,000	0.566	0.582	0.629	0.695	0.761	0.827	0.786	0.800	0.814	0.854	1.000
$85,000	0.560	0.577	0.627	0.694	0.762	0.830	0.788	0.802	0.816	0.856	1.000
$90,000	0.554	0.572	0.625	0.694	0.763	0.833	0.789	0.804	0.818	0.859	1.000
$95,000	0.549	0.568	0.622	0.694	0.765	0.837	0.792	0.807	0.821	0.863	1.000
$100,000	0.544	0.563	0.619	0.693	0.767	0.841	0.795	0.810	0.824	0.868	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6I

Commercial

	SNF/EFC/REHAB										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.966	0.982	0.998	0.999	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.934	0.965	0.996	0.997	0.998	0.999	0.999	0.999	0.999	1.000	1.000
$2,000	0.900	0.947	0.994	0.996	0.998	0.998	0.998	0.999	0.999	0.999	1.000
$3,000	0.870	0.931	0.992	0.994	0.997	0.997	0.997	0.998	0.999	0.999	1.000
$4,000	0.849	0.919	0.989	0.992	0.995	0.996	0.997	0.998	0.998	0.999	1.000
$5,000	0.834	0.910	0.986	0.990	0.994	0.995	0.996	0.997	0.998	0.999	1.000
$6,000	0.823	0.903	0.982	0.988	0.993	0.994	0.995	0.997	0.997	0.998	1.000
$7,000	0.815	0.897	0.979	0.985	0.991	0.992	0.993	0.996	0.997	0.998	1.000
$7,500	0.811	0.894	0.977	0.984	0.990	0.991	0.993	0.995	0.996	0.998	1.000
$8,000	0.808	0.892	0.975	0.982	0.989	0.991	0.992	0.995	0.996	0.997	1.000
$9,000	0.802	0.887	0.972	0.980	0.987	0.989	0.991	0.994	0.995	0.997	1.000
$10,000	0.798	0.883	0.968	0.977	0.985	0.987	0.989	0.993	0.995	0.996	1.000
$11,000	0.794	0.879	0.965	0.974	0.983	0.985	0.988	0.992	0.994	0.996	1.000
$12,000	0.791	0.876	0.961	0.971	0.981	0.983	0.986	0.991	0.993	0.995	1.000
$13,000	0.788	0.873	0.958	0.968	0.979	0.981	0.984	0.990	0.992	0.995	1.000
$14,000	0.785	0.870	0.954	0.965	0.976	0.979	0.982	0.988	0.991	0.994	1.000
$15,000	0.782	0.866	0.951	0.962	0.974	0.977	0.980	0.987	0.990	0.993	1.000
$16,000	0.780	0.864	0.948	0.959	0.971	0.975	0.978	0.986	0.989	0.992	1.000
$17,000	0.777	0.861	0.944	0.956	0.969	0.972	0.976	0.984	0.988	0.992	1.000
$18,000	0.775	0.858	0.941	0.953	0.966	0.970	0.974	0.983	0.987	0.991	1.000
$19,000	0.773	0.855	0.938	0.950	0.963	0.968	0.972	0.981	0.985	0.990	1.000
$20,000	0.771	0.852	0.934	0.947	0.960	0.965	0.970	0.979	0.984	0.989	1.000
$22,500	0.765	0.846	0.926	0.940	0.953	0.958	0.964	0.974	0.980	0.987	1.000
$25,000	0.758	0.838	0.918	0.932	0.946	0.952	0.957	0.969	0.976	0.984	1.000
$27,500	0.751	0.831	0.911	0.925	0.938	0.945	0.951	0.963	0.972	0.980	1.000
$30,000	0.744	0.823	0.903	0.917	0.931	0.938	0.944	0.958	0.967	0.977	1.000
$32,500	0.736	0.817	0.897	0.911	0.925	0.931	0.938	0.952	0.963	0.973	1.000
$35,000	0.728	0.810	0.892	0.905	0.918	0.925	0.932	0.947	0.958	0.969	1.000
$40,000	0.712	0.796	0.880	0.893	0.905	0.913	0.920	0.936	0.949	0.962	1.000
$45,000	0.696	0.784	0.872	0.884	0.896	0.904	0.911	0.926	0.941	0.955	1.000
$50,000	0.680	0.772	0.863	0.875	0.887	0.894	0.902	0.917	0.933	0.948	1.000
$55,000	0.665	0.761	0.858	0.869	0.881	0.888	0.896	0.911	0.928	0.944	1.000
$60,000	0.651	0.751	0.852	0.863	0.875	0.882	0.890	0.905	0.922	0.940	1.000
$65,000	0.639	0.743	0.848	0.859	0.870	0.878	0.885	0.900	0.919	0.937	1.000
$70,000	0.626	0.735	0.844	0.855	0.866	0.874	0.881	0.896	0.915	0.935	1.000
$75,000	0.617	0.729	0.841	0.852	0.864	0.871	0.879	0.893	0.914	0.934	1.000
$80,000	0.608	0.723	0.838	0.850	0.861	0.869	0.876	0.891	0.912	0.933	1.000
$85,000	0.599	0.718	0.837	0.849	0.860	0.868	0.875	0.890	0.911	0.931	1.000
$90,000	0.591	0.713	0.836	0.847	0.859	0.867	0.874	0.889	0.909	0.929	1.000
$95,000	0.582	0.709	0.836	0.848	0.860	0.867	0.875	0.890	0.909	0.929	1.000
$100,000	0.574	0.705	0.836	0.848	0.861	0.868	0.876	0.891	0.910	0.929	1.000

Exhibit P-6J

Commercial

	HOME HEALTH										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.964	0.981	0.997	0.998	0.999	0.999	0.999	0.999	1.000	1.000	1.000
$1,000	0.929	0.961	0.994	0.996	0.997	0.998	0.998	0.999	0.999	1.000	1.000
$2,000	0.892	0.941	0.990	0.993	0.995	0.996	0.997	0.998	0.999	0.999	1.000
$3,000	0.858	0.922	0.986	0.989	0.993	0.994	0.995	0.997	0.999	0.999	1.000
$4,000	0.831	0.905	0.980	0.985	0.990	0.992	0.993	0.996	0.999	0.999	1.000
$5,000	0.809	0.891	0.973	0.980	0.987	0.989	0.991	0.994	0.998	0.999	1.000
$6,000	0.791	0.879	0.966	0.975	0.983	0.986	0.988	0.993	0.998	0.998	1.000
$7,000	0.775	0.867	0.959	0.969	0.979	0.982	0.986	0.991	0.997	0.998	1.000
$7,500	0.767	0.861	0.955	0.966	0.977	0.980	0.984	0.990	0.997	0.998	1.000
$8,000	0.759	0.855	0.951	0.963	0.974	0.979	0.983	0.989	0.997	0.998	1.000
$9,000	0.745	0.844	0.942	0.956	0.970	0.975	0.979	0.987	0.996	0.997	1.000
$10,000	0.731	0.833	0.934	0.949	0.964	0.970	0.976	0.985	0.995	0.997	1.000
$11,000	0.727	0.829	0.930	0.946	0.962	0.968	0.974	0.984	0.995	0.996	1.000
$12,000	0.723	0.825	0.927	0.944	0.960	0.967	0.973	0.983	0.994	0.996	1.000
$13,000	0.719	0.821	0.923	0.941	0.958	0.965	0.971	0.982	0.993	0.995	1.000
$14,000	0.715	0.818	0.920	0.938	0.956	0.963	0.970	0.981	0.992	0.995	1.000
$15,000	0.712	0.814	0.917	0.935	0.954	0.961	0.968	0.979	0.992	0.994	1.000
$16,000	0.709	0.811	0.913	0.932	0.951	0.959	0.966	0.978	0.991	0.994	1.000
$17,000	0.706	0.808	0.910	0.930	0.949	0.957	0.965	0.977	0.990	0.993	1.000
$18,000	0.704	0.805	0.907	0.927	0.947	0.955	0.963	0.976	0.989	0.992	1.000
$19,000	0.702	0.803	0.904	0.924	0.945	0.953	0.961	0.974	0.988	0.992	1.000
$20,000	0.699	0.800	0.901	0.921	0.942	0.951	0.959	0.973	0.987	0.991	1.000
$22,500	0.693	0.793	0.893	0.915	0.936	0.945	0.954	0.969	0.984	0.989	1.000
$25,000	0.688	0.787	0.887	0.909	0.931	0.940	0.949	0.965	0.981	0.987	1.000
$27,500	0.684	0.782	0.881	0.903	0.925	0.935	0.945	0.961	0.978	0.985	1.000
$30,000	0.679	0.777	0.876	0.898	0.920	0.930	0.940	0.957	0.974	0.982	1.000
$32,500	0.676	0.775	0.873	0.895	0.917	0.927	0.937	0.954	0.972	0.980	1.000
$35,000	0.673	0.772	0.871	0.892	0.914	0.924	0.934	0.951	0.969	0.978	1.000
$40,000	0.667	0.766	0.865	0.887	0.908	0.918	0.929	0.946	0.964	0.974	1.000
$45,000	0.664	0.764	0.865	0.886	0.907	0.917	0.927	0.944	0.962	0.972	1.000
$50,000	0.660	0.762	0.864	0.885	0.906	0.916	0.925	0.941	0.960	0.969	1.000
$55,000	0.660	0.763	0.866	0.887	0.908	0.918	0.927	0.942	0.961	0.970	1.000
$60,000	0.660	0.764	0.867	0.889	0.911	0.919	0.928	0.943	0.961	0.970	1.000
$65,000	0.661	0.765	0.870	0.892	0.914	0.922	0.931	0.945	0.963	0.972	1.000
$70,000	0.662	0.767	0.873	0.895	0.917	0.925	0.934	0.947	0.965	0.973	1.000
$75,000	0.664	0.770	0.876	0.898	0.921	0.929	0.937	0.950	0.968	0.976	1.000
$80,000	0.666	0.773	0.879	0.902	0.925	0.933	0.941	0.954	0.970	0.978	1.000
$85,000	0.668	0.775	0.882	0.906	0.929	0.937	0.944	0.957	0.973	0.980	1.000
$90,000	0.670	0.778	0.886	0.909	0.932	0.940	0.948	0.961	0.976	0.981	1.000
$95,000	0.672	0.780	0.889	0.913	0.936	0.944	0.952	0.964	0.978	0.983	1.000
$100,000	0.673	0.783	0.892	0.916	0.940	0.948	0.955	0.968	0.981	0.985	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6K

Commercial

	CHEMOTHERAPY DRUGS										
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.905	0.937	0.949	0.961	0.973	0.984	0.986	0.988	0.989	0.992	1.000
$1,000	0.821	0.882	0.904	0.926	0.948	0.971	0.974	0.977	0.980	0.985	1.000
$2,000	0.747	0.827	0.860	0.892	0.924	0.957	0.961	0.966	0.970	0.979	1.000
$3,000	0.688	0.776	0.818	0.859	0.901	0.942	0.948	0.954	0.960	0.971	1.000
$4,000	0.642	0.732	0.781	0.829	0.878	0.926	0.934	0.941	0.949	0.964	1.000
$5,000	0.603	0.694	0.748	0.802	0.856	0.910	0.919	0.928	0.937	0.955	1.000
$6,000	0.568	0.659	0.718	0.776	0.835	0.893	0.904	0.915	0.926	0.947	1.000
$7,000	0.536	0.628	0.690	0.753	0.815	0.877	0.890	0.902	0.915	0.939	1.000
$7,500	0.521	0.613	0.677	0.741	0.805	0.869	0.883	0.896	0.909	0.935	1.000
$8,000	0.506	0.598	0.664	0.730	0.796	0.862	0.876	0.890	0.904	0.931	1.000
$9,000	0.478	0.571	0.640	0.709	0.778	0.847	0.862	0.878	0.894	0.924	1.000
$10,000	0.463	0.570	0.643	0.716	0.790	0.863	0.878	0.893	0.908	0.936	1.000
$11,000	0.441	0.551	0.627	0.702	0.778	0.853	0.869	0.885	0.901	0.931	1.000
$12,000	0.418	0.532	0.610	0.688	0.766	0.844	0.861	0.877	0.894	0.926	1.000
$13,000	0.400	0.516	0.596	0.676	0.756	0.836	0.853	0.871	0.888	0.922	1.000
$14,000	0.380	0.495	0.578	0.661	0.744	0.827	0.846	0.864	0.883	0.919	1.000
$15,000	0.361	0.477	0.562	0.648	0.733	0.819	0.838	0.858	0.878	0.916	1.000
$16,000	0.343	0.458	0.547	0.636	0.724	0.813	0.832	0.853	0.873	0.911	1.000
$17,000	0.325	0.440	0.531	0.623	0.715	0.806	0.826	0.847	0.868	0.906	1.000
$18,000	0.311	0.425	0.519	0.613	0.707	0.800	0.821	0.842	0.863	0.902	1.000
$19,000	0.299	0.412	0.507	0.602	0.697	0.792	0.813	0.836	0.858	0.899	1.000
$20,000	0.277	0.390	0.487	0.583	0.680	0.777	0.801	0.826	0.850	0.897	1.000
$22,500	0.244	0.355	0.454	0.554	0.653	0.752	0.778	0.805	0.832	0.882	1.000
$25,000	0.216	0.324	0.425	0.526	0.628	0.729	0.757	0.786	0.815	0.869	1.000
$27,500	0.194	0.300	0.405	0.510	0.615	0.720	0.747	0.776	0.804	0.856	1.000
$30,000	0.170	0.273	0.383	0.492	0.602	0.711	0.738	0.765	0.793	0.843	1.000
$32,500	0.162	0.262	0.373	0.483	0.594	0.705	0.730	0.757	0.784	0.832	1.000
$35,000	0.154	0.251	0.363	0.475	0.586	0.698	0.722	0.748	0.774	0.821	1.000
$40,000	0.139	0.229	0.343	0.457	0.571	0.678	0.707	0.731	0.756	0.804	1.000
$45,000	0.134	0.221	0.331	0.440	0.550	0.659	0.686	0.714	0.741	0.792	1.000
$50,000	0.130	0.213	0.319	0.424	0.529	0.634	0.664	0.696	0.727	0.785	1.000
$55,000	0.127	0.214	0.316	0.417	0.518	0.620	0.649	0.680	0.710	0.766	1.000
$60,000	0.123	0.215	0.313	0.410	0.507	0.605	0.633	0.664	0.694	0.748	1.000
$65,000	0.121	0.212	0.307	0.402	0.498	0.593	0.622	0.652	0.682	0.737	1.000
$70,000	0.119	0.209	0.302	0.395	0.488	0.581	0.610	0.640	0.671	0.726	1.000
$75,000	0.117	0.207	0.297	0.386	0.476	0.565	0.595	0.627	0.659	0.717	1.000
$80,000	0.116	0.205	0.291	0.377	0.463	0.550	0.581	0.614	0.646	0.707	1.000
$85,000	0.115	0.204	0.289	0.373	0.458	0.543	0.572	0.603	0.634	0.691	1.000
$90,000	0.114	0.203	0.286	0.369	0.453	0.536	0.564	0.593	0.623	0.676	1.000
$95,000	0.113	0.202	0.283	0.364	0.444	0.525	0.553	0.582	0.611	0.664	1.000
$100,000	0.112	0.201	0.280	0.358	0.436	0.514	0.542	0.571	0.600	0.652	1.000

Exhibit P-6L

Commercial

	BLOOD CLOTTING FACTOR										
	Daily Maximum										
Deductible	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000	$20,000
$0	0.963	0.971	0.980	0.988	0.996	0.996	0.997	0.997	0.997	0.998	1.000
$1,000	0.927	0.943	0.960	0.976	0.992	0.992	0.993	0.994	0.995	0.996	1.000
$2,000	0.890	0.914	0.939	0.963	0.987	0.988	0.989	0.990	0.992	0.993	1.000
$3,000	0.854	0.886	0.919	0.950	0.982	0.983	0.985	0.986	0.989	0.991	1.000
$4,000	0.826	0.864	0.902	0.939	0.975	0.978	0.980	0.981	0.985	0.988	1.000
$5,000	0.804	0.845	0.887	0.928	0.968	0.971	0.973	0.976	0.980	0.984	1.000
$6,000	0.784	0.829	0.873	0.917	0.960	0.963	0.967	0.970	0.975	0.980	1.000
$7,000	0.767	0.813	0.860	0.906	0.950	0.955	0.959	0.963	0.969	0.975	1.000
$7,500	0.758	0.806	0.854	0.900	0.946	0.951	0.955	0.959	0.966	0.972	1.000
$8,000	0.750	0.798	0.848	0.895	0.941	0.946	0.951	0.955	0.963	0.970	1.000
$9,000	0.734	0.784	0.835	0.884	0.931	0.937	0.943	0.947	0.956	0.964	1.000
$10,000	0.705	0.760	0.816	0.869	0.920	0.927	0.934	0.939	0.949	0.958	1.000
$11,000	0.693	0.745	0.803	0.857	0.909	0.917	0.924	0.930	0.941	0.952	1.000
$12,000	0.681	0.731	0.790	0.845	0.898	0.907	0.914	0.921	0.933	0.945	1.000
$13,000	0.666	0.716	0.776	0.833	0.886	0.896	0.905	0.912	0.924	0.938	1.000
$14,000	0.642	0.695	0.759	0.818	0.873	0.884	0.894	0.901	0.915	0.931	1.000
$15,000	0.620	0.676	0.742	0.804	0.861	0.873	0.883	0.891	0.906	0.923	1.000
$16,000	0.603	0.659	0.727	0.790	0.848	0.861	0.872	0.881	0.896	0.915	1.000
$17,000	0.587	0.641	0.712	0.776	0.835	0.849	0.860	0.870	0.886	0.907	1.000
$18,000	0.571	0.625	0.697	0.763	0.822	0.837	0.849	0.859	0.876	0.898	1.000
$19,000	0.553	0.608	0.682	0.749	0.809	0.825	0.838	0.848	0.866	0.890	1.000
$20,000	0.526	0.583	0.661	0.731	0.795	0.811	0.825	0.836	0.854	0.880	1.000
$22,500	0.480	0.538	0.620	0.694	0.760	0.779	0.794	0.807	0.826	0.856	1.000
$25,000	0.433	0.490	0.573	0.648	0.713	0.737	0.756	0.772	0.798	0.832	1.000
$27,500	0.405	0.459	0.540	0.616	0.682	0.707	0.727	0.744	0.770	0.808	1.000
$30,000	0.374	0.423	0.503	0.581	0.648	0.676	0.697	0.715	0.742	0.784	1.000
$32,500	0.359	0.406	0.487	0.564	0.626	0.654	0.675	0.693	0.719	0.763	1.000
$35,000	0.343	0.389	0.471	0.547	0.603	0.632	0.653	0.670	0.696	0.742	1.000
$40,000	0.313	0.354	0.439	0.513	0.558	0.587	0.610	0.626	0.649	0.701	1.000
$45,000	0.289	0.332	0.416	0.489	0.528	0.558	0.581	0.598	0.622	0.676	1.000
$50,000	0.265	0.310	0.393	0.465	0.511	0.529	0.553	0.571	0.594	0.651	1.000
$55,000	0.251	0.294	0.375	0.447	0.490	0.506	0.530	0.547	0.571	0.630	1.000
$60,000	0.236	0.278	0.358	0.428	0.468	0.482	0.506	0.524	0.547	0.608	1.000
$65,000	0.226	0.267	0.346	0.415	0.452	0.464	0.489	0.507	0.529	0.592	1.000
$70,000	0.216	0.256	0.334	0.401	0.436	0.446	0.471	0.489	0.511	0.575	1.000
$75,000	0.208	0.247	0.323	0.389	0.420	0.428	0.453	0.471	0.492	0.558	1.000
$80,000	0.200	0.237	0.311	0.376	0.404	0.411	0.435	0.453	0.474	0.540	1.000
$85,000	0.210	0.242	0.311	0.370	0.398	0.411	0.423	0.442	0.465	0.532	1.000
$90,000	0.221	0.246	0.310	0.364	0.386	0.399	0.411	0.431	0.456	0.524	1.000
$95,000	0.214	0.239	0.303	0.355	0.376	0.388	0.399	0.419	0.443	0.512	1.000
$100,000	0.207	0.232	0.295	0.347	0.367	0.377	0.387	0.407	0.431	0.499	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6M

Commercial

	OTHER INJECTIBLES - HOME										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.961	0.978	0.995	0.997	0.998	0.998	0.998	0.999	0.999	1.000	1.000
$1,000	0.923	0.957	0.991	0.993	0.996	0.996	0.997	0.998	0.999	0.999	1.000
$2,000	0.884	0.935	0.986	0.990	0.993	0.994	0.995	0.997	0.998	0.999	1.000
$3,000	0.848	0.914	0.981	0.986	0.991	0.992	0.993	0.996	0.997	0.998	1.000
$4,000	0.819	0.897	0.974	0.981	0.987	0.989	0.991	0.995	0.996	0.997	1.000
$5,000	0.796	0.881	0.967	0.975	0.984	0.986	0.989	0.993	0.995	0.997	1.000
$6,000	0.777	0.867	0.958	0.969	0.980	0.983	0.986	0.992	0.994	0.996	1.000
$7,000	0.759	0.854	0.950	0.962	0.975	0.979	0.983	0.990	0.992	0.995	1.000
$7,500	0.750	0.848	0.945	0.959	0.973	0.977	0.981	0.989	0.992	0.994	1.000
$8,000	0.742	0.841	0.940	0.955	0.970	0.975	0.980	0.988	0.991	0.994	1.000
$9,000	0.726	0.828	0.931	0.948	0.965	0.971	0.976	0.986	0.989	0.993	1.000
$10,000	0.698	0.803	0.909	0.928	0.947	0.957	0.966	0.984	0.988	0.992	1.000
$11,000	0.678	0.789	0.899	0.920	0.942	0.952	0.962	0.981	0.986	0.990	1.000
$12,000	0.658	0.774	0.889	0.913	0.936	0.947	0.958	0.979	0.984	0.989	1.000
$13,000	0.641	0.760	0.879	0.904	0.930	0.942	0.954	0.976	0.982	0.988	1.000
$14,000	0.619	0.744	0.869	0.896	0.924	0.937	0.950	0.974	0.980	0.987	1.000
$15,000	0.599	0.729	0.858	0.888	0.918	0.932	0.946	0.971	0.978	0.985	1.000
$16,000	0.580	0.711	0.842	0.874	0.906	0.922	0.939	0.968	0.976	0.984	1.000
$17,000	0.561	0.694	0.827	0.861	0.895	0.913	0.932	0.966	0.974	0.982	1.000
$18,000	0.545	0.679	0.813	0.849	0.885	0.906	0.926	0.963	0.972	0.981	1.000
$19,000	0.529	0.664	0.800	0.839	0.879	0.900	0.921	0.960	0.970	0.980	1.000
$20,000	0.505	0.642	0.779	0.825	0.872	0.894	0.917	0.957	0.968	0.978	1.000
$22,500	0.473	0.612	0.751	0.803	0.855	0.880	0.905	0.949	0.962	0.974	1.000
$25,000	0.419	0.575	0.725	0.781	0.838	0.865	0.893	0.941	0.956	0.970	1.000
$27,500	0.405	0.557	0.704	0.762	0.823	0.852	0.882	0.934	0.950	0.966	1.000
$30,000	0.389	0.539	0.681	0.740	0.805	0.838	0.870	0.926	0.944	0.962	1.000
$32,500	0.380	0.526	0.666	0.728	0.796	0.830	0.860	0.920	0.939	0.958	1.000
$35,000	0.370	0.513	0.651	0.716	0.787	0.822	0.851	0.913	0.935	0.955	1.000
$40,000	0.351	0.488	0.621	0.693	0.769	0.806	0.839	0.900	0.925	0.947	1.000
$45,000	0.332	0.467	0.596	0.674	0.755	0.793	0.827	0.890	0.917	0.941	1.000
$50,000	0.312	0.445	0.571	0.655	0.741	0.781	0.815	0.880	0.909	0.936	1.000
$55,000	0.297	0.430	0.553	0.641	0.729	0.770	0.805	0.872	0.903	0.931	1.000
$60,000	0.283	0.414	0.535	0.626	0.717	0.760	0.795	0.864	0.896	0.927	1.000
$65,000	0.278	0.405	0.522	0.614	0.706	0.750	0.786	0.857	0.891	0.923	1.000
$70,000	0.272	0.395	0.509	0.602	0.695	0.741	0.780	0.857	0.886	0.920	1.000
$75,000	0.262	0.381	0.493	0.588	0.684	0.731	0.772	0.851	0.881	0.917	1.000
$80,000	0.252	0.368	0.477	0.575	0.672	0.721	0.764	0.846	0.876	0.914	1.000
$85,000	0.250	0.362	0.470	0.565	0.661	0.712	0.755	0.840	0.871	0.910	1.000
$90,000	0.248	0.357	0.462	0.556	0.650	0.702	0.746	0.834	0.865	0.906	1.000
$95,000	0.240	0.346	0.451	0.545	0.638	0.692	0.738	0.828	0.859	0.902	1.000
$100,000	0.232	0.336	0.439	0.533	0.627	0.683	0.732	0.827	0.863	0.898	1.000

Exhibit P-6N

Commercial

	OTHER INJECTIBLES - OFFICE										
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.903	0.937	0.950	0.963	0.975	0.988	0.989	0.990	0.992	0.995	1.000
$1,000	0.823	0.885	0.908	0.931	0.954	0.978	0.980	0.982	0.985	0.990	1.000
$2,000	0.753	0.834	0.868	0.901	0.934	0.967	0.971	0.975	0.978	0.985	1.000
$3,000	0.699	0.787	0.830	0.872	0.914	0.957	0.961	0.966	0.971	0.981	1.000
$4,000	0.657	0.748	0.797	0.846	0.896	0.945	0.951	0.957	0.963	0.975	1.000
$5,000	0.622	0.713	0.768	0.823	0.878	0.933	0.940	0.948	0.955	0.970	1.000
$6,000	0.592	0.683	0.742	0.802	0.861	0.920	0.929	0.938	0.947	0.964	1.000
$7,000	0.566	0.655	0.718	0.781	0.845	0.908	0.918	0.928	0.939	0.959	1.000
$7,500	0.553	0.642	0.707	0.772	0.837	0.902	0.913	0.924	0.935	0.956	1.000
$8,000	0.541	0.629	0.696	0.763	0.829	0.896	0.908	0.919	0.931	0.953	1.000
$9,000	0.519	0.605	0.675	0.745	0.815	0.885	0.897	0.910	0.923	0.948	1.000
$10,000	0.498	0.583	0.655	0.728	0.801	0.873	0.887	0.901	0.915	0.942	1.000
$11,000	0.479	0.562	0.637	0.712	0.787	0.862	0.877	0.892	0.907	0.937	1.000
$12,000	0.460	0.542	0.620	0.697	0.774	0.851	0.867	0.883	0.899	0.931	1.000
$13,000	0.445	0.527	0.606	0.684	0.763	0.842	0.859	0.876	0.893	0.927	1.000
$14,000	0.433	0.521	0.600	0.679	0.758	0.837	0.855	0.873	0.892	0.928	1.000
$15,000	0.421	0.513	0.593	0.672	0.752	0.831	0.850	0.870	0.889	0.928	1.000
$16,000	0.410	0.503	0.584	0.664	0.745	0.825	0.846	0.866	0.886	0.927	1.000
$17,000	0.398	0.493	0.574	0.656	0.738	0.820	0.841	0.862	0.884	0.927	1.000
$18,000	0.388	0.483	0.566	0.648	0.731	0.813	0.836	0.858	0.880	0.925	1.000
$19,000	0.378	0.473	0.555	0.638	0.721	0.804	0.828	0.851	0.874	0.920	1.000
$20,000	0.364	0.454	0.538	0.622	0.706	0.790	0.814	0.839	0.863	0.913	1.000
$22,500	0.334	0.424	0.508	0.593	0.678	0.762	0.789	0.817	0.844	0.898	1.000
$25,000	0.307	0.396	0.481	0.566	0.650	0.735	0.765	0.795	0.824	0.884	1.000
$27,500	0.286	0.386	0.470	0.554	0.637	0.721	0.753	0.785	0.817	0.882	1.000
$30,000	0.261	0.374	0.457	0.540	0.623	0.706	0.740	0.775	0.810	0.879	1.000
$32,500	0.252	0.363	0.444	0.525	0.606	0.687	0.723	0.759	0.795	0.868	1.000
$35,000	0.243	0.352	0.431	0.510	0.589	0.669	0.706	0.743	0.781	0.856	1.000
$40,000	0.225	0.330	0.405	0.480	0.556	0.631	0.672	0.712	0.752	0.833	1.000
$45,000	0.222	0.325	0.396	0.467	0.539	0.610	0.652	0.693	0.734	0.817	1.000
$50,000	0.220	0.319	0.387	0.454	0.522	0.590	0.632	0.674	0.717	0.801	1.000
$55,000	0.220	0.319	0.382	0.445	0.508	0.571	0.613	0.655	0.698	0.782	1.000
$60,000	0.221	0.318	0.377	0.435	0.494	0.553	0.595	0.637	0.679	0.763	1.000
$65,000	0.217	0.314	0.369	0.425	0.481	0.536	0.577	0.618	0.659	0.741	1.000
$70,000	0.213	0.309	0.362	0.415	0.467	0.520	0.560	0.600	0.640	0.720	1.000
$75,000	0.216	0.312	0.363	0.414	0.464	0.515	0.554	0.592	0.631	0.708	1.000
$80,000	0.220	0.315	0.364	0.413	0.462	0.511	0.548	0.585	0.622	0.696	1.000
$85,000	0.224	0.318	0.365	0.413	0.461	0.508	0.544	0.580	0.615	0.687	1.000
$90,000	0.228	0.321	0.367	0.413	0.459	0.506	0.540	0.574	0.609	0.678	1.000
$95,000	0.226	0.319	0.364	0.409	0.453	0.498	0.531	0.565	0.598	0.664	1.000
$100,000	0.224	0.317	0.360	0.404	0.447	0.491	0.523	0.555	0.587	0.651	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6O

Commercial

	Pharma - All Services										
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.889	0.922	0.934	0.947	0.960	0.973	0.976	0.978	0.981	0.986	1.000
$1,000	0.796	0.855	0.879	0.903	0.926	0.950	0.955	0.960	0.964	0.974	1.000
$2,000	0.715	0.792	0.826	0.860	0.894	0.927	0.934	0.941	0.948	0.962	1.000
$3,000	0.649	0.732	0.775	0.818	0.860	0.903	0.912	0.922	0.931	0.949	1.000
$4,000	0.595	0.679	0.728	0.778	0.828	0.877	0.889	0.901	0.913	0.936	1.000
$5,000	0.599	0.681	0.736	0.791	0.846	0.901	0.910	0.920	0.929	0.947	1.000
$6,000	0.558	0.638	0.697	0.757	0.816	0.875	0.887	0.898	0.910	0.934	1.000
$7,000	0.521	0.599	0.662	0.724	0.787	0.850	0.864	0.878	0.892	0.920	1.000
$7,500	0.504	0.581	0.645	0.709	0.774	0.838	0.853	0.868	0.883	0.914	1.000
$8,000	0.488	0.563	0.629	0.695	0.760	0.826	0.842	0.859	0.875	0.908	1.000
$9,000	0.458	0.531	0.599	0.667	0.735	0.803	0.822	0.840	0.858	0.895	1.000
$10,000	0.454	0.525	0.596	0.666	0.736	0.806	0.827	0.847	0.868	0.908	1.000
$11,000	0.430	0.499	0.571	0.643	0.715	0.787	0.809	0.831	0.853	0.897	1.000
$12,000	0.405	0.472	0.546	0.619	0.693	0.767	0.791	0.814	0.838	0.886	1.000
$13,000	0.387	0.452	0.529	0.605	0.681	0.758	0.783	0.807	0.832	0.882	1.000
$14,000	0.376	0.440	0.520	0.600	0.680	0.760	0.785	0.810	0.835	0.885	1.000
$15,000	0.366	0.428	0.511	0.595	0.679	0.762	0.787	0.813	0.838	0.888	1.000
$16,000	0.348	0.409	0.493	0.577	0.662	0.746	0.773	0.800	0.826	0.880	1.000
$17,000	0.331	0.390	0.475	0.560	0.645	0.730	0.759	0.787	0.815	0.872	1.000
$18,000	0.321	0.378	0.463	0.549	0.634	0.720	0.749	0.779	0.808	0.867	1.000
$19,000	0.316	0.372	0.458	0.544	0.630	0.716	0.746	0.776	0.806	0.867	1.000
$20,000	0.312	0.366	0.452	0.538	0.625	0.711	0.742	0.773	0.804	0.866	1.000
$22,500	0.283	0.332	0.419	0.505	0.591	0.678	0.713	0.747	0.782	0.851	1.000
$25,000	0.258	0.304	0.390	0.476	0.562	0.648	0.685	0.722	0.759	0.833	1.000
$27,500	0.253	0.294	0.379	0.464	0.549	0.633	0.671	0.709	0.747	0.823	1.000
$30,000	0.247	0.285	0.369	0.452	0.536	0.619	0.658	0.697	0.736	0.814	1.000
$32,500	0.238	0.272	0.354	0.436	0.517	0.599	0.640	0.682	0.723	0.805	1.000
$35,000	0.228	0.260	0.340	0.419	0.499	0.579	0.623	0.666	0.710	0.797	1.000
$40,000	0.208	0.235	0.311	0.387	0.463	0.539	0.587	0.635	0.684	0.780	1.000
$45,000	0.199	0.222	0.294	0.366	0.438	0.509	0.561	0.613	0.665	0.768	1.000
$50,000	0.191	0.210	0.278	0.345	0.413	0.480	0.535	0.590	0.645	0.756	1.000
$55,000	0.186	0.203	0.267	0.330	0.394	0.457	0.512	0.568	0.623	0.733	1.000
$60,000	0.181	0.197	0.256	0.315	0.375	0.434	0.489	0.545	0.600	0.711	1.000
$65,000	0.178	0.192	0.248	0.304	0.360	0.416	0.471	0.526	0.581	0.691	1.000
$70,000	0.174	0.188	0.240	0.293	0.346	0.399	0.453	0.507	0.561	0.670	1.000
$75,000	0.172	0.185	0.235	0.285	0.335	0.385	0.438	0.491	0.545	0.652	1.000
$80,000	0.170	0.182	0.229	0.276	0.323	0.371	0.423	0.476	0.528	0.633	1.000
$85,000	0.156	0.167	0.215	0.263	0.311	0.359	0.411	0.462	0.513	0.616	1.000
$90,000	0.142	0.152	0.201	0.250	0.299	0.348	0.398	0.448	0.499	0.600	1.000
$95,000	0.141	0.150	0.194	0.238	0.282	0.326	0.378	0.429	0.481	0.584	1.000
$100,000	0.140	0.148	0.187	0.226	0.265	0.304	0.357	0.410	0.463	0.569	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6P

Commercial

	OUTPATIENT SURGERY										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.887	0.922	0.956	0.967	0.978	0.981	0.987	0.992	0.994	0.996	1.000
$1,000	0.825	0.878	0.932	0.949	0.967	0.971	0.980	0.988	0.991	0.994	1.000
$2,000	0.776	0.844	0.912	0.935	0.958	0.964	0.975	0.985	0.989	0.993	1.000
$3,000	0.726	0.809	0.892	0.921	0.950	0.956	0.969	0.983	0.987	0.991	1.000
$4,000	0.673	0.772	0.870	0.906	0.941	0.949	0.964	0.980	0.985	0.990	1.000
$5,000	0.615	0.731	0.846	0.889	0.931	0.940	0.958	0.976	0.983	0.988	1.000
$6,000	0.552	0.686	0.820	0.871	0.921	0.931	0.952	0.973	0.980	0.987	1.000
$7,000	0.490	0.641	0.793	0.851	0.910	0.922	0.946	0.969	0.978	0.985	1.000
$7,500	0.462	0.620	0.779	0.842	0.904	0.917	0.942	0.967	0.976	0.984	1.000
$8,000	0.436	0.601	0.766	0.832	0.898	0.911	0.938	0.965	0.975	0.983	1.000
$9,000	0.393	0.566	0.739	0.812	0.885	0.900	0.931	0.961	0.972	0.981	1.000
$10,000	0.358	0.535	0.712	0.791	0.871	0.888	0.923	0.957	0.969	0.979	1.000
$11,000	0.334	0.508	0.683	0.769	0.856	0.875	0.913	0.952	0.965	0.977	1.000
$12,000	0.310	0.482	0.654	0.747	0.840	0.861	0.904	0.947	0.962	0.974	1.000
$13,000	0.292	0.460	0.629	0.727	0.825	0.849	0.895	0.942	0.958	0.972	1.000
$14,000	0.274	0.433	0.593	0.699	0.805	0.831	0.883	0.935	0.954	0.969	1.000
$15,000	0.258	0.410	0.561	0.674	0.786	0.815	0.872	0.930	0.950	0.966	1.000
$16,000	0.247	0.387	0.527	0.646	0.765	0.797	0.860	0.923	0.945	0.963	1.000
$17,000	0.235	0.364	0.493	0.618	0.744	0.778	0.847	0.916	0.941	0.960	1.000
$18,000	0.226	0.346	0.465	0.594	0.724	0.761	0.836	0.910	0.936	0.958	1.000
$19,000	0.221	0.331	0.441	0.574	0.707	0.747	0.827	0.907	0.935	0.956	1.000
$20,000	0.220	0.316	0.411	0.554	0.697	0.740	0.826	0.913	0.939	0.960	1.000
$22,500	0.207	0.286	0.365	0.505	0.645	0.695	0.795	0.895	0.926	0.951	1.000
$25,000	0.197	0.264	0.331	0.460	0.589	0.646	0.761	0.875	0.911	0.941	1.000
$27,500	0.195	0.259	0.322	0.435	0.549	0.612	0.737	0.862	0.902	0.934	1.000
$30,000	0.193	0.253	0.313	0.411	0.509	0.577	0.713	0.849	0.892	0.928	1.000
$32,500	0.195	0.252	0.308	0.397	0.486	0.554	0.689	0.824	0.873	0.915	1.000
$35,000	0.197	0.250	0.304	0.383	0.463	0.530	0.664	0.798	0.854	0.902	1.000
$40,000	0.200	0.247	0.294	0.356	0.418	0.484	0.615	0.747	0.815	0.877	1.000
$45,000	0.203	0.248	0.292	0.348	0.405	0.459	0.569	0.678	0.763	0.842	1.000
$50,000	0.207	0.248	0.290	0.341	0.392	0.435	0.522	0.609	0.712	0.808	1.000
$55,000	0.212	0.253	0.294	0.342	0.391	0.422	0.483	0.544	0.663	0.775	1.000
$60,000	0.218	0.258	0.297	0.344	0.391	0.408	0.444	0.479	0.614	0.743	1.000
$65,000	0.218	0.260	0.303	0.349	0.394	0.412	0.448	0.484	0.618	0.745	1.000
$70,000	0.218	0.263	0.308	0.353	0.398	0.416	0.453	0.490	0.622	0.748	1.000
$75,000	0.212	0.260	0.308	0.353	0.397	0.414	0.447	0.480	0.615	0.743	1.000
$80,000	0.207	0.257	0.308	0.352	0.396	0.411	0.441	0.471	0.608	0.739	1.000
$85,000	0.208	0.255	0.302	0.346	0.390	0.405	0.437	0.468	0.606	0.737	1.000
$90,000	0.208	0.252	0.297	0.340	0.384	0.400	0.432	0.464	0.603	0.735	1.000
$95,000	0.210	0.250	0.291	0.338	0.384	0.400	0.432	0.463	0.602	0.735	1.000
$100,000	0.211	0.248	0.286	0.336	0.385	0.400	0.431	0.462	0.602	0.734	1.000

Exhibit P-6Q

Commercial

	DIALYSIS										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.976	0.978	0.979	0.980	0.981	0.986	0.988	0.990	0.994	0.994	1.000
$1,000	0.952	0.955	0.958	0.960	0.963	0.972	0.977	0.981	0.989	0.989	1.000
$2,000	0.926	0.930	0.935	0.938	0.942	0.957	0.964	0.971	0.984	0.983	1.000
$3,000	0.895	0.901	0.907	0.913	0.918	0.939	0.950	0.959	0.977	0.977	1.000
$4,000	0.860	0.868	0.877	0.884	0.892	0.920	0.935	0.947	0.971	0.970	1.000
$5,000	0.822	0.833	0.844	0.853	0.863	0.899	0.918	0.933	0.963	0.962	1.000
$6,000	0.783	0.797	0.810	0.822	0.833	0.877	0.901	0.919	0.955	0.954	1.000
$7,000	0.744	0.760	0.775	0.789	0.803	0.855	0.883	0.904	0.948	0.946	1.000
$7,500	0.712	0.729	0.745	0.760	0.776	0.844	0.874	0.897	0.944	0.942	1.000
$8,000	0.692	0.710	0.728	0.744	0.760	0.833	0.865	0.890	0.940	0.938	1.000
$9,000	0.653	0.673	0.693	0.712	0.730	0.811	0.848	0.876	0.932	0.930	1.000
$10,000	0.609	0.631	0.653	0.674	0.694	0.789	0.830	0.862	0.924	0.923	1.000
$11,000	0.569	0.592	0.615	0.638	0.660	0.768	0.813	0.848	0.917	0.915	1.000
$12,000	0.529	0.553	0.578	0.602	0.626	0.747	0.797	0.834	0.910	0.908	1.000
$13,000	0.497	0.522	0.547	0.573	0.598	0.729	0.782	0.822	0.903	0.901	1.000
$14,000	0.462	0.488	0.514	0.541	0.568	0.707	0.764	0.808	0.896	0.893	1.000
$15,000	0.432	0.458	0.484	0.512	0.541	0.688	0.749	0.795	0.889	0.886	1.000
$16,000	0.405	0.431	0.456	0.486	0.516	0.669	0.734	0.783	0.882	0.880	1.000
$17,000	0.378	0.403	0.429	0.459	0.490	0.651	0.719	0.771	0.876	0.873	1.000
$18,000	0.357	0.381	0.406	0.437	0.469	0.635	0.706	0.761	0.871	0.867	1.000
$19,000	0.337	0.361	0.385	0.416	0.448	0.620	0.694	0.751	0.865	0.862	1.000
$20,000	0.308	0.331	0.353	0.386	0.418	0.599	0.677	0.737	0.858	0.854	1.000
$22,500	0.270	0.291	0.312	0.345	0.377	0.567	0.651	0.715	0.844	0.840	1.000
$25,000	0.244	0.263	0.283	0.314	0.344	0.538	0.626	0.695	0.832	0.827	1.000
$27,500	0.231	0.249	0.267	0.295	0.323	0.511	0.604	0.676	0.820	0.815	1.000
$30,000	0.217	0.234	0.251	0.276	0.302	0.485	0.581	0.657	0.808	0.803	1.000
$32,500	0.202	0.222	0.241	0.264	0.287	0.468	0.572	0.653	0.817	0.798	1.000
$35,000	0.187	0.209	0.231	0.252	0.273	0.452	0.562	0.650	0.826	0.794	1.000
$40,000	0.157	0.183	0.210	0.227	0.245	0.419	0.543	0.643	0.843	0.792	1.000
$45,000	0.142	0.173	0.204	0.220	0.236	0.395	0.533	0.647	0.873	0.797	1.000
$50,000	0.127	0.163	0.198	0.213	0.227	0.371	0.524	0.650	0.903	0.802	1.000
$55,000	0.119	0.157	0.196	0.209	0.223	0.346	0.506	0.638	0.902	0.798	1.000
$60,000	0.111	0.152	0.193	0.206	0.219	0.321	0.488	0.626	0.901	0.794	1.000
$65,000	0.105	0.149	0.194	0.206	0.219	0.312	0.482	0.621	0.899	0.795	1.000
$70,000	0.100	0.147	0.194	0.207	0.219	0.304	0.477	0.628	0.921	0.798	1.000
$75,000	0.096	0.143	0.190	0.202	0.215	0.296	0.467	0.615	0.902	0.788	1.000
$80,000	0.092	0.139	0.186	0.198	0.211	0.289	0.458	0.602	0.884	0.769	1.000
$85,000	0.089	0.140	0.190	0.202	0.214	0.291	0.460	0.603	0.883	0.763	1.000
$90,000	0.087	0.140	0.193	0.205	0.217	0.293	0.462	0.604	0.882	0.756	1.000
$95,000	0.085	0.141	0.198	0.210	0.222	0.297	0.464	0.604	0.880	0.748	1.000
$100,000	0.083	0.142	0.202	0.214	0.226	0.301	0.467	0.605	0.878	0.741	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6R

Commercial

RADIOLOGY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.986	0.991	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.974	0.984	0.994	0.996	0.998	0.998	0.999	1.000	1.000	1.000	1.000
$2,000	0.961	0.976	0.990	0.994	0.997	0.998	0.999	0.999	1.000	1.000	1.000
$3,000	0.946	0.966	0.986	0.991	0.996	0.997	0.998	0.999	0.999	1.000	1.000
$4,000	0.927	0.954	0.981	0.988	0.995	0.996	0.997	0.999	0.999	1.000	1.000
$5,000	0.906	0.940	0.974	0.984	0.993	0.995	0.997	0.999	0.999	0.999	1.000
$6,000	0.883	0.925	0.968	0.979	0.991	0.993	0.996	0.998	0.999	0.999	1.000
$7,000	0.861	0.911	0.960	0.975	0.989	0.992	0.995	0.998	0.999	0.999	1.000
$7,500	0.852	0.904	0.957	0.973	0.988	0.991	0.995	0.998	0.999	0.999	1.000
$8,000	0.842	0.898	0.953	0.970	0.987	0.990	0.994	0.998	0.998	0.999	1.000
$9,000	0.824	0.885	0.945	0.965	0.985	0.989	0.993	0.997	0.998	0.999	1.000
$10,000	0.808	0.872	0.937	0.960	0.982	0.987	0.992	0.997	0.998	0.999	1.000
$11,000	0.793	0.860	0.928	0.954	0.979	0.984	0.990	0.996	0.997	0.998	1.000
$12,000	0.778	0.849	0.919	0.948	0.976	0.982	0.989	0.995	0.997	0.998	1.000
$13,000	0.765	0.838	0.911	0.942	0.973	0.980	0.988	0.995	0.997	0.998	1.000
$14,000	0.751	0.825	0.900	0.934	0.969	0.977	0.986	0.994	0.996	0.998	1.000
$15,000	0.738	0.814	0.890	0.927	0.965	0.974	0.984	0.993	0.996	0.997	1.000
$16,000	0.727	0.803	0.879	0.919	0.960	0.971	0.982	0.992	0.995	0.997	1.000
$17,000	0.716	0.792	0.867	0.911	0.955	0.967	0.980	0.991	0.995	0.997	1.000
$18,000	0.707	0.782	0.858	0.904	0.950	0.964	0.978	0.990	0.994	0.996	1.000
$19,000	0.699	0.774	0.848	0.897	0.945	0.960	0.976	0.989	0.994	0.996	1.000
$20,000	0.687	0.761	0.834	0.886	0.938	0.955	0.972	0.988	0.993	0.995	1.000
$22,500	0.676	0.745	0.815	0.870	0.925	0.945	0.966	0.986	0.991	0.994	1.000
$25,000	0.667	0.732	0.798	0.854	0.911	0.933	0.959	0.983	0.989	0.993	1.000
$27,500	0.661	0.723	0.784	0.839	0.895	0.919	0.950	0.980	0.986	0.991	1.000
$30,000	0.656	0.713	0.770	0.824	0.879	0.905	0.942	0.976	0.984	0.989	1.000
$32,500	0.657	0.711	0.764	0.815	0.866	0.894	0.934	0.971	0.980	0.986	1.000
$35,000	0.659	0.709	0.759	0.807	0.854	0.884	0.926	0.966	0.976	0.984	1.000
$40,000	0.662	0.705	0.747	0.789	0.830	0.863	0.910	0.956	0.968	0.978	1.000
$45,000	0.676	0.714	0.752	0.789	0.825	0.856	0.900	0.942	0.957	0.971	1.000
$50,000	0.690	0.724	0.757	0.789	0.820	0.849	0.889	0.928	0.946	0.963	1.000
$55,000	0.706	0.737	0.769	0.798	0.826	0.851	0.883	0.914	0.935	0.955	1.000
$60,000	0.722	0.751	0.780	0.806	0.832	0.853	0.877	0.900	0.925	0.947	1.000
$65,000	0.733	0.762	0.790	0.815	0.840	0.858	0.877	0.895	0.920	0.944	1.000
$70,000	0.745	0.773	0.800	0.824	0.847	0.863	0.877	0.889	0.916	0.941	1.000
$75,000	0.753	0.781	0.808	0.831	0.854	0.868	0.880	0.891	0.916	0.940	1.000
$80,000	0.762	0.789	0.816	0.838	0.861	0.874	0.884	0.892	0.917	0.940	1.000
$85,000	0.769	0.796	0.822	0.845	0.867	0.880	0.889	0.896	0.919	0.940	1.000
$90,000	0.777	0.803	0.829	0.851	0.873	0.886	0.893	0.899	0.921	0.941	1.000
$95,000	0.783	0.809	0.835	0.856	0.878	0.890	0.897	0.902	0.923	0.941	1.000
$100,000	0.790	0.815	0.840	0.862	0.883	0.895	0.901	0.905	0.924	0.941	1.000

Exhibit P-6S

Commercial

RADIATION THERAPY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.968	0.973	0.977	0.981	0.984	0.992	0.994	0.996	0.999	0.998	1.000
$1,000	0.937	0.946	0.955	0.962	0.969	0.985	0.989	0.992	0.998	0.997	1.000
$2,000	0.902	0.917	0.931	0.942	0.953	0.978	0.983	0.988	0.997	0.995	1.000
$3,000	0.863	0.883	0.903	0.919	0.935	0.969	0.977	0.984	0.996	0.994	1.000
$4,000	0.821	0.847	0.873	0.894	0.915	0.960	0.971	0.979	0.995	0.992	1.000
$5,000	0.776	0.809	0.842	0.868	0.894	0.950	0.963	0.974	0.994	0.990	1.000
$6,000	0.731	0.771	0.810	0.841	0.873	0.940	0.956	0.968	0.993	0.989	1.000
$7,000	0.687	0.733	0.778	0.815	0.852	0.930	0.949	0.963	0.992	0.987	1.000
$7,500	0.665	0.714	0.763	0.802	0.841	0.925	0.946	0.961	0.991	0.986	1.000
$8,000	0.644	0.695	0.747	0.789	0.831	0.920	0.942	0.958	0.990	0.985	1.000
$9,000	0.602	0.659	0.716	0.763	0.810	0.911	0.935	0.953	0.989	0.983	1.000
$10,000	0.563	0.624	0.686	0.737	0.789	0.901	0.928	0.948	0.988	0.981	1.000
$11,000	0.533	0.592	0.657	0.712	0.768	0.891	0.921	0.943	0.987	0.980	1.000
$12,000	0.504	0.560	0.628	0.688	0.747	0.881	0.914	0.938	0.986	0.978	1.000
$13,000	0.479	0.533	0.603	0.666	0.729	0.873	0.908	0.933	0.985	0.976	1.000
$14,000	0.448	0.501	0.571	0.638	0.706	0.862	0.900	0.928	0.984	0.975	1.000
$15,000	0.421	0.472	0.543	0.614	0.685	0.852	0.893	0.923	0.982	0.973	1.000
$16,000	0.397	0.446	0.516	0.590	0.663	0.842	0.886	0.918	0.981	0.971	1.000
$17,000	0.373	0.421	0.489	0.565	0.641	0.832	0.879	0.912	0.980	0.970	1.000
$18,000	0.354	0.400	0.466	0.544	0.622	0.823	0.872	0.908	0.979	0.968	1.000
$19,000	0.338	0.381	0.444	0.523	0.602	0.814	0.866	0.903	0.978	0.967	1.000
$20,000	0.313	0.352	0.412	0.493	0.574	0.801	0.857	0.897	0.976	0.965	1.000
$22,500	0.280	0.314	0.367	0.450	0.533	0.781	0.841	0.886	0.974	0.961	1.000
$25,000	0.250	0.283	0.329	0.410	0.490	0.761	0.826	0.874	0.972	0.956	1.000
$27,500	0.230	0.272	0.326	0.399	0.472	0.765	0.828	0.876	0.971	0.952	1.000
$30,000	0.210	0.261	0.324	0.389	0.454	0.768	0.831	0.878	0.971	0.947	1.000
$32,500	0.200	0.249	0.310	0.368	0.427	0.746	0.814	0.865	0.968	0.942	1.000
$35,000	0.190	0.238	0.296	0.348	0.399	0.724	0.797	0.853	0.965	0.937	1.000
$40,000	0.169	0.214	0.268	0.306	0.344	0.681	0.762	0.828	0.959	0.927	1.000
$45,000	0.159	0.206	0.258	0.295	0.332	0.625	0.718	0.796	0.952	0.915	1.000
$50,000	0.149	0.197	0.248	0.284	0.319	0.568	0.674	0.764	0.944	0.902	1.000
$55,000	0.144	0.193	0.244	0.278	0.312	0.507	0.626	0.729	0.935	0.890	1.000
$60,000	0.139	0.190	0.240	0.273	0.305	0.445	0.577	0.693	0.926	0.877	1.000
$65,000	0.137	0.188	0.238	0.274	0.309	0.425	0.559	0.677	0.914	0.869	1.000
$70,000	0.136	0.186	0.236	0.274	0.312	0.406	0.542	0.662	0.902	0.862	1.000
$75,000	0.135	0.185	0.235	0.273	0.311	0.397	0.532	0.650	0.888	0.856	1.000
$80,000	0.134	0.184	0.235	0.272	0.310	0.389	0.522	0.639	0.873	0.850	1.000
$85,000	0.134	0.184	0.234	0.272	0.310	0.387	0.516	0.629	0.855	0.844	1.000
$90,000	0.134	0.184	0.234	0.272	0.309	0.384	0.509	0.619	0.838	0.838	1.000
$95,000	0.134	0.185	0.235	0.275	0.316	0.396	0.513	0.615	0.817	0.832	1.000
$100,000	0.135	0.185	0.235	0.279	0.322	0.409	0.517	0.610	0.796	0.825	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6T

Commercial

	ALL OTHER OP FACILITY										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.936	0.957	0.977	0.983	0.988	0.995	0.996	0.997	0.999	0.999	1.000
$1,000	0.897	0.930	0.962	0.972	0.981	0.992	0.994	0.995	0.999	0.998	1.000
$2,000	0.856	0.901	0.947	0.960	0.973	0.989	0.991	0.994	0.998	0.998	1.000
$3,000	0.809	0.869	0.929	0.946	0.964	0.985	0.989	0.992	0.997	0.997	1.000
$4,000	0.757	0.832	0.908	0.931	0.954	0.981	0.986	0.989	0.997	0.996	1.000
$5,000	0.698	0.792	0.885	0.914	0.943	0.976	0.982	0.987	0.996	0.995	1.000
$6,000	0.638	0.749	0.860	0.895	0.931	0.971	0.979	0.984	0.995	0.995	1.000
$7,000	0.586	0.710	0.834	0.876	0.918	0.965	0.974	0.981	0.994	0.994	1.000
$7,500	0.563	0.692	0.821	0.866	0.911	0.962	0.972	0.979	0.993	0.993	1.000
$8,000	0.542	0.675	0.807	0.856	0.904	0.959	0.970	0.978	0.993	0.993	1.000
$9,000	0.504	0.642	0.780	0.835	0.889	0.953	0.965	0.974	0.992	0.992	1.000
$10,000	0.472	0.612	0.753	0.813	0.873	0.946	0.961	0.971	0.991	0.991	1.000
$11,000	0.446	0.585	0.723	0.789	0.855	0.939	0.955	0.966	0.989	0.989	1.000
$12,000	0.421	0.557	0.694	0.765	0.837	0.931	0.950	0.962	0.988	0.988	1.000
$13,000	0.400	0.534	0.667	0.744	0.820	0.924	0.944	0.959	0.987	0.987	1.000
$14,000	0.378	0.505	0.632	0.715	0.798	0.914	0.938	0.953	0.985	0.986	1.000
$15,000	0.358	0.479	0.600	0.689	0.777	0.906	0.931	0.949	0.984	0.984	1.000
$16,000	0.341	0.455	0.568	0.661	0.755	0.896	0.924	0.944	0.982	0.983	1.000
$17,000	0.325	0.431	0.536	0.634	0.732	0.887	0.918	0.938	0.980	0.981	1.000
$18,000	0.312	0.411	0.510	0.611	0.711	0.878	0.911	0.934	0.979	0.980	1.000
$19,000	0.300	0.393	0.487	0.588	0.689	0.869	0.905	0.929	0.977	0.978	1.000
$20,000	0.283	0.368	0.453	0.556	0.659	0.856	0.895	0.922	0.975	0.977	1.000
$22,500	0.263	0.337	0.411	0.511	0.612	0.836	0.879	0.910	0.971	0.972	1.000
$25,000	0.245	0.311	0.376	0.469	0.561	0.815	0.862	0.897	0.967	0.968	1.000
$27,500	0.231	0.297	0.362	0.444	0.526	0.803	0.854	0.893	0.969	0.962	1.000
$30,000	0.217	0.282	0.348	0.419	0.490	0.792	0.847	0.888	0.971	0.957	1.000
$32,500	0.208	0.270	0.332	0.400	0.467	0.771	0.829	0.875	0.966	0.952	1.000
$35,000	0.200	0.258	0.316	0.380	0.445	0.750	0.812	0.862	0.961	0.946	1.000
$40,000	0.182	0.233	0.284	0.341	0.399	0.707	0.778	0.835	0.951	0.934	1.000
$45,000	0.174	0.221	0.269	0.321	0.373	0.643	0.728	0.801	0.945	0.920	1.000
$50,000	0.166	0.210	0.254	0.300	0.346	0.579	0.679	0.766	0.940	0.907	1.000
$55,000	0.161	0.204	0.246	0.293	0.340	0.534	0.644	0.740	0.933	0.894	1.000
$60,000	0.157	0.197	0.238	0.285	0.333	0.490	0.608	0.714	0.925	0.881	1.000
$65,000	0.153	0.193	0.233	0.279	0.326	0.460	0.582	0.691	0.910	0.872	1.000
$70,000	0.150	0.189	0.228	0.273	0.318	0.429	0.555	0.669	0.895	0.863	1.000
$75,000	0.148	0.186	0.224	0.269	0.313	0.427	0.551	0.662	0.884	0.855	1.000
$80,000	0.145	0.183	0.221	0.265	0.309	0.425	0.547	0.655	0.873	0.848	1.000
$85,000	0.143	0.180	0.218	0.265	0.311	0.429	0.546	0.651	0.860	0.841	1.000
$90,000	0.141	0.178	0.215	0.265	0.314	0.433	0.546	0.647	0.847	0.834	1.000
$95,000	0.139	0.176	0.213	0.262	0.311	0.429	0.537	0.633	0.826	0.827	1.000
$100,000	0.137	0.174	0.211	0.260	0.309	0.424	0.528	0.620	0.804	0.820	1.000

Exhibit P-6U

Commercial

	ALL OP FACILITY										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.804	0.855	0.907	0.925	0.944	0.973	0.979	0.984	0.994	0.992	1.000
$1,000	0.729	0.799	0.870	0.897	0.923	0.962	0.971	0.978	0.992	0.989	1.000
$2,000	0.664	0.751	0.838	0.872	0.905	0.954	0.964	0.973	0.991	0.987	1.000
$3,000	0.599	0.702	0.805	0.846	0.887	0.945	0.958	0.968	0.989	0.984	1.000
$4,000	0.531	0.651	0.772	0.820	0.869	0.936	0.951	0.963	0.987	0.982	1.000
$5,000	0.460	0.598	0.736	0.793	0.850	0.927	0.944	0.958	0.985	0.979	1.000
$6,000	0.388	0.544	0.699	0.764	0.830	0.917	0.937	0.952	0.983	0.977	1.000
$7,000	0.325	0.494	0.663	0.736	0.809	0.907	0.929	0.947	0.982	0.974	1.000
$7,500	0.298	0.471	0.645	0.721	0.798	0.902	0.926	0.944	0.981	0.973	1.000
$8,000	0.274	0.451	0.627	0.707	0.787	0.897	0.922	0.941	0.980	0.971	1.000
$9,000	0.235	0.414	0.593	0.679	0.765	0.886	0.914	0.935	0.977	0.969	1.000
$10,000	0.204	0.381	0.559	0.651	0.742	0.875	0.906	0.929	0.975	0.966	1.000
$11,000	0.183	0.354	0.525	0.622	0.718	0.863	0.897	0.922	0.973	0.963	1.000
$12,000	0.162	0.327	0.491	0.593	0.694	0.852	0.889	0.916	0.971	0.960	1.000
$13,000	0.146	0.304	0.462	0.567	0.673	0.841	0.881	0.910	0.969	0.957	1.000
$14,000	0.131	0.277	0.423	0.534	0.645	0.828	0.871	0.903	0.966	0.954	1.000
$15,000	0.118	0.253	0.389	0.504	0.619	0.816	0.862	0.896	0.964	0.951	1.000
$16,000	0.109	0.232	0.355	0.474	0.593	0.803	0.853	0.889	0.962	0.947	1.000
$17,000	0.100	0.210	0.321	0.444	0.567	0.790	0.843	0.882	0.959	0.944	1.000
$18,000	0.093	0.193	0.294	0.419	0.543	0.779	0.835	0.876	0.957	0.941	1.000
$19,000	0.087	0.179	0.271	0.395	0.519	0.767	0.826	0.869	0.955	0.938	1.000
$20,000	0.078	0.157	0.235	0.360	0.485	0.751	0.814	0.860	0.952	0.934	1.000
$22,500	0.069	0.133	0.197	0.316	0.434	0.726	0.794	0.845	0.945	0.925	1.000
$25,000	0.062	0.116	0.171	0.276	0.381	0.701	0.774	0.829	0.939	0.916	1.000
$27,500	0.069	0.118	0.166	0.258	0.350	0.692	0.768	0.825	0.938	0.914	1.000
$30,000	0.077	0.119	0.162	0.241	0.319	0.684	0.762	0.820	0.937	0.910	1.000
$32,500	0.074	0.114	0.154	0.225	0.296	0.655	0.739	0.802	0.929	0.900	1.000
$35,000	0.071	0.109	0.147	0.209	0.272	0.626	0.715	0.784	0.922	0.890	1.000
$40,000	0.065	0.098	0.131	0.178	0.225	0.567	0.668	0.748	0.907	0.870	1.000
$45,000	0.069	0.100	0.131	0.174	0.216	0.513	0.625	0.713	0.889	0.847	1.000
$50,000	0.073	0.102	0.131	0.169	0.207	0.460	0.581	0.678	0.872	0.825	1.000
$55,000	0.072	0.100	0.129	0.165	0.202	0.408	0.539	0.650	0.866	0.815	1.000
$60,000	0.070	0.098	0.126	0.161	0.196	0.356	0.496	0.615	0.850	0.796	1.000
$65,000	0.070	0.097	0.125	0.165	0.206	0.345	0.484	0.601	0.831	0.780	1.000
$70,000	0.069	0.096	0.123	0.170	0.216	0.334	0.472	0.587	0.813	0.765	1.000
$75,000	0.068	0.095	0.122	0.168	0.214	0.326	0.461	0.572	0.792	0.750	1.000
$80,000	0.068	0.095	0.122	0.167	0.213	0.318	0.450	0.557	0.772	0.735	1.000
$85,000	0.074	0.100	0.127	0.176	0.225	0.327	0.451	0.559	0.766	0.741	1.000
$90,000	0.079	0.106	0.133	0.184	0.236	0.336	0.453	0.553	0.745	0.734	1.000
$95,000	0.079	0.106	0.132	0.184	0.236	0.334	0.446	0.540	0.721	0.723	1.000
$100,000	0.079	0.105	0.132	0.183	0.235	0.332	0.438	0.528	0.698	0.713	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6V

Commercial

	DME / ORTHOTICS / SUPPLIES										
	Annual Maximum										
Deductible	$1,500	$2,000	$2,500	$3,000	$4,000	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000
$0	0.996	0.997	0.997	0.998	0.998	0.998	0.999	0.999	0.999	0.999	1.000
$1,000	0.992	0.994	0.994	0.995	0.996	0.997	0.997	0.998	0.998	0.999	1.000
$2,000	0.986	0.989	0.991	0.992	0.993	0.994	0.996	0.997	0.998	0.998	1.000
$3,000	0.979	0.984	0.986	0.988	0.990	0.992	0.994	0.996	0.997	0.997	1.000
$4,000	0.973	0.978	0.981	0.984	0.986	0.988	0.991	0.994	0.996	0.996	1.000
$5,000	0.966	0.972	0.975	0.978	0.981	0.985	0.989	0.993	0.994	0.995	1.000
$6,000	0.960	0.966	0.969	0.972	0.976	0.980	0.985	0.991	0.993	0.994	1.000
$7,000	0.954	0.960	0.963	0.967	0.971	0.976	0.982	0.988	0.991	0.992	1.000
$7,500	0.951	0.957	0.960	0.964	0.969	0.974	0.980	0.987	0.990	0.992	1.000
$8,000	0.948	0.954	0.957	0.961	0.966	0.971	0.979	0.986	0.989	0.991	1.000
$9,000	0.942	0.948	0.951	0.955	0.960	0.966	0.975	0.983	0.987	0.989	1.000
$10,000	0.936	0.942	0.945	0.949	0.955	0.961	0.971	0.980	0.984	0.987	1.000
$11,000	0.930	0.936	0.939	0.943	0.949	0.956	0.966	0.976	0.982	0.985	1.000
$12,000	0.924	0.930	0.933	0.937	0.944	0.951	0.962	0.973	0.979	0.983	1.000
$13,000	0.919	0.925	0.928	0.931	0.939	0.946	0.957	0.969	0.976	0.981	1.000
$14,000	0.913	0.919	0.922	0.925	0.932	0.940	0.952	0.964	0.973	0.978	1.000
$15,000	0.908	0.913	0.916	0.919	0.927	0.935	0.947	0.959	0.969	0.975	1.000
$16,000	0.902	0.907	0.910	0.913	0.921	0.929	0.941	0.954	0.965	0.972	1.000
$17,000	0.896	0.901	0.904	0.907	0.915	0.923	0.936	0.948	0.962	0.968	1.000
$18,000	0.891	0.896	0.898	0.901	0.909	0.918	0.930	0.943	0.958	0.965	1.000
$19,000	0.886	0.890	0.893	0.895	0.904	0.912	0.925	0.937	0.953	0.962	1.000
$20,000	0.879	0.884	0.886	0.888	0.897	0.905	0.917	0.930	0.948	0.957	1.000
$22,500	0.869	0.874	0.876	0.878	0.886	0.894	0.906	0.918	0.937	0.947	1.000
$25,000	0.859	0.863	0.865	0.867	0.875	0.883	0.895	0.906	0.925	0.935	1.000
$27,500	0.848	0.853	0.855	0.857	0.865	0.873	0.883	0.894	0.912	0.921	1.000
$30,000	0.838	0.842	0.844	0.846	0.854	0.862	0.872	0.883	0.900	0.908	1.000
$32,500	0.830	0.834	0.836	0.838	0.846	0.854	0.864	0.874	0.890	0.898	1.000
$35,000	0.822	0.826	0.828	0.830	0.838	0.845	0.855	0.865	0.881	0.887	1.000
$40,000	0.806	0.810	0.812	0.814	0.821	0.829	0.838	0.847	0.861	0.867	1.000
$45,000	0.796	0.800	0.802	0.804	0.811	0.818	0.827	0.835	0.849	0.854	1.000
$50,000	0.786	0.790	0.792	0.793	0.800	0.808	0.816	0.824	0.837	0.842	1.000
$55,000	0.779	0.783	0.784	0.786	0.793	0.800	0.808	0.816	0.829	0.833	1.000
$60,000	0.771	0.775	0.777	0.779	0.786	0.793	0.801	0.808	0.821	0.825	1.000
$65,000	0.764	0.768	0.769	0.771	0.778	0.785	0.793	0.800	0.813	0.816	1.000
$70,000	0.756	0.760	0.762	0.763	0.770	0.777	0.785	0.792	0.804	0.808	1.000
$75,000	0.747	0.751	0.752	0.754	0.761	0.768	0.775	0.783	0.795	0.798	1.000
$80,000	0.737	0.741	0.743	0.745	0.752	0.759	0.766	0.773	0.785	0.788	1.000
$85,000	0.728	0.732	0.733	0.735	0.742	0.749	0.756	0.764	0.776	0.779	1.000
$90,000	0.718	0.722	0.724	0.725	0.732	0.739	0.747	0.754	0.766	0.769	1.000
$95,000	0.708	0.712	0.714	0.716	0.723	0.730	0.737	0.744	0.756	0.759	1.000
$100,000	0.699	0.703	0.704	0.706	0.713	0.720	0.727	0.734	0.746	0.749	1.000

Exhibit P-6W

Commercial

	MEDICAL SUPPLIES										
	Annual Maximum										
Deductible	$1,500	$2,000	$2,500	$3,000	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000
$0	0.999	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	0.999	0.999	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	0.998	0.998	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$3,000	0.997	0.997	0.998	0.998	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$4,000	0.996	0.996	0.997	0.997	0.998	0.999	1.000	1.000	1.000	1.000	1.000
$5,000	0.994	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000	1.000
$6,000	0.993	0.994	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000
$7,000	0.992	0.993	0.994	0.995	0.996	0.998	0.999	0.999	1.000	1.000	1.000
$7,500	0.991	0.992	0.993	0.994	0.996	0.997	0.999	0.999	1.000	1.000	1.000
$8,000	0.991	0.992	0.993	0.994	0.996	0.997	0.999	0.999	1.000	1.000	1.000
$9,000	0.989	0.991	0.992	0.993	0.995	0.997	0.999	0.999	0.999	1.000	1.000
$10,000	0.988	0.989	0.991	0.992	0.994	0.996	0.998	0.999	0.999	1.000	1.000
$11,000	0.987	0.988	0.989	0.991	0.993	0.996	0.998	0.999	0.999	1.000	1.000
$12,000	0.986	0.987	0.988	0.990	0.992	0.995	0.998	0.998	0.999	1.000	1.000
$13,000	0.985	0.986	0.987	0.989	0.991	0.994	0.997	0.998	0.999	1.000	1.000
$14,000	0.984	0.985	0.986	0.988	0.990	0.994	0.997	0.998	0.999	1.000	1.000
$15,000	0.983	0.984	0.985	0.987	0.990	0.993	0.997	0.997	0.999	1.000	1.000
$16,000	0.982	0.983	0.984	0.986	0.989	0.992	0.996	0.997	0.998	0.999	1.000
$17,000	0.981	0.982	0.983	0.985	0.988	0.992	0.996	0.997	0.998	0.999	1.000
$18,000	0.980	0.981	0.982	0.984	0.987	0.991	0.995	0.996	0.998	0.999	1.000
$19,000	0.979	0.981	0.982	0.983	0.987	0.990	0.994	0.996	0.998	0.999	1.000
$20,000	0.978	0.980	0.981	0.982	0.986	0.990	0.994	0.995	0.997	0.999	1.000
$22,500	0.976	0.978	0.979	0.981	0.984	0.988	0.992	0.994	0.996	0.999	1.000
$25,000	0.975	0.976	0.977	0.978	0.982	0.986	0.990	0.992	0.995	0.999	1.000
$27,500	0.975	0.976	0.977	0.978	0.981	0.985	0.989	0.991	0.994	0.998	1.000
$30,000	0.974	0.975	0.976	0.977	0.980	0.984	0.988	0.990	0.993	0.998	1.000
$32,500	0.974	0.975	0.976	0.977	0.980	0.983	0.988	0.990	0.993	0.997	1.000
$35,000	0.974	0.975	0.976	0.977	0.979	0.983	0.987	0.989	0.992	0.997	1.000
$40,000	0.974	0.974	0.975	0.976	0.979	0.982	0.986	0.988	0.991	0.996	1.000
$45,000	0.974	0.975	0.975	0.976	0.979	0.982	0.986	0.988	0.991	0.995	1.000
$50,000	0.974	0.975	0.976	0.977	0.979	0.982	0.985	0.987	0.990	0.994	1.000
$55,000	0.974	0.975	0.976	0.977	0.979	0.981	0.984	0.986	0.989	0.994	1.000
$60,000	0.975	0.975	0.976	0.977	0.979	0.981	0.984	0.986	0.989	0.993	1.000
$65,000	0.974	0.974	0.975	0.976	0.978	0.980	0.983	0.985	0.988	0.993	1.000
$70,000	0.973	0.973	0.974	0.975	0.977	0.980	0.983	0.985	0.987	0.992	1.000
$75,000	0.971	0.972	0.973	0.974	0.976	0.979	0.982	0.984	0.986	0.992	1.000
$80,000	0.970	0.971	0.971	0.972	0.974	0.977	0.981	0.983	0.985	0.992	1.000
$85,000	0.969	0.970	0.971	0.971	0.974	0.976	0.980	0.982	0.985	0.991	1.000
$90,000	0.968	0.969	0.970	0.970	0.973	0.976	0.979	0.981	0.984	0.991	1.000
$95,000	0.968	0.968	0.969	0.970	0.972	0.975	0.978	0.980	0.983	0.991	1.000
$100,000	0.967	0.967	0.968	0.969	0.971	0.974	0.978	0.980	0.983	0.990	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6X

Commercial

	SNF / ECF / REHAB										
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.997	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$1,000	0.994	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000	1.000
$2,000	0.991	0.992	0.993	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000
$3,000	0.987	0.989	0.990	0.994	0.995	0.997	0.999	0.999	0.999	1.000	1.000
$4,000	0.982	0.985	0.987	0.992	0.994	0.996	0.998	0.999	0.999	1.000	1.000
$5,000	0.977	0.980	0.983	0.990	0.992	0.994	0.998	0.998	0.999	1.000	1.000
$6,000	0.971	0.975	0.979	0.987	0.990	0.993	0.997	0.998	0.998	1.000	1.000
$7,000	0.965	0.970	0.975	0.984	0.988	0.991	0.997	0.997	0.998	0.999	1.000
$7,500	0.962	0.967	0.972	0.983	0.987	0.991	0.996	0.997	0.998	0.999	1.000
$8,000	0.958	0.964	0.970	0.981	0.985	0.990	0.996	0.997	0.998	0.999	1.000
$9,000	0.951	0.958	0.964	0.977	0.983	0.988	0.995	0.996	0.997	0.999	1.000
$10,000	0.944	0.951	0.959	0.974	0.980	0.986	0.995	0.996	0.997	0.999	1.000
$11,000	0.936	0.945	0.953	0.970	0.977	0.983	0.994	0.995	0.996	0.999	1.000
$12,000	0.929	0.938	0.947	0.965	0.973	0.981	0.993	0.994	0.996	0.999	1.000
$13,000	0.922	0.932	0.942	0.961	0.970	0.979	0.992	0.994	0.995	0.999	1.000
$14,000	0.914	0.924	0.935	0.956	0.966	0.976	0.991	0.993	0.995	0.999	1.000
$15,000	0.906	0.917	0.929	0.951	0.962	0.973	0.990	0.992	0.994	0.998	1.000
$16,000	0.899	0.911	0.922	0.945	0.958	0.970	0.989	0.991	0.993	0.998	1.000
$17,000	0.892	0.904	0.916	0.939	0.953	0.967	0.988	0.990	0.993	0.998	1.000
$18,000	0.886	0.898	0.910	0.934	0.949	0.964	0.986	0.989	0.992	0.998	1.000
$19,000	0.880	0.892	0.904	0.928	0.945	0.961	0.985	0.988	0.991	0.998	1.000
$20,000	0.871	0.883	0.896	0.920	0.938	0.956	0.983	0.987	0.990	0.997	1.000
$22,500	0.854	0.867	0.879	0.904	0.924	0.945	0.979	0.984	0.988	0.997	1.000
$25,000	0.838	0.851	0.863	0.887	0.910	0.933	0.975	0.980	0.985	0.996	1.000
$27,500	0.837	0.849	0.861	0.884	0.904	0.923	0.974	0.979	0.985	0.995	1.000
$30,000	0.836	0.848	0.859	0.875	0.898	0.915	0.970	0.979	0.984	0.994	1.000
$32,500	0.828	0.839	0.849	0.868	0.886	0.907	0.967	0.973	0.980	0.993	1.000
$35,000	0.820	0.830	0.839	0.858	0.874	0.899	0.960	0.968	0.976	0.992	1.000
$40,000	0.803	0.812	0.820	0.837	0.850	0.864	0.947	0.957	0.968	0.989	1.000
$45,000	0.811	0.818	0.825	0.837	0.849	0.861	0.941	0.952	0.964	0.986	1.000
$50,000	0.818	0.824	0.829	0.838	0.848	0.858	0.932	0.947	0.961	0.988	1.000
$55,000	0.818	0.822	0.827	0.836	0.844	0.852	0.919	0.936	0.952	0.984	1.000
$60,000	0.818	0.821	0.825	0.831	0.840	0.848	0.906	0.925	0.943	0.980	1.000
$65,000	0.818	0.821	0.824	0.829	0.836	0.842	0.890	0.911	0.932	0.972	1.000
$70,000	0.819	0.821	0.823	0.827	0.832	0.837	0.875	0.898	0.921	0.967	1.000
$75,000	0.819	0.821	0.823	0.826	0.830	0.834	0.864	0.888	0.913	0.962	1.000
$80,000	0.819	0.820	0.822	0.825	0.828	0.830	0.852	0.878	0.904	0.956	1.000
$85,000	0.818	0.820	0.821	0.824	0.826	0.828	0.846	0.872	0.898	0.950	1.000
$90,000	0.818	0.819	0.820	0.822	0.824	0.826	0.839	0.865	0.892	0.944	1.000
$95,000	0.817	0.818	0.819	0.821	0.823	0.825	0.835	0.861	0.886	0.937	1.000
$100,000	0.816	0.817	0.818	0.820	0.822	0.824	0.831	0.856	0.881	0.931	1.000

Exhibit P-6Y

Commercial

	HOME HEALTH										
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.995	0.995	0.996	0.997	0.997	0.998	0.998	0.998	0.999	0.999	1.000
$1,000	0.989	0.990	0.991	0.993	0.994	0.995	0.996	0.997	0.997	0.998	1.000
$2,000	0.982	0.984	0.985	0.988	0.989	0.991	0.993	0.994	0.996	0.997	1.000
$3,000	0.973	0.975	0.978	0.982	0.984	0.987	0.990	0.992	0.994	0.996	1.000
$4,000	0.962	0.966	0.969	0.974	0.977	0.982	0.986	0.988	0.991	0.994	1.000
$5,000	0.950	0.954	0.959	0.966	0.970	0.976	0.982	0.984	0.988	0.992	1.000
$6,000	0.936	0.942	0.948	0.957	0.962	0.969	0.977	0.980	0.985	0.990	1.000
$7,000	0.922	0.929	0.936	0.946	0.952	0.962	0.971	0.975	0.982	0.988	1.000
$7,500	0.914	0.922	0.929	0.941	0.947	0.958	0.968	0.973	0.980	0.987	1.000
$8,000	0.906	0.915	0.923	0.935	0.942	0.954	0.965	0.970	0.978	0.986	1.000
$9,000	0.891	0.900	0.909	0.923	0.931	0.945	0.958	0.964	0.974	0.983	1.000
$10,000	0.849	0.860	0.870	0.885	0.895	0.911	0.926	0.939	0.957	0.980	1.000
$11,000	0.822	0.834	0.845	0.861	0.871	0.890	0.908	0.925	0.947	0.977	1.000
$12,000	0.796	0.807	0.819	0.837	0.848	0.870	0.890	0.911	0.937	0.973	1.000
$13,000	0.775	0.787	0.800	0.818	0.830	0.854	0.877	0.900	0.929	0.970	1.000
$14,000	0.757	0.769	0.782	0.802	0.815	0.842	0.868	0.892	0.923	0.966	1.000
$15,000	0.740	0.753	0.766	0.786	0.800	0.830	0.859	0.884	0.918	0.963	1.000
$16,000	0.731	0.745	0.758	0.778	0.793	0.823	0.854	0.880	0.914	0.960	1.000
$17,000	0.723	0.736	0.750	0.770	0.785	0.817	0.849	0.876	0.911	0.958	1.000
$18,000	0.716	0.729	0.743	0.763	0.779	0.811	0.845	0.872	0.908	0.956	1.000
$19,000	0.708	0.722	0.735	0.755	0.772	0.804	0.840	0.868	0.904	0.954	1.000
$20,000	0.697	0.711	0.724	0.745	0.762	0.795	0.833	0.862	0.899	0.951	1.000
$22,500	0.675	0.688	0.702	0.722	0.740	0.774	0.817	0.849	0.888	0.944	1.000
$25,000	0.652	0.665	0.679	0.699	0.716	0.750	0.800	0.834	0.875	0.936	1.000
$27,500	0.629	0.642	0.655	0.675	0.692	0.725	0.781	0.817	0.861	0.927	1.000
$30,000	0.606	0.619	0.632	0.651	0.667	0.700	0.762	0.801	0.847	0.918	1.000
$32,500	0.589	0.602	0.614	0.633	0.649	0.681	0.744	0.785	0.834	0.909	1.000
$35,000	0.573	0.585	0.597	0.614	0.630	0.661	0.726	0.769	0.820	0.900	1.000
$40,000	0.539	0.550	0.562	0.578	0.592	0.623	0.691	0.738	0.793	0.881	1.000
$45,000	0.528	0.542	0.555	0.576	0.596	0.632	0.693	0.735	0.785	0.863	1.000
$50,000	0.516	0.533	0.549	0.575	0.600	0.641	0.695	0.732	0.777	0.845	1.000
$55,000	0.493	0.509	0.525	0.550	0.574	0.614	0.661	0.702	0.751	0.827	1.000
$60,000	0.470	0.486	0.501	0.524	0.548	0.587	0.626	0.672	0.725	0.809	1.000
$65,000	0.451	0.466	0.481	0.504	0.526	0.565	0.600	0.651	0.709	0.803	1.000
$70,000	0.431	0.446	0.460	0.483	0.505	0.543	0.574	0.630	0.693	0.797	1.000
$75,000	0.415	0.429	0.444	0.466	0.488	0.526	0.554	0.610	0.674	0.779	1.000
$80,000	0.398	0.413	0.427	0.449	0.470	0.508	0.534	0.590	0.654	0.760	1.000
$85,000	0.385	0.399	0.413	0.435	0.456	0.494	0.518	0.573	0.637	0.742	1.000
$90,000	0.371	0.386	0.400	0.421	0.442	0.479	0.502	0.557	0.619	0.723	1.000
$95,000	0.361	0.375	0.389	0.410	0.431	0.468	0.489	0.543	0.604	0.704	1.000
$100,000	0.351	0.365	0.379	0.400	0.420	0.457	0.477	0.529	0.588	0.685	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6Z

Commercial

	CHEMOTHERAPY DRUGS										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.965	0.969	0.973	0.976	0.979	0.981	0.984	0.987	0.990	0.993	1.000
$1,000	0.934	0.940	0.947	0.953	0.959	0.963	0.970	0.976	0.981	0.987	1.000
$2,000	0.900	0.911	0.921	0.930	0.939	0.946	0.956	0.965	0.973	0.980	1.000
$3,000	0.863	0.878	0.892	0.904	0.917	0.927	0.941	0.953	0.963	0.974	1.000
$4,000	0.824	0.842	0.860	0.877	0.893	0.906	0.925	0.940	0.953	0.966	1.000
$5,000	0.782	0.804	0.827	0.848	0.869	0.885	0.908	0.926	0.942	0.959	1.000
$6,000	0.740	0.766	0.793	0.818	0.844	0.863	0.891	0.913	0.932	0.951	1.000
$7,000	0.698	0.729	0.760	0.789	0.819	0.842	0.874	0.899	0.921	0.943	1.000
$7,500	0.678	0.710	0.743	0.775	0.807	0.831	0.866	0.893	0.916	0.939	1.000
$8,000	0.658	0.692	0.727	0.761	0.795	0.821	0.858	0.886	0.911	0.935	1.000
$9,000	0.619	0.657	0.694	0.733	0.771	0.801	0.842	0.873	0.900	0.928	1.000
$10,000	0.581	0.634	0.688	0.730	0.772	0.806	0.851	0.886	0.909	0.933	1.000
$11,000	0.546	0.602	0.657	0.706	0.755	0.791	0.839	0.876	0.901	0.926	1.000
$12,000	0.511	0.569	0.626	0.682	0.737	0.776	0.827	0.866	0.893	0.920	1.000
$13,000	0.483	0.541	0.600	0.660	0.721	0.762	0.817	0.857	0.886	0.915	1.000
$14,000	0.449	0.508	0.567	0.631	0.696	0.741	0.802	0.848	0.878	0.908	1.000
$15,000	0.418	0.478	0.538	0.606	0.674	0.722	0.790	0.840	0.871	0.903	1.000
$16,000	0.393	0.452	0.511	0.582	0.653	0.704	0.776	0.829	0.862	0.896	1.000
$17,000	0.367	0.426	0.484	0.558	0.632	0.685	0.762	0.818	0.853	0.889	1.000
$18,000	0.349	0.405	0.463	0.538	0.614	0.670	0.750	0.809	0.845	0.883	1.000
$19,000	0.334	0.387	0.445	0.523	0.602	0.659	0.743	0.804	0.841	0.879	1.000
$20,000	0.309	0.363	0.424	0.509	0.595	0.653	0.742	0.805	0.840	0.877	1.000
$22,500	0.276	0.323	0.371	0.457	0.544	0.607	0.711	0.783	0.822	0.862	1.000
$25,000	0.245	0.283	0.326	0.409	0.492	0.558	0.676	0.756	0.799	0.844	1.000
$27,500	0.223	0.258	0.297	0.372	0.451	0.518	0.649	0.735	0.781	0.829	1.000
$30,000	0.201	0.233	0.266	0.330	0.405	0.473	0.621	0.714	0.763	0.814	1.000
$32,500	0.189	0.220	0.251	0.311	0.382	0.450	0.597	0.689	0.741	0.796	1.000
$35,000	0.177	0.207	0.236	0.293	0.359	0.426	0.572	0.664	0.720	0.779	1.000
$40,000	0.154	0.181	0.207	0.256	0.314	0.380	0.524	0.613	0.677	0.744	1.000
$45,000	0.142	0.168	0.194	0.250	0.313	0.373	0.503	0.579	0.647	0.717	1.000
$50,000	0.130	0.155	0.180	0.244	0.313	0.366	0.483	0.545	0.617	0.690	1.000
$55,000	0.122	0.147	0.173	0.240	0.311	0.356	0.459	0.507	0.583	0.662	1.000
$60,000	0.115	0.139	0.166	0.236	0.309	0.347	0.435	0.469	0.550	0.633	1.000
$65,000	0.111	0.136	0.161	0.235	0.311	0.346	0.428	0.455	0.534	0.616	1.000
$70,000	0.108	0.132	0.155	0.234	0.313	0.345	0.420	0.441	0.519	0.600	1.000
$75,000	0.106	0.130	0.153	0.235	0.317	0.348	0.422	0.442	0.515	0.590	1.000
$80,000	0.103	0.127	0.150	0.235	0.320	0.351	0.424	0.437	0.510	0.580	1.000
$85,000	0.101	0.125	0.148	0.233	0.318	0.350	0.425	0.434	0.507	0.575	1.000
$90,000	0.099	0.124	0.147	0.231	0.316	0.349	0.426	0.434	0.504	0.569	1.000
$95,000	0.098	0.122	0.145	0.233	0.321	0.351	0.425	0.433	0.496	0.559	1.000
$100,000	0.097	0.121	0.144	0.235	0.326	0.354	0.424	0.428	0.487	0.549	1.000

Exhibit P-6AA

Commercial

	BLOOD CLOTTING FACTOR										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.997	0.997	0.997	0.997	0.997	0.998	0.998	0.998	0.998	0.998	1.000
$1,000	0.994	0.994	0.994	0.995	0.995	0.995	0.996	0.996	0.996	0.997	1.000
$2,000	0.989	0.990	0.990	0.991	0.992	0.992	0.993	0.994	0.994	0.995	1.000
$3,000	0.984	0.985	0.986	0.987	0.988	0.989	0.990	0.991	0.992	0.993	1.000
$4,000	0.978	0.979	0.980	0.982	0.983	0.984	0.986	0.987	0.989	0.990	1.000
$5,000	0.970	0.972	0.973	0.976	0.978	0.979	0.981	0.983	0.985	0.987	1.000
$6,000	0.962	0.964	0.966	0.969	0.972	0.973	0.976	0.979	0.981	0.984	1.000
$7,000	0.953	0.955	0.957	0.962	0.965	0.967	0.971	0.974	0.977	0.980	1.000
$7,500	0.948	0.950	0.953	0.957	0.961	0.963	0.968	0.971	0.974	0.978	1.000
$8,000	0.943	0.945	0.948	0.953	0.957	0.960	0.964	0.968	0.972	0.976	1.000
$9,000	0.931	0.935	0.938	0.944	0.949	0.952	0.958	0.962	0.967	0.972	1.000
$10,000	0.895	0.898	0.901	0.909	0.915	0.923	0.940	0.955	0.961	0.967	1.000
$11,000	0.884	0.889	0.893	0.899	0.904	0.913	0.932	0.948	0.955	0.962	1.000
$12,000	0.873	0.881	0.885	0.890	0.894	0.904	0.923	0.941	0.948	0.956	1.000
$13,000	0.863	0.871	0.875	0.879	0.883	0.893	0.915	0.933	0.942	0.951	1.000
$14,000	0.851	0.858	0.863	0.867	0.870	0.882	0.905	0.924	0.934	0.944	1.000
$15,000	0.840	0.845	0.851	0.855	0.858	0.871	0.895	0.915	0.926	0.938	1.000
$16,000	0.823	0.830	0.835	0.839	0.843	0.854	0.882	0.906	0.918	0.931	1.000
$17,000	0.805	0.815	0.819	0.823	0.827	0.837	0.869	0.896	0.910	0.924	1.000
$18,000	0.789	0.798	0.802	0.806	0.811	0.823	0.857	0.887	0.901	0.917	1.000
$19,000	0.770	0.777	0.782	0.786	0.791	0.808	0.845	0.877	0.893	0.910	1.000
$20,000	0.742	0.747	0.753	0.757	0.763	0.785	0.828	0.865	0.883	0.901	1.000
$22,500	0.698	0.704	0.709	0.718	0.724	0.749	0.797	0.837	0.858	0.881	1.000
$25,000	0.626	0.636	0.647	0.658	0.673	0.701	0.759	0.808	0.833	0.859	1.000
$27,500	0.594	0.603	0.613	0.624	0.637	0.668	0.729	0.780	0.808	0.837	1.000
$30,000	0.557	0.565	0.575	0.585	0.597	0.630	0.695	0.749	0.781	0.815	1.000
$32,500	0.535	0.543	0.553	0.563	0.575	0.606	0.667	0.722	0.757	0.794	1.000
$35,000	0.513	0.521	0.531	0.542	0.554	0.582	0.638	0.695	0.733	0.774	1.000
$40,000	0.470	0.477	0.488	0.498	0.510	0.534	0.582	0.641	0.686	0.732	1.000
$45,000	0.436	0.444	0.454	0.464	0.476	0.496	0.536	0.595	0.645	0.697	1.000
$50,000	0.402	0.410	0.420	0.430	0.442	0.458	0.490	0.550	0.604	0.661	1.000
$55,000	0.382	0.389	0.399	0.410	0.421	0.436	0.466	0.529	0.583	0.640	1.000
$60,000	0.362	0.369	0.379	0.389	0.401	0.426	0.467	0.508	0.562	0.618	1.000
$65,000	0.339	0.347	0.357	0.367	0.378	0.404	0.445	0.487	0.540	0.597	1.000
$70,000	0.317	0.324	0.334	0.344	0.356	0.381	0.423	0.466	0.519	0.576	1.000
$75,000	0.324	0.331	0.341	0.351	0.363	0.381	0.412	0.442	0.497	0.555	1.000
$80,000	0.330	0.338	0.348	0.358	0.369	0.381	0.400	0.419	0.474	0.533	1.000
$85,000	0.315	0.323	0.333	0.343	0.355	0.365	0.382	0.399	0.455	0.514	1.000
$90,000	0.301	0.308	0.318	0.328	0.340	0.348	0.364	0.380	0.436	0.496	1.000
$95,000	0.289	0.297	0.307	0.317	0.328	0.345	0.369	0.393	0.419	0.479	1.000
$100,000	0.278	0.285	0.295	0.305	0.317	0.333	0.356	0.379	0.402	0.463	1.000

Daily and Annual Maximum factor by service type

Exhibit P-6AB

Commercial

OTHER INJECTIBLES / IV THERAPY - HOME											
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.993	0.994	0.994	0.995	0.995	0.996	0.997	0.998	0.998	0.999	1.000
$1,000	0.986	0.987	0.988	0.990	0.991	0.992	0.994	0.995	0.996	0.998	1.000
$2,000	0.978	0.980	0.981	0.984	0.985	0.987	0.991	0.993	0.994	0.997	1.000
$3,000	0.969	0.971	0.973	0.977	0.979	0.982	0.987	0.989	0.992	0.995	1.000
$4,000	0.958	0.961	0.964	0.968	0.972	0.976	0.983	0.986	0.989	0.994	1.000
$5,000	0.945	0.949	0.953	0.959	0.963	0.969	0.978	0.982	0.986	0.992	1.000
$6,000	0.930	0.935	0.941	0.948	0.954	0.961	0.973	0.977	0.982	0.990	1.000
$7,000	0.915	0.921	0.928	0.937	0.944	0.952	0.967	0.972	0.978	0.988	1.000
$7,500	0.907	0.914	0.921	0.931	0.938	0.948	0.964	0.969	0.976	0.987	1.000
$8,000	0.900	0.907	0.914	0.924	0.933	0.943	0.960	0.967	0.974	0.986	1.000
$9,000	0.883	0.891	0.899	0.911	0.921	0.933	0.953	0.961	0.970	0.983	1.000
$10,000	0.817	0.826	0.834	0.847	0.858	0.873	0.896	0.917	0.941	0.981	1.000
$11,000	0.799	0.809	0.819	0.832	0.845	0.861	0.888	0.911	0.936	0.978	1.000
$12,000	0.782	0.792	0.803	0.817	0.831	0.850	0.880	0.904	0.931	0.975	1.000
$13,000	0.765	0.776	0.786	0.801	0.816	0.838	0.872	0.897	0.925	0.973	1.000
$14,000	0.740	0.751	0.762	0.776	0.793	0.818	0.855	0.884	0.916	0.969	1.000
$15,000	0.718	0.729	0.740	0.754	0.772	0.800	0.841	0.873	0.908	0.966	1.000
$16,000	0.701	0.711	0.722	0.736	0.755	0.786	0.832	0.865	0.902	0.963	1.000
$17,000	0.683	0.694	0.705	0.719	0.738	0.772	0.822	0.857	0.896	0.960	1.000
$18,000	0.666	0.677	0.688	0.701	0.721	0.758	0.812	0.848	0.890	0.956	1.000
$19,000	0.647	0.658	0.668	0.681	0.701	0.740	0.799	0.837	0.882	0.953	1.000
$20,000	0.620	0.631	0.641	0.654	0.674	0.715	0.778	0.821	0.871	0.949	1.000
$22,500	0.587	0.598	0.606	0.620	0.639	0.676	0.751	0.798	0.854	0.940	1.000
$25,000	0.560	0.570	0.579	0.592	0.606	0.635	0.722	0.774	0.837	0.931	1.000
$27,500	0.533	0.542	0.551	0.565	0.576	0.594	0.689	0.747	0.818	0.922	1.000
$30,000	0.505	0.511	0.523	0.536	0.545	0.564	0.652	0.717	0.796	0.912	1.000
$32,500	0.488	0.495	0.506	0.518	0.527	0.531	0.630	0.698	0.778	0.902	1.000
$35,000	0.471	0.478	0.489	0.500	0.509	0.514	0.609	0.679	0.760	0.893	1.000
$40,000	0.438	0.444	0.455	0.464	0.472	0.479	0.567	0.641	0.724	0.875	1.000
$45,000	0.408	0.414	0.425	0.433	0.441	0.450	0.520	0.600	0.687	0.858	1.000
$50,000	0.379	0.384	0.395	0.402	0.409	0.421	0.473	0.560	0.650	0.841	1.000
$55,000	0.378	0.384	0.394	0.401	0.408	0.423	0.467	0.549	0.633	0.825	1.000
$60,000	0.378	0.383	0.394	0.399	0.406	0.424	0.460	0.550	0.639	0.808	1.000
$65,000	0.367	0.372	0.383	0.388	0.394	0.416	0.449	0.531	0.613	0.766	1.000
$70,000	0.356	0.362	0.372	0.377	0.383	0.407	0.439	0.512	0.586	0.724	1.000
$75,000	0.346	0.351	0.362	0.368	0.373	0.400	0.431	0.502	0.573	0.707	1.000
$80,000	0.335	0.340	0.353	0.358	0.363	0.392	0.423	0.491	0.559	0.690	1.000
$85,000	0.325	0.331	0.343	0.350	0.350	0.387	0.417	0.482	0.547	0.671	1.000
$90,000	0.316	0.321	0.334	0.341	0.361	0.381	0.411	0.472	0.534	0.653	1.000
$95,000	0.310	0.314	0.324	0.332	0.354	0.376	0.406	0.464	0.521	0.634	1.000
$100,000	0.303	0.307	0.315	0.322	0.347	0.371	0.401	0.455	0.509	0.615	1.000

Exhibit P-6AC

Commercial

OTHER INJECTIBLES / IV THERAPY - OFFICE											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.965	0.971	0.977	0.980	0.984	0.986	0.989	0.992	0.993	0.995	1.000
$1,000	0.934	0.945	0.956	0.963	0.970	0.973	0.979	0.985	0.987	0.990	1.000
$2,000	0.902	0.919	0.935	0.946	0.957	0.961	0.969	0.978	0.981	0.985	1.000
$3,000	0.867	0.890	0.912	0.927	0.942	0.948	0.959	0.970	0.975	0.980	1.000
$4,000	0.829	0.858	0.888	0.907	0.926	0.933	0.948	0.962	0.968	0.974	1.000
$5,000	0.790	0.825	0.861	0.886	0.910	0.919	0.936	0.954	0.961	0.968	1.000
$6,000	0.749	0.792	0.835	0.864	0.893	0.903	0.924	0.945	0.954	0.961	1.000
$7,000	0.710	0.759	0.808	0.842	0.876	0.888	0.912	0.936	0.946	0.955	1.000
$7,500	0.691	0.742	0.794	0.831	0.867	0.880	0.906	0.932	0.942	0.951	1.000
$8,000	0.672	0.727	0.781	0.820	0.859	0.873	0.900	0.928	0.938	0.948	1.000
$9,000	0.637	0.696	0.754	0.798	0.842	0.857	0.888	0.919	0.931	0.941	1.000
$10,000	0.604	0.666	0.728	0.776	0.825	0.842	0.876	0.911	0.923	0.934	1.000
$11,000	0.574	0.637	0.701	0.754	0.807	0.826	0.864	0.902	0.915	0.927	1.000
$12,000	0.543	0.609	0.674	0.732	0.790	0.811	0.852	0.893	0.907	0.919	1.000
$13,000	0.519	0.585	0.651	0.713	0.775	0.797	0.842	0.886	0.900	0.913	1.000
$14,000	0.489	0.555	0.621	0.687	0.754	0.779	0.827	0.875	0.891	0.904	1.000
$15,000	0.463	0.528	0.594	0.665	0.736	0.762	0.814	0.866	0.882	0.896	1.000
$16,000	0.440	0.504	0.568	0.643	0.717	0.745	0.801	0.857	0.874	0.888	1.000
$17,000	0.417	0.480	0.542	0.620	0.698	0.728	0.788	0.847	0.865	0.880	1.000
$18,000	0.399	0.460	0.521	0.601	0.682	0.713	0.776	0.839	0.858	0.873	1.000
$19,000	0.388	0.447	0.507	0.588	0.670	0.703	0.770	0.836	0.855	0.870	1.000
$20,000	0.383	0.440	0.498	0.581	0.663	0.699	0.771	0.843	0.863	0.880	1.000
$22,500	0.348	0.396	0.450	0.529	0.609	0.650	0.733	0.816	0.839	0.858	1.000
$25,000	0.319	0.356	0.407	0.479	0.550	0.598	0.693	0.788	0.815	0.835	1.000
$27,500	0.304	0.338	0.378	0.442	0.505	0.557	0.661	0.765	0.794	0.817	1.000
$30,000	0.289	0.319	0.346	0.400	0.455	0.512	0.626	0.740	0.774	0.799	1.000
$32,500	0.280	0.307	0.333	0.389	0.445	0.499	0.607	0.716	0.753	0.781	1.000
$35,000	0.272	0.296	0.321	0.378	0.434	0.485	0.588	0.691	0.731	0.763	1.000
$40,000	0.255	0.274	0.297	0.355	0.412	0.458	0.550	0.642	0.689	0.726	1.000
$45,000	0.243	0.259	0.283	0.340	0.397	0.434	0.508	0.581	0.636	0.682	1.000
$50,000	0.232	0.245	0.269	0.326	0.382	0.410	0.465	0.520	0.584	0.638	1.000
$55,000	0.231	0.243	0.268	0.323	0.378	0.400	0.445	0.490	0.559	0.619	1.000
$60,000	0.230	0.241	0.267	0.320	0.374	0.391	0.425	0.460	0.535	0.600	1.000
$65,000	0.224	0.235	0.262	0.318	0.374	0.386	0.411	0.436	0.513	0.580	1.000
$70,000	0.219	0.229	0.257	0.315	0.374	0.382	0.397	0.413	0.491	0.560	1.000
$75,000	0.220	0.231	0.259	0.317	0.376	0.383	0.397	0.411	0.489	0.558	1.000
$80,000	0.221	0.233	0.261	0.319	0.378	0.384	0.396	0.409	0.487	0.556	1.000
$85,000	0.218	0.230	0.257	0.319	0.381	0.386	0.398	0.410	0.488	0.557	1.000
$90,000	0.214	0.227	0.254	0.319	0.383	0.389	0.400	0.411	0.489	0.558	1.000
$95,000	0.216	0.229	0.258	0.322	0.387	0.391	0.399	0.408	0.485	0.554	1.000
$100,000	0.218	0.231	0.261	0.326	0.390	0.393	0.399	0.405	0.482	0.550	1.000

Daily and Annual Maximum factor by service type Exhibit P-6AD

Commercial

	Pharma - All Services										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.955	0.962	0.969	0.974	0.978	0.980	0.985	0.989	0.991	0.994	1.000
$1,000	0.915	0.928	0.942	0.950	0.958	0.962	0.969	0.977	0.983	0.989	1.000
$2,000	0.874	0.893	0.913	0.924	0.936	0.942	0.953	0.964	0.973	0.982	1.000
$3,000	0.829	0.855	0.881	0.896	0.912	0.919	0.934	0.949	0.962	0.974	1.000
$4,000	0.781	0.814	0.846	0.866	0.886	0.895	0.914	0.932	0.949	0.966	1.000
$5,000	0.756	0.795	0.835	0.871	0.908	0.919	0.941	0.964	0.973	0.982	1.000
$6,000	0.705	0.751	0.797	0.838	0.879	0.892	0.919	0.945	0.959	0.973	1.000
$7,000	0.657	0.709	0.760	0.805	0.850	0.866	0.896	0.926	0.945	0.963	1.000
$7,500	0.633	0.688	0.742	0.802	0.861	0.877	0.910	0.942	0.956	0.971	1.000
$8,000	0.611	0.668	0.724	0.786	0.847	0.864	0.898	0.932	0.949	0.966	1.000
$9,000	0.569	0.628	0.688	0.753	0.819	0.838	0.876	0.914	0.935	0.957	1.000
$10,000	0.529	0.591	0.653	0.734	0.816	0.837	0.878	0.920	0.940	0.960	1.000
$11,000	0.505	0.566	0.628	0.713	0.799	0.821	0.866	0.911	0.933	0.956	1.000
$12,000	0.480	0.542	0.603	0.692	0.781	0.806	0.854	0.903	0.927	0.951	1.000
$13,000	0.459	0.519	0.579	0.674	0.769	0.795	0.847	0.899	0.925	0.950	1.000
$14,000	0.441	0.498	0.555	0.659	0.763	0.790	0.846	0.901	0.926	0.951	1.000
$15,000	0.422	0.477	0.531	0.644	0.756	0.785	0.844	0.903	0.927	0.952	1.000
$16,000	0.399	0.450	0.500	0.615	0.730	0.761	0.823	0.885	0.914	0.943	1.000
$17,000	0.376	0.422	0.469	0.586	0.704	0.737	0.802	0.868	0.901	0.934	1.000
$18,000	0.360	0.403	0.445	0.564	0.683	0.717	0.786	0.855	0.891	0.928	1.000
$19,000	0.351	0.391	0.430	0.549	0.667	0.703	0.776	0.848	0.886	0.924	1.000
$20,000	0.342	0.379	0.415	0.533	0.651	0.689	0.765	0.841	0.880	0.920	1.000
$22,500	0.304	0.333	0.362	0.475	0.587	0.630	0.714	0.798	0.849	0.899	1.000
$25,000	0.273	0.296	0.319	0.422	0.524	0.571	0.664	0.757	0.818	0.879	1.000
$27,500	0.250	0.269	0.287	0.379	0.472	0.521	0.619	0.717	0.788	0.859	1.000
$30,000	0.227	0.241	0.256	0.337	0.419	0.471	0.574	0.678	0.758	0.839	1.000
$32,500	0.215	0.227	0.239	0.316	0.392	0.442	0.541	0.640	0.730	0.820	1.000
$35,000	0.203	0.212	0.222	0.294	0.365	0.413	0.508	0.603	0.702	0.802	1.000
$40,000	0.178	0.184	0.189	0.250	0.311	0.355	0.442	0.529	0.647	0.764	1.000
$45,000	0.168	0.171	0.175	0.239	0.302	0.336	0.402	0.469	0.602	0.735	1.000
$50,000	0.157	0.159	0.161	0.228	0.294	0.317	0.363	0.409	0.557	0.705	1.000
$55,000	0.152	0.153	0.155	0.220	0.285	0.300	0.330	0.361	0.521	0.680	1.000
$60,000	0.146	0.147	0.148	0.212	0.276	0.283	0.298	0.312	0.484	0.656	1.000
$65,000	0.155	0.155	0.156	0.214	0.271	0.276	0.285	0.295	0.471	0.647	1.000
$70,000	0.163	0.164	0.165	0.215	0.266	0.268	0.273	0.278	0.458	0.639	1.000
$75,000	0.161	0.161	0.162	0.212	0.263	0.264	0.268	0.271	0.453	0.635	1.000
$80,000	0.158	0.159	0.159	0.210	0.260	0.261	0.262	0.264	0.448	0.632	1.000
$85,000	0.156	0.157	0.157	0.207	0.258	0.258	0.260	0.261	0.446	0.630	1.000
$90,000	0.154	0.155	0.155	0.205	0.256	0.256	0.257	0.257	0.443	0.629	1.000
$95,000	0.153	0.153	0.153	0.204	0.254	0.254	0.255	0.256	0.442	0.628	1.000
$100,000	0.151	0.152	0.152	0.202	0.252	0.253	0.253	0.254	0.440	0.627	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7A

Medicare

	OUTPATIENT SURGERY										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.866	0.917	0.966	0.975	0.984	0.987	0.989	0.994	0.996	0.997	1.000
$1,000	0.812	0.884	0.953	0.966	0.978	0.981	0.985	0.992	0.994	0.996	1.000
$2,000	0.768	0.858	0.942	0.958	0.973	0.977	0.981	0.990	0.993	0.995	1.000
$3,000	0.727	0.834	0.932	0.950	0.967	0.972	0.978	0.988	0.991	0.995	1.000
$4,000	0.687	0.810	0.921	0.941	0.961	0.967	0.974	0.985	0.990	0.994	1.000
$5,000	0.649	0.787	0.909	0.932	0.955	0.962	0.969	0.983	0.988	0.993	1.000
$6,000	0.616	0.765	0.896	0.922	0.948	0.956	0.964	0.980	0.986	0.991	1.000
$7,000	0.585	0.744	0.881	0.910	0.940	0.949	0.959	0.977	0.984	0.990	1.000
$7,500	0.571	0.733	0.872	0.904	0.936	0.946	0.956	0.975	0.983	0.990	1.000
$8,000	0.558	0.722	0.863	0.897	0.931	0.942	0.953	0.974	0.981	0.989	1.000
$9,000	0.533	0.700	0.843	0.882	0.921	0.933	0.946	0.970	0.979	0.987	1.000
$10,000	0.511	0.679	0.822	0.866	0.910	0.924	0.938	0.966	0.976	0.986	1.000
$11,000	0.493	0.660	0.802	0.850	0.897	0.913	0.929	0.960	0.972	0.983	1.000
$12,000	0.475	0.642	0.782	0.833	0.883	0.901	0.920	0.955	0.969	0.981	1.000
$13,000	0.453	0.617	0.755	0.809	0.861	0.883	0.906	0.948	0.964	0.979	1.000
$14,000	0.433	0.594	0.729	0.783	0.837	0.863	0.890	0.942	0.960	0.976	1.000
$15,000	0.412	0.569	0.700	0.756	0.810	0.841	0.873	0.935	0.955	0.973	1.000
$16,000	0.399	0.554	0.683	0.739	0.793	0.826	0.859	0.925	0.949	0.970	1.000
$17,000	0.387	0.540	0.665	0.722	0.776	0.810	0.844	0.916	0.943	0.966	1.000
$18,000	0.376	0.524	0.646	0.703	0.758	0.793	0.828	0.905	0.936	0.962	1.000
$19,000	0.366	0.508	0.628	0.685	0.740	0.776	0.811	0.892	0.927	0.957	1.000
$20,000	0.359	0.498	0.616	0.673	0.727	0.763	0.799	0.882	0.921	0.953	1.000
$22,500	0.345	0.480	0.594	0.651	0.704	0.741	0.778	0.864	0.908	0.946	1.000
$25,000	0.333	0.464	0.574	0.630	0.683	0.721	0.758	0.844	0.894	0.938	1.000
$27,500	0.322	0.449	0.556	0.613	0.667	0.704	0.741	0.826	0.880	0.927	1.000
$30,000	0.311	0.434	0.538	0.596	0.650	0.687	0.724	0.808	0.865	0.916	1.000
$32,500	0.304	0.425	0.527	0.586	0.640	0.676	0.711	0.793	0.849	0.899	1.000
$35,000	0.297	0.415	0.515	0.575	0.630	0.665	0.699	0.778	0.833	0.882	1.000
$40,000	0.282	0.394	0.490	0.552	0.609	0.642	0.674	0.748	0.801	0.847	1.000
$45,000	0.270	0.374	0.464	0.546	0.625	0.660	0.694	0.770	0.822	0.868	1.000
$50,000	0.259	0.354	0.438	0.540	0.639	0.676	0.712	0.791	0.843	0.889	1.000
$55,000	0.248	0.340	0.421	0.519	0.614	0.649	0.683	0.759	0.810	0.855	1.000
$60,000	0.237	0.325	0.405	0.498	0.589	0.623	0.655	0.727	0.778	0.822	1.000
$65,000	0.223	0.309	0.388	0.477	0.565	0.603	0.640	0.721	0.769	0.809	1.000
$70,000	0.208	0.293	0.371	0.457	0.542	0.584	0.625	0.715	0.759	0.797	1.000
$75,000	0.194	0.267	0.353	0.436	0.518	0.559	0.599	0.687	0.737	0.780	1.000
$80,000	0.179	0.241	0.336	0.416	0.494	0.534	0.574	0.660	0.715	0.762	1.000
$85,000	0.169	0.238	0.344	0.412	0.479	0.523	0.566	0.660	0.710	0.752	1.000
$90,000	0.160	0.235	0.352	0.409	0.463	0.511	0.558	0.660	0.705	0.741	1.000
$95,000	0.153	0.225	0.341	0.397	0.450	0.497	0.543	0.644	0.688	0.724	1.000
$100,000	0.146	0.216	0.331	0.385	0.437	0.483	0.528	0.627	0.671	0.707	1.000

Exhibit P-7B

Medicare

	DIALYSIS										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.933	0.963	0.993	0.995	0.997	0.998	0.998	0.999	0.999	0.999	1.000
$1,000	0.883	0.935	0.988	0.991	0.995	0.996	0.997	0.998	0.999	0.999	1.000
$2,000	0.834	0.908	0.983	0.988	0.994	0.995	0.995	0.997	0.998	0.999	1.000
$3,000	0.787	0.882	0.979	0.985	0.992	0.993	0.994	0.996	0.997	0.998	1.000
$4,000	0.749	0.860	0.974	0.982	0.991	0.992	0.993	0.995	0.997	0.998	1.000
$5,000	0.674	0.795	0.920	0.954	0.989	0.990	0.991	0.995	0.996	0.997	1.000
$6,000	0.645	0.778	0.915	0.951	0.987	0.989	0.990	0.994	0.995	0.997	1.000
$7,000	0.598	0.750	0.910	0.948	0.985	0.987	0.989	0.993	0.994	0.996	1.000
$7,500	0.601	0.753	0.908	0.946	0.985	0.986	0.988	0.992	0.994	0.996	1.000
$8,000	0.588	0.746	0.906	0.945	0.984	0.986	0.987	0.992	0.994	0.996	1.000
$9,000	0.544	0.721	0.902	0.942	0.982	0.984	0.986	0.991	0.993	0.995	1.000
$10,000	0.502	0.697	0.898	0.939	0.981	0.983	0.985	0.990	0.992	0.995	1.000
$11,000	0.478	0.678	0.886	0.933	0.980	0.982	0.984	0.989	0.992	0.994	1.000
$12,000	0.453	0.660	0.873	0.926	0.978	0.980	0.983	0.989	0.991	0.994	1.000
$13,000	0.427	0.643	0.865	0.921	0.977	0.979	0.981	0.988	0.990	0.993	1.000
$14,000	0.407	0.632	0.864	0.920	0.977	0.979	0.981	0.987	0.990	0.993	1.000
$15,000	0.384	0.620	0.862	0.919	0.976	0.978	0.980	0.987	0.989	0.992	1.000
$16,000	0.362	0.609	0.861	0.918	0.975	0.977	0.979	0.986	0.989	0.992	1.000
$17,000	0.341	0.598	0.860	0.917	0.975	0.976	0.978	0.985	0.988	0.992	1.000
$18,000	0.319	0.583	0.853	0.913	0.974	0.976	0.978	0.985	0.988	0.991	1.000
$19,000	0.298	0.567	0.841	0.907	0.973	0.975	0.977	0.984	0.987	0.991	1.000
$20,000	0.286	0.558	0.832	0.903	0.973	0.975	0.977	0.984	0.987	0.991	1.000
$22,500	0.273	0.550	0.830	0.901	0.972	0.973	0.975	0.982	0.986	0.990	1.000
$25,000	0.261	0.543	0.829	0.900	0.971	0.972	0.974	0.981	0.985	0.989	1.000
$27,500	0.261	0.543	0.829	0.899	0.970	0.972	0.973	0.980	0.984	0.989	1.000
$30,000	0.261	0.543	0.828	0.899	0.970	0.971	0.972	0.980	0.984	0.988	1.000
$32,500	0.248	0.536	0.828	0.898	0.969	0.971	0.972	0.979	0.983	0.987	1.000
$35,000	0.236	0.528	0.827	0.898	0.969	0.970	0.971	0.978	0.983	0.987	1.000
$40,000	0.211	0.514	0.826	0.897	0.969	0.970	0.971	0.981	0.981	0.986	1.000
$45,000	0.198	0.504	0.821	0.894	0.968	0.968	0.969	0.976	0.979	0.985	1.000
$50,000	0.185	0.495	0.815	0.891	0.966	0.967	0.968	0.974	0.977	0.984	1.000
$55,000	0.194	0.501	0.817	0.889	0.962	0.964	0.965	0.975	0.981	0.982	1.000
$60,000	0.202	0.508	0.818	0.888	0.958	0.960	0.962	0.974	0.980	0.980	1.000
$65,000	0.185	0.491	0.802	0.876	0.950	0.953	0.957	0.971	0.978	0.978	1.000
$70,000	0.168	0.474	0.786	0.864	0.942	0.946	0.951	0.968	0.975	0.975	1.000
$75,000	0.163	0.470	0.785	0.860	0.936	0.940	0.946	0.964	0.972	0.981	1.000
$80,000	0.157	0.467	0.785	0.857	0.929	0.935	0.941	0.960	0.970	0.979	1.000
$85,000	0.152	0.458	0.770	0.848	0.926	0.932	0.939	0.960	0.969	0.977	1.000
$90,000	0.148	0.448	0.755	0.839	0.924	0.930	0.937	0.959	0.968	0.976	1.000
$95,000	0.145	0.440	0.739	0.831	0.924	0.930	0.937	0.960	0.969	0.977	1.000
$100,000	0.143	0.432	0.723	0.823	0.924	0.930	0.937	0.961	0.970	0.979	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7C

Medicare

	RADIOLOGY										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.948	0.973	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.912	0.954	0.996	0.997	0.999	0.999	0.999	0.999	1.000	1.000	1.000
$2,000	0.877	0.936	0.994	0.996	0.998	0.998	0.999	0.999	0.999	1.000	1.000
$3,000	0.846	0.921	0.992	0.995	0.997	0.998	0.998	0.999	0.999	0.999	1.000
$4,000	0.822	0.908	0.989	0.993	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$5,000	0.804	0.898	0.987	0.991	0.996	0.996	0.997	0.998	0.999	0.999	1.000
$6,000	0.788	0.889	0.984	0.989	0.995	0.996	0.996	0.998	0.998	0.999	1.000
$7,000	0.774	0.881	0.981	0.987	0.994	0.995	0.996	0.997	0.998	0.999	1.000
$7,500	0.767	0.877	0.979	0.986	0.993	0.994	0.995	0.997	0.998	0.999	1.000
$8,000	0.761	0.874	0.978	0.985	0.993	0.994	0.995	0.997	0.998	0.999	1.000
$9,000	0.750	0.867	0.975	0.983	0.991	0.993	0.994	0.997	0.997	0.999	1.000
$10,000	0.740	0.861	0.972	0.981	0.990	0.991	0.993	0.996	0.997	0.998	1.000
$11,000	0.731	0.855	0.968	0.978	0.988	0.990	0.992	0.995	0.997	0.998	1.000
$12,000	0.722	0.849	0.965	0.976	0.987	0.989	0.991	0.995	0.996	0.998	1.000
$13,000	0.713	0.843	0.962	0.974	0.985	0.987	0.989	0.994	0.996	0.998	1.000
$14,000	0.707	0.839	0.959	0.971	0.983	0.986	0.988	0.993	0.995	0.997	1.000
$15,000	0.699	0.834	0.955	0.968	0.981	0.984	0.987	0.992	0.995	0.997	1.000
$16,000	0.695	0.829	0.952	0.965	0.979	0.982	0.985	0.991	0.994	0.997	1.000
$17,000	0.690	0.824	0.948	0.962	0.977	0.980	0.984	0.990	0.993	0.996	1.000
$18,000	0.686	0.819	0.944	0.959	0.974	0.978	0.982	0.989	0.992	0.996	1.000
$19,000	0.682	0.814	0.939	0.956	0.971	0.976	0.980	0.987	0.991	0.995	1.000
$20,000	0.681	0.811	0.936	0.952	0.969	0.973	0.978	0.986	0.990	0.995	1.000
$22,500	0.670	0.801	0.926	0.944	0.962	0.967	0.972	0.982	0.987	0.992	1.000
$25,000	0.659	0.792	0.916	0.935	0.954	0.960	0.966	0.976	0.983	0.989	1.000
$27,500	0.652	0.783	0.905	0.926	0.946	0.952	0.959	0.970	0.978	0.986	1.000
$30,000	0.644	0.774	0.895	0.916	0.938	0.945	0.952	0.965	0.973	0.983	1.000
$32,500	0.638	0.767	0.886	0.908	0.929	0.937	0.944	0.958	0.968	0.978	1.000
$35,000	0.633	0.760	0.877	0.899	0.921	0.929	0.937	0.952	0.963	0.974	1.000
$40,000	0.621	0.745	0.859	0.882	0.904	0.913	0.922	0.939	0.952	0.965	1.000
$45,000	0.611	0.733	0.846	0.869	0.891	0.901	0.910	0.929	0.943	0.958	1.000
$50,000	0.602	0.721	0.832	0.855	0.878	0.888	0.899	0.918	0.934	0.950	1.000
$55,000	0.597	0.714	0.825	0.847	0.869	0.879	0.890	0.909	0.927	0.944	1.000
$60,000	0.592	0.708	0.818	0.839	0.860	0.870	0.881	0.900	0.919	0.938	1.000
$65,000	0.590	0.707	0.819	0.838	0.857	0.866	0.876	0.895	0.914	0.934	1.000
$70,000	0.588	0.706	0.820	0.837	0.854	0.863	0.872	0.889	0.910	0.930	1.000
$75,000	0.584	0.703	0.818	0.835	0.851	0.859	0.868	0.885	0.906	0.928	1.000
$80,000	0.580	0.699	0.817	0.832	0.847	0.856	0.865	0.881	0.903	0.925	1.000
$85,000	0.577	0.698	0.816	0.832	0.846	0.855	0.863	0.878	0.900	0.922	1.000
$90,000	0.575	0.696	0.816	0.831	0.845	0.853	0.861	0.876	0.897	0.918	1.000
$95,000	0.573	0.696	0.818	0.832	0.846	0.854	0.862	0.877	0.896	0.915	1.000
$100,000	0.572	0.697	0.820	0.834	0.847	0.855	0.863	0.877	0.895	0.913	1.000

Exhibit P-7D

Medicare

	RADIATION THERAPY										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.942	0.965	0.987	0.991	0.994	0.995	0.996	0.998	0.998	0.999	1.000
$1,000	0.900	0.940	0.980	0.985	0.990	0.992	0.994	0.996	0.997	0.998	1.000
$2,000	0.858	0.915	0.972	0.979	0.987	0.989	0.991	0.995	0.996	0.997	1.000
$3,000	0.819	0.892	0.964	0.974	0.983	0.986	0.989	0.993	0.995	0.996	1.000
$4,000	0.789	0.873	0.955	0.967	0.979	0.982	0.986	0.991	0.993	0.995	1.000
$5,000	0.720	0.809	0.895	0.910	0.924	0.941	0.958	0.989	0.992	0.994	1.000
$6,000	0.675	0.768	0.859	0.877	0.894	0.918	0.942	0.987	0.990	0.993	1.000
$7,000	0.654	0.752	0.847	0.868	0.889	0.914	0.939	0.985	0.989	0.992	1.000
$7,500	0.643	0.743	0.840	0.863	0.886	0.911	0.937	0.984	0.988	0.992	1.000
$8,000	0.633	0.735	0.834	0.858	0.883	0.909	0.935	0.983	0.987	0.991	1.000
$9,000	0.636	0.743	0.846	0.861	0.876	0.904	0.931	0.981	0.986	0.990	1.000
$10,000	0.595	0.703	0.807	0.838	0.870	0.898	0.927	0.978	0.984	0.989	1.000
$11,000	0.569	0.678	0.782	0.817	0.853	0.885	0.918	0.976	0.983	0.988	1.000
$12,000	0.544	0.653	0.758	0.796	0.836	0.872	0.909	0.974	0.981	0.987	1.000
$13,000	0.524	0.630	0.736	0.779	0.822	0.862	0.901	0.971	0.979	0.986	1.000
$14,000	0.519	0.618	0.723	0.769	0.815	0.857	0.898	0.969	0.978	0.985	1.000
$15,000	0.512	0.604	0.708	0.757	0.808	0.850	0.893	0.966	0.976	0.984	1.000
$16,000	0.513	0.605	0.694	0.746	0.800	0.844	0.888	0.964	0.974	0.982	1.000
$17,000	0.514	0.606	0.679	0.735	0.791	0.838	0.883	0.961	0.972	0.981	1.000
$18,000	0.507	0.600	0.659	0.717	0.777	0.826	0.875	0.958	0.970	0.980	1.000
$19,000	0.495	0.588	0.634	0.695	0.758	0.811	0.865	0.954	0.968	0.979	1.000
$20,000	0.495	0.585	0.652	0.677	0.741	0.799	0.856	0.952	0.967	0.978	1.000
$22,500	0.509	0.601	0.669	0.681	0.734	0.792	0.850	0.948	0.963	0.975	1.000
$25,000	0.497	0.591	0.659	0.672	0.727	0.786	0.844	0.943	0.960	0.973	1.000
$27,500	0.464	0.563	0.634	0.658	0.719	0.779	0.838	0.939	0.956	0.970	1.000
$30,000	0.433	0.536	0.611	0.643	0.711	0.772	0.832	0.934	0.953	0.968	1.000
$32,500	0.423	0.529	0.607	0.640	0.709	0.768	0.828	0.929	0.949	0.965	1.000
$35,000	0.412	0.522	0.602	0.636	0.706	0.765	0.824	0.924	0.945	0.962	1.000
$40,000	0.390	0.506	0.593	0.629	0.700	0.758	0.816	0.914	0.937	0.956	1.000
$45,000	0.368	0.488	0.579	0.617	0.688	0.743	0.798	0.891	0.922	0.949	1.000
$50,000	0.346	0.470	0.565	0.605	0.677	0.729	0.781	0.868	0.907	0.943	1.000
$55,000	0.330	0.463	0.569	0.610	0.681	0.730	0.780	0.860	0.898	0.934	1.000
$60,000	0.313	0.456	0.571	0.613	0.685	0.731	0.777	0.852	0.890	0.925	1.000
$65,000	0.313	0.462	0.584	0.627	0.700	0.741	0.781	0.844	0.883	0.918	1.000
$70,000	0.312	0.468	0.596	0.641	0.714	0.750	0.785	0.836	0.875	0.911	1.000
$75,000	0.302	0.460	0.591	0.635	0.708	0.744	0.778	0.830	0.870	0.907	1.000
$80,000	0.292	0.453	0.586	0.630	0.702	0.737	0.772	0.823	0.865	0.903	1.000
$85,000	0.280	0.443	0.580	0.624	0.697	0.732	0.766	0.817	0.860	0.900	1.000
$90,000	0.269	0.434	0.574	0.619	0.691	0.726	0.760	0.811	0.856	0.897	1.000
$95,000	0.260	0.426	0.567	0.612	0.684	0.719	0.752	0.802	0.847	0.889	1.000
$100,000	0.252	0.417	0.560	0.605	0.677	0.711	0.744	0.792	0.839	0.881	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7E

Medicare

	ALL OTHER OP SERVICES										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.920	0.954	0.988	0.992	0.996	0.997	0.997	0.999	0.999	0.999	1.000
$1,000	0.887	0.936	0.984	0.989	0.994	0.995	0.996	0.998	0.999	0.999	1.000
$2,000	0.854	0.918	0.980	0.986	0.993	0.994	0.995	0.998	0.998	0.999	1.000
$3,000	0.822	0.900	0.976	0.984	0.991	0.993	0.994	0.997	0.998	0.999	1.000
$4,000	0.792	0.883	0.971	0.980	0.990	0.992	0.993	0.996	0.997	0.998	1.000
$5,000	0.764	0.866	0.965	0.977	0.988	0.990	0.992	0.996	0.997	0.998	1.000
$6,000	0.737	0.850	0.959	0.973	0.986	0.988	0.991	0.995	0.997	0.998	1.000
$7,000	0.712	0.833	0.952	0.968	0.984	0.986	0.989	0.994	0.996	0.998	1.000
$7,500	0.699	0.825	0.948	0.965	0.982	0.985	0.988	0.994	0.996	0.997	1.000
$8,000	0.688	0.817	0.943	0.962	0.981	0.984	0.987	0.994	0.995	0.997	1.000
$9,000	0.665	0.801	0.934	0.956	0.978	0.982	0.986	0.993	0.995	0.997	1.000
$10,000	0.643	0.785	0.924	0.949	0.975	0.979	0.983	0.992	0.994	0.997	1.000
$11,000	0.624	0.771	0.914	0.942	0.970	0.975	0.981	0.990	0.993	0.996	1.000
$12,000	0.605	0.756	0.903	0.935	0.966	0.972	0.978	0.989	0.992	0.996	1.000
$13,000	0.586	0.740	0.892	0.926	0.960	0.968	0.975	0.987	0.991	0.995	1.000
$14,000	0.570	0.728	0.882	0.919	0.956	0.964	0.972	0.986	0.990	0.994	1.000
$15,000	0.554	0.714	0.872	0.911	0.951	0.960	0.969	0.984	0.989	0.994	1.000
$16,000	0.551	0.701	0.862	0.903	0.945	0.955	0.965	0.982	0.987	0.993	1.000
$17,000	0.548	0.688	0.851	0.895	0.939	0.951	0.962	0.980	0.986	0.992	1.000
$18,000	0.544	0.680	0.839	0.886	0.933	0.945	0.957	0.977	0.984	0.991	1.000
$19,000	0.541	0.677	0.827	0.877	0.926	0.939	0.952	0.974	0.982	0.990	1.000
$20,000	0.542	0.678	0.820	0.871	0.922	0.936	0.950	0.972	0.981	0.990	1.000
$22,500	0.527	0.663	0.804	0.858	0.912	0.927	0.942	0.967	0.977	0.987	1.000
$25,000	0.514	0.649	0.790	0.846	0.902	0.918	0.934	0.961	0.973	0.984	1.000
$27,500	0.500	0.635	0.775	0.833	0.891	0.908	0.925	0.955	0.968	0.981	1.000
$30,000	0.485	0.620	0.759	0.820	0.881	0.899	0.917	0.948	0.963	0.977	1.000
$32,500	0.467	0.602	0.742	0.805	0.868	0.887	0.907	0.941	0.957	0.972	1.000
$35,000	0.449	0.584	0.725	0.790	0.855	0.876	0.897	0.934	0.951	0.967	1.000
$40,000	0.413	0.549	0.691	0.760	0.829	0.853	0.877	0.920	0.939	0.957	1.000
$45,000	0.419	0.556	0.698	0.769	0.841	0.864	0.887	0.929	0.949	0.968	1.000
$50,000	0.424	0.563	0.704	0.778	0.852	0.874	0.897	0.938	0.958	0.977	1.000
$55,000	0.417	0.553	0.692	0.766	0.839	0.863	0.887	0.929	0.951	0.973	1.000
$60,000	0.409	0.544	0.679	0.753	0.827	0.851	0.876	0.920	0.945	0.969	1.000
$65,000	0.396	0.529	0.662	0.734	0.805	0.828	0.851	0.892	0.923	0.953	1.000
$70,000	0.382	0.514	0.645	0.714	0.782	0.804	0.826	0.865	0.901	0.937	1.000
$75,000	0.382	0.512	0.641	0.707	0.772	0.794	0.815	0.852	0.891	0.930	1.000
$80,000	0.382	0.510	0.636	0.699	0.762	0.783	0.804	0.840	0.882	0.923	1.000
$85,000	0.381	0.508	0.631	0.693	0.754	0.778	0.801	0.843	0.882	0.920	1.000
$90,000	0.381	0.506	0.626	0.686	0.746	0.772	0.798	0.846	0.881	0.916	1.000
$95,000	0.361	0.484	0.601	0.659	0.716	0.742	0.767	0.814	0.849	0.883	1.000
$100,000	0.342	0.462	0.578	0.632	0.686	0.711	0.737	0.782	0.816	0.849	1.000

Exhibit P-7F

Medicare

	ALL OP FACILITY SERVICES										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.823	0.892	0.960	0.972	0.983	0.985	0.988	0.994	0.995	0.997	1.000
$1,000	0.777	0.864	0.950	0.964	0.978	0.981	0.985	0.992	0.994	0.996	1.000
$2,000	0.736	0.840	0.941	0.958	0.974	0.977	0.982	0.990	0.993	0.995	1.000
$3,000	0.698	0.816	0.932	0.951	0.970	0.973	0.978	0.988	0.992	0.995	1.000
$4,000	0.662	0.794	0.923	0.945	0.966	0.969	0.975	0.987	0.991	0.994	1.000
$5,000	0.581	0.723	0.864	0.913	0.962	0.965	0.972	0.985	0.990	0.993	1.000
$6,000	0.550	0.703	0.854	0.906	0.958	0.961	0.968	0.983	0.988	0.992	1.000
$7,000	0.521	0.684	0.843	0.898	0.953	0.956	0.965	0.981	0.987	0.992	1.000
$7,500	0.508	0.675	0.838	0.894	0.951	0.954	0.963	0.980	0.986	0.991	1.000
$8,000	0.496	0.666	0.832	0.891	0.949	0.951	0.961	0.979	0.986	0.991	1.000
$9,000	0.472	0.649	0.821	0.883	0.944	0.947	0.957	0.977	0.984	0.990	1.000
$10,000	0.452	0.633	0.810	0.875	0.939	0.942	0.953	0.975	0.983	0.989	1.000
$11,000	0.425	0.609	0.790	0.862	0.934	0.936	0.949	0.973	0.982	0.988	1.000
$12,000	0.399	0.586	0.770	0.850	0.929	0.931	0.945	0.970	0.980	0.987	1.000
$13,000	0.372	0.562	0.749	0.836	0.923	0.926	0.940	0.968	0.978	0.986	1.000
$14,000	0.351	0.543	0.732	0.826	0.919	0.922	0.936	0.966	0.977	0.985	1.000
$15,000	0.328	0.522	0.714	0.814	0.913	0.917	0.932	0.963	0.975	0.984	1.000
$16,000	0.318	0.513	0.707	0.808	0.909	0.912	0.927	0.961	0.974	0.983	1.000
$17,000	0.307	0.504	0.700	0.802	0.904	0.908	0.923	0.958	0.972	0.982	1.000
$18,000	0.291	0.490	0.687	0.793	0.898	0.903	0.919	0.955	0.970	0.981	1.000
$19,000	0.272	0.471	0.670	0.782	0.893	0.898	0.914	0.952	0.968	0.979	1.000
$20,000	0.255	0.456	0.657	0.774	0.890	0.896	0.912	0.950	0.967	0.979	1.000
$22,500	0.246	0.447	0.648	0.765	0.882	0.888	0.908	0.943	0.962	0.976	1.000
$25,000	0.238	0.440	0.641	0.758	0.875	0.882	0.904	0.937	0.957	0.973	1.000
$27,500	0.218	0.421	0.624	0.747	0.870	0.877	0.901	0.932	0.953	0.969	1.000
$30,000	0.198	0.402	0.606	0.736	0.865	0.872	0.898	0.927	0.949	0.965	1.000
$32,500	0.196	0.402	0.609	0.735	0.861	0.869	0.896	0.925	0.946	0.962	1.000
$35,000	0.194	0.402	0.611	0.735	0.858	0.865	0.894	0.922	0.944	0.958	1.000
$40,000	0.190	0.403	0.616	0.734	0.851	0.859	0.886	0.917	0.939	0.951	1.000
$45,000	0.186	0.403	0.621	0.733	0.845	0.853	0.881	0.918	0.934	0.948	1.000
$50,000	0.182	0.404	0.625	0.732	0.839	0.848	0.877	0.915	0.930	0.944	1.000
$55,000	0.210	0.436	0.662	0.746	0.831	0.840	0.870	0.908	0.922	0.937	1.000
$60,000	0.237	0.469	0.698	0.759	0.822	0.831	0.863	0.901	0.914	0.931	1.000
$65,000	0.217	0.449	0.678	0.743	0.807	0.818	0.851	0.890	0.901	0.921	1.000
$70,000	0.197	0.430	0.659	0.726	0.793	0.804	0.836	0.872	0.889	0.911	1.000
$75,000	0.182	0.412	0.638	0.707	0.777	0.789	0.821	0.864	0.887	0.897	1.000
$80,000	0.167	0.394	0.617	0.689	0.761	0.773	0.807	0.850	0.873	0.883	1.000
$85,000	0.158	0.391	0.622	0.696	0.770	0.782	0.816	0.859	0.871	0.867	1.000
$90,000	0.149	0.389	0.627	0.703	0.779	0.791	0.826	0.868	0.882	0.884	1.000
$95,000	0.142	0.380	0.617	0.692	0.767	0.779	0.809	0.846	0.859	0.874	1.000
$100,000	0.134	0.371	0.606	0.680	0.754	0.766	0.796	0.831	0.848	0.859	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7G

Medicare

DME/ORTHOTICS/PROSTHETICS/SUPPLIES											
	Daily Maximum										
Deductible	$1,000	$1,500	$2,000	$2,500	$3,000	$3,500	$4,000	$4,500	$5,000	$5,500	$6,500
$0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$3,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$4,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$5,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$6,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$8,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$9,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$10,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$11,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$12,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$13,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$14,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$15,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$16,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$17,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$18,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$19,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$20,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$22,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$25,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$27,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$30,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$32,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$35,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$40,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$45,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$50,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$55,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$60,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$65,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$70,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$75,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$80,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$85,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$90,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$95,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$100,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Exhibit P-7H

Medicare

MEDICAL SUPPLIES											
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.934	0.942	0.965	0.976	0.987	0.998	0.991	0.992	0.994	0.999	1.000
$1,000	0.872	0.887	0.931	0.953	0.974	0.996	0.982	0.985	0.988	0.998	1.000
$2,000	0.815	0.836	0.896	0.929	0.961	0.994	0.972	0.977	0.982	0.998	1.000
$3,000	0.775	0.798	0.864	0.907	0.949	0.991	0.963	0.970	0.977	0.997	1.000
$4,000	0.749	0.773	0.840	0.890	0.939	0.989	0.956	0.964	0.972	0.995	1.000
$5,000	0.732	0.756	0.823	0.877	0.931	0.985	0.950	0.959	0.968	0.994	1.000
$6,000	0.719	0.743	0.809	0.866	0.924	0.982	0.945	0.954	0.964	0.992	1.000
$7,000	0.708	0.732	0.797	0.857	0.917	0.977	0.940	0.950	0.960	0.991	1.000
$7,500	0.704	0.728	0.792	0.853	0.914	0.975	0.937	0.948	0.958	0.990	1.000
$8,000	0.700	0.724	0.787	0.849	0.911	0.973	0.935	0.946	0.957	0.989	1.000
$9,000	0.692	0.716	0.778	0.841	0.905	0.969	0.931	0.942	0.953	0.987	1.000
$10,000	0.686	0.709	0.770	0.835	0.899	0.965	0.926	0.938	0.950	0.984	1.000
$11,000	0.680	0.703	0.763	0.828	0.894	0.961	0.922	0.934	0.946	0.982	1.000
$12,000	0.673	0.697	0.756	0.822	0.889	0.956	0.918	0.930	0.942	0.979	1.000
$13,000	0.668	0.691	0.750	0.816	0.884	0.952	0.914	0.926	0.939	0.976	1.000
$14,000	0.662	0.686	0.743	0.811	0.879	0.948	0.910	0.922	0.935	0.973	1.000
$15,000	0.656	0.680	0.737	0.805	0.873	0.943	0.906	0.919	0.932	0.970	1.000
$16,000	0.651	0.675	0.731	0.799	0.868	0.938	0.901	0.914	0.928	0.967	1.000
$17,000	0.645	0.669	0.726	0.794	0.863	0.933	0.897	0.910	0.924	0.963	1.000
$18,000	0.640	0.664	0.720	0.788	0.858	0.929	0.893	0.906	0.920	0.960	1.000
$19,000	0.634	0.658	0.715	0.783	0.853	0.924	0.888	0.902	0.916	0.956	1.000
$20,000	0.629	0.653	0.709	0.778	0.847	0.919	0.884	0.898	0.912	0.953	1.000
$22,500	0.615	0.640	0.697	0.765	0.835	0.906	0.873	0.887	0.901	0.943	1.000
$25,000	0.584	0.610	0.666	0.733	0.802	0.871	0.840	0.854	0.868	0.909	1.000
$27,500	0.588	0.609	0.665	0.733	0.801	0.871	0.839	0.852	0.866	0.905	1.000
$30,000	0.591	0.609	0.665	0.732	0.800	0.857	0.828	0.842	0.861	0.901	1.000
$32,500	0.587	0.603	0.658	0.726	0.794	0.852	0.822	0.837	0.851	0.892	1.000
$35,000	0.584	0.601	0.651	0.719	0.788	0.845	0.815	0.829	0.845	0.884	1.000
$40,000	0.576	0.593	0.638	0.706	0.776	0.833	0.802	0.815	0.829	0.866	1.000
$45,000	0.569	0.582	0.621	0.688	0.757	0.827	0.795	0.807	0.819	0.855	1.000
$50,000	0.562	0.574	0.613	0.670	0.737	0.806	0.775	0.788	0.801	0.839	1.000
$55,000	0.556	0.568	0.605	0.661	0.725	0.791	0.759	0.772	0.786	0.823	1.000
$60,000	0.547	0.560	0.597	0.654	0.713	0.776	0.744	0.757	0.770	0.808	1.000
$65,000	0.542	0.555	0.593	0.655	0.722	0.789	0.755	0.768	0.781	0.819	1.000
$70,000	0.535	0.550	0.591	0.660	0.731	0.803	0.766	0.779	0.792	0.829	1.000
$75,000	0.529	0.544	0.587	0.650	0.714	0.786	0.752	0.766	0.781	0.822	1.000
$80,000	0.492	0.508	0.558	0.627	0.698	0.770	0.737	0.753	0.769	0.814	1.000
$85,000	0.475	0.494	0.545	0.613	0.684	0.755	0.726	0.747	0.768	0.821	1.000
$90,000	0.461	0.480	0.532	0.600	0.670	0.741	0.716	0.741	0.766	0.829	1.000
$95,000	0.454	0.471	0.522	0.589	0.657	0.727	0.707	0.737	0.767	0.843	1.000
$100,000	0.444	0.462	0.512	0.578	0.645	0.712	0.697	0.733	0.769	0.857	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7I

Medicare

	SNF/EFC/REHAB										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.966	0.982	0.998	0.999	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.933	0.965	0.996	0.997	0.998	0.999	0.999	0.999	0.999	1.000	1.000
$2,000	0.900	0.947	0.994	0.996	0.998	0.998	0.998	0.999	0.999	0.999	1.000
$3,000	0.870	0.931	0.992	0.994	0.997	0.997	0.998	0.998	0.999	0.999	1.000
$4,000	0.849	0.919	0.989	0.992	0.996	0.996	0.997	0.998	0.998	0.999	1.000
$5,000	0.835	0.910	0.986	0.990	0.994	0.995	0.996	0.997	0.998	0.999	1.000
$6,000	0.824	0.903	0.983	0.988	0.993	0.994	0.995	0.997	0.997	0.998	1.000
$7,000	0.815	0.897	0.979	0.985	0.991	0.992	0.993	0.996	0.997	0.998	1.000
$7,500	0.812	0.895	0.977	0.984	0.990	0.992	0.993	0.995	0.996	0.998	1.000
$8,000	0.809	0.892	0.976	0.983	0.989	0.991	0.992	0.995	0.996	0.997	1.000
$9,000	0.804	0.888	0.972	0.980	0.988	0.989	0.991	0.994	0.995	0.997	1.000
$10,000	0.799	0.884	0.969	0.977	0.986	0.987	0.989	0.993	0.995	0.996	1.000
$11,000	0.796	0.881	0.965	0.974	0.983	0.986	0.988	0.992	0.994	0.996	1.000
$12,000	0.793	0.877	0.962	0.972	0.981	0.984	0.986	0.991	0.993	0.995	1.000
$13,000	0.790	0.874	0.959	0.969	0.979	0.982	0.984	0.990	0.992	0.995	1.000
$14,000	0.788	0.872	0.955	0.966	0.977	0.980	0.983	0.989	0.991	0.994	1.000
$15,000	0.785	0.869	0.952	0.963	0.974	0.977	0.981	0.987	0.990	0.993	1.000
$16,000	0.783	0.866	0.949	0.960	0.972	0.975	0.979	0.986	0.989	0.993	1.000
$17,000	0.781	0.864	0.945	0.957	0.969	0.973	0.977	0.984	0.988	0.992	1.000
$18,000	0.780	0.861	0.942	0.954	0.966	0.971	0.975	0.983	0.987	0.991	1.000
$19,000	0.778	0.859	0.939	0.951	0.964	0.968	0.972	0.981	0.986	0.990	1.000
$20,000	0.777	0.856	0.936	0.948	0.961	0.966	0.970	0.979	0.984	0.989	1.000
$22,500	0.772	0.850	0.928	0.941	0.954	0.959	0.964	0.975	0.981	0.987	1.000
$25,000	0.768	0.844	0.921	0.934	0.947	0.953	0.958	0.969	0.977	0.984	1.000
$27,500	0.762	0.838	0.914	0.927	0.940	0.946	0.952	0.964	0.972	0.980	1.000
$30,000	0.757	0.832	0.906	0.919	0.932	0.939	0.945	0.958	0.968	0.977	1.000
$32,500	0.751	0.827	0.901	0.914	0.926	0.933	0.940	0.953	0.963	0.973	1.000
$35,000	0.746	0.822	0.896	0.908	0.920	0.927	0.934	0.947	0.958	0.969	1.000
$40,000	0.734	0.811	0.886	0.897	0.908	0.915	0.922	0.937	0.949	0.962	1.000
$45,000	0.719	0.800	0.879	0.889	0.899	0.906	0.913	0.928	0.942	0.955	1.000
$50,000	0.703	0.788	0.871	0.881	0.890	0.897	0.904	0.919	0.934	0.949	1.000
$55,000	0.692	0.780	0.867	0.876	0.885	0.892	0.899	0.913	0.929	0.944	1.000
$60,000	0.680	0.773	0.862	0.871	0.879	0.886	0.893	0.907	0.924	0.940	1.000
$65,000	0.670	0.766	0.859	0.867	0.875	0.882	0.889	0.903	0.920	0.938	1.000
$70,000	0.660	0.760	0.856	0.864	0.871	0.878	0.885	0.898	0.917	0.936	1.000
$75,000	0.648	0.753	0.855	0.862	0.869	0.876	0.883	0.896	0.915	0.935	1.000
$80,000	0.637	0.746	0.853	0.860	0.867	0.874	0.881	0.894	0.914	0.933	1.000
$85,000	0.620	0.737	0.853	0.860	0.866	0.873	0.880	0.893	0.913	0.932	1.000
$90,000	0.604	0.729	0.853	0.859	0.866	0.872	0.879	0.893	0.912	0.930	1.000
$95,000	0.584	0.718	0.854	0.860	0.866	0.873	0.880	0.894	0.912	0.930	1.000
$100,000	0.563	0.707	0.855	0.861	0.867	0.874	0.881	0.895	0.912	0.930	1.000

Exhibit P-7J

Medicare

	HOME HEALTH										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.966	0.983	0.999	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	0.936	0.967	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	0.905	0.951	0.998	0.999	1.000	1.000	1.000	1.000	0.999	0.999	1.000
$3,000	0.877	0.938	0.998	0.999	1.000	1.000	1.000	1.000	0.999	0.999	1.000
$4,000	0.859	0.929	0.998	1.000	1.000	1.000	1.000	1.000	0.999	0.999	1.000
$5,000	0.847	0.924	0.998	1.000	1.000	1.000	1.000	1.000	0.998	0.999	1.000
$6,000	0.840	0.920	0.999	1.000	1.000	1.000	1.000	1.000	0.998	0.998	1.000
$7,000	0.835	0.918	0.999	1.000	1.000	1.000	1.000	1.000	0.997	0.998	1.000
$7,500	0.833	0.918	1.000	1.000	1.000	1.000	1.000	1.000	0.997	0.998	1.000
$8,000	0.832	0.917	1.000	1.000	1.000	1.000	1.000	1.000	0.997	0.998	1.000
$9,000	0.830	0.918	1.000	1.000	1.000	1.000	1.000	1.000	0.996	0.997	1.000
$10,000	0.830	0.919	1.000	1.000	1.000	1.000	1.000	1.000	0.996	0.997	1.000
$11,000	0.825	0.915	1.000	1.000	1.000	1.000	1.000	1.000	0.995	0.997	1.000
$12,000	0.820	0.910	0.996	1.000	1.000	1.000	1.000	1.000	0.994	0.996	1.000
$13,000	0.816	0.906	0.992	0.997	1.000	1.000	1.000	1.000	0.993	0.996	1.000
$14,000	0.812	0.903	0.989	0.995	1.000	0.999	0.998	1.000	0.993	0.995	1.000
$15,000	0.808	0.899	0.985	0.992	0.998	0.997	0.997	0.998	0.992	0.994	1.000
$16,000	0.805	0.895	0.982	0.989	0.996	0.995	0.995	0.997	0.991	0.994	1.000
$17,000	0.801	0.892	0.978	0.986	0.993	0.993	0.993	0.996	0.990	0.993	1.000
$18,000	0.798	0.889	0.975	0.983	0.991	0.991	0.991	0.995	0.989	0.993	1.000
$19,000	0.795	0.886	0.972	0.980	0.988	0.989	0.989	0.993	0.988	0.992	1.000
$20,000	0.793	0.883	0.969	0.977	0.986	0.987	0.988	0.992	0.987	0.991	1.000
$22,500	0.787	0.876	0.961	0.971	0.980	0.981	0.983	0.988	0.984	0.989	1.000
$25,000	0.782	0.870	0.954	0.964	0.974	0.976	0.978	0.984	0.981	0.987	1.000
$27,500	0.777	0.864	0.948	0.959	0.969	0.971	0.973	0.980	0.978	0.985	1.000
$30,000	0.772	0.859	0.942	0.953	0.964	0.966	0.969	0.976	0.975	0.983	1.000
$32,500	0.776	0.860	0.939	0.950	0.960	0.963	0.966	0.973	0.972	0.980	1.000
$35,000	0.780	0.861	0.936	0.947	0.957	0.960	0.963	0.971	0.970	0.978	1.000
$40,000	0.788	0.862	0.930	0.941	0.951	0.954	0.956	0.965	0.965	0.974	1.000
$45,000	0.780	0.858	0.930	0.940	0.950	0.953	0.955	0.963	0.963	0.972	1.000
$50,000	0.773	0.854	0.929	0.940	0.950	0.952	0.954	0.961	0.961	0.970	1.000
$55,000	0.762	0.850	0.932	0.943	0.954	0.955	0.956	0.962	0.962	0.970	1.000
$60,000	0.752	0.845	0.935	0.946	0.958	0.958	0.959	0.962	0.962	0.971	1.000
$65,000	0.756	0.848	0.935	0.948	0.961	0.961	0.962	0.965	0.964	0.972	1.000
$70,000	0.760	0.850	0.936	0.951	0.965	0.965	0.965	0.967	0.966	0.974	1.000
$75,000	0.767	0.860	0.948	0.959	0.970	0.969	0.969	0.971	0.969	0.976	1.000
$80,000	0.774	0.869	0.961	0.968	0.975	0.974	0.973	0.974	0.972	0.979	1.000
$85,000	0.772	0.870	0.964	0.971	0.979	0.978	0.977	0.978	0.974	0.980	1.000
$90,000	0.770	0.871	0.967	0.975	0.983	0.982	0.980	0.981	0.977	0.982	1.000
$95,000	0.773	0.874	0.971	0.979	0.987	0.985	0.984	0.985	0.980	0.984	1.000
$100,000	0.776	0.877	0.974	0.982	0.991	0.989	0.988	0.988	0.983	0.986	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7K

Medicare

CHEMOTHERAPY DRUGS											
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.906	0.942	0.954	0.966	0.978	0.990	0.991	0.992	0.993	0.995	1.000
$1,000	0.830	0.894	0.916	0.938	0.960	0.982	0.984	0.986	0.988	0.992	1.000
$2,000	0.764	0.849	0.880	0.912	0.943	0.975	0.977	0.980	0.983	0.988	1.000
$3,000	0.716	0.808	0.848	0.888	0.927	0.967	0.970	0.974	0.977	0.984	1.000
$4,000	0.682	0.776	0.822	0.868	0.914	0.959	0.963	0.968	0.972	0.981	1.000
$5,000	0.622	0.711	0.760	0.808	0.856	0.903	0.918	0.932	0.947	0.977	1.000
$6,000	0.603	0.692	0.744	0.796	0.846	0.896	0.911	0.927	0.942	0.974	1.000
$7,000	0.586	0.676	0.731	0.785	0.838	0.889	0.905	0.921	0.937	0.970	1.000
$7,500	0.578	0.669	0.725	0.780	0.834	0.886	0.902	0.919	0.935	0.969	1.000
$8,000	0.571	0.662	0.720	0.776	0.830	0.883	0.900	0.916	0.933	0.967	1.000
$9,000	0.557	0.649	0.709	0.767	0.823	0.877	0.895	0.912	0.929	0.965	1.000
$10,000	0.505	0.606	0.664	0.720	0.773	0.825	0.849	0.872	0.895	0.944	1.000
$11,000	0.490	0.592	0.652	0.709	0.765	0.818	0.842	0.866	0.890	0.940	1.000
$12,000	0.476	0.578	0.640	0.699	0.756	0.811	0.836	0.860	0.885	0.936	1.000
$13,000	0.458	0.560	0.625	0.687	0.747	0.805	0.830	0.855	0.880	0.932	1.000
$14,000	0.439	0.542	0.610	0.675	0.738	0.799	0.824	0.849	0.874	0.927	1.000
$15,000	0.418	0.523	0.594	0.662	0.728	0.793	0.818	0.844	0.869	0.922	1.000
$16,000	0.401	0.512	0.585	0.655	0.722	0.787	0.813	0.839	0.865	0.920	1.000
$17,000	0.383	0.502	0.576	0.647	0.715	0.780	0.807	0.834	0.861	0.917	1.000
$18,000	0.365	0.487	0.563	0.635	0.704	0.770	0.798	0.826	0.855	0.914	1.000
$19,000	0.348	0.469	0.546	0.619	0.690	0.758	0.788	0.817	0.847	0.910	1.000
$20,000	0.333	0.455	0.534	0.609	0.680	0.750	0.780	0.811	0.842	0.906	1.000
$22,500	0.328	0.446	0.528	0.595	0.670	0.743	0.775	0.806	0.837	0.903	1.000
$25,000	0.323	0.438	0.522	0.583	0.661	0.737	0.769	0.801	0.833	0.900	1.000
$27,500	0.326	0.431	0.516	0.570	0.648	0.723	0.758	0.791	0.825	0.897	1.000
$30,000	0.330	0.424	0.510	0.555	0.634	0.710	0.746	0.781	0.817	0.894	1.000
$32,500	0.319	0.414	0.501	0.547	0.627	0.704	0.740	0.776	0.812	0.891	1.000
$35,000	0.308	0.404	0.492	0.539	0.620	0.698	0.734	0.771	0.807	0.887	1.000
$40,000	0.286	0.382	0.473	0.524	0.606	0.688	0.722	0.759	0.797	0.876	1.000
$45,000	0.282	0.373	0.464	0.514	0.595	0.673	0.709	0.746	0.783	0.862	1.000
$50,000	0.277	0.365	0.454	0.503	0.583	0.660	0.696	0.732	0.768	0.844	1.000
$55,000	0.275	0.353	0.439	0.488	0.568	0.645	0.682	0.719	0.756	0.835	1.000
$60,000	0.273	0.341	0.425	0.473	0.553	0.630	0.668	0.706	0.744	0.826	1.000
$65,000	0.271	0.332	0.413	0.461	0.539	0.616	0.654	0.692	0.730	0.812	1.000
$70,000	0.270	0.324	0.402	0.449	0.526	0.601	0.639	0.678	0.716	0.798	1.000
$75,000	0.269	0.322	0.398	0.442	0.517	0.590	0.628	0.666	0.704	0.785	1.000
$80,000	0.267	0.321	0.393	0.435	0.508	0.579	0.617	0.654	0.692	0.771	1.000
$85,000	0.260	0.314	0.384	0.425	0.497	0.567	0.605	0.643	0.681	0.761	1.000
$90,000	0.253	0.306	0.374	0.415	0.486	0.556	0.593	0.631	0.670	0.751	1.000
$95,000	0.252	0.306	0.371	0.410	0.479	0.547	0.584	0.622	0.660	0.740	1.000
$100,000	0.251	0.305	0.368	0.405	0.472	0.539	0.575	0.612	0.650	0.729	1.000

Exhibit P-7L

Medicare

BLOOD CLOTTING FACTOR											
	Daily Maximum										
Deductible	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000	$20,000
$0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$3,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$4,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$5,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$6,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$8,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$9,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$10,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$11,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$12,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$13,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$14,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$15,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$16,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$17,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$18,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$19,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$20,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$22,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$25,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$27,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$30,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$32,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$35,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$40,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$45,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$50,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$55,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$60,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$65,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$70,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$75,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$80,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$85,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$90,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$95,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$100,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7M

Medicare

	OTHER INJECTIBLES - HOME										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.962	0.979	0.995	0.997	0.998	0.998	0.999	0.999	0.999	1.000	1.000
$1,000	0.926	0.959	0.992	0.994	0.996	0.997	0.997	0.998	0.999	0.999	1.000
$2,000	0.890	0.939	0.988	0.991	0.994	0.995	0.996	0.997	0.998	0.999	1.000
$3,000	0.857	0.920	0.984	0.988	0.992	0.993	0.994	0.997	0.997	0.998	1.000
$4,000	0.832	0.905	0.979	0.984	0.990	0.991	0.993	0.995	0.996	0.998	1.000
$5,000	0.813	0.893	0.973	0.980	0.987	0.989	0.990	0.994	0.996	0.997	1.000
$6,000	0.798	0.882	0.967	0.975	0.984	0.986	0.988	0.993	0.994	0.996	1.000
$7,000	0.785	0.872	0.961	0.971	0.981	0.983	0.986	0.991	0.993	0.995	1.000
$7,500	0.779	0.867	0.958	0.968	0.979	0.982	0.985	0.991	0.993	0.995	1.000
$8,000	0.773	0.863	0.954	0.965	0.977	0.980	0.983	0.990	0.992	0.995	1.000
$9,000	0.763	0.854	0.948	0.960	0.974	0.977	0.981	0.988	0.991	0.994	1.000
$10,000	0.760	0.855	0.953	0.967	0.982	0.983	0.984	0.986	0.990	0.993	1.000
$11,000	0.754	0.848	0.946	0.961	0.978	0.979	0.981	0.985	0.988	0.992	1.000
$12,000	0.747	0.842	0.939	0.956	0.974	0.976	0.978	0.983	0.987	0.991	1.000
$13,000	0.739	0.834	0.932	0.950	0.970	0.972	0.975	0.981	0.985	0.990	1.000
$14,000	0.735	0.828	0.925	0.944	0.966	0.968	0.972	0.979	0.984	0.989	1.000
$15,000	0.729	0.821	0.918	0.938	0.962	0.965	0.969	0.977	0.982	0.988	1.000
$16,000	0.722	0.816	0.916	0.937	0.962	0.964	0.968	0.975	0.980	0.987	1.000
$17,000	0.716	0.810	0.913	0.936	0.963	0.964	0.967	0.973	0.979	0.985	1.000
$18,000	0.710	0.805	0.908	0.932	0.961	0.961	0.965	0.970	0.977	0.984	1.000
$19,000	0.706	0.803	0.903	0.926	0.956	0.957	0.961	0.968	0.975	0.983	1.000
$20,000	0.707	0.806	0.905	0.925	0.951	0.953	0.958	0.966	0.973	0.982	1.000
$22,500	0.694	0.794	0.886	0.908	0.939	0.941	0.948	0.959	0.968	0.978	1.000
$25,000	0.698	0.790	0.873	0.897	0.930	0.933	0.938	0.952	0.963	0.975	1.000
$27,500	0.679	0.773	0.856	0.886	0.922	0.925	0.931	0.945	0.958	0.971	1.000
$30,000	0.660	0.756	0.842	0.878	0.915	0.919	0.923	0.938	0.952	0.967	1.000
$32,500	0.646	0.743	0.828	0.865	0.904	0.910	0.918	0.935	0.946	0.963	1.000
$35,000	0.633	0.729	0.813	0.853	0.894	0.901	0.914	0.933	0.945	0.959	1.000
$40,000	0.606	0.702	0.785	0.828	0.873	0.884	0.896	0.924	0.937	0.951	1.000
$45,000	0.592	0.683	0.762	0.809	0.857	0.870	0.888	0.923	0.939	0.956	1.000
$50,000	0.577	0.664	0.739	0.789	0.841	0.856	0.877	0.918	0.934	0.953	1.000
$55,000	0.569	0.650	0.718	0.772	0.828	0.845	0.869	0.914	0.931	0.950	1.000
$60,000	0.561	0.635	0.697	0.754	0.814	0.833	0.860	0.910	0.928	0.948	1.000
$65,000	0.555	0.623	0.680	0.740	0.801	0.823	0.852	0.906	0.926	0.946	1.000
$70,000	0.548	0.610	0.663	0.725	0.789	0.812	0.841	0.896	0.923	0.945	1.000
$75,000	0.545	0.604	0.653	0.714	0.776	0.802	0.833	0.892	0.920	0.943	1.000
$80,000	0.541	0.597	0.642	0.703	0.764	0.791	0.826	0.886	0.914	0.935	1.000
$85,000	0.537	0.589	0.632	0.692	0.751	0.781	0.821	0.886	0.915	0.937	1.000
$90,000	0.532	0.582	0.622	0.680	0.738	0.770	0.815	0.885	0.916	0.938	1.000
$95,000	0.530	0.578	0.617	0.672	0.725	0.759	0.807	0.880	0.913	0.936	1.000
$100,000	0.527	0.575	0.612	0.663	0.712	0.749	0.797	0.871	0.903	0.934	1.000

Exhibit P-7N

Medicare

	OTHER INJECTIBLES - OFFICE										
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.911	0.946	0.957	0.969	0.980	0.992	0.993	0.994	0.995	0.996	1.000
$1,000	0.840	0.902	0.923	0.944	0.965	0.985	0.987	0.989	0.990	0.994	1.000
$2,000	0.779	0.861	0.891	0.920	0.950	0.979	0.981	0.984	0.986	0.991	1.000
$3,000	0.736	0.824	0.862	0.900	0.937	0.973	0.976	0.979	0.982	0.988	1.000
$4,000	0.706	0.796	0.840	0.883	0.925	0.967	0.971	0.974	0.978	0.986	1.000
$5,000	0.684	0.774	0.822	0.869	0.915	0.960	0.965	0.970	0.974	0.983	1.000
$6,000	0.666	0.755	0.807	0.858	0.907	0.954	0.960	0.965	0.970	0.980	1.000
$7,000	0.650	0.739	0.794	0.847	0.899	0.948	0.954	0.960	0.966	0.978	1.000
$7,500	0.643	0.731	0.788	0.843	0.895	0.946	0.952	0.958	0.965	0.977	1.000
$8,000	0.636	0.724	0.782	0.838	0.892	0.943	0.950	0.956	0.963	0.976	1.000
$9,000	0.623	0.711	0.772	0.830	0.885	0.938	0.945	0.953	0.960	0.974	1.000
$10,000	0.611	0.698	0.762	0.822	0.879	0.934	0.941	0.949	0.957	0.972	1.000
$11,000	0.600	0.687	0.753	0.815	0.874	0.930	0.938	0.946	0.954	0.970	1.000
$12,000	0.590	0.676	0.744	0.808	0.869	0.926	0.934	0.943	0.951	0.968	1.000
$13,000	0.572	0.657	0.729	0.796	0.859	0.920	0.929	0.938	0.948	0.965	1.000
$14,000	0.548	0.629	0.704	0.776	0.845	0.911	0.921	0.930	0.939	0.957	1.000
$15,000	0.524	0.601	0.680	0.756	0.830	0.903	0.913	0.923	0.932	0.951	1.000
$16,000	0.514	0.591	0.671	0.748	0.822	0.895	0.905	0.916	0.926	0.945	1.000
$17,000	0.505	0.581	0.661	0.739	0.814	0.887	0.898	0.908	0.919	0.939	1.000
$18,000	0.492	0.568	0.650	0.728	0.805	0.879	0.891	0.902	0.913	0.934	1.000
$19,000	0.476	0.553	0.637	0.718	0.797	0.874	0.886	0.898	0.910	0.932	1.000
$20,000	0.461	0.541	0.627	0.711	0.793	0.874	0.886	0.898	0.910	0.932	1.000
$22,500	0.425	0.522	0.612	0.698	0.782	0.864	0.878	0.891	0.904	0.928	1.000
$25,000	0.391	0.505	0.596	0.684	0.770	0.853	0.868	0.883	0.897	0.924	1.000
$27,500	0.387	0.487	0.577	0.664	0.750	0.833	0.849	0.865	0.880	0.909	1.000
$30,000	0.383	0.470	0.559	0.646	0.730	0.813	0.831	0.848	0.864	0.894	1.000
$32,500	0.380	0.465	0.552	0.637	0.719	0.799	0.818	0.836	0.854	0.886	1.000
$35,000	0.377	0.460	0.545	0.627	0.707	0.784	0.805	0.825	0.843	0.878	1.000
$40,000	0.370	0.448	0.530	0.607	0.682	0.755	0.779	0.801	0.822	0.861	1.000
$45,000	0.365	0.441	0.516	0.588	0.657	0.724	0.750	0.774	0.797	0.839	1.000
$50,000	0.361	0.434	0.503	0.568	0.632	0.693	0.721	0.747	0.772	0.817	1.000
$55,000	0.357	0.429	0.493	0.555	0.614	0.671	0.700	0.727	0.753	0.800	1.000
$60,000	0.354	0.425	0.484	0.541	0.596	0.650	0.679	0.707	0.734	0.783	1.000
$65,000	0.352	0.429	0.484	0.537	0.587	0.637	0.666	0.695	0.721	0.771	1.000
$70,000	0.350	0.433	0.484	0.532	0.579	0.624	0.654	0.682	0.709	0.759	1.000
$75,000	0.348	0.431	0.479	0.526	0.570	0.614	0.642	0.670	0.696	0.745	1.000
$80,000	0.346	0.429	0.475	0.519	0.562	0.604	0.632	0.658	0.684	0.731	1.000
$85,000	0.345	0.428	0.472	0.514	0.555	0.596	0.623	0.648	0.673	0.719	1.000
$90,000	0.343	0.426	0.468	0.509	0.549	0.588	0.614	0.639	0.663	0.707	1.000
$95,000	0.342	0.425	0.466	0.506	0.544	0.582	0.608	0.632	0.655	0.700	1.000
$100,000	0.341	0.424	0.463	0.502	0.540	0.577	0.602	0.625	0.648	0.691	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7O

Medicare

	Pharma - All Services										
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.910	0.943	0.951	0.960	0.968	0.977	0.977	0.978	0.979	0.982	1.000
$1,000	0.840	0.900	0.916	0.932	0.948	0.963	0.965	0.967	0.969	0.973	1.000
$2,000	0.779	0.855	0.882	0.905	0.928	0.950	0.952	0.954	0.957	0.963	1.000
$3,000	0.733	0.818	0.851	0.880	0.909	0.936	0.938	0.941	0.944	0.952	1.000
$4,000	0.701	0.788	0.824	0.858	0.890	0.920	0.923	0.926	0.931	0.940	1.000
$5,000	0.650	0.729	0.766	0.799	0.830	0.859	0.867	0.874	0.884	0.904	1.000
$6,000	0.630	0.706	0.742	0.777	0.809	0.838	0.846	0.857	0.868	0.890	1.000
$7,000	0.612	0.684	0.723	0.758	0.790	0.819	0.828	0.840	0.852	0.875	1.000
$7,500	0.603	0.670	0.708	0.743	0.775	0.806	0.818	0.831	0.843	0.868	1.000
$8,000	0.594	0.662	0.703	0.738	0.770	0.799	0.809	0.822	0.835	0.860	1.000
$9,000	0.578	0.646	0.686	0.721	0.753	0.781	0.791	0.804	0.817	0.844	1.000
$10,000	0.552	0.610	0.650	0.684	0.716	0.744	0.753	0.767	0.780	0.807	1.000
$11,000	0.538	0.596	0.635	0.669	0.699	0.726	0.735	0.749	0.762	0.788	1.000
$12,000	0.523	0.578	0.618	0.652	0.681	0.707	0.717	0.730	0.744	0.770	1.000
$13,000	0.506	0.559	0.597	0.630	0.658	0.682	0.692	0.706	0.720	0.747	1.000
$14,000	0.489	0.536	0.573	0.603	0.629	0.650	0.663	0.678	0.692	0.720	1.000
$15,000	0.471	0.515	0.551	0.579	0.602	0.622	0.635	0.650	0.665	0.694	1.000
$16,000	0.458	0.501	0.537	0.565	0.588	0.607	0.619	0.633	0.647	0.675	1.000
$17,000	0.445	0.486	0.522	0.550	0.572	0.591	0.602	0.616	0.630	0.657	1.000
$18,000	0.430	0.470	0.505	0.533	0.555	0.573	0.584	0.598	0.611	0.637	1.000
$19,000	0.414	0.451	0.487	0.514	0.536	0.554	0.566	0.578	0.591	0.616	1.000
$20,000	0.399	0.434	0.468	0.495	0.516	0.533	0.545	0.558	0.570	0.595	1.000
$22,500	0.370	0.402	0.436	0.462	0.482	0.498	0.509	0.520	0.532	0.553	1.000
$25,000	0.339	0.368	0.402	0.427	0.446	0.461	0.473	0.484	0.495	0.515	1.000
$27,500	0.308	0.332	0.363	0.386	0.404	0.418	0.429	0.440	0.450	0.470	1.000
$30,000	0.275	0.296	0.324	0.345	0.361	0.375	0.386	0.397	0.407	0.425	1.000
$32,500	0.246	0.263	0.289	0.308	0.323	0.334	0.344	0.354	0.363	0.379	1.000
$35,000	0.216	0.231	0.254	0.271	0.284	0.294	0.303	0.311	0.319	0.333	1.000
$40,000	0.159	0.169	0.187	0.199	0.209	0.217	0.223	0.229	0.234	0.244	1.000
$45,000	0.125	0.131	0.145	0.155	0.163	0.171	0.176	0.181	0.185	0.192	1.000
$50,000	0.093	0.097	0.107	0.115	0.121	0.125	0.131	0.134	0.138	0.143	1.000
$55,000	0.076	0.080	0.088	0.095	0.099	0.103	0.107	0.110	0.113	0.118	1.000
$60,000	0.060	0.062	0.068	0.073	0.077	0.080	0.084	0.087	0.089	0.093	1.000
$65,000	0.051	0.053	0.058	0.062	0.065	0.068	0.071	0.073	0.075	0.078	1.000
$70,000	0.041	0.043	0.047	0.050	0.053	0.056	0.058	0.060	0.061	0.064	1.000
$75,000	0.035	0.037	0.040	0.042	0.044	0.046	0.049	0.050	0.052	0.054	1.000
$80,000	0.029	0.029	0.032	0.034	0.036	0.037	0.040	0.041	0.042	0.044	1.000
$85,000	0.025	0.026	0.028	0.030	0.031	0.033	0.034	0.035	0.036	0.038	1.000
$90,000	0.020	0.021	0.023	0.024	0.025	0.027	0.029	0.030	0.031	0.032	1.000
$95,000	0.018	0.018	0.020	0.021	0.022	0.024	0.025	0.026	0.027	0.028	1.000
$100,000	0.016	0.016	0.018	0.019	0.019	0.021	0.022	0.022	0.023	0.024	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7P

Medicare

	OUTPATIENT SURGERY										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.926	0.949	0.970	0.978	0.985	0.987	0.991	0.995	0.996	0.997	1.000
$1,000	0.894	0.927	0.958	0.968	0.978	0.980	0.986	0.992	0.994	0.996	1.000
$2,000	0.868	0.909	0.948	0.960	0.972	0.976	0.983	0.990	0.993	0.995	1.000
$3,000	0.843	0.893	0.939	0.953	0.967	0.971	0.980	0.988	0.991	0.994	1.000
$4,000	0.816	0.875	0.930	0.946	0.962	0.967	0.977	0.986	0.990	0.993	1.000
$5,000	0.787	0.856	0.919	0.938	0.956	0.962	0.973	0.984	0.988	0.992	1.000
$6,000	0.754	0.835	0.908	0.929	0.950	0.957	0.969	0.982	0.987	0.991	1.000
$7,000	0.719	0.813	0.896	0.919	0.944	0.951	0.966	0.980	0.985	0.990	1.000
$7,500	0.701	0.801	0.889	0.914	0.940	0.948	0.963	0.979	0.984	0.990	1.000
$8,000	0.684	0.789	0.881	0.908	0.936	0.945	0.961	0.978	0.984	0.989	1.000
$9,000	0.649	0.764	0.864	0.896	0.929	0.938	0.957	0.975	0.982	0.988	1.000
$10,000	0.617	0.739	0.845	0.882	0.921	0.931	0.952	0.972	0.980	0.987	1.000
$11,000	0.591	0.716	0.823	0.867	0.911	0.923	0.946	0.969	0.978	0.985	1.000
$12,000	0.565	0.692	0.801	0.851	0.901	0.914	0.940	0.966	0.976	0.984	1.000
$13,000	0.540	0.665	0.773	0.831	0.888	0.903	0.933	0.962	0.973	0.982	1.000
$14,000	0.523	0.645	0.752	0.816	0.878	0.895	0.927	0.959	0.971	0.981	1.000
$15,000	0.504	0.622	0.727	0.797	0.866	0.885	0.920	0.955	0.968	0.979	1.000
$16,000	0.488	0.599	0.698	0.776	0.852	0.872	0.912	0.951	0.965	0.977	1.000
$17,000	0.472	0.575	0.668	0.755	0.838	0.860	0.903	0.946	0.962	0.975	1.000
$18,000	0.449	0.541	0.626	0.725	0.819	0.844	0.893	0.940	0.959	0.973	1.000
$19,000	0.416	0.498	0.576	0.687	0.794	0.822	0.877	0.931	0.952	0.968	1.000
$20,000	0.380	0.457	0.531	0.649	0.764	0.795	0.855	0.913	0.940	0.960	1.000
$22,500	0.364	0.427	0.488	0.610	0.726	0.763	0.834	0.903	0.932	0.954	1.000
$25,000	0.351	0.404	0.457	0.572	0.682	0.725	0.810	0.891	0.923	0.949	1.000
$27,500	0.370	0.417	0.464	0.558	0.648	0.698	0.791	0.880	0.914	0.943	1.000
$30,000	0.388	0.428	0.469	0.542	0.613	0.669	0.772	0.868	0.906	0.938	1.000
$32,500	0.376	0.414	0.453	0.520	0.584	0.641	0.746	0.844	0.888	0.926	1.000
$35,000	0.364	0.401	0.438	0.498	0.556	0.613	0.720	0.820	0.870	0.914	1.000
$40,000	0.343	0.375	0.409	0.454	0.499	0.558	0.668	0.772	0.834	0.890	1.000
$45,000	0.336	0.366	0.397	0.433	0.470	0.520	0.616	0.708	0.787	0.859	1.000
$50,000	0.330	0.357	0.385	0.413	0.442	0.483	0.564	0.643	0.739	0.828	1.000
$55,000	0.326	0.352	0.379	0.406	0.433	0.462	0.518	0.574	0.688	0.794	1.000
$60,000	0.323	0.348	0.374	0.398	0.424	0.440	0.473	0.505	0.636	0.759	1.000
$65,000	0.320	0.343	0.367	0.395	0.424	0.438	0.466	0.493	0.626	0.751	1.000
$70,000	0.317	0.338	0.360	0.392	0.424	0.436	0.460	0.483	0.616	0.743	1.000
$75,000	0.316	0.335	0.357	0.394	0.432	0.443	0.463	0.483	0.617	0.745	1.000
$80,000	0.314	0.332	0.353	0.397	0.441	0.449	0.466	0.482	0.618	0.746	1.000
$85,000	0.315	0.334	0.354	0.398	0.441	0.449	0.464	0.479	0.616	0.745	1.000
$90,000	0.317	0.335	0.356	0.399	0.442	0.449	0.462	0.476	0.613	0.743	1.000
$95,000	0.319	0.338	0.359	0.402	0.444	0.451	0.464	0.477	0.615	0.745	1.000
$100,000	0.322	0.342	0.363	0.404	0.446	0.453	0.466	0.479	0.616	0.746	1.000

Exhibit P-7Q

Medicare

	DIALYSIS										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.943	0.950	0.957	0.963	0.969	0.986	0.989	0.991	0.993	0.994	1.000
$1,000	0.910	0.920	0.930	0.940	0.949	0.976	0.982	0.984	0.989	0.990	1.000
$2,000	0.874	0.889	0.903	0.916	0.929	0.967	0.974	0.978	0.986	0.986	1.000
$3,000	0.836	0.855	0.873	0.890	0.907	0.957	0.967	0.972	0.982	0.981	1.000
$4,000	0.795	0.818	0.842	0.863	0.884	0.946	0.958	0.965	0.978	0.976	1.000
$5,000	0.702	0.731	0.759	0.785	0.811	0.934	0.949	0.958	0.974	0.971	1.000
$6,000	0.657	0.691	0.725	0.755	0.785	0.922	0.940	0.950	0.969	0.965	1.000
$7,000	0.611	0.650	0.689	0.725	0.760	0.910	0.931	0.943	0.965	0.960	1.000
$7,500	0.598	0.640	0.682	0.720	0.758	0.904	0.926	0.939	0.963	0.957	1.000
$8,000	0.575	0.620	0.665	0.705	0.745	0.898	0.922	0.935	0.961	0.955	1.000
$9,000	0.531	0.581	0.630	0.675	0.719	0.886	0.913	0.928	0.957	0.949	1.000
$10,000	0.493	0.548	0.602	0.651	0.700	0.875	0.904	0.921	0.953	0.944	1.000
$11,000	0.449	0.508	0.566	0.619	0.672	0.864	0.895	0.913	0.946	0.939	1.000
$12,000	0.405	0.467	0.529	0.586	0.643	0.854	0.886	0.905	0.939	0.934	1.000
$13,000	0.369	0.430	0.494	0.555	0.616	0.842	0.877	0.897	0.934	0.928	1.000
$14,000	0.350	0.403	0.469	0.533	0.597	0.833	0.871	0.892	0.931	0.924	1.000
$15,000	0.328	0.374	0.442	0.509	0.575	0.823	0.863	0.886	0.928	0.920	1.000
$16,000	0.313	0.356	0.417	0.486	0.555	0.815	0.857	0.880	0.925	0.917	1.000
$17,000	0.299	0.339	0.392	0.464	0.534	0.806	0.850	0.875	0.922	0.913	1.000
$18,000	0.283	0.319	0.366	0.439	0.511	0.795	0.842	0.869	0.919	0.909	1.000
$19,000	0.267	0.301	0.341	0.415	0.489	0.785	0.834	0.863	0.916	0.905	1.000
$20,000	0.260	0.290	0.323	0.399	0.474	0.780	0.831	0.860	0.914	0.903	1.000
$22,500	0.222	0.248	0.282	0.360	0.437	0.758	0.813	0.847	0.909	0.895	1.000
$25,000	0.186	0.209	0.243	0.319	0.395	0.738	0.797	0.835	0.904	0.888	1.000
$27,500	0.189	0.208	0.239	0.309	0.379	0.719	0.783	0.825	0.900	0.882	1.000
$30,000	0.191	0.206	0.235	0.299	0.362	0.700	0.768	0.814	0.896	0.876	1.000
$32,500	0.176	0.188	0.214	0.280	0.345	0.691	0.763	0.813	0.898	0.875	1.000
$35,000	0.161	0.171	0.194	0.261	0.327	0.681	0.759	0.812	0.900	0.874	1.000
$40,000	0.132	0.137	0.156	0.225	0.293	0.660	0.749	0.809	0.904	0.867	1.000
$45,000	0.121	0.123	0.142	0.209	0.274	0.641	0.748	0.824	0.941	0.859	1.000
$50,000	0.110	0.110	0.128	0.193	0.257	0.621	0.728	0.825	0.963	0.853	1.000
$55,000	0.105	0.105	0.123	0.185	0.246	0.571	0.712	0.812	0.964	0.842	1.000
$60,000	0.100	0.099	0.117	0.177	0.236	0.522	0.677	0.791	0.968	0.834	1.000
$65,000	0.097	0.096	0.115	0.176	0.237	0.517	0.677	0.792	0.972	0.829	1.000
$70,000	0.095	0.093	0.112	0.176	0.239	0.511	0.676	0.790	0.963	0.821	1.000
$75,000	0.091	0.090	0.110	0.176	0.242	0.500	0.665	0.781	0.959	0.815	1.000
$80,000	0.087	0.087	0.107	0.177	0.246	0.489	0.655	0.772	0.954	0.814	1.000
$85,000	0.083	0.083	0.104	0.176	0.248	0.487	0.652	0.771	0.956	0.813	1.000
$90,000	0.080	0.079	0.100	0.175	0.250	0.484	0.650	0.771	0.958	0.812	1.000
$95,000	0.078	0.077	0.099	0.176	0.252	0.485	0.651	0.771	0.960	0.813	1.000
$100,000	0.075	0.074	0.097	0.176	0.255	0.487	0.651	0.772	0.962	0.814	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7R

Medicare

	RADIOLOGY										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.993	0.996	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	0.989	0.993	0.998	0.998	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$2,000	0.985	0.991	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$3,000	0.981	0.989	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$4,000	0.976	0.986	0.996	0.997	0.999	0.998	0.999	1.000	1.000	1.000	1.000
$5,000	0.971	0.984	0.996	0.997	0.998	0.998	0.999	1.000	1.000	1.000	1.000
$6,000	0.965	0.980	0.995	0.996	0.998	0.998	0.998	0.999	0.999	1.000	1.000
$7,000	0.959	0.977	0.994	0.996	0.998	0.997	0.998	0.999	0.999	1.000	1.000
$7,500	0.957	0.975	0.994	0.995	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$8,000	0.954	0.974	0.993	0.995	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$9,000	0.949	0.970	0.991	0.994	0.997	0.996	0.997	0.999	0.999	0.999	1.000
$10,000	0.944	0.967	0.990	0.993	0.996	0.995	0.997	0.999	0.999	0.999	1.000
$11,000	0.939	0.964	0.987	0.991	0.996	0.995	0.996	0.999	0.999	0.999	1.000
$12,000	0.934	0.960	0.985	0.990	0.995	0.994	0.996	0.999	0.999	0.999	1.000
$13,000	0.928	0.955	0.981	0.988	0.994	0.993	0.995	0.998	0.998	0.999	1.000
$14,000	0.927	0.954	0.980	0.987	0.994	0.992	0.995	0.998	0.998	0.999	1.000
$15,000	0.923	0.950	0.977	0.985	0.994	0.991	0.994	0.998	0.998	0.998	1.000
$16,000	0.920	0.947	0.973	0.983	0.993	0.990	0.993	0.998	0.998	0.998	1.000
$17,000	0.917	0.944	0.970	0.981	0.992	0.988	0.992	0.997	0.997	0.998	1.000
$18,000	0.913	0.939	0.965	0.977	0.990	0.986	0.991	0.997	0.997	0.998	1.000
$19,000	0.910	0.935	0.960	0.974	0.989	0.984	0.989	0.996	0.997	0.997	1.000
$20,000	0.911	0.936	0.960	0.974	0.989	0.983	0.989	0.996	0.996	0.997	1.000
$22,500	0.909	0.931	0.953	0.968	0.984	0.979	0.986	0.995	0.996	0.997	1.000
$25,000	0.907	0.927	0.947	0.963	0.979	0.975	0.984	0.994	0.995	0.996	1.000
$27,500	0.909	0.926	0.943	0.958	0.973	0.970	0.981	0.993	0.994	0.995	1.000
$30,000	0.911	0.925	0.940	0.953	0.968	0.965	0.977	0.991	0.993	0.994	1.000
$32,500	0.915	0.927	0.940	0.952	0.965	0.963	0.975	0.990	0.991	0.993	1.000
$35,000	0.918	0.929	0.940	0.951	0.962	0.960	0.973	0.988	0.990	0.993	1.000
$40,000	0.926	0.933	0.941	0.948	0.956	0.954	0.969	0.985	0.988	0.991	1.000
$45,000	0.934	0.938	0.944	0.950	0.958	0.955	0.967	0.981	0.985	0.989	1.000
$50,000	0.942	0.944	0.947	0.953	0.959	0.956	0.966	0.978	0.982	0.987	1.000
$55,000	0.948	0.949	0.952	0.955	0.960	0.956	0.965	0.975	0.980	0.986	1.000
$60,000	0.954	0.954	0.957	0.958	0.961	0.956	0.963	0.973	0.978	0.984	1.000
$65,000	0.960	0.961	0.964	0.965	0.967	0.960	0.965	0.972	0.977	0.983	1.000
$70,000	0.967	0.968	0.970	0.971	0.973	0.965	0.967	0.971	0.976	0.983	1.000
$75,000	0.966	0.968	0.970	0.971	0.973	0.964	0.966	0.969	0.975	0.982	1.000
$80,000	0.965	0.967	0.970	0.971	0.972	0.964	0.965	0.968	0.974	0.981	1.000
$85,000	0.964	0.966	0.969	0.970	0.972	0.963	0.964	0.967	0.973	0.979	1.000
$90,000	0.963	0.965	0.968	0.969	0.971	0.963	0.963	0.966	0.972	0.978	1.000
$95,000	0.962	0.964	0.968	0.969	0.970	0.962	0.963	0.966	0.971	0.978	1.000
$100,000	0.961	0.964	0.967	0.968	0.970	0.962	0.963	0.966	0.971	0.977	1.000

Exhibit P-7S

Medicare

	RADIATION THERAPY										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.968	0.974	0.981	0.985	0.989	0.995	0.996	0.997	0.999	0.998	1.000
$1,000	0.950	0.960	0.969	0.976	0.982	0.992	0.994	0.995	0.999	0.997	1.000
$2,000	0.932	0.945	0.958	0.967	0.976	0.989	0.991	0.994	0.998	0.995	1.000
$3,000	0.913	0.930	0.947	0.958	0.969	0.986	0.989	0.992	0.997	0.993	1.000
$4,000	0.891	0.912	0.934	0.948	0.961	0.982	0.986	0.990	0.997	0.991	1.000
$5,000	0.866	0.893	0.919	0.936	0.953	0.979	0.983	0.987	0.996	0.989	1.000
$6,000	0.789	0.821	0.853	0.874	0.895	0.975	0.980	0.985	0.995	0.987	1.000
$7,000	0.760	0.798	0.835	0.860	0.885	0.970	0.976	0.983	0.995	0.985	1.000
$7,500	0.745	0.785	0.826	0.853	0.880	0.968	0.975	0.981	0.994	0.984	1.000
$8,000	0.729	0.773	0.817	0.845	0.874	0.966	0.973	0.980	0.994	0.983	1.000
$9,000	0.698	0.748	0.797	0.830	0.863	0.961	0.970	0.977	0.993	0.981	1.000
$10,000	0.642	0.697	0.753	0.790	0.828	0.957	0.966	0.975	0.992	0.979	1.000
$11,000	0.602	0.668	0.728	0.769	0.811	0.952	0.963	0.972	0.991	0.977	1.000
$12,000	0.561	0.639	0.703	0.748	0.794	0.947	0.959	0.970	0.991	0.975	1.000
$13,000	0.533	0.609	0.676	0.726	0.777	0.941	0.955	0.967	0.990	0.973	1.000
$14,000	0.530	0.591	0.660	0.712	0.766	0.937	0.952	0.964	0.989	0.971	1.000
$15,000	0.522	0.569	0.639	0.695	0.752	0.932	0.948	0.962	0.988	0.969	1.000
$16,000	0.518	0.564	0.618	0.677	0.737	0.927	0.944	0.959	0.987	0.967	1.000
$17,000	0.514	0.558	0.597	0.660	0.723	0.921	0.941	0.956	0.986	0.965	1.000
$18,000	0.506	0.549	0.579	0.638	0.704	0.914	0.936	0.953	0.985	0.963	1.000
$19,000	0.499	0.540	0.567	0.616	0.684	0.907	0.931	0.949	0.984	0.961	1.000
$20,000	0.503	0.545	0.568	0.604	0.673	0.903	0.928	0.947	0.983	0.959	1.000
$22,500	0.500	0.531	0.546	0.586	0.659	0.892	0.920	0.941	0.982	0.954	1.000
$25,000	0.492	0.507	0.517	0.557	0.629	0.880	0.910	0.932	0.975	0.948	1.000
$27,500	0.490	0.479	0.474	0.514	0.581	0.841	0.880	0.911	0.971	0.942	1.000
$30,000	0.488	0.451	0.437	0.474	0.537	0.804	0.852	0.891	0.967	0.936	1.000
$32,500	0.484	0.445	0.429	0.461	0.518	0.784	0.835	0.877	0.960	0.927	1.000
$35,000	0.481	0.437	0.420	0.446	0.498	0.763	0.818	0.864	0.954	0.919	1.000
$40,000	0.472	0.421	0.401	0.416	0.455	0.721	0.784	0.837	0.940	0.902	1.000
$45,000	0.459	0.401	0.380	0.389	0.422	0.681	0.752	0.811	0.923	0.885	1.000
$50,000	0.445	0.380	0.359	0.363	0.391	0.640	0.719	0.785	0.907	0.868	1.000
$55,000	0.438	0.370	0.350	0.352	0.379	0.572	0.667	0.747	0.896	0.844	1.000
$60,000	0.431	0.360	0.341	0.342	0.367	0.505	0.615	0.709	0.885	0.819	1.000
$65,000	0.421	0.353	0.335	0.335	0.359	0.478	0.592	0.691	0.877	0.808	1.000
$70,000	0.412	0.346	0.328	0.328	0.351	0.451	0.570	0.674	0.869	0.797	1.000
$75,000	0.406	0.342	0.325	0.325	0.349	0.444	0.563	0.667	0.863	0.792	1.000
$80,000	0.400	0.338	0.322	0.322	0.346	0.438	0.557	0.661	0.857	0.786	1.000
$85,000	0.387	0.329	0.314	0.315	0.339	0.437	0.553	0.654	0.844	0.780	1.000
$90,000	0.374	0.319	0.306	0.307	0.331	0.436	0.549	0.647	0.832	0.774	1.000
$95,000	0.363	0.312	0.300	0.300	0.324	0.435	0.544	0.641	0.827	0.771	1.000
$100,000	0.353	0.304	0.293	0.293	0.317	0.434	0.540	0.635	0.823	0.767	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7T

Medicare

	ALL OTHER OP SERVICES										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.942	0.961	0.979	0.985	0.990	0.994	0.995	0.996	0.998	0.998	1.000
$1,000	0.917	0.944	0.971	0.979	0.986	0.992	0.994	0.995	0.998	0.997	1.000
$2,000	0.891	0.927	0.963	0.972	0.982	0.992	0.993	0.995	0.998	0.997	1.000
$3,000	0.863	0.909	0.954	0.966	0.977	0.992	0.993	0.995	0.997	0.996	1.000
$4,000	0.832	0.889	0.944	0.958	0.972	0.991	0.992	0.994	0.997	0.995	1.000
$5,000	0.797	0.866	0.933	0.950	0.967	0.989	0.990	0.992	0.995	0.992	1.000
$6,000	0.760	0.842	0.920	0.940	0.961	0.987	0.988	0.991	0.994	0.991	1.000
$7,000	0.723	0.817	0.906	0.930	0.954	0.985	0.987	0.989	0.993	0.990	1.000
$7,500	0.705	0.804	0.898	0.924	0.950	0.983	0.986	0.988	0.992	0.990	1.000
$8,000	0.688	0.791	0.889	0.917	0.946	0.982	0.984	0.987	0.991	0.989	1.000
$9,000	0.656	0.766	0.871	0.904	0.937	0.980	0.983	0.986	0.990	0.988	1.000
$10,000	0.625	0.740	0.850	0.889	0.928	0.977	0.982	0.985	0.989	0.987	1.000
$11,000	0.589	0.706	0.818	0.862	0.907	0.975	0.981	0.984	0.988	0.985	1.000
$12,000	0.554	0.672	0.785	0.835	0.885	0.971	0.979	0.982	0.988	0.984	1.000
$13,000	0.528	0.639	0.752	0.809	0.865	0.967	0.977	0.980	0.988	0.982	1.000
$14,000	0.521	0.618	0.730	0.792	0.854	0.964	0.975	0.979	0.988	0.980	1.000
$15,000	0.511	0.593	0.704	0.772	0.840	0.960	0.973	0.978	0.987	0.979	1.000
$16,000	0.507	0.585	0.676	0.750	0.823	0.955	0.971	0.976	0.987	0.977	1.000
$17,000	0.503	0.576	0.649	0.728	0.806	0.950	0.968	0.974	0.987	0.975	1.000
$18,000	0.498	0.565	0.625	0.702	0.785	0.944	0.964	0.972	0.987	0.973	1.000
$19,000	0.492	0.554	0.611	0.677	0.763	0.937	0.960	0.969	0.986	0.971	1.000
$20,000	0.495	0.554	0.608	0.662	0.749	0.934	0.959	0.968	0.986	0.969	1.000
$22,500	0.476	0.524	0.568	0.625	0.715	0.923	0.950	0.962	0.985	0.963	1.000
$25,000	0.459	0.498	0.534	0.588	0.675	0.910	0.940	0.955	0.984	0.958	1.000
$27,500	0.453	0.477	0.501	0.551	0.631	0.882	0.916	0.934	0.968	0.949	1.000
$30,000	0.447	0.456	0.470	0.514	0.587	0.854	0.892	0.913	0.953	0.940	1.000
$32,500	0.429	0.435	0.446	0.482	0.547	0.826	0.870	0.898	0.951	0.932	1.000
$35,000	0.411	0.413	0.421	0.450	0.508	0.798	0.849	0.883	0.949	0.923	1.000
$40,000	0.375	0.370	0.373	0.388	0.433	0.743	0.807	0.854	0.945	0.905	1.000
$45,000	0.397	0.385	0.382	0.391	0.429	0.721	0.789	0.839	0.933	0.893	1.000
$50,000	0.419	0.399	0.391	0.392	0.423	0.695	0.769	0.823	0.921	0.881	1.000
$55,000	0.417	0.394	0.383	0.380	0.406	0.636	0.723	0.789	0.908	0.862	1.000
$60,000	0.415	0.388	0.375	0.367	0.389	0.579	0.678	0.755	0.894	0.843	1.000
$65,000	0.415	0.387	0.372	0.364	0.385	0.553	0.657	0.738	0.884	0.830	1.000
$70,000	0.415	0.385	0.369	0.360	0.380	0.526	0.635	0.721	0.873	0.818	1.000
$75,000	0.414	0.382	0.365	0.355	0.374	0.503	0.612	0.699	0.854	0.806	1.000
$80,000	0.412	0.379	0.361	0.350	0.368	0.482	0.590	0.677	0.835	0.795	1.000
$85,000	0.415	0.381	0.363	0.349	0.366	0.473	0.578	0.661	0.814	0.786	1.000
$90,000	0.417	0.383	0.364	0.349	0.363	0.466	0.566	0.645	0.793	0.777	1.000
$95,000	0.420	0.386	0.367	0.351	0.366	0.463	0.561	0.639	0.784	0.771	1.000
$100,000	0.423	0.388	0.369	0.353	0.368	0.460	0.556	0.632	0.775	0.764	1.000

Exhibit P-7U

Medicare

	ALL OP FACILITY SERVICES										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.820	0.864	0.908	0.927	0.946	0.978	0.984	0.988	0.995	0.993	1.000
$1,000	0.770	0.827	0.883	0.906	0.930	0.972	0.980	0.985	0.994	0.991	1.000
$2,000	0.723	0.792	0.859	0.887	0.916	0.966	0.976	0.982	0.992	0.989	1.000
$3,000	0.675	0.756	0.835	0.868	0.901	0.961	0.973	0.979	0.990	0.988	1.000
$4,000	0.625	0.719	0.810	0.848	0.886	0.956	0.969	0.977	0.989	0.986	1.000
$5,000	0.573	0.681	0.784	0.827	0.870	0.950	0.965	0.972	0.988	0.984	1.000
$6,000	0.520	0.642	0.758	0.805	0.853	0.944	0.962	0.971	0.988	0.983	1.000
$7,000	0.469	0.603	0.730	0.783	0.836	0.938	0.958	0.969	0.986	0.981	1.000
$7,500	0.444	0.584	0.716	0.771	0.828	0.936	0.956	0.967	0.984	0.980	1.000
$8,000	0.421	0.565	0.701	0.759	0.819	0.932	0.954	0.966	0.983	0.979	1.000
$9,000	0.378	0.529	0.671	0.735	0.801	0.926	0.950	0.963	0.981	0.978	1.000
$10,000	0.339	0.494	0.640	0.711	0.782	0.920	0.946	0.960	0.979	0.976	1.000
$11,000	0.301	0.453	0.599	0.675	0.753	0.914	0.942	0.957	0.977	0.974	1.000
$12,000	0.262	0.413	0.557	0.640	0.724	0.907	0.937	0.954	0.976	0.972	1.000
$13,000	0.230	0.375	0.516	0.606	0.696	0.899	0.932	0.950	0.972	0.970	1.000
$14,000	0.211	0.352	0.489	0.583	0.677	0.893	0.928	0.947	0.971	0.968	0.999
$15,000	0.190	0.324	0.456	0.557	0.656	0.886	0.924	0.944	0.969	0.966	0.999
$16,000	0.182	0.300	0.424	0.529	0.634	0.879	0.919	0.940	0.967	0.964	0.999
$17,000	0.175	0.276	0.392	0.502	0.612	0.871	0.914	0.937	0.964	0.961	0.999
$18,000	0.167	0.251	0.357	0.472	0.585	0.862	0.908	0.932	0.962	0.959	0.999
$19,000	0.160	0.229	0.325	0.442	0.558	0.853	0.902	0.928	0.959	0.957	0.999
$20,000	0.157	0.213	0.303	0.423	0.541	0.848	0.899	0.925	0.956	0.955	0.999
$22,500	0.151	0.191	0.265	0.386	0.504	0.830	0.884	0.915	0.953	0.949	0.999
$25,000	0.146	0.175	0.238	0.351	0.463	0.810	0.869	0.904	0.950	0.942	0.999
$27,500	0.119	0.148	0.204	0.300	0.394	0.771	0.837	0.880	0.940	0.929	0.999
$30,000	0.100	0.125	0.175	0.253	0.331	0.734	0.807	0.857	0.931	0.917	0.998
$32,500	0.093	0.115	0.161	0.232	0.301	0.709	0.788	0.843	0.926	0.909	0.998
$35,000	0.086	0.105	0.148	0.210	0.272	0.683	0.768	0.829	0.921	0.901	0.998
$40,000	0.071	0.086	0.123	0.169	0.215	0.632	0.728	0.800	0.913	0.884	0.997
$45,000	0.079	0.099	0.141	0.181	0.221	0.594	0.704	0.790	0.907	0.879	0.996
$50,000	0.087	0.112	0.157	0.192	0.226	0.553	0.678	0.778	0.903	0.874	0.995
$55,000	0.092	0.115	0.160	0.192	0.224	0.492	0.632	0.742	0.885	0.847	0.993
$60,000	0.097	0.119	0.162	0.192	0.222	0.430	0.586	0.715	0.877	0.827	0.992
$65,000	0.102	0.124	0.166	0.195	0.224	0.405	0.564	0.698	0.867	0.817	0.989
$70,000	0.108	0.129	0.171	0.198	0.226	0.382	0.543	0.681	0.852	0.806	0.986
$75,000	0.114	0.134	0.176	0.202	0.230	0.374	0.535	0.679	0.842	0.819	0.982
$80,000	0.119	0.140	0.181	0.207	0.234	0.366	0.527	0.671	0.836	0.816	0.978
$85,000	0.117	0.141	0.185	0.211	0.238	0.372	0.525	0.659	0.816	0.797	0.972
$90,000	0.115	0.142	0.189	0.215	0.242	0.378	0.524	0.650	0.807	0.788	0.966
$95,000	0.114	0.145	0.195	0.221	0.247	0.389	0.527	0.645	0.799	0.781	0.959
$100,000	0.114	0.148	0.201	0.226	0.252	0.399	0.530	0.640	0.789	0.774	0.952

Daily and Annual Maximum factor by service type

Exhibit P-7V

Medicare

DME/ORTHOTICS/PROSTHETICS/SUPPLIES											
	Annual Maximum										
Deductible	$1,500	$2,000	$2,500	$3,000	$4,000	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000
$0	0.992	0.993	0.994	0.995	0.996	0.997	0.998	0.998	0.999	0.999	1.000
$1,000	0.988	0.989	0.991	0.992	0.994	0.995	0.996	0.997	0.998	0.999	1.000
$2,000	0.984	0.984	0.987	0.989	0.991	0.993	0.994	0.995	0.997	0.998	1.000
$3,000	0.981	0.981	0.983	0.985	0.988	0.990	0.992	0.994	0.996	0.998	1.000
$4,000	0.979	0.978	0.979	0.981	0.984	0.987	0.989	0.991	0.994	0.997	1.000
$5,000	0.976	0.975	0.976	0.978	0.980	0.983	0.986	0.989	0.992	0.996	1.000
$6,000	0.972	0.971	0.973	0.975	0.977	0.979	0.982	0.986	0.990	0.995	1.000
$7,000	0.969	0.968	0.970	0.971	0.973	0.975	0.979	0.983	0.988	0.994	1.000
$7,500	0.967	0.966	0.968	0.970	0.971	0.973	0.977	0.981	0.987	0.993	1.000
$8,000	0.965	0.964	0.966	0.968	0.969	0.970	0.975	0.980	0.986	0.993	1.000
$9,000	0.961	0.960	0.962	0.964	0.965	0.966	0.971	0.977	0.983	0.991	1.000
$10,000	0.956	0.956	0.958	0.960	0.961	0.961	0.967	0.973	0.981	0.990	1.000
$11,000	0.951	0.951	0.953	0.955	0.956	0.956	0.963	0.970	0.978	0.988	1.000
$12,000	0.946	0.946	0.948	0.950	0.951	0.951	0.959	0.967	0.975	0.986	1.000
$13,000	0.943	0.943	0.945	0.946	0.946	0.946	0.954	0.963	0.971	0.983	1.000
$14,000	0.943	0.943	0.943	0.944	0.941	0.940	0.950	0.959	0.968	0.981	1.000
$15,000	0.942	0.943	0.942	0.941	0.937	0.935	0.945	0.955	0.965	0.979	1.000
$16,000	0.942	0.942	0.941	0.941	0.936	0.934	0.944	0.954	0.961	0.976	1.000
$17,000	0.942	0.942	0.941	0.941	0.936	0.933	0.943	0.954	0.957	0.972	1.000
$18,000	0.941	0.941	0.940	0.940	0.935	0.932	0.942	0.952	0.952	0.968	1.000
$19,000	0.940	0.940	0.940	0.939	0.934	0.931	0.941	0.951	0.947	0.964	1.000
$20,000	0.940	0.941	0.940	0.940	0.934	0.932	0.941	0.951	0.944	0.960	1.000
$22,500	0.934	0.934	0.934	0.933	0.928	0.925	0.935	0.944	0.937	0.954	1.000
$25,000	0.928	0.928	0.927	0.927	0.921	0.918	0.928	0.937	0.930	0.947	1.000
$27,500	0.921	0.922	0.921	0.920	0.915	0.912	0.921	0.930	0.923	0.940	1.000
$30,000	0.915	0.915	0.915	0.914	0.909	0.905	0.914	0.923	0.916	0.933	1.000
$32,500	0.910	0.910	0.909	0.909	0.903	0.900	0.909	0.917	0.910	0.926	1.000
$35,000	0.905	0.905	0.904	0.904	0.898	0.895	0.903	0.911	0.904	0.920	1.000
$40,000	0.894	0.894	0.894	0.893	0.887	0.884	0.891	0.899	0.891	0.906	1.000
$45,000	0.884	0.884	0.883	0.883	0.877	0.874	0.881	0.888	0.880	0.895	1.000
$50,000	0.874	0.874	0.873	0.872	0.867	0.863	0.870	0.877	0.869	0.883	1.000
$55,000	0.862	0.862	0.861	0.861	0.855	0.852	0.859	0.866	0.858	0.871	1.000
$60,000	0.851	0.851	0.850	0.850	0.844	0.841	0.848	0.854	0.846	0.860	1.000
$65,000	0.838	0.838	0.837	0.837	0.832	0.829	0.836	0.842	0.834	0.847	1.000
$70,000	0.825	0.825	0.825	0.824	0.820	0.817	0.823	0.830	0.822	0.835	1.000
$75,000	0.812	0.813	0.812	0.812	0.807	0.805	0.811	0.818	0.810	0.823	1.000
$80,000	0.800	0.800	0.799	0.799	0.795	0.792	0.799	0.805	0.798	0.810	1.000
$85,000	0.786	0.787	0.786	0.786	0.781	0.779	0.786	0.792	0.786	0.798	1.000
$90,000	0.773	0.773	0.773	0.772	0.768	0.766	0.773	0.779	0.773	0.785	1.000
$95,000	0.760	0.761	0.760	0.760	0.756	0.754	0.761	0.767	0.761	0.773	1.000
$100,000	0.747	0.748	0.748	0.747	0.744	0.742	0.748	0.755	0.749	0.761	1.000

Exhibit P-7W

Medicare

MEDICAL SUPPLIES											
	Annual Maximum										
Deductible	$1,500	$2,000	$2,500	$3,000	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000
$0	0.997	0.997	0.997	0.997	0.997	0.998	0.999	0.999	0.999	1.000	1.000
$1,000	0.995	0.995	0.995	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000
$2,000	0.993	0.993	0.993	0.994	0.995	0.996	0.997	0.998	0.999	1.000	1.000
$3,000	0.991	0.991	0.991	0.991	0.993	0.995	0.996	0.997	0.999	1.000	1.000
$4,000	0.988	0.988	0.988	0.989	0.991	0.993	0.995	0.997	0.998	1.000	1.000
$5,000	0.985	0.985	0.986	0.986	0.988	0.991	0.994	0.996	0.998	1.000	1.000
$6,000	0.981	0.982	0.982	0.983	0.985	0.989	0.993	0.995	0.997	1.000	1.000
$7,000	0.978	0.978	0.979	0.979	0.982	0.987	0.991	0.994	0.996	1.000	1.000
$7,500	0.976	0.976	0.977	0.978	0.980	0.985	0.990	0.993	0.996	1.000	1.000
$8,000	0.974	0.974	0.975	0.976	0.979	0.984	0.989	0.992	0.996	1.000	1.000
$9,000	0.970	0.970	0.971	0.972	0.975	0.981	0.987	0.991	0.995	1.000	1.000
$10,000	0.966	0.966	0.967	0.968	0.971	0.978	0.985	0.990	0.994	0.999	1.000
$11,000	0.962	0.962	0.963	0.963	0.967	0.975	0.983	0.988	0.993	0.999	1.000
$12,000	0.957	0.958	0.958	0.959	0.962	0.971	0.980	0.986	0.992	0.999	1.000
$13,000	0.953	0.953	0.954	0.955	0.958	0.968	0.977	0.984	0.991	0.999	1.000
$14,000	0.948	0.949	0.950	0.950	0.954	0.964	0.974	0.982	0.989	0.999	1.000
$15,000	0.944	0.945	0.945	0.946	0.949	0.960	0.971	0.980	0.988	0.999	1.000
$16,000	0.940	0.940	0.941	0.941	0.945	0.956	0.968	0.977	0.987	0.999	1.000
$17,000	0.935	0.936	0.937	0.937	0.940	0.952	0.964	0.975	0.985	0.999	1.000
$18,000	0.931	0.932	0.933	0.933	0.936	0.948	0.960	0.972	0.983	0.999	1.000
$19,000	0.927	0.927	0.928	0.929	0.932	0.944	0.956	0.969	0.981	0.998	1.000
$20,000	0.923	0.923	0.924	0.924	0.928	0.940	0.952	0.966	0.979	0.998	1.000
$22,500	0.915	0.917	0.918	0.919	0.922	0.934	0.944	0.960	0.975	0.998	1.000
$25,000	0.906	0.908	0.909	0.910	0.913	0.924	0.934	0.952	0.968	0.997	1.000
$27,500	0.909	0.910	0.912	0.913	0.916	0.926	0.935	0.947	0.957	0.996	1.000
$30,000	0.912	0.913	0.914	0.916	0.918	0.928	0.936	0.942	0.947	0.996	1.000
$32,500	0.900	0.902	0.903	0.904	0.907	0.915	0.923	0.928	0.932	0.994	1.000
$35,000	0.889	0.891	0.892	0.893	0.895	0.903	0.910	0.914	0.917	0.991	1.000
$40,000	0.866	0.868	0.869	0.870	0.873	0.879	0.884	0.886	0.909	0.987	1.000
$45,000	0.860	0.862	0.863	0.864	0.867	0.873	0.878	0.899	0.918	0.976	1.000
$50,000	0.854	0.856	0.857	0.858	0.861	0.868	0.873	0.901	0.923	0.966	1.000
$55,000	0.884	0.885	0.887	0.888	0.888	0.889	0.890	0.891	0.912	0.974	1.000
$60,000	0.913	0.915	0.916	0.917	0.919	0.920	0.922	0.925	0.926	0.983	1.000
$65,000	0.929	0.930	0.931	0.932	0.933	0.935	0.936	0.941	0.951	0.984	1.000
$70,000	0.944	0.945	0.945	0.946	0.947	0.949	0.950	0.955	0.960	0.984	1.000
$75,000	0.948	0.949	0.949	0.950	0.950	0.951	0.952	0.956	0.962	0.978	1.000
$80,000	0.951	0.953	0.953	0.954	0.954	0.956	0.958	0.962	0.964	0.971	1.000
$85,000	0.934	0.935	0.935	0.936	0.936	0.938	0.940	0.944	0.945	0.952	1.000
$90,000	0.916	0.917	0.918	0.918	0.918	0.922	0.923	0.926	0.927	0.947	1.000
$95,000	0.918	0.920	0.920	0.921	0.921	0.926	0.927	0.932	0.935	0.946	1.000
$100,000	0.921	0.922	0.923	0.923	0.924	0.927	0.929	0.936	0.939	0.946	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7X

Medicare

SNF/EFC/REHAB											
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.943	0.950	0.958	0.974	0.981	0.988	0.999	0.999	0.999	1.000	1.000
$1,000	0.920	0.931	0.942	0.964	0.974	0.984	0.998	0.999	0.999	1.000	1.000
$2,000	0.897	0.912	0.926	0.954	0.967	0.979	0.998	0.998	0.999	1.000	1.000
$3,000	0.923	0.928	0.933	0.943	0.959	0.974	0.997	0.998	0.999	1.000	1.000
$4,000	0.899	0.913	0.928	0.957	0.976	0.994	0.996	0.997	0.998	1.000	1.000
$5,000	0.874	0.892	0.910	0.946	0.967	0.989	0.996	0.997	0.998	1.000	1.000
$6,000	0.848	0.870	0.891	0.934	0.959	0.984	0.995	0.996	0.997	1.000	1.000
$7,000	0.823	0.848	0.873	0.922	0.950	0.978	0.994	0.996	0.997	1.000	1.000
$7,500	0.811	0.837	0.864	0.916	0.946	0.975	0.994	0.995	0.997	1.000	1.000
$8,000	0.800	0.827	0.855	0.910	0.941	0.973	0.994	0.995	0.997	1.000	1.000
$9,000	0.777	0.807	0.837	0.897	0.932	0.967	0.993	0.995	0.996	1.000	1.000
$10,000	0.757	0.788	0.820	0.884	0.922	0.968	0.992	0.994	0.996	1.000	1.000
$11,000	0.749	0.784	0.818	0.889	0.931	0.974	0.991	0.993	0.995	1.000	1.000
$12,000	0.741	0.779	0.817	0.894	0.930	0.973	0.990	0.993	0.995	1.000	1.000
$13,000	0.730	0.769	0.808	0.888	0.928	0.972	0.989	0.992	0.994	0.999	1.000
$14,000	0.717	0.755	0.794	0.871	0.926	0.971	0.988	0.991	0.994	0.999	1.000
$15,000	0.704	0.741	0.779	0.855	0.914	0.973	0.987	0.990	0.993	0.999	1.000
$16,000	0.702	0.738	0.773	0.846	0.910	0.974	0.986	0.989	0.993	0.999	1.000
$17,000	0.701	0.734	0.768	0.837	0.905	0.975	0.987	0.988	0.992	0.999	1.000
$18,000	0.695	0.726	0.758	0.823	0.896	0.970	0.987	0.991	0.994	0.999	1.000
$19,000	0.685	0.714	0.744	0.804	0.881	0.958	0.986	0.990	0.993	0.999	1.000
$20,000	0.677	0.704	0.732	0.788	0.868	0.949	0.986	0.990	0.993	0.999	1.000
$22,500	0.657	0.680	0.703	0.751	0.834	0.918	0.985	0.989	0.992	0.999	1.000
$25,000	0.638	0.658	0.679	0.720	0.800	0.881	0.983	0.988	0.992	0.999	1.000
$27,500	0.596	0.613	0.631	0.667	0.733	0.801	0.861	0.983	0.988	0.999	1.000
$30,000	0.555	0.570	0.585	0.619	0.669	0.722	0.979	0.982	0.987	0.998	1.000
$32,500	0.548	0.562	0.575	0.604	0.649	0.693	0.966	0.974	0.982	0.998	1.000
$35,000	0.541	0.553	0.565	0.591	0.630	0.664	0.956	0.967	0.977	0.998	1.000
$40,000	0.526	0.536	0.545	0.565	0.592	0.620	0.937	0.952	0.967	0.998	1.000
$45,000	0.529	0.537	0.545	0.562	0.576	0.591	0.889	0.915	0.942	0.997	1.000
$50,000	0.532	0.538	0.545	0.560	0.568	0.579	0.845	0.879	0.916	0.992	1.000
$55,000	0.534	0.539	0.545	0.557	0.565	0.572	0.797	0.844	0.892	0.991	1.000
$60,000	0.535	0.540	0.545	0.555	0.558	0.565	0.751	0.808	0.868	0.991	1.000
$65,000	0.541	0.545	0.549	0.557	0.559	0.563	0.717	0.782	0.850	0.993	1.000
$70,000	0.547	0.550	0.553	0.560	0.570	0.572	0.683	0.757	0.833	0.993	1.000
$75,000	0.561	0.565	0.568	0.576	0.580	0.588	0.652	0.732	0.815	0.991	1.000
$80,000	0.575	0.579	0.583	0.592	0.595	0.602	0.620	0.707	0.797	0.988	1.000
$85,000	0.591	0.594	0.597	0.604	0.607	0.611	0.618	0.698	0.790	0.985	1.000
$90,000	0.608	0.609	0.611	0.615	0.619	0.624	0.644	0.689	0.783	0.981	1.000
$95,000	0.619	0.621	0.623	0.627	0.634	0.647	0.657	0.685	0.778	0.976	1.000
$100,000	0.631	0.633	0.635	0.639	0.644	0.655	0.661	0.681	0.774	0.970	1.000

Exhibit P-7Y

Medicare

HOME HEALTH											
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.996	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$1,000	0.996	0.996	0.997	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	0.996	0.997	0.998	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$3,000	0.996	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$4,000	0.998	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$5,000	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$6,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$8,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$9,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$10,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$11,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$12,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$13,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$14,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$15,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$16,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$17,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$18,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$19,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	1.000
$20,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.997	1.000
$22,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.992	1.000
$25,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.998	0.987	1.000
$27,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.996	0.982	1.000
$30,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.995	0.977	1.000
$32,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.986	0.972	1.000
$35,000	1.000	1.000	1.000	1.000	1.000	1.000	0.984	1.000	0.999	0.978	0.967	1.000
$40,000	0.958	0.957	0.957	0.970	0.969	0.940	0.986	0.977	0.960	0.956	1.000
$45,000	0.907	0.901	0.897	0.900	0.893	0.863	0.916	0.925	0.925	0.947	1.000
$50,000	0.859	0.850	0.842	0.838	0.827	0.799	0.856	0.878	0.892	0.937	1.000
$55,000	0.834	0.824	0.816	0.812	0.800	0.775	0.824	0.851	0.871	0.927	1.000
$60,000	0.808	0.799	0.790	0.785	0.773	0.749	0.791	0.824	0.850	0.917	1.000
$65,000	0.801	0.790	0.781	0.774	0.761	0.736	0.785	0.815	0.837	0.895	1.000
$70,000	0.793	0.781	0.771	0.763	0.755	0.735	0.777	0.805	0.824	0.874	1.000
$75,000	0.772	0.759	0.748	0.736	0.730	0.713	0.756	0.786	0.808	0.863	1.000
$80,000	0.751	0.737	0.724	0.709	0.705	0.690	0.734	0.767	0.792	0.852	1.000
$85,000	0.735	0.721	0.709	0.695	0.687	0.669	0.722	0.755	0.781	0.841	1.000
$90,000	0.719	0.706	0.694	0.681	0.669	0.649	0.709	0.743	0.769	0.830	1.000
$95,000	0.708	0.696	0.685	0.672	0.661	0.641	0.697	0.731	0.758	0.818	1.000
$100,000	0.698	0.686	0.675	0.663	0.653	0.634	0.685	0.719	0.746	0.807	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7Z

Medicare

	CHEMOTHERAPY DRUGS										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.968	0.973	0.978	0.982	0.986	0.987	0.989	0.992	0.994	0.996	1.000
$1,000	0.946	0.954	0.963	0.969	0.975	0.976	0.980	0.985	0.989	0.993	1.000
$2,000	0.924	0.936	0.948	0.957	0.965	0.967	0.972	0.979	0.984	0.990	1.000
$3,000	0.901	0.917	0.934	0.945	0.956	0.957	0.963	0.972	0.980	0.987	1.000
$4,000	0.876	0.897	0.918	0.932	0.946	0.946	0.954	0.965	0.975	0.984	1.000
$5,000	0.850	0.876	0.902	0.919	0.935	0.936	0.945	0.958	0.970	0.981	1.000
$6,000	0.822	0.853	0.885	0.905	0.925	0.925	0.936	0.952	0.965	0.977	1.000
$7,000	0.795	0.831	0.868	0.892	0.915	0.915	0.927	0.945	0.961	0.975	1.000
$7,500	0.781	0.821	0.860	0.885	0.910	0.910	0.923	0.942	0.958	0.973	1.000
$8,000	0.768	0.810	0.852	0.879	0.906	0.905	0.919	0.939	0.956	0.972	1.000
$9,000	0.742	0.789	0.836	0.866	0.896	0.895	0.910	0.934	0.952	0.969	1.000
$10,000	0.671	0.722	0.773	0.819	0.864	0.864	0.881	0.906	0.931	0.955	1.000
$11,000	0.646	0.701	0.756	0.803	0.851	0.851	0.871	0.899	0.926	0.951	1.000
$12,000	0.620	0.679	0.739	0.788	0.837	0.838	0.860	0.892	0.921	0.948	1.000
$13,000	0.587	0.650	0.713	0.768	0.823	0.825	0.849	0.884	0.915	0.944	1.000
$14,000	0.558	0.624	0.690	0.753	0.816	0.817	0.842	0.877	0.910	0.940	1.000
$15,000	0.525	0.594	0.663	0.735	0.807	0.807	0.833	0.870	0.905	0.937	1.000
$16,000	0.504	0.574	0.645	0.720	0.796	0.798	0.825	0.865	0.901	0.934	1.000
$17,000	0.483	0.555	0.626	0.706	0.785	0.788	0.816	0.860	0.897	0.931	1.000
$18,000	0.465	0.538	0.605	0.688	0.771	0.775	0.806	0.853	0.892	0.927	1.000
$19,000	0.454	0.527	0.581	0.667	0.752	0.758	0.792	0.842	0.884	0.921	1.000
$20,000	0.452	0.520	0.560	0.644	0.729	0.737	0.775	0.828	0.873	0.914	1.000
$22,500	0.429	0.493	0.518	0.605	0.692	0.706	0.748	0.809	0.859	0.903	1.000
$25,000	0.410	0.474	0.494	0.563	0.649	0.670	0.720	0.792	0.846	0.894	1.000
$27,500	0.393	0.450	0.466	0.517	0.595	0.625	0.684	0.768	0.827	0.880	1.000
$30,000	0.377	0.426	0.439	0.467	0.536	0.576	0.644	0.742	0.809	0.865	1.000
$32,500	0.375	0.420	0.430	0.449	0.510	0.552	0.624	0.724	0.794	0.854	1.000
$35,000	0.373	0.413	0.420	0.431	0.483	0.527	0.604	0.706	0.779	0.843	1.000
$40,000	0.368	0.397	0.398	0.392	0.429	0.477	0.562	0.669	0.750	0.820	1.000
$45,000	0.346	0.374	0.372	0.363	0.399	0.443	0.521	0.617	0.706	0.788	1.000
$50,000	0.324	0.349	0.346	0.336	0.372	0.411	0.482	0.567	0.664	0.755	1.000
$55,000	0.307	0.332	0.327	0.324	0.367	0.399	0.458	0.529	0.632	0.731	1.000
$60,000	0.290	0.314	0.308	0.312	0.361	0.386	0.434	0.491	0.600	0.705	1.000
$65,000	0.286	0.309	0.305	0.307	0.356	0.380	0.425	0.479	0.587	0.693	1.000
$70,000	0.282	0.305	0.301	0.302	0.351	0.373	0.417	0.466	0.575	0.681	1.000
$75,000	0.272	0.296	0.293	0.298	0.349	0.370	0.412	0.458	0.564	0.669	1.000
$80,000	0.263	0.287	0.284	0.293	0.348	0.368	0.407	0.451	0.554	0.658	1.000
$85,000	0.265	0.292	0.294	0.302	0.357	0.376	0.414	0.457	0.555	0.653	1.000
$90,000	0.266	0.298	0.303	0.311	0.365	0.384	0.421	0.463	0.556	0.649	1.000
$95,000	0.269	0.305	0.313	0.321	0.375	0.392	0.427	0.466	0.556	0.645	1.000
$100,000	0.273	0.311	0.324	0.331	0.384	0.400	0.433	0.469	0.556	0.640	1.000

Exhibit P-7AA

Medicare

	BLOOD CLOTTING FACTOR										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$3,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$4,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$5,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$6,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$8,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$9,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$10,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$11,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$12,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$13,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$14,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$15,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$16,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$17,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$18,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$19,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$20,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$22,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$25,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$27,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$30,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$32,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$35,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$40,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$45,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$50,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$55,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$60,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$65,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$70,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$75,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$80,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$85,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$90,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$95,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$100,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Daily and Annual Maximum factor by service type

Exhibit P-7AB

Medicare

	OTHER INJECTIBLES - HOME										
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.994	0.995	0.995	0.995	0.996	0.996	0.997	0.998	0.998	0.999	1.000
$1,000	0.990	0.990	0.991	0.992	0.992	0.993	0.995	0.996	0.997	0.998	1.000
$2,000	0.986	0.986	0.986	0.988	0.989	0.989	0.993	0.994	0.995	0.997	1.000
$3,000	0.981	0.981	0.982	0.984	0.985	0.985	0.990	0.992	0.993	0.996	1.000
$4,000	0.976	0.976	0.976	0.979	0.980	0.981	0.987	0.989	0.991	0.995	1.000
$5,000	0.969	0.970	0.970	0.973	0.975	0.976	0.984	0.986	0.988	0.993	1.000
$6,000	0.963	0.963	0.964	0.967	0.969	0.970	0.980	0.983	0.985	0.992	1.000
$7,000	0.955	0.956	0.956	0.961	0.963	0.964	0.976	0.980	0.982	0.990	1.000
$7,500	0.952	0.952	0.953	0.957	0.960	0.961	0.974	0.978	0.980	0.989	1.000
$8,000	0.948	0.948	0.949	0.953	0.956	0.957	0.971	0.976	0.979	0.989	1.000
$9,000	0.940	0.940	0.941	0.946	0.949	0.950	0.967	0.972	0.975	0.987	1.000
$10,000	0.986	0.985	0.985	0.990	0.994	0.994	1.000	1.000	0.997	0.985	1.000
$11,000	0.977	0.977	0.976	0.981	0.986	0.986	1.000	1.000	0.993	0.983	1.000
$12,000	0.969	0.968	0.967	0.972	0.978	0.977	1.000	0.998	0.989	0.981	1.000
$13,000	0.960	0.958	0.957	0.962	0.969	0.968	0.998	0.993	0.985	0.979	1.000
$14,000	0.960	0.958	0.956	0.960	0.968	0.966	1.000	0.994	0.984	0.977	1.000
$15,000	0.957	0.954	0.951	0.956	0.965	0.962	1.000	0.993	0.982	0.975	1.000
$16,000	0.947	0.943	0.941	0.944	0.954	0.950	0.993	0.988	0.977	0.972	1.000
$17,000	0.936	0.933	0.930	0.933	0.944	0.938	0.985	0.982	0.972	0.970	1.000
$18,000	0.925	0.922	0.918	0.921	0.933	0.926	0.978	0.976	0.967	0.968	1.000
$19,000	0.917	0.913	0.910	0.913	0.925	0.915	0.973	0.972	0.963	0.966	1.000
$20,000	0.919	0.915	0.911	0.914	0.927	0.912	0.977	0.974	0.962	0.963	1.000
$22,500	0.878	0.873	0.870	0.870	0.882	0.872	0.953	0.957	0.947	0.957	1.000
$25,000	0.758	0.753	0.752	0.752	0.763	0.758	0.926	0.937	0.930	0.951	1.000
$27,500	0.723	0.719	0.716	0.714	0.722	0.723	0.903	0.920	0.915	0.944	1.000
$30,000	0.679	0.677	0.670	0.668	0.672	0.668	0.878	0.902	0.898	0.937	1.000
$32,500	0.666	0.665	0.658	0.656	0.659	0.666	0.857	0.886	0.889	0.931	1.000
$35,000	0.654	0.652	0.646	0.644	0.646	0.651	0.836	0.871	0.879	0.924	1.000
$40,000	0.627	0.625	0.619	0.618	0.619	0.620	0.792	0.839	0.860	0.911	1.000
$45,000	0.620	0.618	0.611	0.610	0.610	0.608	0.756	0.812	0.842	0.897	1.000
$50,000	0.612	0.609	0.602	0.601	0.600	0.595	0.717	0.783	0.824	0.883	1.000
$55,000	0.586	0.584	0.578	0.578	0.577	0.571	0.678	0.752	0.803	0.868	1.000
$60,000	0.563	0.561	0.556	0.557	0.556	0.549	0.643	0.715	0.764	0.853	1.000
$65,000	0.552	0.550	0.546	0.546	0.546	0.538	0.628	0.705	0.760	0.861	1.000
$70,000	0.541	0.540	0.535	0.535	0.536	0.526	0.613	0.695	0.755	0.869	1.000
$75,000	0.533	0.531	0.526	0.527	0.527	0.517	0.602	0.683	0.742	0.853	1.000
$80,000	0.524	0.523	0.517	0.518	0.518	0.508	0.591	0.671	0.729	0.837	1.000
$85,000	0.517	0.516	0.511	0.511	0.513	0.500	0.583	0.661	0.716	0.820	1.000
$90,000	0.510	0.509	0.504	0.503	0.497	0.493	0.574	0.650	0.704	0.802	1.000
$95,000	0.504	0.503	0.499	0.499	0.492	0.487	0.567	0.641	0.692	0.784	1.000
$100,000	0.497	0.497	0.495	0.494	0.487	0.481	0.561	0.631	0.692	0.794	1.000

Exhibit P-7AC

Medicare

	OTHER INJECTIBLES - OFFICE										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.967	0.973	0.980	0.984	0.988	0.989	0.992	0.994	0.995	0.996	1.000
$1,000	0.944	0.955	0.965	0.972	0.978	0.981	0.985	0.990	0.991	0.992	1.000
$2,000	0.922	0.936	0.951	0.960	0.970	0.973	0.979	0.986	0.987	0.989	1.000
$3,000	0.898	0.918	0.937	0.949	0.961	0.965	0.973	0.981	0.983	0.985	1.000
$4,000	0.873	0.898	0.922	0.937	0.951	0.957	0.967	0.977	0.979	0.981	1.000
$5,000	0.846	0.876	0.906	0.924	0.942	0.948	0.960	0.973	0.975	0.977	1.000
$6,000	0.818	0.854	0.889	0.911	0.932	0.939	0.954	0.968	0.970	0.973	1.000
$7,000	0.790	0.831	0.872	0.897	0.922	0.931	0.948	0.964	0.966	0.968	1.000
$7,500	0.776	0.820	0.863	0.890	0.918	0.927	0.944	0.962	0.964	0.966	1.000
$8,000	0.762	0.808	0.854	0.883	0.913	0.922	0.941	0.960	0.962	0.963	1.000
$9,000	0.735	0.786	0.836	0.870	0.903	0.914	0.935	0.956	0.957	0.959	1.000
$10,000	0.646	0.699	0.750	0.822	0.894	0.905	0.929	0.952	0.953	0.954	1.000
$11,000	0.623	0.678	0.732	0.807	0.884	0.897	0.923	0.948	0.948	0.949	1.000
$12,000	0.599	0.657	0.713	0.793	0.874	0.888	0.917	0.944	0.944	0.944	1.000
$13,000	0.570	0.629	0.687	0.774	0.861	0.877	0.908	0.939	0.938	0.938	1.000
$14,000	0.543	0.603	0.661	0.757	0.853	0.870	0.903	0.936	0.935	0.933	1.000
$15,000	0.514	0.574	0.633	0.737	0.842	0.860	0.897	0.932	0.930	0.928	1.000
$16,000	0.495	0.554	0.613	0.721	0.830	0.850	0.889	0.928	0.925	0.922	1.000
$17,000	0.476	0.535	0.593	0.705	0.818	0.839	0.882	0.923	0.920	0.916	1.000
$18,000	0.456	0.514	0.572	0.686	0.802	0.826	0.872	0.917	0.913	0.909	1.000
$19,000	0.434	0.492	0.549	0.664	0.781	0.807	0.857	0.905	0.901	0.898	1.000
$20,000	0.409	0.466	0.523	0.638	0.756	0.782	0.835	0.885	0.881	0.877	1.000
$22,500	0.370	0.429	0.484	0.598	0.714	0.747	0.810	0.871	0.866	0.860	1.000
$25,000	0.357	0.416	0.446	0.555	0.666	0.705	0.781	0.854	0.848	0.842	1.000
$27,500	0.339	0.394	0.426	0.528	0.612	0.657	0.743	0.827	0.823	0.818	1.000
$30,000	0.322	0.373	0.407	0.503	0.563	0.603	0.702	0.799	0.797	0.793	1.000
$32,500	0.307	0.356	0.387	0.474	0.525	0.566	0.670	0.772	0.771	0.770	1.000
$35,000	0.292	0.339	0.367	0.445	0.488	0.531	0.638	0.745	0.746	0.746	1.000
$40,000	0.263	0.305	0.328	0.390	0.420	0.465	0.577	0.691	0.697	0.701	1.000
$45,000	0.274	0.328	0.360	0.404	0.417	0.452	0.542	0.633	0.645	0.656	1.000
$50,000	0.285	0.350	0.391	0.416	0.414	0.438	0.506	0.573	0.594	0.611	1.000
$55,000	0.268	0.331	0.371	0.397	0.395	0.414	0.471	0.529	0.557	0.580	1.000
$60,000	0.251	0.313	0.353	0.378	0.377	0.391	0.438	0.486	0.521	0.550	1.000
$65,000	0.243	0.309	0.351	0.376	0.374	0.389	0.436	0.484	0.518	0.546	1.000
$70,000	0.235	0.304	0.350	0.374	0.371	0.386	0.434	0.481	0.514	0.541	1.000
$75,000	0.229	0.297	0.343	0.367	0.366	0.380	0.426	0.472	0.505	0.533	1.000
$80,000	0.223	0.290	0.336	0.361	0.361	0.374	0.418	0.463	0.497	0.524	1.000
$85,000	0.223	0.286	0.327	0.353	0.352	0.368	0.418	0.467	0.498	0.523	1.000
$90,000	0.223	0.281	0.319	0.344	0.344	0.362	0.417	0.471	0.500	0.523	1.000
$95,000	0.224	0.285	0.326	0.352	0.352	0.369	0.420	0.472	0.499	0.521	1.000
$100,000	0.225	0.289	0.334	0.359	0.360	0.376	0.424	0.472	0.499	0.519	1.000

Daily and Annual Maximum factor by service type Exhibit P-7AD

Medicare

	Pharma - All Services										
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.978	0.984	0.989	0.992	0.995	0.996	0.999	1.000	0.998	0.994	1.000
$1,000	0.967	0.977	0.986	0.991	0.996	0.998	1.000	1.000	1.000	0.994	1.000
$2,000	0.954	0.968	0.981	0.989	0.996	0.999	1.000	1.000	1.000	0.992	1.000
$3,000	0.940	0.958	0.976	0.986	0.995	0.999	1.000	1.000	1.000	0.990	1.000
$4,000	0.924	0.948	0.971	0.983	0.994	0.999	1.000	1.000	1.000	0.987	1.000
$5,000	0.878	0.907	0.934	0.935	0.936	0.941	0.952	0.963	0.960	0.956	1.000
$6,000	0.857	0.892	0.925	0.927	0.930	0.937	0.950	0.962	0.956	0.951	1.000
$7,000	0.835	0.875	0.914	0.919	0.924	0.931	0.946	0.960	0.952	0.944	1.000
$7,500	0.824	0.867	0.908	0.900	0.894	0.902	0.917	0.932	0.930	0.928	1.000
$8,000	0.814	0.859	0.902	0.895	0.889	0.898	0.914	0.929	0.927	0.924	1.000
$9,000	0.792	0.842	0.888	0.883	0.880	0.889	0.907	0.924	0.920	0.915	1.000
$10,000	0.772	0.824	0.874	0.856	0.844	0.854	0.873	0.892	0.893	0.894	1.000
$11,000	0.740	0.793	0.844	0.830	0.821	0.832	0.853	0.873	0.876	0.878	1.000
$12,000	0.708	0.762	0.813	0.804	0.799	0.810	0.833	0.855	0.859	0.863	1.000
$13,000	0.677	0.731	0.781	0.774	0.771	0.783	0.808	0.831	0.838	0.845	1.000
$14,000	0.647	0.699	0.748	0.741	0.739	0.752	0.778	0.802	0.813	0.825	1.000
$15,000	0.617	0.667	0.715	0.709	0.708	0.722	0.749	0.774	0.789	0.804	1.000
$16,000	0.598	0.646	0.691	0.688	0.690	0.705	0.733	0.761	0.776	0.791	1.000
$17,000	0.580	0.625	0.668	0.668	0.672	0.688	0.718	0.747	0.763	0.778	1.000
$18,000	0.557	0.599	0.639	0.643	0.649	0.666	0.699	0.729	0.746	0.763	1.000
$19,000	0.530	0.570	0.607	0.614	0.623	0.641	0.675	0.707	0.726	0.745	1.000
$20,000	0.505	0.541	0.575	0.586	0.598	0.616	0.652	0.685	0.707	0.728	1.000
$22,500	0.464	0.494	0.524	0.534	0.545	0.567	0.608	0.645	0.669	0.692	1.000
$25,000	0.425	0.450	0.474	0.480	0.489	0.514	0.560	0.603	0.629	0.654	1.000
$27,500	0.384	0.404	0.424	0.426	0.431	0.457	0.507	0.552	0.581	0.609	1.000
$30,000	0.344	0.359	0.374	0.372	0.373	0.402	0.454	0.501	0.533	0.563	1.000
$32,500	0.305	0.317	0.328	0.325	0.325	0.351	0.400	0.445	0.479	0.511	1.000
$35,000	0.266	0.275	0.284	0.279	0.278	0.302	0.347	0.389	0.426	0.460	1.000
$40,000	0.191	0.195	0.199	0.192	0.189	0.209	0.246	0.281	0.322	0.360	1.000
$45,000	0.151	0.153	0.155	0.148	0.144	0.157	0.182	0.206	0.250	0.293	1.000
$50,000	0.112	0.113	0.114	0.107	0.103	0.110	0.124	0.137	0.183	0.228	1.000
$55,000	0.092	0.093	0.093	0.087	0.085	0.088	0.096	0.104	0.150	0.196	1.000
$60,000	0.072	0.073	0.073	0.069	0.066	0.068	0.070	0.073	0.118	0.164	1.000
$65,000	0.060	0.060	0.060	0.058	0.056	0.057	0.058	0.060	0.102	0.147	1.000
$70,000	0.048	0.048	0.049	0.047	0.046	0.046	0.047	0.047	0.087	0.130	1.000
$75,000	0.041	0.041	0.041	0.040	0.039	0.039	0.039	0.039	0.077	0.119	1.000
$80,000	0.033	0.033	0.033	0.032	0.032	0.032	0.032	0.032	0.068	0.107	1.000
$85,000	0.029	0.029	0.029	0.028	0.027	0.027	0.028	0.028	0.061	0.098	1.000
$90,000	0.024	0.024	0.024	0.024	0.023	0.023	0.023	0.023	0.054	0.089	1.000
$95,000	0.021	0.021	0.021	0.021	0.020	0.020	0.020	0.020	0.048	0.080	1.000
$100,000	0.018	0.018	0.018	0.018	0.017	0.017	0.017	0.017	0.043	0.072	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8A

Medicaid

OUTPATIENT SURGERY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.816	0.885	0.955	0.968	0.982	0.985	0.988	0.993	0.995	0.997	1.000
$1,000	0.709	0.819	0.929	0.950	0.971	0.976	0.981	0.990	0.993	0.995	1.000
$2,000	0.622	0.765	0.908	0.936	0.963	0.970	0.976	0.987	0.991	0.994	1.000
$3,000	0.548	0.717	0.886	0.920	0.955	0.963	0.971	0.984	0.988	0.992	1.000
$4,000	0.487	0.675	0.862	0.904	0.945	0.955	0.965	0.981	0.986	0.991	1.000
$5,000	0.439	0.638	0.836	0.886	0.935	0.947	0.959	0.978	0.984	0.989	1.000
$6,000	0.401	0.604	0.807	0.866	0.924	0.938	0.952	0.974	0.981	0.987	1.000
$7,000	0.370	0.574	0.777	0.845	0.912	0.928	0.945	0.970	0.978	0.986	1.000
$7,500	0.357	0.560	0.763	0.834	0.906	0.923	0.941	0.968	0.977	0.985	1.000
$8,000	0.345	0.548	0.750	0.824	0.899	0.918	0.937	0.966	0.975	0.983	1.000
$9,000	0.324	0.524	0.724	0.804	0.884	0.906	0.928	0.961	0.972	0.981	1.000
$10,000	0.306	0.502	0.699	0.783	0.867	0.893	0.918	0.956	0.968	0.979	1.000
$11,000	0.291	0.483	0.675	0.762	0.849	0.878	0.907	0.949	0.964	0.976	1.000
$12,000	0.277	0.464	0.651	0.741	0.831	0.864	0.896	0.943	0.959	0.973	1.000
$13,000	0.266	0.448	0.631	0.723	0.815	0.850	0.885	0.937	0.955	0.970	1.000
$14,000	0.253	0.430	0.607	0.702	0.796	0.833	0.871	0.929	0.950	0.966	1.000
$15,000	0.242	0.414	0.586	0.682	0.779	0.818	0.858	0.922	0.944	0.963	1.000
$16,000	0.233	0.400	0.568	0.665	0.762	0.802	0.843	0.913	0.938	0.959	1.000
$17,000	0.224	0.387	0.550	0.648	0.745	0.787	0.828	0.904	0.932	0.954	1.000
$18,000	0.216	0.376	0.535	0.633	0.731	0.773	0.815	0.895	0.926	0.950	1.000
$19,000	0.210	0.366	0.522	0.619	0.717	0.759	0.802	0.885	0.919	0.946	1.000
$20,000	0.200	0.351	0.502	0.600	0.697	0.741	0.785	0.873	0.911	0.940	1.000
$22,500	0.187	0.331	0.475	0.573	0.671	0.718	0.765	0.859	0.900	0.933	1.000
$25,000	0.177	0.313	0.450	0.548	0.646	0.695	0.745	0.843	0.888	0.925	1.000
$27,500	0.168	0.298	0.428	0.526	0.623	0.674	0.725	0.827	0.876	0.916	1.000
$30,000	0.159	0.283	0.407	0.504	0.601	0.653	0.706	0.811	0.863	0.907	1.000
$32,500	0.153	0.272	0.391	0.486	0.582	0.636	0.689	0.796	0.850	0.896	1.000
$35,000	0.148	0.261	0.375	0.469	0.564	0.618	0.672	0.780	0.837	0.885	1.000
$40,000	0.136	0.239	0.342	0.434	0.526	0.582	0.638	0.750	0.811	0.864	1.000
$45,000	0.131	0.227	0.322	0.411	0.500	0.556	0.612	0.724	0.787	0.843	1.000
$50,000	0.126	0.214	0.302	0.388	0.473	0.529	0.586	0.698	0.764	0.822	1.000
$55,000	0.124	0.207	0.291	0.373	0.455	0.511	0.567	0.679	0.746	0.805	1.000
$60,000	0.121	0.200	0.279	0.358	0.436	0.492	0.548	0.659	0.728	0.788	1.000
$65,000	0.120	0.196	0.272	0.348	0.424	0.479	0.535	0.645	0.713	0.774	1.000
$70,000	0.118	0.192	0.266	0.339	0.412	0.467	0.521	0.630	0.699	0.760	1.000
$75,000	0.118	0.190	0.262	0.333	0.405	0.459	0.512	0.619	0.688	0.749	1.000
$80,000	0.118	0.188	0.258	0.328	0.398	0.450	0.503	0.609	0.678	0.739	1.000
$85,000	0.118	0.187	0.256	0.325	0.394	0.446	0.498	0.602	0.670	0.731	1.000
$90,000	0.118	0.186	0.254	0.322	0.390	0.441	0.493	0.595	0.663	0.723	1.000
$95,000	0.118	0.186	0.254	0.321	0.388	0.439	0.490	0.591	0.658	0.718	1.000
$100,000	0.119	0.186	0.253	0.319	0.386	0.436	0.486	0.587	0.653	0.712	1.000

Exhibit P-8B

Medicaid

DIALYSIS											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.950	0.971	0.993	0.995	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$1,000	0.903	0.944	0.985	0.989	0.993	0.994	0.996	0.997	0.998	0.999	1.000
$2,000	0.854	0.915	0.976	0.983	0.990	0.991	0.993	0.996	0.997	0.998	1.000
$3,000	0.807	0.887	0.966	0.976	0.985	0.988	0.990	0.994	0.996	0.997	1.000
$4,000	0.766	0.861	0.955	0.968	0.980	0.984	0.987	0.992	0.995	0.997	1.000
$5,000	0.731	0.837	0.943	0.959	0.975	0.979	0.984	0.990	0.993	0.996	1.000
$6,000	0.699	0.815	0.931	0.950	0.970	0.975	0.980	0.988	0.992	0.995	1.000
$7,000	0.670	0.794	0.919	0.941	0.964	0.970	0.977	0.986	0.990	0.994	1.000
$7,500	0.631	0.772	0.913	0.937	0.961	0.968	0.975	0.985	0.990	0.993	1.000
$8,000	0.617	0.762	0.906	0.932	0.958	0.966	0.973	0.984	0.989	0.993	1.000
$9,000	0.590	0.742	0.895	0.924	0.953	0.961	0.969	0.982	0.988	0.992	1.000
$10,000	0.565	0.724	0.883	0.915	0.947	0.957	0.966	0.980	0.986	0.991	1.000
$11,000	0.538	0.705	0.872	0.907	0.942	0.952	0.962	0.978	0.985	0.990	1.000
$12,000	0.510	0.686	0.861	0.899	0.937	0.948	0.959	0.976	0.984	0.990	1.000
$13,000	0.489	0.670	0.852	0.892	0.932	0.944	0.956	0.975	0.982	0.989	1.000
$14,000	0.463	0.652	0.841	0.884	0.927	0.940	0.953	0.973	0.981	0.988	1.000
$15,000	0.440	0.635	0.831	0.877	0.922	0.936	0.950	0.971	0.980	0.987	1.000
$16,000	0.421	0.622	0.822	0.870	0.918	0.932	0.947	0.969	0.979	0.987	1.000
$17,000	0.403	0.608	0.814	0.864	0.914	0.929	0.944	0.968	0.978	0.986	1.000
$18,000	0.388	0.597	0.806	0.858	0.910	0.926	0.941	0.966	0.977	0.985	1.000
$19,000	0.374	0.586	0.799	0.853	0.906	0.923	0.939	0.965	0.976	0.985	1.000
$20,000	0.348	0.569	0.789	0.845	0.902	0.919	0.936	0.963	0.974	0.984	1.000
$22,500	0.330	0.554	0.779	0.837	0.896	0.914	0.932	0.959	0.972	0.982	1.000
$25,000	0.313	0.541	0.769	0.830	0.891	0.910	0.928	0.956	0.970	0.981	1.000
$27,500	0.298	0.529	0.760	0.823	0.886	0.906	0.925	0.954	0.968	0.980	1.000
$30,000	0.284	0.517	0.751	0.817	0.882	0.902	0.922	0.951	0.966	0.979	1.000
$32,500	0.276	0.510	0.744	0.812	0.879	0.899	0.920	0.949	0.964	0.978	1.000
$35,000	0.268	0.503	0.738	0.806	0.875	0.897	0.918	0.946	0.963	0.977	1.000
$40,000	0.252	0.488	0.724	0.796	0.869	0.891	0.913	0.942	0.960	0.975	1.000
$45,000	0.232	0.473	0.713	0.788	0.864	0.887	0.910	0.943	0.957	0.973	1.000
$50,000	0.213	0.457	0.702	0.780	0.858	0.882	0.906	0.941	0.955	0.972	1.000
$55,000	0.199	0.445	0.691	0.772	0.854	0.878	0.903	0.939	0.952	0.970	1.000
$60,000	0.185	0.433	0.681	0.765	0.849	0.874	0.900	0.937	0.950	0.969	1.000
$65,000	0.176	0.424	0.672	0.758	0.844	0.870	0.896	0.934	0.948	0.968	1.000
$70,000	0.166	0.414	0.663	0.750	0.838	0.866	0.893	0.932	0.945	0.966	1.000
$75,000	0.158	0.407	0.655	0.744	0.833	0.861	0.890	0.933	0.949	0.965	1.000
$80,000	0.151	0.399	0.648	0.738	0.828	0.857	0.886	0.931	0.947	0.963	1.000
$85,000	0.145	0.393	0.641	0.732	0.822	0.852	0.883	0.929	0.945	0.962	1.000
$90,000	0.139	0.387	0.634	0.726	0.817	0.848	0.879	0.927	0.944	0.960	1.000
$95,000	0.135	0.381	0.628	0.720	0.811	0.843	0.875	0.925	0.942	0.959	1.000
$100,000	0.131	0.376	0.622	0.714	0.806	0.839	0.872	0.922	0.940	0.957	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8C

Medicaid

RADIOLOGY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.936	0.967	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.881	0.938	0.994	0.996	0.998	0.998	0.999	0.999	0.999	0.999	1.000
$2,000	0.828	0.910	0.992	0.994	0.997	0.997	0.998	0.999	0.999	0.999	1.000
$3,000	0.783	0.886	0.988	0.992	0.996	0.996	0.997	0.998	0.998	0.999	1.000
$4,000	0.750	0.867	0.984	0.989	0.995	0.995	0.996	0.997	0.998	0.998	1.000
$5,000	0.725	0.852	0.980	0.986	0.993	0.994	0.995	0.997	0.997	0.998	1.000
$6,000	0.704	0.839	0.975	0.983	0.991	0.992	0.994	0.996	0.997	0.997	1.000
$7,000	0.686	0.828	0.970	0.979	0.989	0.991	0.992	0.995	0.996	0.997	1.000
$7,500	0.678	0.823	0.967	0.978	0.988	0.990	0.991	0.994	0.995	0.997	1.000
$8,000	0.670	0.818	0.965	0.976	0.987	0.989	0.990	0.994	0.995	0.996	1.000
$9,000	0.656	0.808	0.959	0.972	0.984	0.986	0.989	0.992	0.994	0.995	1.000
$10,000	0.643	0.798	0.954	0.968	0.982	0.984	0.987	0.991	0.993	0.995	1.000
$11,000	0.630	0.789	0.948	0.963	0.978	0.981	0.984	0.989	0.992	0.994	1.000
$12,000	0.618	0.781	0.943	0.959	0.975	0.979	0.982	0.988	0.990	0.993	1.000
$13,000	0.608	0.773	0.937	0.955	0.972	0.976	0.979	0.986	0.989	0.992	1.000
$14,000	0.596	0.764	0.931	0.950	0.968	0.972	0.976	0.984	0.987	0.990	1.000
$15,000	0.585	0.755	0.925	0.945	0.964	0.969	0.974	0.982	0.986	0.989	1.000
$16,000	0.576	0.747	0.919	0.940	0.960	0.965	0.970	0.979	0.983	0.987	1.000
$17,000	0.566	0.739	0.913	0.934	0.956	0.961	0.967	0.976	0.981	0.986	1.000
$18,000	0.557	0.732	0.907	0.929	0.951	0.957	0.963	0.974	0.979	0.984	1.000
$19,000	0.548	0.724	0.900	0.923	0.946	0.953	0.959	0.970	0.977	0.982	1.000
$20,000	0.537	0.715	0.893	0.917	0.941	0.948	0.955	0.967	0.974	0.980	1.000
$22,500	0.523	0.702	0.882	0.908	0.933	0.941	0.948	0.962	0.970	0.977	1.000
$25,000	0.509	0.690	0.870	0.898	0.925	0.933	0.941	0.956	0.965	0.974	1.000
$27,500	0.498	0.678	0.859	0.887	0.916	0.924	0.933	0.950	0.960	0.970	1.000
$30,000	0.487	0.667	0.847	0.877	0.906	0.916	0.925	0.943	0.955	0.965	1.000
$32,500	0.480	0.658	0.837	0.867	0.897	0.906	0.916	0.935	0.948	0.960	1.000
$35,000	0.474	0.650	0.826	0.857	0.887	0.897	0.907	0.927	0.941	0.954	1.000
$40,000	0.461	0.633	0.806	0.837	0.868	0.879	0.890	0.912	0.928	0.943	1.000
$45,000	0.457	0.624	0.791	0.821	0.852	0.863	0.875	0.897	0.915	0.932	1.000
$50,000	0.453	0.614	0.776	0.806	0.836	0.848	0.860	0.882	0.902	0.920	1.000
$55,000	0.455	0.611	0.767	0.796	0.825	0.837	0.848	0.871	0.891	0.911	1.000
$60,000	0.456	0.607	0.758	0.786	0.814	0.825	0.837	0.859	0.881	0.902	1.000
$65,000	0.459	0.606	0.754	0.780	0.806	0.818	0.829	0.851	0.874	0.895	1.000
$70,000	0.461	0.605	0.749	0.774	0.799	0.810	0.821	0.843	0.866	0.889	1.000
$75,000	0.463	0.605	0.748	0.772	0.795	0.806	0.817	0.838	0.862	0.885	1.000
$80,000	0.465	0.606	0.746	0.769	0.792	0.802	0.813	0.833	0.858	0.881	1.000
$85,000	0.468	0.607	0.747	0.769	0.790	0.801	0.811	0.830	0.854	0.877	1.000
$90,000	0.470	0.609	0.748	0.768	0.789	0.799	0.809	0.828	0.851	0.873	1.000
$95,000	0.472	0.611	0.751	0.771	0.790	0.800	0.809	0.828	0.850	0.870	1.000
$100,000	0.473	0.614	0.754	0.773	0.791	0.801	0.810	0.828	0.848	0.867	1.000

Exhibit P-8D

Medicaid

RADIATION THERAPY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.944	0.966	0.987	0.990	0.993	0.994	0.995	0.997	0.998	0.998	1.000
$1,000	0.892	0.933	0.974	0.980	0.987	0.989	0.991	0.994	0.996	0.997	1.000
$2,000	0.838	0.899	0.960	0.970	0.979	0.983	0.986	0.991	0.994	0.996	1.000
$3,000	0.786	0.865	0.944	0.958	0.971	0.976	0.981	0.988	0.991	0.994	1.000
$4,000	0.740	0.834	0.927	0.945	0.963	0.969	0.975	0.985	0.989	0.992	1.000
$5,000	0.701	0.805	0.909	0.931	0.953	0.961	0.969	0.981	0.986	0.990	1.000
$6,000	0.666	0.778	0.891	0.917	0.944	0.954	0.963	0.977	0.983	0.988	1.000
$7,000	0.634	0.753	0.873	0.904	0.935	0.946	0.957	0.974	0.980	0.986	1.000
$7,500	0.619	0.741	0.864	0.897	0.930	0.942	0.954	0.972	0.979	0.986	1.000
$8,000	0.604	0.729	0.855	0.890	0.926	0.938	0.951	0.970	0.978	0.985	1.000
$9,000	0.551	0.682	0.813	0.865	0.916	0.931	0.945	0.966	0.975	0.983	1.000
$10,000	0.525	0.660	0.796	0.851	0.907	0.923	0.939	0.963	0.972	0.981	1.000
$11,000	0.501	0.641	0.780	0.839	0.898	0.915	0.933	0.959	0.970	0.979	1.000
$12,000	0.478	0.621	0.763	0.826	0.889	0.908	0.927	0.956	0.967	0.977	1.000
$13,000	0.459	0.604	0.749	0.815	0.881	0.901	0.922	0.952	0.965	0.976	1.000
$14,000	0.435	0.583	0.732	0.801	0.871	0.893	0.915	0.948	0.962	0.974	1.000
$15,000	0.414	0.565	0.716	0.789	0.862	0.886	0.909	0.945	0.959	0.972	1.000
$16,000	0.395	0.548	0.702	0.777	0.853	0.878	0.903	0.941	0.956	0.970	1.000
$17,000	0.376	0.532	0.687	0.766	0.844	0.871	0.897	0.937	0.954	0.968	1.000
$18,000	0.361	0.518	0.674	0.755	0.836	0.864	0.892	0.934	0.951	0.966	1.000
$19,000	0.347	0.505	0.662	0.745	0.828	0.857	0.886	0.931	0.949	0.965	1.000
$20,000	0.325	0.485	0.645	0.731	0.817	0.848	0.879	0.926	0.945	0.962	1.000
$22,500	0.297	0.459	0.622	0.712	0.802	0.835	0.868	0.918	0.940	0.958	1.000
$25,000	0.271	0.435	0.600	0.693	0.787	0.822	0.856	0.910	0.934	0.954	1.000
$27,500	0.263	0.426	0.590	0.681	0.772	0.808	0.844	0.902	0.927	0.950	1.000
$30,000	0.254	0.418	0.581	0.669	0.756	0.794	0.833	0.894	0.921	0.945	1.000
$32,500	0.240	0.401	0.562	0.651	0.741	0.781	0.821	0.886	0.914	0.940	1.000
$35,000	0.227	0.385	0.543	0.634	0.726	0.767	0.809	0.877	0.908	0.935	1.000
$40,000	0.199	0.352	0.505	0.600	0.695	0.740	0.785	0.860	0.894	0.926	1.000
$45,000	0.183	0.336	0.489	0.584	0.679	0.726	0.774	0.854	0.885	0.914	1.000
$50,000	0.167	0.320	0.473	0.568	0.663	0.713	0.763	0.848	0.877	0.903	1.000
$55,000	0.157	0.305	0.454	0.546	0.638	0.689	0.741	0.829	0.861	0.891	1.000
$60,000	0.147	0.290	0.434	0.524	0.614	0.666	0.719	0.809	0.846	0.879	1.000
$65,000	0.140	0.280	0.420	0.507	0.594	0.646	0.699	0.790	0.829	0.866	1.000
$70,000	0.133	0.270	0.407	0.490	0.574	0.627	0.679	0.770	0.813	0.853	1.000
$75,000	0.130	0.264	0.397	0.478	0.558	0.610	0.662	0.752	0.797	0.839	1.000
$80,000	0.126	0.257	0.388	0.465	0.542	0.593	0.645	0.734	0.780	0.825	1.000
$85,000	0.124	0.253	0.382	0.456	0.530	0.580	0.631	0.717	0.765	0.810	1.000
$90,000	0.122	0.249	0.375	0.447	0.518	0.567	0.617	0.701	0.749	0.795	1.000
$95,000	0.121	0.246	0.371	0.440	0.510	0.558	0.606	0.687	0.735	0.781	1.000
$100,000	0.120	0.243	0.367	0.434	0.501	0.548	0.594	0.673	0.721	0.767	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8E

Medicaid

ALL OTHER OP FACILITY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.918	0.954	0.989	0.992	0.995	0.996	0.997	0.998	0.999	0.999	1.000
$1,000	0.866	0.924	0.982	0.987	0.992	0.994	0.995	0.997	0.998	0.998	1.000
$2,000	0.814	0.894	0.974	0.982	0.989	0.991	0.993	0.996	0.997	0.998	1.000
$3,000	0.768	0.866	0.965	0.975	0.985	0.988	0.990	0.994	0.995	0.997	1.000
$4,000	0.729	0.842	0.954	0.968	0.981	0.984	0.987	0.992	0.994	0.996	1.000
$5,000	0.695	0.819	0.942	0.959	0.976	0.980	0.984	0.990	0.993	0.995	1.000
$6,000	0.666	0.797	0.929	0.950	0.971	0.976	0.981	0.988	0.991	0.994	1.000
$7,000	0.639	0.778	0.916	0.941	0.965	0.971	0.977	0.986	0.989	0.992	1.000
$7,500	0.627	0.768	0.910	0.936	0.962	0.968	0.975	0.985	0.988	0.992	1.000
$8,000	0.615	0.759	0.904	0.931	0.958	0.966	0.973	0.983	0.987	0.991	1.000
$9,000	0.593	0.742	0.891	0.921	0.952	0.960	0.969	0.981	0.985	0.989	1.000
$10,000	0.572	0.726	0.879	0.912	0.944	0.954	0.964	0.978	0.983	0.988	1.000
$11,000	0.554	0.710	0.866	0.902	0.937	0.948	0.959	0.974	0.981	0.986	1.000
$12,000	0.536	0.695	0.854	0.891	0.929	0.941	0.954	0.971	0.979	0.984	1.000
$13,000	0.521	0.682	0.843	0.882	0.922	0.935	0.949	0.968	0.976	0.983	1.000
$14,000	0.504	0.667	0.829	0.871	0.913	0.928	0.942	0.964	0.973	0.981	1.000
$15,000	0.488	0.653	0.817	0.861	0.906	0.921	0.937	0.960	0.971	0.979	1.000
$16,000	0.475	0.640	0.805	0.851	0.898	0.914	0.931	0.956	0.968	0.976	1.000
$17,000	0.461	0.627	0.793	0.841	0.890	0.907	0.924	0.952	0.965	0.974	1.000
$18,000	0.450	0.616	0.782	0.833	0.883	0.901	0.919	0.948	0.962	0.972	1.000
$19,000	0.439	0.605	0.772	0.824	0.876	0.895	0.913	0.944	0.959	0.970	1.000
$20,000	0.424	0.591	0.758	0.812	0.867	0.886	0.906	0.939	0.955	0.967	1.000
$22,500	0.406	0.573	0.740	0.797	0.854	0.875	0.896	0.932	0.949	0.963	1.000
$25,000	0.389	0.556	0.723	0.782	0.842	0.864	0.886	0.925	0.944	0.959	1.000
$27,500	0.374	0.540	0.706	0.768	0.829	0.853	0.876	0.918	0.938	0.954	1.000
$30,000	0.359	0.525	0.690	0.754	0.817	0.842	0.867	0.910	0.932	0.950	1.000
$32,500	0.347	0.512	0.676	0.741	0.805	0.831	0.857	0.903	0.925	0.945	1.000
$35,000	0.336	0.499	0.662	0.728	0.794	0.821	0.847	0.895	0.919	0.940	1.000
$40,000	0.312	0.473	0.634	0.703	0.771	0.800	0.828	0.880	0.906	0.929	1.000
$45,000	0.295	0.454	0.613	0.682	0.751	0.781	0.811	0.865	0.894	0.919	1.000
$50,000	0.278	0.435	0.592	0.662	0.731	0.763	0.794	0.850	0.881	0.909	1.000
$55,000	0.265	0.420	0.575	0.645	0.715	0.747	0.779	0.837	0.870	0.899	1.000
$60,000	0.252	0.405	0.558	0.628	0.698	0.731	0.764	0.824	0.858	0.889	1.000
$65,000	0.242	0.393	0.544	0.614	0.684	0.717	0.751	0.812	0.847	0.879	1.000
$70,000	0.232	0.381	0.530	0.600	0.670	0.704	0.738	0.800	0.837	0.870	1.000
$75,000	0.224	0.371	0.518	0.587	0.656	0.691	0.726	0.789	0.827	0.861	1.000
$80,000	0.216	0.361	0.505	0.574	0.643	0.679	0.714	0.778	0.817	0.852	1.000
$85,000	0.209	0.352	0.495	0.563	0.631	0.667	0.703	0.768	0.808	0.844	1.000
$90,000	0.202	0.343	0.484	0.552	0.619	0.656	0.692	0.758	0.799	0.836	1.000
$95,000	0.196	0.335	0.474	0.542	0.609	0.645	0.682	0.749	0.789	0.827	1.000
$100,000	0.191	0.328	0.465	0.532	0.598	0.635	0.671	0.739	0.780	0.819	1.000

Exhibit P-8F

Medicaid

ALL OP FACILITY											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.795	0.874	0.954	0.967	0.980	0.984	0.988	0.993	0.995	0.996	1.000
$1,000	0.711	0.823	0.935	0.954	0.973	0.979	0.983	0.990	0.993	0.995	1.000
$2,000	0.642	0.780	0.919	0.943	0.966	0.974	0.979	0.988	0.991	0.994	1.000
$3,000	0.583	0.743	0.902	0.931	0.959	0.969	0.975	0.986	0.989	0.993	1.000
$4,000	0.533	0.709	0.885	0.918	0.952	0.963	0.971	0.984	0.988	0.992	1.000
$5,000	0.492	0.680	0.867	0.906	0.944	0.958	0.967	0.981	0.986	0.991	1.000
$6,000	0.458	0.653	0.848	0.892	0.937	0.952	0.963	0.979	0.984	0.990	1.000
$7,000	0.429	0.629	0.829	0.879	0.929	0.947	0.959	0.976	0.982	0.989	1.000
$7,500	0.416	0.618	0.820	0.872	0.924	0.944	0.956	0.975	0.981	0.988	1.000
$8,000	0.404	0.608	0.811	0.866	0.920	0.941	0.954	0.974	0.980	0.987	1.000
$9,000	0.382	0.588	0.794	0.853	0.912	0.934	0.949	0.971	0.978	0.986	1.000
$10,000	0.364	0.571	0.778	0.841	0.903	0.928	0.945	0.968	0.976	0.985	1.000
$11,000	0.349	0.556	0.764	0.829	0.893	0.921	0.940	0.965	0.974	0.983	1.000
$12,000	0.334	0.541	0.749	0.817	0.884	0.915	0.935	0.962	0.972	0.982	1.000
$13,000	0.322	0.529	0.737	0.807	0.877	0.909	0.930	0.960	0.970	0.981	1.000
$14,000	0.309	0.516	0.723	0.795	0.867	0.901	0.924	0.956	0.968	0.979	1.000
$15,000	0.297	0.504	0.710	0.784	0.859	0.894	0.919	0.953	0.965	0.978	1.000
$16,000	0.288	0.493	0.699	0.775	0.851	0.888	0.914	0.950	0.963	0.976	1.000
$17,000	0.279	0.483	0.688	0.766	0.843	0.881	0.909	0.947	0.961	0.975	1.000
$18,000	0.271	0.475	0.679	0.758	0.837	0.875	0.904	0.944	0.958	0.973	1.000
$19,000	0.264	0.468	0.671	0.751	0.830	0.870	0.900	0.941	0.956	0.972	1.000
$20,000	0.254	0.457	0.659	0.740	0.821	0.862	0.893	0.937	0.953	0.970	1.000
$22,500	0.243	0.444	0.644	0.727	0.809	0.851	0.881	0.929	0.947	0.966	1.000
$25,000	0.232	0.432	0.631	0.714	0.797	0.840	0.869	0.920	0.940	0.962	1.000
$27,500	0.223	0.422	0.620	0.704	0.787	0.831	0.859	0.912	0.934	0.958	1.000
$30,000	0.214	0.412	0.609	0.693	0.777	0.822	0.849	0.903	0.927	0.953	1.000
$32,500	0.207	0.404	0.601	0.685	0.769	0.815	0.841	0.896	0.921	0.949	1.000
$35,000	0.200	0.396	0.592	0.677	0.761	0.808	0.833	0.890	0.916	0.944	1.000
$40,000	0.185	0.380	0.575	0.661	0.746	0.793	0.822	0.876	0.904	0.936	1.000
$45,000	0.173	0.368	0.563	0.648	0.734	0.782	0.811	0.865	0.895	0.928	1.000
$50,000	0.162	0.356	0.550	0.636	0.722	0.771	0.799	0.855	0.886	0.921	1.000
$55,000	0.153	0.347	0.541	0.627	0.713	0.762	0.790	0.846	0.878	0.915	1.000
$60,000	0.144	0.337	0.531	0.617	0.703	0.753	0.781	0.836	0.870	0.909	1.000
$65,000	0.137	0.330	0.523	0.609	0.695	0.745	0.773	0.828	0.863	0.903	1.000
$70,000	0.130	0.322	0.515	0.601	0.688	0.738	0.768	0.826	0.856	0.898	1.000
$75,000	0.124	0.316	0.508	0.595	0.682	0.732	0.762	0.820	0.850	0.893	1.000
$80,000	0.118	0.310	0.502	0.589	0.675	0.726	0.756	0.814	0.844	0.888	1.000
$85,000	0.114	0.305	0.497	0.583	0.670	0.721	0.750	0.808	0.839	0.884	1.000
$90,000	0.109	0.300	0.491	0.578	0.665	0.716	0.745	0.803	0.833	0.880	1.000
$95,000	0.105	0.296	0.487	0.574	0.661	0.712	0.745	0.807	0.841	0.876	1.000
$100,000	0.101	0.292	0.482	0.569	0.656	0.707	0.740	0.802	0.837	0.872	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8G

Medicaid

DME / ORTHOTICS / SUPPLIES											
	Daily Maximum										
Deductible	$1,000	$1,500	$2,000	$2,500	$3,000	$3,500	$4,000	$4,500	$5,000	$5,500	$6,500
$0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$3,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$4,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$5,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$6,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$7,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$8,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$9,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$10,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$11,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$12,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$13,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$14,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$15,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$16,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$17,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$18,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$19,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$20,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$22,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$25,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$27,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$30,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$32,500	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$35,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$40,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$45,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$50,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$55,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$60,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$65,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$70,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$75,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$80,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$85,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$90,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$95,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$100,000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000

Exhibit P-8H

Medicaid

MEDICAL SUPPLIES											
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.936	0.943	0.966	0.977	0.987	0.998	0.991	0.992	0.994	0.999	1.000
$1,000	0.874	0.889	0.933	0.954	0.975	0.996	0.982	0.985	0.988	0.998	1.000
$2,000	0.819	0.839	0.898	0.930	0.962	0.994	0.972	0.978	0.983	0.998	1.000
$3,000	0.779	0.801	0.867	0.909	0.950	0.992	0.964	0.970	0.977	0.997	1.000
$4,000	0.754	0.777	0.844	0.892	0.940	0.988	0.956	0.964	0.972	0.996	1.000
$5,000	0.738	0.760	0.827	0.880	0.933	0.985	0.950	0.959	0.968	0.994	1.000
$6,000	0.726	0.748	0.814	0.870	0.926	0.981	0.945	0.955	0.964	0.993	1.000
$7,000	0.717	0.739	0.803	0.861	0.920	0.977	0.940	0.950	0.960	0.991	1.000
$7,500	0.714	0.735	0.798	0.857	0.917	0.975	0.938	0.948	0.959	0.990	1.000
$8,000	0.710	0.732	0.794	0.854	0.914	0.973	0.935	0.946	0.957	0.989	1.000
$9,000	0.704	0.725	0.786	0.847	0.908	0.969	0.931	0.942	0.953	0.987	1.000
$10,000	0.699	0.720	0.779	0.841	0.903	0.965	0.927	0.938	0.950	0.985	1.000
$11,000	0.695	0.715	0.774	0.836	0.899	0.961	0.923	0.935	0.947	0.982	1.000
$12,000	0.691	0.711	0.768	0.831	0.894	0.956	0.919	0.931	0.943	0.979	1.000
$13,000	0.687	0.707	0.763	0.826	0.889	0.952	0.915	0.927	0.940	0.977	1.000
$14,000	0.683	0.703	0.758	0.821	0.884	0.947	0.911	0.923	0.936	0.974	1.000
$15,000	0.680	0.699	0.753	0.817	0.880	0.943	0.907	0.920	0.932	0.971	1.000
$16,000	0.676	0.695	0.749	0.812	0.876	0.938	0.903	0.916	0.929	0.967	1.000
$17,000	0.673	0.691	0.744	0.808	0.871	0.934	0.899	0.912	0.925	0.964	1.000
$18,000	0.669	0.687	0.740	0.804	0.867	0.930	0.895	0.908	0.921	0.961	1.000
$19,000	0.666	0.684	0.736	0.799	0.863	0.925	0.890	0.904	0.917	0.957	1.000
$20,000	0.662	0.680	0.732	0.795	0.858	0.921	0.886	0.900	0.913	0.954	1.000
$22,500	0.653	0.670	0.722	0.785	0.847	0.910	0.876	0.890	0.903	0.944	1.000
$25,000	0.644	0.661	0.713	0.774	0.836	0.898	0.865	0.879	0.893	0.934	1.000
$27,500	0.637	0.654	0.704	0.765	0.826	0.887	0.855	0.869	0.883	0.924	1.000
$30,000	0.630	0.647	0.696	0.755	0.816	0.876	0.845	0.859	0.873	0.913	1.000
$32,500	0.626	0.642	0.690	0.749	0.809	0.869	0.837	0.851	0.865	0.905	1.000
$35,000	0.621	0.637	0.684	0.742	0.801	0.861	0.829	0.843	0.857	0.897	1.000
$40,000	0.613	0.628	0.671	0.729	0.787	0.845	0.814	0.827	0.841	0.880	1.000
$45,000	0.606	0.620	0.662	0.720	0.778	0.837	0.804	0.817	0.831	0.870	1.000
$50,000	0.599	0.612	0.652	0.711	0.770	0.829	0.794	0.808	0.821	0.860	1.000
$55,000	0.593	0.607	0.646	0.706	0.766	0.826	0.791	0.804	0.818	0.857	1.000
$60,000	0.587	0.601	0.641	0.702	0.763	0.824	0.787	0.801	0.814	0.853	1.000
$65,000	0.581	0.596	0.637	0.700	0.762	0.824	0.786	0.800	0.813	0.852	1.000
$70,000	0.576	0.590	0.633	0.697	0.760	0.824	0.785	0.799	0.812	0.852	1.000
$75,000	0.571	0.586	0.631	0.696	0.760	0.826	0.786	0.800	0.813	0.853	1.000
$80,000	0.566	0.582	0.629	0.695	0.761	0.827	0.786	0.800	0.814	0.854	1.000
$85,000	0.560	0.577	0.627	0.694	0.762	0.830	0.788	0.802	0.816	0.856	1.000
$90,000	0.554	0.572	0.625	0.694	0.763	0.833	0.789	0.804	0.818	0.859	1.000
$95,000	0.549	0.568	0.622	0.694	0.765	0.837	0.792	0.807	0.821	0.863	1.000
$100,000	0.544	0.563	0.619	0.693	0.767	0.841	0.795	0.810	0.824	0.868	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8I

Medicaid

	SNF / ECF / REHAB										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.966	0.982	0.998	0.999	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.934	0.965	0.996	0.997	0.998	0.999	0.999	0.999	0.999	1.000	1.000
$2,000	0.900	0.947	0.994	0.996	0.998	0.998	0.998	0.999	0.999	0.999	1.000
$3,000	0.870	0.931	0.992	0.994	0.997	0.997	0.997	0.998	0.999	0.999	1.000
$4,000	0.849	0.919	0.989	0.992	0.995	0.996	0.997	0.998	0.998	0.999	1.000
$5,000	0.834	0.910	0.986	0.990	0.994	0.995	0.996	0.997	0.998	0.999	1.000
$6,000	0.823	0.903	0.982	0.988	0.993	0.994	0.995	0.997	0.997	0.998	1.000
$7,000	0.815	0.897	0.979	0.985	0.991	0.992	0.993	0.996	0.997	0.998	1.000
$7,500	0.811	0.894	0.977	0.984	0.990	0.991	0.993	0.995	0.996	0.998	1.000
$8,000	0.808	0.892	0.975	0.982	0.989	0.991	0.992	0.995	0.996	0.997	1.000
$9,000	0.802	0.887	0.972	0.980	0.987	0.989	0.991	0.994	0.995	0.997	1.000
$10,000	0.798	0.883	0.968	0.977	0.985	0.987	0.989	0.993	0.995	0.996	1.000
$11,000	0.794	0.879	0.965	0.974	0.983	0.985	0.988	0.992	0.994	0.996	1.000
$12,000	0.791	0.876	0.961	0.971	0.981	0.983	0.986	0.991	0.993	0.995	1.000
$13,000	0.788	0.873	0.958	0.968	0.979	0.981	0.984	0.990	0.992	0.995	1.000
$14,000	0.785	0.870	0.954	0.965	0.976	0.979	0.982	0.988	0.991	0.994	1.000
$15,000	0.782	0.866	0.951	0.962	0.974	0.977	0.980	0.987	0.990	0.993	1.000
$16,000	0.780	0.864	0.948	0.959	0.971	0.975	0.978	0.986	0.989	0.992	1.000
$17,000	0.777	0.861	0.944	0.956	0.969	0.972	0.976	0.984	0.988	0.992	1.000
$18,000	0.775	0.858	0.941	0.953	0.966	0.970	0.974	0.983	0.987	0.991	1.000
$19,000	0.773	0.855	0.938	0.950	0.963	0.968	0.972	0.981	0.985	0.990	1.000
$20,000	0.771	0.852	0.934	0.947	0.960	0.965	0.970	0.979	0.984	0.989	1.000
$22,500	0.765	0.846	0.926	0.940	0.953	0.958	0.964	0.974	0.980	0.987	1.000
$25,000	0.758	0.838	0.918	0.932	0.946	0.952	0.957	0.969	0.976	0.984	1.000
$27,500	0.751	0.831	0.911	0.925	0.938	0.945	0.951	0.963	0.972	0.980	1.000
$30,000	0.744	0.823	0.903	0.917	0.931	0.938	0.944	0.958	0.967	0.977	1.000
$32,500	0.736	0.817	0.897	0.911	0.925	0.931	0.938	0.952	0.963	0.973	1.000
$35,000	0.728	0.810	0.892	0.905	0.918	0.925	0.932	0.947	0.958	0.969	1.000
$40,000	0.712	0.796	0.880	0.893	0.905	0.913	0.920	0.936	0.949	0.962	1.000
$45,000	0.696	0.784	0.872	0.884	0.896	0.904	0.911	0.926	0.941	0.955	1.000
$50,000	0.680	0.772	0.863	0.875	0.887	0.894	0.902	0.917	0.933	0.948	1.000
$55,000	0.665	0.761	0.858	0.869	0.881	0.888	0.896	0.911	0.928	0.944	1.000
$60,000	0.651	0.751	0.852	0.863	0.875	0.882	0.890	0.905	0.922	0.940	1.000
$65,000	0.639	0.743	0.848	0.859	0.870	0.878	0.885	0.900	0.919	0.937	1.000
$70,000	0.626	0.735	0.844	0.855	0.866	0.874	0.881	0.896	0.915	0.935	1.000
$75,000	0.617	0.729	0.841	0.852	0.864	0.871	0.879	0.893	0.914	0.934	1.000
$80,000	0.608	0.723	0.838	0.850	0.861	0.869	0.876	0.891	0.912	0.933	1.000
$85,000	0.599	0.718	0.837	0.849	0.860	0.868	0.875	0.890	0.911	0.931	1.000
$90,000	0.591	0.713	0.836	0.847	0.859	0.867	0.874	0.889	0.909	0.929	1.000
$95,000	0.582	0.709	0.836	0.848	0.860	0.867	0.875	0.890	0.909	0.929	1.000
$100,000	0.574	0.705	0.836	0.848	0.861	0.868	0.876	0.891	0.910	0.929	1.000

Exhibit P-8J

Medicaid

	HOME HEALTH										
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.964	0.981	0.997	0.998	0.999	0.999	0.999	0.999	1.000	1.000	1.000
$1,000	0.929	0.961	0.994	0.996	0.997	0.998	0.998	0.999	0.999	1.000	1.000
$2,000	0.892	0.941	0.990	0.993	0.995	0.996	0.997	0.998	0.999	0.999	1.000
$3,000	0.858	0.922	0.986	0.989	0.993	0.994	0.995	0.997	0.999	0.999	1.000
$4,000	0.831	0.905	0.980	0.985	0.990	0.992	0.993	0.996	0.999	0.999	1.000
$5,000	0.809	0.891	0.973	0.980	0.987	0.989	0.991	0.994	0.998	0.999	1.000
$6,000	0.791	0.879	0.966	0.975	0.983	0.986	0.988	0.993	0.998	0.998	1.000
$7,000	0.775	0.867	0.959	0.969	0.979	0.982	0.986	0.991	0.997	0.998	1.000
$7,500	0.767	0.861	0.955	0.966	0.977	0.980	0.984	0.990	0.997	0.998	1.000
$8,000	0.759	0.855	0.951	0.963	0.974	0.979	0.983	0.989	0.997	0.998	1.000
$9,000	0.745	0.844	0.942	0.956	0.970	0.975	0.979	0.987	0.996	0.997	1.000
$10,000	0.731	0.833	0.934	0.949	0.964	0.970	0.976	0.985	0.995	0.997	1.000
$11,000	0.727	0.829	0.930	0.946	0.962	0.968	0.974	0.984	0.995	0.996	1.000
$12,000	0.723	0.825	0.927	0.944	0.960	0.967	0.973	0.983	0.994	0.996	1.000
$13,000	0.719	0.821	0.923	0.941	0.958	0.965	0.971	0.982	0.993	0.995	1.000
$14,000	0.715	0.818	0.920	0.938	0.956	0.963	0.970	0.981	0.992	0.995	1.000
$15,000	0.712	0.814	0.917	0.935	0.954	0.961	0.968	0.979	0.992	0.994	1.000
$16,000	0.709	0.811	0.913	0.932	0.951	0.959	0.966	0.978	0.991	0.994	1.000
$17,000	0.706	0.808	0.910	0.930	0.949	0.957	0.965	0.977	0.990	0.993	1.000
$18,000	0.704	0.805	0.907	0.927	0.947	0.955	0.963	0.976	0.989	0.992	1.000
$19,000	0.702	0.803	0.904	0.924	0.945	0.953	0.961	0.974	0.988	0.992	1.000
$20,000	0.699	0.800	0.901	0.921	0.942	0.951	0.959	0.973	0.987	0.991	1.000
$22,500	0.693	0.793	0.893	0.915	0.936	0.945	0.954	0.969	0.984	0.989	1.000
$25,000	0.688	0.787	0.887	0.909	0.931	0.940	0.949	0.965	0.981	0.987	1.000
$27,500	0.684	0.782	0.881	0.903	0.925	0.935	0.945	0.961	0.978	0.985	1.000
$30,000	0.679	0.777	0.876	0.898	0.920	0.930	0.940	0.957	0.974	0.982	1.000
$32,500	0.676	0.775	0.873	0.895	0.917	0.927	0.937	0.954	0.972	0.980	1.000
$35,000	0.673	0.772	0.871	0.892	0.914	0.924	0.934	0.951	0.969	0.978	1.000
$40,000	0.667	0.766	0.865	0.887	0.908	0.918	0.929	0.946	0.964	0.974	1.000
$45,000	0.664	0.764	0.865	0.886	0.907	0.917	0.927	0.944	0.962	0.972	1.000
$50,000	0.660	0.762	0.864	0.885	0.906	0.916	0.925	0.941	0.960	0.969	1.000
$55,000	0.660	0.763	0.866	0.887	0.908	0.918	0.927	0.942	0.961	0.970	1.000
$60,000	0.660	0.764	0.867	0.889	0.911	0.919	0.928	0.943	0.961	0.970	1.000
$65,000	0.661	0.765	0.870	0.892	0.914	0.922	0.931	0.945	0.963	0.972	1.000
$70,000	0.662	0.767	0.873	0.895	0.917	0.925	0.934	0.947	0.965	0.973	1.000
$75,000	0.664	0.770	0.876	0.898	0.921	0.929	0.937	0.950	0.968	0.976	1.000
$80,000	0.666	0.773	0.879	0.902	0.925	0.933	0.941	0.954	0.970	0.978	1.000
$85,000	0.668	0.775	0.882	0.906	0.929	0.937	0.944	0.957	0.973	0.980	1.000
$90,000	0.670	0.778	0.886	0.909	0.932	0.940	0.948	0.961	0.976	0.981	1.000
$95,000	0.672	0.780	0.889	0.913	0.936	0.944	0.952	0.964	0.978	0.983	1.000
$100,000	0.673	0.783	0.892	0.916	0.940	0.948	0.955	0.968	0.981	0.985	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8K

Medicaid

CHEMOTHERAPY DRUGS											
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.905	0.937	0.949	0.961	0.973	0.984	0.986	0.988	0.989	0.992	1.000
$1,000	0.821	0.882	0.904	0.926	0.948	0.971	0.974	0.977	0.980	0.985	1.000
$2,000	0.747	0.827	0.860	0.892	0.924	0.957	0.961	0.966	0.970	0.979	1.000
$3,000	0.688	0.776	0.818	0.859	0.901	0.942	0.948	0.954	0.960	0.971	1.000
$4,000	0.642	0.732	0.781	0.829	0.878	0.926	0.934	0.941	0.949	0.964	1.000
$5,000	0.603	0.694	0.748	0.802	0.856	0.910	0.919	0.928	0.937	0.955	1.000
$6,000	0.568	0.659	0.718	0.776	0.835	0.893	0.904	0.915	0.926	0.947	1.000
$7,000	0.536	0.628	0.690	0.753	0.815	0.877	0.890	0.902	0.915	0.939	1.000
$7,500	0.521	0.613	0.677	0.741	0.805	0.869	0.883	0.896	0.909	0.935	1.000
$8,000	0.506	0.598	0.664	0.730	0.796	0.862	0.876	0.890	0.904	0.931	1.000
$9,000	0.478	0.571	0.640	0.709	0.778	0.847	0.862	0.878	0.894	0.924	1.000
$10,000	0.463	0.570	0.643	0.716	0.790	0.863	0.878	0.893	0.908	0.936	1.000
$11,000	0.441	0.551	0.627	0.702	0.778	0.853	0.869	0.885	0.901	0.931	1.000
$12,000	0.418	0.532	0.610	0.688	0.766	0.844	0.861	0.877	0.894	0.926	1.000
$13,000	0.400	0.516	0.596	0.676	0.756	0.836	0.853	0.871	0.888	0.922	1.000
$14,000	0.380	0.495	0.578	0.661	0.744	0.827	0.846	0.864	0.883	0.919	1.000
$15,000	0.361	0.477	0.562	0.648	0.733	0.819	0.838	0.858	0.878	0.916	1.000
$16,000	0.343	0.458	0.547	0.636	0.724	0.813	0.832	0.853	0.873	0.911	1.000
$17,000	0.325	0.440	0.531	0.623	0.715	0.806	0.826	0.847	0.868	0.906	1.000
$18,000	0.311	0.425	0.519	0.613	0.707	0.800	0.821	0.842	0.863	0.902	1.000
$19,000	0.299	0.412	0.507	0.602	0.697	0.792	0.813	0.836	0.858	0.899	1.000
$20,000	0.277	0.390	0.487	0.583	0.680	0.777	0.801	0.826	0.850	0.897	1.000
$22,500	0.244	0.355	0.454	0.554	0.653	0.752	0.778	0.805	0.832	0.882	1.000
$25,000	0.216	0.324	0.425	0.526	0.628	0.729	0.757	0.786	0.815	0.869	1.000
$27,500	0.194	0.300	0.405	0.510	0.615	0.720	0.747	0.776	0.804	0.856	1.000
$30,000	0.170	0.273	0.383	0.492	0.602	0.711	0.738	0.765	0.793	0.843	1.000
$32,500	0.162	0.262	0.373	0.483	0.594	0.705	0.730	0.757	0.784	0.832	1.000
$35,000	0.154	0.251	0.363	0.475	0.586	0.698	0.722	0.748	0.774	0.821	1.000
$40,000	0.139	0.229	0.343	0.457	0.571	0.678	0.707	0.731	0.756	0.804	1.000
$45,000	0.134	0.221	0.331	0.440	0.550	0.659	0.686	0.714	0.741	0.792	1.000
$50,000	0.130	0.213	0.319	0.424	0.529	0.634	0.664	0.696	0.727	0.785	1.000
$55,000	0.127	0.214	0.316	0.417	0.518	0.620	0.649	0.680	0.710	0.766	1.000
$60,000	0.123	0.215	0.313	0.410	0.507	0.605	0.633	0.664	0.694	0.748	1.000
$65,000	0.121	0.212	0.307	0.402	0.498	0.593	0.622	0.652	0.682	0.737	1.000
$70,000	0.119	0.209	0.302	0.395	0.488	0.581	0.610	0.640	0.671	0.726	1.000
$75,000	0.117	0.207	0.297	0.386	0.476	0.565	0.595	0.627	0.659	0.717	1.000
$80,000	0.116	0.205	0.291	0.377	0.463	0.550	0.581	0.614	0.646	0.707	1.000
$85,000	0.115	0.204	0.289	0.373	0.458	0.543	0.572	0.603	0.634	0.691	1.000
$90,000	0.114	0.203	0.286	0.369	0.453	0.536	0.564	0.593	0.623	0.676	1.000
$95,000	0.113	0.202	0.283	0.364	0.444	0.525	0.553	0.582	0.611	0.664	1.000
$100,000	0.112	0.201	0.280	0.358	0.436	0.514	0.542	0.571	0.600	0.652	1.000

Exhibit P-8L

Medicaid

BLOOD CLOTTING FACTOR											
	Daily Maximum										
Deductible	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000	$20,000
$0	0.963	0.971	0.980	0.988	0.996	0.996	0.997	0.997	0.997	0.998	1.000
$1,000	0.927	0.943	0.960	0.976	0.992	0.992	0.993	0.994	0.995	0.996	1.000
$2,000	0.890	0.914	0.939	0.963	0.987	0.988	0.989	0.990	0.992	0.993	1.000
$3,000	0.854	0.886	0.919	0.950	0.982	0.983	0.985	0.986	0.989	0.991	1.000
$4,000	0.826	0.864	0.902	0.939	0.975	0.978	0.980	0.981	0.985	0.988	1.000
$5,000	0.804	0.845	0.887	0.928	0.968	0.971	0.973	0.976	0.980	0.984	1.000
$6,000	0.784	0.829	0.873	0.917	0.960	0.963	0.967	0.970	0.975	0.980	1.000
$7,000	0.767	0.813	0.860	0.906	0.950	0.955	0.959	0.963	0.969	0.975	1.000
$7,500	0.758	0.806	0.854	0.900	0.946	0.951	0.955	0.959	0.966	0.972	1.000
$8,000	0.750	0.798	0.848	0.895	0.941	0.946	0.951	0.955	0.963	0.970	1.000
$9,000	0.734	0.784	0.835	0.884	0.931	0.937	0.943	0.947	0.956	0.964	1.000
$10,000	0.705	0.760	0.816	0.869	0.920	0.927	0.934	0.939	0.949	0.958	1.000
$11,000	0.693	0.745	0.803	0.857	0.909	0.917	0.924	0.930	0.941	0.952	1.000
$12,000	0.681	0.731	0.790	0.845	0.898	0.907	0.914	0.921	0.933	0.945	1.000
$13,000	0.666	0.716	0.776	0.833	0.886	0.896	0.905	0.912	0.924	0.938	1.000
$14,000	0.642	0.695	0.759	0.818	0.873	0.884	0.894	0.901	0.915	0.931	1.000
$15,000	0.620	0.676	0.742	0.804	0.861	0.873	0.883	0.891	0.906	0.923	1.000
$16,000	0.603	0.659	0.727	0.790	0.848	0.861	0.872	0.881	0.896	0.915	1.000
$17,000	0.587	0.641	0.712	0.776	0.835	0.849	0.860	0.870	0.886	0.907	1.000
$18,000	0.571	0.625	0.697	0.763	0.822	0.837	0.849	0.859	0.876	0.898	1.000
$19,000	0.553	0.608	0.682	0.749	0.809	0.825	0.838	0.848	0.866	0.890	1.000
$20,000	0.526	0.583	0.661	0.731	0.795	0.811	0.825	0.836	0.854	0.880	1.000
$22,500	0.480	0.538	0.620	0.694	0.760	0.779	0.794	0.807	0.826	0.856	1.000
$25,000	0.433	0.490	0.573	0.648	0.713	0.737	0.756	0.772	0.798	0.832	1.000
$27,500	0.405	0.459	0.540	0.616	0.682	0.707	0.727	0.744	0.770	0.808	1.000
$30,000	0.374	0.423	0.503	0.581	0.648	0.676	0.697	0.715	0.742	0.784	1.000
$32,500	0.359	0.406	0.487	0.564	0.626	0.654	0.675	0.693	0.719	0.763	1.000
$35,000	0.343	0.389	0.471	0.547	0.603	0.632	0.653	0.670	0.696	0.742	1.000
$40,000	0.313	0.354	0.439	0.513	0.558	0.587	0.610	0.626	0.649	0.701	1.000
$45,000	0.289	0.332	0.416	0.489	0.528	0.558	0.581	0.598	0.622	0.676	1.000
$50,000	0.265	0.310	0.393	0.465	0.511	0.529	0.553	0.571	0.594	0.651	1.000
$55,000	0.251	0.294	0.375	0.447	0.490	0.506	0.530	0.547	0.571	0.630	1.000
$60,000	0.236	0.278	0.358	0.428	0.468	0.482	0.506	0.524	0.547	0.608	1.000
$65,000	0.226	0.267	0.346	0.415	0.452	0.464	0.489	0.507	0.529	0.592	1.000
$70,000	0.216	0.256	0.334	0.401	0.436	0.446	0.471	0.489	0.511	0.575	1.000
$75,000	0.208	0.247	0.323	0.389	0.420	0.428	0.453	0.471	0.492	0.558	1.000
$80,000	0.200	0.237	0.311	0.376	0.404	0.411	0.435	0.453	0.474	0.540	1.000
$85,000	0.210	0.242	0.311	0.370	0.398	0.411	0.423	0.442	0.465	0.532	1.000
$90,000	0.221	0.246	0.310	0.364	0.386	0.399	0.411	0.431	0.456	0.524	1.000
$95,000	0.214	0.239	0.303	0.355	0.376	0.388	0.399	0.419	0.443	0.512	1.000
$100,000	0.207	0.232	0.295	0.347	0.367	0.377	0.387	0.407	0.431	0.499	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8M

Medicaid

OTHER INJECTIBLES / IV THERAPY - HOME											
	Daily Maximum										
Deductible	$1,000	$3,000	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000
$0	0.961	0.978	0.995	0.997	0.998	0.998	0.998	0.999	0.999	1.000	1.000
$1,000	0.923	0.957	0.991	0.993	0.996	0.996	0.997	0.998	0.999	0.999	1.000
$2,000	0.884	0.935	0.986	0.990	0.993	0.994	0.995	0.997	0.998	0.999	1.000
$3,000	0.848	0.914	0.981	0.986	0.991	0.992	0.993	0.996	0.997	0.998	1.000
$4,000	0.819	0.897	0.974	0.981	0.987	0.989	0.991	0.995	0.996	0.997	1.000
$5,000	0.796	0.881	0.967	0.975	0.984	0.986	0.989	0.993	0.995	0.997	1.000
$6,000	0.777	0.867	0.958	0.969	0.980	0.983	0.986	0.992	0.994	0.996	1.000
$7,000	0.759	0.854	0.950	0.962	0.975	0.979	0.983	0.990	0.992	0.995	1.000
$7,500	0.750	0.848	0.945	0.959	0.973	0.977	0.981	0.989	0.992	0.994	1.000
$8,000	0.742	0.841	0.940	0.955	0.970	0.975	0.980	0.988	0.991	0.994	1.000
$9,000	0.726	0.828	0.931	0.948	0.965	0.971	0.976	0.986	0.989	0.993	1.000
$10,000	0.698	0.803	0.909	0.928	0.947	0.957	0.966	0.984	0.988	0.992	1.000
$11,000	0.678	0.789	0.899	0.920	0.942	0.952	0.962	0.981	0.986	0.990	1.000
$12,000	0.658	0.774	0.889	0.913	0.936	0.947	0.958	0.979	0.984	0.989	1.000
$13,000	0.641	0.760	0.879	0.904	0.930	0.942	0.954	0.976	0.982	0.988	1.000
$14,000	0.619	0.744	0.869	0.896	0.924	0.937	0.950	0.974	0.980	0.987	1.000
$15,000	0.599	0.729	0.858	0.888	0.918	0.932	0.946	0.971	0.978	0.985	1.000
$16,000	0.580	0.711	0.842	0.874	0.906	0.922	0.939	0.968	0.976	0.984	1.000
$17,000	0.561	0.694	0.827	0.861	0.895	0.913	0.932	0.966	0.974	0.982	1.000
$18,000	0.545	0.679	0.813	0.849	0.885	0.906	0.926	0.963	0.972	0.981	1.000
$19,000	0.529	0.664	0.800	0.839	0.879	0.900	0.921	0.960	0.970	0.980	1.000
$20,000	0.505	0.642	0.779	0.825	0.872	0.894	0.917	0.957	0.968	0.978	1.000
$22,500	0.473	0.612	0.751	0.803	0.855	0.880	0.905	0.949	0.962	0.974	1.000
$25,000	0.419	0.575	0.725	0.781	0.838	0.865	0.893	0.941	0.956	0.970	1.000
$27,500	0.405	0.557	0.704	0.762	0.823	0.852	0.882	0.934	0.950	0.966	1.000
$30,000	0.389	0.539	0.681	0.740	0.805	0.838	0.870	0.926	0.944	0.962	1.000
$32,500	0.380	0.526	0.666	0.728	0.796	0.830	0.860	0.920	0.939	0.958	1.000
$35,000	0.370	0.513	0.651	0.716	0.787	0.822	0.851	0.913	0.935	0.955	1.000
$40,000	0.351	0.488	0.621	0.693	0.769	0.806	0.839	0.900	0.925	0.947	1.000
$45,000	0.332	0.467	0.596	0.674	0.755	0.793	0.827	0.890	0.917	0.941	1.000
$50,000	0.312	0.445	0.571	0.655	0.741	0.781	0.815	0.880	0.909	0.936	1.000
$55,000	0.297	0.430	0.553	0.641	0.729	0.770	0.805	0.872	0.903	0.931	1.000
$60,000	0.283	0.414	0.535	0.626	0.717	0.760	0.795	0.864	0.896	0.927	1.000
$65,000	0.278	0.405	0.522	0.614	0.706	0.750	0.786	0.857	0.891	0.923	1.000
$70,000	0.272	0.395	0.509	0.602	0.695	0.741	0.780	0.857	0.886	0.920	1.000
$75,000	0.262	0.381	0.493	0.588	0.684	0.731	0.772	0.851	0.881	0.917	1.000
$80,000	0.252	0.368	0.477	0.575	0.672	0.721	0.764	0.846	0.876	0.914	1.000
$85,000	0.250	0.362	0.470	0.565	0.661	0.712	0.755	0.840	0.871	0.910	1.000
$90,000	0.248	0.357	0.462	0.556	0.650	0.702	0.746	0.834	0.865	0.906	1.000
$95,000	0.240	0.346	0.451	0.545	0.638	0.692	0.738	0.828	0.859	0.902	1.000
$100,000	0.232	0.336	0.439	0.533	0.627	0.683	0.732	0.827	0.863	0.898	1.000

Exhibit P-8N

Medicaid

OTHER INJECTIBLES / IV THERAPY - OFFICE											
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.903	0.937	0.950	0.963	0.975	0.988	0.989	0.990	0.992	0.995	1.000
$1,000	0.823	0.885	0.908	0.931	0.954	0.978	0.980	0.982	0.985	0.990	1.000
$2,000	0.753	0.834	0.868	0.901	0.934	0.967	0.971	0.975	0.978	0.985	1.000
$3,000	0.699	0.787	0.830	0.872	0.914	0.957	0.961	0.966	0.971	0.981	1.000
$4,000	0.657	0.748	0.797	0.846	0.896	0.945	0.951	0.957	0.963	0.975	1.000
$5,000	0.622	0.713	0.768	0.823	0.878	0.933	0.940	0.948	0.955	0.970	1.000
$6,000	0.592	0.683	0.742	0.802	0.861	0.920	0.929	0.938	0.947	0.964	1.000
$7,000	0.566	0.655	0.718	0.781	0.845	0.908	0.918	0.928	0.939	0.959	1.000
$7,500	0.553	0.642	0.707	0.772	0.837	0.902	0.913	0.924	0.935	0.956	1.000
$8,000	0.541	0.629	0.696	0.763	0.829	0.896	0.908	0.919	0.931	0.953	1.000
$9,000	0.519	0.605	0.675	0.745	0.815	0.885	0.897	0.910	0.923	0.948	1.000
$10,000	0.498	0.583	0.655	0.728	0.801	0.873	0.887	0.901	0.915	0.942	1.000
$11,000	0.479	0.562	0.637	0.712	0.787	0.862	0.877	0.892	0.907	0.937	1.000
$12,000	0.460	0.542	0.620	0.697	0.774	0.851	0.867	0.883	0.899	0.931	1.000
$13,000	0.445	0.527	0.606	0.684	0.763	0.842	0.859	0.876	0.893	0.927	1.000
$14,000	0.433	0.521	0.600	0.679	0.758	0.837	0.855	0.873	0.892	0.928	1.000
$15,000	0.421	0.513	0.593	0.672	0.752	0.831	0.850	0.870	0.889	0.928	1.000
$16,000	0.410	0.503	0.584	0.664	0.745	0.825	0.846	0.866	0.886	0.927	1.000
$17,000	0.398	0.493	0.574	0.656	0.738	0.820	0.841	0.862	0.884	0.927	1.000
$18,000	0.388	0.483	0.566	0.648	0.731	0.813	0.836	0.858	0.880	0.925	1.000
$19,000	0.378	0.473	0.555	0.638	0.721	0.804	0.828	0.851	0.874	0.920	1.000
$20,000	0.364	0.454	0.538	0.622	0.706	0.790	0.814	0.839	0.863	0.913	1.000
$22,500	0.334	0.424	0.508	0.593	0.678	0.762	0.789	0.817	0.844	0.898	1.000
$25,000	0.307	0.396	0.481	0.566	0.650	0.735	0.765	0.795	0.824	0.884	1.000
$27,500	0.286	0.386	0.470	0.554	0.637	0.721	0.753	0.785	0.817	0.882	1.000
$30,000	0.261	0.374	0.457	0.540	0.623	0.706	0.740	0.775	0.810	0.879	1.000
$32,500	0.252	0.363	0.444	0.525	0.606	0.687	0.723	0.759	0.795	0.868	1.000
$35,000	0.243	0.352	0.431	0.510	0.589	0.669	0.706	0.743	0.781	0.856	1.000
$40,000	0.225	0.330	0.405	0.480	0.556	0.631	0.672	0.712	0.752	0.833	1.000
$45,000	0.222	0.325	0.396	0.467	0.539	0.610	0.652	0.693	0.734	0.817	1.000
$50,000	0.220	0.319	0.387	0.454	0.522	0.590	0.632	0.674	0.717	0.801	1.000
$55,000	0.220	0.319	0.382	0.445	0.508	0.571	0.613	0.655	0.698	0.782	1.000
$60,000	0.221	0.318	0.377	0.435	0.494	0.553	0.595	0.637	0.679	0.763	1.000
$65,000	0.217	0.314	0.369	0.425	0.481	0.536	0.577	0.618	0.659	0.741	1.000
$70,000	0.213	0.309	0.362	0.415	0.467	0.520	0.560	0.600	0.640	0.720	1.000
$75,000	0.216	0.312	0.363	0.414	0.464	0.515	0.554	0.592	0.631	0.708	1.000
$80,000	0.220	0.315	0.364	0.413	0.462	0.511	0.548	0.585	0.622	0.696	1.000
$85,000	0.224	0.318	0.365	0.413	0.461	0.508	0.544	0.580	0.615	0.687	1.000
$90,000	0.228	0.321	0.367	0.413	0.459	0.506	0.540	0.574	0.609	0.678	1.000
$95,000	0.226	0.319	0.364	0.409	0.453	0.498	0.531	0.565	0.598	0.664	1.000
$100,000	0.224	0.317	0.360	0.404	0.447	0.491	0.523	0.555	0.587	0.651	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8O

Medicaid

Pharma - All Services											
	Daily Maximum										
Deductible	$500	$1,000	$2,000	$3,000	$4,000	$5,000	$6,000	$7,000	$8,000	$10,000	$15,000
$0	0.889	0.922	0.934	0.947	0.960	0.973	0.976	0.978	0.981	0.986	1.000
$1,000	0.796	0.855	0.879	0.903	0.926	0.950	0.955	0.960	0.964	0.974	1.000
$2,000	0.715	0.792	0.826	0.860	0.894	0.927	0.934	0.941	0.948	0.962	1.000
$3,000	0.649	0.732	0.775	0.818	0.860	0.903	0.912	0.922	0.931	0.949	1.000
$4,000	0.595	0.679	0.728	0.778	0.828	0.877	0.889	0.901	0.913	0.936	1.000
$5,000	0.599	0.681	0.736	0.791	0.846	0.901	0.910	0.920	0.929	0.947	1.000
$6,000	0.558	0.638	0.697	0.757	0.816	0.875	0.887	0.898	0.910	0.934	1.000
$7,000	0.521	0.599	0.662	0.724	0.787	0.850	0.864	0.878	0.892	0.920	1.000
$7,500	0.504	0.581	0.645	0.709	0.774	0.838	0.853	0.868	0.883	0.914	1.000
$8,000	0.488	0.563	0.629	0.695	0.760	0.826	0.842	0.859	0.875	0.908	1.000
$9,000	0.458	0.531	0.599	0.667	0.735	0.803	0.822	0.840	0.858	0.895	1.000
$10,000	0.454	0.525	0.596	0.666	0.736	0.806	0.827	0.847	0.868	0.908	1.000
$11,000	0.430	0.499	0.571	0.643	0.715	0.787	0.809	0.831	0.853	0.897	1.000
$12,000	0.405	0.472	0.546	0.619	0.693	0.767	0.791	0.814	0.838	0.886	1.000
$13,000	0.387	0.452	0.529	0.605	0.681	0.758	0.783	0.807	0.832	0.882	1.000
$14,000	0.376	0.440	0.520	0.600	0.680	0.760	0.785	0.810	0.835	0.885	1.000
$15,000	0.366	0.428	0.511	0.595	0.679	0.762	0.787	0.813	0.838	0.888	1.000
$16,000	0.348	0.409	0.493	0.577	0.662	0.746	0.773	0.800	0.826	0.880	1.000
$17,000	0.331	0.390	0.475	0.560	0.645	0.730	0.759	0.787	0.815	0.872	1.000
$18,000	0.321	0.378	0.463	0.549	0.634	0.720	0.749	0.779	0.808	0.867	1.000
$19,000	0.316	0.372	0.458	0.544	0.630	0.716	0.746	0.776	0.806	0.867	1.000
$20,000	0.312	0.366	0.452	0.538	0.625	0.711	0.742	0.773	0.804	0.866	1.000
$22,500	0.283	0.332	0.419	0.505	0.591	0.678	0.713	0.747	0.782	0.851	1.000
$25,000	0.258	0.304	0.390	0.476	0.562	0.648	0.685	0.722	0.759	0.833	1.000
$27,500	0.253	0.294	0.379	0.464	0.549	0.633	0.671	0.709	0.747	0.823	1.000
$30,000	0.247	0.285	0.369	0.452	0.536	0.619	0.658	0.697	0.736	0.814	1.000
$32,500	0.238	0.272	0.354	0.436	0.517	0.599	0.640	0.682	0.723	0.805	1.000
$35,000	0.228	0.260	0.340	0.419	0.499	0.579	0.623	0.666	0.710	0.797	1.000
$40,000	0.208	0.235	0.311	0.387	0.463	0.539	0.587	0.635	0.684	0.780	1.000
$45,000	0.199	0.222	0.294	0.366	0.438	0.509	0.561	0.613	0.665	0.768	1.000
$50,000	0.191	0.210	0.278	0.345	0.413	0.480	0.535	0.590	0.645	0.756	1.000
$55,000	0.186	0.203	0.267	0.330	0.394	0.457	0.512	0.568	0.623	0.733	1.000
$60,000	0.181	0.197	0.256	0.315	0.375	0.434	0.489	0.545	0.600	0.711	1.000
$65,000	0.178	0.192	0.248	0.304	0.360	0.416	0.471	0.526	0.581	0.691	1.000
$70,000	0.174	0.188	0.240	0.293	0.346	0.399	0.453	0.507	0.561	0.670	1.000
$75,000	0.172	0.185	0.235	0.285	0.335	0.385	0.438	0.491	0.545	0.652	1.000
$80,000	0.170	0.182	0.229	0.276	0.323	0.371	0.423	0.476	0.528	0.633	1.000
$85,000	0.156	0.167	0.215	0.263	0.311	0.359	0.411	0.462	0.513	0.616	1.000
$90,000	0.142	0.152	0.201	0.250	0.299	0.348	0.398	0.448	0.499	0.600	1.000
$95,000	0.141	0.150	0.194	0.238	0.282	0.326	0.378	0.429	0.481	0.584	1.000
$100,000	0.140	0.148	0.187	0.226	0.265	0.304	0.357	0.410	0.463	0.569	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8P

Medicaid

OUTPATIENT SURGERY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.887	0.922	0.956	0.967	0.978	0.981	0.987	0.992	0.994	0.996	1.000
$1,000	0.825	0.878	0.932	0.949	0.967	0.971	0.980	0.988	0.991	0.994	1.000
$2,000	0.776	0.844	0.912	0.935	0.958	0.964	0.975	0.985	0.989	0.993	1.000
$3,000	0.726	0.809	0.892	0.921	0.950	0.956	0.969	0.983	0.987	0.991	1.000
$4,000	0.673	0.772	0.870	0.906	0.941	0.949	0.964	0.980	0.985	0.990	1.000
$5,000	0.615	0.731	0.846	0.889	0.931	0.940	0.958	0.976	0.983	0.988	1.000
$6,000	0.552	0.686	0.820	0.871	0.921	0.931	0.952	0.973	0.980	0.987	1.000
$7,000	0.490	0.641	0.793	0.851	0.910	0.922	0.946	0.969	0.978	0.985	1.000
$7,500	0.462	0.620	0.779	0.842	0.904	0.917	0.942	0.967	0.976	0.984	1.000
$8,000	0.436	0.601	0.766	0.832	0.898	0.911	0.938	0.965	0.975	0.983	1.000
$9,000	0.393	0.566	0.739	0.812	0.885	0.900	0.931	0.961	0.972	0.981	1.000
$10,000	0.358	0.535	0.712	0.791	0.871	0.888	0.923	0.957	0.969	0.979	1.000
$11,000	0.334	0.508	0.683	0.769	0.856	0.875	0.913	0.952	0.965	0.977	1.000
$12,000	0.310	0.482	0.654	0.747	0.840	0.861	0.904	0.947	0.962	0.974	1.000
$13,000	0.292	0.460	0.629	0.727	0.825	0.849	0.895	0.942	0.958	0.972	1.000
$14,000	0.274	0.433	0.593	0.699	0.805	0.831	0.883	0.935	0.954	0.969	1.000
$15,000	0.258	0.410	0.561	0.674	0.786	0.815	0.872	0.930	0.950	0.966	1.000
$16,000	0.247	0.387	0.527	0.646	0.765	0.797	0.860	0.923	0.945	0.963	1.000
$17,000	0.235	0.364	0.493	0.618	0.744	0.778	0.847	0.916	0.941	0.960	1.000
$18,000	0.226	0.346	0.465	0.594	0.724	0.761	0.836	0.910	0.936	0.958	1.000
$19,000	0.221	0.331	0.441	0.574	0.707	0.747	0.827	0.907	0.935	0.956	1.000
$20,000	0.220	0.316	0.411	0.554	0.697	0.740	0.826	0.913	0.939	0.960	1.000
$22,500	0.207	0.286	0.365	0.505	0.645	0.695	0.795	0.895	0.926	0.951	1.000
$25,000	0.197	0.264	0.331	0.460	0.589	0.646	0.761	0.875	0.911	0.941	1.000
$27,500	0.195	0.259	0.322	0.435	0.549	0.612	0.737	0.862	0.902	0.934	1.000
$30,000	0.193	0.253	0.313	0.411	0.509	0.577	0.713	0.849	0.892	0.928	1.000
$32,500	0.195	0.252	0.308	0.397	0.486	0.554	0.689	0.824	0.873	0.915	1.000
$35,000	0.197	0.250	0.304	0.383	0.463	0.530	0.664	0.798	0.854	0.902	1.000
$40,000	0.200	0.247	0.294	0.356	0.418	0.484	0.615	0.747	0.815	0.877	1.000
$45,000	0.203	0.248	0.292	0.348	0.405	0.459	0.569	0.678	0.763	0.842	1.000
$50,000	0.207	0.248	0.290	0.341	0.392	0.435	0.522	0.609	0.712	0.808	1.000
$55,000	0.212	0.253	0.294	0.342	0.391	0.422	0.483	0.544	0.663	0.775	1.000
$60,000	0.218	0.258	0.297	0.344	0.391	0.408	0.444	0.479	0.614	0.743	1.000
$65,000	0.218	0.260	0.303	0.349	0.394	0.412	0.448	0.484	0.618	0.745	1.000
$70,000	0.218	0.263	0.308	0.353	0.398	0.416	0.453	0.490	0.622	0.748	1.000
$75,000	0.212	0.260	0.308	0.353	0.397	0.414	0.447	0.480	0.615	0.743	1.000
$80,000	0.207	0.257	0.308	0.352	0.396	0.411	0.441	0.471	0.608	0.739	1.000
$85,000	0.208	0.255	0.302	0.346	0.390	0.405	0.437	0.468	0.606	0.737	1.000
$90,000	0.208	0.252	0.297	0.340	0.384	0.400	0.432	0.464	0.603	0.735	1.000
$95,000	0.210	0.250	0.291	0.338	0.384	0.400	0.432	0.463	0.602	0.735	1.000
$100,000	0.211	0.248	0.286	0.336	0.385	0.400	0.431	0.462	0.602	0.734	1.000

Exhibit P-8Q

Medicaid

DIALYSIS											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.976	0.978	0.979	0.980	0.981	0.986	0.988	0.990	0.994	0.994	1.000
$1,000	0.952	0.955	0.958	0.960	0.963	0.972	0.977	0.981	0.989	0.989	1.000
$2,000	0.926	0.930	0.935	0.938	0.942	0.957	0.964	0.971	0.984	0.983	1.000
$3,000	0.895	0.901	0.907	0.913	0.918	0.939	0.950	0.959	0.977	0.977	1.000
$4,000	0.860	0.868	0.877	0.884	0.892	0.920	0.935	0.947	0.971	0.970	1.000
$5,000	0.822	0.833	0.844	0.853	0.863	0.899	0.918	0.933	0.963	0.962	1.000
$6,000	0.783	0.797	0.810	0.822	0.833	0.877	0.901	0.919	0.955	0.954	1.000
$7,000	0.744	0.760	0.775	0.789	0.803	0.855	0.883	0.904	0.948	0.946	1.000
$7,500	0.712	0.729	0.745	0.760	0.776	0.844	0.874	0.897	0.944	0.942	1.000
$8,000	0.692	0.710	0.728	0.744	0.760	0.833	0.865	0.890	0.940	0.938	1.000
$9,000	0.653	0.673	0.693	0.712	0.730	0.811	0.848	0.876	0.932	0.930	1.000
$10,000	0.609	0.631	0.653	0.674	0.694	0.789	0.830	0.862	0.924	0.923	1.000
$11,000	0.569	0.592	0.615	0.638	0.660	0.768	0.813	0.848	0.917	0.915	1.000
$12,000	0.529	0.553	0.578	0.602	0.626	0.747	0.797	0.834	0.910	0.908	1.000
$13,000	0.497	0.522	0.547	0.573	0.598	0.729	0.782	0.822	0.903	0.901	1.000
$14,000	0.462	0.488	0.514	0.541	0.568	0.707	0.764	0.808	0.896	0.893	1.000
$15,000	0.432	0.458	0.484	0.512	0.541	0.688	0.749	0.795	0.889	0.886	1.000
$16,000	0.405	0.431	0.456	0.486	0.516	0.669	0.734	0.783	0.882	0.880	1.000
$17,000	0.378	0.403	0.429	0.459	0.490	0.651	0.719	0.771	0.876	0.873	1.000
$18,000	0.357	0.381	0.406	0.437	0.469	0.635	0.706	0.761	0.871	0.867	1.000
$19,000	0.337	0.361	0.385	0.416	0.448	0.620	0.694	0.751	0.865	0.862	1.000
$20,000	0.308	0.331	0.353	0.386	0.418	0.599	0.677	0.737	0.858	0.854	1.000
$22,500	0.270	0.291	0.312	0.345	0.377	0.567	0.651	0.715	0.844	0.840	1.000
$25,000	0.244	0.263	0.283	0.314	0.344	0.538	0.626	0.695	0.832	0.827	1.000
$27,500	0.231	0.249	0.267	0.295	0.323	0.511	0.604	0.676	0.820	0.815	1.000
$30,000	0.217	0.234	0.251	0.276	0.302	0.485	0.581	0.657	0.808	0.803	1.000
$32,500	0.202	0.222	0.241	0.264	0.287	0.468	0.572	0.653	0.817	0.798	1.000
$35,000	0.187	0.209	0.231	0.252	0.273	0.452	0.562	0.650	0.826	0.794	1.000
$40,000	0.157	0.183	0.210	0.227	0.245	0.419	0.543	0.643	0.843	0.792	1.000
$45,000	0.142	0.173	0.204	0.220	0.236	0.395	0.533	0.647	0.873	0.797	1.000
$50,000	0.127	0.163	0.198	0.213	0.227	0.371	0.524	0.650	0.903	0.802	1.000
$55,000	0.119	0.157	0.196	0.209	0.223	0.346	0.506	0.638	0.902	0.798	1.000
$60,000	0.111	0.152	0.193	0.206	0.219	0.321	0.488	0.626	0.901	0.794	1.000
$65,000	0.105	0.149	0.194	0.206	0.219	0.312	0.482	0.621	0.899	0.795	1.000
$70,000	0.100	0.147	0.194	0.207	0.219	0.304	0.477	0.628	0.921	0.798	1.000
$75,000	0.096	0.143	0.190	0.202	0.215	0.296	0.467	0.615	0.902	0.788	1.000
$80,000	0.092	0.139	0.186	0.198	0.211	0.289	0.458	0.602	0.884	0.769	1.000
$85,000	0.089	0.140	0.190	0.202	0.214	0.291	0.460	0.603	0.883	0.763	1.000
$90,000	0.087	0.140	0.193	0.205	0.217	0.293	0.462	0.604	0.882	0.756	1.000
$95,000	0.085	0.141	0.198	0.210	0.222	0.297	0.464	0.604	0.880	0.748	1.000
$100,000	0.083	0.142	0.202	0.214	0.226	0.301	0.467	0.605	0.878	0.741	1.000

Daily and Annual Maximum factor by service type Exhibit P-8R

Medicaid

RADIOLOGY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.986	0.991	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000
$1,000	0.974	0.984	0.994	0.996	0.998	0.998	0.999	1.000	1.000	1.000	1.000
$2,000	0.961	0.976	0.990	0.994	0.997	0.998	0.999	0.999	1.000	1.000	1.000
$3,000	0.946	0.966	0.986	0.991	0.996	0.997	0.998	0.999	0.999	1.000	1.000
$4,000	0.927	0.954	0.981	0.988	0.995	0.996	0.997	0.999	0.999	1.000	1.000
$5,000	0.906	0.940	0.974	0.984	0.993	0.995	0.997	0.999	0.999	0.999	1.000
$6,000	0.883	0.925	0.968	0.979	0.991	0.993	0.996	0.998	0.999	0.999	1.000
$7,000	0.861	0.911	0.960	0.975	0.989	0.992	0.995	0.998	0.999	0.999	1.000
$7,500	0.852	0.904	0.957	0.973	0.988	0.991	0.995	0.998	0.999	0.999	1.000
$8,000	0.842	0.898	0.953	0.970	0.987	0.990	0.994	0.998	0.998	0.999	1.000
$9,000	0.824	0.885	0.945	0.965	0.985	0.989	0.993	0.997	0.998	0.999	1.000
$10,000	0.808	0.872	0.937	0.960	0.982	0.987	0.992	0.997	0.998	0.999	1.000
$11,000	0.793	0.860	0.928	0.954	0.979	0.984	0.990	0.996	0.997	0.998	1.000
$12,000	0.778	0.849	0.919	0.948	0.976	0.982	0.989	0.995	0.997	0.998	1.000
$13,000	0.765	0.838	0.911	0.942	0.973	0.980	0.988	0.995	0.997	0.998	1.000
$14,000	0.751	0.825	0.900	0.934	0.969	0.977	0.986	0.994	0.996	0.998	1.000
$15,000	0.738	0.814	0.890	0.927	0.965	0.974	0.984	0.993	0.996	0.997	1.000
$16,000	0.727	0.803	0.879	0.919	0.960	0.971	0.982	0.992	0.995	0.997	1.000
$17,000	0.716	0.792	0.867	0.911	0.955	0.967	0.980	0.991	0.995	0.997	1.000
$18,000	0.707	0.782	0.858	0.904	0.950	0.964	0.978	0.990	0.994	0.996	1.000
$19,000	0.699	0.774	0.848	0.897	0.945	0.960	0.976	0.989	0.994	0.996	1.000
$20,000	0.687	0.761	0.834	0.886	0.938	0.955	0.972	0.988	0.993	0.995	1.000
$22,500	0.676	0.745	0.815	0.870	0.925	0.945	0.966	0.986	0.991	0.994	1.000
$25,000	0.667	0.732	0.798	0.854	0.911	0.933	0.959	0.983	0.989	0.993	1.000
$27,500	0.661	0.723	0.784	0.839	0.895	0.919	0.950	0.980	0.986	0.991	1.000
$30,000	0.656	0.713	0.770	0.824	0.879	0.905	0.942	0.976	0.984	0.989	1.000
$32,500	0.657	0.711	0.764	0.815	0.866	0.894	0.934	0.971	0.980	0.986	1.000
$35,000	0.659	0.709	0.759	0.807	0.854	0.884	0.926	0.966	0.976	0.984	1.000
$40,000	0.662	0.705	0.747	0.789	0.830	0.863	0.910	0.956	0.968	0.978	1.000
$45,000	0.676	0.714	0.752	0.789	0.825	0.856	0.900	0.942	0.957	0.971	1.000
$50,000	0.690	0.724	0.757	0.789	0.820	0.849	0.889	0.928	0.946	0.963	1.000
$55,000	0.706	0.737	0.769	0.798	0.826	0.851	0.883	0.914	0.935	0.955	1.000
$60,000	0.722	0.751	0.780	0.806	0.832	0.853	0.877	0.900	0.925	0.947	1.000
$65,000	0.733	0.762	0.790	0.815	0.840	0.858	0.877	0.895	0.920	0.944	1.000
$70,000	0.745	0.773	0.800	0.824	0.847	0.863	0.877	0.889	0.916	0.941	1.000
$75,000	0.753	0.781	0.808	0.831	0.854	0.868	0.880	0.891	0.916	0.940	1.000
$80,000	0.762	0.789	0.816	0.838	0.861	0.874	0.884	0.892	0.917	0.940	1.000
$85,000	0.769	0.796	0.822	0.845	0.867	0.880	0.889	0.896	0.919	0.940	1.000
$90,000	0.777	0.803	0.829	0.851	0.873	0.886	0.893	0.899	0.921	0.941	1.000
$95,000	0.783	0.809	0.835	0.856	0.878	0.890	0.897	0.902	0.923	0.941	1.000
$100,000	0.790	0.815	0.840	0.862	0.883	0.895	0.901	0.905	0.924	0.941	1.000

Exhibit P-8S

Medicaid

RADIATION THERAPY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.968	0.973	0.977	0.981	0.984	0.992	0.994	0.996	0.999	0.998	1.000
$1,000	0.937	0.946	0.955	0.962	0.969	0.985	0.989	0.992	0.998	0.997	1.000
$2,000	0.902	0.917	0.931	0.942	0.953	0.978	0.983	0.988	0.997	0.995	1.000
$3,000	0.863	0.883	0.903	0.919	0.935	0.969	0.977	0.984	0.996	0.994	1.000
$4,000	0.821	0.847	0.873	0.894	0.915	0.960	0.971	0.979	0.995	0.992	1.000
$5,000	0.776	0.809	0.842	0.868	0.894	0.950	0.963	0.974	0.994	0.990	1.000
$6,000	0.731	0.771	0.810	0.841	0.873	0.940	0.956	0.968	0.993	0.989	1.000
$7,000	0.687	0.733	0.778	0.815	0.852	0.930	0.949	0.963	0.992	0.987	1.000
$7,500	0.665	0.714	0.763	0.802	0.841	0.925	0.946	0.961	0.991	0.986	1.000
$8,000	0.644	0.695	0.747	0.789	0.831	0.920	0.942	0.958	0.990	0.985	1.000
$9,000	0.602	0.659	0.716	0.763	0.810	0.911	0.935	0.953	0.989	0.983	1.000
$10,000	0.563	0.624	0.686	0.737	0.789	0.901	0.928	0.948	0.988	0.981	1.000
$11,000	0.533	0.592	0.657	0.712	0.768	0.891	0.921	0.943	0.987	0.980	1.000
$12,000	0.504	0.560	0.628	0.688	0.747	0.881	0.914	0.938	0.986	0.978	1.000
$13,000	0.479	0.533	0.603	0.666	0.729	0.873	0.908	0.933	0.985	0.976	1.000
$14,000	0.448	0.501	0.571	0.638	0.706	0.862	0.900	0.928	0.984	0.975	1.000
$15,000	0.421	0.472	0.543	0.614	0.685	0.852	0.893	0.923	0.982	0.973	1.000
$16,000	0.397	0.446	0.516	0.590	0.663	0.842	0.886	0.918	0.981	0.971	1.000
$17,000	0.373	0.421	0.489	0.565	0.641	0.832	0.879	0.912	0.980	0.970	1.000
$18,000	0.354	0.400	0.466	0.544	0.622	0.823	0.872	0.908	0.979	0.968	1.000
$19,000	0.338	0.381	0.444	0.523	0.602	0.814	0.866	0.903	0.978	0.967	1.000
$20,000	0.313	0.352	0.412	0.493	0.574	0.801	0.857	0.897	0.976	0.965	1.000
$22,500	0.280	0.314	0.367	0.450	0.533	0.781	0.841	0.886	0.974	0.961	1.000
$25,000	0.250	0.283	0.329	0.410	0.490	0.761	0.826	0.874	0.972	0.956	1.000
$27,500	0.230	0.272	0.326	0.399	0.472	0.765	0.828	0.876	0.971	0.952	1.000
$30,000	0.210	0.261	0.324	0.389	0.454	0.768	0.831	0.878	0.971	0.947	1.000
$32,500	0.200	0.249	0.310	0.368	0.427	0.746	0.814	0.865	0.968	0.942	1.000
$35,000	0.190	0.238	0.296	0.348	0.399	0.724	0.797	0.853	0.965	0.937	1.000
$40,000	0.169	0.214	0.268	0.306	0.344	0.681	0.762	0.828	0.959	0.927	1.000
$45,000	0.159	0.206	0.258	0.295	0.332	0.625	0.718	0.796	0.952	0.915	1.000
$50,000	0.149	0.197	0.248	0.284	0.319	0.568	0.674	0.764	0.944	0.902	1.000
$55,000	0.144	0.193	0.244	0.278	0.312	0.507	0.626	0.729	0.935	0.890	1.000
$60,000	0.139	0.190	0.240	0.273	0.305	0.445	0.577	0.693	0.926	0.877	1.000
$65,000	0.137	0.188	0.238	0.274	0.309	0.425	0.559	0.677	0.914	0.869	1.000
$70,000	0.136	0.186	0.236	0.274	0.312	0.406	0.542	0.662	0.902	0.862	1.000
$75,000	0.135	0.185	0.235	0.273	0.311	0.397	0.532	0.650	0.888	0.856	1.000
$80,000	0.134	0.184	0.235	0.272	0.310	0.389	0.522	0.639	0.873	0.850	1.000
$85,000	0.134	0.184	0.234	0.272	0.310	0.387	0.516	0.629	0.855	0.844	1.000
$90,000	0.134	0.184	0.234	0.272	0.309	0.384	0.509	0.619	0.838	0.838	1.000
$95,000	0.134	0.185	0.235	0.275	0.316	0.396	0.513	0.615	0.817	0.832	1.000
$100,000	0.135	0.185	0.235	0.279	0.322	0.409	0.517	0.610	0.796	0.825	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8T

Medicaid

ALL OTHER OP FACILITY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.936	0.957	0.977	0.983	0.988	0.995	0.996	0.997	0.999	0.999	1.000
$1,000	0.897	0.930	0.962	0.972	0.981	0.992	0.994	0.995	0.999	0.998	1.000
$2,000	0.856	0.901	0.947	0.960	0.973	0.989	0.991	0.994	0.998	0.998	1.000
$3,000	0.809	0.869	0.929	0.946	0.964	0.985	0.989	0.992	0.997	0.997	1.000
$4,000	0.757	0.832	0.908	0.931	0.954	0.981	0.986	0.989	0.997	0.996	1.000
$5,000	0.698	0.792	0.885	0.914	0.943	0.976	0.982	0.987	0.996	0.995	1.000
$6,000	0.638	0.749	0.860	0.895	0.931	0.971	0.979	0.984	0.995	0.995	1.000
$7,000	0.586	0.710	0.834	0.876	0.918	0.965	0.974	0.981	0.994	0.994	1.000
$7,500	0.563	0.692	0.821	0.866	0.911	0.962	0.972	0.979	0.993	0.993	1.000
$8,000	0.542	0.675	0.807	0.856	0.904	0.959	0.970	0.978	0.993	0.993	1.000
$9,000	0.504	0.642	0.780	0.835	0.889	0.953	0.965	0.974	0.992	0.992	1.000
$10,000	0.472	0.612	0.753	0.813	0.873	0.946	0.961	0.971	0.991	0.991	1.000
$11,000	0.446	0.585	0.723	0.789	0.855	0.939	0.955	0.966	0.989	0.989	1.000
$12,000	0.421	0.557	0.694	0.765	0.837	0.931	0.950	0.962	0.988	0.988	1.000
$13,000	0.400	0.534	0.667	0.744	0.820	0.924	0.944	0.959	0.987	0.987	1.000
$14,000	0.378	0.505	0.632	0.715	0.798	0.914	0.938	0.953	0.985	0.986	1.000
$15,000	0.358	0.479	0.600	0.689	0.777	0.906	0.931	0.949	0.984	0.984	1.000
$16,000	0.341	0.455	0.568	0.661	0.755	0.896	0.924	0.944	0.982	0.983	1.000
$17,000	0.325	0.431	0.536	0.634	0.732	0.887	0.918	0.938	0.980	0.981	1.000
$18,000	0.312	0.411	0.510	0.611	0.711	0.878	0.911	0.934	0.979	0.980	1.000
$19,000	0.300	0.393	0.487	0.588	0.689	0.869	0.905	0.929	0.977	0.978	1.000
$20,000	0.283	0.368	0.453	0.556	0.659	0.856	0.895	0.922	0.975	0.977	1.000
$22,500	0.263	0.337	0.411	0.511	0.612	0.836	0.879	0.910	0.971	0.972	1.000
$25,000	0.245	0.311	0.376	0.469	0.561	0.815	0.862	0.897	0.967	0.968	1.000
$27,500	0.231	0.297	0.362	0.444	0.526	0.803	0.854	0.893	0.969	0.962	1.000
$30,000	0.217	0.282	0.348	0.419	0.490	0.792	0.847	0.888	0.971	0.957	1.000
$32,500	0.208	0.270	0.332	0.400	0.467	0.771	0.829	0.875	0.966	0.952	1.000
$35,000	0.200	0.258	0.316	0.380	0.445	0.750	0.812	0.862	0.961	0.946	1.000
$40,000	0.182	0.233	0.284	0.341	0.399	0.707	0.778	0.835	0.951	0.934	1.000
$45,000	0.174	0.221	0.269	0.321	0.373	0.643	0.728	0.801	0.945	0.920	1.000
$50,000	0.166	0.210	0.254	0.300	0.346	0.579	0.679	0.766	0.940	0.907	1.000
$55,000	0.161	0.204	0.246	0.293	0.340	0.534	0.644	0.740	0.933	0.894	1.000
$60,000	0.157	0.197	0.238	0.285	0.333	0.490	0.608	0.714	0.925	0.881	1.000
$65,000	0.153	0.193	0.233	0.279	0.326	0.460	0.582	0.691	0.910	0.872	1.000
$70,000	0.150	0.189	0.228	0.273	0.318	0.429	0.555	0.669	0.895	0.863	1.000
$75,000	0.148	0.186	0.224	0.269	0.313	0.427	0.551	0.662	0.884	0.855	1.000
$80,000	0.145	0.183	0.221	0.265	0.309	0.425	0.547	0.655	0.873	0.848	1.000
$85,000	0.143	0.180	0.218	0.265	0.311	0.429	0.546	0.651	0.860	0.841	1.000
$90,000	0.141	0.178	0.215	0.265	0.314	0.433	0.546	0.647	0.847	0.834	1.000
$95,000	0.139	0.176	0.213	0.262	0.311	0.429	0.537	0.633	0.826	0.827	1.000
$100,000	0.137	0.174	0.211	0.260	0.309	0.424	0.528	0.620	0.804	0.820	1.000

Exhibit P-8U

Medicaid

ALL OP FACILITY											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000
$0	0.804	0.855	0.907	0.925	0.944	0.973	0.979	0.984	0.994	0.992	1.000
$1,000	0.729	0.799	0.870	0.897	0.923	0.962	0.971	0.978	0.992	0.989	1.000
$2,000	0.664	0.751	0.838	0.872	0.905	0.954	0.964	0.973	0.991	0.987	1.000
$3,000	0.599	0.702	0.805	0.846	0.887	0.945	0.958	0.968	0.989	0.984	1.000
$4,000	0.531	0.651	0.772	0.820	0.869	0.936	0.951	0.963	0.987	0.982	1.000
$5,000	0.460	0.598	0.736	0.793	0.850	0.927	0.944	0.958	0.985	0.979	1.000
$6,000	0.388	0.544	0.699	0.764	0.830	0.917	0.937	0.952	0.983	0.977	1.000
$7,000	0.325	0.494	0.663	0.736	0.809	0.907	0.929	0.947	0.982	0.974	1.000
$7,500	0.298	0.471	0.645	0.721	0.798	0.902	0.926	0.944	0.981	0.973	1.000
$8,000	0.274	0.451	0.627	0.707	0.787	0.897	0.922	0.941	0.980	0.971	1.000
$9,000	0.235	0.414	0.593	0.679	0.765	0.886	0.914	0.935	0.977	0.969	1.000
$10,000	0.204	0.381	0.559	0.651	0.742	0.875	0.906	0.929	0.975	0.966	1.000
$11,000	0.183	0.354	0.525	0.622	0.718	0.863	0.897	0.922	0.973	0.963	1.000
$12,000	0.162	0.327	0.491	0.593	0.694	0.852	0.889	0.916	0.971	0.960	1.000
$13,000	0.146	0.304	0.462	0.567	0.673	0.841	0.881	0.910	0.969	0.957	1.000
$14,000	0.131	0.277	0.423	0.534	0.645	0.828	0.871	0.903	0.966	0.954	1.000
$15,000	0.118	0.253	0.389	0.504	0.619	0.816	0.862	0.896	0.964	0.951	1.000
$16,000	0.109	0.232	0.355	0.474	0.593	0.803	0.853	0.889	0.962	0.947	1.000
$17,000	0.100	0.210	0.321	0.444	0.567	0.790	0.843	0.882	0.959	0.944	1.000
$18,000	0.093	0.193	0.294	0.419	0.543	0.779	0.835	0.876	0.957	0.941	1.000
$19,000	0.087	0.179	0.271	0.395	0.519	0.767	0.826	0.869	0.955	0.938	1.000
$20,000	0.078	0.157	0.235	0.360	0.485	0.751	0.814	0.860	0.952	0.934	1.000
$22,500	0.069	0.133	0.197	0.316	0.434	0.726	0.794	0.845	0.945	0.925	1.000
$25,000	0.062	0.116	0.171	0.276	0.381	0.701	0.774	0.829	0.939	0.916	1.000
$27,500	0.069	0.118	0.166	0.258	0.350	0.692	0.768	0.825	0.938	0.914	1.000
$30,000	0.077	0.119	0.162	0.241	0.319	0.684	0.762	0.820	0.937	0.910	1.000
$32,500	0.074	0.114	0.154	0.225	0.296	0.655	0.739	0.802	0.929	0.900	1.000
$35,000	0.071	0.109	0.147	0.209	0.272	0.626	0.715	0.784	0.922	0.890	1.000
$40,000	0.065	0.098	0.131	0.178	0.225	0.567	0.668	0.748	0.907	0.870	1.000
$45,000	0.069	0.100	0.131	0.174	0.216	0.513	0.625	0.713	0.889	0.847	1.000
$50,000	0.073	0.102	0.131	0.169	0.207	0.460	0.581	0.678	0.872	0.825	1.000
$55,000	0.072	0.100	0.129	0.165	0.202	0.408	0.539	0.650	0.866	0.815	1.000
$60,000	0.070	0.098	0.126	0.161	0.196	0.356	0.496	0.615	0.850	0.796	1.000
$65,000	0.070	0.097	0.125	0.165	0.206	0.345	0.484	0.601	0.831	0.780	1.000
$70,000	0.069	0.096	0.123	0.170	0.216	0.334	0.472	0.587	0.813	0.765	1.000
$75,000	0.068	0.095	0.122	0.168	0.214	0.326	0.461	0.572	0.792	0.750	1.000
$80,000	0.068	0.095	0.122	0.167	0.213	0.318	0.450	0.557	0.772	0.735	1.000
$85,000	0.074	0.100	0.127	0.176	0.225	0.327	0.451	0.559	0.766	0.741	1.000
$90,000	0.079	0.106	0.133	0.184	0.236	0.336	0.453	0.553	0.745	0.734	1.000
$95,000	0.079	0.106	0.132	0.184	0.236	0.334	0.446	0.540	0.721	0.723	1.000
$100,000	0.079	0.105	0.132	0.183	0.235	0.332	0.438	0.528	0.698	0.713	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8V

Medicaid

DME / ORTHOTICS / SUPPLIES											
	Annual Maximum										
Deductible	$1,500	$2,000	$2,500	$3,000	$4,000	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000
$0	0.996	0.997	0.997	0.998	0.998	0.998	0.999	0.999	0.999	0.999	1.000
$1,000	0.992	0.994	0.994	0.995	0.996	0.997	0.997	0.998	0.998	0.999	1.000
$2,000	0.986	0.989	0.991	0.992	0.993	0.994	0.996	0.997	0.998	0.998	1.000
$3,000	0.979	0.984	0.986	0.988	0.990	0.992	0.994	0.996	0.997	0.997	1.000
$4,000	0.973	0.978	0.981	0.984	0.986	0.988	0.991	0.994	0.996	0.996	1.000
$5,000	0.966	0.972	0.975	0.978	0.981	0.985	0.989	0.993	0.994	0.995	1.000
$6,000	0.960	0.966	0.969	0.972	0.976	0.980	0.985	0.991	0.993	0.994	1.000
$7,000	0.954	0.960	0.963	0.967	0.971	0.976	0.982	0.988	0.991	0.992	1.000
$7,500	0.951	0.957	0.960	0.964	0.969	0.974	0.980	0.987	0.990	0.992	1.000
$8,000	0.948	0.954	0.957	0.961	0.966	0.971	0.979	0.986	0.989	0.991	1.000
$9,000	0.942	0.948	0.951	0.955	0.960	0.966	0.975	0.983	0.987	0.989	1.000
$10,000	0.936	0.942	0.945	0.949	0.955	0.961	0.971	0.980	0.984	0.987	1.000
$11,000	0.930	0.936	0.939	0.943	0.949	0.956	0.966	0.976	0.982	0.985	1.000
$12,000	0.924	0.930	0.933	0.937	0.944	0.951	0.962	0.973	0.979	0.983	1.000
$13,000	0.919	0.925	0.928	0.931	0.939	0.946	0.957	0.969	0.976	0.981	1.000
$14,000	0.913	0.919	0.922	0.925	0.932	0.940	0.952	0.964	0.973	0.978	1.000
$15,000	0.908	0.913	0.916	0.919	0.927	0.935	0.947	0.959	0.969	0.975	1.000
$16,000	0.902	0.907	0.910	0.913	0.921	0.929	0.941	0.954	0.965	0.972	1.000
$17,000	0.896	0.901	0.904	0.907	0.915	0.923	0.936	0.948	0.962	0.968	1.000
$18,000	0.891	0.896	0.898	0.901	0.909	0.918	0.930	0.943	0.958	0.965	1.000
$19,000	0.886	0.890	0.893	0.895	0.904	0.912	0.925	0.937	0.953	0.962	1.000
$20,000	0.879	0.884	0.886	0.888	0.897	0.905	0.917	0.930	0.948	0.957	1.000
$22,500	0.869	0.874	0.876	0.878	0.886	0.894	0.906	0.918	0.937	0.947	1.000
$25,000	0.859	0.863	0.865	0.867	0.875	0.883	0.895	0.906	0.925	0.935	1.000
$27,500	0.848	0.853	0.855	0.857	0.865	0.873	0.883	0.894	0.912	0.921	1.000
$30,000	0.838	0.842	0.844	0.846	0.854	0.862	0.872	0.883	0.900	0.908	1.000
$32,500	0.830	0.834	0.836	0.838	0.846	0.854	0.864	0.874	0.890	0.898	1.000
$35,000	0.822	0.826	0.828	0.830	0.838	0.845	0.855	0.865	0.881	0.887	1.000
$40,000	0.806	0.810	0.812	0.814	0.821	0.829	0.838	0.847	0.861	0.867	1.000
$45,000	0.796	0.800	0.802	0.804	0.811	0.818	0.827	0.835	0.849	0.854	1.000
$50,000	0.786	0.790	0.792	0.793	0.800	0.808	0.816	0.824	0.837	0.842	1.000
$55,000	0.779	0.783	0.784	0.786	0.793	0.800	0.808	0.816	0.829	0.833	1.000
$60,000	0.771	0.775	0.777	0.779	0.786	0.793	0.801	0.808	0.821	0.825	1.000
$65,000	0.764	0.768	0.769	0.771	0.778	0.785	0.793	0.800	0.813	0.816	1.000
$70,000	0.756	0.760	0.762	0.763	0.770	0.777	0.785	0.792	0.804	0.808	1.000
$75,000	0.747	0.751	0.752	0.754	0.761	0.768	0.775	0.783	0.795	0.798	1.000
$80,000	0.737	0.741	0.743	0.745	0.752	0.759	0.766	0.773	0.785	0.788	1.000
$85,000	0.728	0.732	0.733	0.735	0.742	0.749	0.756	0.764	0.776	0.779	1.000
$90,000	0.718	0.722	0.724	0.725	0.732	0.739	0.747	0.754	0.766	0.769	1.000
$95,000	0.708	0.712	0.714	0.716	0.723	0.730	0.737	0.744	0.756	0.759	1.000
$100,000	0.699	0.703	0.704	0.706	0.713	0.720	0.727	0.734	0.746	0.749	1.000

Exhibit P-8W

Medicaid

MEDICAL SUPPLIES											
	Annual Maximum										
Deductible	$1,500	$2,000	$2,500	$3,000	$5,000	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000
$0	0.999	0.999	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
$1,000	0.999	0.999	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000	1.000
$2,000	0.998	0.998	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$3,000	0.997	0.997	0.998	0.998	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$4,000	0.996	0.996	0.997	0.997	0.998	0.999	1.000	1.000	1.000	1.000	1.000
$5,000	0.994	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000	1.000
$6,000	0.993	0.994	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000
$7,000	0.992	0.993	0.994	0.995	0.996	0.998	0.999	0.999	1.000	1.000	1.000
$7,500	0.991	0.992	0.993	0.994	0.996	0.997	0.999	0.999	1.000	1.000	1.000
$8,000	0.991	0.992	0.993	0.994	0.996	0.997	0.999	0.999	1.000	1.000	1.000
$9,000	0.989	0.991	0.992	0.993	0.995	0.997	0.999	0.999	0.999	1.000	1.000
$10,000	0.988	0.989	0.991	0.992	0.994	0.996	0.998	0.999	0.999	1.000	1.000
$11,000	0.987	0.988	0.989	0.991	0.993	0.996	0.998	0.999	0.999	1.000	1.000
$12,000	0.986	0.987	0.988	0.990	0.992	0.995	0.998	0.998	0.999	1.000	1.000
$13,000	0.985	0.986	0.987	0.989	0.991	0.994	0.997	0.998	0.999	1.000	1.000
$14,000	0.984	0.985	0.986	0.988	0.990	0.994	0.997	0.998	0.999	1.000	1.000
$15,000	0.983	0.984	0.985	0.987	0.990	0.993	0.997	0.997	0.999	1.000	1.000
$16,000	0.982	0.983	0.984	0.986	0.989	0.992	0.996	0.997	0.998	0.999	1.000
$17,000	0.981	0.982	0.983	0.985	0.988	0.992	0.996	0.997	0.998	0.999	1.000
$18,000	0.980	0.981	0.982	0.984	0.987	0.991	0.995	0.996	0.998	0.999	1.000
$19,000	0.979	0.981	0.982	0.983	0.987	0.990	0.994	0.996	0.998	0.999	1.000
$20,000	0.978	0.980	0.981	0.982	0.986	0.990	0.994	0.995	0.997	0.999	1.000
$22,500	0.976	0.978	0.979	0.981	0.984	0.988	0.992	0.994	0.996	0.999	1.000
$25,000	0.975	0.976	0.977	0.978	0.982	0.986	0.990	0.992	0.995	0.999	1.000
$27,500	0.975	0.976	0.977	0.978	0.981	0.985	0.989	0.991	0.994	0.998	1.000
$30,000	0.974	0.975	0.976	0.977	0.980	0.984	0.988	0.990	0.993	0.998	1.000
$32,500	0.974	0.975	0.976	0.977	0.980	0.983	0.988	0.990	0.993	0.997	1.000
$35,000	0.974	0.975	0.976	0.977	0.979	0.983	0.987	0.989	0.992	0.997	1.000
$40,000	0.974	0.974	0.975	0.976	0.979	0.982	0.986	0.988	0.991	0.996	1.000
$45,000	0.974	0.975	0.975	0.976	0.979	0.982	0.986	0.988	0.991	0.995	1.000
$50,000	0.974	0.975	0.976	0.977	0.979	0.982	0.985	0.987	0.990	0.994	1.000
$55,000	0.974	0.975	0.976	0.977	0.979	0.981	0.984	0.986	0.989	0.994	1.000
$60,000	0.975	0.975	0.976	0.977	0.979	0.981	0.984	0.986	0.989	0.993	1.000
$65,000	0.974	0.974	0.975	0.976	0.978	0.980	0.983	0.985	0.988	0.993	1.000
$70,000	0.973	0.973	0.974	0.975	0.977	0.980	0.983	0.985	0.987	0.992	1.000
$75,000	0.971	0.972	0.973	0.974	0.976	0.979	0.982	0.984	0.986	0.992	1.000
$80,000	0.970	0.971	0.971	0.972	0.974	0.977	0.981	0.983	0.985	0.992	1.000
$85,000	0.969	0.970	0.971	0.971	0.974	0.976	0.980	0.982	0.985	0.991	1.000
$90,000	0.968	0.969	0.970	0.970	0.973	0.976	0.979	0.981	0.984	0.991	1.000
$95,000	0.968	0.968	0.969	0.970	0.972	0.975	0.978	0.980	0.983	0.991	1.000
$100,000	0.967	0.967	0.968	0.969	0.971	0.974	0.978	0.980	0.983	0.990	1.000

Daily and Annual Maximum factor by service type Exhibit P-8X

Medicaid

SNF / ECF / REHAB											
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.997	0.997	0.998	0.999	0.999	0.999	1.000	1.000	1.000	1.000	1.000
$1,000	0.994	0.995	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000	1.000
$2,000	0.991	0.992	0.993	0.996	0.997	0.998	0.999	0.999	1.000	1.000	1.000
$3,000	0.987	0.989	0.990	0.994	0.995	0.997	0.999	0.999	0.999	1.000	1.000
$4,000	0.982	0.985	0.987	0.992	0.994	0.996	0.998	0.999	0.999	1.000	1.000
$5,000	0.977	0.980	0.983	0.990	0.992	0.994	0.998	0.998	0.999	1.000	1.000
$6,000	0.971	0.975	0.979	0.987	0.990	0.993	0.997	0.998	0.998	1.000	1.000
$7,000	0.965	0.970	0.975	0.984	0.988	0.991	0.997	0.997	0.998	0.999	1.000
$7,500	0.962	0.967	0.972	0.983	0.987	0.991	0.996	0.997	0.998	0.999	1.000
$8,000	0.958	0.964	0.970	0.981	0.985	0.990	0.996	0.997	0.998	0.999	1.000
$9,000	0.951	0.958	0.964	0.977	0.983	0.988	0.995	0.996	0.997	0.999	1.000
$10,000	0.944	0.951	0.959	0.974	0.980	0.986	0.995	0.996	0.997	0.999	1.000
$11,000	0.936	0.945	0.953	0.970	0.977	0.983	0.994	0.995	0.996	0.999	1.000
$12,000	0.929	0.938	0.947	0.965	0.973	0.981	0.993	0.994	0.996	0.999	1.000
$13,000	0.922	0.932	0.942	0.961	0.970	0.979	0.992	0.994	0.995	0.999	1.000
$14,000	0.914	0.924	0.935	0.956	0.966	0.976	0.991	0.993	0.995	0.999	1.000
$15,000	0.906	0.917	0.929	0.951	0.962	0.973	0.990	0.992	0.994	0.998	1.000
$16,000	0.899	0.911	0.922	0.945	0.958	0.970	0.989	0.991	0.993	0.998	1.000
$17,000	0.892	0.904	0.916	0.939	0.953	0.967	0.988	0.990	0.993	0.998	1.000
$18,000	0.886	0.898	0.910	0.934	0.949	0.964	0.986	0.989	0.992	0.998	1.000
$19,000	0.880	0.892	0.904	0.928	0.945	0.961	0.985	0.988	0.991	0.998	1.000
$20,000	0.871	0.883	0.896	0.920	0.938	0.956	0.983	0.987	0.990	0.997	1.000
$22,500	0.854	0.867	0.879	0.904	0.924	0.945	0.979	0.984	0.988	0.997	1.000
$25,000	0.838	0.851	0.863	0.887	0.910	0.933	0.975	0.980	0.985	0.996	1.000
$27,500	0.837	0.849	0.861	0.884	0.904	0.923	0.974	0.979	0.985	0.995	1.000
$30,000	0.836	0.848	0.859	0.875	0.898	0.915	0.970	0.979	0.984	0.994	1.000
$32,500	0.828	0.839	0.849	0.868	0.886	0.907	0.967	0.973	0.980	0.993	1.000
$35,000	0.820	0.830	0.839	0.858	0.874	0.899	0.960	0.968	0.976	0.992	1.000
$40,000	0.803	0.812	0.820	0.837	0.850	0.864	0.947	0.957	0.968	0.989	1.000
$45,000	0.811	0.818	0.825	0.837	0.849	0.861	0.941	0.952	0.964	0.986	1.000
$50,000	0.818	0.824	0.829	0.838	0.848	0.858	0.932	0.947	0.961	0.988	1.000
$55,000	0.818	0.822	0.827	0.836	0.844	0.852	0.919	0.936	0.952	0.984	1.000
$60,000	0.818	0.821	0.825	0.831	0.840	0.848	0.906	0.925	0.943	0.980	1.000
$65,000	0.818	0.821	0.824	0.829	0.836	0.842	0.890	0.911	0.932	0.972	1.000
$70,000	0.819	0.821	0.823	0.827	0.832	0.837	0.875	0.898	0.921	0.967	1.000
$75,000	0.819	0.821	0.823	0.826	0.830	0.834	0.864	0.888	0.913	0.962	1.000
$80,000	0.819	0.820	0.822	0.825	0.828	0.830	0.852	0.878	0.904	0.956	1.000
$85,000	0.818	0.820	0.821	0.824	0.826	0.828	0.846	0.872	0.898	0.950	1.000
$90,000	0.818	0.819	0.820	0.822	0.824	0.826	0.839	0.865	0.892	0.944	1.000
$95,000	0.817	0.818	0.819	0.821	0.823	0.825	0.835	0.861	0.886	0.937	1.000
$100,000	0.816	0.817	0.818	0.820	0.822	0.824	0.831	0.856	0.881	0.931	1.000

Exhibit P-8Y

Medicaid

HOME HEALTH											
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.995	0.995	0.996	0.997	0.997	0.998	0.998	0.998	0.999	0.999	1.000
$1,000	0.989	0.990	0.991	0.993	0.994	0.995	0.996	0.997	0.997	0.998	1.000
$2,000	0.982	0.984	0.985	0.988	0.989	0.991	0.993	0.994	0.996	0.997	1.000
$3,000	0.973	0.975	0.978	0.982	0.984	0.987	0.990	0.992	0.994	0.996	1.000
$4,000	0.962	0.966	0.969	0.974	0.977	0.982	0.986	0.988	0.991	0.994	1.000
$5,000	0.950	0.954	0.959	0.966	0.970	0.976	0.982	0.984	0.988	0.992	1.000
$6,000	0.936	0.942	0.948	0.957	0.962	0.969	0.977	0.980	0.985	0.990	1.000
$7,000	0.922	0.929	0.936	0.946	0.952	0.962	0.971	0.975	0.982	0.988	1.000
$7,500	0.914	0.922	0.929	0.941	0.947	0.958	0.968	0.973	0.980	0.987	1.000
$8,000	0.906	0.915	0.923	0.935	0.942	0.954	0.965	0.970	0.978	0.986	1.000
$9,000	0.891	0.900	0.909	0.923	0.931	0.945	0.958	0.964	0.974	0.983	1.000
$10,000	0.849	0.860	0.870	0.885	0.895	0.911	0.926	0.939	0.957	0.980	1.000
$11,000	0.822	0.834	0.845	0.861	0.871	0.890	0.908	0.925	0.947	0.977	1.000
$12,000	0.796	0.807	0.819	0.837	0.848	0.870	0.890	0.911	0.937	0.973	1.000
$13,000	0.775	0.787	0.800	0.818	0.830	0.854	0.877	0.900	0.929	0.970	1.000
$14,000	0.757	0.769	0.782	0.802	0.815	0.842	0.868	0.892	0.923	0.966	1.000
$15,000	0.740	0.753	0.766	0.786	0.800	0.830	0.859	0.884	0.918	0.963	1.000
$16,000	0.731	0.745	0.758	0.778	0.793	0.823	0.854	0.880	0.914	0.960	1.000
$17,000	0.723	0.736	0.750	0.770	0.785	0.817	0.849	0.876	0.911	0.958	1.000
$18,000	0.716	0.729	0.743	0.763	0.779	0.811	0.845	0.872	0.908	0.956	1.000
$19,000	0.708	0.722	0.735	0.755	0.772	0.804	0.840	0.868	0.904	0.954	1.000
$20,000	0.697	0.711	0.724	0.745	0.762	0.795	0.833	0.862	0.899	0.951	1.000
$22,500	0.675	0.688	0.702	0.722	0.740	0.774	0.817	0.849	0.888	0.944	1.000
$25,000	0.652	0.665	0.679	0.699	0.716	0.750	0.800	0.834	0.875	0.936	1.000
$27,500	0.629	0.642	0.655	0.675	0.692	0.725	0.781	0.817	0.861	0.927	1.000
$30,000	0.606	0.619	0.632	0.651	0.667	0.700	0.762	0.801	0.847	0.918	1.000
$32,500	0.589	0.602	0.614	0.633	0.649	0.681	0.744	0.785	0.834	0.909	1.000
$35,000	0.573	0.585	0.597	0.614	0.630	0.661	0.726	0.769	0.820	0.900	1.000
$40,000	0.539	0.550	0.562	0.578	0.592	0.623	0.691	0.738	0.793	0.881	1.000
$45,000	0.528	0.542	0.555	0.576	0.596	0.632	0.693	0.735	0.785	0.863	1.000
$50,000	0.516	0.533	0.549	0.575	0.600	0.641	0.695	0.732	0.777	0.845	1.000
$55,000	0.493	0.509	0.525	0.550	0.574	0.614	0.661	0.702	0.751	0.827	1.000
$60,000	0.470	0.486	0.501	0.524	0.548	0.587	0.626	0.672	0.725	0.809	1.000
$65,000	0.451	0.466	0.481	0.504	0.526	0.565	0.600	0.651	0.709	0.803	1.000
$70,000	0.431	0.446	0.460	0.483	0.505	0.543	0.574	0.630	0.693	0.797	1.000
$75,000	0.415	0.429	0.444	0.466	0.488	0.526	0.554	0.610	0.674	0.779	1.000
$80,000	0.398	0.413	0.427	0.449	0.470	0.508	0.534	0.590	0.654	0.760	1.000
$85,000	0.385	0.399	0.413	0.435	0.456	0.494	0.518	0.573	0.637	0.742	1.000
$90,000	0.371	0.386	0.400	0.421	0.442	0.479	0.502	0.557	0.619	0.723	1.000
$95,000	0.361	0.375	0.389	0.410	0.431	0.468	0.489	0.543	0.604	0.704	1.000
$100,000	0.351	0.365	0.379	0.400	0.420	0.457	0.477	0.529	0.588	0.685	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8Z

Medicaid

CHEMOTHERAPY DRUGS											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.965	0.969	0.973	0.976	0.979	0.981	0.984	0.987	0.990	0.993	1.000
$1,000	0.934	0.940	0.947	0.953	0.959	0.963	0.970	0.976	0.981	0.987	1.000
$2,000	0.900	0.911	0.921	0.930	0.939	0.946	0.956	0.965	0.973	0.980	1.000
$3,000	0.863	0.878	0.892	0.904	0.917	0.927	0.941	0.953	0.963	0.974	1.000
$4,000	0.824	0.842	0.860	0.877	0.893	0.906	0.925	0.940	0.953	0.966	1.000
$5,000	0.782	0.804	0.827	0.848	0.869	0.885	0.908	0.926	0.942	0.959	1.000
$6,000	0.740	0.766	0.793	0.818	0.844	0.863	0.891	0.913	0.932	0.951	1.000
$7,000	0.698	0.729	0.760	0.789	0.819	0.842	0.874	0.899	0.921	0.943	1.000
$7,500	0.678	0.710	0.743	0.775	0.807	0.831	0.866	0.893	0.916	0.939	1.000
$8,000	0.658	0.692	0.727	0.761	0.795	0.821	0.858	0.886	0.911	0.935	1.000
$9,000	0.619	0.657	0.694	0.733	0.771	0.801	0.842	0.873	0.900	0.928	1.000
$10,000	0.581	0.634	0.688	0.730	0.772	0.806	0.851	0.886	0.909	0.933	1.000
$11,000	0.546	0.602	0.657	0.706	0.755	0.791	0.839	0.876	0.901	0.926	1.000
$12,000	0.511	0.569	0.626	0.682	0.737	0.776	0.827	0.866	0.893	0.920	1.000
$13,000	0.483	0.541	0.600	0.660	0.721	0.762	0.817	0.857	0.886	0.915	1.000
$14,000	0.449	0.508	0.567	0.631	0.696	0.741	0.802	0.848	0.878	0.908	1.000
$15,000	0.418	0.478	0.538	0.606	0.674	0.722	0.790	0.840	0.871	0.903	1.000
$16,000	0.393	0.452	0.511	0.582	0.653	0.704	0.776	0.829	0.862	0.896	1.000
$17,000	0.367	0.426	0.484	0.558	0.632	0.685	0.762	0.818	0.853	0.889	1.000
$18,000	0.349	0.405	0.463	0.538	0.614	0.670	0.750	0.809	0.845	0.883	1.000
$19,000	0.334	0.387	0.445	0.523	0.602	0.659	0.743	0.804	0.841	0.879	1.000
$20,000	0.309	0.363	0.424	0.509	0.595	0.653	0.742	0.805	0.840	0.877	1.000
$22,500	0.276	0.323	0.371	0.457	0.544	0.607	0.711	0.783	0.822	0.862	1.000
$25,000	0.245	0.283	0.326	0.409	0.492	0.558	0.676	0.756	0.799	0.844	1.000
$27,500	0.223	0.258	0.297	0.372	0.451	0.518	0.649	0.735	0.781	0.829	1.000
$30,000	0.201	0.233	0.266	0.330	0.405	0.473	0.621	0.714	0.763	0.814	1.000
$32,500	0.189	0.220	0.251	0.311	0.382	0.450	0.597	0.689	0.741	0.796	1.000
$35,000	0.177	0.207	0.236	0.293	0.359	0.426	0.572	0.664	0.720	0.779	1.000
$40,000	0.154	0.181	0.207	0.256	0.314	0.380	0.524	0.613	0.677	0.744	1.000
$45,000	0.142	0.168	0.194	0.250	0.313	0.373	0.503	0.579	0.647	0.717	1.000
$50,000	0.130	0.155	0.180	0.244	0.313	0.366	0.483	0.545	0.617	0.690	1.000
$55,000	0.122	0.147	0.173	0.240	0.311	0.356	0.459	0.507	0.583	0.662	1.000
$60,000	0.115	0.139	0.166	0.236	0.309	0.347	0.435	0.469	0.550	0.633	1.000
$65,000	0.111	0.136	0.161	0.235	0.311	0.346	0.428	0.455	0.534	0.616	1.000
$70,000	0.108	0.132	0.155	0.234	0.313	0.345	0.420	0.441	0.519	0.600	1.000
$75,000	0.106	0.130	0.153	0.235	0.317	0.348	0.422	0.442	0.515	0.590	1.000
$80,000	0.103	0.127	0.150	0.235	0.320	0.351	0.424	0.437	0.510	0.580	1.000
$85,000	0.101	0.125	0.148	0.233	0.318	0.350	0.425	0.434	0.507	0.575	1.000
$90,000	0.099	0.124	0.147	0.231	0.316	0.349	0.426	0.434	0.504	0.569	1.000
$95,000	0.098	0.122	0.145	0.233	0.321	0.351	0.425	0.433	0.496	0.559	1.000
$100,000	0.097	0.121	0.144	0.235	0.326	0.354	0.424	0.428	0.487	0.549	1.000

Exhibit P-8AA

Medicaid

BLOOD CLOTTING FACTOR											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.997	0.997	0.997	0.997	0.997	0.998	0.998	0.998	0.998	0.998	1.000
$1,000	0.994	0.994	0.994	0.995	0.995	0.995	0.996	0.996	0.996	0.997	1.000
$2,000	0.989	0.990	0.990	0.991	0.992	0.992	0.993	0.994	0.994	0.995	1.000
$3,000	0.984	0.985	0.986	0.987	0.988	0.989	0.990	0.991	0.992	0.993	1.000
$4,000	0.978	0.979	0.980	0.982	0.983	0.984	0.986	0.987	0.989	0.990	1.000
$5,000	0.970	0.972	0.973	0.976	0.978	0.979	0.981	0.983	0.985	0.987	1.000
$6,000	0.962	0.964	0.966	0.969	0.972	0.973	0.976	0.979	0.981	0.984	1.000
$7,000	0.953	0.955	0.957	0.962	0.965	0.967	0.971	0.974	0.977	0.980	1.000
$7,500	0.948	0.950	0.953	0.957	0.961	0.963	0.968	0.971	0.974	0.978	1.000
$8,000	0.943	0.945	0.948	0.953	0.957	0.960	0.964	0.968	0.972	0.976	1.000
$9,000	0.931	0.935	0.938	0.944	0.949	0.952	0.958	0.962	0.967	0.972	1.000
$10,000	0.895	0.898	0.901	0.909	0.915	0.923	0.940	0.955	0.961	0.967	1.000
$11,000	0.884	0.889	0.893	0.899	0.904	0.913	0.932	0.948	0.955	0.962	1.000
$12,000	0.873	0.881	0.885	0.890	0.894	0.904	0.923	0.941	0.948	0.956	1.000
$13,000	0.863	0.871	0.875	0.879	0.883	0.893	0.915	0.933	0.942	0.951	1.000
$14,000	0.851	0.858	0.863	0.867	0.870	0.882	0.905	0.924	0.934	0.944	1.000
$15,000	0.840	0.845	0.851	0.855	0.858	0.871	0.895	0.915	0.926	0.938	1.000
$16,000	0.823	0.830	0.835	0.839	0.843	0.854	0.882	0.906	0.918	0.931	1.000
$17,000	0.805	0.815	0.819	0.823	0.827	0.837	0.869	0.896	0.910	0.924	1.000
$18,000	0.789	0.798	0.802	0.806	0.811	0.823	0.857	0.887	0.901	0.917	1.000
$19,000	0.770	0.777	0.782	0.786	0.791	0.808	0.845	0.877	0.893	0.910	1.000
$20,000	0.742	0.747	0.753	0.757	0.763	0.785	0.828	0.865	0.883	0.901	1.000
$22,500	0.698	0.704	0.709	0.718	0.724	0.749	0.797	0.837	0.858	0.881	1.000
$25,000	0.626	0.636	0.647	0.658	0.673	0.701	0.759	0.808	0.833	0.859	1.000
$27,500	0.594	0.603	0.613	0.624	0.637	0.668	0.729	0.780	0.808	0.837	1.000
$30,000	0.557	0.565	0.575	0.585	0.597	0.630	0.695	0.749	0.781	0.815	1.000
$32,500	0.535	0.543	0.553	0.563	0.575	0.606	0.667	0.722	0.757	0.794	1.000
$35,000	0.513	0.521	0.531	0.542	0.554	0.582	0.638	0.695	0.733	0.774	1.000
$40,000	0.470	0.477	0.488	0.498	0.510	0.534	0.582	0.641	0.686	0.732	1.000
$45,000	0.436	0.444	0.454	0.464	0.476	0.496	0.536	0.595	0.645	0.697	1.000
$50,000	0.402	0.410	0.420	0.430	0.442	0.458	0.490	0.550	0.604	0.661	1.000
$55,000	0.382	0.389	0.399	0.410	0.421	0.436	0.466	0.529	0.583	0.640	1.000
$60,000	0.362	0.369	0.379	0.389	0.401	0.426	0.467	0.508	0.562	0.618	1.000
$65,000	0.339	0.347	0.357	0.367	0.378	0.404	0.445	0.487	0.540	0.597	1.000
$70,000	0.317	0.324	0.334	0.344	0.356	0.381	0.423	0.466	0.519	0.576	1.000
$75,000	0.324	0.331	0.341	0.351	0.363	0.381	0.412	0.442	0.497	0.555	1.000
$80,000	0.330	0.338	0.348	0.358	0.369	0.381	0.400	0.419	0.474	0.533	1.000
$85,000	0.315	0.323	0.333	0.343	0.355	0.365	0.382	0.399	0.455	0.514	1.000
$90,000	0.301	0.308	0.318	0.328	0.340	0.348	0.364	0.380	0.436	0.496	1.000
$95,000	0.289	0.297	0.307	0.317	0.328	0.345	0.369	0.393	0.419	0.479	1.000
$100,000	0.278	0.285	0.295	0.305	0.317	0.333	0.356	0.379	0.402	0.463	1.000

Daily and Annual Maximum factor by service type

Exhibit P-8AB

Medicaid

OTHER INJECTIBLES / IV THERAPY - HOME											
	Annual Maximum										
Deductible	$5,000	$7,500	$10,000	$15,000	$20,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000
$0	0.993	0.994	0.994	0.995	0.995	0.996	0.997	0.998	0.998	0.999	1.000
$1,000	0.986	0.987	0.988	0.990	0.991	0.992	0.994	0.995	0.996	0.998	1.000
$2,000	0.978	0.980	0.981	0.984	0.985	0.987	0.991	0.993	0.994	0.997	1.000
$3,000	0.969	0.971	0.973	0.977	0.979	0.982	0.987	0.989	0.992	0.995	1.000
$4,000	0.958	0.961	0.964	0.968	0.972	0.976	0.983	0.986	0.989	0.994	1.000
$5,000	0.945	0.949	0.953	0.959	0.963	0.969	0.978	0.982	0.986	0.992	1.000
$6,000	0.930	0.935	0.941	0.948	0.954	0.961	0.973	0.977	0.982	0.990	1.000
$7,000	0.915	0.921	0.928	0.937	0.944	0.952	0.967	0.972	0.978	0.988	1.000
$7,500	0.907	0.914	0.921	0.931	0.938	0.948	0.964	0.969	0.976	0.987	1.000
$8,000	0.900	0.907	0.914	0.924	0.933	0.943	0.960	0.967	0.974	0.986	1.000
$9,000	0.883	0.891	0.899	0.911	0.921	0.933	0.953	0.961	0.970	0.983	1.000
$10,000	0.817	0.826	0.834	0.847	0.858	0.873	0.896	0.917	0.941	0.981	1.000
$11,000	0.799	0.809	0.819	0.832	0.845	0.861	0.888	0.911	0.936	0.978	1.000
$12,000	0.782	0.792	0.803	0.817	0.831	0.850	0.880	0.904	0.931	0.975	1.000
$13,000	0.765	0.776	0.786	0.801	0.816	0.838	0.872	0.897	0.925	0.973	1.000
$14,000	0.740	0.751	0.762	0.776	0.793	0.818	0.855	0.884	0.916	0.969	1.000
$15,000	0.718	0.729	0.740	0.754	0.772	0.800	0.841	0.873	0.908	0.966	1.000
$16,000	0.701	0.711	0.722	0.736	0.755	0.786	0.832	0.865	0.902	0.963	1.000
$17,000	0.683	0.694	0.705	0.719	0.738	0.772	0.822	0.857	0.896	0.960	1.000
$18,000	0.666	0.677	0.688	0.701	0.721	0.758	0.812	0.848	0.890	0.956	1.000
$19,000	0.647	0.658	0.668	0.681	0.701	0.740	0.799	0.837	0.882	0.953	1.000
$20,000	0.620	0.631	0.641	0.654	0.674	0.715	0.778	0.821	0.871	0.949	1.000
$22,500	0.587	0.598	0.606	0.620	0.639	0.676	0.751	0.798	0.854	0.940	1.000
$25,000	0.560	0.570	0.579	0.592	0.606	0.635	0.722	0.774	0.837	0.931	1.000
$27,500	0.533	0.542	0.551	0.565	0.576	0.594	0.689	0.747	0.818	0.922	1.000
$30,000	0.505	0.511	0.523	0.536	0.545	0.564	0.652	0.717	0.796	0.912	1.000
$32,500	0.488	0.495	0.506	0.518	0.527	0.531	0.630	0.698	0.778	0.902	1.000
$35,000	0.471	0.478	0.489	0.500	0.509	0.514	0.609	0.679	0.760	0.893	1.000
$40,000	0.438	0.444	0.455	0.464	0.472	0.479	0.567	0.641	0.724	0.875	1.000
$45,000	0.408	0.414	0.425	0.433	0.441	0.450	0.520	0.600	0.687	0.858	1.000
$50,000	0.379	0.384	0.395	0.402	0.409	0.421	0.473	0.560	0.650	0.841	1.000
$55,000	0.378	0.384	0.394	0.401	0.408	0.423	0.467	0.549	0.633	0.825	1.000
$60,000	0.378	0.383	0.394	0.399	0.406	0.424	0.460	0.550	0.639	0.808	1.000
$65,000	0.367	0.372	0.383	0.388	0.394	0.416	0.449	0.531	0.613	0.766	1.000
$70,000	0.356	0.362	0.372	0.377	0.383	0.407	0.439	0.512	0.586	0.724	1.000
$75,000	0.346	0.351	0.362	0.368	0.373	0.400	0.431	0.502	0.573	0.707	1.000
$80,000	0.335	0.340	0.353	0.358	0.363	0.392	0.423	0.491	0.559	0.690	1.000
$85,000	0.325	0.331	0.343	0.350	0.350	0.387	0.417	0.482	0.547	0.671	1.000
$90,000	0.316	0.321	0.334	0.341	0.361	0.381	0.411	0.472	0.534	0.653	1.000
$95,000	0.310	0.314	0.324	0.332	0.354	0.376	0.406	0.464	0.521	0.634	1.000
$100,000	0.303	0.307	0.315	0.322	0.347	0.371	0.401	0.455	0.509	0.615	1.000

Exhibit P-8AC

Medicaid

OTHER INJECTIBLES / IV THERAPY - OFFICE											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.965	0.971	0.977	0.980	0.984	0.986	0.989	0.992	0.993	0.995	1.000
$1,000	0.934	0.945	0.956	0.963	0.970	0.973	0.979	0.985	0.987	0.990	1.000
$2,000	0.902	0.919	0.935	0.946	0.957	0.961	0.969	0.978	0.981	0.985	1.000
$3,000	0.867	0.890	0.912	0.927	0.942	0.948	0.959	0.970	0.975	0.980	1.000
$4,000	0.829	0.858	0.888	0.907	0.926	0.933	0.948	0.962	0.968	0.974	1.000
$5,000	0.790	0.825	0.861	0.886	0.910	0.919	0.936	0.954	0.961	0.968	1.000
$6,000	0.749	0.792	0.835	0.864	0.893	0.903	0.924	0.945	0.954	0.961	1.000
$7,000	0.710	0.759	0.808	0.842	0.876	0.888	0.912	0.936	0.946	0.955	1.000
$7,500	0.691	0.742	0.794	0.831	0.867	0.880	0.906	0.932	0.942	0.951	1.000
$8,000	0.672	0.727	0.781	0.820	0.859	0.873	0.900	0.928	0.938	0.948	1.000
$9,000	0.637	0.696	0.754	0.798	0.842	0.857	0.888	0.919	0.931	0.941	1.000
$10,000	0.604	0.666	0.728	0.776	0.825	0.842	0.876	0.911	0.923	0.934	1.000
$11,000	0.574	0.637	0.701	0.754	0.807	0.826	0.864	0.902	0.915	0.927	1.000
$12,000	0.543	0.609	0.674	0.732	0.790	0.811	0.852	0.893	0.907	0.919	1.000
$13,000	0.519	0.585	0.651	0.713	0.775	0.797	0.842	0.886	0.900	0.913	1.000
$14,000	0.489	0.555	0.621	0.687	0.754	0.779	0.827	0.875	0.891	0.904	1.000
$15,000	0.463	0.528	0.594	0.665	0.736	0.762	0.814	0.866	0.882	0.896	1.000
$16,000	0.440	0.504	0.568	0.643	0.717	0.745	0.801	0.857	0.874	0.888	1.000
$17,000	0.417	0.480	0.542	0.620	0.698	0.728	0.788	0.847	0.865	0.880	1.000
$18,000	0.399	0.460	0.521	0.601	0.682	0.713	0.776	0.839	0.858	0.873	1.000
$19,000	0.388	0.447	0.507	0.588	0.670	0.703	0.770	0.836	0.855	0.870	1.000
$20,000	0.383	0.440	0.498	0.581	0.663	0.699	0.771	0.843	0.863	0.880	1.000
$22,500	0.348	0.396	0.450	0.529	0.609	0.650	0.733	0.816	0.839	0.858	1.000
$25,000	0.319	0.356	0.407	0.479	0.550	0.598	0.693	0.788	0.815	0.835	1.000
$27,500	0.304	0.338	0.378	0.442	0.505	0.557	0.661	0.765	0.794	0.817	1.000
$30,000	0.289	0.319	0.346	0.400	0.455	0.512	0.626	0.740	0.774	0.799	1.000
$32,500	0.280	0.307	0.333	0.389	0.445	0.499	0.607	0.716	0.753	0.781	1.000
$35,000	0.272	0.296	0.321	0.378	0.434	0.485	0.588	0.691	0.731	0.763	1.000
$40,000	0.255	0.274	0.297	0.355	0.412	0.458	0.550	0.642	0.689	0.726	1.000
$45,000	0.243	0.259	0.283	0.340	0.397	0.434	0.508	0.581	0.636	0.682	1.000
$50,000	0.232	0.245	0.269	0.326	0.382	0.410	0.465	0.520	0.584	0.638	1.000
$55,000	0.231	0.243	0.268	0.323	0.378	0.400	0.445	0.490	0.559	0.619	1.000
$60,000	0.230	0.241	0.267	0.320	0.374	0.391	0.425	0.460	0.535	0.600	1.000
$65,000	0.224	0.235	0.262	0.318	0.374	0.386	0.411	0.436	0.513	0.580	1.000
$70,000	0.219	0.229	0.257	0.315	0.374	0.382	0.397	0.413	0.491	0.560	1.000
$75,000	0.220	0.231	0.259	0.317	0.376	0.383	0.397	0.411	0.489	0.558	1.000
$80,000	0.221	0.233	0.261	0.319	0.378	0.384	0.396	0.409	0.487	0.556	1.000
$85,000	0.218	0.230	0.257	0.319	0.381	0.386	0.398	0.410	0.488	0.557	1.000
$90,000	0.214	0.227	0.254	0.319	0.383	0.389	0.400	0.411	0.489	0.558	1.000
$95,000	0.216	0.229	0.258	0.322	0.387	0.391	0.399	0.408	0.485	0.554	1.000
$100,000	0.218	0.231	0.261	0.326	0.390	0.393	0.399	0.405	0.482	0.550	1.000

Daily and Annual Maximum factor by service type Exhibit P-8AD

Medicaid

Pharma - All Services											
	Annual Maximum										
Deductible	$5,000	$10,000	$15,000	$20,000	$25,000	$30,000	$40,000	$50,000	$75,000	$100,000	$150,000
$0	0.955	0.962	0.969	0.974	0.978	0.980	0.985	0.989	0.991	0.994	1.000
$1,000	0.915	0.928	0.942	0.950	0.958	0.962	0.969	0.977	0.983	0.989	1.000
$2,000	0.874	0.893	0.913	0.924	0.936	0.942	0.953	0.964	0.973	0.982	1.000
$3,000	0.829	0.855	0.881	0.896	0.912	0.919	0.934	0.949	0.962	0.974	1.000
$4,000	0.781	0.814	0.846	0.866	0.886	0.895	0.914	0.932	0.949	0.966	1.000
$5,000	0.756	0.795	0.835	0.871	0.908	0.919	0.941	0.964	0.973	0.982	1.000
$6,000	0.705	0.751	0.797	0.838	0.879	0.892	0.919	0.945	0.959	0.973	1.000
$7,000	0.657	0.709	0.760	0.805	0.850	0.866	0.896	0.926	0.945	0.963	1.000
$7,500	0.633	0.688	0.742	0.802	0.861	0.877	0.910	0.942	0.956	0.971	1.000
$8,000	0.611	0.668	0.724	0.786	0.847	0.864	0.898	0.932	0.949	0.966	1.000
$9,000	0.569	0.628	0.688	0.753	0.819	0.838	0.876	0.914	0.935	0.957	1.000
$10,000	0.529	0.591	0.653	0.734	0.816	0.837	0.878	0.920	0.940	0.960	1.000
$11,000	0.505	0.566	0.628	0.713	0.799	0.821	0.866	0.911	0.933	0.956	1.000
$12,000	0.480	0.542	0.603	0.692	0.781	0.806	0.854	0.903	0.927	0.951	1.000
$13,000	0.459	0.519	0.579	0.674	0.769	0.795	0.847	0.899	0.925	0.950	1.000
$14,000	0.441	0.498	0.555	0.659	0.763	0.790	0.846	0.901	0.926	0.951	1.000
$15,000	0.422	0.477	0.531	0.644	0.756	0.785	0.844	0.903	0.927	0.952	1.000
$16,000	0.399	0.450	0.500	0.615	0.730	0.761	0.823	0.885	0.914	0.943	1.000
$17,000	0.376	0.422	0.469	0.586	0.704	0.737	0.802	0.868	0.901	0.934	1.000
$18,000	0.360	0.403	0.445	0.564	0.683	0.717	0.786	0.855	0.891	0.928	1.000
$19,000	0.351	0.391	0.430	0.549	0.667	0.703	0.776	0.848	0.886	0.924	1.000
$20,000	0.342	0.379	0.415	0.533	0.651	0.689	0.765	0.841	0.880	0.920	1.000
$22,500	0.304	0.333	0.362	0.475	0.587	0.630	0.714	0.798	0.849	0.899	1.000
$25,000	0.273	0.296	0.319	0.422	0.524	0.571	0.664	0.757	0.818	0.879	1.000
$27,500	0.250	0.269	0.287	0.379	0.472	0.521	0.619	0.717	0.788	0.859	1.000
$30,000	0.227	0.241	0.256	0.337	0.419	0.471	0.574	0.678	0.758	0.839	1.000
$32,500	0.215	0.227	0.239	0.316	0.392	0.442	0.541	0.640	0.730	0.820	1.000
$35,000	0.203	0.212	0.222	0.294	0.365	0.413	0.508	0.603	0.702	0.802	1.000
$40,000	0.178	0.184	0.189	0.250	0.311	0.355	0.442	0.529	0.647	0.764	1.000
$45,000	0.168	0.171	0.175	0.239	0.302	0.336	0.402	0.469	0.602	0.735	1.000
$50,000	0.157	0.159	0.161	0.228	0.294	0.317	0.363	0.409	0.557	0.705	1.000
$55,000	0.152	0.153	0.155	0.220	0.285	0.300	0.330	0.361	0.521	0.680	1.000
$60,000	0.146	0.147	0.148	0.212	0.276	0.283	0.298	0.312	0.484	0.656	1.000
$65,000	0.155	0.155	0.156	0.214	0.271	0.276	0.285	0.295	0.471	0.647	1.000
$70,000	0.163	0.164	0.165	0.215	0.266	0.268	0.273	0.278	0.458	0.639	1.000
$75,000	0.161	0.161	0.162	0.212	0.263	0.264	0.268	0.271	0.453	0.635	1.000
$80,000	0.158	0.159	0.159	0.210	0.260	0.261	0.262	0.264	0.448	0.632	1.000
$85,000	0.156	0.157	0.157	0.207	0.258	0.258	0.260	0.261	0.446	0.630	1.000
$90,000	0.154	0.155	0.155	0.205	0.256	0.256	0.257	0.257	0.443	0.629	1.000
$95,000	0.153	0.153	0.153	0.204	0.254	0.254	0.255	0.256	0.442	0.628	1.000
$100,000	0.151	0.152	0.152	0.202	0.252	0.253	0.253	0.254	0.440	0.627	1.000

Credibility Factors

Exhibit P-9

Credibility Levels at Selected Deductibles and Member Years

Physician Only

	Deductible																
Credibility	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
1.00	38,000	66,000	98,000	132,000	167,000	244,000	380,000	674,000	1,004,000	1,583,000	2,653,000	3,868,000	11,400,000	30,133,000	79,651,000	210,542,000	556,529,000
0.90	31,000	54,000	79,000	107,000	135,000	198,000	308,000	547,000	814,000	1,284,000	2,150,000	3,139,000	9,235,000	24,398,000	64,459,000	170,302,000	449,937,000
0.80	24,000	42,000	63,000	84,000	107,000	156,000	242,000	431,000	642,000	1,012,000	1,698,000	2,473,000	7,310,000	19,346,000	51,196,000	135,484,000	358,544,000
0.70	19,000	32,000	48,000	64,000	82,000	120,000	186,000	331,000	493,000	778,000	1,303,000	1,902,000	5,602,000	14,815,000	39,175,000	103,592,000	273,932,000
0.60	14,000	24,000	35,000	47,000	60,000	88,000	137,000	243,000	361,000	571,000	954,000	1,395,000	4,095,000	10,813,000	28,551,000	75,388,000	199,056,000
0.50	10,000	17,000	24,000	33,000	42,000	61,000	95,000	168,000	251,000	396,000	659,000	967,000	2,811,000	7,389,000	19,427,000	51,075,000	134,279,000
0.40	6,000	11,000	16,000	21,000	27,000	39,000	61,000	108,000	161,000	253,000	424,000	618,000	1,811,000	4,773,000	12,575,000	33,132,000	87,297,000
0.30	3,000	6,000	9,000	12,000	15,000	22,000	34,000	61,000	91,000	143,000	242,000	349,000	1,056,000	2,817,000	7,518,000	20,062,000	53,540,000
0.20	2,000	3,000	4,000	5,000	7,000	10,000	16,000	28,000	41,000	65,000	106,000	159,000	441,000	1,139,000	2,941,000	7,591,000	19,597,000
0.10	500	700	1,000	1,300	1,700	2,400	4,000	7,000	10,000	16,000	26,000	38,000	107,000	274,000	706,000	1,814,000	4,666,000

Credibility Levels at Selected Deductibles and Member Years

Physician and Ancillary Services

	Deductible																
Credibility	$5,000	$7,500	$10,000	$12,500	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
1.00	23,000	43,000	66,000	95,000	124,000	186,000	284,000	523,000	802,000	1,306,000	2,262,000	3,288,000	10,715,000	30,227,000	85,265,000	240,521,000	678,474,000
0.90	19,000	35,000	53,000	77,000	101,000	151,000	231,000	424,000	650,000	1,060,000	1,833,000	2,668,000	8,667,000	24,420,000	68,804,000	193,856,000	546,191,000
0.80	14,000	27,000	42,000	61,000	80,000	119,000	181,000	334,000	513,000	835,000	1,454,000	2,102,000	6,941,000	19,678,000	55,790,000	158,171,000	448,433,000
0.70	11,000	21,000	32,000	46,000	61,000	92,000	139,000	257,000	394,000	642,000	1,116,000	1,617,000	5,320,000	15,070,000	42,689,000	120,921,000	342,524,000
0.60	8,000	15,000	24,000	34,000	45,000	67,000	102,000	189,000	289,000	471,000	820,000	1,186,000	3,915,000	11,100,000	31,473,000	89,235,000	253,006,000
0.50	6,000	11,000	16,000	24,000	31,000	47,000	71,000	131,000	201,000	326,000	564,000	822,000	2,655,000	7,459,000	20,957,000	58,884,000	165,447,000
0.40	4,000	7,000	11,000	15,000	20,000	30,000	46,000	84,000	129,000	209,000	359,000	525,000	1,675,000	4,676,000	13,055,000	36,450,000	101,773,000
0.30	2,000	4,000	6,000	9,000	11,000	17,000	26,000	47,000	73,000	118,000	204,000	296,000	965,000	2,719,000	7,657,000	21,564,000	60,732,000
0.20	1,000	2,000	3,000	4,000	5,000	8,000	12,000	21,000	33,000	54,000	92,000	135,000	421,000	1,164,000	3,218,000	8,895,000	24,587,000
0.10	300	450	700	1,000	1,300	1,800	3,000	5,000	8,000	13,000	21,000	32,000	96,000	261,000	707,000	1,920,000	5,210,000

SERFF Tracking #:	*UHLC-129535175*	***State Tracking #:***		***Company Tracking #:***	*PELIP (01/14)*

State:	*District of Columbia*	***Filing Company:***	*Unimerica Insurance Company*
TOI/Sub-TOI:	*H12 Health - Excess/Stop Loss/H12.003 Provider*		
Product Name:	*Excess Loss Rates*		
Project Name/Number:	*Provider Excess Loss/PELIP (01/14)*		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Provider Stop Loss letter.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	ProviderExcess Act Memo UIC.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	See Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

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

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

SERFF Tracking #:	*UHLC-129535175*	***State Tracking #:***		***Company Tracking #:***	*PELIP (01/14)*

State:	*District of Columbia*	***Filing Company:***	*Unimerica Insurance Company*
TOI/Sub-TOI:	*H12 Health - Excess/Stop Loss/H12.003 Provider*		
Product Name:	*Excess Loss Rates*		
Project Name/Number:	*Provider Excess Loss/PELIP (01/14)*		

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

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

Unimerica Insurance Company

MN010-W115 6300 Olson Memorial Highway
Golden Valley, MN 55427

May 9, 2014

Filing Sent Via SERFF

District of Columbia Department of
Insurance and Securities Regulation
Government of the District of Columbia
810 First Street, NE
Washington, DC 20002

Subject: Provider Excess Loss
PELIP.DC (01/14) – Provider Excess Loss Insurance Policy
PELIP-APP (01/14) – Provider Excess Loss Insurance Application
PELIP STEP DOWN (01/14) – Specific Step-Down Deductible Endorsement
PELIP AGGSP (01/14) – Aggregate Specific Deductible Endorsement
PELIP EXP REF (01/14) – Experience Refund Endorsement

Filing For: Unimerica Insurance Company
NAIC Number: 91529
FEIN Number: 52-1996029

We respectfully submit the proposed new Provider Excess Loss rates for your formal approval. These rates will be used with the new Provider Excess Loss forms which are currently pending approval (SERFF Tracking Number UHLC-129535176) with your department.

Please see the attached Actuarial Memorandum.

Upon acceptance of this submission, please notify us.

If you have any questions or concerns, please contact me at 1-920-661-4408. My mailing address is Unimerica Insurance Company, PO Box 19032, Green Bay, Wisconsin 54307-9032. My email address is Lynn_A_Powers@uhc.com**.**

Sincerely,

Lynn Powers

Lynn Powers
Regulatory Affairs Analyst

MEMORANDUM

UNIMERICA INSURANCE COMPANY

PROVIDER EXCESS LOSS INSURANCE

Re: Policy Form PELIP.DC (01/14)
NAIC Number 91529
FEIN: 52-1996029

Scope and Purpose of Filing

This is a new filing for Provider Excess Loss Insurance PELIP.DC (01/14). This rate filing has been prepared for the purpose of demonstrating compliance with rate filing requirements in the District of Columbia and may not be appropriate for other purposes.

Unimerica Insurance Company (UIC) delivers its excess loss policy to providers through its affiliate, OptumHealth Financial Services, Inc.

Description of Benefits

This plan provides Provider Specific Excess Loss and Provider Aggregate Excess Loss Insurance to provider groups that accept financial risk through capitation contracts. These include hospitals, physician groups, Physician Hospital Organizations, and Accountable Care Organizations. Targeted populations are Commercial, Medicare, and Medicaid.

Under Specific Excess Loss Insurance, the provider is insured against large individual claims in excess of the specified deductible. The amount of the deductible depends on the charge schedule in the capitation agreement, the type of provider, the risk profile of the covered membership, the financial strength of the provider, the provider's geographic area, and the provider's risk management philosophy.

Under Aggregate Excess Loss Insurance, the provider is insured against excessive health care utilization. The insurance coverage relates to annual losses of the provider's entire covered membership in excess of the specified annual aggregate deductible. The amount of the deductible depends on the size of the provider's covered membership, the specific excess loss deductible, the underlying expected level of claims for the provider's covered membership, the financial strength of the provider, the provider's geographic area, and the provider's risk management philosophy.

Renewability Provision

All policies are guaranteed renewable.

Applicability

This policy is issued to new provider group businesses and renewal groups.

Marketing Method

This policy is sold to provider groups through brokers and Third Party Administrators.

Underwriting Method

The underwriting process takes into account a provider's experience, information from a disclosure form and expected ongoing claims. Since this product is annually renewable, underwriting has no durational impact. Premium rates are subject to change on the renewal date and are determined to cover the expected benefit costs for that year. Provider-specific premium rates are derived using a blend of the provider's specific experience and a manual rating process described below in the Description of Manual Rate Development section.

Issue Age Limits

This policy is issued to cover a provider group's eligible employees. There are no issue age limits.

Premium Basis

The policy form is annual (one-year) term excess medical insurance. Premium rates are subject to change on the renewal date and are determined to cover the expected benefit costs for that year.

Nature of the Rate Change and Proposed Rate/Methodology Change

Not applicable. This is a filing for a new product.

Summary of Each Proposed New Rule

Not applicable.

Overall Premium Impact of Filing on DC Policyholders

Not applicable.

Filed Minimum Required Loss Ratio

Average expenses for this policy are as follows:

Commission	7.5%
Taxes, Licenses and Fees	2.5%
General Administration	6.5%
Risk / Profit	10.0%
Total	26.5%

The Commission percentage above is based on average commissions for the book and may vary on a case-by-case basis.

The anticipated loss ratio for this policy is therefore 73.5%. Provider Excess Loss insures the tail end of claims which leads to low frequency and high volatility. Our provision for profit and contingencies takes this high variability in results into account.

Interest Rate Assumptions

Interest rate will not be used in the determination of premium rates. Investment income has a minimal impact on one-year term excess loss pricing.

Trend Assumptions

Trend factors will be developed that are appropriate for the specific provider group, taking into account their geographic area, covered services and charge schedule.

Persistency

Persistency will not be considered in the determination of premium rates. Persistency has a minimal impact on one-year term excess loss pricing.

Description of Manual Rate Development

Two models are developed to produce the excess cost rates for provider groups. For the groups taking risk on inpatient and other services including outpatient and physician services, a hospital excess of loss model is used. For the groups taking risk on physician services only, a physician only excess of loss model is used. These models were purchased from Optum Consulting.

- ***Hospital Excess of Loss Manual Rate Calculation Steps***

  - Determine the services a capitated provider is at risk for and whether the provider can provide the services or whether the services must be performed by a referral provider. Then derive the percentages for the portion of services provided by the client versus referral providers using high cost DRG-based weights that vary by deductible level and population basis (Commercial, Medicare, or Medicaid).

  - Once the at-risk services are identified and it has been determined which providers perform the services:

  a) Determine whether the claim accumulation basis will be on a fixed per diem basis, or whether the claim accumulation will be some function of the provider's billed charges. The claim cost of the chosen claim accumulation basis is then projected to the policy effective date using trend that is appropriate for the specific provider group. Separate claim cost estimates are developed for the following service categories:

     - Neonates
     - Transplants
     - Other

  b) If the claim accumulation basis is based on fixed per diems, then the excess of loss rate is developed from a days continuance table;
  c) If the claim accumulation basis is based on a function of the provider's billed charges, then the excess of loss rate is developed from a charge-based continuance table.

  - The excess of loss rate is further adjusted by factors shown below:

    a) Contract Factor - a factor taking into account the incurred/paid basis, the carry-over option, and whether the provider is a new or existing client
    b) Coinsurance Factor - percentage of claims that Unimerica will reimburse over the deductible
    c) Max per Diem Limit Factor - a factor to adjust for per diem per day or annual limit; applies to charge-based contracts only
    d) IP Covered Services Factor - a factor to adjust for any excluded inpatient services
    e) Age/Sex Factor – a factor to adjust for the age/sex mix of the provider's membership
    f) Ancillary Services Factor – a factor to adjust for the ancillary services that are included; potential covered services include the categories shown below:

       - Inpatient Hospital Services
       - Outpatient Surgery
       - Dialysis
       - All Other Outpatient Services
       - Extended Care
       - Hospice Care
       - Ambulance Services
       - Transplants
       - Retail Prescription Drugs
       - Skilled Nursing Facility / Extended Care Facility / Rehab
       - Home Health
       - DME / Orthotics/ Prosthetics / Implants
       - Chemotherapy Drugs
       - Blood Clotting Factor
       - Other Injectables / IV Therapy – Home
       - Other Injectables / IV Therapy – Office

  - The adjusted excess of loss rates for the three service categories are summed up to derive total excess of loss rates.
  - Once the excess of loss rates are determined for client providers and referral providers separately, a blended rate is developed based on the anticipated mix of services provided by the client versus referral providers.

- Large provider groups are experience-rated using a credibility formula that blends the group's historical claim experience and a manual rate. The credibility applied to a group's experience is determined using a formula that considers the member years exposed.

o ***Physician Only Excess of Loss Manual Rate Calculation Steps***

- Develop PMPM Excess Claim Cost Table (Excess Cost Table)

    a) The Physician Claim Distributions Table (Exhibit P-2) contains average annual claimant count and annual expense by threshold
    b) The Physician Expense Distribution by Service Type Table (Exhibits P-3A to P-3C) contains expense distributions by service type
    c) Use Exhibit P-2 and Exhibits P-3A to P-3C to derive the adjusted expense by threshold by factoring in the services not covered in the capitation contract
    d) Use the Newton-Raphson method to find the fitted distribution of claimant count from Exhibit P-2
    e) Determine the adjusted claimant count
        - If the deductible level is smaller than $3,500, use original claimant count from Exhibit P-2
        - If the deductible level is larger than $3,500, use claimant count from previous step
    f) Utilize the adjusted expense from step c and adjusted claimant count from step e to develop the PMPM excess claim cost in the Excess Cost Table

- Find the excess claim cost for specified deductible in the Excess Cost Table

- Add the Ancillary Services Factor to include all covered services other than physician only services, adjusting for the daily or annual maximums associated with these services; covered services may include the following:

    - Outpatient Surgery
    - Dialysis
    - Radiology
    - Radiation Therapy
    - All Other Outpatient Facility
    - All Outpatient Facility Services
    - DME / Orthotics / Supplies
    - Medical Supplies
    - Skilled Nursing Facility / Extended Care Facility / Rehab
    - Home Health
    - Chemotherapy Drugs
    - Blood Clotting Factor
    - Other Injectables / IV Therapy - At Home
    - Other Injectables / IV Therapy - In Physician's Office

- The excess claim cost is further adjusted by factors shown below:
    a) Trend factor – a factor to project the claim cost to the policy effective date
    b) Coinsurance Factor – percentage of claims that the insurance policy will reimburse over the deductible
    c) Age/Sex Factor – a factor to adjust for the age/sex mix of the provider's membership

- Large provider groups are experience-rated using a credibility formula that blends the group's historical claim experience and a manual rate. The credibility applied to a group's experience is determined using a formula that considers the member years exposed.

Other Factors

Hospital Excess Loss claim costs rating factors include deductible, coinsurance, trended per diem or hospital billed charges, allowed charge percentage, contract adjustments (e.g., run-in, run-out, paid, incurred and paid), age/sex mix of the provider's covered membership, maximum per diem, inpatient covered services factor, ancillary services factor and

two continuance tables (days continuance table and charge-based continuance table). All the rating factors can be found in the rate manual Exhibit H-1 through H-12B (Specific).

Physician Excess Loss claim costs rating factors include deductible, trend, covered physician factor, coinsurance, age/sex mix of the provider's covered membership, ancillary services factor, and two distribution tables (Physician Claim Distributions Table and Physician Expense Distribution by Service Type Table). All the rating factors can be found in the rate manual Exhibits P-1 through P-9 (Specific).

Actuarial Certification

I, Elizabeth V. Lewis, am a Member of the American Academy of Actuaries. I am Vice President of Actuarial Services at Optum, Inc. OptumHealth Financial Services, Inc., a subsidiary of Optum, Inc. will administer the provider excess of loss policies for Unimerica Insurance Company.

To the best of my knowledge and belief, the rating methodology is in compliance with the applicable laws and regulations of the District of Columbia. The rates charged are reasonable in relation to the benefits provided and are not excessive, inadequate or unfairly discriminatory.

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Elizabeth V. Lewis, FSA, MAAA
Vice President, Actuarial Services
Optum, Inc.
11000 Optum Circle
Eden Prairie, MN 55344