

SERFF Tracking Number: AETN-127673651 State: District of Columbia
 Filing Company: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN State Tracking Number:
 VA
 Company Tracking Number: DCAHILG1Q12
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Aetna Health Maintenance Organization
 Project Name/Number: Aetna Health Inc. 1Q12 Large Group HMO rate filing for DC/

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

10/01/2011

Filing Method of Last Filing:

SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA	Neutral	0.000%	0.000%	\$0	220	\$88,118,096	0.000%	0.000%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	19,110			748	32	32		
Policy Holders:	130			79	6	5		

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TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
Product Name: Aetna Health Maintenance Organization
Project Name/Number: Aetna Health Inc. 1Q12 Large Group HMO rate filing for DC/

Rate Review Details

COMPANY:

Company Name: Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
HHS Issuer Id: 73987
Product Names: Aetna Health Maintenance Organization
Trend Factors:

FORMS:

New Policy Forms:
Affected Forms:
Other Affected Forms:

HMO/DC2 NAMEAMEND-1 05/02, HMO/DC2 GA-1 01/02, HMO/DC2 Amendment to GA ELR-1 05/02, HMO/DC2 COC-1 07/02, HMO DC2 COC-AMEND-1 07-03, HMO/DC2 COC-AMEND-2 07/03, HMO DC2 MEDICALLY NECESSARY 10-03, HMO AMD-COMPL-APPL-11/02-DC, HMO/DC2 COC-CONVERSION-AMEND 01/03, HMO DC2 AMEND-COB-2 10-03, HMO GEN MOP-AMEND-2 10-03, HMO DC2 SB-1 10-03, HMO/DC2 SELFREF (10/00), HMO/DC2 SELFREF (10/00), HMO/DC2 RIDER-HEAR-1 01/00, HMO/DC2 RIDER-UAW-1 (01/00), HMO/DC2 RIDER-RX-2003-1 (08/02), HMO/DC2 RDR-SHELL-1 06/99, HMO/DC2 RIDER-VIS-1 06/99, HMO/DC2 SERVAGREE-1 06/99, HMO/DC2 RIDER-SBF-1 06/99, HMO/DC2 AMEND-DP-1 06/99, HMO/DC2 AMEND-STNT-1 06/99, HMO/DC2 RIDER-DEN-1 06/99, HMO/DC2 BASIC-INF-AMEND 04/03, HMO GEN RIDER 2003CI-1 (07-03), HMO GEN RIDER 2003ART-1 (07-03), HMO DC2 TRANSPLANT-AMEND-1 10/03, HMO/DC2 INDHISB-1 07/00, HMO/DC2 INDCOC-1 07/00

REQUESTED RATE CHANGE

INFORMATION:

Change Period: Quarterly
Member Months: 237,200

<i>SERFF Tracking Number:</i>	<i>AETN-127673651</i>	<i>State:</i>	<i>District of Columbia</i>
<i>Filing Company:</i>	<i>Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN State Tracking Number:</i>		
	<i>VA</i>		
<i>Company Tracking Number:</i>	<i>DCAHILG1Q12</i>		
<i>TOI:</i>	<i>H21 Health - Other</i>	<i>Sub-TOI:</i>	<i>H21.000 Health - Other</i>
<i>Product Name:</i>	<i>Aetna Health Maintenance Organization</i>		
<i>Project Name/Number:</i>	<i>Aetna Health Inc. 1Q12 Large Group HMO rate filing for DC/</i>		
Benefit Change:	None		
Percent Change Requested:	Min: 0.0 Max: 0.0 Avg: 0.0		
PRIOR RATE:			
Total Earned Premium:	91,574,411.00		
Total Incurred Claims:	71,615,451.00		
Annual \$:	Min: 2,398.04 Max: 5,329.11 Avg: 4,632.02		
REQUESTED RATE:			
Projected Earned Premium:	88,118,096.00		
Projected Incurred Claims:	73,248,364.00		
Annual \$:	Min: 2,316.34 Max: 5,147.53 Avg: 4,474.20		

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 NV NC OK TN VA
 Company Tracking Number: DCAHILG1Q12
 TOI: H21 Health - Other Sub-TOI: H21.000 Health - Other
 Product Name: Aetna Health Maintenance Organization
 Project Name/Number: Aetna Health Inc. 1Q12 Large Group HMO rate filing for DC/

Supporting Document Schedules

	Item Status:	Status Date:
<p>Satisfied - Item: Actuarial Justification Comments: Attached, please find the 1Q12 DC Large Group rate filing submission for Aetna Health Inc. The attachments include our NAIC Transmittal form, the Large Group Actuarial Certification and our rate filing including form numbers and rate manual pages. Attachments: DC HMO Act Cert 1Q12.pdf NAIC Transmittal Doc 1Q12.pdf DC 1Q12 HMO filing.pdf</p>		
<p>Bypassed - Item: Rate Summary Worksheet Bypass Reason: This is a large group filing Comments:</p>		
<p>Bypassed - Item: Consumer Disclosure Form Bypass Reason: This filing does not meet or exceed the "subject to review" threshold Comments:</p>		
<p>Satisfied - Item: Response Letter Comments: Please see attached Attachment: DC 1Q12 HMO response.pdf</p>		

To: Aetna Health, Inc.
From: [Bruce Sobus, FSA, MAAA](#)
Date: [September 30, 2011](#)
Re: **Actuarial Certification of Premium Rates**

I, Bruce Sobus, am an employee of Aetna Health Inc. and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Health, Inc. for the District of Columbia.

These rates reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I relied upon financial records and summaries prepared by responsible officers and employees of Aetna Health, Inc. In other respects, my analysis included review of assumptions that I considered necessary.

For preparation of the rates, items identified above:

- (i) are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii) meet the requirements of the District of Columbia,
- (iii) make a good and sufficient provision for all unpaid claims of the organization under the terms of it's contracts and agreements, and
- (iv) include appropriate provision for all actuarial items which ought to be established where allowed by law.

A manual rate target medical loss ratio of [81.2%](#) was used in the development of the manual rates.

These rates are appropriate for quotes delivered for effective dates beginning [January 1, 2012](#) and the increase requested is not greater than 10% over the prior year's rates (excluding demographic changes).

This rate filing conforms with the benefit plan provisions required by the Patient Protection and Affordability Act (P.L. 111-148) of 2010.

In my opinion, the enclosed rates are reasonable in relation to the anticipated experience of Aetna Health, Inc. They are neither excessive nor inadequate, nor unfairly discriminatory.



[September](#)

[30, 2011](#)

Bruce	Sobus	
FSA,	MAAA	Date


Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Health Inc. 1302 Concourse Drive, Suite 402 Linthicum, MD 2109	PA	Accident & Health		95109		
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Frances Casale 980 Jolly Road Mail Stop: U12S Blue Bell, PA 19422	(215) 775-2717	(215) 775-6441		casaleFM@aetna.com		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
6.	Company Tracking Number	DCAHILG1Q12					
7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	H21 Health-Other					
10.	Product Coding Matrix Filing Code	H21.000 Health-Other					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other - DCLG 1Q12 Rate Manual & Actuarial Certification					

		<input type="checkbox"/> Other _____
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LHTD-1, Page 1 of 2

12.	Filing Submission Date	September 30, 2011
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	This filing seeks approval of the Aetna Health Inc. Large Group 1Q12 rate manual. This filing is for effective dates January 1, 2012 and later. Changes from our previously approved rate manual have been highlighted.	

16.	Certification (If required)	
	I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.	
	Print Name Frances Casale	Title Actuarial Team Lead
	Signature 	Date: September 30, 2011

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		0.0% quarterly manual rate change		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01		See list of form numbers attached to cover letter.	<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
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09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1



980 Jolly Road
Mail Stop U12S
Blue Bell, PA 19422

September 30, 2011

Mr. Laszlo Pentek, Health Actuary
District of Columbia Department of Insurance Securities and Banking
Actuarial Analysis Division
810 First Street, NE Suite 701
Washington, D.C. 20002

RE: Aetna Health Inc. - DC
NAIC Number: 95109
[DCAHILG1Q11](#) - District of Columbia [Large Group](#) New Business
Forms: [see attached for list of form numbers](#)

Dear Mr. Pentek:

I am writing to seek approval for revisions to the approved Aetna Health, Inc. rate manual last submitted on [July 1, 2011](#). These changes are for effective dates [January 1, 2012 and later](#), for our [HMO](#) medical plans, as well as our pharmacy and other riders.

In accordance with the Health Insurance Rate Filing Procedures, we have included the following:

- o An actuarial certification
- o An actuarial memorandum, including appendices with brief summaries of already approved underwriting methodologies and trend assumptions.
- o A summary of rate manual changes, an annual rate change history summary and the development of current annual rate change (Exhibit A and A.1)
- o A summary of Aetna Health Inc. District of Columbia large group experience data, including earned premiums, incurred claims, member months and loss ratios (Exhibit B)
- o Revised rate manual pages that have had factor/table changes. We have also included rate manual pages where the page numbers have shifted.

The increase requested is not greater than 10% over the prior year's rates (excluding demographic changes). The new business quarterly manual rate change requested is [0.0%](#).

This rate filing conforms with the benefit plan provisions required by the Patient Protection and Affordability Act (P.L. 111-148) of 2010.

Since Aetna Health, Inc. considers this submission to contain proprietary information, we ask that it be kept confidential to the extent possible. In particular, we believe the tables of factor adjustments would be especially valuable to competitors.

Please contact me at 215-775-2717 if you have any questions regarding the attached information.

Sincerely,

A handwritten signature in cursive script that reads "Frances Casale".

Frances Casale
LEC Actuarial - SE

Enclosures

**Aetna Health, Inc
District of Columbia**

Forms:

HMO/DC2 NAMEAMEND-1 05/02	NAME CHANGE AMENDMENT
HMO/DC2 GA-1 01/02	GROUP AGREEMENT
HMO/DC2 Amendment to GA ELR-1 05/02	GROUP AGREEMENT AMENDMENT
HMO/DC2 COC-1 07/02	CERTIFICATE OF COVERAGE (COC) AMENDMENT
HMO DC2 COC-AMEND-1 07-03	AMENDMENT
HMO/DC2 COC-AMEND-2 07/03	AMENDMENT
HMO DC2 MEDICALLY NECESSARY 10-03	NEW DEFINITION AMENDMENT
HMO AMD-COMPL-APPL-11/02-DC	GRIEVANCE PROCESS AMENDMENT
HMO/DC2 COC-CONVERSION-AMEND 01/03	CONVERSION AMENDMENT
HMO DC2 AMEND-COB-2 10-03	COB AMENDMENT
HMO GEN MOP-AMEND-2 10-03	AMENDMENT
HMO DC2 SB-1 10-03	SCHEDULE OF BENEFITS
HMO/DC2 SELFREF (10/00)	OPEN ACCESS RIDER
HMO/DC2 RIDER-HEAR-1 01/00	HEARING AID RIDER
HMO/DC2 RIDER-UAW-1 (01/00)	NOCO RIDER
HMO/DC2 RIDER-RX-2003-1 (08/02)	RX RIDER
HMO/DC2 RDR-SHELL-1 06/99	RIDER SHELL
HMO/DC2 RIDER-VIS-1 06/99	VISION
HMO/DC2 SERVAGREE-1 06/99	SERVICE AGREEMENT
HMO/DC2 RIDER-SBF-1 06/99	MEDICAL SPENDING
HMO/DC2 AMEND-DP-1 06/99	DOMESTIC PARTNER
HMO/DC2 AMEND-STNT-1 06/99	STUDENT
HMO/DC2 RIDER-DEN-1 06/99	DENTAL RIDER
HMO/DC2 BASIC-INF-AMEND 04/03	BASIC INFERTILITY AMENDMENT
HMO GEN RIDER 2003CI-1 (07-03)	COMPREHENSIVE INFERTILITY AMENDMENT
HMO GEN RIDER 2003ART-1 (07-03)	ART AMENDMENT
HMO DC2 TRANSPLANT-AMEND-1 10/03	TRANSPLANT AMENDMENT
HMO/DC2 INDHISB-1 07/00	INDIVIDUAL CONVERSION SB HIGH OPTION
HMO/DC2 INDCOC-1 07/00	INDIVIDUAL COC


Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	District of Columbia					
2.	Department Use Only						
	State Tracking ID						
3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Health Inc. 1302 Concourse Drive, Suite 402 Linthicum, MD 2109	PA	Accident & Health		95109		
4.	Contact Name & Address	Telephone #	Fax #		E-mail Address		
	Frances Casale 980 Jolly Road Mail Stop: U12S Blue Bell, PA 19422	(215) 775-2717	(215) 775-6441		casaleFM@aetna.com		
5.	Requested Filing Mode	<input type="checkbox"/> Review & Approval <input checked="" type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____					
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7.	<input checked="" type="checkbox"/> New Submission	<input type="checkbox"/> Resubmission	Previous file # _____				
8.	Market	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____					
9.	Type of Insurance	H21 Health-Other					
10.	Product Coding Matrix Filing Code	H21.000 Health-Other					
11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other - <u>DCLG 1Q12 Rate Manual & Actuarial Certification</u>					

		<input type="checkbox"/> Other _____
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LHTD-1, Page 1 of 2

12.	Filing Submission Date	September 30, 2011
13	Filing Fee (If required)	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	Date of Domiciliary Approval	
15.	Filing Description:	
	This filing seeks approval of the Aetna Health Inc. Large Group 1Q12 rate manual. This filing is for effective dates January 1, 2012 and later. Changes from our previously approved rate manual have been highlighted.	

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	I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of _____.	
	Print Name Frances Casale	Title Actuarial Team Lead
	Signature 	Date: September 30, 2011

17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
01			<input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
02			<input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
03			<input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
04			<input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
05			<input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
06			<input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
07			<input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
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09			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
09			<input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial	
			<input type="checkbox"/> Revised	
10			<input type="checkbox"/> Other _____	

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		0.0% quarterly manual rate change		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01		See list of form numbers attached to cover letter.	<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
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09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request +____% -____% <input type="checkbox"/> Other _____	

LH RFA-1

To: Aetna Health, Inc.
From: [Bruce Sobus, FSA, MAAA](#)
Date: [September 30, 2011](#)
Re: **Actuarial Certification of Premium Rates**

I, Bruce Sobus, am an employee of Aetna Health Inc. and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Health, Inc. for the District of Columbia.

These rates reflect the negotiated prices from the provider contracts and the expected utilization experience of the plan.

I relied upon financial records and summaries prepared by responsible officers and employees of Aetna Health, Inc. In other respects, my analysis included review of assumptions that I considered necessary.

For preparation of the rates, items identified above:

- (i) are computed in accordance with commonly accepted actuarial standards consistently applied and are fairly stated in accordance with sound actuarial principles,
- (ii) meet the requirements of the District of Columbia,
- (iii) make a good and sufficient provision for all unpaid claims of the organization under the terms of it's contracts and agreements, and
- (iv) include appropriate provision for all actuarial items which ought to be established where allowed by law.

A manual rate target medical loss ratio of [81.2%](#) was used in the development of the manual rates.

These rates are appropriate for quotes delivered for effective dates beginning [January 1, 2012](#) and the increase requested is not greater than 10% over the prior year's rates (excluding demographic changes).

This rate filing conforms with the benefit plan provisions required by the Patient Protection and Affordability Act (P.L. 111-148) of 2010.

In my opinion, the enclosed rates are reasonable in relation to the anticipated experience of Aetna Health, Inc. They are neither excessive nor inadequate, nor unfairly discriminatory.



[September](#)

[30, 2011](#)

Bruce FSA,	Sobus MAAA	Date
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Aetna Health Inc. – District of Columbia
1Q12 Filing - HMO Large Group Business

Actuarial Memorandum

Statement of Purpose for Filing

This actuarial memorandum supports DC HMO commercial base rates for large groups (groups with 51 or more eligible subscribers) effective 1Q12 (1/01/2012 and forward) for Aetna Health Inc.- District of Columbia.

The purpose of this memorandum is to comply with the District of Columbia, Department of Insurance, Securities and Banking, Health Insurance Rate Filing Procedures and to provide adequate supporting information for our proposed rates pursuant to the DC Official Code, Title 31, Subtitle IV, Chapter 34.

This rate filing conforms with the benefit plan provisions required by the Patient Protection and Affordability Act (P.L. 111-148) of 2010.

A. Description of Benefits

The Aetna Health Inc. – District of Columbia offers group medical benefit coverage for the inpatient, outpatient, primary care and specialist services listed on pages B-13 through B-15 of our rate manual as well as riders such as pharmacy, vision, self Injectables, DME and vision. The rate manual includes tables of adjustments for certain benefit variations and co-payment options. Section B addresses the base medical benefits. Sections C, D, and E cover the various riders available to the base medical plan.

B. Renewability Provision

Group contracts are effective for a 12 month period at the end of which they are renewable upon agreement between both Aetna and the employer.

C. Applicability

The benefit plans and corresponding rates apply to large group new business. For informational completeness, a summary description of renewal methodologies is included as Appendix C.

D. Marketing Method

AHI uses brokers as well as internal sales staff to market our large group benefit plans.

E. Underwriting Method

Generally for groups with less than 300 eligible subscribers, Aetna requires the completion of a group medical questionnaire. We may use the information contained in the questionnaire to adjust a case appropriately for the given risk.

F. Issue Age Limits

Not applicable

G. Premium Basis

The base claim costs (medical and pharmacy) for 1Q12 was for dates of service July 2010 through June 2011 paid thru June 2011 (our most recent 12 months of experience data) projected forward to the rating period (1Q12-4Q12) and then retention added.

H. Nature of Rate Change and Proposed Rate/Methodology Change

There are no proposed rating methodology changes proposed in this rate filing. The manual rate change results from the proposed change in manual base rate for our medical and pharmacy riders.

I. For Each Change, Indication if New or Modified

This is a new request for a manual base rate change for this time period.

J. For Each Change Comparison to Status Quo

Not applicable

K. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology

There are no proposed rating methodology changes in this rate filing.

L. Summary of Each Proposed New Rule

Not Applicable

M. Overall Premium Impact of Filing on DC Policyholders

The new business quarterly manual rate change requested for 1Q12 is 0.0%. The new business annual manual rate change requested for 1Q12 is -5.9%. This rate filing does not impact renewing business.

N. Filed Minimum Required Loss Ratio

Not Applicable

O. Interest Rate Assumptions

Not Applicable

P. Trend Assumptions

The medical cost trend assumptions used in the development of the 1Q12 manual rates are shown in the attached Appendix P. Appendix P shows medical membership and claims PMPM's for our Southeast Region Area. The data is paid through June 2011, which is the data that was available at the time we developed our 1Q12 rate filing. This data represents our fully insured large group business and does not include National or Federal business. The data includes all our HMO-based products including Pharmacy and Self-Injectables.

The PMPM data shown here are net of any normalization for benefits, demographics and industry. Benefit normalization adjustments were determined using a benefit indexing process designed to compare the various plan design levels over time. Benefit plan design data was analyzed and a process was built to compare the actuarial value of the various book of business plan designs to the value of a \$0 base plan (100% coverage of all services with no member cost sharing). The resulting relativity factors, the numerical value of comparing the various plan design values with the base plan value, are composited by membership and a monthly index factor is calculated. This factor is then applied to the

monthly claims experience to calculate a monthly normalized claim cost. The change in factors is measured and used to adjust net trends to an adjusted net level. A similar process is used to calculate demographic and industry index factors using our currently filed age gender factors and industry factors respectively.

From the claims experience we calculated rolling 3, 6 and 12 month PMPMs and trends. These rolling trends are on a net trend basis. From the net trend an adjusted net trend is calculated based on the change in industry, demographics, plan design and high claims. The adjusted net trend is then adjusted based on the items shown in the appendix that were believed to have had an effect on the experience data such as an increase in COBRA benefits and an increase in claims due to seasonal flu and snow to become an adjusted gross trend. This adjusted gross trend was then adjusted for medical management initiatives to reach a gross trend. The development of our projected 2012 gross trend was done using a "cross-walk" approach. Meaning that we started with our 2011 adjusted gross trend, (which included our 2011 adjustments) and applied only the value of the expected changes in the line items from '11 to '12. The adjusted gross trend was then adjusted for medical management initiatives to reach a 2012 gross trend.

The estimated increase in claims expected as a result of increased COBRA benefits and the estimated increase in claims due to seasonal flu and snow were developed by our Medical Economics Unit. P-model changes refer to the changes in unit price contracted for hospital and professional services. Aetna believes in actively developing and managing programs that reduce the cost of medical care. We do this through Medical Management Initiatives (MMI), which are company-wide programs that are created at the national and local market level in response to trends in healthcare. Medical Management Initiatives are the additional strategies Aetna has implemented to reduce/mitigate medical cost spending.

The adjustments to trend for MMI are the incremental improvements over the prior year's initiatives. In other words, the impact of MMI are cumulative over time, similar to the ongoing impact of continued buy-downs of benefit plans every year by plan sponsors.

Each year, Aetna creates new strategies to not only reduce medical inflation through contracting, but also strategies to implement cost saving initiatives to control our plan sponsors' medical costs. They are robust and comprehensive opportunities that positively impact our customers' savings. One such program, for example, is to provide referring providers with information that will assist members in making the most cost effective care decisions. Another program actively manages the utilization of Chiropractic care, and yet another designed to monitor non participating utilization and engage these providers with the goal of being included in network at appropriate levels. All these programs provide savings to the member in form of fewer copays and lower coinsurance responsibilities.

Q. Persistency

Not Applicable

R. Long Term Care Insurance

Not Applicable

S. Actuarial Certification

An Actuarial Certification is attached.

**Aetna Health Inc. – District of Columbia
1Q12 Filing - HMO Large Group Business**

Actuarial Memorandum Appendix C

Rating methodologies beyond the scope and purpose of this filing (the manual rating process) used by Aetna have been previously filed and approved. These methodologies include [community rating](#), [portfolio rating](#), [experience rating](#), and [retrospective rating](#) and they have been in place for years. No change to these methodologies is proposed. For informational completeness, a summary description of these methodologies is included as follows, as well as an example calculation of the portfolio rating methodology, experience rating methodology and each of the retrospective rating methodologies.

Community Rating by Class

Aetna Health, Inc. intends to community rate by class for large group contract holders, subject to meeting certain group criteria as determined by Aetna Health, Inc., as described below.

Existing business with 125 or more eligible subscribers and less than 100 average enrolled subscribers during their experience period will be class rated upon renewal. Each group will be given a class adjustment to the community rate that reflects the member age mix of the group, the single/family contract mix of the group, and the average contract size of the group.

For new business with fewer than 100 enrolled subscribers, community rates will be adjusted similarly to the way existing group rates are adjusted. However, since dependent information is rarely, if ever, available from prospective groups, the new business class adjustment will be based on eligible subscribers instead of members. The class adjustment for new business will reflect the age and single/family mix of each group's eligible contract holders. We will assume that each group's average contract size is that of the community-wide average contract size.

Portfolio Rating

The goal of portfolio rating is to treat groups of cases as one large case (from now on referred to as the Cohort). For the purpose of developing required rate increases reflecting experience, each group in the Cohort is assigned to the Cohort based on the eligibility requirements discussed below. Once the Cohort is created, experience rating is performed and credibility for the Cohort is calculated as indicated in [Table 1 below](#). For any Cohort that is < 100% credible, the Cohort's experience will be blended with the appropriate manual rate increase. Case specific rate increases will start with the blended rate increase, but differentiation will occur on case specific characteristics, as described below.

Eligibility Requirements

To be considered for portfolio rating, an employer group must have 51 through 124 eligible employees.

If an employer has multiple medical plans, eligibility is based on total number of eligible employees for that employer. Each medical plan is considered separately in the following rating methodology for determining rate increases and then a premium weighted average rate increase is applied to each medical plan within that employer. See [Blended Rate Increase Example below](#) for an example calculation.

All groups that qualify will be subject to the portfolio rating methodology and the employer will not be allowed to opt out. Similarly, [Aetna Health Inc.](#) will apply the portfolio rating methodology consistently to all qualifying groups.

The portfolio rating methodology applies to all medical products and is applied to renewal business only.

Portfolio Rating Methodology - see example calculation at the end of this section

I. The Definition of a Cohort

A cohort is a block of business with similar characteristics that are combined together to form a large enough block such that it will have enough credibility to use the portfolio rating methodology. This could include grouping by financial office and/or region and/or product category within an area. Cohorts are also defined by the customer's renewal quarter. A cohort consists of groups that have between 51 and 124 eligible employees.

II. The Overall Cohort Rate Change Calculation

$$RC = (((((CC - PCI) \times DF \times TF + PCh) / TLR) + PTA + BC) / CP) - 1$$

where

RC = Cohort Rate Change

CC = Cohort Claims. These are aggregate incurred claims from all the groups that meet the cohort definition. They are made up of claims from a 12 month experience period that allows for one month of run-out prior to the valuation.

PCI = Pooled Claims. Claims are pooled at a level consistent with the total size of the block. The cohort will be treated as [Aetna Health Inc.](#) would treat one large group of that size. See [Table 2](#) for pooling points.

PCh = Pooling Charge. This is the aggregate pooling charge assessed to the cohort. See [Table 2](#) for pooling charges.

TF = Trend Factor. The trend factor is calculated from the weighted average mid-point of when the claims occurred during the experience period to the weighted average mid-point of the renewal period, based on when the members renew. Trends are weighted based on the local market incurred claims dollars.

CP = Current Premium (annualized). This is the most recent month's premium for each group in the cohort. This amount is annualized and then adjusted for the ratio of the average number of enrolled for the cohort during the experience period over the number of current enrolled, as of the valuation date.

TLR = Target Loss Ratio. This is a premium weighted average of the TLR's for each of the cases in the cohort. Each individual TLR is driven by product, fixed and variable administrative and profit factors for each case. See [Table 3](#) for the factors.

PTA = Premium Taxes and Assessments. This is a premium weighted average of the state taxes and assessments paid for each case.

BC = Broker Commission. This is a premium weighted average of the commissions paid for each case. Standardly, a broker commission is not paid. If it is paid, it is the actual commission paid for the group.

The overall cohort rate change is a blend of the cohort rate change (RC) and the manual rate change. The weighting of the two rate changes is determined by the size of the cohort, as indicated in [Table 1](#).

$$\text{ORC} = (\text{CCr}) \times (\text{RC}) + (1 - \text{CCr}) \times (\text{MRC})$$

Where

ORC = Overall Rate Change

CCr = Cohort Credibility percentage, as calculated in Table 1

MRC = Manual Rate Change

The overall cohort rate change is the starting point for a rate change for each group within the cohort. The ORC will be incremented or decremented by case specific adjustments, as listed below.

III. Case Specific Adjustments to the ORC prior to normalization

Each group will have adjustments made to the ORC based on their following characteristics:

1. Medical Benefits Ratio Adjustment (MBRA)

This adjustment is based on calculating the difference between each group's MBR for that year and the overall MBR for the cohort. The MBR in this adjustment is defined for each group as incurred claims divided by the premium. The MBR for the first year is made up of the incurred claims from months 2 – 13 as of the evaluation date to allow for one month of run-out to occur. Incurred claims for the MBR remove claims over \$50,000 when comparing the MBR variance from the cohort.

See [Table 4 below](#) for the adjustment factor.

2. Relative Risk Adjustment (RRA)

Predictive modeling is used to determine a risk score per member. This is based on the projected future cost of each member. The projected future costs are normalized by age, gender, and duration such that a factor of 1.0 is average. A relative risk score above 1.0 indicates the group has higher than average morbidity and a score below 1.0 indicates the group has lower than average morbidity.

See [Table 5 below](#) for the adjustment factor.

3. Predicted High Claimant (HCA)

Medical underwriting will review active members with more than \$25,000 in paid claims in the latest 12 months or more than \$10,000 in paid for certain medical categories such as Rx cost.

See [Table 6 below](#) for the adjustment factor.

4. Persistency Adjustment (PA)

A durational adjustment is made to reflect expected changes in morbidity after the renewal date.

See [Table 7 below](#) for the adjustment factor.

The total case specific adjustment (TCSA) prior to normalization is calculated as:

$$\begin{aligned} &(1 + \text{MBR Adjustment}) \\ &\quad \times \\ &(1 + \text{Relative Risk Adjustment}) \\ &\quad \times \\ &(1 + \text{High Claimant Adjustment}) \\ &\quad \times \\ &(1 + \text{Persistency Adjustment}) - 1 \end{aligned}$$

IV. Normalized Case Specific Adjustments

The case specific adjustments are normalized to the overall weighted average of all the case specific adjustments.

The case specific Normalized Rate Change (NRC) is calculated as follows:

$$\begin{aligned} &((1+ \text{ORC}) \\ &\quad \times \\ &(1 + \text{Case specific adjustment prior to normalization}) \\ &\quad / \\ &(1 + \text{Overall weighted average of the case specific adjustments})) - 1 \end{aligned}$$

Where the Overall weighted average of the case specific adjustments is calculated as:

$$\begin{aligned} &\sum ((1 + \text{Case specific adjustment prior to normalization}) \\ &\quad \times \\ &\quad (\text{Case specific current premium})) \\ &\quad / \\ &\sum (\text{Case specific current premium}) \end{aligned}$$

V. Monthly Renewal Premium

The monthly renewal premium for each group is calculated as:

$$\begin{aligned} &(1 + \text{NRC}) \\ &\quad \times \\ &\text{Current Monthly Premium} \end{aligned}$$

Table 1 - Credibility Table

Cohort credibility (CCr) percentage levels are based on the following:

Member Months, MM		Credibility, CCr
<	11,999	MM / 12,000
12,000	+	100%

Blended Rate Increase Example

A group has an HMO plan and a PPO plan with [Aetna Health Inc.](#) and the following characteristics:

1. Current monthly PPO premium = \$3,047 and current monthly HMO premium = \$22,046.
2. The final rate change with broker commissions for the PPO and HMO are 21.1% and 40.2% respectively.

The blended rate increase that would be applied to both the PPO and HMO product is calculated as:

$$37.9\% = ((3,047 * 1.211 + 22,046 * 1.402) / (3,047 + 22,046)) - 1$$

Table 2 – Large Claim Adjustment Table

The pooling point is based on the number of average monthly subscribers for the experience period being used. The pooling point is applied on a member level basis and all claims above the pooling point are removed from the cohort’s experience.

Avg Monthly Subscribers		Pooling Pt	Pooling Adj
0	299	\$100,000	4.9%
300	499	\$125,000	3.9%
500	749	\$150,000	3.1%
750	999	\$175,000	2.6%
1,000	1,499	\$200,000	2.2%
1,500	1,999	\$225,000	1.9%
2,000	2,999	\$250,000	1.6%
3,000	4,999	\$300,000	1.3%
5,000	7,999	\$400,000	0.8%
8,000	& up	\$500,000	0.5%

Table 3 – Target Loss Ratio

<u>Product</u>	<u>Fixed Administrative & Profit Factor</u>	<u>Variable Administrative & Profit Factor</u>	<u>Premium Tax & Assessments Factor</u>
HMO Based	\$28.35 pmpm*	7.45%	2.700%
ALIC Based	\$33.21 pmpm*	7.45%	2.600%

*Average Factor for all states. Actual is a blended fixed retention depending on product mix.

Table 4 - MBR Adjustment

The MBR Adjustment is based on the variance between the group's MBR and the cohort's MBR (both with claims amounts over \$50,000 removed).

Example: If the group's MBR (with claims over \$50,000 removed) is 65%, and if the cohort MBR is 80%. Then current year MBR adjustment is -5%.
The calculation is 65% - 80% = -15%. A -15% variance results in a -5% adjustment factor.

MBR Variance Range		Adjustment Factor
-999%	-50%	-30%
-50%	-40%	-25%
-40%	-30%	-15%
-30%	-20%	-10%
-20%	-10%	-5%
-10%	10%	0%
10%	20%	5%
20%	40%	10%
40%	60%	15%
60%	100%	25%
100%	999%	35%

The maximum rate adjustment for MBR is 35%.

Table 5 – Relative Risk Adjustment

The relative risk score per member is aggregated at the group level. The following adjustment applies based on the group's relative risk factor.

Relative Risk Score Range	Adjustment Factor
<0.5	-9%
0.5 - 0.7	-6%
0.7 - 0.9	-3%
0.9 - 1.1	0%
1.1 - 1.3	3%
1.3 - 1.5	6%
1.5+	9%

Table 6 – Predicted High Claimant Adjustment

If there are known expected large claims, the adjustment equals 50% of the expected large claim amount as a percentage of annual premium. The adjustment for predicted high claimants will not exceed 25%.

Table 7 – Persistency Adjustment

1st renewal = 1.5%
 2nd renewal and later = -1.0%

The Overall Cohort Rate Change Calculation

Renewal Cohort Description	Capitol Area		
Subscriber Months	12,381		
Avg Monthly Subscribers	1,032		
Member Months	24,692		
CC	Cohort Claims	\$8,321,619	
PCI	Average of Cohort's Pooling Point	200,000	(Table 2)
PAAdj	Pooled Claims	\$767,621	
	Pooling Adj	2.2%	(Table 2)
	LCAF Leveraged Trend	19.2%	
	LCAF Trend Months	16.8	
LCAF TF	Trend Factor	1.279	
PCh	Pooling Charge (x member months)	\$214,867	$PCh = PAAdj * (CC - PCI) \times DF \times LCAF TF$
DF	Demographic Factor	1.005	
	Avg Trend	10.4%	
	Avg Trend Months	16.8	
TF	Trend Factor	1.148	
	Projected Incurred Claims	\$8,932,241	
CP	Current Members	2,796	
	Current Premium (annualized)	\$9,689,074	
	Cohort Average Fixed Retention pmpm	\$29.74	(Table 3 blended for product mix)
	Cohort Average Fixed Retention dollar amount	\$734,253	
	Cohort Average Premium Tax	2.63%	(Table 3 blended for product mix)
	Cohort Average Premium Tax dollar amount	\$275,743	
	Cohort Average Variable Retention	7.45%	(Table 3)
	Cohort Average Variable Retention dollar amount	\$800,921	
	Cohort Average Broker Comm	0.00%	
	Cohort Average Broker Comm dollar amount	\$0	
TLR	Target Loss Ratio	85.3%	
			\$10,467,416 \$275,743
PTA	Premium Taxes and Assessments	\$275,743	\$255,239
BC	Broker Commissions	\$0	
RC	Cohort Rate Change	10.9%	$RC = (((CC - PCI) \times DF \times TF + PCh) / TLR) + PTA + BC) / CP) - 1$
CCr	Cohort Credibility Percentage	100%	(Table 1)
MRC	Manual Rate Change	5.00%	
ORC	Overall Cohort Rate Change	10.9%	$ORC = (CCr \times RC) + ((1 - CCr) \times MRC)$
	Renewal Premium	\$10,743,159	

Case Specific Adjustments of the ORC prior to normalization

"Case ABC" Specific (in Capitol Cohort)			
	Case ABC MBR (less claims in excess of 50k)	72.7%	
	Cohort MBR (less claims in excess of 50k)	71.6%	
		1.1% (Case MBR - Cohort MBR)	
MBRA	Medical Benefit Ratio Adjustment	0%	(Table 4)
	Relative Risk Score	0.72	
RRA	Relative Risk Adjustment	-3%	(Table 5)
	MUD Projection (expected large claims)	58,601	
	Annual Premium	422,416	
HCA	Predicted High Claimant	7%	(Table 6)
	Duration	12	
PA	Persistancy Adjustment	-1%	(Table 7)
TCSA	Total Case Specific Adjustment	2.69%	$TCSA = (1+MBRA) \times (1+RRA) \times (1+HCA) \times (1+PA) - 1$

Normalized Case Specific Adjustments

ORC	Overall Cohort Rate Change	10.9%	
CSApn	Total Case Specific Adjustment prior to Normalization	2.69%	
OWACSA	Overall Weighted Averages Cohort Specific Adjustments	4.25%	$\Sigma((1 + \text{case specific adj}) \times (\text{Case spec current premium})) / \Sigma(\text{case specific current premium})$
NRC	Case Specific Normalized Rate Change	9.22%	$NRC = ((1+ORC) \times (1+CSApn) / (1+OWACSA)) - 1$

Table 1

Cohort Credibility		
Member Months, MM	Credibility, CCr	
0	11,999	MM/12000
12000	& up	100%

Table 2

Pooling Charge			
Avg Monthly Subscribers	Pooling Pt	Pooling Adj	
0	299	\$100,000	4.9%
300	499	\$125,000	3.9%
500	749	\$150,000	3.1%
750	999	\$175,000	2.6%
1,000	1,499	\$200,000	2.2%
1,500	1,999	\$225,000	1.9%
2,000	2,999	\$250,000	1.6%
3,000	4,999	\$300,000	1.3%
5,000	7,999	\$400,000	0.8%
8,000	& up	\$500,000	0.5%

Table 3

Target Loss Ratio			
Product	Fixed Admin & Profit Factor	Variable Admin & Profit Factor	Premium Tax & Assessments Factor
HMO Based	\$28.35	7.45%	2.700%
ALIC Based	\$33.21	7.45%	2.600%

* Average Factor constant for all states.
Model uses blended fixed retention depending on product mix.

Table 4.

MBR Cohort Adjustment			
Min	Max	Adjustment	
-99999%	-50%	-30%	
-50%	-40%	-25%	
-40%	-30%	-15%	
-30%	-20%	-10%	
-20%	-10%	-5%	
-10%	10%	0%	
10%	20%	5%	
20%	40%	10%	
40%	60%	15%	
60%	100%	25%	
100%	999%	35%	

Table 5.

Relative Risk Score Adjustment			
Min	Max	Range	SG RRS Adj
0	0.5	<0.5	-9%
0.5	0.7	0.5 - 0.7	-6%
0.7	0.9	0.7 - 0.9	-3%
0.9	1.1	0.9 - 1.1	0%
1.1	1.3	1.1 - 1.3	3%
1.3	1.5	1.3 - 1.5	6%
1.5	999	1.5+	9%

Table 6.

High Claimant Adjustment	
Expected Large Claims x .50	Annual Premium

Table 7

Persistancy Adjustment	
Duration	Adjustment
1st renewal	1.5%
2nd renewal and later	-1.0%

Experience Rating

New business groups with 100 or more enrolled subscribers and existing groups with 125 or more eligible subscribers and 100 or more average enrolled subscribers during their experience period will be experience rated.

The medical cost PMPM incurred during the most recent experience period (12 to 24 months based on case characteristics) prior to the renewal preparation, will be adjusted to remove large claims above the pooling point and to reflect any costs not reflected in the claims experience.

The amount of pooled claims in excess of the pooling point will be removed before further adjustments are made to claims for the experience period. The non-pooled claims experience is projected from the mid-point of the experience period to the mid-point of the renewal period using medical and pharmacy non-pooled trend factors.

A PMPM adjustment to reflect the expected level of large claims (from the Large Claim Pooling (LCP) Monthly Base Rate table) is added to the non-pooled claims PMPM. The LCP Monthly Base Rate is adjusted using the large claim pooling trend, and for demographics, and industry to derive the Large Claim Adjustment PMPM. The Large Claim PMPM may be modified based on case specific situations.

The Large Claim PMPM is added to the trended medical cost PMPM. An additional adjustment may be applied for known large claims which are expected to continue through the renewal period. If applicable, a trended pharmacy cost PMPM is added.

The experience rate is then blended with the corresponding non-experience based expected claims, according to the credibility assigned to the group based on total enrollment over time. Rate manual benefit factors are applied to take into account any change in benefits as of the renewal. An adjustment may be made to reflect costs not reflected in the claims experience such as enrollment turnover, demographic changes, morbidity changes, or other significant changes in the size or characteristics of the group. The resulting per member per month cost projection is divided by a target loss ratio to determine the experience rated required revenue. A final adjustment may be made to this renewal rate based on underwriter discretion.

Experience Rating Methodology - see example calculation at the end of this section

I. Historical Experience

The medical cost PMPM incurred during the most recent experience period prior to the renewal preparation will be adjusted to remove large claims above the pooling point and to reflect any costs not reflected in the claims experience. The number of months used is based on case characteristics. For first year renewals, we may include gap data from the prior carrier (if available) to supplement Aetna's immature, first year experience for a full 12 months of experience. If the experience period used is less than 12 months, an adjustment is made to the credibility adjustment. See Table 3.

Large claims above a pre-determined threshold are then removed from the adjusted medical claims resulting in current net incurred claims. The threshold is based on the current enrolled number of employees. See Table 1.

The PMPM medical and Rx net incurred claims are then adjusted by a demographic adjustment factor resulting in the Net Adjusted Incurred Claims PMPM (C PMPM). This adjustment is determined by comparing the current membership to the membership enrolled during the experience period used in the renewal rating. The medical and Rx claims are then converted to a PMPM basis using the enrolled members during the experience period.

II. Current Premium Development

The current monthly premium and current members are used to calculate a current premium PMPM.

III. Rate Change Development

The Net Adjusted Incurred Claims PMPM (C PMPM) claims are then trended forward using the annual trend in force (TF) at the time of the rate development. A midpoint to midpoint calculation is used to determine the total months of trend used. The midpoint to midpoint calculation compares the midpoint of the experience period to the midpoint of the projected renewal rate period. Medical and Rx claims are trended separately which produces the Trended Experience Incurred Claims PMPM (TIC).

$$\text{TIC} = \text{C PMPM} \times \text{TF}$$

A Large Claim Adjustment PMPM (LCA), or pool charge, is calculated starting with a Large Claim Pooling PMPM (LCP) (from Table 2) and trending it forward using the annual large claim trend in force (LCP TF) at the time of the rate development and the midpoint method described above.

$$\text{LCA} = \text{LCP} \times \text{LCP TF}$$

The Large Claim Adjustment PMPM (LCA) is then added to the Trended Experience Incurred Claims PMPM (TIC), producing the Projected Incurred Claims PMPM (PIC).

The Projected Incurred Claims PMPM (PIC) is then blended with the baseline claims PMPM based on the credibility formula outlined in Table 3.

If applicable, rate manual benefit factors are then applied to the blended medical/Rx claims to account for any plan changes as of the renewal, resulting in the Net Expected Claims PMPM (NEC PMPM)

Fixed expenses (on a PMPM basis) and variable administrative and profit are then converted to a Target Cost Ratio (TCR). See Table 4 for fixed and variable expenses.

$$\text{TCR} = \text{NEC PMPM} / (\text{NEC PMPM} + \text{Fixed Admin}) / (1 - \text{Var Admin \& Prof})$$

The Net Expected Claims PMPM (NEC PMPM) is divided by this Target Cost Ratio (TCR). Estimated premium taxes, assessments and other charges and broker commissions (if applicable) are then added to the target cost ratio adjusted claims to produce the Experience Based Premium PMPM (EBP PMPM).

$$\text{EBP PMPM} = (\text{NEC PMPM} / \text{TCR}) + \text{STA} + \text{C}$$

Consistent with our rate filing, the Experience Based Premium PMPM (EBP PMPM) can be adjusted using underwriter discretion to produce the renewal premium PMPM.

The renewal premium PMPM is then compared the current premium on a PMPM basis to produce the calculated rate change.

Historical Experience					
Incurring Medical Costs (4/1/2009 - 11/1/2009)	Month	Members	Total Medical	Rx Claims	Combined
HMO	Apr-09	280	\$98,894	\$10,863	
	May-09	281	\$72,421	\$16,205	
	Jun-09	282	\$40,395	\$12,175	
	Jul-09	285	\$88,464	\$14,707	
	Aug-09	287	\$135,818	\$12,209	
	Sep-09	275	\$37,458	\$10,350	
	Oct-09	275	\$58,107	\$14,307	
	Totals	1,965	\$531,557	90,814	
Claims Over \$100,000 Threshold			\$25,345		(Table 1)
Net Incurred Claims			\$506,212		
Net Incurred Claims PMPM			\$257.61	\$46.22	
Demographic Adjustment Factor			1.0140	1.0177	
C PMPM Net Adjusted Incurred Claims PMPM (Non-pooled)			\$261.23	\$47.03	\$308.26

Current Premium Development			
Current Employees			
Emp Only	56		
Emp + Spouse	19		
Emp + Child(ren)	18	Current Monthly Premium	\$85,237.65
Emp + Family	32	Current Members	275
TOTAL	125	Current Premium PMPM	\$309.96

Rate Change Development					
			Medical	RX	
C PMPM	Net Adjusted Incurred Claims PMPM (Non-pooled)		\$261.23	\$47.03	\$308.26
	Annual Trend		13.40%	14.59%	
	Months to Trend Experience		14.5	14.5	
TF	Trend Factor		1.1641	1.1789	
TIC	Trended Incurred Claims		\$304.10	\$55.45	\$359.55 (C PMPM x TF)
LCP	Large Claim Pooling (LCP) Monthly Base Rate table		\$26.68	-	(Table 2)
	LCP Trend		22.1%		
	LCP Trend Months		14.5		
LCP TF	Trend Factor		1.273		
LCA	Large Claim Adjustment PMPM (\$100,000 threshold)		\$33.96		(LCP x LCP TF)
PIC	Projected Incurred Claims PMPM		\$338.06	\$55.45	\$393.50 (TIC + LCA)
CRED	Experience Credibility		23.4%	23.4%	(Table 3)
	Baseline Claims PMPM		\$221.86	\$56.65	
	Baseline Weight		76.6%	76.6%	(100% - CRED)
	Blended Claims PMPM		\$249.08	\$56.37	
	Adjustment for Renewal Benefit Change PMPM		\$1.25	\$0.00	
NEC PMPM	NET Expected Claim PMPM		\$250.33	\$56.37	\$306.70
					(Table 4)
TLR	Target Cost Ratio (excluding Taxes, Comm., Other)		83.13%	88.62%	NEC PMPM / (NEC PMPM + Fixed Admin) / (1 - Var Admin&Profit)
STA	State Taxes, Assessments and/or Other Charges		\$3.94	\$0.83	
C	Commissions PMPM		\$10.60	\$2.23	
EBP PMPM	Experience-Based Premium PMPM		\$315.66	\$66.67	\$382.33 (NEC PMPM / TLR + STA + C)
OA	Other Adjustment PMPM		\$0.00	\$0.00	
	RENEWAL Premium PMPM (16+17)		\$315.66	\$66.67	\$382.33
	Current Premium PMPM				\$309.96
	Calculated Rate Change				23.3%

Pooling Threshold		
Lives		Pooling Pt
0	299	100,000
300	499	125,000
500	749	150,000
750	999	175,000
1,000	1,499	200,000
1,500	1,999	225,000
2,000	2,999	250,000
3,000	4,999	300,000
5,000	7,999	400,000
8,000	& up	500,000

Large Claim Pooling Monthly Base Rates eff. 10/1/11		
Pooling Point	DC01 HMO	DC01 QPOS
30,000	\$65.24	\$69.07
35,000	\$59.17	\$62.65
40,000	\$54.30	\$57.50
45,000	\$50.18	\$53.14
50,000	\$46.61	\$49.38
60,000	\$40.84	\$43.24
75,000	\$34.28	\$36.30
100,000	\$26.68	\$28.25
125,000	\$21.42	\$22.68
150,000	\$17.69	\$18.73
175,000	\$14.98	\$15.86
200,000	\$12.92	\$13.68
225,000	\$11.13	\$11.78
250,000	\$9.68	\$10.25
300,000	\$7.71	\$8.16
400,000	\$4.91	\$5.20
500,000	\$3.39	\$3.58

Credibility	
Member Months, MM	Credibility, CCr*
< 9,430 (MM)	(1.143 x MM) / (MM + 4,286)
9,430 MM to 12,000 MM	(MM / 12,000)
> 12,000	100%

*If the experience period used to develop the Experience-Based Cost is less than 12 months long, credibility will be reduced by 2.5 percentage points for every month of experience less than 12 (no fewer than 4 months of experience will be considered).

Target Loss Ratio		
Product	Fixed Admin & Profit Factor	Variable Admin & Profit Factor
HMO Based Medical	\$28.35	7.45%
Pharmacy	\$2.50	7.45%

Retrospective Rating

General

Aetna is supplementing its filed prospective experience rating methodology with several alternative funding arrangements based on retrospective experience rating: Shared Surplus, Participating MCR (medical cost ratio) and Premium Offset.

Retrospective rating adds claim margin to the calculated prospective rates. At the end of the policy year, experience is reviewed. If claim results are less than estimated, a refund is made. If claims are greater than estimated, the deficit may be carried forward to be recovered in future policy periods.

A premium load is assessed to cover the additional risk in the arrangement. This is in addition to the normal retention charge in our prospective rating calculation.

Shared Surplus

The shared surplus premium rates are calculated using the filed prospective experience rating methodology multiplied by the premium load and claim margin listed below. The premium load and claims margin are determined by case size. Case size is defined by enrolled subscribers. The claim margin is included in the target MCR calculation, so it may be refunded to the customer through good experience.

Case Size	Premium Load	Claim Margin
150 - 249	1.5%	2.0%
250 - 499	1.0%	2.0%
500 +	0.75%	1.25%

How it Works

The customer prefunds the cost by paying Aetna a monthly premium. The premium is based on predetermined rates, multiplied by the number of employees insured that month. Aetna pays all claims incurred during the policy year.

After the completion of each policy year, we will provide the customer with a summary accounting of premiums paid and incurred claims and a year-end accounting is performed. The actual MCR is calculated using completed incurred claims. The calculated actual MCR for the year is compared to the target or expected MCR built into the premiums.

If the actual MCR is less than the target MCR, 50% of the difference is refundable to the customer.

If the actual MCR is greater than the target MCR, the deficit is not charged to the customer nor carried forward into subsequent accounting periods.

If the customer terminates in the year of a surplus, the surplus is retained by Aetna.

Shared Surplus Examples

The following examples illustrate the calculation of the Shared Surplus arrangement.

Claims (including pooling etc.)	\$ 300.00	a
Preliminary Premium*	\$ 369.32	b
Premium Load	1.50%	c
Claim Margin	2.00%	d
Final Premium Rate	\$ 382.24	$e=(b)*(1+c+d)$
Target MCR numerator	\$ 307.39	$f=a+(b*d)$
Target MCR	80.42%	$g=f/e$

Example 1: (refund)

Actual Claims	\$ 280.00	h
Actual MCR	73.25%	$i=h/e$
Refund percent	7.16%	$k=g-i$
Refund sharing	50%	l
Refund	\$ 13.69	$m=e*k*l$

Example 2: (deficit)

Actual Claims	\$ 320.00	n
Actual MCR	83.72%	$o=n/e$
Deficit percent	3.30%	$p=o-g$
Deficit Carryforward Percent	0%	q
Deficit Carryforward	\$ -	$s=e*p*q$

* Preliminary Premium will be calculated based on the prospective experience rating methodology on file with the state. The number shown here is for illustrative purpose only.

Participating MCR

The participating MCR premium rates are calculated using the filed prospective experience rating methodology multiplied by the premium load and claim margin listed below. The premium load and claims margin are determined by case size. Case size is defined by enrolled subscribers. The claim margin is included in the target MCR calculation, so it may be refunded to the customer through good experience.

A neutral corridor as a buffer around the target MCR is included in the participating MCR arrangement. If the actual MCR falls within the corridor, no surplus or deficit is applied for the year.

Case Size	Premium Load	Claim margin	MCR Corridor
150 - 249	0.85%	1.65%	+/-3%
250 - 499	0.75%	1.25%	+/-3%
500 +	0.35%	0.65%	+/-2%

How it Works

The customer prefunds the cost by paying Aetna a monthly premium. The premium is based on predetermined rates, multiplied by the number of employees insured that month. Aetna pays all claims incurred during the policy year.

After the completion of each policy year, we will provide the customer with a summary accounting of premiums paid and incurred claims and a year-end accounting is performed. A surplus results if the actual MCR (completed incurred claims for the period divided by paid premium) is less than the target MCR minus the corridor. (The corridor is a pre-established percent variation from the target MCR.) The amount payable to the customer equals 50% of the surplus.

A deficit results if the actual MCR is greater than the target MCR plus the corridor. The amount of deficit allocated to the customer will be equal to 25% of the deficit. Accumulated deficits are not payable to Aetna, but will apply in offsetting any future surpluses that would otherwise be payable.

If the customer terminates in the year of a surplus, that surplus is retained by Aetna.

Participating MCR Examples

The following examples illustrate the calculation of the Participating MCR arrangement.

Claims (including pooling etc.)	\$ 300.00	a
Preliminary Premium*	\$ 369.32	b
Risk Charge	0.85%	c
Claim Margin	1.65%	d
Final Premium Rate	\$ 378.55	$e=(b)*(1+c+d)$
Target MCR numerator	\$ 306.09	$f=a+(b*d)$
Target MCR	80.86%	$g=f/e$

Example 1: (refund)

Actual Claims	\$ 280.00	h
Actual MCR	73.97%	$i=h/e$
Corridor	3%	j
Refund percent	3.89%	$k=(g - j) - i$
Refund sharing	50%	l
Refund	\$ 7.36	$m=e*k*l$

Example 2: (deficit)

Actual Claims	\$ 320.00	n
Actual MCR	84.53%	$o=n/e$
Corridor	3%	p
Deficit percent	0.67%	$q=o- (g + p)$
Deficit Carryforward Percent	25%	r
Deficit Carryforward	\$ 0.63	$s=e*q*r$

* Preliminary Premium will be calculated based on the prospective experience rating methodology on file with the state. The number shown here is for illustrative purpose only.

Premium Offset

Aetna may accommodate a premium offset arrangement to reduce or postpone a portion of the premium amount due during the policy year. The Premium Offset premium rates are calculated using the filed prospective experience rating methodology multiplied by a premium offset factor. Aetna may require that the offset premium be held in reserve, referred to going forward as a Premium Stabilization Reserve (PSR). The premium offset factor is determined by case size. Case size is defined by enrolled subscribers.

How it Works

The customer pre-funds the cost by paying Aetna a monthly premium. The premium is based on predetermined rates, multiplied by the number of employees insured that month. Aetna pays all claims incurred during the policy year.

After the completion of each policy year, we will provide the customer with a summary accounting of premiums paid and incurred claims, and a year-end accounting is performed.

If an experience deficit is calculated, premium can be called to either the lesser of the experience deficit or the original reduction in premium. If a surplus is calculated, there is no further exchange of funds.

In the premium offset arrangement, if the customer terminates in the year, the amount of the original premium reduction shall be payable to Aetna as a retrospective premium.

Premium Offset Examples

The following examples illustrate the calculation of the Premium Offset arrangement.

Premium Offset Examples

The following examples illustrate the calculation of the Premium Offset arrangement.

Claims (including pooling etc.)	\$300.00	a
Credited Premium*	\$369.32	b
Premium Offset Factor	5.00%	c
Paid Premium Rate	\$350.85	$d=(b)*(1-c)$
Premium Offset (reduction)	(\$18.47)	$e=(d)-(b)$
Premium Stabilization Reserve (if required)	\$0.00	$f=(e)$
Target MCR	85.50%	$g=(a)/(d)$

Example 1: (surplus)

Actual Claims	\$280.00	h
Retention	\$40.60	$i=(h)*(1-g)$
Unreimbursed Deficit(prior year)	\$0.00	j
PSR Requirement	\$0.00	$k=(f)$
Total Settlement	\$320.60	$l = (h)+(i)+(j)+(k)$
Paid Premium Rate	\$350.85	$m=(d)$
Surplus	\$30.25	$n=(m)-(l)$

Example 2: (deficit less than premium offset)

Actual Claims	\$320.00	o
Retention	\$46.40	$p=(o)*(1-g)$
Unreimbursed Deficit(prior year)	\$0.00	q
PSR Requirement	\$0.00	$r=(f)$
Total Settlement	\$366.40	$s = (o)+(p)+(q)+(r)$
Paid Premium Rate	\$350.85	$t=(d)$
Deficit	(\$15.55)	$u=(t)-(s)$
Experience Deficit Due	(\$15.55)	$v=\text{Lesser of (e) and (u)}$

Example 3: (deficit greater than premium offset)

Actual Claims	\$330.00	w
Retention	\$47.85	$x=(w)*(1-g)$
Unreimbursed Deficit(prior year)	\$0.00	y
PSR Requirement	\$0.00	$z=(f)$
Total Settlement	\$377.85	$aa = (w)+(x)+(y)+(z)$
Total Settlement	\$350.85	$ab=(d)$
Deficit	(\$27.00)	$ac=(ab)-(aa)$
Experience Deficit Due	(\$18.47)	$ad=\text{Lesser of (e) and (ac)}$

* Preliminary Premium will be calculated based on the prospective experience rating methodology on file with the state. The number shown here is for illustrative purpose only.

Trend Development
Southeast Region
HMO BASED Medical and Rx
SELECT and KEY Net Trend

Month/Year incurred	Membership	Medical PMPM				Medical Trend			
		1-month	3-month rolling	6-month rolling	12-month rolling	1-month	3-month rolling	6-month rolling	12-month rolling
Jan-07	228,919	238.58							
Feb-07	229,491	229.15							
Mar-07	230,451	264.20	244.01						
Apr-07	229,941	238.41	243.94						
May-07	232,202	247.77	250.13						
Jun-07	232,147	242.50	242.91	243.46					
Jul-07	232,267	237.15	242.47	243.20					
Aug-07	233,870	263.56	247.77	248.94					
Sep-07	234,622	228.17	242.95	242.93					
Oct-07	238,589	264.49	252.13	247.34					
Nov-07	239,070	245.14	246.03	246.89					
Dec-07	239,343	230.51	246.69	244.85	244.16				
Jan-08	236,015	256.97	244.15	248.12	245.69	7.7%			
Feb-08	234,921	265.07	250.73	248.38	248.66	15.7%			
Mar-08	235,001	266.31	262.78	254.67	248.86	0.8%	7.7%		
Apr-08	234,682	266.98	266.12	255.06	251.22	12.0%	9.1%		
May-08	232,989	272.27	268.51	259.57	253.24	9.9%	7.3%		
Jun-08	232,029	274.63	271.28	267.01	255.88	13.3%	11.7%	9.7%	
Jul-08	230,898	280.35	275.74	270.90	259.42	18.2%	13.7%	11.4%	
Aug-08	231,465	262.29	272.42	270.45	259.32	-0.5%	9.9%	8.6%	
Sep-08	231,112	274.32	272.32	271.79	263.14	20.2%	12.1%	11.9%	
Oct-08	229,970	286.70	274.41	275.08	264.96	8.4%	8.8%	11.2%	
Nov-08	230,627	250.93	270.64	271.53	265.49	2.4%	10.0%	10.0%	
Dec-08	228,618	279.66	272.39	272.35	269.66	21.3%	10.4%	11.2%	10.4%
Jan-09	214,776	272.27	267.47	270.99	270.94	6.0%	9.6%	9.2%	10.3%
Feb-09	212,246	278.64	276.91	273.69	272.04	5.1%	10.4%	10.2%	9.4%
Mar-09	210,832	292.85	281.19	276.62	274.15	10.0%	7.0%	8.6%	10.2%
Apr-09	209,835	298.57	289.98	278.37	276.67	11.8%	9.0%	9.1%	10.1%
May-09	212,159	284.52	291.95	284.30	277.68	4.5%	8.7%	9.5%	9.7%
Jun-09	211,443	288.48	290.50	285.83	278.81	5.0%	7.1%	7.0%	9.0%
Jul-09	211,125	310.48	294.47	292.23	281.21	10.7%	6.8%	7.9%	8.4%
Aug-09	209,609	317.68	305.51	298.73	285.81	21.1%	12.1%	10.5%	10.2%
Sep-09	205,872	302.71	310.33	300.36	288.18	10.3%	14.0%	10.5%	9.5%
Oct-09	197,718	316.34	312.22	303.19	290.50	10.3%	13.8%	10.2%	9.6%
Nov-09	194,747	285.25	301.53	303.57	293.71	13.7%	11.4%	11.8%	10.6%
Dec-09	193,383	291.03	297.65	304.21	294.80	4.1%	9.3%	11.7%	9.3%
Jan-10	173,735	280.32	285.72	299.55	295.75	3.0%	6.8%	10.5%	9.2%
Feb-10	170,387	267.65	280.16	291.42	295.27	-3.9%	1.2%	6.5%	8.5%
Mar-10	170,924	315.92	287.94	293.11	296.98	7.9%	2.4%	6.0%	8.3%
Apr-10	168,029	302.83	295.45	290.35	297.26	1.4%	1.9%	4.3%	7.4%
May-10	164,738	298.16	305.74	292.54	298.51	4.8%	4.7%	2.9%	7.5%
Jun-10	160,223	302.38	301.12	294.39	299.75	4.8%	3.7%	3.0%	7.5%
Jul-10	157,899	289.14	296.61	296.02	297.93	-6.9%	0.7%	1.3%	5.9%
Aug-10	155,457	305.62	299.03	302.49	296.54	-3.8%	-2.1%	1.3%	3.8%
Sep-10	151,305	306.90	300.44	300.79	296.68	1.4%	-3.2%	0.1%	2.9%
Oct-10	150,815	291.51	301.39	298.94	294.36	-7.8%	-3.5%	-1.4%	1.3%
Nov-10	148,651	290.43	296.32	297.71	294.97	1.8%	-1.7%	-1.9%	0.4%
Dec-10	147,603	305.37	295.73	298.13	296.17	4.9%	-0.6%	-2.0%	0.5%
Jan-11	150,150	290.60	295.43	298.45	297.18	3.7%	3.4%	-0.4%	0.5%
Feb-11	147,971	270.63	288.86	292.61	297.76	1.1%	3.1%	0.4%	0.8%
Mar-11	144,811	325.58	295.37	295.55	298.27	3.1%	2.6%	0.8%	0.4%
Apr-11	143,925	299.43	298.34	296.87	297.94	-1.1%	1.0%	2.2%	0.2%
May-11	141,956	301.87	309.03	298.77	298.23	1.2%	1.1%	2.1%	-0.1%
Jun-11	143,114	314.95	305.42	300.31	299.20	4.2%	1.4%	2.0%	-0.2%
			Jan-June PMPM	FY PMPM	CF				FY Trend
FY 08			267.01	269.66	1.010				10.4%
FY 09			285.83	294.80	1.031				9.3%
FY 10			294.39	296.17	1.006				0.5%
FY 11			300.31	309.74	1.031				4.6%

- a **Projected 2011 Net Trend (NOT Adjusted for Demo, Benefits and Industry)** **4.6%**
- b Change in Industry **-0.6%**
- c Change in Demo **1.7%**
- d Change in Plan **-1.0%**
- e Change in High Claims **0.7%**
- f **Projected 2011 Adjusted Net Trend (Adjusted for Demo, Benefits and Industry)** **3.7%**
- g Estimated claims impact due to expanded COBRA benefits **-0.7%**
- h Estimated claims impact due to seasonal flu / snow **0.3%**
- i **FY 2011 Adjusted Gross Trend (1+f) / (1+g) / (1+h) -1** **4.1%**
- j Impact of Medical Management Initiatives **-3.6%**
- k **FY 2011 Projected Gross Trend (1+i) / (1+j) -1** **8.1%**
- l **FY 2011 Adjusted Gross Trend k** **4.1%**
- m 2011 to 2012 P-model (medical unit cost) changes **0.4%**
- n 2011 to 2012 Estimated claims utilization and RX cost changes **1.2%**
- o **FY 2012 Adjusted Gross Trend (1+l) * (1+m) * (1+n) -1** **5.9%**
- p Impact of Medical Management Initiatives x 50% **-1.5%**
- q **FY 2012 Projected Gross Trend (1+o) / (1+p) -1** **7.5%**

Aetna Health Inc.

District of Columbia Summary of Rate Manual Changes Effective [January 1, 2012](#)

Outside of the normal quarterly changes such as base rate, trend, and area factor, the following changes have been made effective [January 1, 2012](#).

Supporting Documentation

In an effort to increase transparency and to support the Department's newer review standards, we have included an enhanced actuarial memorandum. The memorandum includes an appendix showing our projected medical cost trend development as well as an appendix that contains an informational summary of previously filed and approved rating methodologies with illustrative examples.

Medical Benefit Factors

We have included some new and updated medical factors. They have been highlighted.

The commission table footnote has been updated for clarity.

The factors in the Step Therapy/Pre-certification Adjustment table have been updated. This table affects all medical plan options, therefore a revenue neutral adjustment was made to the medical base rate to account for the change in factors.

Pharmacy and Self Injectibles Factors

We have added some new copay options. We have also updated our general Pharmacy and Self Injectibles benefit factors based on a new cost study. Updated factors have been highlighted. A revenue neutral adjustment was made to the Pharmacy and Self Injectibles base rates to account for the change in factors.

The factors in the Step Therapy/Pre-certification Adjustment table have been updated. This table affects all pharmacy and self injectible plan options, therefore a revenue neutral adjustment was made to the pharmacy and self injectible base rates to account for the change in factors.

Aetna Health Fund TM - Health Reimbursement Account

The commission table footnote has been updated for clarity. The Taxes and Assessments Percentage and Administrative Expense Percentage factor tables have been condensed to show only the state specific factors.

Aetna Health Inc.
District of Columbia
Annual Rate Change History Summary

	Base Medical Plan	Base Pharmacy Plan	Composite Medical and Pharmacy
1Q10	11.1%	12.1%	11.1%
2Q10	6.5%	33.2%	10.3%
3Q10	4.5%	30.1%	8.2%
4Q10	-0.4%	26.3%	3.4%
1Q11	-1.0%	22.6%	2.5%
2Q11	-2.0%	-2.2%	-2.0%
3Q11	-7.1%	-6.9%	-7.0%
4Q11	-6.4%	-6.8%	-6.5%
1Q12	-5.8%	-6.3%	-5.9%

**Aetna Health Inc.
District of Columbia
Annual Rate Change Summary**

**Manual Rate Renewals
1/1/12 thru 3/31/12**

	Medical		Pharmacy + Self Inj		Composite	
	1Q11	1Q12	1Q11	1Q12	1Q11	1Q12
Base PMPM	\$295.97	\$284.15	\$65.74	\$62.97		
Revenue Neutral Adjustment		1.01		1.006		
Base Rate before Rev Neut Adj	\$295.97	\$281.34	\$65.74	\$62.59		
Flat \$ Retention	\$28.45	\$29.95	\$2.10	\$2.20		
% Retention	6.00%	6.70%	6.00%	6.70%		
Tax	2.20%	2.70%	2.20%	2.70%		
Commission	2.89%	0.00%	2.89%	0.00%		
Gross PMPM	\$364.87	\$343.58	\$76.30	\$71.52	\$441.17	\$415.10
		-5.8%		-6.3%		-5.9%

Aetna Health Inc.
 District of Columbia
 Commercial Data

Exhibit B

	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09
Member Months	31,305	31,357	31,200	31,215	31,184	31,480	31,377	31,334	31,630	31,316	31,147	30,944
Incurred Claims	\$ 7,965,192	\$ 8,421,692	\$ 9,576,368	\$ 8,679,581	\$ 8,252,579	\$ 8,335,078	\$ 10,021,757	\$ 9,333,651	\$ 8,368,365	\$ 8,974,925	\$ 8,622,035	\$ 8,612,329
Member Premium	\$ 11,580,237	\$ 11,549,673	\$ 11,542,302	\$ 11,572,794	\$ 11,525,460	\$ 12,507,552	\$ 11,601,157	\$ 11,601,760	\$ 11,768,511	\$ 11,615,897	\$ 11,483,150	\$ 11,514,339
	68.8%	72.9%	83.0%	75.0%	71.6%	66.6%	86.4%	80.5%	71.1%	77.3%	75.1%	74.8%

Rolling 12 Months Ending:

	Dec-09
Member Months	375,489
Incurred Claims	\$ 105,163,554
Member Premium	\$ 139,862,830
	75.2%

	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Member Months	19,750	19,654	19,624	19,574	19,589	19,622	19,590	19,542	19,516	19,582	19,663	19,938
Incurred Claims	\$ 4,712,733	\$ 4,081,524	\$ 5,533,208	\$ 5,367,313	\$ 5,476,223	\$ 5,089,314	\$ 5,773,390	\$ 4,620,541	\$ 4,829,016	\$ 5,373,244	\$ 5,290,553	\$ 6,232,428
Member Premium	\$ 7,121,890	\$ 7,201,603	\$ 7,200,124	\$ 7,179,403	\$ 7,197,907	\$ 7,190,724	\$ 7,197,948	\$ 7,182,906	\$ 7,174,073	\$ 7,199,162	\$ 7,180,782	\$ 7,240,537
	66.2%	56.7%	76.8%	74.8%	76.1%	70.8%	80.2%	64.3%	67.3%	74.6%	73.7%	86.1%
Rolling 12 Months E	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10
Member Months	363,934	352,231	340,655	329,014	317,419	305,561	293,774					
Incurred Claims	\$ 101,911,095	\$ 97,570,927	\$ 93,527,767	\$ 90,215,499	\$ 87,439,142	\$ 84,193,377	\$ 79,945,010	\$ 75,231,900	\$ 71,692,551	\$ 68,090,870	\$ 64,759,387	\$ 62,379,486
Member Premium	\$ 135,404,484	\$ 131,056,413	\$ 126,714,236	\$ 122,320,844	\$ 117,993,291	\$ 112,676,464	\$ 108,273,255	\$ 103,854,401	\$ 99,259,962	\$ 94,843,227	\$ 90,540,859	\$ 86,267,058
	75.3%	74.4%	73.8%	73.8%	74.1%	74.7%	73.8%	72.4%	72.2%	71.8%	71.5%	72.3%

	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
Member Months	19,932	19,797	19,814	19,857	19,656	19,629
Incurred Claims	\$ 6,576,131	\$ 6,095,270	\$ 6,273,093	\$ 5,932,203	\$ 5,526,038	\$ 6,486,834
Member Premium	\$ 7,733,914	\$ 7,674,870	\$ 7,679,597	\$ 7,683,700	\$ 7,601,067	\$ 7,569,071
	85.0%	79.4%	81.7%	77.2%	72.7%	85.7%

Rolling 12 Months E	Jan-11	Feb-11	Mar-11	Apr-11	May-11	Jun-11
Member Months						
Incurred Claims	\$ 64,242,884	\$ 66,256,631	\$ 66,996,516	\$ 67,561,406	\$ 67,611,221	\$ 69,008,741
Member Premium	\$ 86,879,081	\$ 87,352,349	\$ 87,831,823	\$ 88,336,120	\$ 88,739,280	\$ 89,117,627
	73.9%	75.8%	76.3%	76.5%	76.2%	77.4%

**Aetna Health, Inc.
District of Columbia**

**Large Group Business
Rate Manual**

Table of Contents

Description

General	Page B-2
Medical Benefit Plans	Section B
Pharmacy Benefit Plans	Section C
Self Injectable Plans	Section D
Dental Benefit Plans	Section E
Individual Conversion	Section F
Aetna Health Fund TM - Health Reimbursement Account	Section N
Appendix A – Administrative Expenses and Profit Factor Calculation	Page 1

General

The attached pages contain worksheets and instructions for calculating the community rates for the plans available from Aetna Health Inc. They include tables of adjustments for certain benefit variations and co-payment options.

Section B addresses the base medical benefits. Sections C, D, and E cover the various riders available to the base medical plan.

Factors for intermediate benefits, supported by our forms filing but not specifically listed in the factor tables will be computed on a basis actuarially consistent with the basis used for determining the factors on file or will be derived by linear interpolation or extrapolation.

Medical Benefit Plan – Manual Rate Calculation

Refer to the Medical Plan Rate Development Worksheet in Section B.

I. Starting Base Plan Claim Cost

The Starting Base Plan Claim Cost is the PMPM for a \$0 copay plan. Select the appropriate Starting Base Plan Claim Cost from the Starting Base Plan Claim Cost table.

II. Benefit Categories

Column (1) represents the base plan service category weight by line item expense. Enter the “Column (1) Base Plan Service Category Weight” table and select the appropriate weights based on the medical product being rated.

For each line item expense, select the appropriate medical benefit adjustment factors and place in the appropriate column of the rate worksheet. For each line item expense, the following describes the initial steps needed to calculate a rate.

Col. (2): Enter the Include/Exclude Factor from the appropriate table.

Col. (3): Enter the Copay Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (4): Enter the Coinsurance Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (5): Enter the Days or Visits Maximum Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (6): Enter the Dollar Maximum Annual or Lifetime Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (7): Enter the Mandated Benefit Factor from the appropriate table for each line item. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (8): Enter the Routine Limit and Emergency Room Penalty Factors from the appropriate tables for each line item. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (9): Enter the Inpatient Pre-Certification Factor from the appropriate table. If no benefit feature relates to this column, insert a factor of 1.00.

Col. (10A-B): Enter the product of columns (1) through (9) in the appropriate column (A) or (B), depending upon deductible applicability for each line item.

Sum up the results for columns [10A] and [10B] at the bottom of each column and call this Total Medical.

III. Bottom Line Adjustments

Deductible Carryover Factor

Determine the Deductible Carryover Factor for column [10A] based on the plan's adjusted deductible amount (the deductible minus an allowance for copays collectable on services subject to the deductible), the percent of services subject to plan deductible, and a determination as to whether the deductible applies to Med/Surg. For column [10B] this factor is set to 1.00. For any adjusted deductible amount that is not represented on the table, interpolate between the bordering tables values.

Deductible Factor

Determine the Deductible Factor for column [10A] from the appropriate table based on the plan's adjusted deductible amount (the deductible minus an allowance for copays collectable on services subject to the deductible), the percent of services subject to plan deductible, and a determination as to whether the deductible applies to Med/Surg. For column [10B], this factor is set to 1.00. For any adjusted deductible amount that is not represented on the table, interpolate between the bordering tables values.

Interim Product

For columns [10A] and [10B], multiply the sum for each column (as calculated at the end of Section II.) by the Deductible Carryover, and Deductible Factors.

Example:

(Sum of [10A]) x (column [10A]'s Deductible Carryover Factor) x (column [10A]'s Deductible Factor)

Interim Sum (1)

Add together the results of the Interim Product calculation for columns [10A] and [10B].

Out-of-Pocket Limit Factor

For plans with average coinsurance less than 98%, select the appropriate factor from [the correct Out-of-Pocket Table based](#) on the plan's Out-of-Pocket trigger (the expected value of claims above which point the plan pays 100%), the percent of services subject to Out-of-Pocket Limit, and a determination as to whether the Med/Surg per Confinement Deductible applies to the Out-of-Pocket Limit. For any Out-of-Pocket trigger point that is not represented on the table, interpolate between the bordering tables values. To calculate the Out-of-Pocket Limit Factor used in the rate calculation, perform the following calculation:

$$\begin{array}{l} \text{Out-of-Pocket Limit Factor} \\ \times \\ (1 - \text{Average Plan Coinsurance}) \\ \times \\ \% \text{ of Services Subject to the Out-of-Pocket Limit} \end{array}$$

For plans with average coinsurance greater than or equal to 98%, select the factor from [the correct Out-of-Pocket Table](#) based on the Med/Surg per Confinement Deductible and the Out-of-Pocket Limit.

Interim Sum (2)

Add together the results of the Interim Sum from above and the Out-of-Pocket Factor.

Cross Application Factor

If Deductible and Out-of-Pocket Cross Application do not apply, enter a factor of 1.00 into the worksheet. If Deductible and/or Out-of-Pocket Cross Application apply, select the appropriate Cross Application Factor(s) from the respective tables. If both Deductible and Out-of-Pocket Cross Application apply, then enter the product of the two Cross Application Factors into the Medical Rate Development Worksheet.

If applicable, entry into the Deductible Cross Application table is based on the Preferred and Non-Preferred Deductibles.

If applicable, entry into the Out-of-Pocket Limit Cross Application table is based on the Preferred and Non-Preferred trigger points (where the trigger point is the expected value of claims above which point the plan pays 100%). For adjusted trigger points not represented on the tables, interpolate between the bordering values.

Maximum Benefit Factors

Select the appropriate factor from the Maximum Benefit Factor table (Annual or Lifetime) if applicable.

Contract State Mandate Adjustment Factor

Select the appropriate factor from the Contract State Mandate Adjustment Factor table if applicable.

Family Deductible Limit Factor

The standard approach to deriving the Family Deductible Limit Factor for the 1x/2x/3x limits is as follows:

- a. Select the appropriate factor from the Family Deductible Limit – Standard Family Limit table using the adjusted deductible and the family limit desired if applicable.
- b. Get the % of services subject to the plan deductible.
- c. The Family Deductible Limit Factor equals $1 + [a - 1] \times b$.

Use the following methodology when the special approach is used:

- a. Select the appropriate factor from the Family Deductible Limit – Standard Family Limit Definition table using the adjusted plan deductible and the family limit desired if applicable.
- b. Select the appropriate factor from the Family Deductible Limit – Special Family Limit Definition table based on billing tier, family deductible limit, and the adjusted plan deductible if applicable.
- c. Derive the weighted adjustment factor for the billing tier structure below, assuming coding for actual values:

<u>2-Tier</u>	<u>Single</u>	<u>Family</u>
Subscriber Count	A	B
Tier Factor	PA	PB

<u>3-Tier</u>	<u>Single</u>	<u>2 Party</u>	<u>Family</u>
Subscriber Count	A	C	D
Tier Factor	PA	PC	PD

<u>4-Tier</u>	<u>Single</u>	<u>Couple</u>	<u>EE+Ch(n)</u>	<u>Family</u>
Subscriber Count	A	E	F	G
Tier Factor	PA	PE	PF	PG

As an example, the calculation for a 1x limit with deductible between \$1 and \$191 is as follows:

1) 2 Tier Billing: $\frac{A \times PA \times .99 + B \times PB \times 1.0041}{A \times PA + B \times PB}$

2) 3 Tier Billing: $\frac{A \times PA \times .99 + C \times PC \times 1.003 + D \times PD \times 1.005}{A \times PA + C \times PC + D \times PD}$

3) 4 Tier Billing: $\frac{A \times PA \times .99 + E \times PE \times 1.003 + F \times PF \times 1.003 + G \times PG \times 1.005}{A \times PA + E \times PE + F \times PF + G \times PG}$

The above calculation for other family limits and/or deductibles would use the same formulas but different factors from the Family Deductible Limit – Special Family Limit Definition table.

- d. Get % services subject to the plan deductible.
- e. The Family Deductible Limit Factor equals $1 + (a \times c - 1) \times d$.

Deductible Credit Factor

Select the appropriate factor from the Deductible Credit Factor table if applicable.

Family Out-of-Pocket Limit Factor

For the standard approach, select the appropriate factor from the Standard Family Limit Definition table if applicable.

Use the following methodology when the special approach is used:

- a. Select the appropriate Family Out-of-Pocket Limit – Standard Family Limit Definition table if applicable.
- b. Select the appropriate Family Out-of-Pocket Limit – Special Family Limit Definition table based on the billing tier and family limit if applicable.
- c. Derive the weighted adjustment factor for the billing tier structure below, assuming coding for actual values:

<u>2-Tier</u>	<u>Single</u>	<u>Family</u>
Subscriber Count	A	B
Tier Factor	PA	PB

<u>3-Tier</u>	<u>Single</u>	<u>2 Party</u>	<u>Family</u>
---------------	---------------	----------------	---------------

Subscriber Count	A	C	D	
Tier Factor	PA	PC	PD	
<u>4-Tier</u>	<u>Single</u>	<u>Couple</u>	<u>EE+Ch(n)</u>	<u>Family</u>
Subscriber Count	A	E	F	G
Tier Factor	PA	PE	PF	PG

As an example, the calculation for the 2x limit is as follows:

- 1) 2 Tier Billing: $\frac{A \times PA \times 1.00 + B \times PB \times .99}{A \times PA + B \times PB}$
- 2) 3 Tier Billing: $\frac{A \times PA \times 1.00 + C \times PC \times .99 + D \times PD \times .99}{A \times PA + C \times PC + D \times PD}$
- 3) 4 Tier Billing: $\frac{A \times PA \times 1.00 + E \times PE \times .9900 + F \times PF \times .99 + G \times PG \times .99}{A \times PA + E \times PE + F \times PF + G \times PG}$

The above calculation for the 1x and 3x limits would use the same formulas but different factors from the Family Out-of-Pocket Limit – Special Family Limit Definition table.

d. The Family Out-of-Pocket Limit Factor equals a x c.

Professional Fee Schedule Factor

Select the appropriate factor form the Professional Fee Schedule table **if applicable**.

Facility Fee Schedule Factor

Select the appropriate factor form the Facility Fee Schedule table **if applicable**.

Cross Application Benefits Limit Factor

Select the appropriate factor from the Cross Application Benefits Limit Factor table **if applicable**. This item is for **Non Preferred** only.

National Advantage Factor

Select the appropriate factor from the National Advantage Factor table **if applicable**.

Custom Product Factor

Select the appropriate factor from the Custom Product Factor table **if applicable**.

Step Therapy/Pre-certification Adjustment Factor

Select the appropriate factor from the Step Therapy/Pre-certification Adjustment Factor **if applicable**.

Mental Health Deductible Factor

Select the appropriate factor from the Mental Health Deductible Factor table **if applicable**.

Benefit Adjustment Factor

Multiply the following together to get the Benefit Adjustment Factor:

- Interim Sum (2)
- x
- Cross Application of Out-of-Pocket Limit Factor
- x
- Maximum Benefit Factor
- x
- Contract State Mandate Adjustment Factor
- x
- Family Deductible Limit Factor
- x
- Deductible Credit Factor
- x
- Family Out-of-Pocket Limit Factor
- x
- Professional Fee Schedule Factor
- x
- Facility Fee Schedule Factor
- x
- Cross Application Benefit Limits Factor
- x
- National Advantage Factor
- x
- Custom Product Factor
- x
- Step Therapy/Pre-certification Adjustment Factor
- x
- Mental Health Deductible Factor

Selection Load Factor

Calculate the ratio of the Benefit Adjustment Factor to the Anchor Plan Value. Using the Selection Load Factor table and this ratio, select the appropriate factor.

Final Benefit Adjustment Factor

Multiply the following together to get the Final Benefit Adjustment Factor to the Base Plan Claim Cost:

- Benefit Adjustment Factor
- x

Selection Load Factor

VI. Trend Adjusted Flex Medical Starting Claim Cost

Base Plan Component Steerage Factor

Select the Base Plan Component Steerage factor from the Base Plan Component Steerage Table.

Component Base Relativity Factor

Select the Component Base Relativity factor from the Component Base Relativity Table.

Normalized Claim Relativity Factor

Select the Normalized Claim Relativity factor from the Normalized Claim Relativity Table.

Base Plan Claim Cost PMPM

Multiply the following together to get the Base Plan Claim Cost PMPM:

$$\begin{array}{r}
\text{Base Plan Component Steerage Factor} \\
\times \\
\text{Component Base Relativity Factor} \\
\times \\
\text{Normalized Claim Relativity Factor}
\end{array}$$

Flex Plan Claim Costs

Multiply the Base Plan Claim Cost by the Final Benefit Adjustment.

Trend Factor

Select the appropriate trend from the Trend Factor table.

Steerage Factor

Select the Steerage Factor from the Steerage Factor table.

Trend Adjusted Flex Plan Claim Cost PMPM

Multiply the Flex Plan Claim Cost PMPM by Trend and Steerage Factors.

$$\begin{array}{r}
\text{Flex Plan Claim Cost PMPM} \\
\times \\
\text{Trend Factor} \\
\times \\
\text{Steerage Factor}
\end{array}$$

The Steerage Factors are determined as a function of the Preferred Final Benefit Adjustment and the relationship of the Preferred Final Benefit Adjustment to the Non-Preferred Final Benefit Adjustment.

V. Interim Adjusted Flex Plan Claim CostIndustry Factor

Select the appropriate factor from the Industry Factor table.

Rating Area Factor

Select the appropriate factor from the Rating Area Factor table.

Age/Gender Factor

Calculate the appropriate New Business Age/Gender Factor as follows:

Use the New Business Subscriber Based Age/Gender Factor table, the expected employee census, segmented by age, gender and rate tier, and the Tier Factors to calculate the adjustment factor. First sum the product of the expected subscribers times the appropriate age/gender and Tier factors. This result is then divided by the sum of the product of the expected subscribers by tier times the appropriate Tier factors to obtain the age/gender adjustment.

Calculate the appropriate Renewal Business Age/Gender Factor as follows:

Use the Renewal Member Based Age/Gender Factor table and the expected enrolled membership segmented by age and gender to calculate the Weighted Average Age/Gender Factor by taking the sum product of the age/gender factor and the expected enrolled membership.

Calculate the Contract Mix/Family Size Factor. This factor reflects the distribution of enrollment by contract 'tier' type and the average members per contract tier of the group. To calculate this factor, first calculate the group's average number of members per contract. Next, calculate the group's average rate tier factor by weighting the community rate tier factors with the group's actual number of contracts per tier. The contract mix/family size factor is then calculated by dividing the group's average number of members per contract by the group's average rate tier factor.

Multiply the Weighted Average Age/Gender Factor by the Contract Mix/Family Size Factor to get the Age/Gender Factor

COBRA Factor

Select the appropriate factor from the COBRA Factor table if applicable.

Interim Adjusted Flex Plan Claim Cost

Multiply the Total Trend Adjusted Flex Plan Claim Cost by the following to get the Interim Adjusted Flex Plan Claim Cost:

$$\begin{array}{l}
 \text{Industry Factor} \\
 \quad \times \\
 \text{Rating Area Factor} \\
 \quad \times \\
 \text{Age/Gender Factor} \\
 \quad \times \\
 \text{COBRA Factor}
 \end{array}$$

VI. Adjusted Medical Claim Cost by Billing Tier

Tier Factors

Select the appropriate factors from the Tier Factor table.

Dependent Age Adjustment Factor

Calculate the appropriate Dependent Age Adjustment Factor. For those tiers under which children may be covered, apply the appropriate factor. Other tiers will use a factor of 1.0.

Adjusted Medical Claim Cost by Billing Tier

Multiply the following together to get the Adjusted Medical Claim Cost by Billing Tier:

$$\begin{array}{l}
 \text{Interim Adjusted Flex Plan Claim Cost} \\
 \quad \times \\
 \text{Tier Factors} \\
 \quad \times \\
 \text{Dependent Age Adjustment Factor}
 \end{array}$$

VII. Medical Plan Manual Premium Rates by Billing Tier

Multiply the Adjusted Medical Claim Cost by Billing Tier by the adjustment factor from d. below to get Medical Plan Manual Premium Rates by Billing Tier:

Administrative Expense and Profit

- a. Enter the Administrative Expenses and Profit table with total case lives and retrieve the appropriate Medical PMPM and PPACA fee. Also retrieve the appropriate Retention, Commission, and Taxes and Assessments percentages. Retrieve the appropriate ERISA Adjustment. For renewals, also retrieve the appropriate Family Size Adjustment PMPM from the Family Size Adjustment table.
- b. Sum the PMPMs and PPACA fee in a. and multiply the result by members to get Total Retention amount.
- c. Multiply Adjusted Medical Claim Cost by Billing Tier by the appropriate number of subscribers in each tier to get Total Monthly Claim Cost.
- d. The Administrative Expense and Profit Factor will be $[(\text{Total Monthly Claim Cost} + \text{Total Retention amount}) / (1 - \text{Retention Expense \%} - \text{Commissions \%} - \text{Taxes and Assessments \%})] / (\text{Total Monthly Claim Cost})$.

Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), case specific commissions, or margin for risk sharing arrangements, etc.

Underwriter Adjustment Factor

Enter the Underwriter Adjustment if applicable.

Note: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Section IV.

115	Base Plan Component Steerage Factor	_____
116	Component Base Relativity Factor	_____
117	Normalized Claim Relativity Factor	_____
118	Base Plan Claim Cost PMPM	<u>1 x 115 x 116 x 117</u>
119	Flex Plan Claim Cost PMPM	<u>114 x 118</u>
120	Trend Factor	_____
121	Steerage Factor	_____
122	Trend Adjusted Flex Plan Claim Cost PMPM	<u>119 x 120 x 121</u>
123	Total Trend Adjusted Flex Plan Claim Cost PMPM	<u>122</u>

Section V.

124	Industry	_____
125	Rating Area	_____
126	Age/Gender	_____
127	COBRA	_____
128	Interim Adjusted Flex Plan Claim Cost PMPM	_____

Non-Medicare	Medicare
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123 x 124 x 125 x 126 x 127: x 124 x 125 x 126 x 127

Section VI.

129 Tier Factors

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

130 Dependent Age Adjustment

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member
1.0000		1.0000			1.0000		1.0000		1.0000

<u>Dependent Age Adjustment Worksheet</u>		Limiting Age	Adjustment
a. Student:		_____	_____
b. Non-Student:		_____	_____
c. [1.00 + ((a.+ b.) / 100)]			_____

131 Adjusted Medical Claim Cost by Billing Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

Section VII.

132 Administrative Expenses & Profit _____

133 This line reserved for future use _____

133 Underwriter Adjustment _____

134 Medical Plan Manual Premium Rates by Billing Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

NOTE: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Medical PMPM and Factor Tables

Section I.

Table 1 1st Quarter 2012 Starting Base Plan Claim Cost

Network	Non-Open Access		Open Access	
	HMO	QPOS	HMO	QPOS
	Products	Products	Products	Products
	Base PMPM	Base PMPM	Base PMPM	Base PMPM
DC	284.15	344.83	304.04	368.97

Section II.

Column [1] Inputs - Preferred and Non-Preferred Base Plan Service Category Weight Network 1	Preferred Products Weights
Benefit Description	
Med/Surg	23.12%
Serious MH I/P	0.94%
MH I/P	0.06%
SA Detox I/P	0.05%
SA Rehab I/P	0.03%
Maternity I/P	4.00%
Skilled Nursing Facility	0.80%
Hospice I/P	0.01%
Transplants	0.53%
Bariatric Surgery	1.73%
Surgery (SPLU)	3.97%
Surg - Free-standing facility	1.16%
Bariatric O/P	0.01%
Hospice O/P	0.03%
Other Facility O/P	1.63%
Other Rehab O/P	0.02%
Physical Therapy O/P	1.21%
Occupational Therapy O/P	0.06%
Speech Therapy O/P	0.09%
Chiro/Subluxation	0.39%
Diagnostic X-ray Hosp O/P	1.64%
Diagnostic X-ray Non-Hosp O/P	1.12%
Diagnostic X-ray NF	1.06%
Diag. X-ray-Complex Imaging Hosp O/P	1.20%
Diag. X-ray-Complex Imag Non-Hosp O/P	1.43%
Diag. X-ray-Complex Imaging NF	0.13%
Diagnostic Lab Hosp O/P	0.79%
Diagnostic Lab Non-Hosp O/P	1.57%
Diagnostic Lab NF	0.31%
Diagnostic Phys Other	1.70%
Diagnostic OP facility other	0.78%
Ambulance	0.52%
ER O/P	6.70%
ER NF	1.56%
LIC O/P	0.15%
PCP	3.94%
E-visits PCP	0.04%
Walk-in Clinics	0.08%
Non-designated PCP	0.82%
Specialist	5.77%
E-visits Specialist	0.02%
Office Based Surgery	0.77%
PCP - Inpatient	0.69%
Specialist - Inpatient	4.53%
Maternity NF	1.39%
Surgery NF	2.31%
Bariatric - physician	0.72%
Allergy Testing - NF	0.12%
Allergy Trst/Serum -NF	0.25%
Oral Surgery NF	0.01%
Routine Physical - Adult	0.57%
Immunization - Adult	0.37%
Routine Physical - Child	0.92%
Immunization - Child	1.05%
Routine Eye Exam	0.12%
Speech & Hearing NF	0.12%
Routine Gyn	0.86%
Mammography	0.35%
Cancer Screening	0.19%
Digital Rectal Exam	0.01%
Prostate Specific Antigen	0.01%
Serious MH NF	1.09%
MH NF	0.59%
MH part hosp	0.07%
SA NF	0.16%
Private Duty Nursing	0.19%
HHC	0.23%
Hospice NF	0.01%
Injectables - AF	1.73%
Injectables - Office	3.56%
Durable Medical Equipment	0.61%
Diabetic Supplies	0.02%
Prosthetics and Orthotics	0.04%
Lens Reimbursement	0.75%
Hearing Aid	0.09%
PKU	0.10%
Infertility - AIUI/NF	0.47%
ART NF	1.48%
TMU Disorder	0.02%
Tubal Ligation	0.04%
Voluntary Abortion	0.04%
Vasectomy	0.02%
Contraceptives	0.02%
Pharmacy	0.00%
Self Injectables	2.15%
Total Medical	100.00%

Table 2 Med/Surg

a. Per Confinement Copay

Copay	None
\$0	1.0000
\$50	0.9943
\$100	0.9886
\$125	0.9858
\$150	0.9830
\$200	0.9773
\$240	0.9728
\$250	0.9717
\$300	0.9661
\$350	0.9605
\$400	0.9549
\$450	0.9494
\$500	0.9438
\$600	0.9354
\$700	0.9271
\$750	0.9230
\$1,000	0.9023
\$1,250	0.8819
\$1,500	0.8616
\$2,000	0.8218
\$2,500	0.7807
\$3,000	0.7596
\$3,500	0.7284
\$4,000	0.6973

Table 2 Med/Surg

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9879
\$50	0.9758
\$100	0.9519
\$125	0.9410
\$150	0.9321
\$200	0.9143
\$225	0.9055
\$250	0.8968
\$300	0.8794
\$350	0.8621
\$400	0.8450
\$500	0.8131

Table 2 Med/Surg

c. Copay%

Copay%	Factor
10%	0.8511
15%	0.7892
20%	0.7363
25%	0.6842
30%	0.6330
40%	0.5383
50%	0.4486

Table 2 Med/Surg

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay Factors) (Used in Column (E))

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0059	1.0049	1.0042	1.0037	1.0033	1.0029	1.0027	1.0025
\$50	1.0119	1.0099	1.0085	1.0074	1.0066	1.0059	1.0054	1.0049
\$100	1.0241	1.0200	1.0172	1.0150	1.0133	1.0120	1.0109	1.0100
\$125	1.0293	1.0242	1.0206	1.0179	1.0158	1.0141	1.0128	1.0116
\$150	1.0328	1.0263	1.0220	1.0187	1.0161	1.0141	1.0125	1.0115
\$200	1.0390	1.0310	1.0266	1.0232	1.0206	1.0186	1.0169	1.0156
\$225	1.0423	1.0351	1.0301	1.0263	1.0233	1.0210	1.0191	1.0175
\$250	1.0473	1.0393	1.0337	1.0294	1.0261	1.0235	1.0214	1.0196
\$300	1.0575	1.0478	1.0409	1.0357	1.0317	1.0285	1.0260	1.0238
\$350	1.0679	1.0564	1.0483	1.0422	1.0374	1.0337	1.0307	1.0281
\$400	1.0787	1.0654	1.0559	1.0488	1.0433	1.0390	1.0355	1.0325
\$500	1.0985	1.0813	1.0692	1.0601	1.0530	1.0474	1.0429	1.0391

Table 3 Serious MH IP

a. Per Confinement Copay

Copay	None
\$0	1.0000
\$50	0.9881
\$100	0.9764
\$125	0.9705
\$150	0.9646
\$200	0.9530
\$240	0.9437
\$250	0.9414
\$300	0.9299
\$350	0.9184
\$400	0.9070
\$450	0.8957
\$500	0.8845
\$600	0.8642
\$700	0.8442
\$750	0.8343
\$1,000	0.7854
\$1,250	0.7377
\$1,500	0.6913
\$2,000	0.5942
\$2,500	0.5327
\$3,000	0.4712
\$3,500	0.4097
\$4,000	0.3482

Table 3 Serious MH IP

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9597
\$50	0.9203
\$100	0.8474
\$125	0.8136
\$150	0.7804
\$200	0.7156
\$225	0.6835
\$250	0.6497
\$300	0.5878
\$350	0.5457
\$400	0.5037
\$500	0.4195

Table 3 Serious MH IP

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column (E))

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0251	1.0209	1.0175	1.0147	1.0126	1.0109	1.0096	1.0084
\$50	1.0517	1.0430	1.0359	1.0302	1.0258	1.0223	1.0196	1.0173
\$100	1.1047	1.0890	1.0710	1.0589	1.0496	1.0426	1.0372	1.0329
\$125	1.1313	1.1073	1.0879	1.0737	1.0629	1.0545	1.0478	1.0421
\$150	1.1586	1.1302	1.1084	1.0910	1.0776	1.0672	1.0588	1.0519
\$200	1.2229	1.1843	1.1533	1.1284	1.1097	1.0947	1.0829	1.0730
\$225	1.2604	1.2153	1.1790	1.1528	1.1279	1.1108	1.0971	1.0856
\$250	1.3049	1.2526	1.2134	1.1771	1.1516	1.1318	1.1160	1.1028
\$300	1.3964	1.3280	1.2734	1.2300	1.1969	1.1709	1.1486	1.1300
\$350	1.4555	1.3706	1.3033	1.2483	1.2040	1.1699	1.1428	1.1203
\$400	1.5244	1.4215	1.3366	1.2681	1.2129	1.1747	1.1533	1.1353
\$500	1.7073	1.5494	1.4214	1.3533	1.3021	1.2621	1.2300	1.2031

Table 3 Serious MH IP

c. Copay%

Copay%	Factor
10%	0.8514
15%	0.7857
20%	0.7227
25%	0.6605
30%	0.5987
40%	0.5041
50%	0.4200

Table 3 Serious MH IP

d. Freqmax

	IP MH SMI	All IP MH & IP
Maximum	Factor	SA Combined
20 days/plan yr	0.8752	0.8649
30 days/cal yr	0.9348	0.9294
35 days/cal yr	0.9472	0.9428
40 days/plan yr	0.9616	0.9594
45 days/cal yr	0.9877	0.9850
50 days/cal yr	0.9810	0.9795
60 Days/Life	0.961	0.9550
90 days/cal yr	0.9893	0.9884
90 Days/Life	0.9646	0.9637
200 days/cal yr	0.9987	0.9986
24 days/plan yr	0.9069	N/A
120 days/plan yr	0.9056	N/A
150 days/cal yr	0.9983	N/A
Age 0-18, 25 days per cal yr; Age 19+ 20 days per cal yr	0.8801	N/A
Age 0-18, 25 days per plan yr; Age 19+ 20 days per plan yr	0.8801	N/A
Unlimited	1.0000	1.0000

Table 4 MH I/P

a. Per Confinement Copay

Copay	None
\$0	1.0000
\$50	0.9849
\$100	0.9688
\$125	0.9624
\$150	0.9549
\$200	0.9401
\$240	0.9283
\$250	0.9254
\$300	0.9107
\$350	0.8962
\$400	0.8817
\$450	0.8674
\$500	0.8531
\$550	0.8399
\$700	0.8010
\$750	0.7881
\$1,000	0.7249
\$1,250	0.6636
\$1,500	0.6040
\$2,000	0.4838
\$2,500	0.4032
\$3,000	0.3225
\$3,500	0.2419
\$4,000	0.1613

Table 4 MH I/P

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9487
\$50	0.8985
\$100	0.8051
\$125	0.7614
\$150	0.7185
\$200	0.6352
\$225	0.5943
\$250	0.5523
\$300	0.4745
\$350	0.4136
\$400	0.3527
\$500	0.2308

Table 4 MH I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay Factors) (Used in Column (E))

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0324	1.0269	1.0225	1.0189	1.0162	1.0140	1.0123	1.0109
\$50	1.0673	1.0559	1.0467	1.0392	1.0335	1.0291	1.0255	1.0225
\$100	1.1410	1.1161	1.0960	1.0799	1.0675	1.0580	1.0508	1.0448
\$125	1.1804	1.1479	1.1216	1.1020	1.0870	1.0753	1.0660	1.0582
\$150	1.2238	1.1829	1.1522	1.1276	1.1088	1.0942	1.0825	1.0727
\$200	1.3203	1.2677	1.2224	1.1863	1.1556	1.1372	1.1201	1.1058
\$225	1.3853	1.3181	1.2642	1.2242	1.1884	1.1630	1.1428	1.1259
\$250	1.4584	1.3789	1.3162	1.2644	1.2257	1.1958	1.1719	1.1520
\$300	1.6239	1.5147	1.4276	1.3584	1.3058	1.2648	1.2304	1.2018
\$350	1.7803	1.6362	1.5222	1.4301	1.3574	1.3017	1.2575	1.2209
\$400	1.9112	1.8022	1.6489	1.5240	1.4301	1.3614	1.3172	1.2800
\$500	2.7557	2.3949	2.1077	1.9303	1.7955	1.6902	1.6057	1.5348

Table 4 MH I/P

c. Copay%

Copay%	Factor
10%	0.8647
15%	0.8028
20%	0.7438
25%	0.6863
30%	0.6302
40%	0.5196
50%	0.4200

Table 4 MH I/P

d. Freqmax

	I/P MH	All I/P MH & I/P SA Combined
Maximum	0.9447	0.8649
20 days/plan yr	0.9761	0.9294
30 days/cal yr	0.9800	0.9428
35 days/cal yr	0.9838	0.9584
45 days/cal yr	0.9877	0.9650
60 days/cal yr	0.9992	0.9795
90 Days/Life	0.9742	0.9550
90 days/cal yr	1.0000	0.9884
90 Days/Life	0.9750	0.9637
200 days/cal yr	1.0000	0.9986
24 visits/plan yr	0.9611	N/A
120 days/plan yr	1.0000	N/A
150 days/cal yr	1.0000	N/A
Age 0-18, 25 days per cal yr; Age 19+ 20 days per cal yr	0.9488	N/A
Age 0-18, 25 days per plan yr; Age 19+ 20 days per plan yr	0.9488	N/A
Unlimited	1.0000	N/A
Not Covered	0.0000	0.0000

Table 5 SA Detox I/P

a. Per Confinement Copay

Copay	None
\$0	1.0000
\$50	0.9813
\$100	0.9626
\$125	0.9534
\$150	0.9442
\$200	0.9258
\$240	0.9112
\$250	0.9076
\$300	0.8895
\$350	0.8715
\$400	0.8537
\$450	0.8360
\$500	0.8184
\$600	0.7804
\$700	0.7431
\$750	0.7248
\$1,000	0.6358
\$1,250	0.5515
\$1,500	0.4717
\$2,000	0.3401
\$2,500	0.2834
\$3,000	0.2267
\$3,500	0.1700
\$4,000	0.1134

Table 5 SA Detox I/P

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9490
\$50	0.8990
\$100	0.8004
\$125	0.7491
\$150	0.6982
\$200	0.6036
\$225	0.5578
\$250	0.5134
\$300	0.4337
\$350	0.3619
\$400	0.2975
\$500	0.1737

Table 5 SA Detox I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay Factors) (Used in Column (E))

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0289	1.0232	1.0189	1.0158	1.0134	1.0115	1.0099	1.0085
\$50	1.0602	1.0483	1.0393	1.0329	1.0279	1.0239	1.0206	1.0177
\$100	1.1332	1.1072	1.0875	1.0733	1.0624	1.0537	1.0466	1.0402
\$125	1.1825	1.1460	1.1201	1.1014	1.0865	1.0740	1.0637	1.0547
\$150	1.2326	1.1887	1.1543	1.1295	1.1096	1.0929	1.0789	1.0665
\$200	1.3542	1.2817	1.2277	1.1892	1.1596	1.1364	1.1173	1.1012
\$225	1.4224	1.3354	1.2707	1.2246	1.1902	1.1638	1.1390	1.1190
\$250	1.4922	1.3957	1.3189	1.2661	1.2227	1.1901	1.1632	1.1397
\$300	1.6678	1.5262	1.4195	1.3450	1.2884	1.2441	1.2078	1.1760
\$350	1.8734	1.6793	1.5372	1.4373	1.3616	1.3027	1.2601	1.2227
\$400	2.1208	1.9699	1.6785	1.5503	1.4511	1.3912	1.3357	1.2854
\$500	3.1619	2.6451	2.3080	2.0705	1.8970	1.7698	1.6641	1.5707

Table 5 SA Detox IP

c. Copay%	
Copay%	Factor
10%	0.8718
15%	0.8200
20%	0.7618
25%	0.7016
30%	0.6431
40%	0.5311
50%	0.4258

Table 5 SA Detox IP

d. Frequency	IP SA	All IP MH & IP
	Detox Factor	SA Combined Factor
Maximum	0.8382	0.8649
20 days/plan yr	0.8810	0.9294
30 days/cal yr	0.9149	0.9428
35 days/cal yr	0.9233	0.9584
40 days/plan yr	0.9435	0.9650
45 days/cal yr	0.9687	0.9795
60 days/cal yr	0.9445	0.9550
60 days/life	0.9954	0.9984
90 days/cal yr	0.9705	0.9637
90 days/life	1.0000	0.9986
200 days/cal yr	0.7478	N/A
12 days/cal yr	N/A	N/A
14 days/cal yr	N/A	N/A
15 days/cal yr	0.7907	N/A
150 days/cal yr	1.0000	N/A
180 days/cal yr	1.0000	N/A
Age 0-18, 25 days per cal yr; Age 19+ 20 days per cal yr	0.8382	N/A
Age 0-18, 25 days per plan yr; Age 19+ 20 days per plan yr	N/A	N/A
28 days/cal yr	0.8741	N/A
Unlimited	1.0000	N/A

Table 5 SA Detox IP

e. Calendar Year Day Maximum	IP SA	All IP MH & IP
	Detox Factor	SA Combined Factor
Maximum	N/A	N/A
20 days/cal yr, 90 day max/lifetime	N/A	N/A
3 episodes/lifetime, IP & OP combined	0.8553	N/A
30 days/cal yr - Alcohol Only	N/A	N/A
30 days/cal yr for Drug only, unlimited for Alcohol	0.9431	N/A
30 days/cal yr, 90 day max/lifetime	N/A	N/A
40 days/cal yr, 90 day max/lifetime	N/A	N/A
60 visits/cal yr, 120 visits/lifetime	N/A	N/A
4 admissions/lifetime, 7 day maximum/admission	0.8408	N/A
7 days/admission	0.8449	N/A

Table 6 SA Rehab IP

a. Per Confinement Copay	
Copay	Factor
None	
\$0	1.0000
\$50	0.9848
\$100	0.9697
\$125	0.9622
\$150	0.9547
\$200	0.9398
\$240	0.9279
\$250	0.9250
\$300	0.9103
\$350	0.8957
\$400	0.8811
\$450	0.8667
\$500	0.8524
\$600	0.8207
\$700	0.7895
\$750	0.7741
\$1,000	0.6992
\$1,250	0.6279
\$1,500	0.5599
\$2,000	0.4531
\$2,500	0.3775
\$3,000	0.3020
\$3,500	0.2285
\$4,000	0.1510

Table 6 SA Rehab IP

b. Copay Per Day	
Copay Per Day	Factor
\$0	1.0000
\$25	0.9587
\$50	0.9181
\$100	0.8374
\$125	0.7945
\$150	0.7526
\$200	0.6720
\$225	0.6332
\$250	0.5955
\$300	0.5291
\$350	0.4708
\$400	0.4211
\$500	0.3282

Table 6 SA Rehab IP

b.1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column (b))	3 days									
	3 days Factor	4 days Factor	5 days Factor	6 days Factor	7 days Factor	8 days Factor	9 days Factor	10 days Factor		
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$25	1.0232	1.0187	1.0152	1.0127	1.0108	1.0093	1.0080	1.0069		
\$50	1.0478	1.0384	1.0313	1.0262	1.0222	1.0190	1.0164	1.0141		
\$100	1.1041	1.0839	1.0685	1.0575	1.0490	1.0423	1.0367	1.0318		
\$125	1.1405	1.1141	1.0941	1.0798	1.0682	1.0584	1.0503	1.0431		
\$150	1.1796	1.1464	1.1201	1.1000	1.0846	1.0724	1.0623	1.0534		
\$200	1.2672	1.2128	1.1721	1.1431	1.1208	1.1033	1.0889	1.0768		
\$225	1.3131	1.2490	1.2012	1.1671	1.1418	1.1224	1.1036	1.0867		
\$250	1.3631	1.2883	1.2326	1.1947	1.1626	1.1390	1.1194	1.1023		
\$300	1.4606	1.3633	1.2893	1.2377	1.1963	1.1675	1.1422	1.1200		
\$350	1.5606	1.4348	1.3422	1.2770	1.2274	1.1888	1.1523	1.1390		
\$400	1.6566	1.5001	1.3857	1.3054	1.2353	1.2183	1.1853	1.1554		
\$500	1.9071	1.6757	1.5310	1.4289	1.3562	1.3057	1.2637	1.2286		

Table 6 SA Rehab IP

c. Copay%	
Copay%	Factor
10%	0.8718
15%	0.8095
20%	0.7439
25%	0.6807
30%	0.6196
40%	0.5043
50%	0.4052

Table 6 SA Rehab IP

d. Frequency	IP SA	All IP MH & IP
	Rehab Factor	SA Combined Factor
Maximum	0.7712	0.8649
20 days/plan yr	0.8317	0.9294
30 days/cal yr	0.8797	0.9428
35 days/cal yr	0.8916	0.9584
40 days/cal yr	0.9092	0.9650
45 days/cal yr	0.9557	0.9795
60 days/life	0.9318	0.9550
90 days/cal yr	0.9934	0.9884
90 days/life	0.9686	0.9637
200 days/cal yr	1.0000	0.9986
12 days/cal yr	N/A	N/A
14 days/cal yr	0.8916	N/A
15 days/cal yr	0.7040	N/A
150 days/cal yr	1.0000	N/A
180 days/cal yr	N/A	N/A
Age 0-18, 25 days per cal yr; Age 19+ 20 days per cal yr	0.7807	N/A
Age 0-18, 25 days per plan yr; Age 19+ 20 days per plan yr	0.7712	N/A
28 days/cal yr	0.8741	N/A
Unlimited	1.0000	N/A

Table 6 SA Rehab I/P

a. Calendar Year Day Maximum	IP SA Rehab Factor	All I/P MH & I/P SA Combined Factor
Maximum		
30 days/cal yr, 90 day max/lifetime	0.7704	N/A
3 episodes/lifetime, IP & OP combined	0.7953	N/A
30 days/cal yr - Alcohol Only	0.4337	N/A
30 days/cal yr for Drug only, unlimited for Alcohol	0.9195	N/A
30 days/cal yr, 90 day max/lifetime	0.8309	N/A
40 days/cal yr, 90 day max/lifetime	0.8907	N/A
60 visits/cal yr, 120 visits/lifetime	0.9366	N/A
4 admissions/lifetime, 7 day maximum/admission	N/A	N/A
7 days/admission	N/A	N/A

Table 6 SA Rehab I/P

f. MA specific	Factor
All Only	0.5200
All & Drug	1.0000

Table 7 Maternity I/P

a. Per Confinement Copay

Copay	Factor
None	
\$0	1.0000
\$50	0.9888
\$100	0.9776
\$125	0.9721
\$150	0.9665
\$200	0.9555
\$240	0.9487
\$250	0.9445
\$300	0.9322
\$350	0.9200
\$400	0.9078
\$450	0.8958
\$500	0.8838
\$600	0.8600
\$700	0.8366
\$750	0.8251
\$1,000	0.7683
\$1,250	0.7286
\$1,500	0.6896
\$2,000	0.6137
\$2,500	0.5548
\$3,000	0.5148
\$3,500	0.4368
\$4,000	0.3778

Table 7 Maternity I/P

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9825
\$50	0.9651
\$100	0.9290
\$125	0.9099
\$150	0.8911
\$200	0.8538
\$225	0.8367
\$250	0.8176
\$300	0.7842
\$350	0.7531
\$400	0.7283
\$500	0.6795

Table 7 Maternity I/P

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column (6))

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0042	1.0030	1.0024	1.0021	1.0018	1.0016	1.0015	1.0014
\$50	1.0085	1.0060	1.0048	1.0041	1.0037	1.0033	1.0031	1.0029
\$100	1.0193	1.0138	1.0111	1.0095	1.0085	1.0076	1.0071	1.0066
\$125	1.0249	1.0174	1.0141	1.0121	1.0107	1.0097	1.0089	1.0083
\$150	1.0302	1.0211	1.0171	1.0146	1.0130	1.0117	1.0108	1.0101
\$200	1.0413	1.0288	1.0233	1.0200	1.0177	1.0160	1.0148	1.0137
\$225	1.0470	1.0338	1.0285	1.0227	1.0202	1.0182	1.0168	1.0156
\$250	1.0529	1.0389	1.0298	1.0255	1.0227	1.0205	1.0189	1.0176
\$300	1.0621	1.0424	1.0343	1.0298	1.0269	1.0224	1.0208	1.0196
\$350	1.0713	1.0471	1.0393	1.0317	1.0292	1.0272	1.0199	1.0185
\$400	1.0695	1.0454	1.0367	1.0314	1.0279	1.0252	1.0232	1.0216
\$500	1.0853	1.0595	1.0480	1.0412	1.0366	1.0330	1.0304	1.0283

Table 7 Maternity I/P

c. Copay%

Copay%	Factor
10%	0.8334
15%	0.7562
20%	0.6897
25%	0.6448
30%	0.5948
40%	0.5098
50%	0.4248

Table 8 Skilled Nursing Facility

a. Per Confinement Copay

Copay	Factor
None	
\$0	1.0000
\$50	0.9938
\$100	0.9877
\$125	0.9846
\$150	0.9815
\$200	0.9754
\$240	0.9705
\$250	0.9693
\$300	0.9632
\$350	0.9571
\$400	0.9510
\$450	0.9449
\$500	0.9388
\$600	0.9189
\$700	0.8980
\$750	0.8891
\$1,000	0.8399
\$1,250	0.7913
\$1,500	0.7431
\$2,000	0.6485
\$2,500	0.6316
\$3,000	0.6147
\$3,500	0.5979
\$4,000	0.5810

Table 8 Skilled Nursing Facility

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9926
\$50	0.9846
\$100	0.9743
\$125	0.9611
\$150	0.9573
\$200	0.9506
\$225	0.9375
\$250	0.9345
\$300	0.9290
\$350	0.9210
\$400	0.9120
\$500	0.8700

Table 8 Skilled Nursing Facility

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors) (Used in Column (6))

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0407	1.0381	1.0356	1.0334	1.0312	1.0294	1.0277	1.0261
\$50	1.1111	1.1054	1.1002	1.0953	1.0908	1.0868	1.0832	1.0798
\$100	1.3151	1.3016	1.2891	1.2767	1.2659	1.2432	1.2291	1.2159
\$125	1.4478	1.4292	1.4096	1.3798	1.3553	1.3337	1.3142	1.2961
\$150	1.4886	1.4605	1.4251	1.3920	1.3616	1.3349	1.3106	1.2884
\$200	1.5184	1.4657	1.4169	1.3712	1.3294	1.2928	1.2597	1.2290
\$225	1.5284	1.4681	1.4180	1.3600	1.3122	1.2703	1.2326	1.1976
\$250	1.5387	1.4703	1.4072	1.3482	1.2942	1.2470	1.2044	1.1650
\$300	1.5596	1.4744	1.3958	1.3226	1.2557	1.1972	1.1572	1.1480
\$350	1.5661	1.4584	1.3645	1.2772	1.1981	1.1851	1.1733	1.1623
\$400	1.5424	1.4242	1.3196	1.2223	1.2050	1.1909	1.1782	1.1636
\$500	1.5052	1.3630	1.2668	1.2424	1.2201	1.2007	1.1831	1.1669

Table 8 Skilled Nursing Facility

c. Copay%

Copay%	Factor
10%	0.7386
15%	0.6044
20%	0.5376
25%	0.4949
30%	0.4534
40%	0.3740
50%	0.3105

Table 8 Skilled Nursing Facility

d. Maximum Days

Maximum Days	Factor
30 days/cal yr	0.6732
60 days/cal yr	0.8232
90 days/cal yr	0.8851
100 days/cal yr	0.8986
120 days/cal yr	0.9136
200 days/cal yr	0.9562
240 days/cal yr	0.9695
Unlimited	1.0000

Table 9 Hospice I/P

a. Per Confinement Copay

All limits	Factor
	1.0000

Table 10 Transplants

a. Per Confinement Copay

Copay	Factor
\$0	1.0000
\$50	0.9998
\$100	0.9996
\$125	0.9995
\$150	0.9995
\$200	0.9993
\$240	0.9991
\$250	0.9991
\$300	0.9989
\$350	0.9987
\$400	0.9985
\$450	0.9984
\$500	0.9982
\$550	0.9979
\$700	0.9974
\$750	0.9973
\$1,000	0.9964
\$1,250	0.9954
\$1,500	0.9945
\$2,000	0.9927
\$2,500	0.9909
\$3,000	0.9891
\$3,500	0.9872
\$4,000	0.9854

Table 10 Transplants

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9985
\$50	0.9969
\$100	0.9939
\$125	0.9923
\$150	0.9908
\$200	0.9877
\$225	0.9862
\$250	0.9846
\$300	0.9816
\$350	0.9785
\$400	0.9754
\$500	0.9693

Table 10 Transplants

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay Factors) (Used in Column B)

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0013	1.0012	1.0011	1.0010	1.0009	1.0008	1.0008	1.0008
\$50	1.0025	1.0024	1.0022	1.0021	1.0019	1.0018	1.0017	1.0016
\$100	1.0051	1.0048	1.0044	1.0042	1.0039	1.0036	1.0034	1.0032
\$125	1.0064	1.0060	1.0056	1.0052	1.0049	1.0045	1.0043	1.0040
\$150	1.0077	1.0072	1.0067	1.0062	1.0058	1.0055	1.0051	1.0048
\$200	1.0103	1.0096	1.0089	1.0084	1.0079	1.0073	1.0069	1.0064
\$225	1.0116	1.0108	1.0101	1.0094	1.0088	1.0082	1.0077	1.0072
\$250	1.0129	1.0120	1.0112	1.0105	1.0098	1.0092	1.0086	1.0081
\$300	1.0155	1.0145	1.0135	1.0126	1.0118	1.0110	1.0103	1.0097
\$350	1.0181	1.0169	1.0158	1.0148	1.0138	1.0129	1.0121	1.0114
\$400	1.0208	1.0194	1.0181	1.0169	1.0158	1.0148	1.0139	1.0130
\$500	1.0262	1.0244	1.0228	1.0213	1.0199	1.0186	1.0175	1.0164

Table 10 Transplants

c. Copay%

Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 10 Transplants

d. Dollar Max / Coinsurance

Benefit Option	Maximum				
	No Coverage	\$10,000	\$25,000	\$50,000	Unlimited
50%	0.0000	1.8736	1.6893	1.4432	1.0000
60%	0.0000	1.5615	1.4143	1.2427	1.0000
70%	0.0000	1.3389	1.2215	1.1085	1.0000
75%	0.0000	1.2500	1.1477	1.0632	1.0000
80%	0.0000	1.1723	1.0910	1.0345	1.0000
85%	0.0000	1.1057	1.0447	1.0189	1.0000
90%	0.0000	1.0492	1.0154	1.0049	1.0000
100%	0.0000	1.0000	1.0000	1.0000	1.0000

Table 10 Transplants

e. Benefit Limit Maximum

Annual and Per Procedure Dollar Max	50%	60%	70%	75%	80%	85%	90%	100%
\$25,000	0.3107	0.2601	0.2240	0.2093	0.1964	0.1851	0.1749	0.1578
\$250,000	0.9558	0.9245	0.9021	0.8932	0.8853	0.8784	0.8723	0.8618
\$500,000	0.9932	0.9884	0.9817	0.9760	0.9709	0.9665	0.9626	0.9558
\$750,000	0.9991	0.9962	0.9941	0.9932	0.9914	0.9898	0.9884	0.9860
\$1,000,000	1.0000	0.9984	0.9983	0.9972	0.9962	0.9953	0.9945	0.9932

Per Lifetime Dollar Max	50%	60%	70%	75%	80%	85%	90%	100%
\$25,000	0.3061	0.2562	0.2206	0.2062	0.1935	0.1823	0.1723	0.1554
\$250,000	0.9415	0.9106	0.8886	0.8798	0.8720	0.8652	0.8592	0.8489
\$500,000	1.0000	0.9738	0.9670	0.9613	0.9564	0.9520	0.9481	0.9415
\$750,000	1.0000	1.0000	1.0000	1.0000	0.9785	0.9750	0.9736	0.9713
\$1,000,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 11 Bariatric Surgery

a. Per Confinement Deductible

Copay	Factor
\$0	1.0000
\$50	0.9943
\$100	0.9887
\$125	0.9859
\$150	0.9830
\$200	0.9774
\$240	0.9729
\$250	0.9718
\$300	0.9662
\$350	0.9606
\$400	0.9550
\$450	0.9495
\$500	0.9439
\$550	0.9386
\$700	0.9273
\$750	0.9232
\$1,000	0.9026
\$1,250	0.8822
\$1,500	0.8621
\$2,000	0.8223
\$2,500	0.7913
\$3,000	0.7603
\$3,500	0.7294
\$4,000	0.6984
Not Covered	0.0000

Table 11 Bariatric Surgery

b. Copay Per Day

Copay Per Day	Factor
\$0	1.0000
\$25	0.9918
\$50	0.9836
\$100	0.9673
\$125	0.9592
\$150	0.9511
\$200	0.9373
\$225	0.9312
\$250	0.9252
\$300	0.9133
\$350	0.9014
\$400	0.8895
\$500	0.8661

Table 11 Bariatric Surgery

b1. Copay Per Day/Day Maximum (Adjustment to the b. Per Day Copay Factors) (Used in Column B)

Copay Per Day	3 days	4 days	5 days	6 days	7 days	8 days	9 days	10 days
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$25	1.0020	1.0015	1.0012	1.0011	1.0009	1.0008	1.0008	1.0007
\$50	1.0041	1.0029	1.0024	1.0021	1.0019	1.0017	1.0015	1.0014
\$100	1.0082	1.0059	1.0049	1.0043	1.0038	1.0034	1.0031	1.0028
\$125	1.0103	1.0074	1.0061	1.0053	1.0047	1.0043	1.0039	1.0036
\$150	1.0124	1.0089	1.0074	1.0064	1.0057	1.0052	1.0047	1.0043
\$200	1.0144	1.0097	1.0076	1.0065	1.0058	1.0052	1.0048	1.0044
\$225	1.0145	1.0103	1.0085	1.0074	1.0065	1.0059	1.0054	1.0049
\$250	1.0159	1.0114	1.0095	1.0082	1.0073	1.0066	1.0060	1.0055
\$300	1.0192	1.0138	1.0115	1.0100	1.0088	1.0080	1.0073	1.0066
\$350	1.0226	1.0163	1.0135	1.0117	1.0104	1.0094	1.0086	1.0078
\$400	1.0261	1.0188	1.0160	1.0135	1.0119	1.0108	1.0099	1.0090
\$500	1.0331	1.0238	1.0197	1.0172	1.0152	1.0137	1.0125	1.0114

Table 11 Bariatric Surgery

All copay/admit/day	Mandate Benefit	Rider Benefit	Rider Benefit
	No Ben Max	No Ben Max	Ben Max
	0.1400	1.0000	1.0000

Table 11 Bariatric Surgery

c. Copay%	Factor
10%	0.8463
15%	0.7859
20%	0.7322
25%	0.6784
30%	0.6280
40%	0.5383
50%	0.4486

Table 12 Surgery (SPU)

a. Copay	Factor
\$0	1.0000
\$5	0.9961
\$10	0.9923
\$15	0.9883
\$20	0.9845
\$25	0.9806
\$30	0.9767
\$50	0.9613
\$75	0.9421
\$100	0.9229
\$125	0.8976
\$150	0.8726
\$200	0.8235
\$250	0.7757
\$300	0.7292
\$350	0.6840
\$400	0.6400
\$450	0.5974
\$500	0.5560
\$550	0.5211
\$600	0.4870
\$650	0.4537
\$700	0.4210
\$750	0.3942

Table 13 Surg - Freestanding facility

a. Copay	Factor
\$0	1.0000
\$5	0.9953
\$10	0.9906
\$15	0.9858
\$20	0.9811
\$25	0.9764
\$30	0.9717
\$50	0.9530
\$75	0.9296
\$100	0.9064
\$125	0.8771
\$150	0.8482
\$175	0.8199
\$200	0.7917
\$250	0.7367
\$300	0.6833
\$350	0.6316
\$400	0.5814
\$450	0.5328
\$500	0.4858
\$550	0.4450
\$600	0.4050
\$650	0.3660
\$700	0.3278
\$750	0.2944

Table 11 Bariatric Surgery

d. Maximum Benefit Per Procedure	Rider with Benefit Maximum							Copay/admin/day	Mandated or Rider Benefit No Maximum
	50%	40%	30%	25%	20%	15%	10%		
\$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	0.7300	NA
									1.0000

Table 12 Surgery (SPU)

b. Copay%	Factor
10%	0.8866
15%	0.8193
20%	0.7542
25%	0.6912
30%	0.6303
40%	0.5148
50%	0.4127

Table 13 Surg - Freestanding facility

b. Copay%	Factor
10%	0.8915
15%	0.8301
20%	0.7677
25%	0.7070
30%	0.6480
40%	0.5351
50%	0.4289

Table 13 Surg - Freestanding facility

c. Benefit Maximum	50% Factor	60% Factor	70% Factor	75% Factor	80% Factor	90% Factor	100% Factor
Maximum							
2000 OON benefit maximum added to ASC (freestanding ambulatory Surgical center) per CY or PY (works like DME maximum). Includes associated ancillary services.	0.7598	0.7111	0.6734	0.6546	0.6370	0.6034	0.5734

Table 14 Bariatric O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$5	0.9982
\$10	0.9963
\$15	0.9945
\$20	0.9927
\$25	0.9909
\$30	0.9890
\$50	0.9817
\$75	0.9726
\$100	0.9634
\$125	0.9543
\$150	0.9451
\$200	0.9268
\$250	0.9086
\$300	0.8903
\$350	0.8720
\$400	0.8537
\$450	0.8355
\$500	0.8172
\$550	0.7990
\$600	0.7807
\$650	0.7624
\$700	0.7442
\$750	0.7260
Not Covered	0.0000

Table 14 Bariatric O/P

b. Copay%	
Copay%	Factor
10%	0.8996
15%	0.8493
20%	0.7991
25%	0.7489
30%	0.6988
40%	0.5987
50%	0.4986

Table 14 Bariatric O/P

	Mandate Benefit	Rider Benefit	Rider Benefit
	No Ben Max	No Ben Max	Ben Max
All copay/adm/day	0.1400	1.0000	1.0000

Table 14 Bariatric O/P

c. Maximum Benefit Per Procedure	Rider with Benefit Maximum							Mandated or
	50%	40%	30%	25%	20%	15%	10%	Rider Benefit
\$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	No Maximum 1.0000

Table 15 Hospice O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$5	1.0000
\$10	1.0000
\$15	1.0000
\$20	1.0000
\$25	1.0000
\$30	1.0000
\$35	1.0000
\$40	1.0000
\$45	1.0000
\$50	1.0000
\$55	1.0000
\$60	1.0000
Not Covered	0.0000

Table 15 Hospice O/P

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 15 Hospice O/P

c. Benefit Maximum	
Maximum	Factor
\$5,000 Lifetime	0.5388
\$9,100 per benefit period of 3 months of continuous care, 3 benefit periods per lifetime. Bereavement Care limited to separate \$1,500 maximum during 12 months following death	0.7162
\$10,000 Lifetime	0.7072
\$10,000 Combined IP, OP & NF	0.7071
Inpatient and Outpatient Combined	1.0000
N/A	1.0000
Unlimited	1.0000

Table 16 Other Facility O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9987
\$3	0.9981
\$5	0.9968
\$10	0.9935
\$15	0.9903
\$20	0.9871
\$25	0.9839
\$30	0.9806
\$35	0.9774
\$40	0.9742
\$45	0.9710
\$50	0.9677
\$55	0.9645
\$60	0.9613
\$65	0.9581
\$70	0.9548
\$75	0.9516

Table 16 Other Facility O/P

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 17 Other Rehab O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9873
\$3	0.9809
\$5	0.9683
\$10	0.9370
\$15	0.9062
\$20	0.8759
\$25	0.8460
\$30	0.8166
\$35	0.7877
\$40	0.7582
\$45	0.7312
\$50	0.7037
\$55	0.6766
\$60	0.6500
\$65	0.6239
\$70	0.5982
\$75	0.5730

Table 17 Other Rehab O/P

b. Copay%	
Copay%	Factor
10%	0.8587
15%	0.7915
20%	0.7266
25%	0.6639
30%	0.6036
40%	0.4898
50%	0.3852

Table 18 Physical Therapy O/P

a. Copay	
Copay	Factor
\$0	1.000
\$2	0.9752
\$3	0.9630
\$5	0.9386
\$10	0.8789
\$15	0.8210
\$20	0.7647
\$25	0.7102
\$30	0.6574
\$35	0.6064
\$40	0.5570
\$45	0.5094
\$50	0.4635
\$55	0.4193
\$60	0.3769
\$65	0.3361
\$70	0.2970
\$75	0.2597

Table 18 Physical Therapy O/P

b. Copay%	
Copay%	Factor
10%	0.8888
15%	0.8341
20%	0.7801
25%	0.7267
30%	0.6739
40%	0.5701
50%	0.4689

Table 18 Physical Therapy O/P

c. Maximum Visits	PT/OT/ST	PT/OT	PT/OT/ST
	Combined	Combined	/Chiro comb
Maximum	Factor	Factor	Factor
20 Visits Combined	0.7001	0.7091	0.6754
25 Visits Combined	0.7493	0.7568	0.7229
30 Visits Combined	0.8007	0.8067	0.7727
40 Visits Combined	0.8567	0.8610	N/A
45 Visits Combined	N/A	0.8672	N/A
60 Visits Combined	0.8869	0.8903	0.8617
120 Visits Combined	0.9837	N/A	N/A
20 continuous days/incident	0.6511	0.6594	N/A
25 continuous days/incident	0.6968	0.7038	N/A
30 continuous days/incident	0.7446	0.7502	N/A
60 continuous days/incident	0.8248	0.8279	N/A
90 continuous days/incident	0.8892	0.8904	N/A
120 continuous days/incident	0.9148	N/A	N/A
20 OT/PT visits & 20 ST visits	0.6951	N/A	N/A
25 OT/PT visits & 20 ST visits	0.7283	N/A	N/A
30 OT/PT visits & 20 ST visits	0.7636	N/A	N/A
20 OT/PT visits & 25 ST visits	0.7013	N/A	N/A
25 OT/PT visits & 25 ST visits	0.7445	N/A	N/A
30 OT/PT visits & 25 ST visits	0.7897	N/A	N/A
20 OT/PT visits & 30 ST visits	0.7063	N/A	N/A
25 OT/PT visits & 30 ST visits	0.7495	N/A	N/A
30 OT/PT visits & 30 ST visits	0.7947	N/A	N/A
60 OT/PT visits & 30 ST visits	0.8705	N/A	N/A
20 OT/PT visits & 60 ST visits	0.7228	N/A	N/A
25 OT/PT visits & 60 ST visits	0.7661	N/A	N/A
30 OT/PT visits & 60 ST visits	0.8113	N/A	N/A
45 OT/PT visits & 60 ST visits	0.8661	N/A	N/A
60 OT/PT visits & 60 ST visits	0.8870	N/A	N/A
20 OT/PT visits & unlimited ST visits	0.7263	N/A	N/A
25 OT/PT visits & unlimited ST visits	0.7786	N/A	N/A
30 OT/PT visits & unlimited ST visits	0.8248	N/A	N/A
60 OT/PT visits & unlimited ST visits	0.9005	N/A	N/A
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6676
20 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.6713
20 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.6744
20 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.6944
25 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7126
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7164
25 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7194
25 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7294
20 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.6925
25 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7375
30 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7847
60 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.8690
30 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7598
30 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7635
30 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7665
30 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7765
45 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8360
60 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.8441
60 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.8478
60 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.8508
60 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8608
PTOT 60 visits/cal yr/ST 20 visits/cal yr	0.8593	N/A	N/A
PTOT 60 visits/cal yr/ST 25 visits/cal yr	0.8655	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT visits for child up to age 5 for congenital defect or birth abnormality, other than cleft lip/palate, without regard to improvement of bodily function	0.9914	N/A	N/A
PTOT unlimited/ST 20 visits/cal yr	0.9587	N/A	N/A
PTOT unlimited/ST 25 visits/cal yr	0.9649	N/A	N/A
PTOT unlimited/ST 30 visits/cal yr	0.9699	N/A	N/A
PTOT unlimited/ST 60 visits/cal yr	0.9865	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr	1.0000	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 19 Occupational Therapy O/P

a. Ccopy	Factor
\$0	1.0000
\$2	0.9835
\$3	0.9752
\$5	0.9589
\$10	0.9186
\$15	0.8793
\$20	0.8407
\$25	0.8031
\$30	0.7663
\$35	0.7303
\$40	0.6953
\$45	0.6611
\$50	0.6277
\$55	0.5952
\$60	0.5636
\$65	0.5328
\$70	0.5030
\$75	0.4739

Table 19 Occupational Therapy O/P

b. Ccopy%	Factor
10%	0.8777
15%	0.8164
20%	0.7603
25%	0.7035
30%	0.6479
40%	0.5404
50%	0.4380

Table 19 Occupational Therapy O/P

e. Maximum Visits	PT/OT/ST Combined	PT/OT Combined	PT/OT/ST /Chiro comb
Maximum	Factor	Factor	Factor
20 Visits Combined	0.7001	0.7091	0.6754
25 Visits Combined	0.7493	0.7568	0.7223
30 Visits Combined	0.8007	0.8067	0.7727
40 Visits Combined	0.8567	0.8610	N/A
45 Visits Combined	N/A	0.8672	N/A
60 Visits Combined	0.8869	0.8903	0.8617
120 Visits Combined	0.9837	N/A	N/A
20 continuous days/incident	0.6511	0.6504	N/A
25 continuous days/incident	0.6968	0.7038	N/A
30 continuous days/incident	0.7446	0.7502	N/A
60 continuous days/incident	0.8248	0.8279	N/A
90 continuous days/incident	0.8892	0.8904	N/A
120 continuous days/incident	0.9148	N/A	N/A
20 OT/PT visits & 20 ST visits	0.6951	N/A	N/A
25 OT/PT visits & 20 ST visits	0.7383	N/A	N/A
30 OT/PT visits & 20 ST visits	0.7835	N/A	N/A
20 OT/PT visits & 25 ST visits	0.7013	N/A	N/A
25 OT/PT visits & 25 ST visits	0.7445	N/A	N/A
30 OT/PT visits & 25 ST visits	0.7897	N/A	N/A
20 OT/PT visits & 30 ST visits	0.7063	N/A	N/A
25 OT/PT visits & 30 ST visits	0.7495	N/A	N/A
30 OT/PT visits & 30 ST visits	0.7947	N/A	N/A
60 OT/PT visits & 30 ST visits	0.8705	N/A	N/A
20 OT/PT visits & 60 ST visits	0.7228	N/A	N/A
25 OT/PT visits & 60 ST visits	0.7661	N/A	N/A
30 OT/PT visits & 60 ST visits	0.8113	N/A	N/A
45 OT/PT visits & 60 ST visits	0.8661	N/A	N/A
60 OT/PT visits & 60 ST visits	0.8870	N/A	N/A
20 OT/PT visits & unlimited ST visits	0.7363	N/A	N/A
25 OT/PT visits & unlimited ST visits	0.7796	N/A	N/A
30 OT/PT visits & unlimited ST visits	0.8248	N/A	N/A
60 OT/PT visits & unlimited ST visits	0.9005	N/A	N/A
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6676
20 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.6713
20 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.6744
20 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.6844
25 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7126
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7164
25 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7194
25 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7294
20 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.6925
25 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7375
30 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7847
60 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.8692
30 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7598
30 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7635
30 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7665
30 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7785
45 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8360
60 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.8441
60 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.8478
60 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.8508
60 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8608
PTOT 60 visits/cal yr/ST 20 visits/cal yr	0.8593	N/A	N/A
PTOT 60 visits/cal yr/ST 25 visits/cal yr	0.8655	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT visits for child up to age 5 for congenital defect or birth abnormality, other than cleft lip/palate without regard to improvement of body function	0.8914	N/A	N/A
PTOT unlimited/ST 20 visits/cal yr	0.9587	N/A	N/A
PTOT unlimited/ST 25 visits/cal yr	0.9649	N/A	N/A
PTOT unlimited/ST 30 visits/cal yr	0.9699	N/A	N/A
PTOT unlimited/ST 60 visits/cal yr	0.9865	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr	1.0000	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 20 Speech Therapy O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9855
\$3	0.9782
\$5	0.9638
\$10	0.9283
\$15	0.8935
\$20	0.8593
\$25	0.8257
\$30	0.7928
\$35	0.7606
\$40	0.7280
\$45	0.6981
\$50	0.6678
\$55	0.6381
\$60	0.6092
\$65	0.5809
\$70	0.5532
\$75	0.5262

Table 20 Speech Therapy O/P

b. Copay%	
Copay%	Factor
10%	0.8705
15%	0.8082
20%	0.7476
25%	0.6886
30%	0.6312
40%	0.5214
50%	0.4181

Table 20 Speech Therapy O/P

c. Maximum Visits	PT/OT/ST	PT/OT	PT/OT/ST
	Combined Factor	Combined Factor	/Chiro comb
Maximum			
20 Visits Combined	0.7001	0.7091	0.6754
25 Visits Combined	0.7493	0.7568	0.7229
30 Visits Combined	0.8007	0.8067	0.7727
40 Visits Combined	0.8567	0.8610	N/A
45 Visits Combined	N/A	0.8672	N/A
60 Visits Combined	0.8869	0.8903	0.8617
120 Visits Combined	0.9837	N/A	N/A
20 continuous days/incident	0.6511	0.6594	N/A
25 continuous days/incident	0.6968	0.7038	N/A
30 continuous days/incident	0.7446	0.7502	N/A
60 continuous days/incident	0.8248	0.8279	N/A
90 continuous days/incident	0.8892	0.8904	N/A
120 continuous days/incident	0.9148	N/A	N/A
20 OT/PT visits & 20 ST visits	0.6951	N/A	N/A
25 OT/PT visits & 20 ST visits	0.7393	N/A	N/A
30 OT/PT visits & 20 ST visits	0.7836	N/A	N/A
20 OT/PT visits & 25 ST visits	0.7013	N/A	N/A
25 OT/PT visits & 25 ST visits	0.7445	N/A	N/A
30 OT/PT visits & 25 ST visits	0.7897	N/A	N/A
20 OT/PT visits & 30 ST visits	0.7063	N/A	N/A
25 OT/PT visits & 30 ST visits	0.7495	N/A	N/A
30 OT/PT visits & 30 ST visits	0.7947	N/A	N/A
60 OT/PT visits & 30 ST visits	0.8705	N/A	N/A
20 OT/PT visits & 60 ST visits	0.7228	N/A	N/A
25 OT/PT visits & 60 ST visits	0.7661	N/A	N/A
30 OT/PT visits & 60 ST visits	0.8113	N/A	N/A
45 OT/PT visits & 60 ST visits	0.8661	N/A	N/A
60 OT/PT visits & 60 ST visits	0.8870	N/A	N/A
20 OT/PT visits & unlimited ST visits	0.7363	N/A	N/A
25 OT/PT visits & unlimited ST visits	0.7796	N/A	N/A
30 OT/PT visits & unlimited ST visits	0.8248	N/A	N/A
60 OT/PT visits & unlimited ST visits	0.9005	N/A	N/A
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6676
20 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.6713
20 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.6744
20 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.6844
25 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7126
25 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7164
25 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7194
25 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7294
20 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.6925
25 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7375
30 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.7847
60 Visits OT/PT/Chiro & unlimited ST	N/A	N/A	0.8692
30 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.7598
30 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.7635
30 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.7665
30 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.7765
45 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8360
60 Visits OT/PT/Chiro & 20 ST	N/A	N/A	0.8441
60 Visits OT/PT/Chiro & 25 ST	N/A	N/A	0.8478
60 Visits OT/PT/Chiro & 30 ST	N/A	N/A	0.8508
60 Visits OT/PT/Chiro & 60 ST	N/A	N/A	0.8608
PTOT 60 visits/cal yr/ST 20 visits/cal yr	0.8593	N/A	N/A
PTOT 60 visits/cal yr/ST 25 visits/cal yr	0.8655	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT visits for child up to age 5 for congenital defect or birth abnormality, other than cleft lip/palate without request to improvement of body function	0.9914	N/A	N/A
PTOT unlimited/ST 20 visits/cal yr	0.9587	N/A	N/A
PTOT unlimited/ST 25 visits/cal yr	0.9649	N/A	N/A
PTOT unlimited/ST 30 visits/cal yr	0.9699	N/A	N/A
PTOT unlimited/ST 60 visits/cal yr	0.9865	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr	1.0000	N/A	N/A
PTOT unlimited/ST unlimited visits/cal yr, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 21 Chiro/Subluxation

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.8622
\$3	0.9435
\$5	0.9065
\$10	0.8165
\$15	0.7301
\$20	0.6471
\$25	0.5678
\$30	0.4871
\$35	0.4111
\$40	0.3398
\$45	0.2732
\$50	0.2114
\$55	0.1581
\$60	0.1085
\$65	0.0598
\$70	0.0128
\$75	0.0000
Not Covered	0.0000

Table 21 Chiro/Subluxation

b. Copay%	
Copay%	Factor
10%	0.8877
15%	0.8325
20%	0.7781
25%	0.7243
30%	0.6712
40%	0.5671
50%	0.4657

Table 21 Chiro/Subluxation

c. Maximum Visits	Chiro Only	PT/OT/ST /Chiro Comb.	PT/OT /Chiro Comb.
	Factor	Factor	Factor
Maximum			
10 visits	0.9967	N/A	N/A
12 visits	0.6547	N/A	N/A
15 visits	0.7238	N/A	N/A
20 visits	0.8067	0.6754	0.6741
24 visits	0.8582	N/A	N/A
25 visits	0.8668	0.7229	0.7218
26 visits	0.8739	N/A	N/A
30 visits	0.9003	0.7727	0.7718
35 visits	0.9248	N/A	N/A
36 visits	0.9277	N/A	N/A
40 visits	0.9423	N/A	N/A
45 visits	0.9512	N/A	N/A
50 visits	0.9569	N/A	N/A
60 visits	0.9632	0.8617	N/A
80 visits	0.9738	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 21 Chiro/Subluxation

d. Dollar Max Coinsurance	\$1,000	Unlimited
	Factor	Factor
10%	0.6298	1.0000
15%	0.6488	1.0000
20%	0.6647	1.0000
25%	0.6832	1.0000
30%	0.7027	1.0000
40%	0.7451	1.0000
50%	0.7930	1.0000

Table 22 Diagnostic X-ray Hosp O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9872
\$3	0.9969
\$5	0.9931
\$10	0.9862
\$15	0.9794
\$20	0.9725
\$25	0.9656
\$30	0.9587
\$35	0.9518
\$40	0.9449
\$45	0.9381
\$50	0.9312
\$55	0.9223
\$60	0.9135
\$65	0.9047
\$70	0.8960
\$75	0.8873

Table 22 Diagnostic X-ray Hosp O/P

b. Copay%	
Copay%	Factor
10%	0.9900
15%	0.8500
20%	0.7872
25%	0.7428
30%	0.6890
40%	0.5831
50%	0.4798

Table 23 Diagnostic X-ray Non-Hosp O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9873
\$3	0.9810
\$5	0.9683
\$10	0.9365
\$15	0.9048
\$20	0.8731
\$25	0.8413
\$30	0.8096
\$35	0.7779
\$40	0.7461
\$45	0.7144
\$50	0.6827
\$55	0.6496
\$60	0.6166
\$65	0.5837
\$70	0.5510
\$75	0.5185

Table 23 Diagnostic X-ray Non-Hosp O/P

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 24 Diagnostic X-ray NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9964
\$3	0.9946
\$5	0.9910
\$10	0.9820
\$15	0.9730
\$20	0.9640
\$25	0.9550
\$30	0.9461
\$35	0.9371
\$40	0.9281
\$45	0.9191
\$50	0.9101
\$55	0.8992
\$60	0.8883
\$65	0.8775
\$70	0.8667
\$75	0.8560

Table 24 Diagnostic X-ray NF

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 25 Diag. X-ray-Complex Imaging Hosp O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9990
\$3	0.9985
\$5	0.9975
\$10	0.9950
\$15	0.9924
\$20	0.9899
\$25	0.9874
\$30	0.9849
\$35	0.9823
\$40	0.9798
\$45	0.9773
\$50	0.9748
\$55	0.9722
\$60	0.9696
\$65	0.9671
\$70	0.9645
\$75	0.9619
\$100	0.9294
\$125	0.9071
\$150	0.8851
\$175	0.8609
\$200	0.8370
\$250	0.7904
\$300	0.7450
\$350	0.7030
\$400	0.6611
\$450	0.6191
\$500	0.5771

Table 25 Diag. X-ray-Complex Imaging Hosp O/P

b. Copay%	
Copay%	Factor
10%	0.8813
15%	0.8145
20%	0.7457
25%	0.6794
30%	0.6157
40%	0.4963
50%	0.3873

Table 26 Diag. X-ray-Compl Imag Non-Hosp O/P

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9964
\$3	0.9946
\$5	0.9909
\$10	0.9819
\$15	0.9728
\$20	0.9638
\$25	0.9547
\$30	0.9457
\$35	0.9366
\$40	0.9276
\$45	0.9185
\$50	0.9094
\$55	0.8985
\$60	0.8876
\$65	0.8767
\$70	0.8658
\$75	0.8550
\$100	0.8015
\$125	0.7490
\$150	0.6974
\$175	0.6450
\$200	0.5938
\$250	0.4950
\$300	0.4010
\$350	0.3190
\$400	0.2369
\$450	0.1549
\$500	0.0729

Table 26 Diag. X-ray-Compl Imag Non-Hosp O/P

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.7982
25%	0.7439
30%	0.6903
40%	0.5846
50%	0.4813

Table 27 Diag. X-ray-Complex Imaging NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9980
\$3	0.9970
\$5	0.9950
\$10	0.9900
\$15	0.9850
\$20	0.9800
\$25	0.9750
\$30	0.9700
\$35	0.9650
\$40	0.9600
\$45	0.9550
\$50	0.9500
\$55	0.9430
\$60	0.9360
\$65	0.9291
\$70	0.9221
\$75	0.9152
\$100	0.8810
\$125	0.8472
\$150	0.8140
\$175	0.7792
\$200	0.7450
\$250	0.6785
\$300	0.6148
\$350	0.5576
\$400	0.5005
\$450	0.4433
\$500	0.3862

Table 27 Diag. X-ray-Complex Imaging NF

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.7986
25%	0.7444
30%	0.6908
40%	0.5852
50%	0.4820

Table 28 Diagnostic Lab Hosp OP

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9996
\$3	0.9995
\$5	0.9991
\$10	0.9982
\$15	0.9973
\$20	0.9964
\$25	0.9955
\$30	0.9945
\$35	0.9936
\$40	0.9927
\$45	0.9918
\$50	0.9909
\$55	0.9900
\$60	0.9891
\$65	0.9882
\$70	0.9873
\$75	0.9864

Table 28 Diagnostic Lab Hosp O/P

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 29 Diagnostic Lab Non-Hosp OP

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9990
\$3	0.9985
\$5	0.9975
\$10	0.9950
\$15	0.9925
\$20	0.9900
\$25	0.9874
\$30	0.9849
\$35	0.9824
\$40	0.9799
\$45	0.9774
\$50	0.9749
\$55	0.9724
\$60	0.9699
\$65	0.9673
\$70	0.9648
\$75	0.9623

Table 29 Diagnostic Lab Non-Hosp O/P

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 30 Diagnostic Lab NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9986
\$3	0.9980
\$5	0.9966
\$10	0.9932
\$15	0.9898
\$20	0.9854
\$25	0.9830
\$30	0.9796
\$35	0.9762
\$40	0.9728
\$45	0.9694
\$50	0.9660
\$55	0.9626
\$60	0.9592
\$65	0.9558
\$70	0.9524
\$75	0.9490

Table 30 Diagnostic Lab NF

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 31 Diagnostic Phys Other

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9962
\$3	0.9942
\$5	0.9904
\$10	0.9808
\$15	0.9711
\$20	0.9615
\$25	0.9519
\$30	0.9423
\$35	0.9326
\$40	0.9230
\$45	0.9134
\$50	0.9038
\$55	0.8942
\$60	0.8846
\$65	0.8750
\$70	0.8654
\$75	0.8558

Table 31 Diagnostic Phys Other

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 32 Diagnostic OP facility other

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9977
\$3	0.9966
\$5	0.9944
\$10	0.9897
\$15	0.9831
\$20	0.9774
\$25	0.9718
\$30	0.9661
\$35	0.9605
\$40	0.9548
\$45	0.9492
\$50	0.9435
\$55	0.9379
\$60	0.9323
\$65	0.9267
\$70	0.9212
\$75	0.9156

Table 32 Diagnostic OP facility other

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8431
20%	0.7857
25%	0.7293
30%	0.6738
40%	0.5637
50%	0.4575

Table 33 Ambulance

a. Copay	
Copay	Factor
\$0	1.0000
\$5	0.9912
\$10	0.9824
\$15	0.9736
\$20	0.9649
\$25	0.9561
\$30	0.9473
\$35	0.9386
\$40	0.9298
\$45	0.9211
\$50	0.9124
\$55	0.9037
\$75	0.8503
\$100	0.7885
\$110	0.7474
\$125	0.7269
\$150	0.6656
\$175	0.6229
\$200	0.5804

Table 33 Ambulance

b. Copay%	
Copay%	Factor
10%	0.8452
15%	0.7696
20%	0.6892
25%	0.6132
30%	0.5481
40%	0.4307
50%	0.3106

Table 35 ER NF

Copyy%	Factor
10%	0.9600
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 37 PCP

a. Copyy	Copyy	Factor
\$0	1.0000	
\$2	0.9615	
\$3	0.9426	
\$5	0.9051	
\$10	0.8146	
\$15	0.7285	
\$20	0.6488	
\$25	0.5694	
\$30	0.4964	
\$35	0.4418	
\$40	0.3885	
\$45	0.3365	
\$50	0.2860	
\$55	0.2404	
\$60	0.1948	
\$65	0.1492	
\$70	0.1036	
\$75	0.0580	

Table 37 PCP

b. Copyy%	Copyy	Factor
10%	0.9541	
15%	0.7650	
20%	0.7186	
25%	0.6544	
30%	0.5930	
40%	0.4777	
50%	0.3868	

Table 38 E-visits PCP

a. Copyy	Copyy	Factor
\$0	1.0000	
\$2	0.9487	
\$3	0.9237	
\$5	0.8750	
\$10	0.7605	
\$15	0.6562	
\$20	0.5614	
\$25	0.4759	
\$30	0.3991	
\$35	0.3305	
\$40	0.2698	
\$45	0.2165	
\$50	0.1700	
\$55	0.1417	
\$60	0.1148	
\$65	0.0894	
\$70	0.0653	
\$75	0.0427	

Table 38 E-visits PCP

b. Copyy%	Copyy	Factor
10%	0.8591	
15%	0.7924	
20%	0.7283	
25%	0.6665	
30%	0.6068	
40%	0.4949	
50%	0.3918	

Table 39 Walk-in Clinics

a. Copyy	Copyy	Factor
\$0	1.0000	
\$2	0.9474	
\$3	0.9217	
\$5	0.8713	
\$10	0.7519	
\$15	0.6404	
\$20	0.5401	
\$25	0.4472	
\$30	0.3627	
\$35	0.3004	
\$40	0.2405	
\$45	0.1830	
\$50	0.1278	
\$55	0.0787	
\$60	0.0256	
\$65	0.0000	
\$70	0.0000	
\$75	0.0000	

Table 39 Walk-in Clinics

b. Copyy%	Copyy	Factor
10%	0.8477	
15%	0.7763	
20%	0.7080	
25%	0.6427	
30%	0.5804	
40%	0.4648	
50%	0.3607	

Table 40 Non-designated PCP

a. Copyy	Applies to All PCPs	Applies to Designated PCP
\$0	1.0000	1.0000
\$2	0.9615	0.9700
\$3	0.9426	0.9552
\$5	0.9051	0.9259
\$10	0.8146	0.8547
\$15	0.7285	0.7863
\$20	0.6488	0.7208
\$25	0.5694	0.6581
\$30	0.4964	0.5983
\$35	0.4418	0.5413
\$40	0.3885	0.4871
\$45	0.3365	0.4358
\$50	0.2860	0.3873
\$55	0.2404	0.3566
\$60	0.1948	0.3267
\$65	0.1492	0.2975
\$70	0.1036	0.2690
\$75	0.0580	0.2413

Table 40 Non-designated PCP

b. Copyy%	Applies to All PCPs	Applies to Designated PCP
10%	0.8541	0.8387
15%	0.7850	0.7632
20%	0.7186	0.6910
25%	0.6544	0.6223
30%	0.5930	0.5570
40%	0.4777	0.4366
50%	0.3868	0.3297

Table 41 Specialist

a. Copyy	Copyy	Factor
\$0	1.0000	
\$2	0.9700	
\$3	0.9552	
\$5	0.9259	
\$10	0.8547	
\$15	0.7863	
\$20	0.7208	
\$25	0.6581	
\$30	0.5983	
\$35	0.5413	
\$40	0.4871	
\$45	0.4358	
\$50	0.3873	
\$55	0.3566	
\$60	0.3267	
\$65	0.2975	
\$70	0.2690	
\$75	0.2413	

Table 41 Specialist

b. Copyy%	Copyy	Factor
10%	0.8387	
15%	0.7632	
20%	0.6910	
25%	0.6223	
30%	0.5570	
40%	0.4366	
50%	0.3297	

Table 42 E-visits Specialist

a. Copyy	Copyy	Factor
\$0	1.0000	
\$2	0.9487	
\$3	0.9237	
\$5	0.8750	
\$10	0.7605	
\$15	0.6562	
\$20	0.5614	
\$25	0.4759	
\$30	0.3991	
\$35	0.3305	
\$40	0.2698	
\$45	0.2165	
\$50	0.1700	
\$55	0.1417	
\$60	0.1148	
\$65	0.0894	
\$70	0.0653	
\$75	0.0427	

Table 42 E-visits Specialist

b. Copyy%	Copyy	Factor
10%	0.8591	
15%	0.7924	
20%	0.7283	
25%	0.6665	
30%	0.6068	
40%	0.4949	
50%	0.3918	

Table 43 Office Based Surgery

a. Copyy	Copyy	Factor
\$0	1.0000	
\$2	0.9878	
\$3	0.9817	
\$5	0.9695	
\$10	0.9394	
\$15	0.9096	
\$20	0.8801	
\$25	0.8509	
\$30	0.8221	
\$35	0.7988	
\$40	0.7581	
\$45	0.7269	
\$50	0.6982	
\$55	0.6702	
\$60	0.6445	
\$65	0.6180	
\$70	0.5939	
\$75	0.5689	
\$80	0.5478	
\$85	0.5286	
\$90	0.5054	
\$95	0.4842	
\$100	0.4630	

Table 43 Office Based Surgery

b. Copyy%	Copyy	Factor
10%	0.8860	
15%	0.8302	
20%	0.7752	
25%	0.7209	
30%	0.6646	
40%	0.5541	
50%	0.4531	

Table 44 PCP - Inpatient

a. Copyy	Copyy	Factor
10%	0.8864	
15%	0.8308	
20%	0.7759	
25%	0.7217	
30%	0.6683	
40%	0.5638	
50%	0.4623	

Table 45 Specialist - Inpatient

a. Copyy	Copyy	Factor
10%	0.8610	
15%	0.7948	
20%	0.7307	
25%	0.6688	
30%	0.6090	
40%	0.5138	
50%	0.4282	

Table 46 Maternity NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9986
\$3	0.9979
\$5	0.9964
\$10	0.9929
\$15	0.9893
\$20	0.9867
\$25	0.9852
\$30	0.9786
\$35	0.9751
\$40	0.9716
\$45	0.9680
\$50	0.9645
\$55	0.9610
\$60	0.9575
\$65	0.9540
\$70	0.9505
\$75	0.9470

Table 46 Maternity NF

b. Copay%	
Copay%	Factor
10%	0.8525
15%	0.8652
20%	0.7578
25%	0.7104
30%	0.6631
40%	0.5683
50%	0.4735

Table 47 Surgery NF

a. Copay %	
Copay%	Factor
10%	0.8525
15%	0.7616
20%	0.7194
25%	0.6650
30%	0.6206
40%	0.5320
50%	0.4433

Table 48 Bariatric - physician

a. Copay %	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000
Not covered	0.0000

Table 48 Bariatric - physician

	Mandate Benefit No Ben Max	Rider Benefit No Ben Max	Rider Benefit Ben Max
All copay/admin/day	0.1400	1.0000	1.0000

Table 48 Bariatric - physician

b. Maximum Benefit Per Procedure	Rider with Benefit Maximum						Mandated or Rider Benefit No Maximum
	50%	40%	30%	25%	20%	15%	10%
\$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635
							1.0000

Table 49 Allergy Testing - NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9942
\$3	0.9914
\$5	0.9856
\$10	0.9713
\$15	0.9572
\$20	0.9431
\$25	0.9277
\$30	0.9124
\$35	0.8973
\$40	0.8823
\$45	0.8674
\$50	0.8526
\$55	0.8389
\$60	0.8154
\$65	0.7971
\$70	0.7789
\$75	0.7610
Not Covered	0.0000

Table 49 Allergy Testing - NF

b. Copay%	
Copay%	Factor
10%	0.8766
15%	0.8152
20%	0.7548
25%	0.6959
30%	0.6368
40%	0.5177
50%	0.4257

Table 50 Allergy Tmt/Serum -NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9800
\$3	0.9701
\$5	0.9505
\$10	0.9022
\$15	0.8551
\$20	0.8093
\$25	0.7647
\$30	0.7214
\$35	0.6793
\$40	0.6385
\$45	0.5988
\$50	0.5604
\$55	0.5385
\$60	0.5165
\$65	0.4945
\$70	0.4725
\$75	0.4505
Not Covered	0.0000

Table 50 Allergy Tmt/Serum -NF

b. Copay %	
Copay%	Factor
10%	0.8624
15%	0.8251
20%	0.7688
25%	0.7134
30%	0.6590
40%	0.5532
50%	0.4512

Table 51 Oral Surgery NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9988
\$3	0.9952
\$5	0.9921
\$10	0.9841
\$15	0.9763
\$20	0.9684
\$25	0.9606
\$30	0.9528
\$35	0.9451
\$40	0.9373
\$45	0.9296
\$50	0.9220
\$55	0.9143
\$60	0.9067
\$65	0.8992
\$70	0.8916
\$75	0.8841

Table 51 Oral Surgery NF

b. Copay%	
Copay%	Factor
10%	0.8541
15%	0.7901
20%	0.7334
25%	0.6780
30%	0.6324
40%	0.5420
50%	0.4517

Table 51 Oral Surgery NF

c. Option	
	Factor
Include Medical in Nature	1.0000
Include Medical & Dental in Nature	1.0330

Table 52 Routine Physical - Adult

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9799
\$3	0.9700
\$5	0.9592
\$10	0.9013
\$15	0.8534
\$20	0.8065
\$25	0.7583
\$30	0.7074
\$35	0.6599
\$40	0.6138
\$45	0.5691
\$50	0.5257
\$55	0.4822
\$60	0.4459
\$65	0.4077
\$70	0.3708
\$75	0.3349
Not Covered	0.0000

Table 52 Routine Physical - Adult

b. Copay%	
Copay%	Factor
10%	0.8700
15%	0.8076
20%	0.7422
25%	0.6783
30%	0.6168
40%	0.5010
50%	0.3975

Table 52 Routine Physical - Adult

c. Coverage Limit		Adult Factor
Coverage Limit		
No Age or Frequency Limitations Apply		1.1800
1/12 Months		1.0000
1/24 Months		0.8300
1 Exam Every 12 Months for Ages 21 and Over		1.0000
1 Exam Every 24 Months for Ages 21 to 65, age 65+ 1 every 12 months		0.8200
Age 18 to age 65, 1 exam every 24 months. Age 65 & over, 1 exam every 12 months. Includes blood lead screening.		0.8200
1 exam every 12 months age 18 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older		0.8300
1 exam every 12 months age 19 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older		0.8300
1 exam every 12 months age 21 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older		0.8300
1 exam every 12 months age 18 to 22, 1 exam every 24 months age 22 through 99		0.8300

Table 52 Routine Physical - Adult

d. Preventative Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Adult, Immunizations, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Adult, Immunizations, and Routine GYN	0.8500
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6400
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500
Includes Well Baby, Well Child, Well Adult, and Routine Pap Smears	0.7900
Includes Well Baby, Well Child, and Well Adult	0.7900

Table 53 Immunization - Adult

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9799
\$3	0.9700
\$5	0.9602
\$10	0.9013
\$15	0.8534
\$20	0.8065
\$25	0.7583
\$30	0.7074
\$35	0.6599
\$40	0.6138
\$45	0.5691
\$50	0.5257
\$55	0.4852
\$60	0.4459
\$65	0.4077
\$70	0.3708
\$75	0.3349
Not Covered	0.0000

Table 53 Immunization - Adult

b. Copay%	
Copay%	Factor
10%	0.8700
15%	0.8076
20%	0.7422
25%	0.6783
30%	0.6168
40%	0.5010
50%	0.3975

Table 53 Immunization - Adult

c. Preventative Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Adult, Immunizations, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Adult, Immunizations, and Routine GYN	0.8500
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.8000
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500

Table 54 Routine Physical - Child

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9738
\$3	0.9609
\$5	0.9352
\$10	0.8721
\$15	0.8110
\$20	0.7516
\$25	0.6941
\$30	0.6384
\$35	0.5845
\$40	0.5325
\$45	0.4823
\$50	0.4339
\$55	0.3948
\$60	0.3562
\$65	0.3180
\$70	0.2803
\$75	0.2446
Not Covered	0.0000

Table 54 Routine Physical - Child

b. Copay/%	
Copay/%	Factor
10%	0.8627
15%	0.7971
20%	0.7336
25%	0.6722
30%	0.6129
40%	0.5004
50%	0.3991

Table 54 Routine Physical - Child

c. Limiting Age	
Benefit Descriptions	Factor
3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 18	1.0625
3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 19	1.0625
No Schedule for first 24 months; 3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 19	1.1458
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter.	0.9583
7 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter.	1.0000
7 exams 1st 12 months, 3 exams 13th - 24 months, 3 exams 25th - 36th months, 1 exam per 12 months thereafter	1.0625
8 exams 1st 24 months, 1 exam per 12 months thereafter to age 7	0.625
8 exams 1st 24 months, 1 exam per 12 months thereafter	1.0000
Unlimited exam for child to age 12, 3 exams per year child age 12-21	1.1875
1 exam every 365 days	0.7083
No schedule applies	1.1458
\$500 maximum birth to age 1, \$150 calendar year maximum ages 1 year to 9 years.	0.7083

Table 54 Routine Physical - Child

d. Preventative Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6500
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6200
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Baby, Well Child, Well Adult, and Routine Pap Smears	0.7900
Includes Well Baby, Well Child, and Well Adult	0.7800

Table 55 Immunization - Child

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9738
\$3	0.9609
\$5	0.9352
\$10	0.8721
\$15	0.8110
\$20	0.7516
\$25	0.6941
\$30	0.6384
\$35	0.5845
\$40	0.5325
\$45	0.4823
\$50	0.4339
\$55	0.3948
\$60	0.3562
\$65	0.3180
\$70	0.2803
\$75	0.2446
Not Covered	0.0000

Table 55 Immunization - Child

b. Copay/%	
Copay/%	Factor
10%	0.8627
15%	0.7971
20%	0.7336
25%	0.6722
30%	0.6129
40%	0.5004
50%	0.3991

Table 55 Immunization - Child

c. Preventative Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Child, Well Adult and Immunizations	0.7800
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6500
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Baby, Well Child, Well Adult, and Immunizations	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6200
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Pap Smears	0.7900
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800

Table 56 Routine Eye Exam

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9594
\$3	0.9394
\$5	0.8999
\$10	0.8041
\$15	0.7127
\$20	0.6257
\$25	0.5431
\$30	0.4649
\$35	0.3834
\$40	0.3086
\$45	0.2403
\$50	0.1788
\$55	0.1314
\$60	0.0854
\$65	0.0409
\$70	0.0000
\$75	0.0000
Not Covered	0.0000

Table 56 Routine Eye Exam

b. Copay/%	
Copay/%	Factor
10%	0.8687
15%	0.8056
20%	0.7443
25%	0.6847
30%	0.6289
40%	0.5164
50%	0.4130

Table 56 Routine Eye Exam

c. Routine Eye Exam	
Maximum	Factor
Eye Exam excluded, includes Glaucoma Test every 5 yrs age 35+	0.0200
Standard Schedule	0.8900
HMO Schedule Applies	0.7500

Table 57 Speech & Hearing NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9886
\$3	0.9829
\$5	0.9716
\$10	0.9435
\$15	0.9158
\$20	0.8884
\$25	0.8539
\$30	0.8200
\$35	0.7868
\$40	0.7543
\$45	0.7225
\$50	0.6913
\$55	0.6673
\$60	0.6439
\$65	0.6202
\$70	0.5972
\$75	0.5745

Table 57 Speech & Hearing NF

b. Copay%	
Copay%	Factor
10%	0.8941
15%	0.8416
20%	0.7895
25%	0.7377
30%	0.6862
40%	0.5843
50%	0.4836

Table 57 Speech & Hearing NF

c. Routine Hearing Maximum	
Option	Factor
1 Exam per 36 months	0.3300
Audiometric exams for children under age 13	0.4660
Child to age 18	0.5440
Child to age 2 covered 1 exam per 48 months	0.0634
N/A	1.0000

Table 58 Routine Gyn

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9888
\$3	0.9832
\$5	0.9720
\$10	0.9439
\$15	0.9159
\$20	0.8879
\$25	0.8598
\$30	0.8317
\$35	0.8037
\$40	0.7756
\$45	0.7476
\$50	0.7195
\$55	0.6914
\$60	0.6635
\$65	0.6354
\$70	0.6074
\$75	0.5793
Not Covered	0.0000

Table 58 Routine Gyn

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 58 Routine Gyn

c. Benefit Maximums	
Maximums	Factor
1 exam per calendar year	0.9850
2 visits 12 months	0.9990

Table 58 Routine Gyn

d. Preventative Care Calendar Year Maximum	
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6300
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine GYN	0.6800
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Adult, Immunizations, and Routine GYN	0.8500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.6800
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500

Table 59 Mammography

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9873
\$3	0.9810
\$5	0.9683
\$10	0.9367
\$15	0.9050
\$20	0.8733
\$25	0.8416
\$30	0.8100
\$35	0.7783
\$40	0.7466
\$45	0.7150
\$50	0.6833
\$55	0.6516
\$60	0.6200
\$65	0.5883
\$70	0.5566
\$75	0.5249

Table 59 Mammography

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 59 Mammography

c. Maximums	
Maximum	Factor
1 per plan year age 35 and over	0.9700
1 Mammogram per 365 day period, no age limit	0.9800
1 baseline age 35 to 40 age 40 and over 1 per calendar	0.9650
1 baseline age 35-39, age 40 & over unlimited	0.9950
No Age or Frequency Limitations Apply	1.0000

Table 59 Mammography

Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine Mammograms	0.7400
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6200
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.6300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine Mammograms	0.6500
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, and Routine Pap Smears	0.5600
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400

Table 60 Cancer Screening

a. Copay	Factor
\$0	1.0000
\$5	0.9982
\$10	0.9924
\$15	0.9886
\$20	0.9847
\$25	0.9809
\$30	0.9771
\$35	0.9733
\$40	0.9695
\$45	0.9657
\$50	0.9618
\$55	0.9580
\$60	0.9542
\$65	0.9504
\$70	0.9466
\$75	0.9428
Not Covered	0.0000

Table 60 Cancer Screening

b. Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 61 Digital Rectal Exam

	Factor
All cost share & limits	1.0000

Table 62 Prostate Specific Antigen

a. Copay	Factor
\$0	1.0000
\$5	0.9883
\$10	0.9767
\$15	0.9650
\$20	0.9534
\$25	0.9417
\$30	0.9301
\$35	0.9184
\$40	0.9068
\$45	0.8951
\$50	0.8835
\$55	0.8718
\$60	0.8602
\$65	0.8485
\$70	0.8369
\$75	0.8252

Table 62 Prostate Specific Antigen

b. Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 62 Prostate Specific Antigen

c. Preventative Care Calendar Year Maximum	Factor
Option	Factor
N/A	1.0000
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.5600
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6100
Includes Well Adult, Immunizations, Routine Mammograms, Routine GYN, Routine Pap Smears, and Routine PSA	0.6200
Includes Well Child, Well Adult, Immunizations, and Routine PSA	0.7500
Includes Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.7300
Includes Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.7500
Includes Well Adult, Immunizations, and Routine PSA	0.9300
Includes Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.8100
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine GYN, Routine Pap Smears, and Routine PSA	0.6700
Includes Well Baby, Well Child, Well Adult, Immunizations, Routine Mammograms, and Routine PSA	0.6400
Includes Well Baby, Well Child, Well Adult, Immunizations, and Routine PSA	0.8300
Includes Well Baby, Well Child, Well Adult, and Routine PSA	0.8000
Includes Well Adult, Routine GYN, Routine Pap Smears, and Routine PSA	0.9300

Table 63 Serious MH NF

a. Copay	Factor
\$0	1.0000
\$2	0.9608
\$3	0.9415
\$5	0.9035
\$10	0.8118
\$15	0.7288
\$20	0.6427
\$25	0.5654
\$30	0.4848
\$35	0.4104
\$40	0.3421
\$45	0.2800
\$50	0.2241
\$55	0.1860
\$60	0.1507
\$65	0.1181
\$70	0.0882
\$75	0.0650

Table 63 Serious MH NF

b1. Copay%	Factor
10%	0.8371
15%	0.7609
20%	0.6881
25%	0.6189
30%	0.5532
40%	0.4208
50%	0.3058

Table 63 Serious MH NF

Option	Serious MH NF Only Factor
\$0-\$0 1-4/5-Unlimited/CAL/SM2 \$0 Unlimited/CAL	1.0000
\$0/\$5 1-4/5-Unlimited/CAL/SM2 \$5 Unlimited/CAL	0.9005
\$0/\$10 1-4/5-Unlimited/CAL/SM2 \$10 Unlimited/CAL	0.8118
\$0/\$15 1-4/5-Unlimited/CAL/SM2 \$15 Unlimited/CAL	0.7248
\$0/\$20 1-4/5-Unlimited/CAL/SM2 \$20 Unlimited/CAL	0.6427
\$0/\$25 1-4/5-Unlimited/CAL/SM2 \$25 Unlimited/CAL	0.5654
\$0/\$30 1-4/5-Unlimited/CAL/SM2 \$30 Unlimited/CAL	0.4948
\$0/\$35 1-4/5-Unlimited/CAL/SM2 \$35 Unlimited/CAL	0.4294
\$0/\$40 1-4/5-Unlimited/CAL/SM2 \$40 Unlimited/CAL	0.3421
\$0/\$45 1-4/5-Unlimited/CAL/SM2 \$45 Unlimited/CAL	0.2800
\$0/\$50 1-4/5-Unlimited/CAL/SM2 \$50 Unlimited/CAL	0.2241
\$0/\$55 1-4/5-Unlimited/CAL/SM2 \$55 Unlimited/CAL	0.1860
\$0/\$60 1-4/5-Unlimited/CAL/SM2 \$60 Unlimited/CAL	0.1507
\$0/\$65 1-4/5-Unlimited/CAL/SM2 \$65 Unlimited/CAL	0.1181
\$0/\$70 1-4/5-Unlimited/CAL/SM2 \$70 Unlimited/CAL	0.0952
\$0/\$75 1-4/5-Unlimited/CAL/SM2 \$75 Unlimited/CAL	0.0850
\$0/V, 1-5 visits, \$0/V, 6+ visits	1.0000
\$0/V, 1-5 visits, \$2/V, 6+ visits	0.9777
\$0/V, 1-5 visits, \$3/V, 6+ visits	0.9668
\$0/V, 1-5 visits, \$5/V, 6+ visits	0.9452
\$0/V, 1-5 visits, \$10/V, 6+ visits	0.8931
\$0/V, 1-5 visits, \$15/V, 6+ visits	0.8417
\$0/V, 1-5 visits, \$20/V, 6+ visits	0.7921
\$0/V, 1-5 visits, \$25/V, 6+ visits	0.7532
\$0/V, 1-5 visits, \$30/V, 6+ visits	0.7074
\$0/V, 1-5 visits, \$35/V, 6+ visits	0.6651
\$0/V, 1-5 visits, \$40/V, 6+ visits	0.6264
\$0/V, 1-5 visits, \$45/V, 6+ visits	0.5911
\$0/V, 1-5 visits, \$50/V, 6+ visits	0.5594
\$0/V, 1-5 visits, \$55/V, 6+ visits	0.5377
\$0/V, 1-5 visits, \$60/V, 6+ visits	0.5177
\$0/V, 1-5 visits, \$65/V, 6+ visits	0.4992
\$0/V, 1-5 visits, \$70/V, 6+ visits	0.4822
\$0/V, 1-5 visits, \$75/V, 6+ visits	0.4690
\$25/V, 1-40 visits, \$30/V, 41+ visits	0.5592
\$25/V, 1-40 visits, \$35/V, 41+ visits	0.5535
\$25/V, 1-40 visits, \$40/V, 41+ visits	0.5483
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9597
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.7497
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.6298
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.3650
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.3211
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.3115
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.3046
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9597
\$0/V, 1-5 visits, \$25/V, 6-30 visits, \$20/V, 31+ visits	0.5516
\$0/V, 1-5 visits, \$25/V, 6-30 visits, \$20/V, 31+ visits	0.5563
100%/50% 1-4/5-Unlimited/Cal/SM2 50% Unlimited/Cal	0.3058
100%/60% 1-4/5-Unlimited/Cal/SM2 60% Unlimited/Cal	0.4209
100%/70% 1-4/5-Unlimited/Cal/SM2 70% Unlimited/Cal	0.5532
100%/75% 1-4/5-Unlimited/Cal/SM2 75% Unlimited/Cal	0.6189
100%/80% 1-4/5-Unlimited/Cal/SM2 80% Unlimited/Cal	0.6881
50%/V visits 1-5, 50%/V visits 6-20	0.2404
60%/V visits 1-5, 50%/V visits 6-20	0.2901
70%/V visits 1-5, 50%/V visits 6-20	0.3473
75%/V visits 1-5, 50%/V visits 6-20	0.3757
80%/V visits 1-5, 50%/V visits 6-20	0.4056
85%/V visits 1-5, 50%/V visits 6-20	0.4370
90%/V visits 1-5, 50%/V visits 6-20	0.4703
80%/V visits 1-5, 70%/V visits 6+	0.6142
80%/V visits 1-5, 75%/V visits 6+	0.6513
20% for the first 5 visits, 35% for visits 6-30 and 40% for 31+ visits	0.5653
20% for the first 5 visits, 35% for visits 6-30 and 50% for 31+ visits	0.5516
20% for visits 1-5 and 30% for 6+ visits	0.6115
25% for visits 1-40 and 30% for 41+ visits	0.6139
25% for visits 1-40 and 40% for 41+ visits	0.6057
75%/V visits 1-40, 70%/V visits 41+ per plan year	0.6139
75%/V visits 1-40, 70%/V visits 41+	0.6139
0% visits 1-4, 10% after \$0 Copay 5+ visits	0.8934
0% visits 1-4, 10% after \$2 Copay 5+ visits	0.8719
0% visits 1-4, 10% after \$5 Copay 5+ visits	0.8405
0% visits 1-4, 10% after \$10 Copay 5+ visits	0.7903
0% visits 1-4, 10% after \$15 Copay 5+ visits	0.7427
0% visits 1-4, 10% after \$20 Copay 5+ visits	0.6977
0% visits 1-4, 10% after \$25 Copay 5+ visits	0.6554
0% visits 1-4, 10% after \$30 Copay 5+ visits	0.6112
0% visits 1-4, 10% after \$35 Copay 5+ visits	0.5704
0% visits 1-4, 10% after \$40 Copay 5+ visits	0.5331

Table 63 Serious MH NF

d. Frequency	MH SMI NF Factor	All OP MH & SA SA Combined Factor
20 visits/cal yr	0.7925	0.7608
200 visits/cal yr	0.9995	0.9995
25 visits/cal yr	0.8442	0.8354
30 visits/cal yr	0.8850	0.8784
35 visits/cal yr	0.9128	0.9079
40 visits/cal yr	0.9258	0.9213
45 visits/cal yr	0.9438	0.9406
50 visits/cal yr	0.9498	0.9470
60 visits/cal yr	0.9671	0.9652
90 visits/cal yr	0.9868	0.9860
Unlimited visits/cal yr	1.0000	1.0000
25 visits/cal yr	0.8937	N/A
24 visits/cal yr	0.8377	N/A

Table 63 Serious MH NF

Option	Serious MH NF Only Factor
0% visits 1-4, 10% after \$45 Copay 5+ visits	0.4091
0% visits 1-4, 10% after \$50 Copay 5+ visits	0.4684
0% visits 1-4, 10% after \$55 Copay 5+ visits	0.4476
0% visits 1-4, 10% after \$60 Copay 5+ visits	0.4282
0% visits 1-4, 10% after \$65 Copay 5+ visits	0.4104
0% visits 1-4, 10% after \$70 Copay 5+ visits	0.3940
0% visits 1-4, 10% after \$75 Copay 5+ visits	0.3813
0% visits 1-4, 20% after \$0 Copay 5+ visits	0.7269
0% visits 1-4, 20% after \$2 Copay 5+ visits	0.7783
0% visits 1-4, 20% after \$5 Copay 5+ visits	0.7525
0% visits 1-4, 20% after \$10 Copay 5+ visits	0.7525
0% visits 1-4, 20% after \$15 Copay 5+ visits	0.6720
0% visits 1-4, 20% after \$20 Copay 5+ visits	0.6351
0% visits 1-4, 20% after \$25 Copay 5+ visits	0.6003
0% visits 1-4, 20% after \$30 Copay 5+ visits	0.5690
0% visits 1-4, 20% after \$35 Copay 5+ visits	0.5395
0% visits 1-4, 20% after \$40 Copay 5+ visits	0.4997
0% visits 1-4, 20% after \$45 Copay 5+ visits	0.4718
0% visits 1-4, 20% after \$50 Copay 5+ visits	0.4466
0% visits 1-4, 20% after \$55 Copay 5+ visits	0.4294
0% visits 1-4, 20% after \$60 Copay 5+ visits	0.4135
0% visits 1-4, 20% after \$65 Copay 5+ visits	0.3989
0% visits 1-4, 20% after \$70 Copay 5+ visits	0.3854
0% visits 1-4, 20% after \$75 Copay 5+ visits	0.3749
0% visits 1-4, 30% after \$0 Copay 5+ visits	0.7076
0% visits 1-4, 30% after \$2 Copay 5+ visits	0.6935
0% visits 1-4, 30% after \$5 Copay 5+ visits	0.6727
0% visits 1-4, 30% after \$10 Copay 5+ visits	0.6395
0% visits 1-4, 30% after \$15 Copay 5+ visits	0.6090
0% visits 1-4, 30% after \$20 Copay 5+ visits	0.5783
0% visits 1-4, 30% after \$25 Copay 5+ visits	0.5503
0% visits 1-4, 30% after \$30 Copay 5+ visits	0.5212
0% visits 1-4, 30% after \$35 Copay 5+ visits	0.4942
0% visits 1-4, 30% after \$40 Copay 5+ visits	0.4695
0% visits 1-4, 30% after \$45 Copay 5+ visits	0.4470
0% visits 1-4, 30% after \$50 Copay 5+ visits	0.4268
0% visits 1-4, 30% after \$55 Copay 5+ visits	0.4100
0% visits 1-4, 30% after \$60 Copay 5+ visits	0.4002
0% visits 1-4, 30% after \$65 Copay 5+ visits	0.3884
0% visits 1-4, 30% after \$70 Copay 5+ visits	0.3776
0% visits 1-4, 30% after \$75 Copay 5+ visits	0.3692
0% visits 1-4, 40% after \$0 Copay 5+ visits	0.6211
0% visits 1-4, 40% after \$2 Copay 5+ visits	0.6103
0% visits 1-4, 40% after \$40 Copay 5+ visits	0.5945
0% visits 1-4, 40% after \$10 Copay 5+ visits	0.5692
0% visits 1-4, 40% after \$15 Copay 5+ visits	0.5453
0% visits 1-4, 40% after \$20 Copay 5+ visits	0.5227
0% visits 1-4, 40% after \$25 Copay 5+ visits	0.5014
0% visits 1-4, 40% after \$30 Copay 5+ visits	0.4792
0% visits 1-4, 40% after \$35 Copay 5+ visits	0.4587
0% visits 1-4, 40% after \$40 Copay 5+ visits	0.4399
0% visits 1-4, 40% after \$45 Copay 5+ visits	0.4228
0% visits 1-4, 40% after \$50 Copay 5+ visits	0.4074
0% visits 1-4, 40% after \$55 Copay 5+ visits	0.3969
0% visits 1-4, 40% after \$60 Copay 5+ visits	0.3872
0% visits 1-4, 40% after \$65 Copay 5+ visits	0.3782
0% visits 1-4, 40% after \$70 Copay 5+ visits	0.3700
0% visits 1-4, 40% after \$75 Copay 5+ visits	0.3636
0% visits 1-4, 50% after \$0 Copay 5+ visits	0.5468
0% visits 1-4, 50% after \$2 Copay 5+ visits	0.5379
0% visits 1-4, 50% after \$5 Copay 5+ visits	0.5265
0% visits 1-4, 50% after \$10 Copay 5+ visits	0.5081
0% visits 1-4, 50% after \$15 Copay 5+ visits	0.4907
0% visits 1-4, 50% after \$20 Copay 5+ visits	0.4743
0% visits 1-4, 50% after \$25 Copay 5+ visits	0.4598
0% visits 1-4, 50% after \$30 Copay 5+ visits	0.4427
0% visits 1-4, 50% after \$35 Copay 5+ visits	0.4278
0% visits 1-4, 50% after \$40 Copay 5+ visits	0.4141
0% visits 1-4, 50% after \$45 Copay 5+ visits	0.4017
0% visits 1-4, 50% after \$50 Copay 5+ visits	0.3905
0% visits 1-4, 50% after \$55 Copay 5+ visits	0.3829
0% visits 1-4, 50% after \$60 Copay 5+ visits	0.3756
0% visits 1-4, 50% after \$65 Copay 5+ visits	0.3693
0% visits 1-4, 50% after \$70 Copay 5+ visits	0.3633
0% visits 1-4, 50% after \$75 Copay 5+ visits	0.3587
N/A	0.0000

Table 64 MHN F

a. Copay	Factor
\$0	1.0000
\$2	0.9601
\$3	0.9404
\$5	0.9017
\$10	0.8083
\$15	0.7199
\$20	0.6364
\$25	0.5580
\$30	0.4785
\$35	0.4014
\$40	0.3327
\$45	0.2704
\$50	0.2145
\$55	0.1759
\$60	0.1420
\$65	0.1123
\$70	0.0773
\$75	0.0532

Table 64 MHN F

b1. Copay%	Factor
10%	0.8991
15%	0.7638
20%	0.6918
25%	0.6232
30%	0.5680
40%	0.4279
50%	0.3131

Table 64 MHN F

b2. Step Coinsurance Plans	MHN F Only
Option	Factor
\$0-\$0 1-4/5-Unlimited/CAL, SM2 \$0 Unlimited/CAL	1.0000
\$0-\$5 1-4/5-Unlimited/CAL, SM2 \$5 Unlimited/CAL	0.9440
\$0-\$10 1-4/5-Unlimited/CAL, SM2 \$10 Unlimited/CAL	0.8908
\$0-\$15 1-4/5-Unlimited/CAL, SM2 \$15 Unlimited/CAL	0.8404
\$0-\$20 1-4/5-Unlimited/CAL, SM2 \$20 Unlimited/CAL	0.7929
\$0-\$25 1-4/5-Unlimited/CAL, SM2 \$25 Unlimited/CAL	0.7481
\$0-\$30 1-4/5-Unlimited/CAL, SM2 \$30 Unlimited/CAL	0.7077
\$0-\$35 1-4/5-Unlimited/CAL, SM2 \$35 Unlimited/CAL	0.6589
\$0-\$40 1-4/5-Unlimited/CAL, SM2 \$40 Unlimited/CAL	0.6198
\$0-\$45 1-4/5-Unlimited/CAL, SM2 \$45 Unlimited/CAL	0.5843
\$0-\$50 1-4/5-Unlimited/CAL, SM2 \$50 Unlimited/CAL	0.5524
\$0-\$55 1-4/5-Unlimited/CAL, SM2 \$55 Unlimited/CAL	0.5305
\$0-\$60 1-4/5-Unlimited/CAL, SM2 \$60 Unlimited/CAL	0.5101
\$0-\$65 1-4/5-Unlimited/CAL, SM2 \$65 Unlimited/CAL	0.4914
\$0-\$70 1-4/5-Unlimited/CAL, SM2 \$70 Unlimited/CAL	0.4743
\$0-\$75 1-4/5-Unlimited/CAL, SM2 \$75 Unlimited/CAL	0.4606
\$0/V, 1-5 visits, \$0/V, 6-20 visits	1.0000
\$0/V, 1-5 visits, \$2/V, 6-20 visits	0.7720
\$0/V, 1-5 visits, \$3/V, 6-20 visits	0.7650
\$0/V, 1-5 visits, \$5/V, 6-20 visits	0.7513
\$0/V, 1-5 visits, \$10/V, 6-20 visits	0.7183
\$0/V, 1-5 visits, \$15/V, 6-20 visits	0.6870
\$0/V, 1-5 visits, \$20/V, 6-20 visits	0.6574
\$0/V, 1-5 visits, \$25/V, 6-20 visits	0.6296
\$0/V, 1-5 visits, \$30/V, 6-20 visits	0.6008
\$0/V, 1-5 visits, \$35/V, 6-20 visits	0.5742
\$0/V, 1-5 visits, \$40/V, 6-20 visits	0.5499
\$0/V, 1-5 visits, \$45/V, 6-20 visits	0.5278
\$0/V, 1-5 visits, \$50/V, 6-20 visits	0.5080
\$0/V, 1-5 visits, \$55/V, 6-20 visits	0.4944
\$0/V, 1-5 visits, \$60/V, 6-20 visits	0.4817
\$0/V, 1-5 visits, \$65/V, 6-20 visits	0.4701
\$0/V, 1-5 visits, \$70/V, 6-20 visits	0.4595
\$0/V, 1-5 visits, \$75/V, 6-20 visits	0.4509
\$25/V, 1-4/5 visits, \$30/V, 41+ visits	0.5577
\$25/V, 1-4/5 visits, \$35/V, 41+ visits	0.5460
\$25/V, 1-4/5 visits, \$40/V, 41+ visits	0.5407
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9590
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.7453
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.6260
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.3614
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.3169
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.3072
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.3094
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.5570
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.5706
100%/50% 1-4/5-Unlimited/CAL, SM2 50% Unlimited/CAL	0.6086
100%/80% 1-4/5-Unlimited/CAL, SM2 60% Unlimited/CAL	0.6740
100%/70% 1-4/5-Unlimited/CAL, SM2 70% Unlimited/CAL	0.7481
100%/75% 1-4/5-Unlimited/CAL, SM2 75% Unlimited/CAL	0.7853
100%/80% 1-4/5-Unlimited/CAL, SM2 80% Unlimited/CAL	0.8244
50%/V visits 1-5, 50%/V visits 6-20	0.2461
60%/V visits 1-5, 50%/V visits 6-20	0.2968
70%/V visits 1-5, 50%/V visits 6-20	0.3519
75%/V visits 1-5, 50%/V visits 6-20	0.3801
80%/V visits 1-5, 50%/V visits 6-20	0.4098
85%/V visits 1-5, 50%/V visits 6-20	0.4409
90%/V visits 1-5, 50%/V visits 6-20	0.4734
80%/V visits 1-5, 70%/V visits 6+	0.6158
80%/V visits 1-5, 75%/V visits 6+	0.6528
20% for the first 5 visits, 35% for visits 6-30 and 40% for 31+ visits	0.5706
20% for visits 1-5 and 30% for 6+ visits	0.6158
20% for the first 5 visits, 30% for visits 6-30 and 50% for 31+ visits	0.5570
25% for visits 1-4/5 and 30% for 41+ visits	0.6182
25% for visits 1-4/5 and 40% for 41+ visits	0.6082
75%/V visits 1-4/5, 70%/V visits 41+ per plan year	0.6182
75%/V visits 1-4/5, 70%/V visits 41+	0.6182
0% visits 1-4, 10% after \$0 Copay 5+ visits	0.8947
0% visits 1-4, 10% after \$2 Copay 5+ visits	0.8728
0% visits 1-4, 10% after \$5 Copay 5+ visits	0.8407
0% visits 1-4, 10% after \$10 Copay 5+ visits	0.7895
0% visits 1-4, 10% after \$15 Copay 5+ visits	0.7409
0% visits 1-4, 10% after \$20 Copay 5+ visits	0.6951
0% visits 1-4, 10% after \$25 Copay 5+ visits	0.6520
0% visits 1-4, 10% after \$30 Copay 5+ visits	0.6073
0% visits 1-4, 10% after \$35 Copay 5+ visits	0.5661

Table 64 MHN F

b2. Step Coinsurance Plans (continued)	MHN F Only
Option	Factor
0% visits 1-4, 10% after \$40 Copay 5+ visits	0.5284
0% visits 1-4, 10% after \$45 Copay 5+ visits	0.4941
0% visits 1-4, 10% after \$50 Copay 5+ visits	0.4634
0% visits 1-4, 10% after \$55 Copay 5+ visits	0.4423
0% visits 1-4, 10% after \$60 Copay 5+ visits	0.4227
0% visits 1-4, 10% after \$65 Copay 5+ visits	0.4046
0% visits 1-4, 10% after \$70 Copay 5+ visits	0.3881
0% visits 1-4, 10% after \$75 Copay 5+ visits	0.3749
0% visits 1-4, 20% after \$0 Copay 5+ visits	0.7983
0% visits 1-4, 20% after \$2 Copay 5+ visits	0.7803
0% visits 1-4, 20% after \$5 Copay 5+ visits	0.7538
0% visits 1-4, 20% after \$10 Copay 5+ visits	0.7538
0% visits 1-4, 20% after \$15 Copay 5+ visits	0.6715
0% visits 1-4, 20% after \$20 Copay 5+ visits	0.6138
0% visits 1-4, 20% after \$25 Copay 5+ visits	0.5982
0% visits 1-4, 20% after \$30 Copay 5+ visits	0.5614
0% visits 1-4, 20% after \$35 Copay 5+ visits	0.5274
0% visits 1-4, 20% after \$40 Copay 5+ visits	0.4963
0% visits 1-4, 20% after \$45 Copay 5+ visits	0.4681
0% visits 1-4, 20% after \$50 Copay 5+ visits	0.4427
0% visits 1-4, 20% after \$55 Copay 5+ visits	0.4183
0% visits 1-4, 20% after \$60 Copay 5+ visits	0.4007
0% visits 1-4, 20% after \$65 Copay 5+ visits	0.3943
0% visits 1-4, 20% after \$70 Copay 5+ visits	0.3807
0% visits 1-4, 20% after \$75 Copay 5+ visits	0.3698
0% visits 1-4, 30% after \$0 Copay 5+ visits	0.7108
0% visits 1-4, 30% after \$2 Copay 5+ visits	0.6962
0% visits 1-4, 30% after \$5 Copay 5+ visits	0.6749
0% visits 1-4, 30% after \$10 Copay 5+ visits	0.6408
0% visits 1-4, 30% after \$15 Copay 5+ visits	0.6085
0% visits 1-4, 30% after \$20 Copay 5+ visits	0.5780
0% visits 1-4, 30% after \$25 Copay 5+ visits	0.5494
0% visits 1-4, 30% after \$30 Copay 5+ visits	0.5196
0% visits 1-4, 30% after \$35 Copay 5+ visits	0.4922
0% visits 1-4, 30% after \$40 Copay 5+ visits	0.4671
0% visits 1-4, 30% after \$45 Copay 5+ visits	0.4444
0% visits 1-4, 30% after \$50 Copay 5+ visits	0.4240
0% visits 1-4, 30% after \$55 Copay 5+ visits	0.4099
0% visits 1-4, 30% after \$60 Copay 5+ visits	0.3969
0% visits 1-4, 30% after \$65 Copay 5+ visits	0.3849
0% visits 1-4, 30% after \$70 Copay 5+ visits	0.3739
0% visits 1-4, 30% after \$75 Copay 5+ visits	0.3651
0% visits 1-4, 40% after \$0 Copay 5+ visits	0.6357
0% visits 1-4, 40% after \$2 Copay 5+ visits	0.6145
0% visits 1-4, 40% after \$5 Copay 5+ visits	0.5981
0% visits 1-4, 40% after \$10 Copay 5+ visits	0.5720
0% visits 1-4, 40% after \$15 Copay 5+ visits	0.5472
0% visits 1-4, 40% after \$20 Copay 5+ visits	0.5239
0% visits 1-4, 40% after \$25 Copay 5+ visits	0.5019
0% visits 1-4, 40% after \$30 Copay 5+ visits	0.4791
0% visits 1-4, 40% after \$35 Copay 5+ visits	0.4581
0% visits 1-4, 40% after \$40 Copay 5+ visits	0.4388
0% visits 1-4, 40% after \$45 Copay 5+ visits	0.4214
0% visits 1-4, 40% after \$50 Copay 5+ visits	0.4057
0% visits 1-4, 40% after \$55 Copay 5+ visits	0.3949
0% visits 1-4, 40% after \$60 Copay 5+ visits	0.3849
0% visits 1-4, 40% after \$65 Copay 5+ visits	0.3757
0% visits 1-4, 40% after \$70 Copay 5+ visits	0.3673
0% visits 1-4, 40% after \$75 Copay 5+ visits	0.3606
0% visits 1-4, 50% after \$0 Copay 5+ visits	0.5506
0% visits 1-4, 50% after \$2 Copay 5+ visits	0.5424
0% visits 1-4, 50% after \$5 Copay 5+ visits	0.5304
0% visits 1-4, 50% after \$10 Copay 5+ visits	0.5113
0% visits 1-4, 50% after \$15 Copay 5+ visits	0.4932
0% visits 1-4, 50% after \$20 Copay 5+ visits	0.4761
0% visits 1-4, 50% after \$25 Copay 5+ visits	0.4600
0% visits 1-4, 50% after \$30 Copay 5+ visits	0.4433
0% visits 1-4, 50% after \$35 Copay 5+ visits	0.4279
0% visits 1-4, 50% after \$40 Copay 5+ visits	0.4138
0% visits 1-4, 50% after \$45 Copay 5+ visits	0.4011
0% visits 1-4, 50% after \$50 Copay 5+ visits	0.3896
0% visits 1-4, 50% after \$55 Copay 5+ visits	0.3817
0% visits 1-4, 50% after \$60 Copay 5+ visits	0.3744
0% visits 1-4, 50% after \$65 Copay 5+ visits	0.3677
0% visits 1-4, 50% after \$70 Copay 5+ visits	0.3615
0% visits 1-4, 50% after \$75 Copay 5+ visits	0.3566
N/A	0.0000

Table 64 MH NF

d. Freemax	MH non-SMI	All OP MH & SA
	NF	SA Combined
Maximum	Factor	Factor
20 visits/cal yr	0.8534	0.7858
200 visits/cal yr	1.0000	0.9895
25 visits/cal yr	0.8974	0.8354
30 visits/cal yr	0.9278	0.8784
35 visits/cal yr	0.9489	0.9079
40 visits/cal yr	0.9519	0.9213
45 visits/cal yr	0.9545	0.9406
50 visits/cal yr	0.9567	0.9470
60 visits/cal yr	0.9772	0.9652
90 visits/cal yr	0.9890	0.9860
Unlimited visits/cal yr	1.0000	1.0000
26 visits/cal yr	0.9158	N/A
24 visits/cal yr	0.8917	N/A

Table 65 MH part hosp

a. Copay

Copay	Factor
\$0	1.0000
\$2	0.9831
\$3	0.9747
\$5	0.9580
\$10	0.9168
\$15	0.8764
\$20	0.8369
\$25	0.7981
\$30	0.7526
\$35	0.7082
\$40	0.6649
\$45	0.6225
\$50	0.5812
\$55	0.5580
\$60	0.5353
\$65	0.5130
\$70	0.4912
\$75	0.4826

Table 65 MH part hosp

b1. Copay%

Copay%	Factor
10%	0.7216
15%	0.5800
20%	0.5014
25%	0.4485
30%	0.4280
40%	0.3668
50%	0.3057

Table 65 MH part hosp

Option	Part hosp Only Factor
\$0-\$0 1-45-Unlimited/CAL, SM2 \$0 Unlimited/CAL	1.0000
\$0-\$5 1-45-Unlimited/CAL, SM2 \$5 Unlimited/CAL	0.9580
\$0-\$10 1-45-Unlimited/CAL, SM2 \$10 Unlimited/CAL	0.9168
\$0-\$15 1-45-Unlimited/CAL, SM2 \$15 Unlimited/CAL	0.8764
\$0-\$20 1-45-Unlimited/CAL, SM2 \$20 Unlimited/CAL	0.8369
\$0-\$25 1-45-Unlimited/CAL, SM2 \$25 Unlimited/CAL	0.7981
\$0-\$30 1-45-Unlimited/CAL, SM2 \$30 Unlimited/CAL	0.7596
\$0-\$35 1-45-Unlimited/CAL, SM2 \$35 Unlimited/CAL	0.7223
\$0-\$40 1-45-Unlimited/CAL, SM2 \$40 Unlimited/CAL	0.6869
\$0-\$45 1-45-Unlimited/CAL, SM2 \$45 Unlimited/CAL	0.6525
\$0-\$50 1-45-Unlimited/CAL, SM2 \$50 Unlimited/CAL	0.6192
\$0-\$55 1-45-Unlimited/CAL, SM2 \$55 Unlimited/CAL	0.5880
\$0-\$60 1-45-Unlimited/CAL, SM2 \$60 Unlimited/CAL	0.5583
\$0-\$65 1-45-Unlimited/CAL, SM2 \$65 Unlimited/CAL	0.5310
\$0-\$70 1-45-Unlimited/CAL, SM2 \$70 Unlimited/CAL	0.5072
\$0-\$75 1-45-Unlimited/CAL, SM2 \$75 Unlimited/CAL	0.4856
\$0/V, 1-5 visits, \$0/V, 6+ visits	1.0000
\$0/V, 1-5 visits, \$2/V, 6+ visits	0.9904
\$0/V, 1-5 visits, \$3/V, 6+ visits	0.9856
\$0/V, 1-5 visits, \$5/V, 6+ visits	0.9762
\$0/V, 1-5 visits, \$10/V, 6+ visits	0.9528
\$0/V, 1-5 visits, \$15/V, 6+ visits	0.9293
\$0/V, 1-5 visits, \$20/V, 6+ visits	0.9073
\$0/V, 1-5 visits, \$25/V, 6+ visits	0.8863
\$0/V, 1-5 visits, \$30/V, 6+ visits	0.8655
\$0/V, 1-5 visits, \$35/V, 6+ visits	0.8443
\$0/V, 1-5 visits, \$40/V, 6+ visits	0.8237
\$0/V, 1-5 visits, \$45/V, 6+ visits	0.7956
\$0/V, 1-5 visits, \$50/V, 6+ visits	0.7622
\$0/V, 1-5 visits, \$55/V, 6+ visits	0.7293
\$0/V, 1-5 visits, \$60/V, 6+ visits	0.7361
\$0/V, 1-5 visits, \$65/V, 6+ visits	0.7234
\$0/V, 1-5 visits, \$70/V, 6+ visits	0.7110
\$0/V, 1-5 visits, \$75/V, 6+ visits	0.7062
\$25/V, 1-40 visits, \$30/V, 41+ visits	0.7946
\$25/V, 1-40 visits, \$35/V, 41+ visits	0.7912
\$25/V, 1-40 visits, \$40/V, 41+ visits	0.7873
\$0/V, 1-20 visits, \$10/V, 21+ visits	0.9822
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.8856
\$0/V, 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.7149
\$15/V, 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.6652
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.5680
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.4894
\$15/V, 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.4314
\$0/V/V visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.4387
100%/50% 1-45-Unlimited/CAL, SM2 50% Unlimited/CAL	0.3057
100%/60% 1-45-Unlimited/CAL, SM2 60% Unlimited/CAL	0.3668
100%/70% 1-45-Unlimited/CAL, SM2 70% Unlimited/CAL	0.4280
100%/75% 1-45-Unlimited/CAL, SM2 75% Unlimited/CAL	0.4585
100%/80% 1-45-Unlimited/CAL, SM2 80% Unlimited/CAL	0.5014
50%/V visits 1-5, 50%/V visits 6-20	0.2403
60%/V visits 1-5, 50%/V visits 6-20	0.2667
70%/V visits 1-5, 50%/V visits 6-20	0.2931
75%/V visits 1-5, 50%/V visits 6-20	0.3064
80%/V visits 1-5, 50%/V visits 6-20	0.3249
85%/V visits 1-5, 50%/V visits 6-20	0.3559
90%/V visits 1-5, 50%/V visits 6-20	0.4205
80%/V visits 1-5, 70%/V visits 6+	0.5335
80%/V visits 1-5, 75%/V visits 6+	0.6706
20% for the first 5 visits, 35% for visits 6-30 and 40% for 31+ visits	0.4387
20% for visits 1-5 and 30% for 6+ visits	0.4597
20% for the first 5 visits, 35% for visits 6-30 and 50% for 31+ visits	0.4314
25% for visits 1-40 and 30% for 41+ visits	0.4562
25% for visits 1-40 and 40% for 41+ visits	0.4515
75%/V visits 1-40, 70%/V visits 41+ per plan year	0.4562
75%/V visits 1-40, 70%/V visits 41+	0.4562
0% visits 1-4, 10% after \$0 Copay 5+ visits	0.9178
0% visits 1-4, 10% after \$2 Copay 5+ visits	0.8099
0% visits 1-4, 10% after \$5 Copay 5+ visits	0.7980
0% visits 1-4, 10% after \$10 Copay 5+ visits	0.7786
0% visits 1-4, 10% after \$15 Copay 5+ visits	0.7595
0% visits 1-4, 10% after \$20 Copay 5+ visits	0.7408
0% visits 1-4, 10% after \$25 Copay 5+ visits	0.7225
0% visits 1-4, 10% after \$30 Copay 5+ visits	0.7010
0% visits 1-4, 10% after \$35 Copay 5+ visits	0.6801
0% visits 1-4, 10% after \$40 Copay 5+ visits	0.6596

Table 65 MH part hosp

d. Fiegnmax	MH part hosp NF Factor	All OP MH & SA SA Combined Factor
20 visits/cal yr	NA	0.7608
200 visits/cal yr	NA	0.9995
25 visits/cal yr	NA	0.8354
30 visits/cal yr	NA	0.8784
35 visits/cal yr	NA	0.9279
40 visits/cal yr	NA	0.9213
45 visits/cal yr	NA	0.9406
50 visits/cal yr	NA	0.9470
60 visits/cal yr	0.9838	0.9652
90 visits/cal yr	NA	0.9660
Unlimited visits/cal yr	1.0000	1.0000
30 visits/cal yr, (SM) unlimited cal yr	0.8932	N/A
120 visits/cal yr	1.0000	N/A

Table 65 MH part hosp

Option	Part hosp Only Factor
0% visits 1-4, 10% after \$45 Copay 5+ visits	0.6096
0% visits 1-4, 10% after \$50 Copay 5+ visits	0.6201
0% visits 1-4, 10% after \$55 Copay 5+ visits	0.6091
0% visits 1-4, 10% after \$60 Copay 5+ visits	0.5984
0% visits 1-4, 10% after \$65 Copay 5+ visits	0.5879
0% visits 1-4, 10% after \$70 Copay 5+ visits	0.5776
0% visits 1-4, 10% after \$75 Copay 5+ visits	0.5735
0% visits 1-4, 20% after \$0 Copay 5+ visits	0.7037
0% visits 1-4, 20% after \$2 Copay 5+ visits	0.6922
0% visits 1-4, 20% after \$5 Copay 5+ visits	0.6600
0% visits 1-4, 20% after \$10 Copay 5+ visits	0.6600
0% visits 1-4, 20% after \$15 Copay 5+ visits	0.6332
0% visits 1-4, 20% after \$20 Copay 5+ visits	0.6202
0% visits 1-4, 20% after \$25 Copay 5+ visits	0.6075
0% visits 1-4, 20% after \$30 Copay 5+ visits	0.5953
0% visits 1-4, 20% after \$35 Copay 5+ visits	0.5780
0% visits 1-4, 20% after \$40 Copay 5+ visits	0.5638
0% visits 1-4, 20% after \$45 Copay 5+ visits	0.5499
0% visits 1-4, 20% after \$50 Copay 5+ visits	0.5363
0% visits 1-4, 20% after \$55 Copay 5+ visits	0.5287
0% visits 1-4, 20% after \$60 Copay 5+ visits	0.5213
0% visits 1-4, 20% after \$65 Copay 5+ visits	0.5140
0% visits 1-4, 20% after \$70 Copay 5+ visits	0.5068
0% visits 1-4, 20% after \$75 Copay 5+ visits	0.5040
0% visits 1-4, 30% after \$0 Copay 5+ visits	0.6257
0% visits 1-4, 30% after \$2 Copay 5+ visits	0.6210
0% visits 1-4, 30% after \$5 Copay 5+ visits	0.6139
0% visits 1-4, 30% after \$10 Copay 5+ visits	0.6024
0% visits 1-4, 30% after \$15 Copay 5+ visits	0.5911
0% visits 1-4, 30% after \$20 Copay 5+ visits	0.5800
0% visits 1-4, 30% after \$25 Copay 5+ visits	0.5691
0% visits 1-4, 30% after \$30 Copay 5+ visits	0.5564
0% visits 1-4, 30% after \$35 Copay 5+ visits	0.5440
0% visits 1-4, 30% after \$40 Copay 5+ visits	0.5319
0% visits 1-4, 30% after \$45 Copay 5+ visits	0.5200
0% visits 1-4, 30% after \$50 Copay 5+ visits	0.5084
0% visits 1-4, 30% after \$55 Copay 5+ visits	0.4973
0% visits 1-4, 30% after \$60 Copay 5+ visits	0.4956
0% visits 1-4, 30% after \$65 Copay 5+ visits	0.4893
0% visits 1-4, 30% after \$70 Copay 5+ visits	0.4832
0% visits 1-4, 30% after \$75 Copay 5+ visits	0.4808
0% visits 1-4, 40% after \$0 Copay 5+ visits	0.5687
0% visits 1-4, 40% after \$2 Copay 5+ visits	0.5616
0% visits 1-4, 40% after \$40 Copay 5+ visits	0.5173
0% visits 1-4, 40% after \$10 Copay 5+ visits	0.5657
0% visits 1-4, 40% after \$15 Copay 5+ visits	0.5560
0% visits 1-4, 40% after \$20 Copay 5+ visits	0.5465
0% visits 1-4, 40% after \$25 Copay 5+ visits	0.5372
0% visits 1-4, 40% after \$30 Copay 5+ visits	0.5283
0% visits 1-4, 40% after \$35 Copay 5+ visits	0.5157
0% visits 1-4, 40% after \$40 Copay 5+ visits	0.5053
0% visits 1-4, 40% after \$45 Copay 5+ visits	0.4951
0% visits 1-4, 40% after \$50 Copay 5+ visits	0.4852
0% visits 1-4, 40% after \$55 Copay 5+ visits	0.4796
0% visits 1-4, 40% after \$60 Copay 5+ visits	0.4742
0% visits 1-4, 40% after \$65 Copay 5+ visits	0.4688
0% visits 1-4, 40% after \$70 Copay 5+ visits	0.4636
0% visits 1-4, 40% after \$75 Copay 5+ visits	0.4615
0% visits 1-4, 50% after \$0 Copay 5+ visits	0.5457
0% visits 1-4, 50% after \$2 Copay 5+ visits	0.5423
0% visits 1-4, 50% after \$5 Copay 5+ visits	0.5373
0% visits 1-4, 50% after \$10 Copay 5+ visits	0.5291
0% visits 1-4, 50% after \$15 Copay 5+ visits	0.5210
0% visits 1-4, 50% after \$20 Copay 5+ visits	0.5131
0% visits 1-4, 50% after \$25 Copay 5+ visits	0.5053
0% visits 1-4, 50% after \$30 Copay 5+ visits	0.4962
0% visits 1-4, 50% after \$35 Copay 5+ visits	0.4873
0% visits 1-4, 50% after \$40 Copay 5+ visits	0.4787
0% visits 1-4, 50% after \$45 Copay 5+ visits	0.4702
0% visits 1-4, 50% after \$50 Copay 5+ visits	0.4619
0% visits 1-4, 50% after \$55 Copay 5+ visits	0.4573
0% visits 1-4, 50% after \$60 Copay 5+ visits	0.4527
0% visits 1-4, 50% after \$65 Copay 5+ visits	0.4483
0% visits 1-4, 50% after \$70 Copay 5+ visits	0.4439
0% visits 1-4, 50% after \$75 Copay 5+ visits	0.4422
N/A	0.0000

Table 66 SA NF

a. Copay	Factor
\$0	1.0000
\$2	0.9694
\$3	0.9542
\$5	0.9243
\$10	0.8516
\$15	0.7818
\$20	0.7150
\$25	0.6511
\$30	0.5804
\$35	0.5136
\$40	0.4505
\$45	0.3912
\$50	0.3357
\$55	0.3029
\$60	0.2725
\$65	0.2423
\$70	0.2146
\$75	0.2003

Table 66 SA NF

b1. Copay%	Factor
10%	0.8129
15%	0.7266
20%	0.6451
25%	0.5624
30%	0.4814
40%	0.3380
50%	0.2397

Table 66 SA NF

b2. Step Coinsurance Plans	SA NF Only Factor
\$0/V 1-4 visits \$0/V 5+ visits	1.0000
\$0/V 1-4 visits \$5/V 5+ visits	0.9494
\$0/V 1-4 visits \$10/V 5+ visits	0.9007
\$0/V 1-4 visits \$15/V 5+ visits	0.8541
\$0/V 1-4 visits \$20/V 5+ visits	0.8094
\$0/V 1-4 visits \$25/V 5+ visits	0.7666
\$0/V 1-4 visits \$30/V 5+ visits	0.7194
\$0/V 1-4 visits \$35/V 5+ visits	0.6746
\$0/V 1-4 visits \$40/V 5+ visits	0.6324
\$0/V 1-4 visits \$45/V 5+ visits	0.5928
\$0/V 1-4 visits \$50/V 5+ visits	0.5556
\$0/V 1-4 visits \$55/V 5+ visits	0.5337
\$0/V 1-4 visits \$60/V 5+ visits	0.5129
\$0/V 1-4 visits \$65/V 5+ visits	0.4932
\$0/V 1-4 visits \$70/V 5+ visits	0.4746
\$0/V 1-4 visits \$75/V 5+ visits	0.4561
\$0/V 1-5 visits, \$0/V, 6-60 visits	1.0000
\$0/V 1-5 visits, \$2/V, 6-60 visits	0.9723
\$0/V 1-5 visits, \$3/V, 6-60 visits	0.9636
\$0/V 1-5 visits, \$5/V, 6-60 visits	0.9464
\$0/V 1-5 visits, \$10/V, 6-60 visits	0.9045
\$0/V 1-5 visits, \$15/V, 6-60 visits	0.8643
\$0/V 1-5 visits, \$20/V, 6-60 visits	0.8258
\$0/V 1-5 visits, \$25/V, 6-60 visits	0.7899
\$0/V 1-5 visits, \$30/V, 6-60 visits	0.7482
\$0/V 1-5 visits, \$35/V, 6-60 visits	0.7097
\$0/V 1-5 visits, \$40/V, 6-60 visits	0.6734
\$0/V 1-5 visits, \$45/V, 6-60 visits	0.6392
\$0/V 1-5 visits, \$50/V, 6-60 visits	0.6072
\$0/V 1-5 visits, \$55/V, 6-60 visits	0.5784
\$0/V 1-5 visits, \$60/V, 6-60 visits	0.5704
\$0/V 1-5 visits, \$65/V, 6-60 visits	0.5535
\$0/V 1-5 visits, \$70/V, 6-60 visits	0.5375
\$0/V 1-5 visits, \$75/V, 6-60 visits	0.5293
\$25/V 1-40 visits, \$30/V, 41+ visits	0.6482
\$25/V 1-40 visits, \$35/V, 41+ visits	0.6456
\$25/V 1-40 visits, \$40/V, 41+ visits	0.6430
\$0/V 1-20 visits, \$10/V, 21+ visits	0.9745
\$0/V 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11+ visits	0.7988
\$0/V 1-2 visits, \$10/V, 3-10 visits, \$25/V, 11-20 visits	0.6867
\$15/V 1-5 visits, \$20/V, 6-30 visits, \$20/V, 31+ visits	0.7426
\$15/V 1-5 visits, \$25/V, 6-30 visits, \$25/V, 31+ visits	0.7052
\$15/V 1-5 visits, \$25/V, 6-30 visits, \$30/V, 31+ visits	0.6994
\$15/V 1-5 visits, \$25/V, 6-30 visits, \$35/V, 31+ visits	0.6939
80%/V Visits 1-5 65%/V visits 6-30 50%/V visits 31+	0.4916
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.4997
100%/V visits 1-4, 50%/V visits 5+	0.4914
100%/V visits 1-4, 60%/V visits 5+	0.5572
100%/V visits 1-4, 70%/V visits 5+	0.6531
100%/V visits 1-4, 75%/V visits 5+	0.7073
100%/V visits 1-4, 80%/V visits 5+	0.7626
100%/V visits 1-4, 90%/V visits 5+	0.8748
50%/V visits 1-5, 50%/V visits 6-20	0.1984
60%/V visits 1-5, 50%/V visits 6-20	0.2381
70%/V visits 1-5, 50%/V visits 6-20	0.2985
75%/V visits 1-5, 50%/V visits 6-20	0.3320
80%/V visits 1-5, 50%/V visits 6-20	0.3662
85%/V visits 1-5, 50%/V visits 6-20	0.3999
90%/V visits 1-5, 50%/V visits 6-20	0.4357
80%/V visits 1-5, 70%/V visits 6+	0.5492
80%/V visits 1-5, 75%/V visits 6+	0.5967
20% for the first 5 visits, 35% for visits 6-30 and 40% for 31+ visits	0.4997
20% for the first 5 visits, 35% for visits 6-30 and 50% for 31+ visits	0.4916
20% for visits 1-5 and 30% for 6+ visits	0.5492
25% for visits 1-40 and 30% for 41+ visits	0.5592
25% for visits 1-40 and 40% for 41+ visits	0.5535
75%/V visits 1-40, 70%/V visits 41+ per plan year	0.5592
75%/V visits 1-40, 70%/V visits 41+	0.5592
0% visits 1-4, 10% after \$0 Copay 5+ visits	0.8748
0% visits 1-4, 10% after \$2 Copay 5+ visits	0.8562
0% visits 1-4, 10% after \$5 Copay 5+ visits	0.8337
0% visits 1-4, 10% after \$10 Copay 5+ visits	0.7992
0% visits 1-4, 10% after \$15 Copay 5+ visits	0.7562
0% visits 1-4, 10% after \$20 Copay 5+ visits	0.7199
0% visits 1-4, 10% after \$25 Copay 5+ visits	0.6851
0% visits 1-4, 10% after \$30 Copay 5+ visits	0.6467
0% visits 1-4, 10% after \$35 Copay 5+ visits	0.6104

Table 66 SA NF

b2. Step Coinsurance Plans	SA NF Only Factor
0% visits 1-4, 10% after \$40 Copay 5+ visits	0.6761
0% visits 1-4, 10% after \$45 Copay 5+ visits	0.5438
0% visits 1-4, 10% after \$50 Copay 5+ visits	0.5136
0% visits 1-4, 10% after \$55 Copay 5+ visits	0.4958
0% visits 1-4, 10% after \$60 Copay 5+ visits	0.4789
0% visits 1-4, 10% after \$65 Copay 5+ visits	0.4629
0% visits 1-4, 10% after \$70 Copay 5+ visits	0.4478
0% visits 1-4, 10% after \$75 Copay 5+ visits	0.4400
0% visits 1-4, 20% after \$0 Copay 5+ visits	0.7626
0% visits 1-4, 20% after \$2 Copay 5+ visits	0.7494
0% visits 1-4, 20% after \$5 Copay 5+ visits	0.7300
0% visits 1-4, 20% after \$10 Copay 5+ visits	0.7300
0% visits 1-4, 20% after \$15 Copay 5+ visits	0.6685
0% visits 1-4, 20% after \$20 Copay 5+ visits	0.6396
0% visits 1-4, 20% after \$25 Copay 5+ visits	0.6121
0% visits 1-4, 20% after \$30 Copay 5+ visits	0.5816
0% visits 1-4, 20% after \$35 Copay 5+ visits	0.5527
0% visits 1-4, 20% after \$40 Copay 5+ visits	0.5255
0% visits 1-4, 20% after \$45 Copay 5+ visits	0.4999
0% visits 1-4, 20% after \$50 Copay 5+ visits	0.4760
0% visits 1-4, 20% after \$55 Copay 5+ visits	0.4618
0% visits 1-4, 20% after \$60 Copay 5+ visits	0.4484
0% visits 1-4, 20% after \$65 Copay 5+ visits	0.4367
0% visits 1-4, 20% after \$70 Copay 5+ visits	0.4237
0% visits 1-4, 20% after \$75 Copay 5+ visits	0.4176
0% visits 1-4, 30% after \$0 Copay 5+ visits	0.6631
0% visits 1-4, 30% after \$2 Copay 5+ visits	0.6432
0% visits 1-4, 30% after \$5 Copay 5+ visits	0.6287
0% visits 1-4, 30% after \$10 Copay 5+ visits	0.6053
0% visits 1-4, 30% after \$15 Copay 5+ visits	0.5829
0% visits 1-4, 30% after \$20 Copay 5+ visits	0.5613
0% visits 1-4, 30% after \$25 Copay 5+ visits	0.5408
0% visits 1-4, 30% after \$30 Copay 5+ visits	0.5180
0% visits 1-4, 30% after \$35 Copay 5+ visits	0.4965
0% visits 1-4, 30% after \$40 Copay 5+ visits	0.4762
0% visits 1-4, 30% after \$45 Copay 5+ visits	0.4571
0% visits 1-4, 30% after \$50 Copay 5+ visits	0.4392
0% visits 1-4, 30% after \$55 Copay 5+ visits	0.4286
0% visits 1-4, 30% after \$60 Copay 5+ visits	0.4186
0% visits 1-4, 30% after \$65 Copay 5+ visits	0.4091
0% visits 1-4, 30% after \$70 Copay 5+ visits	0.4002
0% visits 1-4, 30% after \$75 Copay 5+ visits	0.3956
0% visits 1-4, 40% after \$0 Copay 5+ visits	0.5774
0% visits 1-4, 40% after \$2 Copay 5+ visits	0.5502
0% visits 1-4, 40% after \$5 Copay 5+ visits	0.5401
0% visits 1-4, 40% after \$10 Copay 5+ visits	0.5236
0% visits 1-4, 40% after \$15 Copay 5+ visits	0.5078
0% visits 1-4, 40% after \$20 Copay 5+ visits	0.4927
0% visits 1-4, 40% after \$25 Copay 5+ visits	0.4783
0% visits 1-4, 40% after \$30 Copay 5+ visits	0.4623
0% visits 1-4, 40% after \$35 Copay 5+ visits	0.4472
0% visits 1-4, 40% after \$40 Copay 5+ visits	0.4329
0% visits 1-4, 40% after \$45 Copay 5+ visits	0.4195
0% visits 1-4, 40% after \$50 Copay 5+ visits	0.4070
0% visits 1-4, 40% after \$55 Copay 5+ visits	0.3966
0% visits 1-4, 40% after \$60 Copay 5+ visits	0.3925
0% visits 1-4, 40% after \$65 Copay 5+ visits	0.3869
0% visits 1-4, 40% after \$70 Copay 5+ visits	0.3795
0% visits 1-4, 40% after \$75 Copay 5+ visits	0.3764
0% visits 1-4, 50% after \$0 Copay 5+ visits	0.4914
0% visits 1-4, 50% after \$2 Copay 5+ visits	0.4865
0% visits 1-4, 50% after \$5 Copay 5+ visits	0.4793
0% visits 1-4, 50% after \$10 Copay 5+ visits	0.4676
0% visits 1-4, 50% after \$15 Copay 5+ visits	0.4465
0% visits 1-4, 50% after \$20 Copay 5+ visits	0.4365
0% visits 1-4, 50% after \$30 Copay 5+ visits	0.4242
0% visits 1-4, 50% after \$35 Copay 5+ visits	0.4134
0% visits 1-4, 50% after \$40 Copay 5+ visits	0.4033
0% visits 1-4, 50% after \$45 Copay 5+ visits	0.3938
0% visits 1-4, 50% after \$50 Copay 5+ visits	0.3849
0% visits 1-4, 50% after \$55 Copay 5+ visits	0.3792
0% visits 1-4, 50% after \$60 Copay 5+ visits	0.3747
0% visits 1-4, 50% after \$65 Copay 5+ visits	0.3700
0% visits 1-4, 50% after \$70 Copay 5+ visits	0.3655
0% visits 1-4, 50% after \$75 Copay 5+ visits	0.3632
N/A	0.0000

Table 66 SA NF

c. Freemax	All OP MH & SA	
	SA NF	SA Combined
Maximum	Factor	Factor
20 visits/cal yr	0.8278	0.7858
200 visits/cal yr	1.0000	0.9895
25 visits/cal yr	0.8818	0.8354
30 visits/cal yr	0.9179	0.8784
35 visits/cal yr	0.9429	0.9079
40 visits/cal yr	0.9600	0.9213
45 visits/cal yr	0.9720	0.9406
50 visits/cal yr	0.9800	0.9470
60 visits/cal yr	0.9898	0.9652
80 visits/cal yr	0.9991	0.9860
Unlimited visits/cal yr	1.0000	1.0000
26 visits/cal yr	0.8902	N/A
120 day max/lifetime	0.8500	N/A
120 visits/cal yr	1.0000	N/A
20 visits/cal yr - Alcohol Only	0.4718	N/A
30 visits/cal yr combined with OP detox	0.8278	N/A
20 visits/cal yr for Drug Abuse, unlimited for Alcoholism	0.9260	N/A
3 episodes/lifetime, IP & OP combined	0.9616	N/A
44 visits/cal yr	0.9713	N/A
50 visits/cal yr combined with OP Detox	0.9800	N/A
80 visits/cal yr, 120 visits/lifetime	0.9701	N/A
65 visits/cal yr	0.9827	N/A
14 visits/cal yr	0.7223	N/A
81 visits/cal yr	0.9993	N/A

Table 66 SA NF

d. MA specific	Factor
Alc Only	0.5700
Alc and Drug	1.0000

Table 67 Private Duty Nursing

a. Coinsurance	
Copay	Factor
10%	0.8770
15%	0.8174
20%	0.7591
25%	0.7021
30%	0.6463
40%	0.5387
50%	0.4361
Not Covered	0.0000

Table 68 HHC

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9801
\$3	0.9702
\$5	0.9506
\$10	0.9024
\$15	0.8555
\$20	0.8099
\$25	0.7655
\$30	0.7223
\$35	0.6804
\$40	0.6397
\$45	0.6170
\$50	0.5945
\$55	0.5722
\$60	0.5502
\$65	0.5285
\$70	0.5070
\$75	0.4858
Not Covered	0.0000

Table 68 HHC

b. Copay%	
Copay%	Factor
10%	0.8393
15%	0.7641
20%	0.6921
25%	0.6236
30%	0.5584
40%	0.4660
50%	0.3818

Table 68 HHC

c. Maximum		w/o PDN
Maximum	Factor	
90-visit		0.7357
100-visit		0.7968
120-visit		0.8218
80-visit		0.7692
30-visit		0.6579
90-visit		0.7835
200-visit		0.8948
Unlimited		1.0000

Table 69 Hospice NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	1.0000
\$3	1.0000
\$5	1.0000
\$10	0.9979
\$15	1.0000
\$20	1.0000
\$25	1.0000
\$30	1.0000
\$35	1.0000
\$40	1.0000
\$45	1.0000
\$50	1.0000
\$55	1.0000
\$60	1.0000
Not Covered	0.0000

Table 69 Hospice NF

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 69 Hospice NF

c. Benefit Maximum	
Maximum	Factor
\$5,000 Lifetime	0.5388
\$9,100 per benefit period of 3 months of continuous care, 3 benefit periods per lifetime. Bereavement Care limited to separate \$1,500 maximum during 12 months following death	0.7162
\$10,000 Lifetime	0.7072
\$10,000 Combined IP, OP & NF	0.7071
Unlimited	1.0000

Table 70 Injectables - AF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9996
\$3	0.9994
\$5	0.9990
\$10	0.9979
\$15	0.9969
\$20	0.9958
\$25	0.9948
\$30	0.9937
\$35	0.9927
\$40	0.9916
\$45	0.9906
\$50	0.9895
\$55	0.9885
\$60	0.9874
\$65	0.9864
\$70	0.9853
\$75	0.9843
\$100	0.9790
\$125	0.9738
\$150	0.9685
\$175	0.9633
\$200	0.9580
\$250	0.9475
\$300	0.9370
\$350	0.9265
\$400	0.9160
\$500	0.8951

Table 70 Injectables - AF

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 71 Injectables - Office

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9996
\$3	0.9994
\$5	0.9990
\$10	0.9979
\$15	0.9969
\$20	0.9958
\$25	0.9948
\$30	0.9937
\$35	0.9927
\$40	0.9916
\$45	0.9906
\$50	0.9895
\$55	0.9885
\$60	0.9874
\$65	0.9864
\$70	0.9853
\$75	0.9843

Table 71 Injectables - Office

b. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 72 Durable Medical Equipment

a. Copay%	
Copay%	Factor
0%	1.0000
5%	0.9362
10%	0.8739
15%	0.8130
20%	0.7506
25%	0.6856
30%	0.6230
35%	0.5628
40%	0.5050
45%	0.4496
50%	0.4060
Not covered	0.0000

Table 72 Durable Medical Equipment

b. Maximum	Copoly%											
	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%	
Dollar Maximum	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	
\$500	0.3898	0.3983	0.4079	0.4185	0.4305	0.4440	0.4595	0.4754	0.4925	0.5098	0.5281	
\$750	0.4711	0.4738	0.4895	0.5003	0.5124	0.5261	0.5376	0.5508	0.5662	0.5811	0.5975	
\$800	0.4821	0.4914	0.5017	0.5132	0.5261	0.5368	0.5490	0.5631	0.5771	0.5922	0.6078	
\$1,000	0.5261	0.5346	0.5439	0.5544	0.5662	0.5771	0.5891	0.6015	0.6147	0.6304	0.6491	
\$1,250	0.5662	0.5748	0.5844	0.5941	0.6040	0.6147	0.6270	0.6412	0.6553	0.6692	0.6850	
\$2,000	0.6891	0.6969	0.7055	0.7151	0.7242	0.7348	0.7465	0.7599	0.7725	0.7873	0.7999	
\$2,500	0.6860	0.6943	0.7036	0.7141	0.7242	0.7348	0.7465	0.7599	0.7725	0.7873	0.8024	
\$3,000	0.7178	0.7258	0.7348	0.7446	0.7546	0.7659	0.7772	0.7896	0.8024	0.8122	0.8239	
\$5,000	0.8024	0.8081	0.8144	0.8214	0.8276	0.8338	0.8408	0.8496	0.8595	0.8691	0.8798	
\$7,500	0.8461	0.8534	0.8595	0.8658	0.8724	0.8798	0.8856	0.8924	0.8991	0.9057	0.9137	
\$10,000	0.8798	0.8841	0.8889	0.8942	0.8991	0.9039	0.9095	0.9154	0.9211	0.9278	0.9358	
\$20,000	0.9358	0.9384	0.9413	0.9446	0.9482	0.9516	0.9554	0.9590	0.9613	0.9641	0.9674	
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	

Table 73 Diabetic Supplies

Coinsurance	Factor
Covered	1.0000
Not Covered	0.0000

Table 74 Prosthetics and Orthotics

a. Copy	
Copy	Factor
\$0	1.0000
\$2	0.9876
\$3	0.9964
\$5	0.9940
\$10	0.9879
\$15	0.9819
\$20	0.9788
\$25	0.9688
\$30	0.9637
\$35	0.9577
\$40	0.9516
\$45	0.9456
\$50	0.9395
\$55	0.9335
\$60	0.9274
\$65	0.9214
\$70	0.9153
\$75	0.9093
Not covered	

b. Copy %	
Copy %	Factor
0%	1.0000
5%	0.9500
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
35%	0.6500
40%	0.6000
45%	0.5500
50%	0.5000
Not covered	0.5000

Table 75 Lens Reimbursement

Benefit	Every 12 months	Every 24 months	Every 36 months
	Factor	Factor	Factor
\$35	0.3879	0.0864	0.0407
\$70	0.4547	0.1981	0.0640
\$75	0.4679	0.2058	0.0867
\$100	0.5231	0.2882	0.1458
\$125	0.5766	0.3680	0.1784
\$150	0.6091	0.4166	0.2416
\$175	0.6343	0.4542	0.2925
\$200	0.6531	0.4823	0.3270
\$250	0.7402	0.6123	0.4960
\$300	0.8084	0.7140	0.6282
\$350	0.8557	0.7846	0.7200
Not Covered	0.0000	0.0000	0.0000

Table 76 Hearing Aid

a. Copy	
Copy	Factor
\$0	1.0000
\$2	0.9984
\$3	0.9977
\$5	0.9961
\$10	0.9922
\$15	0.9883
\$20	0.9844
\$25	0.9805
\$30	0.9766
\$35	0.9727
\$40	0.9688
\$45	0.9649
\$50	0.9610
\$55	0.9571
\$60	0.9532
\$65	0.9493
\$70	0.9454
\$75	0.9415
\$100	0.9220
\$110	0.9142
\$125	0.9025
\$150	0.8830
\$175	0.8636
\$200	0.8441
Not Covered	0.0000

Table 76 Hearing Aid

b. Copy %	
Copy %	Factor
0%	0.9000
10%	0.8500
15%	0.8000
20%	0.7500
25%	0.7000
30%	0.6500
40%	0.6000
50%	0.5500
Not Covered	0.0000

Table 76 Hearing Aid

c. Hearing Aid Limits	
Frequency	Factor
1 hearing aid per ear to \$1,400 maximum per ear every 36 months to age 19. For age 19 and older, \$600 per ear, every three years beginning with the initial purchase of the hearing aid.	0.3070
\$1,400 per ear every 36 months	0.5600
\$1,400/ 36 months for child	0.0500
1 hearing aid to a maximum of \$1,000 per ear during any 24 month period for children thru age 15	0.0320
1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24	0.0480
1 hearing aid to a maximum of \$1,000 per ear during any 24 month period for children under age 13	0.0280
1 hearing aid per ear every 24 months for Children under age 13	0.0510
1 hearing aid to a maximum of \$1,400 per ear during any 36 month period for children under age 18	0.0510
1 hearing aid per ear to a maximum of \$2,500 every 36 months to age 22	0.0780
1 hearing aid per ear every 5 years for child to age 18. Hearing aid replacement can occur more frequently if medically necessary.	0.0900
Child to age 1, initial hearing aids covered for each impaired ear	0.0100
1st hearing aid per ear including ear mold and batteries and follow up visits up to 6 months after aid fitting. In addition, 1st hearing aid per ear for children under the age of 1.	0.0000
1 per ear per 36 mos to age 19	0.0860
4 ear molds per calendar year for children to age 2, age 2 to age 18, 2 per 48 months	0.9000
Unlimited/36 Months for Adult and Child	1.0000
\$100 per 12 months	0.0337
\$400 per 12 months	0.1304
\$1,000 per 24 months	0.3032
\$1,500 per 24 months	0.4289
\$1,400 per 36 months	0.3908
\$5,000 per 36 months	0.8369
Unlimited	1.0000

Table 77 PKU

a. Copy	
Copy %	Factor
0%	Factor
10%	1.0000
15%	0.9000
20%	0.8500
25%	0.8000
30%	0.7500
40%	0.7000
50%	0.6000
Not Covered	0.5000

Table 77 PKU

b. Frequency Maximum		Factor
Maximums		
Child to age 3		0.2500
Child to age 6 w/\$5000 cal yr max		0.3200
Child to age 12		0.5400
Thru age 24 w/\$2500 cal yr max		0.5000
Nutritional Support - Child to age 12. Low protein modified food products, amino acid modified preparations, and oral specialized formulas for the dietary treatment of an inherited metabolic disease		0.5400
Unlimited		1.0000

Table 78 Infertility - AI/OI NF

a. Copy	
Copy	Factor
\$0	1.0000
\$2	0.9901
\$3	0.9852
\$5	0.8753
\$10	0.9506
\$15	0.9258
\$20	0.9011
\$25	0.8764
\$30	0.8517
\$35	0.8269
\$40	0.8022
\$45	0.7775
\$50	0.7528
\$55	0.7280
\$60	0.7033
\$65	0.6786
\$70	0.6539
\$75	0.6292
Not covered	0.0000

Table 78 Infertility - AI/OI NF

b. Copy %	
Copy %	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 78 Infertility - AI/OI NF

c. Dollar Maximum		
Dollar Maximum	Annual Factor	Lifetime Factor
\$5,000	0.9950	0.9940
\$10,000	1.0000	1.0000
\$15,000	1.0000	1.0000
\$20,000	1.0000	1.0000
\$25,000	1.0000	1.0000
\$100,000	1.0000	1.0000
Unlimited	1.0000	1.0000

Table 78 Infertility - AI/OI NF

d. Other Maximums	
Maximum Attempts	Factor
2 per calendar year	0.8150
3 attempts of intrauterine insemination (IUI) and artificial insemination (AI) per lifetime and 4 attempts of ovulation induction (OI) per lifetime to age 40	0.8230
3 courses of treatment per lifetime	0.7750
4 attempts per lifetime, if live birth, 2 additional attempts covered. Includes RX therapy	0.9190
5 attempts per lifetime, if live birth, 2 additional attempts covered.	0.9190
6 attempts of intrauterine insemination (IUI) ovulation induction (OI) and artificial insemination (AI) per lifetime	0.9680
Unlimited	1.0000
Not covered	0.0000

Table 79 ART NF

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9992
\$3	0.9989
\$5	0.9981
\$10	0.9962
\$15	0.9943
\$20	0.9925
\$25	0.9908
\$30	0.9897
\$35	0.9888
\$40	0.9849
\$45	0.9830
\$50	0.9811
\$55	0.9793
\$60	0.9774
\$65	0.9755
\$70	0.9736
\$75	0.9717
Not covered	0.0000

Table 79 ART NF

b. Copay%	
Copay%	Factor
10%	0.9200
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 79 ART NF

c. Dollar Maximum		
Dollar Maximum	Annual Factor	Lifetime Factor
\$5,000	0.6274	0.5529
\$10,000	0.8949	0.8213
\$15,000	0.9678	0.9389
\$20,000	0.9862	0.9724
\$25,000	0.9905	0.9762
\$100,000	0.9961	0.9800
Unlimited	1.0000	1.0000

Table 79 ART NF

d. Other Maximums	
Maximum Attempts	Factor
2 cycles per lifetime maximum, 2 embryo transfers per cycle for IVF, GIFT, ZIFT, low tubal ovum transfer, to age 40.	0.6038
2 per calendar year	0.7085
3 attempts per live birth for In vitro only, excludes all other ART benefits	0.8450
3 cycles per lifetime maximum with 3 embryo transfers per cycle for IVF, GIFT, ZIFT, low tubal ovum transfer	0.8450
3 attempts per live birth for In vitro/CSI only	0.8450
3 per lifetime	0.8450
4 attempts per lifetime, if live birth, 2 additional attempts covered.	0.8840
Includes Rx therapy.	0.8840
4 attempts per lifetime, if live birth, 2 additional attempts covered	0.8840
4 Oocyte retrievals max. However, if live birth max of 2 more retrievals, no more than 6 retrievals per lifetime	0.8840
6 courses of treatment per lifetime	0.8990
Includes Rx therapy, 4 Oocyte retrievals max. However, if live birth max of 2 more retrievals, no more than 6 retrievals per lifetime	0.8840
IVF, GIFT, ZIFT, sperm/egg procurement, processing, banking, freezing & storage of sperm or embryo	1.0000
Unlimited for In vitro only, excludes all other ART benefits	0.9900
Unlimited	1.0000
Not covered	0.0000

Table 80 TMJ Disorder

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9775
\$3	0.9663
\$5	0.9442
\$10	0.8898
\$15	0.8369
\$20	0.7856
\$25	0.7357
\$30	0.6872
\$35	0.6403
\$40	0.5949
\$45	0.5509
\$50	0.5084
\$55	0.4679
\$60	0.4677
\$65	0.4480
\$70	0.4296
\$75	0.4096
Not covered	0.0000

Table 80 TMJ Disorder

b1. Copay%	
Copay%	Factor
10%	0.8218
15%	0.7391
20%	0.6809
25%	0.5970
30%	0.5174
40%	0.3913
50%	0.3105

Table 81 Tubal Ligation

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9970
\$3	0.9955
\$5	0.9924
\$10	0.9849
\$15	0.9774
\$20	0.9689
\$25	0.9624
\$30	0.9496
\$35	0.9369
\$40	0.9242
\$45	0.9117
\$50	0.8992
\$55	0.8868
\$60	0.8745
\$65	0.8623
\$70	0.8502
\$75	0.8381

Table 81 Tubal Ligation

b1. Copay%	
Copay%	Factor
10%	0.8267
15%	0.7386
20%	0.6829
25%	0.5959
30%	0.5486
40%	0.4767
50%	0.3973

Table 82 Voluntary Abortion

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9876
\$3	0.9965
\$5	0.9941
\$10	0.9882
\$15	0.9824
\$20	0.9765
\$25	0.9706
\$30	0.9647
\$35	0.9588
\$40	0.9530
\$45	0.9471
\$50	0.9412
\$55	0.9353
\$60	0.9295
\$65	0.9236
\$70	0.9177
\$75	0.9118

Table 82 Voluntary Abortion

b1. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 83 Vasectomy

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9969
\$3	0.9953
\$5	0.9922
\$10	0.9844
\$15	0.9766
\$20	0.9688
\$25	0.9611
\$30	0.9473
\$35	0.9337
\$40	0.9202
\$45	0.9067
\$50	0.8934
\$55	0.8801
\$60	0.8670
\$65	0.8539
\$70	0.8410
\$75	0.8281

Table 83 Vasectomy

b1. Copay%	
Copay%	Factor
10%	0.8512
15%	0.7676
20%	0.6983
25%	0.6289
30%	0.5644
40%	0.4838
50%	0.4032

Table 84 Contraceptives

a. Copay	
Copay	Factor
\$0	1.0000
\$2	0.9909
\$3	0.9863
\$5	0.9772
\$10	0.9543
\$15	0.9315
\$20	0.9097
\$25	0.8858
\$30	0.8630
\$35	0.8402
\$40	0.8174
\$45	0.7945
\$50	0.7717
\$55	0.7489
\$60	0.7260
\$65	0.7032
\$70	0.6804
\$75	0.6575
Not Covered	0.0000

Table 84 Contraceptives

b1. Copay%	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Table 86 Self Injectables

a. Copay	
Copay%	Factor
10%	0.9000
15%	0.8500
20%	0.8000
25%	0.7500
30%	0.7000
40%	0.6000
50%	0.5000

Include/Exclude Adjustment Factor

Used in Column (2)	
Option	Factor
Include	1.0000
Exclude	0.0000

Inpatient Pre-certification Adjustment Factor

Used in Column (8)	
Option	Factor
Included	1.0000
Excluded	1.1480
None	1.1480

Section III. Bottom Line Adjustments:

Table 88 Deductible Carryover

Adjusted Plan Deductible Amount	Factor
\$0	1.0000
\$50	1.0007
\$100	1.0013
\$150	1.0019
\$200	1.0025
\$250	1.0030
\$300	1.0035
\$350	1.0040
\$400	1.0044
\$450	1.0048
\$500	1.0052
\$550	1.0056
\$600	1.0059
\$650	1.0062
\$700	1.0065
\$750	1.0068
\$800	1.0071
\$850	1.0073
\$900	1.0076
\$950	1.0078
\$1,000	1.0080
\$1,250	1.0092
\$1,500	1.0104
\$2,000	1.0128
\$2,500	1.0151
\$3,000	1.0175
\$3,500	1.0199
\$4,000	1.0223
\$4,500	1.0246
\$5,000	1.0270
\$5,500	1.0293
\$6,000	1.0316
\$6,500	1.0339
\$7,000	1.0362
\$7,500	1.0385
\$8,000	1.0408
\$8,500	1.0431
\$9,000	1.0454
\$9,500	1.0477
\$10,000	1.0500
\$15,000	1.0505
\$20,000	1.0510
Not Applicable	1.0000

Table B9 Deductible

a. Deductible Applies to Med/Surg & Pharmacy Costs Are Not Integrated

Adjusted Plan Deductible Amount *	Percent of Services subject to Plan Deductible			
	>= 40%		<40%	
	Factor	Factor	Factor	Factor
	In network		Out-of-network	
\$0	1.0000	1.0000	1.0000	1.0000
\$50	0.9836	0.9874	0.9726	0.9845
\$100	0.9667	0.9833	0.9481	0.9695
\$150	0.9524	0.9756	0.9267	0.9554
\$200	0.9392	0.9683	0.9076	0.9420
\$250	0.9086	0.9424	0.8726	0.9108
\$300	0.8950	0.9333	0.8546	0.8963
\$350	0.8822	0.9247	0.8380	0.8824
\$400	0.8700	0.9163	0.8224	0.8689
\$450	0.8583	0.9083	0.8077	0.8558
\$500	0.8472	0.9003	0.7936	0.8430
\$550	0.8370	0.8932	0.7806	0.8312
\$600	0.8271	0.8863	0.7682	0.8196
\$650	0.8177	0.8795	0.7562	0.8084
\$700	0.8086	0.8730	0.7448	0.7977
\$750	0.7997	0.8665	0.7338	0.7871
\$800	0.7913	0.8604	0.7233	0.7769
\$850	0.7832	0.8544	0.7133	0.7670
\$900	0.7752	0.8485	0.7034	0.7572
\$950	0.7674	0.8427	0.6939	0.7476
\$1,000	0.7599	0.8370	0.6847	0.7383
\$1,250	0.7287	0.8141	0.6450	0.6982
\$1,500	0.7002	0.7922	0.6093	0.6609
\$2,000	0.6514	0.7531	0.5488	0.5945
\$2,500	0.6106	0.7188	0.4993	0.5375
\$3,000	0.5757	0.6885	0.4577	0.4885
\$3,500	0.5444	0.6599	0.4217	0.4461
\$4,000	0.5171	0.6340	0.3911	0.4104
\$4,500	0.4918	0.6092	0.3642	0.3787
\$5,000	0.4684	0.5856	0.3405	0.3504
\$5,500	0.4515	0.5693	0.3229	0.3290
\$6,000	0.4358	0.5537	0.3070	0.3096
\$6,500	0.4212	0.5389	0.2926	0.2922
\$7,000	0.4075	0.5247	0.2796	0.2766
\$7,500	0.3947	0.5111	0.2675	0.2624
\$8,000	0.3826	0.4983	0.2564	0.2493
\$8,500	0.3712	0.4862	0.2462	0.2376
\$9,000	0.3605	0.4745	0.2367	0.2266
\$9,500	0.3504	0.4632	0.2279	0.2163
\$10,000	0.3408	0.4523	0.2197	0.2069
\$15,000	0.2721	0.3692	0.1656	0.1408
\$20,000	0.2308	0.3174	0.1373	0.1101

* For HRA plans that contain a HealthFund Plan Deductible, the adjusted deductible amount is the sum of the HealthFund Plan Deductible and the Annual HealthFund Contribution.

Table B9 Deductible

b. Deductible Does Not Apply to Med/Surg & Pharmacy Costs Are Not Integrated

Adjusted Plan Deductible Amount *	Percent of Services subject to Plan Deductible			
	>= 40%		<40%	
	Factor	Factor	Factor	Factor
	In network		Out-of-network	
\$0	1.0000	1.0000	1.0000	1.0000
\$50	0.9770	0.9614	0.9680	0.9444
\$100	0.9546	0.9287	0.9395	0.8998
\$150	0.9337	0.9003	0.9148	0.8629
\$200	0.9140	0.8747	0.8929	0.8310
\$250	0.8777	0.8344	0.8557	0.7868
\$300	0.8583	0.8110	0.8356	0.7600
\$350	0.8400	0.7893	0.8172	0.7357
\$400	0.8227	0.7690	0.8000	0.7134
\$450	0.8062	0.7498	0.7838	0.6927
\$500	0.7905	0.7317	0.7684	0.6732
\$550	0.7759	0.7151	0.7542	0.6554
\$600	0.7620	0.6992	0.7406	0.6385
\$650	0.7485	0.6841	0.7276	0.6225
\$700	0.7355	0.6697	0.7152	0.6074
\$750	0.7234	0.6559	0.7033	0.5930
\$800	0.7117	0.6429	0.6920	0.5797
\$850	0.7003	0.6304	0.6811	0.5669
\$900	0.6893	0.6185	0.6706	0.5546
\$950	0.6787	0.6070	0.6604	0.5429
\$1,000	0.6685	0.5960	0.6505	0.5317
\$1,250	0.6248	0.5497	0.6081	0.4846
\$1,500	0.5861	0.5106	0.5704	0.4456
\$2,000	0.5220	0.4488	0.5072	0.3853
\$2,500	0.4702	0.4019	0.4562	0.3408
\$3,000	0.4274	0.3654	0.4142	0.3058
\$3,500	0.3909	0.3353	0.3784	0.2777
\$4,000	0.3601	0.3110	0.3483	0.2549
\$4,500	0.3330	0.2901	0.3222	0.2351
\$5,000	0.3089	0.2720	0.2995	0.2181
\$5,500	0.2907	0.2589	0.2825	0.2056
\$6,000	0.2745	0.2474	0.2673	0.1945
\$6,500	0.2599	0.2372	0.2538	0.1847
\$7,000	0.2468	0.2282	0.2416	0.1760
\$7,500	0.2349	0.2199	0.2304	0.1681
\$8,000	0.2241	0.2123	0.2203	0.1610
\$8,500	0.2142	0.2054	0.2109	0.1544
\$9,000	0.2052	0.1990	0.2023	0.1486
\$9,500	0.1968	0.1930	0.1945	0.1435
\$10,000	0.1891	0.1875	0.1875	0.1391
\$15,000	0.1382	0.1496	0.1425	0.1088
\$20,000	0.1117	0.1277	0.1191	0.0939

Table 92 Out-of-Pocket

a1. No Med/Surg Deductible or Med/Surg Deductible Applies Toward OOP - Average Plan Coinsurance Less Than or Equal to 98.0%

Plan OOP Trigger	Preferred		Non-Preferred	
	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000		
\$500	0.9530	0.9509		
\$1,000	0.9017	0.8794		
\$2,000	0.8087	0.7383		
\$3,000	0.7370	0.6301		
\$4,000	0.6817	0.5503		
\$5,000	0.6361	0.4926		
\$6,000	0.5975	0.4481		
\$7,000	0.5640	0.4110		
\$8,000	0.5354	0.3803		
\$9,000	0.5105	0.3547		
\$10,000	0.4883	0.3330		
\$12,500	0.4421	0.2906		
\$15,000	0.4049	0.2591		
\$17,500	0.3744	0.2352		
\$20,000	0.3475	0.2164		
\$25,000	0.3043	0.1869		
\$30,000	0.2710	0.1665		
\$40,000	0.2213	0.1366		
\$50,000	0.1870	0.1199		
\$75,000	0.1331	0.0957		
\$100,000	0.0989	0.0808		
\$10,000,000	0.0000	0.0000		

Table 92 Out-of-Pocket

a2. Med/Surg Deductible DOES NOT Apply Toward OOP- Average Plan Coinsurance Less Than or Equal to 98.0%

Plan OOP Trigger	Preferred		Non-Preferred	
	Factor	Factor	Factor	Factor
\$0	1.0000	1.0000		
\$500	0.9751	0.9509		
\$1,000	0.7724	0.8794		
\$2,000	0.6305	0.7383		
\$3,000	0.5367	0.6301		
\$4,000	0.4705	0.5503		
\$5,000	0.4210	0.4926		
\$6,000	0.3834	0.4481		
\$7,000	0.3525	0.4110		
\$8,000	0.3279	0.3803		
\$9,000	0.3086	0.3547		
\$10,000	0.2907	0.3330		
\$12,500	0.2561	0.2906		
\$15,000	0.2303	0.2591		
\$17,500	0.2104	0.2352		
\$20,000	0.1835	0.2164		
\$25,000	0.1675	0.1869		
\$30,000	0.1481	0.1665		
\$40,000	0.1197	0.1366		
\$50,000	0.0993	0.1199		
\$75,000	0.0647	0.0957		
\$100,000	0.0419	0.0808		
\$10,000,000	0.0000	0.0000		

Table 92 Out-of-Pocket

b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0%

Deductible Per Confinement	ADJUSTED OOP LIMIT										
	\$0.01 Factor	\$250 Factor	\$500 Factor	\$1,000 Factor	\$1,500 Factor	\$2,000 Factor	\$2,500 Factor	\$3,000 Factor	\$3,500 Factor	\$4,000 Factor	\$4,500 Factor
\$0	0.0000	0.0000	0.0063	0.0018	0.0007	0.0004	0.0002	0.0001	0.0001	0.0001	0.0001
\$100	0.0440	0.0160	0.0071	0.0021	0.0009	0.0005	0.0003	0.0002	0.0001	0.0001	0.0001
\$150	0.0449	0.0167	0.0076	0.0024	0.0011	0.0006	0.0004	0.0002	0.0002	0.0001	0.0001
\$200	0.0457	0.0175	0.0082	0.0027	0.0012	0.0007	0.0004	0.0003	0.0002	0.0002	0.0001
\$250	0.0593	0.0307	0.0183	0.0084	0.0047	0.0028	0.0018	0.0012	0.0009	0.0006	0.0005
\$300	0.0664	0.0377	0.0238	0.0116	0.0066	0.0041	0.0027	0.0018	0.0013	0.0009	0.0007
\$350	0.0736	0.0447	0.0294	0.0149	0.0086	0.0053	0.0035	0.0024	0.0017	0.0013	0.0010
\$400	0.0775	0.0479	0.0321	0.0167	0.0098	0.0062	0.0041	0.0029	0.0021	0.0016	0.0012
\$450	0.0813	0.0512	0.0349	0.0185	0.0110	0.0071	0.0048	0.0034	0.0025	0.0019	0.0015
\$500	0.0852	0.0544	0.0376	0.0203	0.0123	0.0080	0.0054	0.0039	0.0029	0.0022	0.0017
\$600	0.0922	0.0604	0.0428	0.0239	0.0148	0.0098	0.0068	0.0049	0.0037	0.0029	0.0023
\$700	0.0992	0.0663	0.0480	0.0276	0.0174	0.0116	0.0082	0.0060	0.0045	0.0035	0.0028
\$800	0.1046	0.0706	0.0517	0.0304	0.0194	0.0131	0.0093	0.0068	0.0052	0.0041	0.0033
\$900	0.1095	0.0734	0.0541	0.0325	0.0209	0.0142	0.0101	0.0075	0.0058	0.0045	0.0037
\$1,000	0.1129	0.0761	0.0565	0.0345	0.0223	0.0153	0.0110	0.0082	0.0063	0.0050	0.0040
\$1,250	0.1219	0.0846	0.0641	0.0408	0.0276	0.0193	0.0141	0.0106	0.0083	0.0066	0.0054
\$1,500	0.1315	0.0930	0.0717	0.0473	0.0330	0.0232	0.0171	0.0131	0.0103	0.0082	0.0068
\$2,000	0.1474	0.1064	0.0839	0.0579	0.0427	0.0321	0.0245	0.0190	0.0151	0.0124	0.0103
\$2,500	0.1633	0.1198	0.0961	0.0685	0.0525	0.0410	0.0318	0.0248	0.0199	0.0165	0.0139
\$3,000	0.1814	0.1325	0.1069	0.0781	0.0611	0.0491	0.0397	0.0318	0.0255	0.0211	0.0179
\$3,500	0.1876	0.1387	0.1131	0.0844	0.0673	0.0553	0.0459	0.0380	0.0315	0.0267	0.0228
\$4,000	0.1938	0.1449	0.1194	0.0906	0.0735	0.0615	0.0521	0.0442	0.0376	0.0322	0.0278
\$4,500	0.2000	0.1511	0.1256	0.0968	0.0797	0.0678	0.0583	0.0504	0.0436	0.0378	0.0327
\$5,000	0.2062	0.1573	0.1318	0.1030	0.0859	0.0740	0.0645	0.0566	0.0497	0.434	0.0377
\$10,000	0.2479	0.1990	0.1734	0.1446	0.1276	0.1156	0.1062	0.0983	0.0913	0.0851	0.0793

Table 92 Out-of-Pocket

b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0% (continued)

Deductible Per Confinement	ADJUSTED OOP LIMIT									
	\$5,000 Factor	\$6,000 Factor	\$7,000 Factor	\$8,000 Factor	\$9,000 Factor	\$10,000 Factor	\$15,000 Factor	\$20,000 Factor	\$50,000 Factor	\$100,000 Factor
\$0	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$100	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$150	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$200	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$250	0.0004	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000
\$300	0.0006	0.0004	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000
\$350	0.0007	0.0005	0.0003	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
\$400	0.0010	0.0006	0.0004	0.0003	0.0002	0.0001	0.0000	0.0000	0.0000	0.0000
\$450	0.0012	0.0008	0.0005	0.0004	0.0003	0.0002	0.0000	0.0000	0.0000	0.0000
\$500	0.0014	0.0009	0.0006	0.0004	0.0003	0.0002	0.0000	0.0000	0.0000	0.0000
\$600	0.0018	0.0013	0.0009	0.0006	0.0005	0.0003	0.0000	0.0000	0.0000	0.0000
\$700	0.0023	0.0016	0.0011	0.0008	0.0006	0.0005	0.0001	0.0000	0.0000	0.0000
\$800	0.0027	0.0019	0.0014	0.0010	0.0007	0.0006	0.0001	0.0000	0.0000	0.0000
\$900	0.0030	0.0021	0.0015	0.0011	0.0008	0.0006	0.0001	0.0000	0.0000	0.0000
\$1,000	0.0033	0.0024	0.0017	0.0013	0.0009	0.0007	0.0001	0.0000	0.0000	0.0000
\$1,250	0.0045	0.0032	0.0024	0.0019	0.0014	0.0011	0.0003	0.0000	0.0000	0.0000
\$1,500	0.0056	0.0041	0.0031	0.0024	0.0019	0.0015	0.0004	0.0001	0.0000	0.0000
\$2,000	0.0087	0.0064	0.0050	0.0039	0.0032	0.0026	0.0009	0.0002	0.0000	0.0000
\$2,500	0.0118	0.0088	0.0068	0.0054	0.0044	0.0036	0.0013	0.0004	0.0000	0.0000
\$3,000	0.0154	0.0117	0.0090	0.0072	0.0059	0.0049	0.0020	0.0007	0.0000	0.0000
\$3,500	0.0197	0.0150	0.0118	0.0097	0.0080	0.0067	0.0030	0.0014	0.0000	0.0000
\$4,000	0.0240	0.0182	0.0146	0.0121	0.0101	0.0085	0.0039	0.0020	0.0000	0.0000
\$4,500	0.0282	0.0215	0.0174	0.0146	0.0123	0.0103	0.0049	0.0026	0.0000	0.0000
\$5,000	0.0325	0.0247	0.0202	0.0170	0.0144	0.0121	0.0058	0.0032	0.0000	0.0000
\$10,000	0.0741	0.0647	0.0563	0.0489	0.0423	0.0364	0.0218	0.0137	0.0020	0.0000

Table 92 Out-of-Pocket

Conversion Factor	
Per day deductible conversion factor	2.80

Table 96 Lifetime Maximum Benefit

Lifetime Maximum Amt	Factor
\$250,000	0.9350
\$500,000	0.9700
\$1,000,000	0.9875
\$2,000,000	1.0000
\$3,000,000	1.0017
\$4,000,000	1.0033
\$5,000,000	1.0050
Unlimited	1.0100

Table 97 Calendar Year Maximum Benefit

Annual Benefit Max	Factor
\$50,000	0.9700
\$100,000	0.9800
\$150,000	0.9880
\$250,000	0.9950
\$500,000	1.0000
\$1,000,000	1.0010
\$2,000,000	1.0010
\$3,000,000	1.0017
\$4,000,000	1.0033
\$5,000,000	1.0050
Unlimited	1.0100

Table 98 Contract State Mandate Adjustment

Option	Factor
Include Elsewhere	1.0000

Table 99 Family Deductible Limit

a. Standard Family Limit Definition

Adjusted Plan Deductible	Family Limit						
	None Factor	1X Factor	2X Factor	2.5X Factor	3X Factor	2 Individuals Factor	3 Individuals Factor
\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$100	1.0000	1.0110	1.0045	1.0030	1.0010	1.0042	1.0010
\$200	1.0000	1.0190	1.0070	1.0040	1.0020	1.0067	1.0020
\$300	1.0000	1.0260	1.0085	1.0050	1.0030	1.0082	1.0020
\$500	1.0000	1.0370	1.0110	1.0070	1.0030	1.0100	1.0020
\$750	1.0000	1.0450	1.0120	1.0070	1.0030	1.0085	1.0020
\$1,000	1.0000	1.0510	1.0130	1.0060	1.0030	1.0070	1.0010
\$1,250	1.0000	1.0580	1.0135	1.0060	1.0030	1.0070	1.0010
\$1,500	1.0000	1.0650	1.0140	1.0060	1.0020	1.0070	1.0010
\$2,000	1.0000	1.0750	1.0140	1.0060	1.0020	1.0065	1.0010
\$3,000	1.0000	1.0890	1.0140	1.0050	1.0020	1.0055	1.0005
\$4,000	1.0000	1.0980	1.0125	1.0040	1.0020	1.0040	1.0005
\$5,000	1.0000	1.1030	1.0115	1.0035	1.0010	1.0035	1.0005
\$6,000	1.0000	1.1060	1.0100	1.0035	1.0010	1.0035	1.0002
\$7,000	1.0000	1.1070	1.0090	1.0030	1.0010	1.0030	1.0002
\$8,000	1.0000	1.1070	1.0090	1.0030	1.0010	1.0030	1.0002
\$9,000	1.0000	1.1060	1.0080	1.0020	1.0010	1.0025	1.0001
\$10,000	1.0000	1.1050	1.0070	1.0020	1.0005	1.0025	1.0001
\$15,000	1.0000	1.0980	1.0050	1.0015	1.0005	1.0025	1.0001
\$20,000	1.0000	1.0890	1.0035	1.0010	1.0001	1.0025	1.0001

Table 99 Family Deductible Limit

b1. TIF Family Limit Definition (Preferred)

Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure									
			2 Tier		3 Tier			4 Tier				
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor	
None	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1	\$500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$501	\$1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,001	\$1,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,501	\$2,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,001	\$2,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,501	\$3,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,001	\$3,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,501	\$4,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,001	\$4,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,501	\$5,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$5,001	\$6,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$6,001	\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$7,001	\$8,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$8,001	\$9,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$9,001	\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$10,001	\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$15,001	\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$1	\$500	1.0000	1.0560	1.0000	1.0220	1.0720	1.0000	1.0220	1.0500	1.0770	1.0000
1X	\$501	\$1,000	1.0000	1.0820	1.0000	1.0310	1.1070	1.0000	1.0310	1.0700	1.1150	1.0000
1X	\$1,001	\$1,500	1.0000	1.1080	1.0000	1.0390	1.1410	1.0000	1.0390	1.0860	1.1540	1.0000
1X	\$1,501	\$2,000	1.0000	1.1250	1.0000	1.0450	1.1660	1.0000	1.0450	1.0950	1.1830	1.0000
1X	\$2,001	\$2,500	1.0000	1.1380	1.0000	1.0490	1.1840	1.0000	1.0490	1.0990	1.2040	1.0000
1X	\$2,501	\$3,000	1.0000	1.1470	1.0000	1.0520	1.1970	1.0000	1.0520	1.1010	1.2200	1.0000
1X	\$3,001	\$3,500	1.0000	1.1540	1.0000	1.0550	1.2070	1.0000	1.0550	1.1020	1.2310	1.0000
1X	\$3,501	\$4,000	1.0000	1.1590	1.0000	1.0550	1.2140	1.0000	1.0550	1.1020	1.2400	1.0000
1X	\$4,001	\$4,500	1.0000	1.1620	1.0000	1.0560	1.2190	1.0000	1.0560	1.1030	1.2460	1.0000
1X	\$4,501	\$5,000	1.0000	1.1640	1.0000	1.0570	1.2230	1.0000	1.0570	1.1040	1.2510	1.0000
1X	\$5,001	\$6,000	1.0000	1.1660	1.0000	1.0560	1.2280	1.0000	1.0560	1.1040	1.2570	1.0000
1X	\$6,001	\$7,000	1.0000	1.1670	1.0000	1.0540	1.2320	1.0000	1.0540	1.1040	1.2620	1.0000
1X	\$7,001	\$8,000	1.0000	1.1660	1.0000	1.0510	1.2330	1.0000	1.0510	1.1030	1.2640	1.0000
1X	\$8,001	\$9,000	1.0000	1.1640	1.0000	1.0470	1.2330	1.0000	1.0470	1.1030	1.2640	1.0000
1X	\$9,001	\$10,000	1.0000	1.1610	1.0000	1.0420	1.2320	1.0000	1.0420	1.1050	1.2630	1.0000
1X	\$10,001	\$15,000	1.0000	1.1500	1.0000	1.0320	1.2250	1.0000	1.0320	1.1070	1.2530	1.0000
1X	\$15,001	\$20,000	1.0000	1.1310	1.0000	1.0210	1.2060	1.0000	1.0210	1.1070	1.2290	1.0000
2X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2X	\$1	\$500	1.0000	1.0120	1.0000	0.9850	1.0250	1.0000	0.9850	0.9930	1.0320	1.0000
2X	\$501	\$1,000	1.0000	1.0060	1.0000	0.9850	1.0230	1.0000	0.9850	0.9770	1.0340	1.0000
2X	\$1,001	\$1,500	1.0000	0.9900	1.0000	0.9450	1.0120	1.0000	0.9450	0.9530	1.0260	1.0000
2X	\$1,501	\$2,000	1.0000	0.9720	1.0000	0.9240	0.9960	1.0000	0.9240	0.9300	1.0110	1.0000
2X	\$2,001	\$2,500	1.0000	0.9540	1.0000	0.9050	0.9790	1.0000	0.9050	0.9070	0.9950	1.0000
2X	\$2,501	\$3,000	1.0000	0.9360	1.0000	0.8870	0.9610	1.0000	0.8870	0.8850	0.9790	1.0000
2X	\$3,001	\$3,500	1.0000	0.9190	1.0000	0.8720	0.9440	1.0000	0.8720	0.8660	0.9620	1.0000
2X	\$3,501	\$4,000	1.0000	0.9040	1.0000	0.8590	0.9270	1.0000	0.8590	0.8490	0.9450	1.0000
2X	\$4,001	\$4,500	1.0000	0.8890	1.0000	0.8480	0.9100	1.0000	0.8480	0.8340	0.9280	1.0000
2X	\$4,501	\$5,000	1.0000	0.8760	1.0000	0.8390	0.8950	1.0000	0.8390	0.8200	0.9130	1.0000
2X	\$5,001	\$6,000	1.0000	0.8630	1.0000	0.8310	0.8810	1.0000	0.8310	0.8060	0.8980	1.0000
2X	\$6,001	\$7,000	1.0000	0.8450	1.0000	0.8180	0.8590	1.0000	0.8180	0.7960	0.8770	1.0000
2X	\$7,001	\$8,000	1.0000	0.8230	1.0000	0.8020	0.8340	1.0000	0.8020	0.7650	0.8510	1.0000
2X	\$8,001	\$9,000	1.0000	0.8060	1.0000	0.7890	0.8160	1.0000	0.7890	0.7490	0.8310	1.0000
2X	\$9,001	\$10,000	1.0000	0.7900	1.0000	0.7760	0.7980	1.0000	0.7760	0.7360	0.8120	1.0000
2X	\$10,001	\$15,000	1.0000	0.7540	1.0000	0.7420	0.7610	1.0000	0.7420	0.7140	0.7720	1.0000
2X	\$15,001	\$20,000	1.0000	0.7200	1.0000	0.7070	0.7280	1.0000	0.7070	0.7000	0.7340	1.0000

Table 99 Family Deductible Limit

b1. TIF Family Limit Definition (Preferred)											
Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure								
			2 Tier		3 Tier			4 Tier			
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+CH(n) Factor	Family Factor
2.5X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2.5X	\$1	\$500	1.0000	0.9920	1.0000	0.9670	1.0030	1.0000	0.9670	0.9680	1.0110
2.5X	\$501	\$1,000	1.0000	0.9720	1.0000	0.9400	0.9870	1.0000	0.9400	0.9390	0.9980
2.5X	\$1,001	\$1,500	1.0000	0.9410	1.0000	0.9060	0.9580	1.0000	0.9060	0.9010	0.9710
2.5X	\$1,501	\$2,000	1.0000	0.9110	1.0000	0.8750	0.9290	1.0000	0.8750	0.8670	0.9430
2.5X	\$2,001	\$2,500	1.0000	0.8830	1.0000	0.8480	0.9010	1.0000	0.8480	0.8360	0.9150
2.5X	\$2,501	\$3,000	1.0000	0.8580	1.0000	0.8260	0.8750	1.0000	0.8260	0.8090	0.8900
2.5X	\$3,001	\$3,500	1.0000	0.8360	1.0000	0.8060	0.8520	1.0000	0.8060	0.7840	0.8650
2.5X	\$3,501	\$4,000	1.0000	0.8150	1.0000	0.7920	0.8270	1.0000	0.7920	0.7620	0.8420
2.5X	\$4,001	\$4,500	1.0000	0.8010	1.0000	0.7820	0.8110	1.0000	0.7820	0.7470	0.8250
2.5X	\$4,501	\$5,000	1.0000	0.7900	1.0000	0.7740	0.7970	1.0000	0.7740	0.7350	0.8120
2.5X	\$5,001	\$6,000	1.0000	0.7650	1.0000	0.7570	0.7680	1.0000	0.7570	0.7090	0.7820
2.5X	\$6,001	\$7,000	1.0000	0.7380	1.0000	0.7380	0.7370	1.0000	0.7380	0.6820	0.7500
2.5X	\$7,001	\$8,000	1.0000	0.7180	1.0000	0.7220	0.7140	1.0000	0.7220	0.6610	0.7260
2.5X	\$8,001	\$9,000	1.0000	0.7020	1.0000	0.7080	0.6970	1.0000	0.7080	0.6480	0.7080
2.5X	\$9,001	\$10,000	1.0000	0.6930	1.0000	0.6980	0.6890	1.0000	0.6980	0.6430	0.6990
2.5X	\$10,001	\$15,000	1.0000	0.6620	1.0000	0.6650	0.6590	1.0000	0.6650	0.6260	0.6670
2.5X	\$15,001	\$20,000	1.0000	0.6030	1.0000	0.6090	0.5980	1.0000	0.6090	0.5870	0.6000
3X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3X	\$1	\$500	1.0000	0.9720	1.0000	0.9510	0.9920	1.0000	0.9510	0.9450	0.9900
3X	\$501	\$1,000	1.0000	0.9400	1.0000	0.9150	0.9530	1.0000	0.9150	0.9040	0.9640
3X	\$1,001	\$1,500	1.0000	0.8960	1.0000	0.8700	0.9090	1.0000	0.8700	0.8550	0.9220
3X	\$1,501	\$2,000	1.0000	0.8570	1.0000	0.8310	0.8690	1.0000	0.8310	0.8130	0.8820
3X	\$2,001	\$2,500	1.0000	0.8220	1.0000	0.8000	0.8340	1.0000	0.8000	0.7760	0.8470
3X	\$2,501	\$3,000	1.0000	0.7920	1.0000	0.7750	0.8010	1.0000	0.7750	0.7440	0.8140
3X	\$3,001	\$3,500	1.0000	0.7680	1.0000	0.7560	0.7740	1.0000	0.7560	0.7190	0.7870
3X	\$3,501	\$4,000	1.0000	0.7500	1.0000	0.7420	0.7530	1.0000	0.7420	0.6980	0.7660
3X	\$4,001	\$4,500	1.0000	0.7310	1.0000	0.7290	0.7320	1.0000	0.7290	0.6790	0.7440
3X	\$4,501	\$5,000	1.0000	0.7090	1.0000	0.7130	0.7060	1.0000	0.7130	0.6560	0.7170
3X	\$5,001	\$6,000	1.0000	0.6860	1.0000	0.6970	0.6790	1.0000	0.6970	0.6320	0.6990
3X	\$6,001	\$7,000	1.0000	0.6620	1.0000	0.6790	0.6520	1.0000	0.6790	0.6080	0.6620
3X	\$7,001	\$8,000	1.0000	0.6440	1.0000	0.6630	0.6320	1.0000	0.6630	0.5910	0.6420
3X	\$8,001	\$9,000	1.0000	0.6280	1.0000	0.6470	0.6160	1.0000	0.6470	0.5730	0.6240
3X	\$9,001	\$10,000	1.0000	0.6060	1.0000	0.6260	0.5930	1.0000	0.6260	0.5620	0.6000
3X	\$10,001	\$15,000	1.0000	0.5700	1.0000	0.5880	0.5670	1.0000	0.5880	0.5390	0.5810
3X	\$15,001	\$20,000	1.0000	0.5290	1.0000	0.5440	0.5180	1.0000	0.5440	0.5140	0.5180

Table 99 Family Deductible Limit

b2. TIF Family Limit Definition (Non-Preferred)

Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure									
			2 Tier		3 Tier			4 Tier				
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor	
None	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1	\$500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$501	\$1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,001	\$1,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,501	\$2,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,001	\$2,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,501	\$3,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,001	\$3,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,501	\$4,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,001	\$4,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,501	\$5,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$5,001	\$6,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$6,001	\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$7,001	\$8,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$8,001	\$9,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$9,001	\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$10,001	\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$15,001	\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$1	\$500	1.0000	1.0430	1.0280	1.0280	1.0490	1.0000	1.0280	0.9760	1.0520	1.0000
1X	\$501	\$1,000	1.0000	1.0650	1.0410	1.0410	1.0730	1.0000	1.0410	0.9670	1.0800	1.0000
1X	\$1,001	\$1,500	1.0000	1.0910	1.0570	1.0570	1.1030	1.0000	1.0570	0.9590	1.1120	1.0000
1X	\$1,501	\$2,000	1.0000	1.1140	1.0720	1.0720	1.1280	1.0000	1.0720	0.9540	1.1400	1.0000
1X	\$2,001	\$2,500	1.0000	1.1350	1.0850	1.0850	1.1490	1.0000	1.0850	0.9510	1.1640	1.0000
1X	\$2,501	\$3,000	1.0000	1.1500	1.0980	1.0980	1.1670	1.0000	1.0980	0.9490	1.1850	1.0000
1X	\$3,001	\$3,500	1.0000	1.1660	1.1080	1.1080	1.1840	1.0000	1.1080	0.9460	1.2050	1.0000
1X	\$3,501	\$4,000	1.0000	1.1790	1.1130	1.1130	1.2000	1.0000	1.1130	0.9450	1.2240	1.0000
1X	\$4,001	\$4,500	1.0000	1.1910	1.1170	1.1170	1.2140	1.0000	1.1170	0.9440	1.2400	1.0000
1X	\$4,501	\$5,000	1.0000	1.2010	1.1200	1.1200	1.2260	1.0000	1.1200	0.9440	1.2550	1.0000
1X	\$5,001	\$6,000	1.0000	1.2130	1.1210	1.1210	1.2420	1.0000	1.1210	0.9440	1.2740	1.0000
1X	\$6,001	\$7,000	1.0000	1.2260	1.1200	1.1200	1.2590	1.0000	1.1200	0.9430	1.2960	1.0000
1X	\$7,001	\$8,000	1.0000	1.2340	1.1150	1.1150	1.2700	1.0000	1.1150	0.9420	1.3100	1.0000
1X	\$8,001	\$9,000	1.0000	1.2390	1.1080	1.1080	1.2780	1.0000	1.1080	0.9410	1.3200	1.0000
1X	\$9,001	\$10,000	1.0000	1.2420	1.1030	1.1030	1.2840	1.0000	1.1030	0.9410	1.3280	1.0000
1X	\$10,001	\$15,000	1.0000	1.2480	1.0920	1.0920	1.2950	1.0000	1.0920	0.9430	1.3460	1.0000
1X	\$15,001	\$20,000	1.0000	1.2480	1.0690	1.0690	1.3010	1.0000	1.0690	0.9420	1.3600	1.0000
2X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2X	\$1	\$500	1.0000	0.9630	1.0000	0.9410	0.9700	1.0000	0.9410	0.9360	0.9750	1.0000
2X	\$501	\$1,000	1.0000	0.9420	1.0000	0.9040	0.9550	1.0000	0.9040	0.9060	0.9630	1.0000
2X	\$1,001	\$1,500	1.0000	0.9150	1.0000	0.8550	0.9350	1.0000	0.8550	0.8750	0.9440	1.0000
2X	\$1,501	\$2,000	1.0000	0.8930	1.0000	0.8170	0.9180	1.0000	0.8170	0.8530	0.9280	1.0000
2X	\$2,001	\$2,500	1.0000	0.8750	1.0000	0.7880	0.9030	1.0000	0.7880	0.8320	0.9150	1.0000
2X	\$2,501	\$3,000	1.0000	0.8610	1.0000	0.7680	0.8910	1.0000	0.7680	0.8200	0.9030	1.0000
2X	\$3,001	\$3,500	1.0000	0.8490	1.0000	0.7490	0.8820	1.0000	0.7490	0.8130	0.8930	1.0000
2X	\$3,501	\$4,000	1.0000	0.8380	1.0000	0.7320	0.8710	1.0000	0.7320	0.8030	0.8830	1.0000
2X	\$4,001	\$4,500	1.0000	0.8260	1.0000	0.7160	0.8610	1.0000	0.7160	0.7940	0.8720	1.0000
2X	\$4,501	\$5,000	1.0000	0.8160	1.0000	0.7050	0.8510	1.0000	0.7050	0.7850	0.8630	1.0000
2X	\$5,001	\$6,000	1.0000	0.8150	1.0000	0.7030	0.8490	1.0000	0.7030	0.7860	0.8610	1.0000
2X	\$6,001	\$7,000	1.0000	0.8120	1.0000	0.7000	0.8460	1.0000	0.7000	0.7950	0.8560	1.0000
2X	\$7,001	\$8,000	1.0000	0.8020	1.0000	0.6970	0.8370	1.0000	0.6970	0.8050	0.8440	1.0000
2X	\$8,001	\$9,000	1.0000	0.7990	1.0000	0.6750	0.8260	1.0000	0.6750	0.8200	0.8390	1.0000
2X	\$9,001	\$10,000	1.0000	0.7950	1.0000	0.6610	0.8350	1.0000	0.6610	0.8340	0.8350	1.0000
2X	\$10,001	\$15,000	1.0000	0.7920	1.0000	0.6190	0.8440	1.0000	0.6190	0.8560	0.8420	1.0000
2X	\$15,001	\$20,000	1.0000	0.7890	1.0000	0.5810	0.8510	1.0000	0.5810	0.8640	0.8480	1.0000

Table 99 Family Deductible Limit

b1. TIF Family Limit Definition (Preferred)

Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure									
			2 Tier		3 Tier		4 Tier					
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor	
2.5X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2.5X	\$1	\$500	1.0000	0.9200	1.0000	0.9040	0.9380	1.0000	0.9040	0.9010	0.9440	0.9440
2.5X	\$501	\$1,000	1.0000	0.8820	1.0000	0.8470	0.9090	1.0000	0.8470	0.8580	0.9160	0.9160
2.5X	\$1,001	\$1,500	1.0000	0.8480	1.0000	0.7790	0.8710	1.0000	0.7790	0.8160	0.8800	0.8800
2.5X	\$1,501	\$2,000	1.0000	0.8130	1.0000	0.7280	0.8420	1.0000	0.7280	0.7850	0.8510	0.8510
2.5X	\$2,001	\$2,500	1.0000	0.7870	1.0000	0.6910	0.8180	1.0000	0.6910	0.7640	0.8270	0.8270
2.5X	\$2,501	\$3,000	1.0000	0.7650	1.0000	0.6640	0.7980	1.0000	0.6640	0.7490	0.8060	0.8060
2.5X	\$3,001	\$3,500	1.0000	0.7460	1.0000	0.6430	0.7790	1.0000	0.6430	0.7350	0.7870	0.7870
2.5X	\$3,501	\$4,000	1.0000	0.7300	1.0000	0.6240	0.7630	1.0000	0.6240	0.7220	0.7700	0.7700
2.5X	\$4,001	\$4,500	1.0000	0.7230	1.0000	0.6170	0.7560	1.0000	0.6170	0.7200	0.7620	0.7620
2.5X	\$4,501	\$5,000	1.0000	0.7210	1.0000	0.6150	0.7540	1.0000	0.6150	0.7280	0.7590	0.7590
2.5X	\$5,001	\$6,000	1.0000	0.7060	1.0000	0.6010	0.7390	1.0000	0.6010	0.7270	0.7410	0.7410
2.5X	\$6,001	\$7,000	1.0000	0.6940	1.0000	0.5850	0.7270	1.0000	0.5850	0.7330	0.7260	0.7260
2.5X	\$7,001	\$8,000	1.0000	0.6880	1.0000	0.5710	0.7240	1.0000	0.5710	0.7470	0.7190	0.7190
2.5X	\$8,001	\$9,000	1.0000	0.6880	1.0000	0.5590	0.7270	1.0000	0.5590	0.7560	0.7200	0.7200
2.5X	\$9,001	\$10,000	1.0000	0.6970	1.0000	0.5540	0.7400	1.0000	0.5540	0.7890	0.7300	0.7300
2.5X	\$10,001	\$15,000	1.0000	0.6930	1.0000	0.5220	0.7450	1.0000	0.5220	0.8010	0.7320	0.7320
2.5X	\$15,001	\$20,000	1.0000	0.6500	1.0000	0.4590	0.7070	1.0000	0.4590	0.7770	0.6890	0.6890
3X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
3X	\$1	\$500	1.0000	0.8990	1.0000	0.8700	0.9090	1.0000	0.8700	0.8690	0.9150	0.9150
3X	\$501	\$1,000	1.0000	0.8480	1.0000	0.7970	0.8660	1.0000	0.7970	0.8170	0.8730	0.8730
3X	\$1,001	\$1,500	1.0000	0.7910	1.0000	0.7150	0.8160	1.0000	0.7150	0.7660	0.8240	0.8240
3X	\$1,501	\$2,000	1.0000	0.7480	1.0000	0.6560	0.7780	1.0000	0.6560	0.7330	0.7860	0.7860
3X	\$2,001	\$2,500	1.0000	0.7140	1.0000	0.6140	0.7470	1.0000	0.6140	0.7090	0.7540	0.7540
3X	\$2,501	\$3,000	1.0000	0.6970	1.0000	0.5850	0.7200	1.0000	0.5850	0.6890	0.7260	0.7260
3X	\$3,001	\$3,500	1.0000	0.6880	1.0000	0.5660	0.7000	1.0000	0.5660	0.6760	0.7050	0.7050
3X	\$3,501	\$4,000	1.0000	0.6580	1.0000	0.5570	0.6900	1.0000	0.5570	0.6750	0.6930	0.6930
3X	\$4,001	\$4,500	1.0000	0.6500	1.0000	0.5490	0.6820	1.0000	0.5490	0.6780	0.6820	0.6820
3X	\$4,501	\$5,000	1.0000	0.6350	1.0000	0.5340	0.6660	1.0000	0.5340	0.6780	0.6640	0.6640
3X	\$5,001	\$6,000	1.0000	0.6230	1.0000	0.5190	0.6550	1.0000	0.5190	0.6820	0.6500	0.6500
3X	\$6,001	\$7,000	1.0000	0.6170	1.0000	0.5050	0.6510	1.0000	0.5050	0.6940	0.6430	0.6430
3X	\$7,001	\$8,000	1.0000	0.6160	1.0000	0.4930	0.6530	1.0000	0.4930	0.7120	0.6420	0.6420
3X	\$8,001	\$9,000	1.0000	0.6180	1.0000	0.4820	0.6600	1.0000	0.4820	0.7340	0.6450	0.6450
3X	\$9,001	\$10,000	1.0000	0.6130	1.0000	0.4610	0.6590	1.0000	0.4610	0.7510	0.6400	0.6400
3X	\$10,001	\$15,000	1.0000	0.5940	1.0000	0.4260	0.6450	1.0000	0.4260	0.7450	0.6230	0.6230
3X	\$15,001	\$20,000	1.0000	0.5700	1.0000	0.3850	0.6240	1.0000	0.3850	0.7200	0.6010	0.6010

Table 100 Deductible Credit

Option	Factor
Included	1.0000
Excluded	0.9900

Table 101 Family Out-of-Pocket Limit

a. Standard Family Limit Definition	
Option	Factor
1x Individual OOP Amount	1.0030
2x Individual OOP Amount	1.0020
2.5x Individual OOP Amount	1.0015
3x Individual OOP Amount	1.0010
2 Individuals	1.0010
3 Individuals	1.0005
None	1.0000

Table 101 Family Out-of-Pocket Limit

b. TIF Family Limit Definition		Family Limit			
		1X Factor	2X Factor	2.5X Factor	3X Factor
2 Tier	Single	1.0000	1.0000	1.0000	1.0000
2 Tier	Family	1.0050	0.9850	0.9800	0.9700
3 Tier	Single	1.0000	1.0000	1.0000	1.0000
3 Tier	2 Party	1.0050	0.9850	0.9800	0.9700
3 Tier	Family	1.0050	0.9850	0.9800	0.9700
4 Tier	Single	1.0000	1.0000	1.0000	1.0000
4 Tier	Couple	1.0050	0.9850	0.9800	0.9700
4 Tier	EE+Ch(n)	1.0050	0.9850	0.9800	0.9700
4 Tier	Family	1.0050	0.9850	0.9800	0.9700

Table 107 National Advantage

	OCN	Other
Included	1.0000	1.0000
Excluded	1.0701	1.0000

Table 109 Step Therapy/Pre-certification Adjustment

Benefit Option	Factor
Basic Precertification Only	1.0000
Add Expanded Precertification and Step Therapy	0.9900
Add Step Therapy Only	0.9950
Add Expanded Precertification Only	0.9950
Add Expanded Precertification after 90 days Only	0.9983
Add Step Therapy after 90 days Only	0.9983
Add Expanded Precertification after 90 days and Step Therapy after 90 days	0.9987
Add Step Therapy and Expanded Precertification after 90 days	0.9933
Add Expanded Precertification and Step Therapy after 90 days	0.9933
Full Pharmacy Step-Therapy and Precertification	0.9867
Pharmacy Benefit Excluded	1.0000

Table 108 Custom Product

Benefit	Factor
No Custom Benefits	1.0000

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Table 111 Mental Health Deductible

Deductible	Factor
\$0	1.0000
\$50	1.0000
\$100	0.9993
\$150	0.9987
\$200	0.9982
\$250	0.9977
\$300	0.9971
\$350	0.9966
\$400	0.9962
\$450	0.9958
\$500	0.9955
\$550	0.9951
\$600	0.9948
\$650	0.9945
\$700	0.9942
\$750	0.9939
\$800	0.9936
\$850	0.9933
\$900	0.9931
\$950	0.9929
\$1,000	0.9926
\$1,250	0.9924
\$1,500	0.9914
\$2,000	0.9905
\$2,500	0.9892
\$3,000	0.9881
\$3,500	0.9872
\$4,000	0.9865
\$4,500	0.9861
\$5,000	0.9856
\$5,500	0.9851
\$6,000	0.9849
\$6,500	0.9846
\$7,000	0.9844
\$7,500	0.9841
\$8,000	0.9839
\$8,500	0.9837
\$9,000	0.9835
\$9,500	0.9834
\$10,000	0.9832
\$15,000	0.9831
\$20,000	0.9823
Not Applicable	0.9816

Table 113 Selection Load

a. Anchor Plan Values - Network 1

Product	Factor
HMO - All Products	1.0000
QPOS - All Products	1.0000

Table 113 Selection Load

b. Selection Load Factor - Network 1

Benefit Adjustment Factor / Anchor	HMO - All Products	QPOS - All Products
Plan Benefit Adjustment Factor	Factor	Factor
< .85	1.0000	1.0000
: .85 < .85	1.0000	1.0000
: .95 < 1.05	1.0000	1.0000
: 1.05 < 1.15	1.0000	1.0000
: 1.15	1.0000	1.0000

Section IV.

Table 115 Base Plan Component Steerage Factor

Table 121 Steerage Factor

HMO - All Products										
Final Non-Pref. to Pref. Benefit Adj. Factor Ratio	Preferred Final Benefit Adjustment Factor									
	< .50	≥ .50 < .55	≥ .55 < .60	≥ .60 < .65	≥ .65 < .70	≥ .70 < .75	≥ .75 < .80	≥ .80 < .85	≥ .85 < .90	≥ .90
< .50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .50 < .55	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .55 < .60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .60 < .65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .65 < .70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .70 < .75	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .75 < .80	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .80 < .85	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .85 < .90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
≥ .90	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

QPOS - All Products

Final Non-Pref. to Pref. Benefit Adj. Factor Ratio	Preferred Final Benefit Adjustment Factor									
	< .50	≥ .50 < .55	≥ .55 < .60	≥ .60 < .65	≥ .65 < .70	≥ .70 < .75	≥ .75 < .80	≥ .80 < .85	≥ .85 < .90	≥ .90
< .50	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .50 < .55	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .55 < .60	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .60 < .65	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .65 < .70	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .70 < .75	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .75 < .80	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .80 < .85	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .85 < .90	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000
≥ .90	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000	0.9000

Table 116 Component Base Relativity Factor

Product	Factor
HMO - All Products	Factor
QPOS - All Products	1.0000

Table 117 Normalized Claim Relativity Factor

Product	Factor
HMO - All Products	1.0000
QPOS - All Products	1.0010

Table 120 Trend Factor
HMO - All Products

Effective Date	Trend Factor
01/01/2012	1.000
04/01/2012	1.018
07/01/2012	1.037
10/01/2012	1.056

QPOS - All Products

Effective Date	Trend Factor
01/01/2012	1.000
04/01/2012	1.018
07/01/2012	1.037
10/01/2012	1.056

Section V.

Table 124 Industry

SIC Range		
From	To	Factor
111	119	0.9800
131	139	0.9800
161	161	0.9800
171	179	0.9800
181	182	0.9800
191	191	0.9800
211	291	1.0700
711	722	0.9800
723	723	0.9800
724	724	0.9800
741	742	0.9800
751	752	0.9800
761	762	0.9800
781	781	1.0000
782	783	0.9800
811	851	1.0300
912	919	1.1000
921	921	1.0000
971	971	1.0300
1011	1031	1.1500
1041	1044	1.1500
1061	1081	1.1500
1094	1099	1.1500
1221	1222	1.1500
1231	1231	1.1500
1241	1241	1.1500
1311	1321	1.0000
1381	1389	1.0000
1411	1429	1.0300
1442	1446	1.0300
1455	1459	1.0300
1474	1479	1.0300
1481	1499	1.0300
1521	1522	1.0400
1531	1531	1.0900
1541	1541	1.0200
1542	1542	1.0000
1611	1611	1.0300
1622	1629	1.0300
1711	1711	1.0100
1721	1721	1.0100
1731	1731	1.0100
1741	1741	1.0100
1742	1742	1.0100
1743	1743	1.0100
1751	1752	1.0100
1761	1761	1.0100
1771	1771	1.0100
1781	1781	1.0100
1791	1791	1.0100
1793	1793	1.0100
1794	1794	1.0100
1795	1795	1.0100
1796	1796	1.0100
1799	1799	1.0100
2011	2015	1.0000
2021	2035	1.0000
2037	2048	0.9800
2051	2052	0.9800
2053	2053	0.9800
2061	2063	0.9800
2064	2068	0.9800
2074	2079	0.9800
2082	2087	0.9800
2091	2091	0.9800
2092	2092	0.9800
2095	2095	0.9800
2096	2096	0.9800
2097	2097	0.9800
2098	2098	0.9800
2099	2099	0.9800
2111	2141	1.0000
2211	2211	1.0000
2221	2221	1.0000
2231	2231	1.0000
2241	2241	1.0000
2251	2259	1.0000
2261	2269	1.0000
2273	2273	1.0000
2281	2284	1.0000
2295	2299	1.0000
2311	2329	0.9800
2331	2342	0.9800
2353	2353	0.9800
2361	2369	0.9800
2371	2399	1.0000
2411	2411	1.0000
2421	2429	1.0000

SIC Range		
From	To	Factor
2431	2431	1.0300
2434	2434	0.9700
2435	2435	0.9700
2436	2436	0.9700
2439	2439	0.9700
2441	2449	0.9700
2451	2452	0.9700
2491	2499	0.9700
2511	2519	0.9700
2521	2522	0.9700
2531	2531	0.9700
2541	2542	0.9700
2591	2599	0.9700
2611	2611	1.0300
2621	2621	1.0300
2631	2631	1.0300
2652	2657	1.0300
2671	2679	1.0300
2711	2711	1.0000
2721	2789	1.0000
2791	2796	1.0000
2812	2819	1.0000
2821	2824	1.0000
2833	2834	1.0400
2835	2836	1.0000
2841	2844	0.9800
2851	2851	0.9800
2861	2869	0.9800
2873	2879	0.9800
2891	2891	0.9500
2892	2892	0.9500
2893	2895	0.9500
2899	2899	0.9500
2911	2952	1.0300
2992	2999	1.0300
3011	3011	0.9800
3021	3069	0.9800
3081	3089	0.9600
3111	3111	1.0000
3131	3149	1.0000
3151	3199	1.0000
3211	3211	1.0200
3221	3231	1.0200
3241	3241	1.0200
3251	3259	1.0200
3261	3269	1.0200
3271	3275	1.0200
3281	3281	1.0200
3291	3291	1.0200
3292	3292	1.0200
3295	3299	1.0200
3312	3317	1.0400
3321	3325	1.0400
3331	3339	1.0400
3341	3341	1.0400
3351	3357	1.0400
3363	3369	1.0400
3398	3399	1.0400
3411	3412	0.9400
3421	3429	0.9400
3431	3433	0.9400
3441	3441	0.9400
3442	3442	1.0000
3443	3443	0.9800
3444	3444	0.9800
3446	3446	0.9800
3448	3448	0.9800
3449	3449	0.9800
3451	3452	0.9800
3462	3469	0.9800
3471	3479	0.9800
3482	3483	0.9800
3484	3484	0.9800
3489	3489	0.9800
3491	3499	0.9700
3511	3519	0.9700
3523	3524	0.9700
3531	3537	0.9800
3541	3549	0.9500
3552	3569	0.9500
3571	3579	0.9500
3581	3589	0.9500
3592	3599	0.9500
3612	3613	0.9900
3621	3648	0.9900
3651	3652	0.9900
3661	3669	0.9900

SIC Range		
From	To	Factor
3671	3679	0.9900
3691	3699	0.9900
3711	3716	1.0000
3721	3728	0.9500
3731	3731	0.9500
3732	3732	0.9500
3743	3743	0.9500
3751	3751	0.9500
3761	3769	0.9500
3792	3792	0.9500
3795	3795	0.9500
3799	3799	0.9500
3812	3812	0.9400
3821	3829	1.0100
3841	3845	1.0100
3851	3851	1.0100
3861	3861	0.9400
3873	3873	0.9400
3911	3915	0.9400
3931	3931	1.0000
3942	3949	1.0000
3951	3955	0.9700
3961	3965	0.9700
3991	3999	0.9700
4011	4013	1.0200
4111	4119	1.0600
4121	4121	1.1200
4131	4131	1.0600
4141	4142	1.0600
4151	4151	1.0300
4173	4173	1.0400
4212	4212	1.0200
4213	4214	1.0200
4215	4215	1.0200
4221	4221	1.0200
4222	4222	1.0200
4225	4225	1.0200
4226	4226	1.0200
4231	4231	1.0200
4311	4311	1.0000
4412	4412	1.0200
4424	4424	1.0200
4432	4432	1.0200
4449	4449	1.0200
4481	4489	1.0200
4491	4499	1.0200
4512	4513	0.9500
4522	4522	0.9500
4581	4581	0.9500
4612	4619	1.0500
4724	4729	1.0800
4731	4731	0.9800
4741	4789	0.9800
4812	4813	1.0000
4822	4899	1.0200
4911	4911	0.9700
4922	4925	1.0000
4931	4939	0.9500
4941	4941	0.9500
4952	4959	0.9500
4961	4961	0.9500
4971	4971	0.9500
5012	5015	1.0000
5021	5021	1.0000
5023	5023	1.0000
5031	5039	1.0400
5043	5049	1.0200
5051	5052	1.0200
5063	5064	1.0200
5065	5065	1.0200
5072	5078	1.0000
5082	5087	1.0000
5088	5088	1.0000
5091	5092	1.0000
5093	5093	1.1200
5094	5099	0.9400
5111	5113	1.0000
5122	5122	0.9800
5131	5139	1.0200
5141	5149	0.9800
5153	5153	0.9800
5154	5159	0.9800
5162	5169	0.9800
5171	5172	0.9800
5181	5182	0.9800
5191	5199	1.0200
5211	5211	1.0300

Table 124 Industry (continued)

SIC Range		
From	To	Factor
5231	5231	1.0300
5251	5261	1.0300
5271	5271	1.0300
5311	5399	0.9700
5411	5411	1.0000
5421	5421	1.0000
5431	5431	1.0000
5441	5441	1.0000
5451	5451	1.0000
5461	5461	1.0000
5499	5499	1.0000
5511	5511	1.1000
5521	5521	1.1000
5531	5531	1.1000
5541	5541	1.1000
5551	5551	1.1200
5561	5561	1.1200
5571	5571	1.1200
5599	5599	1.1200
5611	5651	0.9600
5661	5661	0.9600
5699	5699	0.9600
5712	5719	1.0200
5722	5722	1.0400
5731	5736	0.9700
5812	5812	1.0000
5813	5813	1.0500
5912	5912	0.9700
5921	5921	1.0600
5932	5932	1.0000
5941	5949	0.9700
5961	5963	1.0500
5983	5989	1.0500
5992	5992	1.0000
5993	5999	1.0000
6011	6149	1.0000
6153	6163	1.0300
6211	6289	1.0000
6311	6399	1.0300
6411	6411	1.0300
6512	6519	1.0300
6531	7221	1.0300
6541	6553	1.0300
6712	6799	0.9700
7011	7041	0.9800
7211	7219	0.9900
7221	7221	1.0000
7231	7241	1.0500
7251	7251	1.0300
7261	7261	1.0500
7291	7299	1.0300
7311	7311	0.9800
7312	7319	0.9800
7322	7331	1.0300
7334	7334	0.9600
7335	7336	0.9600
7338	7338	0.9600
7342	7349	0.9800
7352	7352	1.0000
7353	7359	1.0000
7361	7363	1.0300
7371	7379	0.9700
7381	7381	0.9700
7382	7382	1.0000
7383	7383	1.0400
7384	7384	1.0400
7389	7389	1.0000
7513	7519	1.0300
7521	7521	1.0300
7532	7539	1.0100
7542	7549	1.0900
7622	7629	1.0000
7631	7641	1.0000
7692	7692	1.0200
7694	7699	1.0200
7812	7833	1.0600
7841	7841	1.0500
7911	7911	1.0900
7922	7929	1.0900
7933	7933	1.0500
7941	7948	1.0500
7991	7996	1.0500
7997	7999	0.9800
8011	8011	1.0800
8021	8021	1.0400
8031	8041	1.0800
8042	8042	1.0400
8043	8049	1.0800
8051	8059	1.0600
8061	8069	1.1200
8071	8071	1.0800

SIC Range		
From	To	Factor
8072	8072	1.0800
8082	8099	1.0600
8111	8111	1.0700
8211	8211	0.9800
8221	8222	0.9800
8231	8231	0.9800
8243	8244	0.9800
8249	8249	0.9800
8299	8299	0.9800
8322	8322	1.0300
8331	8331	1.0300
8351	8351	1.0300
8361	8361	1.0200
8399	8399	1.0200
8412	8422	0.9600
8611	8611	1.0300
8621	8651	1.0300
8661	8661	1.0000
8699	8699	1.0000
8711	8713	1.0000
8721	8721	1.0000
8731	8732	0.9800
8733	8733	0.9800
8734	8734	0.9800
8741	8748	1.0100
8811	8811	1.0500
8999	8999	1.0000
9111	9131	1.0300
9199	9199	1.0300
9211	9211	1.0100
9221	9221	1.1000
9222	9222	1.1000
9223	9223	1.1000
9224	9224	1.1000
9229	9229	1.1000
9311	9311	1.1000
9411	9451	1.0800
9511	9532	1.0300
9611	9661	1.0200
9711	9711	1.0600
9721	9721	1.1000
9999	9999	1.0500

Table 125 Rating Area

Rating Area	HMO - All Products	OPOS - All Products
	Factor	Factor
All Areas	1.000	1.000

Table 126a. New Business Subscriber Based Age/Gender

Age Band	Two-Tier Factors			
	Male		Female	
	Single	Family	Single	Family
Under 25	0.3997	0.7373	0.6983	1.1142
025 - 029	0.4295	0.7388	0.8053	0.9455
030 - 034	0.4988	0.8920	0.9454	0.9427
035 - 039	0.6022	0.8925	1.0374	0.9126
040 - 044	0.7747	0.8851	1.1428	0.8308
045 - 049	0.9836	0.9399	1.2202	0.8861
050 - 054	1.2461	1.0658	1.3941	1.0292
055 - 059	1.6134	1.1565	1.5898	1.1961
060 - 064	2.0956	1.3696	1.9279	1.4851
065+	2.1562	1.5336	1.9461	1.7547

Table 126b. Renewal Member Based Age/Gender

Age Band	Male	Female
000 - 001	0.5037	0.5314
002 - 004	0.5037	0.5314
005 - 009	0.5037	0.5314
010 - 014	0.5037	0.5314
015 - 019	0.5037	0.5314
020 - 024	0.4907	0.8257
025 - 029	0.4968	1.2662
030 - 034	0.5487	1.4998
035 - 039	0.6435	1.3649
040 - 044	0.7854	1.2306
045 - 049	0.9950	1.2839
050 - 054	1.3817	1.5091
055 - 059	1.7860	1.7173
060 - 064	2.2838	2.1165
065+	3.0422	2.5331

Age Band	Three-Tier Factors					
	Male			Female		
	Single	2-Party	Family	Single	2-Party	Family
Under 25	0.3997	0.5572	1.1197	0.6983	1.2272	1.2685
025 - 029	0.4295	0.5601	0.8894	0.8053	0.9672	1.0170
030 - 034	0.4988	0.6642	0.9134	0.9454	1.0152	0.8869
035 - 039	0.6022	0.7354	0.8383	1.0374	0.9907	0.8326
040 - 044	0.7747	0.8043	0.8109	1.1428	0.8362	0.7811
045 - 049	0.9836	0.9113	0.8643	1.2202	0.9570	0.8306
050 - 054	1.2461	1.1620	0.9836	1.3941	1.1795	0.9687
055 - 059	1.6134	1.3636	1.0660	1.5898	1.4407	1.1079
060 - 064	2.0956	1.6663	1.2344	1.9279	1.8101	1.4096
065+	2.1562	1.8830	1.3747	1.9461	2.1603	1.6491

Age Band	Four-Tier Factors							
	Male				Female			
	Single	EE + Sp	EE + Ch(ren)	Family	Single	EE + Sp	EE + Ch(ren)	Family
Under 25	0.3997	0.5668	0.5863	1.1611	0.6983	0.5942	1.7073	1.3087
025 - 029	0.4295	0.6109	0.4871	0.9120	0.8053	0.6917	1.3613	0.9654
030 - 034	0.4988	0.7545	0.5366	0.9228	0.9454	0.8592	1.1520	0.9068
035 - 039	0.6022	0.8960	0.5513	0.8407	1.0374	0.9242	1.0553	0.8513
040 - 044	0.7747	0.9336	0.6829	0.8008	1.1428	0.9798	0.8411	0.8034
045 - 049	0.9836	1.0192	0.7300	0.8500	1.2202	1.1266	0.8503	0.8501
050 - 054	1.2461	1.2269	0.8660	0.9580	1.3941	1.3071	0.9082	0.9877
055 - 059	1.6134	1.3785	1.0766	1.0225	1.5898	1.5240	0.9120	1.1159
060 - 064	2.0956	1.6579	1.2692	1.1835	1.9279	1.8220	1.3234	1.3897
065+	2.1562	1.8642	1.3214	1.3052	1.9461	2.1665	1.3834	1.5362

Table 127 COBRA

COBRA Penetration	Factor
Under 5%	1.0000
5% - 7%	1.0300
7% - 10%	1.0500
10% - 15%	1.0900
Over 15%	1.1500

Section VI.

Table 129 Tier Factors

Tier	Tier Factor	
2-Tier	Single	1.1088
	Family	3.2110
3-Tier	Single	1.1088
	2-Party	2.6106
	Family	3.7084
4-Tier	Single	1.1088
	Par/Child	2.4918
	Couple	2.6504
	Family	3.9215
Medicare	Member	1.1088

Table 130 Dependent Age Adjustment

Age up to	Students	Non-Students
19	-1.6	0.0
20	-1.2	0.4
21	-0.8	0.8
22	-0.4	1.2
23	0.0	1.6
24	0.4	2.0
25	0.8	2.4
26	1.2	2.8
27	1.6	3.2
28*	2.0	3.6

* For each year of age or part thereof beyond 28, add .4 to the last value in the column, not to exceed the factor for age 35.
 ** Up to the end of the month in which the age is reached. If the limiting age is to the end of the calendar year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section VII.

Table 132a. Administrative Expenses & Profit

Case Size (total lives)	PMPM - Applies to All Products		PPACA Fee****	Retention*	Commissions***	Taxes & Assessments
	HMO	QPOS				
<= 10	\$36.55	\$36.55	\$0.10	0-7.5%	0%-10%	2.70%
<= 50	\$31.50	\$31.50	\$0.10	0-7.5%	0%-10%	2.70%
<= 100	\$30.75	\$30.75	\$0.10	0-7.5%	0%-10%	2.70%
<= 300	\$29.85	\$29.85	\$0.10	0-7.5%	0%-10%	2.70%
<= 1,000	\$28.70	\$28.70	\$0.10	0-7.5%	0%-10%	2.70%
<= 1,500	\$24.75	\$24.75	\$0.10	0-7.5%	0%-10%	2.70%
<= 3,000	\$23.50	\$23.50	\$0.10	0-7.5%	0%-10%	2.70%
<= 4,000	\$22.30	\$22.30	\$0.10	0-7.5%	0%-10%	2.70%
<= 5,000	\$22.15	\$22.15	\$0.10	0-7.5%	0%-10%	2.70%
<= 7,500	\$21.80	\$21.80	\$0.10	0-7.5%	0%-10%	2.70%
<= 10,000	\$21.70	\$21.70	\$0.10	0-7.5%	0%-10%	2.70%
<= 20,000	\$21.60	\$21.60	\$0.10	0-7.5%	0%-10%	2.70%
<= 35,000	\$21.40	\$21.40	\$0.10	0-7.5%	0%-10%	2.70%
<= 70,000	\$21.25	\$21.25	\$0.10	0-7.5%	0%-10%	2.70%
<= 100,000	\$21.10	\$21.10	\$0.10	0-7.5%	0%-10%	2.70%
>100,000	\$20.90	\$20.90	\$0.10	0-7.5%	0%-10%	2.70%

* Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), case specific commissions, or margin for risk sharing arrangements, etc.
 ** The Aexcel Retention percentages should only be used in the retention calculation if an Aexcel Network applies.
 *** Aetna's standard is not to include commissions in our premiums. Should the customer instruct Aetna to include a broker fee, final billing rates to the Customer will be modified to reflect the agreed upon schedule.
 **** PPACA imposed Patient Centered Outcomes Research Fund Fee.

b. Family Size Adjustment

Member to Subscriber Ratio	PMPM
<= 1.49	\$1.10
1.50 to 1.79	\$0.00
1.80 to 2.39	\$0.00
2.40 to 2.79	\$0.00
>= 2.8	(\$2.00)

c. ERISA Adjustment

Applicability	PMPM
ERISA Plan	\$0.00
non-ERISA Plan	\$0.75

Pharmacy Benefit Plan – Manual Rate Calculation

Refer to the Pharmacy Plan Rate Development Worksheet in [Section C](#).

I. Pharmacy Start Rate

Calculate the Pharmacy Start Rate as follows:

$$\begin{array}{l} \text{Starting Base Plan Claim Cost} \\ \quad \times \\ \text{Benefit Adjustment Factor} \\ \quad \times \\ \text{Trend Factor} \end{array}$$

Starting Base Plan Claim Cost

The Starting Base Plan Claim Cost is the PMPM for a \$10/\$15/\$30 open formulary copay plan with no deductible, for up to 34 day supply of retail prescriptions (and with one copay for up to 90 day supply for maintenance medications) .

Benefit Adjustment Factor

The Benefit Adjustment Factor is the product of the following factors:

$$\begin{array}{l} \text{Pharmacy Plan Option Factor} \\ \quad \times \\ \text{Restrictive Formulary Factor} \\ \quad \times \\ \text{Mandatory Generic Factor} \\ \quad \times \\ \text{DAW Factor} \\ \quad \times \\ \text{Multiple Copayment Factor} \\ \quad \times \\ \text{30-Day Maintenance Supply Factor} \\ \quad \times \\ \text{Mail Order Drug Only Factor} \\ \quad \times \\ \text{Mandatory Mail Order Factor} \\ \quad \times \\ \text{Coinsurance Min/Max Factor} \\ \quad \times \\ \text{Oral Contraceptives Factor} \\ \quad \times \\ \text{Sexual Performance Drug Factor} \\ \quad \times \\ \text{Deductible Factor} \\ \quad \times \\ \text{Maximum Annual Benefit Factor} \\ \quad \times \\ \text{Out-of-Pocket Maximum Factor} \end{array}$$

x
 Custom Product Factor
 x
 Step Therapy/Precertification Adjustment Factor
 x
 Chronic and/or Preventative Drug Deductible Waiver Adjustment Factor
 x
 Infertility Drug Coverage Adjustment Factor
 x
 Per Script Copay Maximum Factor
 x
 Incentivized MOD Factor

Trend Factor

Select the appropriate factor from the Trend Factor table.

II. Pharmacy Flex Plan Claim Cost

Industry Factor

Select the appropriate factor from the Industry Factor table.

Rating Area Factor

Select the appropriate factor from the Rating Area Factor table.

Age/Gender Factor

Calculate the appropriate Age/Gender Factor as follows:

Use the New Business Subscriber Based Age/Gender Factor table, the expected employee census, segmented by age, gender and rate tier, and the Tier Factors to calculate the adjustment factor. First sum the product of the expected subscribers times the appropriate age/gender and Tier factors. This result is then divided by the sum of the product of the expected subscribers by tier times the appropriate rate Tier factors to obtain the age/gender adjustment.

Calculate the appropriate Renewal Business Age/Gender Factor as follows:

Use the Renewal Member Based Age/Gender Factor table and the expected enrolled membership segmented by age and gender to calculate the Weighted Average Age/Gender Factor by taking the sum product of the age/gender factor and the expected enrolled membership.

Calculate the Contract Mix/Family Size Factor. This factor reflects the distribution of enrollment by contract 'tier' type and the average members per contract tier of the group. To calculate this factor, first calculate the group's average number of members per contract. Next, calculate the group's average rate tier factor by weighting the community rate tier factors with the group's actual number of contracts per tier. The contract mix/family size factor is then calculated by dividing the group's average number of members per contract by the group's average rate tier factor.

Multiply the Weighted Average Age/Gender Factor by the Contract Mix/Family Size Factor to get the Age/Gender Factor

Multiply the Pharmacy Start Rate as calculated in **I.** by the following to get the Flex Plan Claim Cost PMPM:

$$\begin{array}{l} \text{Industry Factor} \\ \quad \times \\ \text{Rating Area Factor} \\ \quad \times \\ \text{Age/Gender Factor} \end{array}$$

III. Adjusted Pharmacy Claim Cost by Billing Tier

Tier Factor

For each billing tier, multiply the [Pharmacy Flex Plan Claim Cost](#) by the appropriate Tier Factor from the Tier Factor table.

Dependent Age Adjustment Factor

For those tiers under which children may be covered, apply the appropriate factor. Other tiers will use a factor of 1.0.

Multiply the Flex Plan Claim Cost PMPM as calculated in **II.** by the following to get the Adjusted Pharmacy Claim Cost by Billing Tier:

$$\begin{array}{l} \text{Tier Factor} \\ \quad \times \\ \text{Dependent Age Adjustment Factor} \end{array}$$

IV. Pharmacy Plan Manual Premium Rates by Billing Tier

Multiply the Adjusted Pharmacy Claim Cost by Billing Tier as calculated in **III.** by the adjustment factor from d. below to get Pharmacy Plan Manual Premium Rates by Billing Tier:

[Administrative Expense and Profit](#)

- a. Enter the Administrative Expenses and Profit table with total case lives and retrieve the appropriate Pharmacy PMPM expense. Also retrieve the appropriate Retention, Commission, and [Taxes and Assessments](#) percentages.
- b. Multiply the PMPM in a. by members to get Total Retention amount.
- c. Multiply Adjusted Pharmacy Claim Cost by Billing Tier by the appropriate number of subscribers in each tier to get Total Monthly Claim Cost.
- d. The Administrative Expense and Profit Factor will be $[(\text{Total Monthly Claim Cost} + \text{Total Retention amount}) / (1 - \text{Retention Expense \%} - \text{Commissions \%} - \text{Taxes and Assessments \%})] / (\text{Total Monthly Claim Cost})$

Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), case specific commissions, or margin for risk sharing arrangements, etc.

Underwriter Adjustment Factor

Enter the Underwriter Adjustment if applicable.

Note: Rounding to the eighth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Also, enter these rates on the appropriate line in the Medical Section of the Rate Manual.

Pharmacy Plan Rate Development Worksheet

Customer Name: _____

Customer No.: _____

Effective Date: _____

Today's Date: _____

Section I.

- 1 1st Quarter 2012 Starting Base Plan Claim Cost _____
- 2 Selected Benefit Option _____
- 3 Restrictive Formulary _____
- 4 Mandatory Generic _____
- 5 Dispense as Written _____
- 6 Multiple Copayment _____
- 7 30 day Maintenance Supply _____
- 8 Mail Order Drug Only _____
- 8a Mandatory Mail Order _____
- 9 Coinsurance Min/Max _____
- 10 Oral Contraceptives _____
- 11 Sexual Performance Drug _____
- 12 Deductible _____
- 13 Maximum Annual Benefit _____
- 14 Out-of-Pocket Maximum _____
- 15 Custom Product _____
- 16 Step Therapy/Pre-certification Adjustment _____
- 17 Chronic and/or Preventative Drug Deductible Waiver Adjustment _____
- 18 Infertility Drug Coverage Adjustment _____
- 19 Per Script Copay Maximum _____
- 20 Incentivized MOD _____
- 21 Benefit Adjustment 2 x 3 x 4 x 5 x 6 x 7 x 8 x 8a x 9x 10 x 11 x 12 x 13 x 14 x 15 x 16 x 17 x 18 x 19 x 20 _____
- 22 Trend _____
- 23 Pharmacy Start Rate 1 x 21 x 22 _____

Section II.

- 24 Industry _____
- 25 Rating Area _____
- 26 Age/Gender _____
- 27 Flex Plan Claim Cost PMPM 23 x 24 x 25 x 26 _____

Section III.

28 Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

29 Dependent Age Adjustment

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member
1.00		1.00			1.00		1.00		1.00

Dependent Age Adjustment Worksheet		
	Limiting Age	Adjustment
a. Student:	_____	_____
b. Non-Student:	_____	_____
c. [1.00 + ((a.+ b.) / 100)]		

30 Adjusted Pharmacy Claim Cost by Billing Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure				Medicare
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

Section IV.

- 31 Administrative Expenses & Profit Factor _____
 - 32 This line reserved for future use _____
 - 33 Underwriter Adjustment _____
 - 34 Pharmacy Plan Manual Premium Rates by Billing Tier 30 x 31 x 32 x 33 _____
- | Two-tier Structure | | Three-tier Structure | | | Four-tier Structure | | | | Medicare |
|--------------------|--------|----------------------|---------|--------|---------------------|-----------|--------|--------|----------|
| Single | Family | Single | 2-Party | Family | Single | Par/Child | Couple | Family | Member |
| | | | | | | | | | |

NOTE: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Pharmacy PMPM and Factor Tables

Section I.

Table 1 1st Quarter 2012 Starting Base Plan Claim Cost

Network	Base PMPM
DC	\$56.87

* The Starting Base Plan Claim Cost is the PMPM for a \$10/\$15/\$30 open formulary copay plan with no deductible, for up to 34 day supply of retail prescriptions (and with one copay for up to 90 day supply for maintenance medications).

Single - Tier Copay Levels	Table 2	Table 3	Table 4	Table 5	Table 6 Multiple Copayment					Table 7	Table 8	Table 8A Multiple Copayment			Table 9	Table 10
					Pharmacy Plan Option Factor	Restrictive Formulary Factor	Mandatory Generic Factor	Dispense as Written Factor	2X-90 day Factor			2.5X-90 day Factor	3X-90 day Factor	2X-60 day Factor		
All Generic and All Brand																
\$0.00	1.4890	0.9680	0.9300	1.0215	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$1.00	1.4646	0.9682	0.9300	1.0215	0.9992	0.9988	0.9984	0.9934	0.9989	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$2.00	1.4405	0.9684	0.9300	1.0215	0.9984	0.9976	0.9968	0.9918	0.9978	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$2.50	1.4285	0.9685	0.9300	1.0215	0.9980	0.9970	0.9960	0.9910	0.9972	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$3.00	1.4166	0.9686	0.9300	1.0215	0.9976	0.9964	0.9952	0.9902	0.9966	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$4.00	1.3930	0.9688	0.9300	1.0215	0.9968	0.9952	0.9936	0.9886	0.9955	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$5.00	1.3697	0.9690	0.9300	1.0215	0.9960	0.9940	0.9919	0.9869	0.9944	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$6.00	1.3466	0.9692	0.9300	1.0215	0.9951	0.9927	0.9903	0.9853	0.9932	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$7.00	1.3244	0.9694	0.9300	1.0215	0.9943	0.9915	0.9887	0.9838	0.9921	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$7.50	1.3136	0.9695	0.9300	1.0215	0.9939	0.9909	0.9879	0.9830	0.9915	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$8.00	1.3029	0.9696	0.9300	1.0215	0.9935	0.9903	0.9871	0.9822	0.9909	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$10.00	1.2606	0.9700	0.9300	1.0215	0.9918	0.9879	0.9839	0.9790	0.9886	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$12.00	1.2193	0.9744	0.9300	1.0215	0.9901	0.9854	0.9806	0.9757	0.9863	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$15.00	1.1212	0.9877	0.9300	1.0215	0.9903	0.9857	0.9811	0.9762	0.9866	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$20.00	1.0257	0.9895	0.9300	1.0215	0.9869	0.9809	0.9748	0.9699	0.9821	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$25.00	0.9349	0.9911	0.9300	1.0215	0.9834	0.9759	0.9683	0.9635	0.9774	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$30.00	0.8534	0.9926	0.9300	1.0215	0.9797	0.9707	0.9617	0.9569	0.9725	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$35.00	0.7762	0.9938	0.9300	1.0215	0.9760	0.9656	0.9552	0.9504	0.9677	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$40.00	0.7050	0.9950	0.9300	1.0215	0.9719	0.9602	0.9485	0.9438	0.9625	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$45.00	0.6378	0.9960	0.9300	1.0215	0.9677	0.9544	0.9411	0.9364	0.9571	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$50.00	0.5742	0.9968	0.9300	1.0215	0.9630	0.9483	0.9336	0.9289	0.9512	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$55.00	0.5168	0.9976	0.9300	1.0215	0.9585	0.9420	0.9255	0.9209	0.9453	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$60.00	0.4627	0.9982	0.9300	1.0215	0.9532	0.9353	0.9174	0.9128	0.9389	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$65.00	0.4428	0.9985	0.9300	1.0215	0.9497	0.9314	0.9130	0.9084	0.9350	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$70.00	0.4245	0.9989	0.9300	1.0215	0.9464	0.9275	0.9085	0.9040	0.9312	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$75.00	0.4080	0.9991	0.9300	1.0215	0.9436	0.9239	0.9041	0.8996	0.9278	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
10% Coinsurance	1.0627	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
15% Coinsurance	0.9703	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
20% Coinsurance	0.8941	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
25% Coinsurance	0.8263	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
30% Coinsurance	0.7810	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
40% Coinsurance	0.6369	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
50% Coinsurance	0.5201	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
60% Coinsurance	0.4092	N/A	0.9900	1.0050	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500

Two - Tier Copay Levels	Table 2	Table 3	Table 4	Table 5	Table 6					Table 7	Table 8	Table 8A			Table 9	Table 10
					Multiple Copayment							Multiple Copayment				
					2X-90 day Factor	2.5X-90 day Factor	3X-90 day Factor	2X-60 day Factor	1x-30 day/2x-60 day/3x-90 day Factor			30-Day Maint Supply Factor	Order After 1 Fill at 2X Copay Factor	Order After 1 Fill at 2.5X Copay Factor		
\$1.00 / \$2.00	1.4598	N/A	N/A	N/A	0.9990	0.9985	0.9980	0.9930	0.9986	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$2.00 / \$4.00	1.4310	N/A	N/A	N/A	0.9980	0.9971	0.9961	0.9911	0.9972	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$2.50 / \$7.50	1.4050	N/A	N/A	N/A	0.9970	0.9956	0.9941	0.9891	0.9958	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$3.00 / \$6.00	1.3619	N/A	N/A	N/A	0.9970	0.9955	0.9940	0.9890	0.9958	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$4.00 / \$9.00	1.3300	N/A	N/A	N/A	0.9958	0.9937	0.9915	0.9865	0.9941	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$5.00 / \$10.00	1.3071	N/A	N/A	N/A	0.9949	0.9924	0.9898	0.9849	0.9929	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$5.00 / \$15.00	1.2859	N/A	N/A	N/A	0.9939	0.9909	0.9879	0.9830	0.9915	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$5.00 / \$20.00	1.2649	N/A	N/A	N/A	0.9930	0.9895	0.9860	0.9811	0.9902	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$5.00 / \$25.00	1.2442	N/A	N/A	N/A	0.9920	0.9880	0.9840	0.9791	0.9888	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$6.00 / \$11.00	1.2846	N/A	N/A	N/A	0.9940	0.9911	0.9882	0.9833	0.9917	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$6.00 / \$12.00	1.2803	N/A	N/A	N/A	0.9939	0.9909	0.9878	0.9829	0.9915	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$7.00 / \$12.00	1.2628	N/A	N/A	N/A	0.9932	0.9899	0.9865	0.9816	0.9905	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$7.50 / \$12.00	1.2543	N/A	N/A	N/A	0.9928	0.9893	0.9858	0.9809	0.9900	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$8.00 / \$13.00	1.2020	N/A	N/A	N/A	0.9922	0.9884	0.9846	0.9797	0.9892	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$10.00 / \$15.00	1.1613	N/A	N/A	N/A	0.9904	0.9858	0.9812	0.9763	0.9867	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$10.00 / \$20.00	1.1425	N/A	N/A	N/A	0.9894	0.9843	0.9792	0.9743	0.9853	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$10.00 / \$25.00	1.1240	N/A	N/A	N/A	0.9884	0.9828	0.9772	0.9723	0.9839	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$12.00 / \$17.00	1.1215	N/A	N/A	N/A	0.9887	0.9833	0.9778	0.9729	0.9843	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$15.00 / \$20.00	1.0289	N/A	N/A	N/A	0.9889	0.9837	0.9784	0.9735	0.9847	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$15.00 / \$25.00	1.0159	N/A	N/A	N/A	0.9881	0.9825	0.9768	0.9719	0.9836	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$20.00 / \$25.00	0.9360	N/A	N/A	N/A	0.9852	0.9784	0.9716	0.9667	0.9798	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$20.00 / \$30.00	0.9244	N/A	N/A	N/A	0.9844	0.9773	0.9701	0.9652	0.9787	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$30.00 / \$40.00	0.7597	N/A	N/A	N/A	0.9765	0.9663	0.9560	0.9512	0.9683	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
\$30.00 / \$50.00	0.7422	N/A	N/A	N/A	0.9749	0.9640	0.9530	0.9482	0.9661	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500

Single - Tier Copay Levels	Table 11						
	Sexual Performance Drug						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
All Generic and All Brand							
\$0.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
\$1.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$2.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$2.50	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$3.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$4.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
\$5.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
\$6.00	1.0037	1.0073	1.0109	1.0134	1.0159	1.0209	1.0259
\$7.00	1.0037	1.0073	1.0109	1.0134	1.0159	1.0209	1.0259
\$7.50	1.0037	1.0073	1.0109	1.0134	1.0159	1.0209	1.0259
\$8.00	1.0037	1.0073	1.0109	1.0134	1.0159	1.0209	1.0259
\$10.00	1.0036	1.0073	1.0110	1.0135	1.0160	1.0210	1.0260
\$12.00	1.0037	1.0074	1.0111	1.0136	1.0161	1.0211	1.0261
\$15.00	1.0036	1.0073	1.0110	1.0135	1.0160	1.0210	1.0260
\$20.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
\$25.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$30.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
\$35.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$40.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$45.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$50.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$55.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$60.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
\$65.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
\$70.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
\$75.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
10% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
15% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
20% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
25% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
30% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
40% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
50% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
60% Coinsurance	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249

Two - Tier Copay Levels	Table 11						
	Sexual Performance Drug						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
Generic & Brand-Formulary / Brand Non-Formulary							
\$1.00 / \$2.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
\$2.00 / \$4.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
\$2.50 / \$7.50	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
\$3.00 / \$6.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$4.00 / \$9.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$5.00 / \$10.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$5.00 / \$15.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$5.00 / \$20.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$5.00 / \$25.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$6.00 / \$11.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$6.00 / \$12.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$7.00 / \$12.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$7.50 / \$12.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
\$8.00 / \$13.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$10.00 / \$15.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$10.00 / \$20.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$10.00 / \$25.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$12.00 / \$17.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$15.00 / \$20.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$15.00 / \$25.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$20.00 / \$25.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$20.00 / \$30.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$30.00 / \$40.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$30.00 / \$50.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241

Two - Tier Copay Levels	Table 11						
	Sexual Performance Drug						
All Generic / All Brand	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
\$0.00 / \$10.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$0.00 / \$15.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$0.00 / \$20.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
\$0.00 / \$25.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$1.00 / \$2.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$1.00 / \$3.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$1.00 / \$5.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$1.00 / \$10.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$1.00 / \$15.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$1.00 / \$20.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
\$1.00 / \$25.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
\$2.00 / \$4.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$2.00 / \$7.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$2.00 / \$10.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$2.50 / \$7.50	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$3.00 / \$6.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$4.00 / \$9.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$4.00 / \$10.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$4.00 / \$15.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$4.00 / \$20.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$4.00 / \$25.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$5.00 / \$7.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$5.00 / \$7.50	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$5.00 / \$8.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$5.00 / \$10.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$5.00 / \$15.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$5.00 / \$20.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$6.00 / \$11.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$6.00 / \$12.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$7.00 / \$10.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$7.00 / \$12.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$7.00 / \$14.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$7.00 / \$15.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$7.00 / \$20.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$7.00 / \$25.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$7.00 / \$30.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$7.50 / \$12.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$8.00 / \$13.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$8.00 / \$16.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$8.00 / \$18.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$9.00 / \$10.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$9.00 / \$15.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$9.00 / \$18.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$9.00 / \$20.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$9.00 / \$25.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
\$10.00 / \$15.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$10.00 / \$20.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$10.00 / \$25.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$10.00 / \$30.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$10.00 / \$35.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$10.00 / \$50.00	1.0023	1.0046	1.0069	1.0094	1.0119	1.0169	1.0219
\$12.00 / \$17.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$15.00 / \$20.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$15.00 / \$25.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$15.00 / \$30.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$15.00 / 50%	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$20.00 / \$25.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$20.00 / \$30.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$20.00 / \$40.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$20.00 / \$50.00	1.0026	1.0051	1.0076	1.0101	1.0126	1.0176	1.0226
\$30.00 / \$40.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$30.00 / \$50.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231

Three - Tier Copay Levels Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Table 11 Sexual Performance Drug						
	2-pill	4-pill	6-pill	7-pill	8-pill	10-pill	12-pill
	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$0.00 / \$10.00 / \$25.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$0.00 / \$10.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
\$0.00 / \$15.00 / \$30.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$0.00 / \$15.00 / 50%	1.0021	1.0042	1.0063	1.0088	1.0113	1.0163	1.0213
\$0.00 / \$20.00 / \$35.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
\$0.00 / \$20.00 / \$40.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$0.00 / \$20.00 / 50%	1.0020	1.0041	1.0062	1.0087	1.0112	1.0162	1.0212
\$0.00 / \$25.00 / \$40.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
\$0.00 / \$25.00 / \$45.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$0.00 / \$25.00 / \$50.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
\$0.00 / \$30.00 / \$45.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
\$0.00 / \$30.00 / \$50.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
\$0.00 / \$30.00 / \$60.00	1.0024	1.0049	1.0074	1.0099	1.0124	1.0174	1.0224
\$1.00 / \$5.00 / \$10.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
\$1.00 / \$5.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
\$1.00 / \$10.00 / \$25.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$1.00 / \$10.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
\$1.00 / \$15.00 / \$30.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$1.00 / \$15.00 / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
\$1.00 / \$20.00 / \$35.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$1.00 / \$20.00 / \$40.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$1.00 / \$20.00 / 50%	1.0020	1.0041	1.0062	1.0087	1.0112	1.0162	1.0212
\$1.00 / \$25.00 / \$40.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
\$1.00 / \$25.00 / \$45.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$1.00 / \$25.00 / \$50.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
\$1.00 / \$30.00 / \$45.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
\$1.00 / \$30.00 / \$50.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
\$2.00 / \$5.00 / \$10.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$2.00 / \$15.00 / \$25.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$2.50 / \$7.50 / \$12.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$3.00 / \$6.00 / \$10.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$4.00 / \$9.00 / \$14.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$4.00 / \$10.00 / \$25.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$4.00 / \$10.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
\$4.00 / \$15.00 / \$30.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$4.00 / \$15.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
\$4.00 / \$20.00 / \$35.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$4.00 / \$20.00 / \$40.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$4.00 / \$20.00 / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
\$4.00 / \$25.00 / \$40.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$4.00 / \$25.00 / \$45.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$4.00 / \$25.00 / \$50.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$4.00 / \$30.00 / \$45.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$4.00 / \$30.00 / \$50.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
\$5.00 / \$10.00 / \$15.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
\$5.00 / \$10.00 / \$20.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$5.00 / \$10.00 / \$25.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$5.00 / \$10.00 / \$30.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$5.00 / \$10.00 / \$35.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$5.00 / \$10.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
\$5.00 / \$12.00 / \$25.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$5.00 / \$15.00 / \$20.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$5.00 / \$15.00 / \$25.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$5.00 / \$15.00 / \$30.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$5.00 / \$15.00 / \$35.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$5.00 / \$15.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
\$5.00 / \$20.00 / \$35.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$5.00 / \$20.00 / \$40.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$5.00 / \$20.00 / \$50.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$5.00 / \$20.00 / \$60.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
\$5.00 / 20% / 30%	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239

Three - Tier Copay Levels Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Table 11 Sexual Performance Drug						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
	\$5.00 / \$25.00 / \$40.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189
\$5.00 / \$25.00 / \$50.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$5.00 / \$25.00 / \$60.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
\$5.00 / \$25.00 / \$65.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
\$5.00 / \$25.00 / 50%	1.0021	1.0042	1.0063	1.0088	1.0113	1.0163	1.0213
\$5.00 / \$30.00 / \$50.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
\$5.00 / \$40.00 / \$60.00	1.0025	1.0049	1.0073	1.0098	1.0123	1.0173	1.0223
\$6.00 / \$11.00 / \$16.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
\$6.00 / \$12.00 / \$25.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$7.00 / \$10.00 / \$25.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$7.00 / \$10.00 / 50%	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
\$7.00 / \$12.00 / \$17.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
\$7.00 / \$12.00 / \$25.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$7.00 / \$15.00 / \$20.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$7.00 / \$15.00 / \$25.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$7.00 / \$15.00 / \$30.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$7.00 / \$15.00 / \$35.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$7.00 / \$15.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
\$7.00 / \$20.00 / \$30.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$7.00 / \$20.00 / \$35.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$7.00 / \$20.00 / \$40.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$7.00 / \$20.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
\$7.00 / \$25.00 / \$40.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$7.00 / \$25.00 / \$45.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$7.00 / \$25.00 / \$50.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$7.00 / \$30.00 / \$45.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$7.00 / \$30.00 / \$50.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$7.50 / \$12.00 / \$15.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
\$7.50 / \$15.00 / \$25.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
\$8.00 / \$13.00 / \$18.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$8.00 / \$18.00 / \$35.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$8.00 / \$20.00 / \$35.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$8.00 / \$25.00 / \$35.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$9.00 / \$10.00 / \$25.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$9.00 / \$10.00 / 50%	1.0023	1.0046	1.0069	1.0094	1.0119	1.0169	1.0219
\$9.00 / \$15.00 / \$30.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$9.00 / \$15.00 / 50%	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
\$9.00 / \$20.00 / \$35.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$9.00 / \$20.00 / \$40.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$9.00 / \$20.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
\$9.00 / \$25.00 / \$40.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$9.00 / \$25.00 / \$45.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
\$9.00 / \$25.00 / \$50.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$9.00 / \$30.00 / \$45.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$9.00 / \$30.00 / \$50.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
\$10.00 / \$15.00 / \$20.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
\$10.00 / \$15.00 / \$25.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$10.00 / \$15.00 / \$30.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$10.00 / \$15.00 / \$35.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$10.00 / \$15.00 / 50%	1.0023	1.0046	1.0069	1.0094	1.0119	1.0169	1.0219
\$10.00 / 15% / 30%	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$10.00 / \$20.00 / \$30.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
\$10.00 / \$20.00 / \$35.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$10.00 / \$20.00 / \$40.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$10.00 / \$20.00 / \$45.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$10.00 / \$20.00 / \$50.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
\$10.00 / \$20.00 / \$55.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$10.00 / \$20.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217

Three - Tier Copay Levels (continued)	Table 11						
	Sexual Performance Drug						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
Generic Form./Brand Form./Non-Form.							
OR Generic/Brand Form./Brand Non-Form.							
\$10.00 / \$25.00 / \$35.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$10.00 / \$25.00 / \$40.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$10.00 / \$25.00 / \$45.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$10.00 / \$25.00 / \$50.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$10.00 / \$25.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
\$10.00 / \$30.00 / \$40.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$10.00 / \$30.00 / \$45.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$10.00 / \$30.00 / \$50.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$10.00 / \$30.00 / \$55.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$10.00 / \$30.00 / \$60.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
\$10.00 / \$30.00 / \$65.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
\$10.00 / \$30.00 / \$70.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$10.00 / \$30.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
\$10.00 / \$35.00 / \$45.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$10.00 / \$35.00 / \$50.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$10.00 / \$35.00 / \$55.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
\$10.00 / \$35.00 / \$60.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
\$10.00 / \$35.00 / \$65.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$10.00 / \$35.00 / \$70.00	1.0025	1.0050	1.0075	1.0100	1.0125	1.0175	1.0225
\$10.00 / \$35.00 / \$80.00	1.0023	1.0047	1.0071	1.0096	1.0121	1.0171	1.0221
\$10.00 / \$40.00 / \$60.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$10.00 / \$40.00 / \$70.00	1.0025	1.0049	1.0073	1.0098	1.0123	1.0173	1.0223
\$10.00 / \$45.00 / \$60.00	1.0024	1.0049	1.0074	1.0099	1.0124	1.0174	1.0224
\$10.00 / \$50.00 / \$100.00	1.0019	1.0038	1.0057	1.0082	1.0107	1.0157	1.0207
\$10.00 / 20% / 30%	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$10.00 / 20% / 35%	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$10.00 / 30% / 40%	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$10.00 / 30% / 45%	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$10.00 / 30% / 50%	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$10.00 / 40% / 50%	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$10.00 / 50% / 50%	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$12.00 / \$17.00 / \$22.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
\$12.00 / \$25.00 / \$30.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$12.00 / \$25.00 / \$35.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$15.00 / \$20.00 / \$25.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
\$15.00 / \$20.00 / \$30.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
\$15.00 / \$20.00 / \$35.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
\$15.00 / \$20.00 / \$40.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$15.00 / \$20.00 / 50%	1.0024	1.0047	1.0070	1.0095	1.0120	1.0170	1.0220
\$15.00 / \$25.00 / \$35.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$15.00 / \$25.00 / \$40.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
\$15.00 / \$25.00 / \$45.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$15.00 / \$25.00 / \$50.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$15.00 / \$25.00 / \$55.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
\$15.00 / \$25.00 / 50%	1.0023	1.0046	1.0069	1.0094	1.0119	1.0169	1.0219
\$15.00 / \$30.00 / \$40.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$15.00 / \$30.00 / \$45.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$15.00 / \$30.00 / \$50.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$15.00 / \$30.00 / \$55.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$15.00 / \$30.00 / \$60.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$15.00 / \$30.00 / \$65.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$15.00 / \$30.00 / \$70.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
\$15.00 / \$30.00 / 50%	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
\$15.00 / \$35.00 / \$50.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$15.00 / \$35.00 / \$55.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$15.00 / \$35.00 / \$60.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$15.00 / \$35.00 / \$70.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
\$15.00 / \$35.00 / \$75.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$15.00 / \$35.00 / \$80.00	1.0025	1.0050	1.0075	1.0100	1.0125	1.0175	1.0225
\$15.00 / \$35.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216

Three - Tier Copay Levels (continued)	Table 11						
	Sexual Performance Drug						
	2-pill	4-pill	6-pill	7-pill	8-pill	10-pill	12-pill
Generic Form./Brand Form./Non-Form.	Factor	Factor	Factor	Factor	Factor	Factor	Factor
OR Generic/Brand Form./Brand Non-Form.							
\$15.00 / \$40.00 / \$60.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
\$15.00 / \$40.00 / \$70.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$15.00 / \$40.00 / \$75.00	1.0025	1.0050	1.0075	1.0100	1.0125	1.0175	1.0225
\$15.00 / \$40.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
\$15.00 / \$45.00 / \$60.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
\$15.00 / \$45.00 / \$65.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$15.00 / \$45.00 / \$70.00	1.0025	1.0050	1.0075	1.0100	1.0125	1.0175	1.0225
\$15.00 / \$45.00 / \$80.00	1.0023	1.0047	1.0071	1.0096	1.0121	1.0171	1.0221
\$15.00 / \$50.00 / \$90.00	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
\$15.00 / 20% / 30%	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
\$15.00 / 20% / 35%	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$15.00 / 30% / 50%	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
\$15.00 / 40% / 50%	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$20.00 / \$25.00 / \$30.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
\$20.00 / \$25.00 / \$40.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$20.00 / \$25.00 / 50%	1.0023	1.0047	1.0071	1.0096	1.0121	1.0171	1.0221
\$20.00 / \$30.00 / \$45.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$20.00 / \$30.00 / \$50.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$20.00 / \$30.00 / \$55.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$20.00 / \$30.00 / \$60.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
\$20.00 / \$30.00 / \$70.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$20.00 / \$35.00 / \$50.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$20.00 / \$35.00 / \$55.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
\$20.00 / \$35.00 / \$70.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
\$20.00 / \$40.00 / \$60.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
\$20.00 / \$40.00 / \$70.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
\$20.00 / \$40.00 / \$75.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
\$20.00 / \$40.00 / \$80.00	1.0025	1.0050	1.0075	1.0100	1.0125	1.0175	1.0225
\$20.00 / \$50.00 / \$70.00	1.0024	1.0049	1.0074	1.0099	1.0124	1.0174	1.0224
\$20.00 / \$40.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
\$20.00 / 30% / 50%	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
\$20.00 / 40% / 50%	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
\$20.00 / 50% / 50%	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
\$25.00 / \$30.00 / \$50.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
\$25.00 / \$35.00 / \$50.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
\$25.00 / \$40.00 / \$70.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
\$30.00 / \$40.00 / \$50.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
\$30.00 / \$45.00 / \$60.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
\$30.00 / \$45.00 / 50%	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
\$50.00 / 50% / 50%	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
10% / 20% / 30%	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
10% / 20% / 35%	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
20% / 20% / 40%	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
20% / 20% / 50%	1.0024	1.0047	1.0070	1.0095	1.0120	1.0170	1.0220
20% / 30% / 50%	1.0025	1.0050	1.0075	1.0100	1.0125	1.0175	1.0225
30% / 30% / 50%	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
30% / 40% / 50%	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
40% / 50% / 50%	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
\$0 / 100% / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$5 / 100% / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$10 / 100% / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$15 / 100% / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0 / \$10 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$0 / \$25 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$5 / \$15 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$10 / \$20 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$10 / \$35 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$15 / \$25 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$20 / \$45 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
\$25 / \$50 / 100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A
No Copay (Deductible = OOP)	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250

Table 12 Deductible Factor

If the plan includes a pharmacy deductible, enter Table 12a. or 12b. and select the appropriate Deductible Factor.

If the pharmacy deductible is integrated with medical, then calculate the Deductible Factor according to the Integrated Pharmacy Deductible Factor Calculation table below.

Integrated Pharmacy Deductible Factor Calculation Table

Family Deductible Limit	Adjustment Factor	Table Reference
1x Family Limit	1.0000	Table 12b1.
2x Family Limit	1.0220	Table 12a1.
2.5x Family Limit	1.0125	Table 12a1.
3x Family Limit	1.0030	Table 12a1.
No Family Limit	1.0000	Table 12a1.
2 Individuals	1.0180	Table 12a1.
3 Individuals	1.0020	Table 12a1.

Integrated deductibles are not available for medical deductibles below \$500.

Multiply the Adjustment Factor by the appropriate value from the table designated in the Table Reference column. Enter the indicated table based on the deductible amount.

Table 12 Deductible Factor

a. Per Individual - Non-Integrated

Benefit Option	No Family Limit	2x Family Limit	2.5x Family Limit	3x Family Limit
None	1.0000	1.0000	1.0000	1.0000
\$50	0.9500	0.9709	0.9619	0.9529
\$100	0.9100	0.9300	0.9214	0.9127
\$150	0.8700	0.8891	0.8809	0.8726
\$200	0.8300	0.8483	0.8404	0.8325
\$250	0.8000	0.8176	0.8100	0.8024
\$300	0.7700	0.7869	0.7796	0.7723
\$400	0.7134	0.7291	0.7223	0.7155
\$500	0.6715	0.6863	0.6799	0.6735
\$1,000	0.4900	0.5008	0.4961	0.4915

Table 12 Deductible Factor

a1. Per Individual - Integrated

Deductible	Factor
\$0	N/A
\$50	N/A
\$100	N/A
\$150	N/A
\$200	N/A
\$250	N/A
\$300	N/A
\$350	N/A
\$400	N/A
\$450	N/A
\$500	0.9560
\$550	0.9466
\$600	0.9372
\$650	0.9278
\$700	0.9184
\$750	0.9090
\$800	0.9022
\$850	0.8954
\$900	0.8886
\$950	0.8818
\$1,000	0.8750
\$1,100	0.8650
\$1,250	0.8490
\$1,500	0.8220
\$2,000	0.7810
\$2,500	0.7370
\$3,000	0.7010
\$3,500	0.6740
\$4,000	0.6470
\$4,500	0.6190
\$5,000	0.5910
\$5,500	0.5710
\$6,000	0.5510
\$6,500	0.5310
\$7,000	0.5110
\$7,500	0.4910
\$8,000	0.4710
\$8,500	0.4510
\$9,000	0.4310
\$9,500	0.4110
\$10,000	0.3910
\$15,000	0.3710

Table 12 Deductible Factor

b1. Per Family - Integrated

Deductible	Factor
\$0	N/A
\$50	N/A
\$100	N/A
\$150	N/A
\$200	N/A
\$250	N/A
\$300	N/A
\$350	N/A
\$400	N/A
\$450	N/A
\$500	1.0000
\$550	0.9982
\$600	0.9964
\$650	0.9946
\$700	0.9928
\$750	0.9910
\$800	0.9888
\$850	0.9866
\$900	0.9844
\$950	0.9822
\$1,000	0.9800
\$1,100	0.9770
\$1,250	0.9650
\$1,500	0.9360
\$2,000	0.9000
\$2,500	0.8560
\$3,000	0.8180
\$3,500	0.7870
\$4,000	0.7550
\$4,500	0.7220
\$5,000	0.6890
\$5,500	0.6590
\$6,000	0.6390
\$6,500	0.6190
\$7,000	0.5990
\$7,500	0.5790
\$8,000	0.5590
\$8,500	0.5390
\$9,000	0.5190
\$9,500	0.4990
\$10,000	0.4790
\$15,000	0.4590

Table 12 Deductible Factor

c. Accumulating Period Factor

Benefit Option	Factor
Per Calendar Year	1.0000
Per Contract Year	1.0000

Table 13 Maximum Annual Benefit Factor

a. Per Individual

Benefit Option	Factor
Unlimited	1.0000
\$500	0.5808
\$1,000	0.7179
\$1,500	0.7973
\$2,000	0.8478
\$2,500	0.8791
\$3,000	0.8995
\$3,500	0.9200
\$4,000	0.9308
\$5,000	0.9525
\$7,500	0.9669
\$10,000	0.9891

Table 13 Maximum Annual Benefit Factor

b. Per Individual/Family

Benefit Option	Factor
\$500 / \$1000	0.5569
\$1000 / \$2000	0.7090
\$1500 / \$3000	0.7902
\$2000 / \$4000	0.8422
\$2500 / \$5000	0.8748
\$3000 / \$6000	0.8960
\$3500 / \$7000	0.9173
\$4000 / \$8000	0.9277
\$5000 / \$10000	0.9500
\$7500 / \$15000	0.9649
\$10000 / \$20000	0.9876

Table 13 Maximum Annual Benefit Factor

c. Accumulating Period Factor

Benefit Option	Factor
Per Calendar Year	1.0000
Per Contract Year	1.0000

Table 14 Out-of-Pocket Maximum Factor

Per Individual

Benefit Option	No Family Limit	1x Family Limit	2x Family Limit	2.5x Family	3x Family Limit
None	1.0000	1.0000	1.0000	1.0000	1.0000
\$500	1.0513	1.0608	1.0566	1.0553	1.0540
\$1,000	1.0181	1.0273	1.0232	1.0220	1.0207
\$1,500	1.0126	1.0217	1.0176	1.0164	1.0151
\$2,000	1.0100	1.0191	1.0151	1.0138	1.0126
\$2,500	1.0088	1.0179	1.0139	1.0126	1.0113
\$3,000	1.0077	1.0168	1.0128	1.0115	1.0103
\$3,500	1.0067	1.0157	1.0117	1.0104	1.0092
\$4,000	1.0057	1.0147	1.0107	1.0094	1.0082
\$5,000	1.0046	1.0136	1.0096	1.0084	1.0071
\$7,500	1.0032	1.0123	1.0082	1.0070	1.0057
\$10,000	1.0019	1.0109	1.0069	1.0056	1.0044

Table 15 Custom Product Factor

Benefit	Factor
No Custom Benefits	1.0000

Table 16 Step Therapy/Pre-certification Adjustment Factor

Benefit Option	Factor
Basic Precertification Only	1.0000
Add Expanded Precertification and Step Therapy	0.9900
Add Step Therapy Only	0.9950
Add Expanded Precertification Only	0.9950
Add Expanded Precertification after 90 days Only	0.9983
Add Step Therapy after 90 days Only	0.9983
Add Expanded Precertification after 90 days and Step Therapy after 90 days	0.9967
Add Step Therapy and Expanded Precertification after 90 days	0.9933
Add Expanded Precertification and Step Therapy after 90 days	0.9933
Full Pharmacy Step-Therapy and Precertification	0.9867
Pharmacy Benefit Excluded	1.0000

Table 17 Chronic and/or Preventative Drug Deductible Waiver Adjustment Factor

Medical Deductible	Health Reimbursement Account Products		
	Waive For Prev. & Chronic	Waive For Chronic Only	Waive For Prev. Only
	Factor	Factor	Factor
<= \$1,500	1.0800	1.0800	1.0800
\$1,501 <= \$2,500	1.0800	1.0800	1.0800
> \$2,500	1.0800	1.0800	1.0800

Table 18 Infertility Drug Coverage Adjustment Factor

Option	Factor
No Infertility Drug Coverage	1.0000
Oral Infertility Drugs Only	1.0020
Injectable Infertility Drugs Only	1.0050
Oral and Injectable Infertility Drugs	1.0060

Medical Deductible	All Other Products		
	Waive For Prev. & Chronic	Waive For Chronic Only	Waive For Prev. Only
	Factor	Factor	Factor
<= \$1,500	1.2000	1.2000	1.2000
\$1,501 <= \$2,500	1.2000	1.2000	1.2000
> \$2,500	1.2000	1.2000	1.2000

Table 19 Per Script Copay Maximum Factor (to be applied to non-self-injectable drug claims only)

Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Per Script Copay Maximum													
	\$100	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600	\$650	\$700	\$750
Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor
10%	1.2149	1.1381	1.0995	1.0772	1.0627	1.0521	1.0439	1.0377	1.0333	1.0296	1.0265	1.0243	1.0224	1.0210
20%	1.3856	1.2525	1.1812	1.1405	1.1137	1.0951	1.0809	1.0696	1.0605	1.0534	1.0480	1.0443	1.0410	1.0380
30%	1.0318	1.0205	1.0153	1.0121	1.0100	1.0084	1.0070	1.0060	1.0053	1.0048	1.0043	1.0039	1.0036	1.0033
40%	1.0538	1.0352	1.0261	1.0210	1.0175	1.0148	1.0127	1.0110	1.0095	1.0082	1.0073	1.0067	1.0063	1.0059
50%	1.0876	1.0595	1.0437	1.0349	1.0293	1.0250	1.0216	1.0189	1.0167	1.0147	1.0130	1.0117	1.0105	1.0099
60%	1.1068	1.0715	1.0522	1.0409	1.0339	1.0290	1.0251	1.0220	1.0195	1.0173	1.0153	1.0139	1.0126	1.0118
10% / 20% / 30%	1.1085	1.0727	1.0530	1.0415	1.0344	1.0293	1.0254	1.0223	1.0198	1.0175	1.0155	1.0141	1.0128	1.0119
20% / 20% / 40%	1.1445	1.0945	1.0686	1.0535	1.0436	1.0364	1.0313	1.0275	1.0244	1.0217	1.0194	1.0177	1.0162	1.0151
20% / 20% / 50%	1.2089	1.1345	1.0971	1.0752	1.0611	1.0508	1.0429	1.0368	1.0325	1.0290	1.0259	1.0238	1.0219	1.0206
20% / 30% / 50%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
30% / 30% / 50%	1.0271	1.0178	1.0133	1.0106	1.0087	1.0072	1.0060	1.0052	1.0046	1.0042	1.0038	1.0035	1.0032	1.0030
30% / 40% / 50%	1.0316	1.0204	1.0152	1.0121	1.0100	1.0083	1.0070	1.0060	1.0053	1.0048	1.0043	1.0039	1.0036	1.0033
40% / 50% / 50%	1.0422	1.0275	1.0204	1.0164	1.0136	1.0115	1.0097	1.0084	1.0073	1.0064	1.0057	1.0053	1.0049	1.0046
For any \$ copay in the first or second tier and the following coinsurances in the remaining tiers														
\$ / 15% / 30%	1.1057	1.0709	1.0517	1.0406	1.0337	1.0288	1.0249	1.0219	1.0194	1.0172	1.0152	1.0138	1.0125	1.0117
\$ / 20% / 30%	1.1417	1.0928	1.0673	1.0526	1.0429	1.0358	1.0308	1.0271	1.0240	1.0214	1.0191	1.0174	1.0159	1.0149
\$ / 20% / 35%	1.2027	1.1308	1.0944	1.0732	1.0595	1.0495	1.0418	1.0359	1.0317	1.0283	1.0253	1.0232	1.0214	1.0201
\$ / 30% / 40%	1.0755	1.0522	1.0386	1.0309	1.0260	1.0222	1.0193	1.0169	1.0150	1.0133	1.0118	1.0107	1.0097	1.0092
\$ / 30% / 50%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$ / 40% / 50%	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$ / 50% / 50%	centivized MOD factor	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	vized MOD	0.0000	0.0000	0.0000	0.0000	0.0000
\$ / \$ / 50%	2 X MOD	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	2.5 X MOD	0.0000	0.0000	0.0000	0.0000	0.0000

Table 20 Incentivized MOD Factor

	Incentivized MOD factors								Incentivized MOD factors							
	2 X MOD								2.5 X MOD							
	2 fills allowed at retail				3 fills allowed at retail				2 fills allowed at retail				3 fills allowed at retail			
	50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay
\$5/\$20/\$60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9928	0.9928	0.9983	0.9969	0.9913	0.9913
\$5/\$25/\$60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9936	0.9936	1.0000	1.0000	0.9919	0.9919
\$5/\$25/\$65	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	1.0000	N/A	1.0000	0.9949	0.9949	1.0000	0.9972	0.9927	0.9927
\$10/\$25/\$50	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	1.0000	1.0000	0.9964	0.9964	1.0000	1.0000	0.9937	0.9937
\$10/\$30/\$60	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	N/A	1.0000	0.9969	0.9969	1.0000	1.0000	0.9941	0.9941
\$10/\$30/\$70	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	N/A	1.0000	0.9971	0.9971	1.0000	1.0000	0.9942	0.9942
\$15/\$35/\$60	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	N/A	1.0000	0.9960	0.9960	1.0000	0.9999	0.9929	0.9929
\$15/\$35/\$75	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$15/\$35/\$80	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$15/\$40/\$75	0.0000	Leverage	Trend Period	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$20/\$40/\$70	Trend %	Adjustment	Exponent	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

Table 22 Trend Factor

Effective Date	Trend Factor
01/01/2012	1.000
04/01/2012	1.018
07/01/2012	1.037
10/01/2012	1.056

Section II.

Table 24 Industry Factor

SIC Range		
From	To	Factor
111	119	0.9800
131	139	0.9800
161	161	0.9800
171	179	0.9800
181	182	0.9800
191	191	0.9800
211	291	1.0700
711	722	0.9800
723	723	0.9800
724	724	0.9800
741	742	0.9800
751	752	0.9800
761	762	0.9800
781	781	1.0000
782	783	0.9800
811	851	1.0300
912	919	1.1000
921	921	1.0000
971	971	1.0300
1011	1031	1.1500
1041	1044	1.1500
1061	1081	1.1500
1094	1099	1.1500
1221	1222	1.1500
1231	1231	1.1500
1241	1241	1.1500
1311	1321	1.0000
1381	1389	1.0000
1411	1429	1.0300
1442	1446	1.0300
1455	1459	1.0300
1474	1479	1.0300
1481	1499	1.0300
1521	1522	1.0400
1531	1531	1.0900
1541	1541	1.0200
1542	1542	1.0000
1611	1611	1.0300
1622	1629	1.0300
1711	1711	1.0100
1721	1721	1.0100
1731	1731	1.0100
1741	1741	1.0100
1742	1742	1.0100
1743	1743	1.0100
1751	1752	1.0100
1761	1761	1.0100
1771	1771	1.0100
1781	1781	1.0100
1791	1791	1.0100
1793	1793	1.0100
1794	1794	1.0100
1795	1795	1.0100
1796	1796	1.0100
1799	1799	1.0100
2011	2015	1.0000
2021	2035	1.0000
2037	2048	0.9800
2051	2052	0.9800
2053	2053	0.9800
2061	2063	0.9800
2064	2068	0.9800
2074	2079	0.9800
2082	2087	0.9800
2091	2091	0.9800
2092	2092	0.9800
2095	2095	0.9800
2096	2096	0.9800
2097	2097	0.9800
2098	2098	0.9800
2099	2099	0.9800
2111	2141	1.0000
2211	2211	1.0000
2221	2221	1.0000
2231	2231	1.0000
2241	2241	1.0000
2251	2259	1.0000
2261	2269	1.0000
2273	2273	1.0000
2281	2284	1.0000
2295	2299	1.0000
2311	2329	0.9800
2331	2342	0.9800
2353	2353	0.9800
2361	2369	0.9800
2371	2399	1.0000
2411	2411	1.0000
2421	2429	1.0000

SIC Range		
From	To	Factor
2431	2431	1.0300
2434	2434	0.9700
2435	2435	0.9700
2436	2436	0.9700
2439	2439	0.9700
2441	2449	0.9700
2451	2452	0.9700
2491	2499	0.9700
2511	2519	0.9700
2521	2522	0.9700
2531	2531	0.9700
2541	2542	0.9700
2591	2599	0.9700
2611	2611	1.0300
2621	2621	1.0300
2631	2631	1.0300
2652	2657	1.0300
2671	2679	1.0300
2711	2711	1.0000
2721	2789	1.0000
2791	2796	1.0000
2812	2819	1.0000
2821	2824	1.0000
2833	2834	1.0400
2835	2836	1.0000
2841	2844	0.9800
2851	2851	0.9800
2861	2869	0.9800
2873	2879	0.9800
2891	2891	0.9500
2892	2892	0.9500
2893	2895	0.9500
2899	2899	0.9500
2911	2952	1.0300
2992	2999	1.0300
3011	3011	0.9800
3021	3069	0.9800
3081	3089	0.9600
3111	3111	1.0000
3131	3149	1.0000
3151	3199	1.0000
3211	3211	1.0200
3221	3231	1.0200
3241	3241	1.0200
3251	3259	1.0200
3261	3269	1.0200
3271	3275	1.0200
3281	3281	1.0200
3291	3291	1.0200
3292	3292	1.0200
3295	3299	1.0200
3312	3317	1.0400
3321	3325	1.0400
3331	3339	1.0400
3341	3341	1.0400
3351	3357	1.0400
3363	3369	1.0400
3398	3399	1.0400
3411	3412	0.9400
3421	3429	0.9400
3431	3433	0.9400
3441	3441	0.9400
3442	3442	1.0000
3443	3443	0.9800
3444	3444	0.9800
3446	3446	0.9800
3448	3448	0.9800
3449	3449	0.9800
3451	3452	0.9800
3462	3469	0.9800
3471	3479	0.9800
3482	3483	0.9800
3484	3484	0.9800
3489	3489	0.9800
3491	3499	0.9700
3511	3519	0.9700
3523	3524	0.9700
3531	3537	0.9800
3541	3549	0.9500
3552	3569	0.9500
3571	3579	0.9500
3581	3589	0.9500
3592	3599	0.9500
3612	3613	0.9900
3621	3648	0.9900
3651	3652	0.9900
3661	3669	0.9900

SIC Range		
From	To	Factor
3671	3679	0.9900
3691	3699	0.9900
3711	3716	1.0000
3721	3728	0.9500
3731	3731	0.9500
3732	3732	0.9500
3743	3743	0.9500
3751	3751	0.9500
3761	3769	0.9500
3792	3792	0.9500
3795	3795	0.9500
3799	3799	0.9500
3812	3812	0.9400
3821	3829	1.0100
3841	3845	1.0100
3851	3851	1.0100
3861	3861	0.9400
3873	3873	0.9400
3911	3915	0.9400
3931	3931	1.0000
3942	3949	1.0000
3951	3955	0.9700
3961	3965	0.9700
3991	3999	0.9700
4011	4013	1.0200
4111	4119	1.0600
4121	4121	1.1200
4131	4131	1.0600
4141	4142	1.0600
4151	4151	1.0300
4173	4173	1.0400
4212	4212	1.0200
4213	4214	1.0200
4215	4215	1.0200
4221	4221	1.0200
4222	4222	1.0200
4225	4225	1.0200
4226	4226	1.0200
4231	4231	1.0200
4311	4311	1.0000
4412	4412	1.0200
4424	4424	1.0200
4432	4432	1.0200
4449	4449	1.0200
4481	4489	1.0200
4491	4499	1.0200
4512	4513	0.9500
4522	4522	0.9500
4581	4581	0.9500
4612	4619	1.0500
4724	4729	1.0800
4731	4731	0.9800
4741	4789	0.9800
4812	4813	1.0000
4822	4899	1.0200
4911	4911	0.9700
4922	4925	1.0000
4931	4939	0.9500
4941	4941	0.9500
4952	4959	0.9500
4961	4961	0.9500
4971	4971	0.9500
5012	5015	1.0000
5021	5021	1.0000
5023	5023	1.0000
5031	5039	1.0400
5043	5049	1.0200
5051	5052	1.0200
5063	5064	1.0200
5065	5065	1.0200
5072	5078	1.0000
5082	5087	1.0000
5088	5088	1.0000
5091	5092	1.0000
5093	5093	1.1200
5094	5099	0.9400
5111	5113	1.0000
5122	5122	0.9800
5131	5139	1.0200
5141	5149	0.9800
5153	5153	0.9800
5154	5159	0.9800
5162	5169	0.9800
5171	5172	0.9800
5181	5182	0.9800
5191	5199	1.0200
5211	5211	1.0300

Table 24 Industry Factor (continued)

SIC Range		
From	To	Factor
5231	5231	1.0300
5251	5261	1.0300
5271	5271	1.0300
5311	5399	0.9700
5411	5411	1.0000
5421	5421	1.0000
5431	5431	1.0000
5441	5441	1.0000
5451	5451	1.0000
5461	5461	1.0000
5499	5499	1.0000
5511	5511	1.1000
5521	5521	1.1000
5531	5531	1.1000
5541	5541	1.1000
5551	5551	1.1200
5561	5561	1.1200
5571	5571	1.1200
5599	5599	1.1200
5611	5651	0.9600
5661	5661	0.9600
5699	5699	0.9600
5712	5719	1.0200
5722	5722	1.0400
5731	5736	0.9700
5812	5812	1.0000
5813	5813	1.0500
5912	5912	0.9700
5921	5921	1.0600
5932	5932	1.0000
5941	5949	0.9700
5961	5963	1.0500
5983	5989	1.0500
5992	5992	1.0000
5993	5999	1.0000
6011	6149	1.0000
6153	6163	1.0300
6211	6289	1.0000
6311	6399	1.0300
6411	6411	1.0300
6512	6519	1.0300
6531	6531	1.0300
6541	6553	1.0300
6712	6799	0.9700
7011	7041	0.9800
7211	7219	0.9900
7221	7221	1.0000
7231	7241	1.0500
7251	7251	1.0300
7261	7261	1.0500
7291	7299	1.0300
7311	7311	0.9800
7312	7319	0.9800
7322	7331	1.0300
7334	7334	0.9600
7335	7336	0.9600
7338	7338	0.9600
7342	7349	0.9800
7352	7352	1.0000
7353	7359	1.0000
7361	7363	1.0300
7371	7379	0.9700
7381	7381	0.9700
7382	7382	1.0000
7383	7383	1.0400
7384	7384	1.0400
7389	7389	1.0000
7513	7519	1.0300
7521	7521	1.0300
7532	7539	1.0100
7542	7549	1.0900
7622	7629	1.0000
7631	7641	1.0000
7692	7692	1.0200
7694	7699	1.0200
7812	7833	1.0600
7841	7841	1.0500
7911	7911	1.0900
7922	7929	1.0900
7933	7933	1.0500
7941	7948	1.0500
7991	7996	1.0500
7997	7999	0.9800
8011	8011	1.0800
8021	8021	1.0400
8031	8041	1.0800
8042	8042	1.0400
8043	8049	1.0800
8051	8059	1.0600
8061	8069	1.1200
8071	8071	1.0800

Table 25 Rating Factor

SIC Range	
From	To
8072	8072
8082	8099
8111	8111
8211	8211
8221	8222
8231	8231
8243	8244
8249	8249
8299	8299
8322	8322
8331	8331
8351	8351
8361	8361
8399	8399
8412	8422
8611	8611
8621	8651
8661	8661
8699	8699
8711	8713
8721	8721
8731	8732
8733	8733
8734	8734
8741	8748
8811	8811
8999	8999
9111	9131
9199	9199
9211	9211
9221	9221
9222	9222
9223	9223
9224	9224
9229	9229
9311	9311
9411	9451
9511	9532
9611	9661
9711	9711
9721	9721
9999	9999

Rating Area	Factor
All Areas	1.000

Table 26 New Business Subscriber Based Age/Gender Factor

Age Band	Two-Tier Factors			
	Male		Female	
	Single	Family	Single	Family
Under 25	0.2504	0.3069	0.4612	0.3453
025 - 029	0.3452	0.3953	0.6471	0.4612
030 - 034	0.4884	0.5823	0.7496	0.5897
035 - 039	0.7700	0.8136	0.8507	0.7677
040 - 044	1.1281	1.0705	1.0142	0.9831
045 - 049	1.3070	1.3744	1.2159	1.2045
050 - 054	1.5064	1.6630	1.4578	1.5363
055 - 059	1.7641	1.8961	1.7826	1.8637
060 - 064	2.0418	2.2136	2.1875	2.2964
065+	2.5600	2.8078	2.5191	2.7302

Table 26 Renewal Member Based Age/Gender Factor

Age Band	Male	Female
000 - 001	0.3650	0.3651
002 - 004	0.3650	0.3651
005 - 009	0.3650	0.3651
010 - 014	0.3650	0.3651
015 - 019	0.3650	0.3651
020 - 024	0.4131	0.5679
025 - 029	0.4448	0.6583
030 - 034	0.5710	0.7840
035 - 039	0.8210	0.9473
040 - 044	1.1482	1.1893
045 - 049	1.4515	1.4892
050 - 054	1.8807	1.8823
055 - 059	2.3363	2.3398
060 - 064	2.7795	2.8559
065+	3.4387	3.2993

Age Band	Three-Tier Factors					
	Male			Female		
	Single	2-Party	Family	Single	2-Party	Family
Under 25	0.2504	0.2484	0.4279	0.4612	0.2858	0.5657
025 - 029	0.3452	0.3775	0.4158	0.6471	0.4900	0.4489
030 - 034	0.4884	0.5595	0.5735	0.7496	0.6135	0.5686
035 - 039	0.7700	0.7773	0.7830	0.8507	0.7474	0.7517
040 - 044	1.1281	1.0454	1.0214	1.0142	1.0227	0.9380
045 - 049	1.3070	1.3400	1.3218	1.2159	1.1837	1.2034
050 - 054	1.5064	1.7223	1.5983	1.4578	1.5990	1.5265
055 - 059	1.7641	2.0456	1.8092	1.7826	2.0065	1.8327
060 - 064	2.0418	2.4112	2.1144	2.1875	2.5215	2.2708
065+	2.5600	3.0851	2.6876	2.5191	2.9759	3.1021

Age Band	Four-Tier Factors							
	Male				Female			
	Single	EE + Sp	EE + Ch(ren)	Family	Single	EE + Sp	EE + Ch(ren)	Family
Under 25	0.2504	0.2615	0.2249	0.3090	0.4612	0.3127	0.4027	0.3416
025 - 029	0.3452	0.3716	0.3326	0.4142	0.6471	0.5425	0.5506	0.5613
030 - 034	0.4884	0.5600	0.5285	0.5584	0.7496	0.6924	0.7131	0.7047
035 - 039	0.7700	0.8016	0.7500	0.7894	0.8507	0.8518	0.9257	0.8571
040 - 044	1.1281	1.0910	1.0349	1.0662	1.0142	1.1275	1.1295	1.1207
045 - 049	1.3070	1.2919	1.2376	1.2864	1.2159	1.2668	1.3022	1.2540
050 - 054	1.5064	1.5489	1.5661	1.5348	1.4578	1.5243	1.6359	1.5483
055 - 059	1.7641	1.7451	1.9407	1.7141	1.7826	1.7762	1.9064	1.8083
060 - 064	2.0418	2.0148	2.0878	2.0061	2.1875	2.1358	2.2794	2.1522
065+	2.5600	2.5570	2.2790	2.5245	2.5191	2.4866	2.7953	2.4876

Section III.

Table 28 Tier Factor

Tier	Tier Factor	
2-Tier	Single	1.1878
	Family	2.5433
3-Tier	Single	1.1878
	2-Party	2.3229
4-Tier	Family	2.7307
	Single	1.1878
	Par/Child	1.4930
Medicare	Couple	2.8207
	Family	2.9496
Medicare	Member	1.1878

Table 29 Dependent Age Adjustment Factor

Age up to	Students	Non-Students
19 years	-1.6	0.0
20 years	-1.2	0.4
21 years	-0.8	0.8
22 years	-0.4	1.2
23 years	0.0	1.6
24 years	0.4	2.0
25 years	0.8	2.4
26 years	1.2	2.8
27 years	1.6	3.2
28 years *	2.0	3.6

* For each year of age or part thereof beyond 28, add 0.4 to the last value in the column, not to exceed the factor for age 35.
 ** Up to the end of the month in which the age is reached. If the limiting age is to the end of the calendar year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section IV.

Table 31 Administrative Expenses & Profit Factor

Case Size (total lives)	PMPM	Retention	Commissions*	Taxes & Assessments
<= 10	\$2.75	0-7.5%	0%-10%	2.70%
<= 50	\$2.65	0-7.5%	0%-10%	2.70%
<= 100	\$2.50	0-7.5%	0%-10%	2.70%
<= 300	\$2.20	0-7.5%	0%-10%	2.70%
<= 1,000	\$2.05	0-7.5%	0%-10%	2.70%
<= 1,500	\$1.90	0-7.5%	0%-10%	2.70%
<= 3,000	\$1.70	0-7.5%	0%-10%	2.70%
<= 4,000	\$1.50	0-7.5%	0%-10%	2.70%
<= 5,000	\$1.45	0-7.5%	0%-10%	2.70%
<= 7,500	\$1.40	0-7.5%	0%-10%	2.70%
<= 10,000	\$1.30	0-7.5%	0%-10%	2.70%
<= 20,000	\$1.15	0-7.5%	0%-10%	2.70%
<= 35,000	\$1.00	0-7.5%	0%-10%	2.70%
<= 70,000	\$0.95	0-7.5%	0%-10%	2.70%
<= 100,000	\$0.90	0-7.5%	0%-10%	2.70%
> 100,000	\$0.85	0-7.5%	0%-10%	2.70%

* Aetna's standard is not to include commissions in our premiums. Should the customer instruct Aetna to include a broker fee, final billing rates to the Customer will be modified to reflect the agreed upon schedule.

Self Injectables Benefit Plan – Manual Rate Calculation

Refer to the Self Injectables Plan Rate Development Worksheet [in Section D](#).

I. Self Injectables Start Rate

Calculate the Self Injectables Self Injectables Start Rate as follows:

$$\begin{array}{l} \text{Starting Base Plan Claim Cost} \\ \quad \times \\ \text{Benefit Adjustment Factor} \\ \quad \times \\ \text{Trend Factor} \end{array}$$

Starting Base Plan Claim Cost

The Starting Base Plan Claim Cost is the PMPM for a \$0 copay plan

Benefit Adjustment Factor

The Benefit Adjustment Factor is the product of the following factors:

$$\begin{array}{l} \text{Self Injectables Plan Option Factor} \\ \quad \times \\ \text{Deductible Factor} \\ \quad \times \\ \text{Maximum Annual Benefit Factor} \\ \quad \times \\ \text{Out-of-Pocket Maximum Factor} \\ \quad \times \\ \text{Custom Product Factor} \\ \quad \times \\ \text{Step Therapy/Precertification Adjustment Factor} \\ \quad \times \\ \text{Chronic and/or Preventative Drug Deductible Waiver Adjustment Factor} \\ \quad \times \\ \text{Infertility Drug Coverage Adjustment Factor} \\ \quad \times \\ \text{Per Script Copay Maximum Factor} \\ \quad \times \\ \text{Incentivized MOD Factor} \end{array}$$

Trend Factor

Select the appropriate factor from the Trend Factor table.

II. Self Injectables Flex Plan Claim Cost

Industry Factor

Select the appropriate factor from the Industry Factor table.

Rating Area Factor

Select the appropriate factor from the Rating Area Factor.

Age/Gender Factor

Calculate the appropriate Age/Gender Factor as follows:

Use the New Business Subscriber Based Age/Gender Factor table, the expected employee census segmented by age, gender and rate tier, and the Tier Factors to calculate the adjustment factor. First sum the product of the expected subscribers times the appropriate age/gender and Tier factors. This result is then divided by the sum of the product of the expected subscribers by tier times the appropriate rate tier factors to obtain the age/gender adjustment.

Calculate the appropriate Renewal Business Age/Gender Factor as follows:

Use the Renewal Member Based Age/Gender Factor table and the expected enrolled membership segmented by age and gender to calculate the Weighted Average Age/Gender Factor by taking the sum product of the age/gender factor and the expected enrolled membership.

Calculate the Contract Mix/Family Size Factor. This factor reflects the distribution of enrollment by contract 'tier' type and the average members per contract tier of the group. To calculate this factor, first calculate the group's average number of members per contract. Next, calculate the group's average rate tier factor by weighting the community rate tier factors with the group's actual number of contracts per tier. The contract mix/family size factor is then calculated by dividing the group's average number of members per contract by the group's average rate tier factor.

Multiply the Weighted Average Age/Gender Factor by the Contract Mix/Family Size Factor to get the Age/Gender Factor

Multiply the Self Injectables Start Rate as calculated in **I.** by the following to get the Flex Plan Claim Cost PMPM:

Industry Factor
x
Rating Area Factor
x
Age/Gender Factor

III. Adjusted Self Injectables Claim Cost by Billing Tier

Tier Factor

For each billing tier, multiply the Self Injectables Start Rate by the appropriate Tier Factor from the Tier Factor table.

Dependent Age Adjustment Factor

For those tiers under which children may be covered, apply the appropriate factor. Other tiers will use a factor of 1.0.

Multiply the Flex Plan Claim Cost PMPM as calculated in **II.** by the following to get the Adjusted Self Injectables Claim Cost by Billing Tier:

$$\begin{array}{r} \text{Tier Factor} \\ \times \\ \text{Dependent Age Adjustment Factor} \end{array}$$

IV. Self Injectables Manual Premium Rates by Billing Tier

Multiply the Adjusted Self Injectables Claim Cost by Billing Tier as calculated in **III.** by the adjustment factor from d. below to get Self Injectables Manual Premium Rates by Billing Tier:

Administrative Expense and Profit

- a. Enter the Administrative Expenses and Profit table with total case lives and retrieve the appropriate Self Injectables PMPM expense. Also retrieve the appropriate Retention, Commission, and **Taxes and Assessments** percentages.
- b. Multiply the PMPM in a. by members to get Total Retention amount.
- c. Multiply Adjusted Self Injectables Claim Cost by Billing Tier by the appropriate number of subscribers in each tier to get Total Monthly Claim Cost.
- d. The Administrative Expense and Profit Factor will be $[(\text{Total Monthly Claim Cost} + \text{Total Retention amount}) / (1 - \text{Retention Expense \%} - \text{Commissions \%} - \text{Taxes and Assessments \%})] / (\text{Total Monthly Claim Cost})$

Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), case specific commissions, or margin for risk sharing arrangements, etc.

Underwriter Adjustment Factor

Enter the Underwriter Adjustment Factor if applicable.

Note: Rounding to the eighth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Also, enter these rates on the appropriate line in the Medical Section of the Rate Manual.

Self Injectable Plan Rate Development Worksheet

Group Name: _____ Group No.: _____ Effective Date: _____ Today's Date: _____

Section I.

- 1 1st Quarter 2012 Starting Base Plan Claim Cost _____
- 2 Selected Benefit Plan Option _____
- 3 Deductible _____
- 4 Maximum Annual Benefit _____
- 5 Out-of-Pocket Maximum _____
- 6 Custom Product _____
- 7 Step Therapy/Pre-certification Adjustment _____
- 8 Chronic and/or Preventative Drug Deductible Waiver Adjustment _____
- 9 Infertility Drug Coverage Adjustment _____
- 10 Per Script Copay Maximum _____
- 11 Incentivized MOD _____
- 12 Benefit Adjustment 2 x 3 x 4 x 5 x 6 x 7 x 8 x 9 x 10 x 11
- 13 Trend _____
- 14 Self Injectable Start Rate 1 x 12 x 13

Section II.

- 15 Industry _____
- 16 Rating Area _____
- 17 Age/Gender _____
- 18 Flex Plan Claim Cost PMPM 14 x 15 x 16 x 17

Section III.

19 Tier Factors

Two-tier Structure		Three-tier Structure			Four-tier Structure			Medicare	
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

20 Dependent Age Adjustment

Two-tier Structure		Three-tier Structure			Four-tier Structure			Medicare	
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member
1.00		1.00			1.00		1.00		1.00

Dependent Age Adjustment Worksheet		
a. Student:	Limiting Age _____	Adjustment _____
b. Non-Student:	_____	_____
c. [1.00 + ((a.+ b.) / 100)]		

21 Adjusted Self Injectable Rider Claim Cost by Billing Tier

Two-tier Structure		Three-tier Structure			Four-tier Structure			Medicare	
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

18 x 19 x 20

Section IV.

- 22 Administrative Expenses & Profit Factor _____
- 23 This line reserved for future use _____
- 24 Underwriter Adjustment _____
- 25 Final Self Injectable Rider Premium Rates by Billing Tier 21 x 22 x 23 x 24

Two-tier Structure		Three-tier Structure			Four-tier Structure			Medicare	
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family	Member

NOTE: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Self Injectables PMPM and Benefit Factor Tables

Section I.

Table 1. 1st Quarter 2012 Starting Base Plan Claim Cost

Area	Base Cost
DC	6.10

Table 2 Benefit Plan Options
a. Single - Tier Copay Levels

All Generic & All Brand	Factor	Coinsurance With Min/Max Factor
\$0.00	1.0000	N/A
\$1.00	0.9996	N/A
\$2.00	0.9992	N/A
\$2.50	0.9990	N/A
\$3.00	0.9988	N/A
\$4.00	0.9984	N/A
\$5.00	0.9980	N/A
\$6.00	0.9976	N/A
\$7.00	0.9972	N/A
\$7.50	0.9970	N/A
\$8.00	0.9968	N/A
\$10.00	0.9961	N/A
\$12.00	0.9953	N/A
\$15.00	0.9941	N/A
\$20.00	0.9921	N/A
\$25.00	0.9901	N/A
\$30.00	0.9882	N/A
\$35.00	0.9862	N/A
\$40.00	0.9842	N/A
\$45.00	0.9823	N/A
\$50.00	0.9803	N/A
\$55.00	0.9783	N/A
\$60.00	0.9764	N/A
\$65.00	0.9744	N/A
\$70.00	0.9724	N/A
\$75.00	0.9704	N/A
10% Coinsurance	0.9000	N/A
15% Coinsurance	0.8500	N/A
20% Coinsurance	0.8000	N/A
25% Coinsurance	0.7500	N/A
30% Coinsurance	0.7000	N/A
40% Coinsurance	0.6000	N/A
50% Coinsurance	0.5000	N/A
60% Coinsurance	0.4000	N/A

Table 2 Benefit Plan Options
b1. Two - Tier Copay Levels

Generic & Brand-Formulary / Brand Non-Formulary	Factor	Coinsurance With Min/Max Factor
\$1.00 / \$2.00	0.9995	N/A
\$2.00 / \$4.00	0.9990	N/A
\$2.50 / \$7.50	0.9985	N/A
\$3.00 / \$6.00	0.9985	N/A
\$4.00 / \$8.00	0.9980	N/A
\$5.00 / \$10.00	0.9976	N/A
\$5.00 / \$15.00	0.9971	N/A
\$5.00 / \$20.00	0.9966	N/A
\$5.00 / \$25.00	0.9961	N/A
\$6.00 / \$11.00	0.9972	N/A
\$6.00 / \$12.00	0.9971	N/A
\$7.00 / \$12.00	0.9968	N/A
\$7.50 / \$12.00	0.9966	N/A
\$8.00 / \$13.00	0.9964	N/A
\$10.00 / \$15.00	0.9956	N/A
\$10.00 / \$20.00	0.9951	N/A
\$10.00 / \$25.00	0.9946	N/A
\$12.00 / \$17.00	0.9948	N/A
\$15.00 / \$20.00	0.9936	N/A
\$15.00 / \$25.00	0.9931	N/A
\$20.00 / \$25.00	0.9916	N/A
\$20.00 / \$30.00	0.9912	N/A
\$30.00 / \$40.00	0.9872	N/A
\$30.00 / \$50.00	0.9863	N/A

Table 2 Benefit Plan Options
b2. Two - Tier Copay Levels

All Generic / All Brand	Factor	Coinsurance With Min/Max Factor
\$0.00 / \$10.00	0.9962	N/A
\$0.00 / \$15.00	0.9943	N/A
\$0.00 / \$20.00	0.9923	N/A
\$0.00 / \$25.00	0.9904	N/A
\$1.00 / \$2.00	0.9992	N/A
\$1.00 / \$3.00	0.9988	N/A
\$1.00 / \$5.00	0.9981	N/A
\$1.00 / \$10.00	0.9962	N/A
\$1.00 / \$15.00	0.9942	N/A
\$1.00 / \$20.00	0.9923	N/A
\$1.00 / \$25.00	0.9904	N/A
\$2.00 / \$4.00	0.9984	N/A
\$2.00 / \$7.00	0.9973	N/A
\$2.00 / \$10.00	0.9961	N/A
\$2.50 / \$7.50	0.9971	N/A
\$3.00 / \$6.00	0.9977	N/A
\$4.00 / \$9.00	0.9965	N/A
\$4.00 / \$10.00	0.9961	N/A
\$4.00 / \$15.00	0.9942	N/A
\$4.00 / \$20.00	0.9923	N/A
\$4.00 / \$25.00	0.9904	N/A
\$5.00 / \$7.00	0.9973	N/A
\$5.00 / \$7.50	0.9971	N/A
\$5.00 / \$8.00	0.9969	N/A
\$5.00 / \$10.00	0.9961	N/A
\$5.00 / \$15.00	0.9942	N/A
\$5.00 / \$20.00	0.9923	N/A
\$6.00 / \$11.00	0.9957	N/A
\$6.00 / \$12.00	0.9953	N/A
\$7.00 / \$10.00	0.9961	N/A
\$7.00 / \$12.00	0.9953	N/A
\$7.00 / \$14.00	0.9946	N/A
\$7.00 / \$15.00	0.9942	N/A
\$7.00 / \$20.00	0.9923	N/A
\$7.00 / \$25.00	0.9916	N/A
\$7.00 / \$30.00	0.9894	N/A
\$7.50 / \$12.00	0.9953	N/A
\$8.00 / \$13.00	0.9949	N/A
\$8.00 / \$16.00	0.9938	N/A
\$8.00 / \$18.00	0.9930	N/A
\$9.00 / \$10.00	0.9961	N/A
\$9.00 / \$15.00	0.9942	N/A
\$9.00 / \$18.00	0.9930	N/A
\$9.00 / \$20.00	0.9922	N/A
\$9.00 / \$25.00	0.9905	N/A
\$10.00 / \$15.00	0.9941	N/A
\$10.00 / \$20.00	0.9922	N/A
\$10.00 / \$25.00	0.9903	N/A
\$10.00 / \$30.00	0.9884	N/A
\$10.00 / \$35.00	0.9865	N/A
\$10.00 / \$50.00	0.9807	N/A
\$12.00 / \$17.00	0.9934	N/A
\$15.00 / \$20.00	0.9922	N/A
\$15.00 / \$25.00	0.9903	N/A
\$15.00 / \$30.00	0.9883	N/A
\$15.00 / 50%	0.5032	N/A
\$20.00 / \$25.00	0.9902	N/A
\$20.00 / \$30.00	0.9883	N/A
\$20.00 / \$40.00	0.9845	N/A
\$20.00 / \$50.00	0.9806	N/A
\$30.00 / \$40.00	0.9843	N/A
\$30.00 / \$50.00	0.9805	N/A

Table 2 Benefit Plan Options
c. Three - Tier Copay Levels

Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Factor	Coinsurance With Min/Max
\$0.00 / \$10.00 / \$25.00	0.9966	N/A
\$0.00 / \$10.00 / 50%	0.8930	N/A
\$0.00 / \$15.00 / \$30.00	0.9928	N/A
\$0.00 / \$15.00 / 50%	0.8915	N/A
\$0.00 / \$20.00 / \$35.00	0.9909	N/A
\$0.00 / \$20.00 / 50%	0.9905	N/A
\$0.00 / \$20.00 / \$40.00	0.8901	N/A
\$0.00 / \$25.00 / \$40.00	0.9890	N/A
\$0.00 / \$25.00 / \$45.00	0.9885	N/A
\$0.00 / \$25.00 / \$50.00	0.9881	N/A
\$0.00 / \$30.00 / \$45.00	0.9871	N/A
\$0.00 / \$30.00 / \$50.00	0.9866	N/A
\$0.00 / \$30.00 / \$60.00	0.9857	N/A
\$1.00 / \$5.00 / \$10.00	0.9976	N/A
\$1.00 / \$5.00 / 50%	0.8944	N/A
\$1.00 / \$10.00 / \$25.00	0.9947	N/A
\$1.00 / \$10.00 / 50%	0.8930	N/A
\$1.00 / \$15.00 / \$30.00	0.9928	N/A
\$1.00 / \$15.00 / 50%	0.8915	N/A
\$1.00 / \$20.00 / \$35.00	0.9909	N/A
\$1.00 / \$20.00 / \$40.00	0.9904	N/A
\$1.00 / \$20.00 / 50%	0.8901	N/A
\$1.00 / \$25.00 / \$40.00	0.9890	N/A
\$1.00 / \$25.00 / \$45.00	0.9885	N/A
\$1.00 / \$25.00 / \$50.00	0.9881	N/A
\$1.00 / \$30.00 / \$45.00	0.9871	N/A
\$1.00 / \$30.00 / \$50.00	0.9866	N/A
\$2.00 / \$5.00 / \$10.00	0.9976	N/A
\$2.00 / \$15.00 / \$25.00	0.9933	N/A
\$2.50 / \$7.50 / \$12.00	0.9967	N/A
\$3.00 / \$6.00 / \$10.00	0.9973	N/A
\$4.00 / \$9.00 / \$14.00	0.9960	N/A
\$4.00 / \$10.00 / \$25.00	0.9947	N/A
\$4.00 / \$10.00 / 50%	0.8929	N/A
\$4.00 / \$15.00 / \$30.00	0.9928	N/A
\$4.00 / \$15.00 / 50%	0.8915	N/A
\$4.00 / \$20.00 / \$35.00	0.9909	N/A
\$4.00 / \$20.00 / \$40.00	0.9904	N/A
\$4.00 / \$20.00 / 50%	0.8900	N/A
\$4.00 / \$25.00 / \$40.00	0.9890	N/A
\$4.00 / \$25.00 / \$45.00	0.9885	N/A
\$4.00 / \$25.00 / \$50.00	0.9880	N/A
\$4.00 / \$30.00 / \$45.00	0.9870	N/A
\$4.00 / \$30.00 / \$50.00	0.9866	N/A
\$5.00 / \$10.00 / \$15.00	0.9956	N/A
\$5.00 / \$10.00 / \$20.00	0.9952	N/A
\$5.00 / \$10.00 / \$25.00	0.9947	N/A
\$5.00 / \$10.00 / \$30.00	0.9942	N/A
\$5.00 / \$10.00 / \$35.00	0.9938	N/A
\$5.00 / \$10.00 / 50%	0.8929	N/A
\$5.00 / \$12.00 / \$25.00	0.9941	N/A
\$5.00 / \$15.00 / \$20.00	0.9937	N/A
\$5.00 / \$15.00 / \$25.00	0.9933	N/A
\$5.00 / \$15.00 / \$30.00	0.9928	N/A
\$5.00 / \$15.00 / \$35.00	0.9923	N/A
\$5.00 / \$15.00 / 50%	0.8915	N/A
\$5.00 / \$20.00 / \$35.00	0.9909	N/A
\$5.00 / \$20.00 / \$40.00	0.9904	N/A
\$5.00 / \$20.00 / \$50.00	0.8995	N/A
\$5.00 / \$20.00 / \$60.00	0.8985	N/A
\$5.00 / 20% / 30%	0.7904	N/A
\$5.00 / \$25.00 / \$40.00	0.9890	N/A
\$5.00 / \$25.00 / \$50.00	0.9880	N/A
\$5.00 / \$25.00 / \$60.00	0.9871	N/A
\$5.00 / \$25.00 / \$65.00	0.9866	N/A
\$5.00 / \$25.00 / 50%	0.8886	N/A

Table 2 Benefit Plan Options
c. Three - Tier Copay Levels (continued)

Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Factor	Coinsurance With Min/Max
\$5.00 / \$30.00 / \$50.00	0.9866	N/A
\$5.00 / \$40.00 / \$60.00	0.9827	N/A
\$6.00 / \$11.00 / \$16.00	0.9952	N/A
\$6.00 / \$12.00 / \$25.00	0.9941	N/A
\$7.00 / \$10.00 / \$25.00	0.9947	N/A
\$7.00 / \$10.00 / 50%	0.8929	N/A
\$7.00 / \$12.00 / \$17.00	0.9949	N/A
\$7.00 / \$12.00 / \$25.00	0.9941	N/A
\$7.00 / \$15.00 / \$20.00	0.9937	N/A
\$7.00 / \$15.00 / \$25.00	0.9932	N/A
\$7.00 / \$15.00 / \$30.00	0.9928	N/A
\$7.00 / \$15.00 / \$35.00	0.9923	N/A
\$7.00 / \$15.00 / 50%	0.8914	N/A
\$7.00 / \$20.00 / \$30.00	0.9913	N/A
\$7.00 / \$20.00 / \$35.00	0.9908	N/A
\$7.00 / \$20.00 / \$40.00	0.9904	N/A
\$7.00 / \$20.00 / 50%	0.8900	N/A
\$7.00 / \$25.00 / \$40.00	0.9889	N/A
\$7.00 / \$25.00 / \$45.00	0.9885	N/A
\$7.00 / \$25.00 / \$50.00	0.9880	N/A
\$7.00 / \$30.00 / \$45.00	0.9870	N/A
\$7.00 / \$30.00 / \$50.00	0.9865	N/A
\$7.00 / \$30.00 / \$55.00	0.9855	N/A
\$7.50 / \$12.00 / \$15.00	0.9950	N/A
\$7.50 / \$15.00 / \$25.00	0.9932	N/A
\$8.00 / \$13.00 / \$18.00	0.9945	N/A
\$8.00 / \$18.00 / \$35.00	0.9914	N/A
\$8.00 / \$20.00 / \$35.00	0.9908	N/A
\$8.00 / \$25.00 / \$35.00	0.9894	N/A
\$8.00 / \$10.00 / \$25.00	0.9947	N/A
\$8.00 / \$10.00 / 50%	0.8929	N/A
\$8.00 / \$15.00 / \$30.00	0.9927	N/A
\$8.00 / \$15.00 / 50%	0.8914	N/A
\$8.00 / \$20.00 / \$35.00	0.9908	N/A
\$8.00 / \$20.00 / \$40.00	0.9904	N/A
\$8.00 / \$20.00 / 50%	0.8900	N/A
\$8.00 / \$25.00 / \$40.00	0.9889	N/A
\$8.00 / \$25.00 / \$45.00	0.9884	N/A
\$8.00 / \$25.00 / \$50.00	0.9880	N/A
\$8.00 / \$30.00 / \$45.00	0.9870	N/A
\$8.00 / \$30.00 / \$50.00	0.9865	N/A
\$10.00 / \$15.00 / \$20.00	0.9937	N/A
\$10.00 / \$15.00 / \$25.00	0.9932	N/A
\$10.00 / \$15.00 / \$30.00	0.9927	N/A
\$10.00 / \$15.00 / \$35.00	0.9923	N/A
\$10.00 / \$15.00 / 50%	0.8914	N/A
\$10.00 / 15% / 30%	0.8196	N/A
\$10.00 / \$20.00 / \$30.00	0.9913	N/A
\$10.00 / \$20.00 / \$35.00	0.9908	N/A
\$10.00 / \$20.00 / \$40.00	0.9903	N/A
\$10.00 / \$20.00 / \$45.00	0.9899	N/A
\$10.00 / \$20.00 / \$50.00	0.9894	N/A
\$10.00 / \$20.00 / \$55.00	0.9889	N/A
\$10.00 / \$20.00 / 50%	0.8900	N/A
\$10.00 / \$25.00 / \$35.00	0.9894	N/A
\$10.00 / \$25.00 / \$40.00	0.9889	N/A
\$10.00 / \$25.00 / \$45.00	0.9884	N/A
\$10.00 / \$25.00 / \$50.00	0.9880	N/A
\$10.00 / \$25.00 / 50%	0.8885	N/A
\$10.00 / \$30.00 / \$40.00	0.9875	N/A
\$10.00 / \$30.00 / \$45.00	0.9870	N/A
\$10.00 / \$30.00 / \$50.00	0.9865	N/A
\$10.00 / \$30.00 / \$55.00	0.9860	N/A
\$10.00 / \$30.00 / \$60.00	0.9856	N/A
\$10.00 / \$30.00 / \$65.00	0.9851	N/A
\$10.00 / \$30.00 / \$70.00	0.9846	N/A
\$10.00 / \$30.00 / 50%	0.8871	N/A

Table Benefit Plan Options
c. Three - Tier Copay Levels

Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Factor	Coinsurance With Min/Max Factor
\$10.00 / \$35.00 / \$45.00	0.9855	N/A
\$10.00 / \$35.00 / \$50.00	0.9851	N/A
\$10.00 / \$35.00 / \$55.00	0.9846	N/A
\$10.00 / \$35.00 / \$60.00	0.9841	N/A
\$10.00 / \$35.00 / \$65.00	0.9837	N/A
\$10.00 / \$35.00 / \$70.00	0.9832	N/A
\$10.00 / \$35.00 / \$80.00	0.9822	N/A
\$10.00 / \$40.00 / \$60.00	0.9827	N/A
\$10.00 / \$40.00 / \$70.00	0.9817	N/A
\$10.00 / \$45.00 / \$60.00	0.9812	N/A
\$10.00 / \$50.00 / \$100.00	0.9760	N/A
\$10.00 / 20% / 30%	0.7804	N/A
\$10.00 / 20% / 35%	0.7700	N/A
\$10.00 / 30% / 40%	0.6811	N/A
\$10.00 / 30% / 45%	0.6706	N/A
\$10.00 / 30% / 50%	0.6602	N/A
\$10.00 / 40% / 50%	0.5817	N/A
\$10.00 / 50% / 50%	0.5032	N/A
\$12.00 / \$17.00 / \$22.00	0.9929	N/A
\$12.00 / \$25.00 / \$30.00	0.9898	N/A
\$12.00 / \$25.00 / \$35.00	0.9893	N/A
\$15.00 / \$20.00 / \$25.00	0.9917	N/A
\$15.00 / \$20.00 / \$30.00	0.9912	N/A
\$15.00 / \$20.00 / \$35.00	0.9908	N/A
\$15.00 / \$20.00 / \$40.00	0.9903	N/A
\$15.00 / \$20.00 / 50%	0.8899	N/A
\$15.00 / \$25.00 / \$35.00	0.9893	N/A
\$15.00 / \$25.00 / \$40.00	0.9888	N/A
\$15.00 / \$25.00 / \$45.00	0.9884	N/A
\$15.00 / \$25.00 / \$50.00	0.9879	N/A
\$15.00 / \$25.00 / \$55.00	0.9874	N/A
\$15.00 / \$25.00 / 50%	0.8885	N/A
\$15.00 / \$30.00 / \$40.00	0.9874	N/A
\$15.00 / \$30.00 / \$45.00	0.9869	N/A
\$15.00 / \$30.00 / \$50.00	0.9865	N/A
\$15.00 / \$30.00 / \$55.00	0.9860	N/A
\$15.00 / \$30.00 / \$60.00	0.9855	N/A
\$15.00 / \$30.00 / \$65.00	0.9850	N/A
\$15.00 / \$30.00 / \$70.00	0.9846	N/A
\$15.00 / \$30.00 / 50%	0.8870	N/A
\$15.00 / \$35.00 / \$50.00	0.9850	N/A
\$15.00 / \$35.00 / \$55.00	0.9845	N/A
\$15.00 / \$35.00 / \$60.00	0.9841	N/A
\$15.00 / \$35.00 / \$70.00	0.9831	N/A
\$15.00 / \$35.00 / \$75.00	0.9827	N/A
\$15.00 / \$35.00 / \$80.00	0.9822	N/A
\$15.00 / \$35.00 / 50%	0.8856	N/A
\$15.00 / \$40.00 / \$60.00	0.9826	N/A
\$15.00 / \$40.00 / \$70.00	0.9817	N/A
\$15.00 / \$40.00 / \$75.00	0.9812	N/A
\$15.00 / \$40.00 / 50%	0.8841	N/A
\$15.00 / \$45.00 / \$60.00	0.9812	N/A
\$15.00 / \$45.00 / \$65.00	0.9807	N/A
\$15.00 / \$45.00 / \$70.00	0.9802	N/A
\$15.00 / \$45.00 / \$80.00	0.9793	N/A
\$15.00 / \$50.00 / \$80.00	0.9769	N/A

Table Benefit Plan Options
c. Three - Tier Copay Levels

Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Factor	Coinsurance With Min/Max Factor
\$15.00 / 20% / 30%	0.7803	N/A
\$15.00 / 20% / 35%	0.7599	N/A
\$15.00 / 30% / 50%	0.6602	N/A
\$15.00 / 40% / 50%	0.5817	N/A
\$20.00 / \$25.00 / \$30.00	0.9897	N/A
\$20.00 / \$25.00 / \$40.00	0.9888	N/A
\$20.00 / \$25.00 / 50%	0.8884	N/A
\$20.00 / \$30.00 / \$45.00	0.9869	N/A
\$20.00 / \$30.00 / \$50.00	0.9864	N/A
\$20.00 / \$30.00 / \$55.00	0.9859	N/A
\$20.00 / \$30.00 / \$60.00	0.9855	N/A
\$20.00 / \$30.00 / \$70.00	0.9845	N/A
\$20.00 / \$35.00 / \$50.00	0.9850	N/A
\$20.00 / \$35.00 / \$55.00	0.9845	N/A
\$20.00 / \$35.00 / \$70.00	0.9831	N/A
\$20.00 / \$40.00 / \$60.00	0.9826	N/A
\$20.00 / \$40.00 / \$70.00	0.9816	N/A
\$20.00 / \$40.00 / \$75.00	0.9812	N/A
\$20.00 / \$40.00 / \$80.00	0.9807	N/A
\$20.00 / \$50.00 / \$70.00	0.9787	N/A
\$20.00 / \$40.00 / 50%	0.8841	N/A
\$20.00 / 30% / 50%	0.6601	N/A
\$20.00 / 40% / 50%	0.5816	N/A
\$20.00 / 50% / 50%	0.5031	N/A
\$25.00 / \$30.00 / \$50.00	0.9863	N/A
\$25.00 / \$35.00 / \$50.00	0.9849	N/A
\$25.00 / \$40.00 / \$70.00	0.9816	N/A
\$30.00 / \$40.00 / \$50.00	0.9834	N/A
\$30.00 / \$45.00 / \$60.00	0.9810	N/A
\$30.00 / \$45.00 / 50%	0.8825	N/A
\$50.00 / 50% / 50%	0.5028	N/A
10% / 20% / 30%	0.7788	N/A
10% / 20% / 35%	0.7694	N/A
20% / 20% / 40%	0.7583	N/A
20% / 20% / 50%	0.7375	N/A
20% / 30% / 50%	0.6580	N/A
30% / 30% / 50%	0.6583	N/A
30% / 40% / 50%	0.5788	N/A
40% / 50% / 50%	0.5007	N/A
\$0 / 100% / 100%	N/A	N/A
\$5 / 100% / 100%	N/A	N/A
\$10 / 100% / 100%	N/A	N/A
\$15 / 100% / 100%	N/A	N/A
\$0 / \$10 / 100%	N/A	N/A
\$0 / \$25 / 100%	N/A	N/A
\$5 / \$15 / 100%	N/A	N/A
\$10 / \$20 / 100%	N/A	N/A
\$10 / \$35 / 100%	N/A	N/A
\$15 / \$25 / 100%	N/A	N/A
\$20 / \$45 / 100%	N/A	N/A
\$25 / \$50 / 100%	N/A	N/A

Table 2 Benefit Plan Options
d. Fourth - Tier Level

Preferred & Non-Preferred as same Coinsurance/Copay	Cost/Util Factor	Coinsurance With Min/Max Factor
10%	0.9000	NA
15%	0.8500	NA
20%	0.8000	NA
25%	0.7500	NA
30%	0.7000	NA
35%	0.6500	NA
40%	0.6000	NA
45%	0.5500	NA
50%	0.5000	NA
\$10.00	0.9957	0.9987
\$20.00	0.9915	0.9774
\$25.00	0.9894	NA
\$30.00	0.9872	0.9661
\$35.00	0.9851	NA
\$40.00	0.9830	0.9548
\$45.00	0.9808	NA
\$50.00	0.9787	0.9436
\$55.00	0.9766	NA
\$60.00	0.9744	NA
\$65.00	0.9723	NA
\$70.00	0.9702	NA
\$75.00	0.9681	NA
\$80.00	0.9659	NA
\$85.00	0.9638	NA
\$90.00	0.9617	NA
\$95.00	0.9596	NA
\$100.00	0.9575	NA
\$150.00	0.9363	NA
\$200.00	0.9154	NA
\$250.00	0.8944	NA
\$300.00	0.8735	NA

Table 2 Benefit Plan Options
e. Fourth & Fifth - Tier Levels

Preferred / Non-Preferred as different Coinsurance/Copay	Cost/Util Factor	Coinsurance With Min/Max Factor
10% / 20%	0.8737	NA
10% / 25%	0.8605	NA
10% / 30%	0.8473	NA
10% / 35%	0.8342	NA
10% / 40%	0.8210	NA
10% / 45%	0.8079	NA
10% / 50%	0.7947	NA
15% / 25%	0.8237	NA
15% / 30%	0.8105	NA
15% / 35%	0.7973	NA
15% / 40%	0.7842	NA
15% / 45%	0.7710	NA
15% / 50%	0.7579	NA
20% / 30%	0.7737	NA
20% / 35%	0.7605	NA
20% / 40%	0.7473	NA
20% / 45%	0.7342	NA
20% / 50%	0.7210	NA
25% / 35%	0.7237	NA
25% / 40%	0.7105	NA
25% / 45%	0.6973	NA
25% / 50%	0.6842	NA
30% / 40%	0.6737	NA
30% / 45%	0.6605	NA
30% / 50%	0.6473	NA
35% / 45%	0.6237	NA
35% / 50%	0.6105	NA
40% / 50%	0.5737	NA
\$10 / \$20	0.9947	0.9860
\$10 / \$50	0.9917	0.9779
\$20 / \$30	0.9905	0.9747
\$20 / \$40	0.9894	0.9720
\$20 / \$50	0.9884	NA
\$20 / \$60	0.9874	NA
\$20 / \$70	0.9864	NA
\$20 / \$80	0.9854	NA
\$20 / \$90	0.9844	NA
\$20 / \$100	0.9833	NA
\$30 / \$50	0.9852	0.9607
\$30 / \$60	0.9842	0.9580
\$30 / \$70	0.9832	NA
\$30 / \$80	0.9821	NA
\$30 / \$90	0.9811	NA
\$30 / \$100	0.9801	NA
\$40 / \$60	0.9809	NA
\$40 / \$70	0.9799	0.9468
\$40 / \$80	0.9789	NA
\$40 / \$90	0.9779	NA
\$40 / \$100	0.9769	NA
\$50 / \$70	0.9767	NA
\$50 / \$80	0.9757	NA
\$50 / \$90	0.9746	NA
\$50 / \$100	0.9736	NA
\$60 / \$80	0.9724	NA
\$60 / \$90	0.9714	NA
\$60 / \$100	0.9704	NA
\$70 / \$90	0.9681	NA
\$70 / \$100	0.9671	NA
\$80 / \$100	0.9639	NA
\$150 / \$200	0.9313	NA
\$150 / \$250	0.9262	NA
\$150 / \$300	0.9211	NA
\$200 / \$250	0.9103	NA
\$200 / \$300	0.9052	NA
\$250 / \$300	0.8893	NA

Table 2 Benefit Plan Options
f. Custom Plans

Coinsurance/Copay	Cost/Util Factor	Coinsurance With Min/Max Factor
\$1.50 / \$5.00 / \$5.00 (MOD \$0)	0.9940	N/A
\$5.00 / \$10.00 / \$10.00 (MOD \$0)	0.9880	N/A
20% (MOD \$0)	0.7982	N/A
No Copay (Deductible = OOP)	0.9921	N/A

Table 3 Deductible Factor

If the plan includes a pharmacy deductible, select the appropriate Deductible Factor from Table 3a or 3b.

If the pharmacy deductible is integrated with medical, then calculate the Deductible Factor according to the Integrated Pharmacy Deductible Factor Calculation table below.

Integrated Pharmacy Deductible Factor Calculation Table

Family Deductible Limit	Adjustment Factor	Table Reference
1x Family Limit	1.0000	Table 3a1
2x Family Limit	1.0220	Table 3a1
2.5x Family Limit	1.0125	Table 3a1
3x Family Limit	1.0030	Table 3a1
No Family Limit	1.0000	Table 3a1
2 Individuals	1.0180	Table 3a1
3 Individuals	1.0020	Table 3a1

Integrated deductibles are not available for medical deductibles below \$500.

Multiply the Adjustment Factor by the appropriate value from the table designated in the Table Reference column. Enter the indicated table based on the deductible amount.

Table 3 Deductible Factor

a. Per Individual - Non-Integrated

Benefit Option	No Family Limit	2x Family Limit	2.5x Family Limit	3x Family Limit
None	1.0000	1.0000	1.0000	1.0000
\$50	0.9500	0.9709	0.9619	0.9529
\$100	0.9100	0.9300	0.9214	0.9127
\$150	0.8700	0.8891	0.8909	0.8726
\$200	0.8300	0.8483	0.8404	0.8325
\$250	0.8000	0.8176	0.8100	0.8024
\$300	0.7700	0.7869	0.7796	0.7723
\$400	0.7134	0.7291	0.7223	0.7155
\$500	0.6715	0.6863	0.6799	0.6735
\$1,000	0.4900	0.5008	0.4961	0.4915

Table 3 Deductible Factor

a1. Per Individual - Integrated

Deductible	Factor
\$0	N/A
\$50	N/A
\$100	N/A
\$150	N/A
\$200	N/A
\$250	N/A
\$300	N/A
\$350	N/A
\$400	N/A
\$450	N/A
\$500	0.9560
\$550	0.9466
\$600	0.9372
\$650	0.9278
\$700	0.9184
\$750	0.9090
\$800	0.9022
\$850	0.8954
\$900	0.8886
\$950	0.8818
\$1,000	0.8750
\$1,100	0.8650
\$1,250	0.8490
\$1,500	0.8220
\$2,000	0.7810
\$2,500	0.7370
\$3,000	0.7010
\$3,500	0.6740
\$4,000	0.6470
\$4,500	0.6190
\$5,000	0.5910
\$5,500	0.5710
\$6,000	0.5510
\$6,500	0.5310
\$7,000	0.5110
\$7,500	0.4910
\$8,000	0.4710
\$8,500	0.4510
\$9,000	0.4310
\$9,500	0.4110
\$10,000	0.3910
\$15,000	0.3710

Table 3 Deductible Factor

b1. Per Family - Integrated

Deductible	Factor
\$0	N/A
\$50	N/A
\$100	N/A
\$150	N/A
\$200	N/A
\$250	N/A
\$300	N/A
\$350	N/A
\$400	N/A
\$450	N/A
\$500	1.0000
\$550	0.9982
\$600	0.9964
\$650	0.9946
\$700	0.9928
\$750	0.9910
\$800	0.9888
\$850	0.9866
\$900	0.9844
\$950	0.9822
\$1,000	0.9800
\$1,100	0.9770
\$1,250	0.9650
\$1,500	0.9360
\$2,000	0.9000
\$2,500	0.8560
\$3,000	0.8180
\$3,500	0.7870
\$4,000	0.7550
\$4,500	0.7220
\$5,000	0.6890
\$5,500	0.6590
\$6,000	0.6390
\$6,500	0.6190
\$7,000	0.5990
\$7,500	0.5790
\$8,000	0.5590
\$8,500	0.5390
\$9,000	0.5190
\$9,500	0.4990
\$10,000	0.4790
\$15,000	0.4590

Table 3 Deductible Factor

c. Accumulating Period Factor

Benefit Option	Factor
Per Calendar Year	1.0000
Per Contract Year	1.0000

Table 4 Maximum Annual Benefit Factor

a. Per Individual

Benefit Option	Factor
Unlimited	1.0000
\$500	0.5808
\$1,000	0.7179
\$1,500	0.7973
\$2,000	0.8478
\$2,500	0.8791
\$3,000	0.8995
\$3,500	0.9200
\$4,000	0.9308
\$5,000	0.9525
\$7,500	0.9669
\$10,000	0.9891

Table 4 Maximum Annual Benefit Factor

b. Per Individual/Family

Benefit Option	Factor
\$500 / \$1000	0.5569
\$1000 / \$2000	0.7090
\$1500 / \$3000	0.7992
\$2000 / \$4000	0.8422
\$2500 / \$5000	0.8748
\$3000 / \$6000	0.8960
\$3500 / \$7000	0.9173
\$4000 / \$8000	0.9277
\$5000 / \$10000	0.9500
\$7500 / \$15000	0.9649
\$10000 / \$20000	0.9876

Table 5 Out-of-Pocket Maximum

a. Per Person

Benefit Option	No Family Limit	1x Family Limit	2x Family Limit	2.5x Family Limit	3x Family Limit
None	1.0000	1.0000	1.0000	1.0000	1.0000
\$500	1.0513	1.0608	1.0566	1.0553	1.0540
\$1,000	1.0181	1.0273	1.0232	1.0220	1.0207
\$1,500	1.0126	1.0217	1.0176	1.0164	1.0151
\$2,000	1.0100	1.0191	1.0151	1.0138	1.0126
\$2,500	1.0088	1.0179	1.0139	1.0126	1.0113
\$3,000	1.0077	1.0168	1.0128	1.0115	1.0103
\$3,500	1.0067	1.0157	1.0117	1.0104	1.0092
\$4,000	1.0057	1.0147	1.0107	1.0094	1.0082
\$5,000	1.0046	1.0136	1.0096	1.0084	1.0071
\$7,500	1.0032	1.0123	1.0082	1.0070	1.0057
\$10,000	1.0019	1.0109	1.0069	1.0056	1.0044

Table 6 Custom Product Factor

Benefit	Factor
No Custom Benefits	1.0000

Table 7 Step Therapy/Pre-certification Adjustment Factor

Benefit Option	Factor
Basic Pre-certification Only	1.0000
Add Expanded Pre-certification and Step Therapy	0.9900
Add Step Therapy Only	0.9950
Add Expanded Pre-certification Only	0.9950
Add Expanded Pre-certification after 90 days Only	0.9983
Add Step Therapy after 90 days Only	0.9983
Add Expanded Pre-certification after 90 days and Step Therapy after 90 days	0.9967
Add Step Therapy and Expanded Pre-certification after 90 days	0.9933
Add Expanded Pre-certification and Step Therapy after 90 days	0.9933
Full Pharmacy Step-Therapy and Pre-certification	0.9867
Pharmacy Benefit Excluded	1.0000

Table 8 Chronic &/or Preventative Drug Deductible Waiver Adj. Factor

	Health Reimbursement Account Products		
	Waive For Prev. & Chronic	Waive For Chronic Only	Waive For Prev. Only
Medical Deductible	Factor	Factor	Factor
<= \$1,500	1.0800	1.0800	1.0800
\$1,501 <= \$2,500	1.0800	1.0800	1.0800
> \$2,500	1.0800	1.0800	1.0800

All Other Products

	All Other Products		
	Waive For Prev. & Chronic	Waive For Chronic Only	Waive For Prev. Only
Medical Deductible	Factor	Factor	Factor
<= \$1,500	1.2000	1.2000	1.2000
\$1,501 <= \$2,500	1.2000	1.2000	1.2000
> \$2,500	1.2000	1.2000	1.2000

Table 9 Infertility Drug Coverage Adjustment Factor

Option	Factor
No Infertility Drug Coverage	1.0000
Oral Infertility Drugs Only	1.0020
Injectable Infertility Drugs Only	1.0050
Oral and Injectable Infertility Drugs	1.0060

Table 10 Per Script Copay Maximums Factor (to be applied to Self-Injectable drug claims only)

Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Per Script Copay Maximum						
	\$100.00 Cost / Util Factor	\$150.00 Cost / Util Factor	\$200.00 Cost / Util Factor	\$250.00 Cost / Util Factor	\$300.00 Cost / Util Factor	\$350.00 Cost / Util Factor	\$400.00 Cost / Util Factor
10%	1.0706	1.0434	1.0286	1.0213	1.0162	1.0135	1.0114
20%	1.2257	1.1877	1.1535	1.1213	1.0926	1.0745	1.0598
30%	1.4280	1.3805	1.3353	1.2930	1.2540	1.2168	1.1813
40%	1.6986	1.6389	1.5818	1.5272	1.4751	1.4268	1.3810
50%	2.0778	2.0013	1.9281	1.8576	1.7899	1.7250	1.6633
60%	2.6468	2.5457	2.4482	2.3544	2.2639	2.1765	2.0926
10% / 20% / 30%	1.3778	1.2373	1.2003	1.1655	1.1348	1.1145	1.0973
20% / 20% / 40%	1.3480	1.3043	1.2643	1.2285	1.1926	1.1694	1.1499
20% / 20% / 50%	1.4464	1.3985	1.3544	1.3129	1.2751	1.2483	1.2248
20% / 30% / 50%	1.5963	1.5415	1.4893	1.4403	1.3943	1.3505	1.3088
30% / 30% / 50%	1.5965	1.5416	1.4894	1.4403	1.3943	1.3505	1.3089
30% / 40% / 50%	1.7966	1.7328	1.6718	1.6134	1.5575	1.5056	1.4559
40% / 50% / 50%	2.0771	2.0009	1.9277	1.8574	1.7897	1.7249	1.6632
For any \$ copay in the first or second tier and the following coinsurances in the remaining tiers							
\$ / 15% / 30%	1.2201	1.1836	1.1550	1.1307	1.1097	1.0952	1.0826
\$ / 20% / 30%	1.2778	1.2372	1.2003	1.1655	1.1347	1.1145	1.0973
\$ / 20% / 35%	1.3128	1.2707	1.2322	1.1960	1.1637	1.1419	1.1226
\$ / 30% / 40%	1.4978	1.4472	1.3991	1.3539	1.3117	1.2715	1.2338
\$ / 30% / 50%	1.5962	1.5414	1.4892	1.4402	1.3942	1.3504	1.3087
\$ / 40% / 50%	1.7962	1.7326	1.6716	1.6133	1.5574	1.5054	1.4558
\$ / 50% / 50%	2.0783	2.0004	1.9274	1.8571	1.7895	1.7247	1.6630
\$ / \$ / 50%	1.2819	1.2643	1.2479	1.2326	1.2180	1.2044	1.1915
4th Tier							
10%	1.0706	1.0434	1.0286	1.0213	1.0162	1.0135	1.0114
15%	1.1481	1.1155	1.0910	1.0713	1.0544	1.0440	1.0356
20%	1.2257	1.1877	1.1535	1.1213	1.0926	1.0745	1.0598
25%	1.3269	1.2841	1.2444	1.2072	1.1733	1.1456	1.1226
30%	1.4280	1.3805	1.3353	1.2930	1.2540	1.2168	1.1813
35%	1.5633	1.5097	1.4585	1.4101	1.3646	1.3218	1.2812
40%	1.6986	1.6389	1.5818	1.5272	1.4751	1.4268	1.3810
45%	1.8882	1.8201	1.7549	1.6924	1.6325	1.5759	1.5222
50%	2.0778	2.0013	1.9281	1.8576	1.7899	1.7250	1.6633
60%	2.6468	2.5457	2.4482	2.3544	2.2639	2.1765	2.0926
4th & 5th Tier (Generic & Brand Preferred) / (Brand Non-Preferred)							
10% / 20%	1.1102	1.0803	1.0629	1.0517	1.0424	1.0358	1.0304
10% / 25%	1.1363	1.1051	1.0863	1.0738	1.0635	1.0558	1.0492
10% / 30%	1.1624	1.1299	1.1097	1.0960	1.0846	1.0759	1.0679
10% / 35%	1.1974	1.1634	1.1417	1.1264	1.1135	1.1033	1.0942
10% / 40%	1.2325	1.1969	1.1737	1.1569	1.1424	1.1307	1.1205
10% / 45%	1.2817	1.2440	1.2188	1.2001	1.1837	1.1702	1.1580
10% / 50%	1.3309	1.2911	1.2638	1.2432	1.2249	1.2096	1.1954
15% / 25%	1.1940	1.1588	1.1316	1.1086	1.0886	1.0752	1.0639
15% / 30%	1.2202	1.1836	1.1550	1.1308	1.1097	1.0952	1.0826
15% / 35%	1.2562	1.2171	1.1870	1.1612	1.1386	1.1226	1.1089
15% / 40%	1.2903	1.2506	1.2190	1.1917	1.1675	1.1501	1.1352
15% / 45%	1.3395	1.2977	1.2641	1.2349	1.2088	1.1895	1.1727
15% / 50%	1.3886	1.3448	1.3091	1.2780	1.2500	1.2289	1.2101
20% / 30%	1.2779	1.2373	1.2003	1.1656	1.1348	1.1146	1.0973
20% / 35%	1.3130	1.2708	1.2323	1.1960	1.1637	1.1420	1.1236
20% / 40%	1.3480	1.3043	1.2643	1.2285	1.1926	1.1694	1.1499
20% / 45%	1.3972	1.3514	1.3094	1.2697	1.2339	1.2089	1.1874
20% / 50%	1.4464	1.3985	1.3544	1.3129	1.2751	1.2483	1.2248
25% / 35%	1.3880	1.3424	1.2998	1.2598	1.2233	1.1931	1.1656
25% / 40%	1.4231	1.3759	1.3318	1.2903	1.2522	1.2206	1.1919
25% / 45%	1.4723	1.4229	1.3768	1.3334	1.2935	1.2600	1.2294
25% / 50%	1.5215	1.4700	1.4219	1.3766	1.3347	1.2994	1.2669
30% / 40%	1.4982	1.4474	1.3992	1.3540	1.3118	1.2717	1.2339
30% / 45%	1.5474	1.4945	1.4443	1.3972	1.3531	1.3111	1.2714
30% / 50%	1.5965	1.5416	1.4894	1.4403	1.3943	1.3505	1.3088
35% / 45%	1.6476	1.5902	1.5356	1.4838	1.4347	1.3886	1.3449
35% / 50%	1.6968	1.6373	1.5807	1.5269	1.4759	1.4281	1.3824
40% / 50%	1.7970	1.7331	1.6720	1.6135	1.5576	1.5056	1.4560

Table 10 Per Script Copay Maximums Factor (to be applied to Self-Injectable drug claims only) continued

Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Per Script Copay Maximum						
	\$450	\$500	\$550	\$600	\$650	\$700	\$750
	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor
10%	1.0097	1.0085	1.0075	1.0067	1.0062	1.0058	1.0055
20%	1.0504	1.0438	1.0377	1.0326	1.0299	1.0276	1.0256
30%	1.1503	1.1294	1.1105	1.0949	1.0852	1.0783	1.0722
40%	1.3370	1.2952	1.2549	1.2206	1.2001	1.1806	1.1627
50%	1.6057	1.5504	1.4971	1.4462	1.4053	1.3648	1.3308
60%	2.0117	1.9357	1.8634	1.7938	1.7414	1.6897	1.6386
10% / 20% / 30%	1.0843	1.0737	1.0639	1.0558	1.0513	1.0481	1.0454
20% / 30% / 40%	1.1347	1.1217	1.1094	1.0985	1.0913	1.0849	1.0789
20% / 20% / 50%	1.2062	1.1903	1.1751	1.1614	1.1526	1.1443	1.1363
20% / 30% / 50%	1.2721	1.2459	1.2216	1.2004	1.1864	1.1744	1.1630
30% / 30% / 50%	1.2721	1.2460	1.2217	1.2004	1.1864	1.1744	1.1631
30% / 40% / 50%	1.4085	1.3637	1.3206	1.2834	1.2613	1.2400	1.2201
40% / 50% / 50%	1.6056	1.5503	1.4970	1.4461	1.4052	1.3648	1.3308
For any \$ copay in the first or second tier and the following coinsurances in the remaining tiers							
\$ / 15% / 30%	1.0725	1.0639	1.0562	1.0496	1.0459	1.0433	1.0412
\$ / 20% / 30%	1.0843	1.0737	1.0639	1.0558	1.0513	1.0481	1.0454
\$ / 20% / 35%	1.1095	1.0977	1.0866	1.0771	1.0713	1.0664	1.0621
\$ / 30% / 40%	1.2095	1.1773	1.1459	1.1175	1.1251	1.1149	1.1055
\$ / 30% / 50%	1.2720	1.2459	1.2216	1.2003	1.1863	1.1743	1.1630
\$ / 40% / 50%	1.4084	1.3635	1.3205	1.2833	1.2612	1.2399	1.2200
\$ / 50% / 50%	1.6054	1.5501	1.4968	1.4459	1.4051	1.3646	1.3306
\$ / \$ / 50%	1.1795	1.1684	1.1577	1.1475	1.1405	1.1336	1.1269
4th Tier							
10%	1.0097	1.0085	1.0075	1.0067	1.0062	1.0058	1.0055
15%	1.0301	1.0262	1.0226	1.0197	1.0180	1.0167	1.0156
20%	1.0504	1.0438	1.0377	1.0326	1.0299	1.0276	1.0256
25%	1.1003	1.0866	1.0741	1.0638	1.0575	1.0529	1.0489
30%	1.1503	1.1294	1.1105	1.0949	1.0852	1.0783	1.0722
35%	1.2437	1.2123	1.1827	1.1577	1.1427	1.1294	1.1174
40%	1.3370	1.2952	1.2549	1.2206	1.2001	1.1806	1.1627
45%	1.4714	1.4228	1.3760	1.3334	1.3027	1.2727	1.2468
50%	1.6057	1.5504	1.4971	1.4462	1.4053	1.3648	1.3308
60%	2.0117	1.9357	1.8634	1.7938	1.7414	1.6897	1.6386
4th & 5th Tier (Generic & Brand Preferred) / (Brand Non-Preferred)							
10% / 20%	1.0266	1.0242	1.0221	1.0203	1.0190	1.0180	1.0172
10% / 25%	1.0436	1.0392	1.0353	1.0319	1.0288	1.0263	1.0271
10% / 30%	1.0606	1.0542	1.0484	1.0435	1.0405	1.0386	1.0370
10% / 35%	1.0858	1.0762	1.0712	1.0648	1.0605	1.0589	1.0573
10% / 40%	1.1110	1.1022	1.0939	1.0861	1.0805	1.0753	1.0704
10% / 45%	1.1467	1.1365	1.1267	1.1175	1.1111	1.1050	1.0992
10% / 50%	1.1824	1.1707	1.1596	1.1490	1.1417	1.1347	1.1279
15% / 25%	1.0555	1.0490	1.0430	1.0381	1.0352	1.0331	1.0313
15% / 30%	1.0725	1.0639	1.0562	1.0497	1.0459	1.0433	1.0412
15% / 35%	1.0977	1.0880	1.0789	1.0710	1.0659	1.0617	1.0580
15% / 40%	1.1228	1.1120	1.1017	1.0923	1.0859	1.0800	1.0747
15% / 45%	1.1586	1.1462	1.1345	1.1237	1.1165	1.1098	1.1034
15% / 50%	1.1943	1.1805	1.1674	1.1552	1.1472	1.1395	1.1321
20% / 30%	1.0844	1.0737	1.0640	1.0558	1.0513	1.0481	1.0455
20% / 35%	1.1095	1.0977	1.0867	1.0772	1.0713	1.0665	1.0622
20% / 40%	1.1347	1.1217	1.1094	1.0985	1.0913	1.0848	1.0789
20% / 45%	1.1705	1.1560	1.1423	1.1299	1.1220	1.1145	1.1076
20% / 50%	1.2062	1.1903	1.1751	1.1614	1.1526	1.1443	1.1363
25% / 35%	1.1425	1.1256	1.1100	1.0967	1.0883	1.0815	1.0755
25% / 40%	1.1677	1.1496	1.1327	1.1180	1.1083	1.0999	1.0922
25% / 45%	1.2034	1.1839	1.1666	1.1495	1.1389	1.1296	1.1210
25% / 50%	1.2392	1.2181	1.1984	1.1809	1.1695	1.1593	1.1497
30% / 40%	1.2006	1.1774	1.1560	1.1376	1.1252	1.1149	1.1056
30% / 45%	1.2364	1.2117	1.1898	1.1690	1.1558	1.1447	1.1343
30% / 50%	1.2721	1.2460	1.2217	1.2004	1.1864	1.1744	1.1631
35% / 45%	1.3046	1.2706	1.2383	1.2105	1.1933	1.1775	1.1629
35% / 50%	1.3403	1.3048	1.2712	1.2419	1.2239	1.2072	1.1916
40% / 50%	1.4085	1.3637	1.3206	1.2834	1.2614	1.2401	1.2201

Table 11 Incentivized MOD Factor

Incentivized MOD factors								
2 X MOD								
2 fills allowed at retail				3 fills allowed at retail				
50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	
\$5/\$20/\$60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9974	0.9974
\$5/\$25/\$60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9983	0.9983
\$5/\$25/\$65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9990	0.9990
\$10/\$25/\$50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9994	0.9994
\$10/\$30/\$60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$10/\$30/\$70	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
\$15/\$35/\$60	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	1.0000
\$15/\$35/\$75	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000
\$15/\$35/\$80	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000
\$15/\$40/\$75	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000
\$20/\$40/\$70	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000

Incentivized MOD factors								
2.5 X MOD								
2 fills allowed at retail				3 fills allowed at retail				
50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	50% of Drug Cost	75% of Drug Cost	2x Retail Copay	3x Retail Copay	
\$5/\$20/\$60	1.0000	0.9959	0.9905	0.9905	0.9982	0.9940	0.9899	0.9899
\$5/\$25/\$60	1.0000	0.9965	0.9910	0.9910	0.9987	0.9944	0.9902	0.9902
\$5/\$25/\$65	1.0000	0.9965	0.9914	0.9914	1.0000	0.9958	0.9904	0.9904
\$10/\$25/\$50	1.0000	0.9955	0.9915	0.9915	0.9942	0.9926	0.9905	0.9905
\$10/\$30/\$60	1.0000	1.0000	0.9928	0.9928	0.9983	0.9969	0.9913	0.9913
\$10/\$30/\$70	1.0000	1.0000	0.9936	0.9936	1.0000	1.0000	0.9919	0.9919
\$15/\$35/\$60	N/A	1.0000	0.9949	0.9949	1.0000	0.9972	0.9927	0.9927
\$15/\$35/\$75	N/A	1.0000	0.9964	0.9964	1.0000	1.0000	0.9937	0.9937
\$15/\$35/\$80	N/A	1.0000	0.9969	0.9969	1.0000	1.0000	0.9941	0.9941
\$15/\$40/\$75	N/A	1.0000	0.9971	0.9971	1.0000	1.0000	0.9942	0.9942
\$20/\$40/\$70	N/A	1.0000	0.9960	0.9960	1.0000	0.9999	0.9929	0.9929

Table 13 Trend Factor

Effective Date	Trend Factor
01/01/2012	1.000
04/01/2010	1.018
07/01/2010	1.037
10/01/2010	1.056

Table 15 Industry Factor (continued)

SIC Range		
From	To	Factor
5231	5231	1.0300
5251	5261	1.0300
5271	5271	1.0300
5311	5399	0.9700
5411	5411	1.0000
5421	5421	1.0000
5431	5431	1.0000
5441	5441	1.0000
5451	5451	1.0000
5461	5461	1.0000
5499	5499	1.0000
5511	5511	1.1000
5521	5521	1.1000
5531	5531	1.1000
5541	5541	1.1000
5551	5551	1.1200
5561	5561	1.1200
5571	5571	1.1200
5599	5599	1.1200
5611	5651	0.9600
5661	5661	0.9600
5699	5699	0.9600
5712	5719	1.0200
5722	5722	1.0400
5731	5736	0.9700
5812	5812	1.0000
5813	5813	1.0500
5912	5912	0.9700
5921	5921	1.0600
5932	5932	1.0000
5941	5949	0.9700
5961	5963	1.0500
5983	5989	1.0500
5992	5992	1.0000
5993	5999	1.0000
6011	6149	1.0000
6153	6163	1.0300
6211	6289	1.0000
6311	6399	1.0300
6411	6411	1.0300
6512	6519	1.0300
6531	6531	1.0300
6541	6553	1.0300
6712	6799	0.9700
7011	7041	0.9800
7211	7219	0.9900
7221	7221	1.0000
7231	7241	1.0500
7251	7251	1.0300
7261	7261	1.0500
7291	7299	1.0300
7311	7311	0.9800
7312	7319	0.9800
7322	7331	1.0300
7334	7334	0.9600
7335	7336	0.9600
7338	7338	0.9600
7342	7349	0.9800
7352	7352	1.0000
7353	7359	1.0000
7361	7363	1.0300
7371	7379	0.9700
7381	7381	0.9700
7382	7382	1.0000
7383	7383	1.0400
7384	7384	1.0400
7389	7389	1.0000
7513	7519	1.0300
7521	7521	1.0300
7532	7539	1.0100
7542	7549	1.0900
7622	7629	1.0000
7631	7641	1.0000
7692	7692	1.0200
7694	7699	1.0200
7812	7833	1.0600
7841	7841	1.0500
7911	7911	1.0900
7922	7929	1.0900
7933	7933	1.0500
7941	7948	1.0500
7991	7996	1.0500
7997	7999	0.9800
8011	8011	1.0800
8021	8021	1.0400
8031	8041	1.0800
8042	8042	1.0400
8043	8049	1.0800
8051	8059	1.0600
8061	8069	1.1200
8071	8071	1.0800

SIC Range		
From	To	Factor
8072	8072	1.0800
8082	8099	1.0600
8111	8111	1.0700
8211	8211	0.9800
8221	8222	0.9800
8231	8231	0.9800
8243	8244	0.9800
8249	8249	0.9800
8299	8299	0.9800
8322	8322	1.0300
8331	8331	1.0300
8351	8351	1.0300
8361	8361	1.0200
8399	8399	1.0200
8412	8422	0.9600
8611	8611	1.0300
8621	8651	1.0300
8661	8661	1.0000
8699	8699	1.0000
8711	8713	1.0000
8721	8721	1.0000
8731	8732	0.9800
8733	8733	0.9800
8734	8734	0.9800
8741	8748	1.0100
8811	8811	1.0500
8999	8999	1.0000
9111	9131	1.0300
9199	9199	1.0300
9211	9211	1.0100
9221	9221	1.1000
9222	9222	1.1000
9223	9223	1.1000
9224	9224	1.1000
9229	9229	1.1000
9311	9311	1.1000
9411	9451	1.0800
9511	9532	1.0300
9611	9661	1.0200
9711	9711	1.0600
9721	9721	1.1000
9999	9999	1.0500

Table 16 Rating Factor

Rating Area	Factor
All Areas	1.000

Table 17a. New Business Subscriber Based Age/Gender Factor

Age Band	Two-Tier Factors			
	Male		Female	
	Single	Family	Single	Family
Under 25	0.2504	0.3069	0.4612	0.3453
025 - 029	0.3452	0.3953	0.6471	0.4612
030 - 034	0.4884	0.5823	0.7496	0.5897
035 - 039	0.7700	0.8136	0.8507	0.7677
040 - 044	1.1281	1.0705	1.0142	0.9831
045 - 049	1.3070	1.3744	1.2159	1.2045
050 - 054	1.5064	1.6630	1.4578	1.5363
055 - 059	1.7641	1.8961	1.7826	1.8637
060 - 064	2.0418	2.2136	2.1875	2.2964
065+	2.5600	2.8078	2.5191	2.7302

Table 17b. Renewal Member Based Age/Gender Factor

Age Band	Male	Female
000 - 001	0.3650	0.3651
002 - 004	0.3650	0.3651
005 - 009	0.3650	0.3651
010 - 014	0.3650	0.3651
015 - 019	0.3650	0.3651
020 - 024	0.4131	0.5679
025 - 029	0.4448	0.6583
030 - 034	0.5710	0.7840
035 - 039	0.8210	0.9473
040 - 044	1.1482	1.1893
045 - 049	1.4515	1.4892
050 - 054	1.8807	1.8823
055 - 059	2.3363	2.3398
060 - 064	2.7795	2.8559
065+	3.4387	3.2993

Age Band	Three-Tier Factors					
	Male			Female		
	Single	2-Party	Family	Single	2-Party	Family
Under 25	0.2504	0.2484	0.4279	0.4612	0.2858	0.5657
025 - 029	0.3452	0.3775	0.4158	0.6471	0.4900	0.4489
030 - 034	0.4884	0.5595	0.5735	0.7496	0.6135	0.5686
035 - 039	0.7700	0.7773	0.7830	0.8507	0.7474	0.7517
040 - 044	1.1281	1.0454	1.0214	1.0142	1.0227	0.9380
045 - 049	1.3070	1.3400	1.3218	1.2159	1.1837	1.2034
050 - 054	1.5064	1.7223	1.5983	1.4578	1.5990	1.5265
055 - 059	1.7641	2.0456	1.8092	1.7826	2.0065	1.8327
060 - 064	2.0418	2.4112	2.1144	2.1875	2.5215	2.2708
065+	2.5600	3.0851	2.6876	2.5191	2.9759	3.1021

Age Band	Four-Tier Factors							
	Male				Female			
	Single	EE + Sp	EE + Ch(ren)	Family	Single	EE + Sp	EE + Ch(ren)	Family
Under 25	0.2504	0.2615	0.2249	0.3090	0.4612	0.3127	0.4027	0.3416
025 - 029	0.3452	0.3716	0.3326	0.4142	0.6471	0.5425	0.5506	0.5613
030 - 034	0.4884	0.5600	0.5285	0.5584	0.7496	0.6924	0.7131	0.7047
035 - 039	0.7700	0.8016	0.7500	0.7894	0.8507	0.8518	0.9257	0.8571
040 - 044	1.1281	1.0910	1.0349	1.0662	1.0142	1.1275	1.1295	1.1207
045 - 049	1.3070	1.2919	1.2376	1.2864	1.2159	1.2668	1.3022	1.2540
050 - 054	1.5064	1.5489	1.5661	1.5348	1.4578	1.5243	1.6359	1.5483
055 - 059	1.7641	1.7451	1.9407	1.7141	1.7826	1.7762	1.9064	1.8083
060 - 064	2.0418	2.0148	2.0878	2.0061	2.1875	2.1358	2.2794	2.1522
065+	2.5600	2.5570	2.2790	2.5245	2.5191	2.4866	2.7953	2.4876

Section III.

Table 19 Tier Factors

Tier	Tier Factor	
2-Tier	Single	1.1878
	Family	2.5433
3-Tier	Single	1.1878
	2-Party	2.3229
4-Tier	Family	2.7307
	Single	1.1878
Medicare	Par/Child	1.4930
	Couple	2.8207
	Family	2.9496
Member	1.1878	

Table 20 Dependent Age Adjustment Factor

Age up to	Students	Non-Students
19 years	-1.6	0.0
20 years	-1.2	0.4
21 years	-0.8	0.8
22 years	-0.4	1.2
23 years	0.0	1.6
24 years	0.4	2.0
25 years	0.8	2.4
26 years	1.2	2.8
27 years	1.6	3.2
28 years *	2.0	3.6

* For each year of age or part thereof beyond 28, add 0.4 to the last value in the column, not to exceed the factor for age 35.
 ** Up to the end of the month in which the age is reached. If the limiting age is to the end of the calendar year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section IV.

Table 22 Administrative Expenses & Profit Factor

Case Size (total lives)	PMPM	Retention	Commissions*	Taxes & Assessments
≤ 10	\$0.00	0-7.5%	0%-10%	2.70%
≤ 50	\$0.00	0-7.5%	0%-10%	2.70%
≤ 100	\$0.00	0-7.5%	0%-10%	2.70%
≤ 300	\$0.00	0-7.5%	0%-10%	2.70%
≤ 1,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 1,500	\$0.00	0-7.5%	0%-10%	2.70%
≤ 3,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 4,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 5,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 7,500	\$0.00	0-7.5%	0%-10%	2.70%
≤ 10,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 20,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 35,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 70,000	\$0.00	0-7.5%	0%-10%	2.70%
≤ 100,000	\$0.00	0-7.5%	0%-10%	2.70%
> 100,000	\$0.00	0-7.5%	0%-10%	2.70%

* Aetna's standard is not to include commissions in our premiums. Should the customer instruct Aetna to include a broker fee, final billing rates to the Customer will be modified to reflect the agreed upon schedule.

Dental Benefit Plans

Refer to the Dental Plan Rate Development Worksheet in page [Section E](#).

Section I.

Base Plan Claim Cost

The Base Plan Claim Cost is the PMPM for a \$0/\$0/\$0 copay plan.

Benefit Adjustment Factor

The Benefit Adjustment Factor is the product of the following factors:

$$\begin{array}{r} \text{Coverage Option Factor} \\ \times \\ \text{Copay Option Factor} \end{array}$$

Trend Factor

Select the appropriate factor from the Trend Factor Table.

Dental Rider Starting Rate

Calculate the Dental Rider Starting Rate as follows:

$$\begin{array}{r} \text{Base Plan Claim Cost} \\ \times \\ \text{Benefit Adjustment Factor} \\ \times \\ \text{Trend Factor} \end{array}$$

Section II.

Tier Factor

For each billing tier, multiply the Dental Rider Rate by the appropriate Tier Factor.

Dependent Age Adjustment Factor

For those tiers under which children may be covered, apply the appropriate factor. Other tiers will use a factor of 1.0.

Adjusted Dental Claim Cost by Billing Tier

Multiply the Dental Rider Rate by the appropriate Tier Factors and Dependent Age Adjustment Factors to get the Cost by Billing Tier.

Administrative Expense and Profit

See Appendix [A](#) for the calculation of the Administrative Expense and Profit.

Final Dental Rider Premium Rates by Billing Tier

The Final Dental Rider Premium Rates by Billing Tier is equal to:

$$\begin{array}{c} \text{Adjusted Dental Claim Cost by Billing Tier} \\ \times \\ \text{Administrative Expense and Profit} \end{array}$$

Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), case specific commissions, or margin for risk sharing arrangements, etc.

Note: Rounding to the eighth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Also, enter these rates on the appropriate line in the Medical Section of the Rate Manual.

Medical Plan Rate Development Worksheet

Group Name: _____ Group No.: _____ Effective Date: _____ Today's Date: _____

Section I.

- 1 Base Plan Claim Cost _____
- 2 Coverage Option Factor _____
- 3 Copay Option Factor _____
- 4 Benefit Adjustment Factor _____ 2 x 3
- 5 Trend Factor _____
- 6 Dental Rider Start Rate _____ 1 x 4 x 5

Section II.

7 Tier Factors

Two-tier Structure		Three-tier Structure			Four-tier Structure			
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family
1.0000	3.1800	1.0000	1.9600	3.7100	1.0000	2.0100	2.5300	3.8100

8 Dependent Age Adjustment

Two-tier Structure		Three-tier Structure			Four-tier Structure			
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family
1.00		1.00			1.00		1.00	

Dependent Age Adjustment Worksheet

	Limiting Age	Adjustment
a. Student:	_____	_____
b. Non-Student:	_____	_____
c. Handicap/Mental Retardation:	_____	_____
d. $[1.00 + ((a+b+c) / 100)]$		_____

9 Adjusted Dental Rider Claim Cost by Billing Tier _____ 6 x 7 x 8

Two-tier Structure		Three-tier Structure			Four-tier Structure			
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family

Section III.

- 10 Administrative Expenses & Profit _____
 - 11 Final Dental Rider Premium Cost by Billing Tier _____
- | Two-tier Structure | | Three-tier Structure | | | Four-tier Structure | | | |
|--------------------|--------|----------------------|---------|--------|---------------------|-----------|--------|--------|
| Single | Family | Single | 2-Party | Family | Single | Par/Child | Couple | Family |
| | | | | | | | | |

NOTE: Rounding to the eighth decimal place occurs in every calculation, with the exception of the last calculation which gets rounded to the second decimal place.

Dental Rider PMPM and Benefit Factor Tables

Table 1 Base Plan Claim Cost

Area	Base Cost
All Areas	9.87

Table 2 Coverage Option Factor

Coverage	Factor
Preventive	0.4793
Basic	1.0000
Advantage	1.3923

Table 3 Copay Option Factor

Copay	Factor
Basic \$0	1.0000
Basic \$2	0.9586
Basic \$5	0.8965
Basic \$10	0.8102
Basic \$15	0.7264
Preventive \$0	1.0000
Preventive \$2	0.9416
Preventive \$5	0.8539
Preventive \$10	0.7261
Preventive \$15	0.6023
Advantage \$0	1.0000
Advantage \$2	0.9586
Advantage \$5	0.8965
Advantage \$10	0.8102
Advantage \$15	0.7264

Table 5 Trend Factor

Effective Date	Trend Factor
01/01/2012	1.0000
04/01/2012	1.0000
07/01/2012	1.0000
10/01/2012	1.0000

Table 8 Dependent Age Adjustment

Age up to	Students	Non-Students
19	-1.6	0
20	-1.2	0.4
21	-0.8	0.8
22	-0.4	1.2
23	0	1.6
24	0.4	2
25	0.8	2.4
26	1.2	2.8
27	1.6	3.2
28*	2	3.6

* For each year of age or part thereof beyond 28, add .4 to the last value in the column.

Table 10 Administrative Expenses & Profit

Case Size Description *	PMPM's	Retention	Premium & Income Tax Factor	Commission Factor
1 - 10	\$0.00	0-7.5%	2.70%	0%-10%
11 - 50	\$0.00	0-7.5%	2.70%	0%-10%
51 - 100	\$0.00	0-7.5%	2.70%	0%-10%
101 - 300	\$0.00	0-7.5%	2.70%	0%-10%
301 - 1,000	\$0.00	0-7.5%	2.70%	0%-10%
1,001 - 1,500	\$0.00	0-7.5%	2.70%	0%-10%
1,501 - 3,000	\$0.00	0-7.5%	2.70%	0%-10%
3,001 - 4,000	\$0.00	0-7.5%	2.70%	0%-10%
4,001 - 5,000	\$0.00	0-7.5%	2.70%	0%-10%
5,001 - 7,500	\$0.00	0-7.5%	2.70%	0%-10%
7,501 - 10,000	\$0.00	0-7.5%	2.70%	0%-10%
10,001 - 20,000	\$0.00	0-7.5%	2.70%	0%-10%
20,001 - 35,000	\$0.00	0-7.5%	2.70%	0%-10%
35,001 - 70,000	\$0.00	0-7.5%	2.70%	0%-10%
70,001 - 100,000	\$0.00	0-7.5%	2.70%	0%-10%
100,001 - Higher	\$0.00	0-7.5%	2.70%	0%-10%

* Aetna's standard is not to include commissions in our premiums. Should we agree to pay commissions, final billing rates to the Customer will be modified to reflect the agreed upon schedule.

Individual Conversion

Rather than have an individual conversion product for every possible benefit configuration available to employer groups, Aetna Health, Inc. will offer a standard individual conversion HMO benefit. Members who elect to continue their coverage on an individual basis will be converted to the standard individual conversion plan.

Quarterly Individual Conversion Rates

	<u>1Q12</u>	<u>2Q12</u>
Single	\$1,924.70	\$1,959.90
Parent/Children	\$3,902.10	\$3,973.40
Husband/Wife	\$4,607.30	\$4,691.50
Family	\$6,087.10	\$6,198.30

Aetna HealthFund™

I. Trend Adjusted Medical Starting Claim Costs

Base Plan Claim Cost

Select the appropriate Base Plan Claim Cost from the Base Plan Claim Cost Factor table. The base rates are appropriate for plans with Industry, Area, Class Rating and Trend Factors of 1.0000.

Trend Factor

Using the Trend Factor table, calculate the Trend Factor as follows:

$$(1 + \text{Trend \%} + \text{Leverage Adjustment}) ^ \text{Trend Period Exponent.}$$

The Trend Period Exponent is calculated as:

$$\text{In months: (Contract effective date – Proposed effective date) / 12}$$

Trend Adjusted Starting Claim Cost

Multiply the following together to get the Trend Adjusted Starting Claim Cost:

$$\begin{array}{r} \text{Base Plan Claim Cost} \\ \times \\ \text{Trend Factor} \end{array}$$

II. Adjusted Claim Cost PMPM

Industry Factor

Enter the Industry Factor table and select the appropriate Industry Factor.

Rating Area Factor

Enter the Rating Area Factor and select the appropriate Rating Area Factor.

Case Size Factor

Enter the Case Size Factor table and select the appropriate Case Size Factor.

Class Rating Adjustment Factor

Calculate this factor by entering the Age/Gender Factor table with the plan census.

- (a) Multiply the Age/Gender Factor for each age/sex category from the Age/Gender Factor table by the Tier Factor from the Tier Factor table and by the number of employees in that category.
- (b) Multiply the Tier Factor for each tier from the Tier Factor table by the number of employees in that tier.

The Class Rating Adjustment Factor equals the total of line (a) divided by the total of line (b).

Adjusted Claim Cost PMPM

Multiply the following together to get the Adjusted Claim Cost PMPM:

Trend Adjusted Starting Claim Cost
 x
 Industry Factor
 x
 Rating Area Factor
 X
 Case Size Factor
 x
 Class Rating Adjustment Factor

III. Adjusted Claim Cost by Billing TierAnnual Fund Contribution Adjustment due to Incentives

If an incentive program is chosen, then an adjustment needs to be made to the contribution level. The Annual HealthFund Contribution Adjustment is equal to:

- A) Determine the Maximum Allowable Incentive (MAI) for the tier that is being calculated
- B) Take the lesser of: MAI and $(MAI) \times (0.25 + MAI \times 0.001)$
- C) For incentives requiring completion of wellness programs, decrease that amount by \$15.00 for Single and \$35.00 for Family.
- D) If the resulting value is less than 0, then use 0 for the adjustment.

Add the Annual HealthFund Contribution Adjustment to the Annual HealthFund Contribution before looking up the Annual HealthFund Contribution Factor.

If no incentive program is chosen, then the Annual Fund Contribution Adjustment due to Incentives equals 0.0000.

Tier Factor

Enter the Tier Factor table and select the appropriate Tier Factors.

Fund Contribution Factor

Enter the Fund Contribution Factor table based on the Adjusted Annual Fund Contribution level and select the appropriate single and family Fund Contribution Factor.

Fund Reimbursement Rate Factor

Enter the Fund Reimbursement Rate Factor table based on the Adjusted Annual Fund Contribution level and the Fund Reimbursement Rate level and select the appropriate Single and Family Fund Reimbursement Rate Factor.

Annual Fund Deductible Factor

Enter the Annual Fund Deductible Factor table based on the Adjusted Annual Fund Contribution level and the Fund Deductible and select the appropriate single and family Fund Deductible Factors.

Pharmacy Plan Integration Factor

Enter the Pharmacy Plan Integration Factor table based on the Adjusted Annual Fund Contribution level and whether or not pharmacy coverage is integrated with the fund and select the appropriate single and family Pharmacy Plan Integration Factors.

Coverage Expense Factor

Enter the Coverage Expense Factor table and select the appropriate Coverage Expense Factor.

Prior Health Reimbursement Account Usage Factor

For all pre-sale quotes where the Annual HealthFund Contribution will be increased by the amount remaining in an HRA from a prior carrier, use the appropriate factors from the Prior Health Reimbursement Account Usage Factor table. For all other pre-sale quotes and for all renewal quotes this factor is equal to 1.0000.

Maximum Fund Factor

For all pre-sale quotes, this factor is equal to 1.0000. For all renewal quotes, use the appropriate factors from the Maximum Fund Factor table.

Carryover Maximum Factor

For all pre-sale quotes and for renewal quotes where there is a fund maximum, the factor is equal to 1.0000; for all other renewal quotes, the adjustment is equal to 1.0000 + the appropriate factor from the Carryover Maximum Factor table.

Dependent Age Factor

Enter the Dependent Age Factor table and select the appropriate Dependent Age Factor.

Tier Specific Adjustment Factor

For each specific billing tier, multiply the following together to get the Tier Specific Adjustment Factor:

Annual Fund Contribution Factor
 x
 Fund Reimbursement Factor
 x
 Fund Deductible Factor
 x
 Pharmacy Plan Integration Factor
 x
 Coverage Expense Factor
 x

Prior Health Reimbursement Account Usage Factor
 x
 Maximum Fund Factor
 x
 Carryover Maximum Factor
 x
 Dependent Age Factor

Adjusted Claim Cost by Billing Tier

For each billing tier, multiply the following together to get the Adjusted Claim Cost by Billing Tier:

Adjusted Claim Cost PMPM
 x
 Tier Specific Adjustment Factor
 x
 Tier Factors

IV. Premium Rates by Billing Tier

Retention Factor

- a. Enter the Taxes and Assessments Percentage Factor table and select the appropriate state specific Taxes and Assessments percentage.
- b. Enter the Commission Factor table and select the appropriate state specific/case size specific Commission percentage.
- c. Enter the Administrative Expense Percentage of Premium Factor table and select the appropriate state specific factor.

The Retention Factor is calculated as:

$$1 / (1 - a. - b. - c.)$$

Premium Rates by Billing Tier

For each billing tier, multiply the following together to get the Premium Rates by Billing Tier:

Adjusted Claim Cost by Billing Tier
 x
 Retention Factor

* Note: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last two calculations which get rounded to the second decimal place.

Aetna Health Fund

Customer Name: _____

Customer #: _____

Effective Date: _____

Today's Date: _____

Section I - Start Rates

1	Base Plan Claim Cost	_____
2	Trend Factor	_____
3	Trend Adjusted Starting Claim Cost	<u>1 X 2</u>

Section II - Claim Cost Adjustments

4	Industry Factor	_____
5	Rating Area Factor	_____
6	Case Size Factor	_____
7	Class Rating Adjustment Factor	_____
8	Adjusted Claim Cost PMPM	<u>3 X 4 X 5 X 6 X 7</u>

Section III - Post Rating Tier Adjustments

9	Annual Fund Contribution Adjustment Amount	_____
10	Annual Fund Contribution Amount	_____
11	Adjusted Annual Fund Contribution Level	<u>9 + 10</u>
12	Tier Factor	_____
13	Annual Fund Contribution Factor	_____
14	Fund Reimbursement Rate Factor	_____
15	Fund Deductible Factor	_____
16	Pharmacy Plan Integration Factor	_____
17	Coverage Expense Factor	_____
18	Prior Health Reimbursement Account Usage Factor	_____
19	Maximum Fund Factor	_____
20	Carryover Maximum Factor	_____
21	Dependent Age Factor	_____
22	Tier Specific Adjustment Factor	_____
23	Adjusted Claim Cost by Billing Tier	<u>13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21</u> <u>8 X 12 X 22</u>

Section IV - Premium Adjustments

24	Taxes and Assessments Percentage Factor	_____
25	Commission Percentage Factor	_____
26	Administrative Expense Percentage of Premium Factor	_____
27	Retention Factor	<u>1.0000/(1.0000 - 24 - 25 - 26)</u>
28	Premium Rates by Billing Tier Factor	<u>23 X 27</u>

Table 1 Base Plan Claim Cost

Effective Period	Base Cost
All	\$35.44

Table 2 Trend Factor

Effective Date	Trend % Factors	Leverage Adjustment Factor	Trend Period Exponent Factor
01/01/2012	0.0%	0	0
04/01/2012	0.0%	0	0
07/01/2012	0.0%	0	0
10/01/2012	0.0%	0	0

Table 4 Industry Factor

Industry	Factor
All	1.0000

Table 5 Rating Area Factor

Area	Factor
All	1.0000

Table 6 Case Size Factor

Case Size	Factor
All	1.0000

Table 7 Age/Gender Factor

Age Bracket	2-Tier			
	Male		Female	
	Single Employee	Family	Single Employee	Family
0-24	0.7700	0.9600	0.9900	0.9800
25-29	0.7700	0.9600	0.9900	0.9800
30-34	0.8600	1.0000	0.9700	1.0000
35-39	0.8600	1.0000	0.9700	1.0000
40-44	0.9500	1.0200	0.9800	1.0100
45-49	1.0300	1.0200	1.0000	1.0000
50-54	1.1400	1.0100	1.0200	1.0000
55-59	1.2300	1.0100	1.0500	1.0100
60-64	1.3300	1.0200	1.0900	1.0300
65+	1.4900	1.0400	1.1800	1.0500

Age Bracket	3-Tier					
	Male			Female		
	Single Employee	Two-Party	Family	Single Employee	Two-Party	Family
0-24	0.7700	0.9300	0.9800	0.9900	0.9800	0.9900
25-29	0.7700	0.9300	0.9800	0.9900	0.9800	0.9900
30-34	0.8600	0.9500	1.0000	0.9700	0.9800	1.0000
35-39	0.8600	0.9500	1.0000	0.9700	0.9800	1.0000
40-44	0.9500	0.9700	1.0000	0.9800	0.9900	1.0000
45-49	1.0300	1.0000	1.0000	1.0000	1.0000	1.0000
50-54	1.1400	1.0300	1.0000	1.0200	1.0300	1.0000
55-59	1.2300	1.0600	1.0100	1.0500	1.0500	1.0100
60-64	1.3300	1.0800	1.0100	1.0900	1.0700	1.0100
65+	1.4900	1.1100	1.0200	1.1800	1.1000	1.0200

Age Bracket	4-Tier							
	Male				Female			
	Single Employee	EE + Spouse	EE + Child(ren)	Family	Single Employee	EE + Spouse	EE + Child(ren)	Family
0-24	0.7700	0.9600	0.9100	0.9800	0.9900	0.9600	0.9900	0.9900
25-29	0.7700	0.9600	0.9100	0.9800	0.9900	0.9600	0.9900	0.9900
30-34	0.8600	0.9700	0.9700	1.0000	0.9700	0.9700	1.0000	1.0000
35-39	0.8600	0.9700	0.9700	1.0000	0.9700	0.9700	1.0000	1.0000
40-44	0.9500	0.9900	1.0100	1.0000	0.9800	0.9900	1.0000	1.0000
45-49	1.0300	1.0000	1.0200	1.0000	1.0000	1.0000	1.0000	1.0000
50-54	1.1400	1.0300	1.0300	1.0000	1.0200	1.0300	0.9900	1.0000
55-59	1.2300	1.0500	1.0400	1.0000	1.0500	1.0500	1.0000	1.0000
60-64	1.3300	1.0600	1.0600	1.0100	1.0900	1.0600	1.0000	1.0100
65+	1.4900	1.0900	1.0800	1.0100	1.1800	1.0900	1.0300	1.0200

Table 12 Tier Factor

Number of Tiers	Tier	Factor
2	Single Employee	1.0000
2	Family	2.7058
3	Single Employee	1.0000
3	Two-Party	2.4993
3	Family	2.8566
4	Single Employee	1.0000
4	Employee + Spouse	2.5429
4	Employee + Child(ren)	2.4499
4	Family	2.8742

Table 13 Annual Fund Contribution Factor

Proration Mode	Adjusted Annual Fund Contribution	Single EE	Family
Monthly	\$250	0.4384	0.2273
Monthly	\$300	0.5162	0.2655
Monthly	\$350	0.5912	0.3034
Monthly	\$400	0.6623	0.3408
Monthly	\$500	0.7984	0.4145
Monthly	\$600	0.9228	0.4922
Monthly	\$625	0.9546	0.5112
Monthly	\$700	1.0408	0.5678
Monthly	\$750	1.0975	0.6049
Monthly	\$800	1.1504	0.6417
Monthly	\$900	1.2550	0.7134
Monthly	\$1,000	1.3545	0.7839
Monthly	\$1,250	1.5834	0.9530
Monthly	\$1,500	1.7949	1.1114
Monthly	\$1,750	1.9856	1.2607
Monthly	\$1,875	2.0702	1.3314
Monthly	\$2,000	2.1571	1.4028
Monthly	\$2,250	2.3182	1.5370
Monthly	\$2,500	2.4697	1.6647
Monthly	\$2,750	2.6111	1.7848
Monthly	\$3,000	2.7464	1.8990
Monthly	\$3,500	2.9983	2.1161
Monthly	\$4,000	3.2170	2.3130
Monthly	\$4,500	3.4302	2.5053
Monthly	\$5,000	3.6118	2.6643
Monthly	\$6,000	3.9500	2.9646
Full	\$250	0.4987	0.2569
Full	\$300	0.5860	0.3008
Full	\$350	0.6681	0.3439
Full	\$400	0.7467	0.3865
Full	\$500	0.8948	0.4747
Full	\$600	1.0328	0.5625
Full	\$625	1.0656	0.5840
Full	\$700	1.1593	0.6478
Full	\$750	1.2197	0.6892
Full	\$800	1.2789	0.7303
Full	\$900	1.3907	0.8106
Full	\$1,000	1.4964	0.8888
Full	\$1,250	1.7473	1.0758
Full	\$1,500	1.9723	1.2503
Full	\$1,750	2.1708	1.4142
Full	\$1,875	2.2639	1.4917
Full	\$2,000	2.3546	1.5677
Full	\$2,250	2.5256	1.7122
Full	\$2,500	2.6855	1.8476
Full	\$2,750	2.8352	1.9756
Full	\$3,000	2.9807	2.1009
Full	\$3,500	3.2351	2.3294
Full	\$4,000	3.4738	2.5435
Full	\$4,500	3.6786	2.7236
Full	\$5,000	3.8739	2.8971
Full	\$6,000	4.2439	3.2403
Bi-Weekly	\$250	0.4384	0.2273
Bi-Weekly	\$300	0.5188	0.2668
Bi-Weekly	\$350	0.5941	0.3049
Bi-Weekly	\$400	0.6654	0.3425
Bi-Weekly	\$500	0.8020	0.4167
Bi-Weekly	\$600	0.9272	0.4948
Bi-Weekly	\$625	0.9587	0.5139
Bi-Weekly	\$700	1.0454	0.5708
Bi-Weekly	\$750	1.1021	0.6081
Bi-Weekly	\$800	1.1552	0.6450
Bi-Weekly	\$900	1.2601	0.7170
Bi-Weekly	\$1,000	1.3598	0.7878
Bi-Weekly	\$1,250	1.5895	0.9575
Bi-Weekly	\$1,500	1.8015	1.1165
Bi-Weekly	\$1,750	1.9924	1.2664
Bi-Weekly	\$1,875	2.0777	1.3376
Bi-Weekly	\$2,000	2.1645	1.4090
Bi-Weekly	\$2,250	2.3260	1.5436
Bi-Weekly	\$2,500	2.4778	1.6716
Bi-Weekly	\$2,750	2.6196	1.7920
Bi-Weekly	\$3,000	2.7551	1.9065
Bi-Weekly	\$3,500	3.0071	2.1240
Bi-Weekly	\$4,000	3.2268	2.3218
Bi-Weekly	\$4,500	3.4396	2.5136
Bi-Weekly	\$5,000	3.6215	2.6729
Bi-Weekly	\$6,000	3.9609	2.9748

Proration Mode	Adjusted Annual Fund Contribution	Single EE	Family
Quarterly	\$250	0.4501	0.2331
Quarterly	\$300	0.5298	0.2724
Quarterly	\$350	0.6062	0.3113
Quarterly	\$400	0.6787	0.3497
Quarterly	\$500	0.8171	0.4262
Quarterly	\$600	0.9458	0.5059
Quarterly	\$625	0.9762	0.5254
Quarterly	\$700	1.0647	0.5835
Quarterly	\$750	1.1214	0.6215
Quarterly	\$800	1.1756	0.6590
Quarterly	\$900	1.2820	0.7325
Quarterly	\$1,000	1.3821	0.8043
Quarterly	\$1,250	1.6153	0.9769
Quarterly	\$1,500	1.8294	1.1384
Quarterly	\$1,750	2.0213	1.2905
Quarterly	\$1,875	2.1095	1.3637
Quarterly	\$2,000	2.1959	1.4352
Quarterly	\$2,250	2.3593	1.5716
Quarterly	\$2,500	2.5123	1.7009
Quarterly	\$2,750	2.6559	1.8227
Quarterly	\$3,000	2.7919	1.9383
Quarterly	\$3,500	3.0444	2.1576
Quarterly	\$4,000	3.2684	2.3594
Quarterly	\$4,500	3.4794	2.5484
Quarterly	\$5,000	3.6628	2.7095
Quarterly	\$6,000	4.0071	3.0182
Semi-Annually	\$250	0.4641	0.2399
Semi-Annually	\$300	0.5460	0.2805
Semi-Annually	\$350	0.6241	0.3207
Semi-Annually	\$400	0.6983	0.3603
Semi-Annually	\$500	0.8395	0.4402
Semi-Annually	\$600	0.9715	0.5223
Semi-Annually	\$625	1.0021	0.5424
Semi-Annually	\$700	1.0933	0.6022
Semi-Annually	\$750	1.1500	0.6414
Semi-Annually	\$800	1.2058	0.6796
Semi-Annually	\$900	1.3142	0.7554
Semi-Annually	\$1,000	1.4151	0.8286
Semi-Annually	\$1,250	1.6534	1.0054
Semi-Annually	\$1,500	1.8706	1.1707
Semi-Annually	\$1,750	2.0640	1.3262
Semi-Annually	\$1,875	2.1564	1.4022
Semi-Annually	\$2,000	2.2424	1.4738
Semi-Annually	\$2,250	2.4084	1.6130
Semi-Annually	\$2,500	2.5632	1.7441
Semi-Annually	\$2,750	2.7096	1.8679
Semi-Annually	\$3,000	2.8464	1.9852
Semi-Annually	\$3,500	3.0996	2.2073
Semi-Annually	\$4,000	3.3298	2.4148
Semi-Annually	\$4,500	3.5383	2.6000
Semi-Annually	\$5,000	3.7237	2.7636
Semi-Annually	\$6,000	4.0754	3.0823

Table 14. Fund Reimbursement Rate Factor

Adjusted Annual Fund Contribution	Reimbursement		
	Rate	Single EE	Family
\$250	50%	0.9078	0.9763
\$250	60%	0.9354	0.9842
\$250	70%	0.9586	0.9903
\$250	75%	0.9673	0.9925
\$250	80%	0.9752	0.9944
\$250	90%	0.9883	0.9972
\$250	100%	1.0000	1.0000
\$300	50%	0.8932	0.9703
\$300	60%	0.9259	0.9806
\$300	70%	0.9494	0.9872
\$300	75%	0.9611	0.9905
\$300	80%	0.9703	0.9928
\$300	90%	0.9866	0.9964
\$300	100%	1.0000	1.0000
\$350	50%	0.8797	0.9642
\$350	60%	0.9154	0.9763
\$350	70%	0.9440	0.9851
\$350	75%	0.9542	0.9879
\$350	80%	0.9645	0.9908
\$350	90%	0.9839	0.9954
\$350	100%	1.0000	1.0000
\$400	50%	0.8689	0.9583
\$400	60%	0.9072	0.9722
\$400	70%	0.9378	0.9822
\$400	75%	0.9506	0.9861
\$400	80%	0.9633	0.9900
\$400	90%	0.9817	0.9950
\$400	100%	1.0000	1.0000
\$500	50%	0.8489	0.9464
\$500	60%	0.8920	0.9641
\$500	70%	0.9274	0.9771
\$500	75%	0.9418	0.9820
\$500	80%	0.9555	0.9865
\$500	90%	0.9788	0.9933
\$500	100%	1.0000	1.0000
\$600	50%	0.8271	0.9302
\$600	60%	0.8799	0.9565
\$600	70%	0.9177	0.9717
\$600	75%	0.9349	0.9783
\$600	80%	0.9505	0.9837
\$600	90%	0.9762	0.9919
\$600	100%	1.0000	1.0000
\$625	50%	0.8246	0.9280
\$625	60%	0.8770	0.9543
\$625	70%	0.9160	0.9705
\$625	75%	0.9333	0.9773
\$625	80%	0.9491	0.9829
\$625	90%	0.9758	0.9915
\$625	100%	1.0000	1.0000
\$700	50%	0.8172	0.9215
\$700	60%	0.8683	0.9477
\$700	70%	0.9109	0.9670
\$700	75%	0.9284	0.9741
\$700	80%	0.9449	0.9805
\$700	90%	0.9747	0.9903
\$700	100%	1.0000	1.0000
\$750	50%	0.8146	0.9190
\$750	60%	0.8652	0.9451
\$750	70%	0.9055	0.9633
\$750	75%	0.9257	0.9723
\$750	80%	0.9423	0.9790
\$750	90%	0.9727	0.9895
\$750	100%	1.0000	1.0000
\$800	50%	0.8078	0.9119
\$800	60%	0.8604	0.9405
\$800	70%	0.9027	0.9606
\$800	75%	0.9220	0.9692
\$800	80%	0.9412	0.9777
\$800	90%	0.9724	0.9889
\$800	100%	1.0000	1.0000
\$900	50%	0.7983	0.9016
\$900	60%	0.8544	0.9345
\$900	70%	0.8986	0.9567
\$900	75%	0.9180	0.9657
\$900	80%	0.9357	0.9734
\$900	90%	0.9710	0.9867
\$900	100%	1.0000	1.0000

Adjusted Annual Fund Contribution	Reimbursement		
	Rate	Single EE	Family
\$1,000	50%	0.7933	0.8952
\$1,000	60%	0.8484	0.9273
\$1,000	70%	0.8936	0.9519
\$1,000	75%	0.9141	0.9619
\$1,000	80%	0.9346	0.9720
\$1,000	90%	0.9673	0.9860
\$1,000	100%	1.0000	1.0000
\$1,250	50%	0.7780	0.8749
\$1,250	60%	0.8354	0.9125
\$1,250	70%	0.8862	0.9420
\$1,250	75%	0.9078	0.9539
\$1,250	80%	0.9281	0.9650
\$1,250	90%	0.9649	0.9825
\$1,250	100%	1.0000	1.0000
\$1,500	50%	0.7657	0.8570
\$1,500	60%	0.8262	0.8998
\$1,500	70%	0.8778	0.9326
\$1,500	75%	0.9015	0.9472
\$1,500	80%	0.9236	0.9592
\$1,500	90%	0.9641	0.9796
\$1,500	100%	1.0000	1.0000
\$1,750	50%	0.7548	0.8413
\$1,750	60%	0.8164	0.8875
\$1,750	70%	0.8709	0.9248
\$1,750	75%	0.8951	0.9401
\$1,750	80%	0.9181	0.9543
\$1,750	90%	0.9602	0.9772
\$1,750	100%	1.0000	1.0000
\$1,875	50%	0.7501	0.8342
\$1,875	60%	0.8136	0.8820
\$1,875	70%	0.8688	0.9209
\$1,875	75%	0.8935	0.9371
\$1,875	80%	0.9173	0.9522
\$1,875	90%	0.9604	0.9761
\$1,875	100%	1.0000	1.0000
\$2,000	50%	0.7454	0.8270
\$2,000	60%	0.8108	0.8764
\$2,000	70%	0.8666	0.9169
\$2,000	75%	0.8919	0.9340
\$2,000	80%	0.9165	0.9500
\$2,000	90%	0.9605	0.9750
\$2,000	100%	1.0000	1.0000
\$2,250	50%	0.7372	0.8141
\$2,250	60%	0.8035	0.8665
\$2,250	70%	0.8615	0.9091
\$2,250	75%	0.8883	0.9285
\$2,250	80%	0.9124	0.9451
\$2,250	90%	0.9586	0.9726
\$2,250	100%	1.0000	1.0000
\$2,500	50%	0.7298	0.8024
\$2,500	60%	0.7974	0.8578
\$2,500	70%	0.8582	0.9034
\$2,500	75%	0.8847	0.9225
\$2,500	80%	0.9099	0.9405
\$2,500	90%	0.9569	0.9703
\$2,500	100%	1.0000	1.0000
\$2,750	50%	0.7224	0.7905
\$2,750	60%	0.7928	0.8499
\$2,750	70%	0.8533	0.8974
\$2,750	75%	0.8817	0.9179
\$2,750	80%	0.9087	0.9373
\$2,750	90%	0.9563	0.9687
\$2,750	100%	1.0000	1.0000
\$3,000	50%	0.7171	0.7824
\$3,000	60%	0.7876	0.8425
\$3,000	70%	0.8490	0.8916
\$3,000	75%	0.8777	0.9140
\$3,000	80%	0.9046	0.9332
\$3,000	90%	0.9547	0.9666
\$3,000	100%	1.0000	1.0000
\$3,500	50%	0.7171	0.7824
\$3,500	60%	0.7876	0.8425
\$3,500	70%	0.8490	0.8916
\$3,500	75%	0.8777	0.9140
\$3,500	80%	0.9046	0.9332
\$3,500	90%	0.9547	0.9666
\$3,500	100%	1.0000	1.0000

Table 14. Fund Reimbursement Rate Factor (Continued)

Adjusted Annual Fund Contribution	Reimbursement Rate	Single EE	Family
\$4,000	50%	0.7171	0.7824
\$4,000	60%	0.7876	0.8425
\$4,000	70%	0.8490	0.8916
\$4,000	75%	0.8777	0.9140
\$4,000	80%	0.9046	0.9332
\$4,000	90%	0.9547	0.9666
\$4,000	100%	1.0000	1.0000
\$4,500	50%	0.7171	0.7824
\$4,500	60%	0.7876	0.8425
\$4,500	70%	0.8490	0.8916
\$4,500	75%	0.8777	0.9140
\$4,500	80%	0.9046	0.9332
\$4,500	90%	0.9547	0.9666
\$4,500	100%	1.0000	1.0000
\$5,000	50%	0.7171	0.7824
\$5,000	60%	0.7876	0.8425
\$5,000	70%	0.8490	0.8916
\$5,000	75%	0.8777	0.9140
\$5,000	80%	0.9046	0.9332
\$5,000	90%	0.9547	0.9666
\$5,000	100%	1.0000	1.0000
\$6,000	50%	0.7171	0.7824
\$6,000	60%	0.7876	0.8425
\$6,000	70%	0.8490	0.8916
\$6,000	75%	0.8777	0.9140
\$6,000	80%	0.9046	0.9332
\$6,000	90%	0.9547	0.9666
\$6,000	100%	1.0000	1.0000

Table 15. Fund Deductible Factor

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$250	\$0	1.0000	1.0000
\$250	\$250	0.8213	0.9479
\$250	\$300	0.7914	0.9370
\$250	\$350	0.7631	0.9253
\$250	\$400	0.7394	0.9149
\$250	\$500	0.6939	0.8929
\$250	\$600	0.6505	0.8682
\$250	\$700	0.6178	0.8482
\$250	\$750	0.6042	0.8398
\$250	\$800	0.5881	0.8278
\$250	\$900	0.5605	0.8071
\$250	\$1,000	0.5393	0.7907
\$250	\$1,200	0.5025	0.7551
\$250	\$1,250	0.4932	0.7462
\$250	\$1,500	0.4492	0.7054
\$250	\$1,750	0.4136	0.6690
\$250	\$1,800	0.4087	0.6623
\$250	\$2,000	0.3891	0.6353
\$250	\$2,250	0.3619	0.6034
\$250	\$2,500	0.3426	0.5751
\$250	\$2,750	0.3228	0.5437
\$250	\$3,000	0.3100	0.5258
\$250	\$3,250	0.2892	0.5029
\$250	\$3,500	0.2682	0.4799
\$250	\$3,750	0.2606	0.4617
\$250	\$4,000	0.2531	0.4435
\$250	\$4,250	0.2414	0.4264
\$250	\$4,500	0.2297	0.4093
\$250	\$4,750	0.2177	0.3894
\$250	\$5,000	0.2058	0.3695
\$250	\$5,250	0.2001	0.3602
\$250	\$5,500	0.1942	0.3505
\$250	\$5,750	0.1885	0.3412
\$250	\$6,000	0.1713	0.3127
\$250	\$6,750	0.1572	0.2890
\$250	\$7,500	0.1431	0.2653
\$250	\$8,250	0.1290	0.2416
\$250	\$9,000	0.1149	0.2178
\$250	\$10,000	0.0961	0.1862

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$300	\$0	1.0000	1.0000
\$300	\$250	0.8213	0.9479
\$300	\$300	0.7914	0.9370
\$300	\$350	0.7631	0.9253
\$300	\$400	0.7394	0.9149
\$300	\$500	0.6939	0.8929
\$300	\$600	0.6505	0.8682
\$300	\$700	0.6178	0.8482
\$300	\$750	0.6042	0.8398
\$300	\$800	0.5881	0.8278
\$300	\$900	0.5605	0.8071
\$300	\$1,000	0.5393	0.7907
\$300	\$1,200	0.5025	0.7551
\$300	\$1,250	0.4932	0.7462
\$300	\$1,500	0.4492	0.7054
\$300	\$1,750	0.4136	0.6690
\$300	\$1,800	0.4087	0.6623
\$300	\$2,000	0.3891	0.6353
\$300	\$2,250	0.3619	0.6034
\$300	\$2,500	0.3426	0.5751
\$300	\$2,750	0.3228	0.5437
\$300	\$3,000	0.3100	0.5258
\$300	\$3,250	0.2892	0.5029
\$300	\$3,500	0.2682	0.4799
\$300	\$3,750	0.2606	0.4617
\$300	\$4,000	0.2531	0.4435
\$300	\$4,250	0.2414	0.4264
\$300	\$4,500	0.2297	0.4093
\$300	\$4,750	0.2177	0.3894
\$300	\$5,000	0.2058	0.3695
\$300	\$5,250	0.2001	0.3602
\$300	\$5,500	0.1942	0.3505
\$300	\$5,750	0.1885	0.3412
\$300	\$6,000	0.1713	0.3127
\$300	\$6,750	0.1572	0.2890
\$300	\$7,500	0.1431	0.2653
\$300	\$8,250	0.1290	0.2416
\$300	\$9,000	0.1149	0.2178
\$300	\$10,000	0.0961	0.1862

Table 15 Fund Deductible Factor (Continued)

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$350	\$0	1.0000	1.0000
\$350	\$250	0.8213	0.9479
\$350	\$300	0.7914	0.9370
\$350	\$350	0.7631	0.9253
\$350	\$400	0.7394	0.9149
\$350	\$500	0.6939	0.8929
\$350	\$600	0.6505	0.8682
\$350	\$700	0.6178	0.8482
\$350	\$750	0.6042	0.8398
\$350	\$800	0.5881	0.8278
\$350	\$900	0.5605	0.8071
\$350	\$1,000	0.5393	0.7907
\$350	\$1,200	0.5025	0.7551
\$350	\$1,250	0.4932	0.7462
\$350	\$1,500	0.4492	0.7054
\$350	\$1,750	0.4136	0.6690
\$350	\$1,800	0.4087	0.6623
\$350	\$2,000	0.3891	0.6353
\$350	\$2,250	0.3619	0.6034
\$350	\$2,500	0.3426	0.5751
\$350	\$2,750	0.3228	0.5437
\$350	\$3,000	0.3100	0.5258
\$350	\$3,250	0.2892	0.5029
\$350	\$3,500	0.2682	0.4799
\$350	\$3,750	0.2606	0.4617
\$350	\$4,000	0.2531	0.4435
\$350	\$4,250	0.2414	0.4264
\$350	\$4,500	0.2297	0.4093
\$350	\$4,750	0.2177	0.3894
\$350	\$5,000	0.2058	0.3695
\$350	\$5,250	0.2001	0.3602
\$350	\$5,500	0.1942	0.3505
\$350	\$5,750	0.1885	0.3412
\$350	\$6,000	0.1713	0.3127
\$350	\$6,750	0.1572	0.2890
\$350	\$7,500	0.1431	0.2653
\$350	\$8,250	0.1290	0.2416
\$350	\$9,000	0.1149	0.2178
\$350	\$10,000	0.0961	0.1862
\$400	\$0	1.0000	1.0000
\$400	\$250	0.8213	0.9479
\$400	\$300	0.7914	0.9370
\$400	\$350	0.7631	0.9253
\$400	\$400	0.7394	0.9149
\$400	\$500	0.6939	0.8929
\$400	\$600	0.6505	0.8682
\$400	\$700	0.6178	0.8482
\$400	\$750	0.6042	0.8398
\$400	\$800	0.5881	0.8278
\$400	\$900	0.5605	0.8071
\$400	\$1,000	0.5393	0.7907
\$400	\$1,200	0.5025	0.7551
\$400	\$1,250	0.4932	0.7462
\$400	\$1,500	0.4492	0.7054
\$400	\$1,750	0.4136	0.6690
\$400	\$1,800	0.4087	0.6623
\$400	\$2,000	0.3891	0.6353
\$400	\$2,250	0.3619	0.6034
\$400	\$2,500	0.3426	0.5751
\$400	\$2,750	0.3228	0.5437
\$400	\$3,000	0.3100	0.5258
\$400	\$3,250	0.2892	0.5029
\$400	\$3,500	0.2682	0.4799
\$400	\$3,750	0.2606	0.4617
\$400	\$4,000	0.2531	0.4435
\$400	\$4,250	0.2414	0.4264
\$400	\$4,500	0.2297	0.4093
\$400	\$4,750	0.2177	0.3894
\$400	\$5,000	0.2058	0.3695
\$400	\$5,250	0.2001	0.3602
\$400	\$5,500	0.1942	0.3505
\$400	\$5,750	0.1885	0.3412
\$400	\$6,000	0.1713	0.3127
\$400	\$6,750	0.1572	0.2890
\$400	\$7,500	0.1431	0.2653
\$400	\$8,250	0.1290	0.2416
\$400	\$9,000	0.1149	0.2178
\$400	\$10,000	0.0961	0.1862

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$500	\$0	1.0000	1.0000
\$500	\$250	0.8213	0.9479
\$500	\$300	0.7914	0.9370
\$500	\$350	0.7631	0.9253
\$500	\$400	0.7394	0.9149
\$500	\$500	0.6939	0.8929
\$500	\$600	0.6505	0.8682
\$500	\$700	0.6178	0.8482
\$500	\$750	0.6042	0.8398
\$500	\$800	0.5881	0.8278
\$500	\$900	0.5605	0.8071
\$500	\$1,000	0.5393	0.7907
\$500	\$1,200	0.5025	0.7551
\$500	\$1,250	0.4932	0.7462
\$500	\$1,500	0.4492	0.7054
\$500	\$1,750	0.4136	0.6690
\$500	\$1,800	0.4087	0.6623
\$500	\$2,000	0.3891	0.6353
\$500	\$2,250	0.3619	0.6034
\$500	\$2,500	0.3426	0.5751
\$500	\$2,750	0.3228	0.5437
\$500	\$3,000	0.3100	0.5258
\$500	\$3,250	0.2892	0.5029
\$500	\$3,500	0.2682	0.4799
\$500	\$3,750	0.2606	0.4617
\$500	\$4,000	0.2531	0.4435
\$500	\$4,250	0.2414	0.4264
\$500	\$4,500	0.2297	0.4093
\$500	\$4,750	0.2177	0.3894
\$500	\$5,000	0.2058	0.3695
\$500	\$5,250	0.2001	0.3602
\$500	\$5,500	0.1942	0.3505
\$500	\$5,750	0.1885	0.3412
\$500	\$6,000	0.1713	0.3127
\$500	\$6,750	0.1572	0.2890
\$500	\$7,500	0.1431	0.2653
\$500	\$8,250	0.1290	0.2416
\$500	\$9,000	0.1149	0.2178
\$500	\$10,000	0.0961	0.1862
\$600	\$0	1.0000	1.0000
\$600	\$250	0.8412	0.9445
\$600	\$300	0.8140	0.9323
\$600	\$350	0.7891	0.9207
\$600	\$400	0.7670	0.9097
\$600	\$500	0.7276	0.8894
\$600	\$600	0.6911	0.8670
\$600	\$700	0.6609	0.8470
\$600	\$750	0.6474	0.8379
\$600	\$800	0.6343	0.8280
\$600	\$900	0.6107	0.8097
\$600	\$1,000	0.5831	0.7903
\$600	\$1,200	0.5445	0.7561
\$600	\$1,250	0.5349	0.7476
\$600	\$1,500	0.4944	0.7082
\$600	\$1,750	0.4574	0.6722
\$600	\$1,800	0.4522	0.6656
\$600	\$2,000	0.4316	0.6394
\$600	\$2,250	0.4038	0.6060
\$600	\$2,500	0.3849	0.5815
\$600	\$2,750	0.3608	0.5529
\$600	\$3,000	0.3410	0.5313
\$600	\$3,250	0.3241	0.5095
\$600	\$3,500	0.3073	0.4878
\$600	\$3,750	0.2959	0.4691
\$600	\$4,000	0.2845	0.4505
\$600	\$4,250	0.2706	0.4309
\$600	\$4,500	0.2566	0.4114
\$600	\$4,750	0.2495	0.4009
\$600	\$5,000	0.2424	0.3904
\$600	\$5,250	0.2323	0.3754
\$600	\$5,500	0.2221	0.3604
\$600	\$5,750	0.2119	0.3454
\$600	\$6,000	0.2018	0.3304
\$600	\$6,750	0.1852	0.3054
\$600	\$7,500	0.1686	0.2803
\$600	\$8,250	0.1520	0.2552
\$600	\$9,000	0.1355	0.2301
\$600	\$10,000	0.1134	0.1967

Table 15. Fund Deductible Factor (Continued)

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$625	\$0	1.0000	1.0000
\$625	\$250	0.8412	0.9445
\$625	\$300	0.8140	0.9323
\$625	\$350	0.7891	0.9207
\$625	\$400	0.7670	0.9097
\$625	\$500	0.7276	0.8894
\$625	\$600	0.6911	0.8670
\$625	\$700	0.6609	0.8470
\$625	\$750	0.6474	0.8379
\$625	\$800	0.6343	0.8280
\$625	\$900	0.6107	0.8097
\$625	\$1,000	0.5831	0.7903
\$625	\$1,200	0.5445	0.7561
\$625	\$1,250	0.5349	0.7476
\$625	\$1,500	0.4944	0.7082
\$625	\$1,750	0.4574	0.6722
\$625	\$1,800	0.4522	0.6656
\$625	\$2,000	0.4316	0.6394
\$625	\$2,250	0.4038	0.6060
\$625	\$2,500	0.3849	0.5815
\$625	\$2,750	0.3608	0.5529
\$625	\$3,000	0.3410	0.5313
\$625	\$3,250	0.3241	0.5095
\$625	\$3,500	0.3073	0.4878
\$625	\$3,750	0.2959	0.4691
\$625	\$4,000	0.2845	0.4505
\$625	\$4,250	0.2706	0.4309
\$625	\$4,500	0.2566	0.4114
\$625	\$4,750	0.2495	0.4009
\$625	\$5,000	0.2424	0.3904
\$625	\$5,250	0.2323	0.3754
\$625	\$5,500	0.2221	0.3604
\$625	\$5,750	0.2119	0.3454
\$625	\$6,000	0.2018	0.3304
\$625	\$6,750	0.1852	0.3054
\$625	\$7,500	0.1686	0.2803
\$625	\$8,250	0.1520	0.2552
\$625	\$9,000	0.1355	0.2301
\$625	\$10,000	0.1134	0.1967
\$700	\$0	1.0000	1.0000
\$700	\$250	0.8412	0.9445
\$700	\$300	0.8140	0.9323
\$700	\$350	0.7891	0.9207
\$700	\$400	0.7670	0.9097
\$700	\$500	0.7276	0.8894
\$700	\$600	0.6911	0.8670
\$700	\$700	0.6609	0.8470
\$700	\$750	0.6474	0.8379
\$700	\$800	0.6343	0.8280
\$700	\$900	0.6107	0.8097
\$700	\$1,000	0.5831	0.7903
\$700	\$1,200	0.5445	0.7561
\$700	\$1,250	0.5349	0.7476
\$700	\$1,500	0.4944	0.7082
\$700	\$1,750	0.4574	0.6722
\$700	\$1,800	0.4522	0.6656
\$700	\$2,000	0.4316	0.6394
\$700	\$2,250	0.4038	0.6060
\$700	\$2,500	0.3849	0.5815
\$700	\$2,750	0.3608	0.5529
\$700	\$3,000	0.3410	0.5313
\$700	\$3,250	0.3241	0.5095
\$700	\$3,500	0.3073	0.4878
\$700	\$3,750	0.2959	0.4691
\$700	\$4,000	0.2845	0.4505
\$700	\$4,250	0.2706	0.4309
\$700	\$4,500	0.2566	0.4114
\$700	\$4,750	0.2495	0.4009
\$700	\$5,000	0.2424	0.3904
\$700	\$5,250	0.2323	0.3754
\$700	\$5,500	0.2221	0.3604
\$700	\$5,750	0.2119	0.3454
\$700	\$6,000	0.2018	0.3304
\$700	\$6,750	0.1852	0.3054
\$700	\$7,500	0.1686	0.2803
\$700	\$8,250	0.1520	0.2552
\$700	\$9,000	0.1355	0.2301
\$700	\$10,000	0.1134	0.1967

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$750	\$0	1.0000	1.0000
\$750	\$250	0.8412	0.9445
\$750	\$300	0.8140	0.9323
\$750	\$350	0.7891	0.9207
\$750	\$400	0.7670	0.9097
\$750	\$500	0.7276	0.8894
\$750	\$600	0.6911	0.8670
\$750	\$700	0.6609	0.8470
\$750	\$750	0.6474	0.8379
\$750	\$800	0.6343	0.8280
\$750	\$900	0.6107	0.8097
\$750	\$1,000	0.5831	0.7903
\$750	\$1,200	0.5445	0.7561
\$750	\$1,250	0.5349	0.7476
\$750	\$1,500	0.4944	0.7082
\$750	\$1,750	0.4574	0.6722
\$750	\$1,800	0.4522	0.6656
\$750	\$2,000	0.4316	0.6394
\$750	\$2,250	0.4038	0.6060
\$750	\$2,500	0.3849	0.5815
\$750	\$2,750	0.3608	0.5529
\$750	\$3,000	0.3410	0.5313
\$750	\$3,250	0.3241	0.5095
\$750	\$3,500	0.3073	0.4878
\$750	\$3,750	0.2959	0.4691
\$750	\$4,000	0.2845	0.4505
\$750	\$4,250	0.2706	0.4309
\$750	\$4,500	0.2566	0.4114
\$750	\$4,750	0.2495	0.4009
\$750	\$5,000	0.2424	0.3904
\$750	\$5,250	0.2323	0.3754
\$750	\$5,500	0.2221	0.3604
\$750	\$5,750	0.2119	0.3454
\$750	\$6,000	0.2018	0.3304
\$750	\$6,750	0.1852	0.3054
\$750	\$7,500	0.1686	0.2803
\$750	\$8,250	0.1520	0.2552
\$750	\$9,000	0.1355	0.2301
\$750	\$10,000	0.1134	0.1967
\$800	\$0	1.0000	1.0000
\$800	\$250	0.8412	0.9445
\$800	\$300	0.8140	0.9323
\$800	\$350	0.7891	0.9207
\$800	\$400	0.7670	0.9097
\$800	\$500	0.7276	0.8894
\$800	\$600	0.6911	0.8670
\$800	\$700	0.6609	0.8470
\$800	\$750	0.6474	0.8379
\$800	\$800	0.6343	0.8280
\$800	\$900	0.6107	0.8097
\$800	\$1,000	0.5831	0.7903
\$800	\$1,200	0.5445	0.7561
\$800	\$1,250	0.5349	0.7476
\$800	\$1,500	0.4944	0.7082
\$800	\$1,750	0.4574	0.6722
\$800	\$1,800	0.4522	0.6656
\$800	\$2,000	0.4316	0.6394
\$800	\$2,250	0.4038	0.6060
\$800	\$2,500	0.3849	0.5815
\$800	\$2,750	0.3608	0.5529
\$800	\$3,000	0.3410	0.5313
\$800	\$3,250	0.3241	0.5095
\$800	\$3,500	0.3073	0.4878
\$800	\$3,750	0.2959	0.4691
\$800	\$4,000	0.2845	0.4505
\$800	\$4,250	0.2706	0.4309
\$800	\$4,500	0.2566	0.4114
\$800	\$4,750	0.2495	0.4009
\$800	\$5,000	0.2424	0.3904
\$800	\$5,250	0.2323	0.3754
\$800	\$5,500	0.2221	0.3604
\$800	\$5,750	0.2119	0.3454
\$800	\$6,000	0.2018	0.3304
\$800	\$6,750	0.1852	0.3054
\$800	\$7,500	0.1686	0.2803
\$800	\$8,250	0.1520	0.2552
\$800	\$9,000	0.1355	0.2301
\$800	\$10,000	0.1134	0.1967

Table 15 Fund Deductible Factor (Continued)

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$900	\$0	1.0000	1.0000
\$900	\$250	0.8412	0.9445
\$900	\$300	0.8140	0.9323
\$900	\$350	0.7891	0.9207
\$900	\$400	0.7670	0.9097
\$900	\$500	0.7276	0.8894
\$900	\$600	0.6911	0.8670
\$900	\$700	0.6609	0.8470
\$900	\$750	0.6474	0.8379
\$900	\$800	0.6343	0.8280
\$900	\$900	0.6107	0.8097
\$900	\$1,000	0.5831	0.7903
\$900	\$1,200	0.5445	0.7561
\$900	\$1,250	0.5349	0.7476
\$900	\$1,500	0.4944	0.7082
\$900	\$1,750	0.4574	0.6722
\$900	\$1,800	0.4522	0.6656
\$900	\$2,000	0.4316	0.6394
\$900	\$2,250	0.4038	0.6060
\$900	\$2,500	0.3849	0.5815
\$900	\$2,750	0.3608	0.5529
\$900	\$3,000	0.3410	0.5313
\$900	\$3,250	0.3241	0.5095
\$900	\$3,500	0.3073	0.4878
\$900	\$3,750	0.2959	0.4691
\$900	\$4,000	0.2845	0.4505
\$900	\$4,250	0.2706	0.4309
\$900	\$4,500	0.2566	0.4114
\$900	\$4,750	0.2495	0.4009
\$900	\$5,000	0.2424	0.3904
\$900	\$5,250	0.2323	0.3754
\$900	\$5,500	0.2221	0.3604
\$900	\$5,750	0.2119	0.3454
\$900	\$6,000	0.2018	0.3304
\$900	\$6,750	0.1852	0.3054
\$900	\$7,500	0.1686	0.2803
\$900	\$8,250	0.1520	0.2552
\$900	\$9,000	0.1355	0.2301
\$900	\$10,000	0.1134	0.1967
\$1,000	\$0	1.0000	1.0000
\$1,000	\$250	0.8412	0.9445
\$1,000	\$300	0.8140	0.9323
\$1,000	\$350	0.7891	0.9207
\$1,000	\$400	0.7670	0.9097
\$1,000	\$500	0.7276	0.8894
\$1,000	\$600	0.6911	0.8670
\$1,000	\$700	0.6609	0.8470
\$1,000	\$750	0.6474	0.8379
\$1,000	\$800	0.6343	0.8280
\$1,000	\$900	0.6107	0.8097
\$1,000	\$1,000	0.5831	0.7903
\$1,000	\$1,200	0.5445	0.7561
\$1,000	\$1,250	0.5349	0.7476
\$1,000	\$1,500	0.4944	0.7082
\$1,000	\$1,750	0.4574	0.6722
\$1,000	\$1,800	0.4522	0.6656
\$1,000	\$2,000	0.4316	0.6394
\$1,000	\$2,250	0.4038	0.6060
\$1,000	\$2,500	0.3849	0.5815
\$1,000	\$2,750	0.3608	0.5529
\$1,000	\$3,000	0.3410	0.5313
\$1,000	\$3,250	0.3241	0.5095
\$1,000	\$3,500	0.3073	0.4878
\$1,000	\$3,750	0.2959	0.4691
\$1,000	\$4,000	0.2845	0.4505
\$1,000	\$4,250	0.2706	0.4309
\$1,000	\$4,500	0.2566	0.4114
\$1,000	\$4,750	0.2495	0.4009
\$1,000	\$5,000	0.2424	0.3904
\$1,000	\$5,250	0.2323	0.3754
\$1,000	\$5,500	0.2221	0.3604
\$1,000	\$5,750	0.2119	0.3454
\$1,000	\$6,000	0.2018	0.3304
\$1,000	\$6,750	0.1852	0.3054
\$1,000	\$7,500	0.1686	0.2803
\$1,000	\$8,250	0.1520	0.2552
\$1,000	\$9,000	0.1355	0.2301
\$1,000	\$10,000	0.1134	0.1967

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$1,250	\$0	1.0000	1.0000
\$1,250	\$250	0.8587	0.9443
\$1,250	\$300	0.8341	0.9326
\$1,250	\$350	0.8113	0.9214
\$1,250	\$400	0.7905	0.9106
\$1,250	\$500	0.7528	0.8902
\$1,250	\$600	0.7187	0.8690
\$1,250	\$700	0.6895	0.8495
\$1,250	\$750	0.6760	0.8403
\$1,250	\$800	0.6634	0.8307
\$1,250	\$900	0.6401	0.8127
\$1,250	\$1,000	0.6163	0.7942
\$1,250	\$1,200	0.5773	0.7606
\$1,250	\$1,250	0.5675	0.7522
\$1,250	\$1,500	0.5282	0.7138
\$1,250	\$1,750	0.4912	0.6767
\$1,250	\$1,800	0.4861	0.6708
\$1,250	\$2,000	0.4659	0.6469
\$1,250	\$2,250	0.4355	0.6147
\$1,250	\$2,500	0.4118	0.5890
\$1,250	\$2,750	0.3901	0.5619
\$1,250	\$3,000	0.3716	0.5400
\$1,250	\$3,250	0.3536	0.5183
\$1,250	\$3,500	0.3356	0.4966
\$1,250	\$3,750	0.3216	0.4760
\$1,250	\$4,000	0.3076	0.4554
\$1,250	\$4,250	0.2970	0.4416
\$1,250	\$4,500	0.2864	0.4279
\$1,250	\$4,750	0.2733	0.4099
\$1,250	\$5,000	0.2602	0.3919
\$1,250	\$5,250	0.2525	0.3813
\$1,250	\$5,500	0.2448	0.3707
\$1,250	\$5,750	0.2371	0.3602
\$1,250	\$6,000	0.2294	0.3496
\$1,250	\$6,750	0.2105	0.3231
\$1,250	\$7,500	0.1917	0.2965
\$1,250	\$8,250	0.1729	0.2700
\$1,250	\$9,000	0.1540	0.2435
\$1,250	\$10,000	0.1289	0.2081
\$1,500	\$0	1.0000	1.0000
\$1,500	\$250	0.8587	0.9443
\$1,500	\$300	0.8341	0.9326
\$1,500	\$350	0.8113	0.9214
\$1,500	\$400	0.7905	0.9106
\$1,500	\$500	0.7528	0.8902
\$1,500	\$600	0.7187	0.8690
\$1,500	\$700	0.6895	0.8495
\$1,500	\$750	0.6760	0.8403
\$1,500	\$800	0.6634	0.8307
\$1,500	\$900	0.6401	0.8127
\$1,500	\$1,000	0.6163	0.7942
\$1,500	\$1,200	0.5773	0.7606
\$1,500	\$1,250	0.5675	0.7522
\$1,500	\$1,500	0.5282	0.7138
\$1,500	\$1,750	0.4912	0.6767
\$1,500	\$1,800	0.4861	0.6708
\$1,500	\$2,000	0.4659	0.6469
\$1,500	\$2,250	0.4355	0.6147
\$1,500	\$2,500	0.4118	0.5890
\$1,500	\$2,750	0.3901	0.5619
\$1,500	\$3,000	0.3716	0.5400
\$1,500	\$3,250	0.3536	0.5183
\$1,500	\$3,500	0.3356	0.4966
\$1,500	\$3,750	0.3216	0.4760
\$1,500	\$4,000	0.3076	0.4554
\$1,500	\$4,250	0.2970	0.4416
\$1,500	\$4,500	0.2864	0.4279
\$1,500	\$4,750	0.2733	0.4099
\$1,500	\$5,000	0.2602	0.3919
\$1,500	\$5,250	0.2525	0.3813
\$1,500	\$5,500	0.2448	0.3707
\$1,500	\$5,750	0.2371	0.3602
\$1,500	\$6,000	0.2294	0.3496
\$1,500	\$6,750	0.2105	0.3231
\$1,500	\$7,500	0.1917	0.2965
\$1,500	\$8,250	0.1729	0.2700
\$1,500	\$9,000	0.1540	0.2435
\$1,500	\$10,000	0.1289	0.2081

Table 15 Fund Deductible Factor (Continued)

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$1,750	\$0	1.0000	1.0000
\$1,750	\$250	0.8690	0.9451
\$1,750	\$300	0.8467	0.9339
\$1,750	\$350	0.8258	0.9230
\$1,750	\$400	0.8067	0.9125
\$1,750	\$500	0.7716	0.8924
\$1,750	\$600	0.7392	0.8717
\$1,750	\$700	0.7108	0.8525
\$1,750	\$750	0.6976	0.8434
\$1,750	\$800	0.6853	0.8341
\$1,750	\$900	0.6624	0.8164
\$1,750	\$1,000	0.6406	0.7985
\$1,750	\$1,200	0.6022	0.7645
\$1,750	\$1,250	0.5926	0.7560
\$1,750	\$1,500	0.5551	0.7203
\$1,750	\$1,750	0.5165	0.6842
\$1,750	\$1,800	0.5108	0.6781
\$1,750	\$2,000	0.4876	0.6539
\$1,750	\$2,250	0.4595	0.6230
\$1,750	\$2,500	0.4369	0.5972
\$1,750	\$2,750	0.4145	0.5707
\$1,750	\$3,000	0.3947	0.5483
\$1,750	\$3,250	0.3752	0.5253
\$1,750	\$3,500	0.3558	0.5022
\$1,750	\$3,750	0.3442	0.4859
\$1,750	\$4,000	0.3325	0.4696
\$1,750	\$4,250	0.3172	0.4503
\$1,750	\$4,500	0.3020	0.4311
\$1,750	\$4,750	0.2911	0.4168
\$1,750	\$5,000	0.2802	0.4026
\$1,750	\$5,250	0.2738	0.3942
\$1,750	\$5,500	0.2673	0.3858
\$1,750	\$5,750	0.2536	0.3676
\$1,750	\$6,000	0.2398	0.3495
\$1,750	\$6,750	0.2216	0.3252
\$1,750	\$7,500	0.2035	0.3009
\$1,750	\$8,250	0.1854	0.2765
\$1,750	\$9,000	0.1672	0.2522
\$1,750	\$10,000	0.1431	0.2197
\$1,875	\$0	1.0000	1.0000
\$1,875	\$250	0.8690	0.9451
\$1,875	\$300	0.8467	0.9339
\$1,875	\$350	0.8258	0.9230
\$1,875	\$400	0.8067	0.9125
\$1,875	\$500	0.7716	0.8924
\$1,875	\$600	0.7392	0.8717
\$1,875	\$700	0.7108	0.8525
\$1,875	\$750	0.6976	0.8434
\$1,875	\$800	0.6853	0.8341
\$1,875	\$900	0.6624	0.8164
\$1,875	\$1,000	0.6406	0.7985
\$1,875	\$1,200	0.6022	0.7645
\$1,875	\$1,250	0.5926	0.7560
\$1,875	\$1,500	0.5551	0.7203
\$1,875	\$1,750	0.5165	0.6842
\$1,875	\$1,800	0.5108	0.6781
\$1,875	\$2,000	0.4876	0.6539
\$1,875	\$2,250	0.4595	0.6230
\$1,875	\$2,500	0.4369	0.5972
\$1,875	\$2,750	0.4145	0.5707
\$1,875	\$3,000	0.3947	0.5483
\$1,875	\$3,250	0.3752	0.5253
\$1,875	\$3,500	0.3558	0.5022
\$1,875	\$3,750	0.3442	0.4859
\$1,875	\$4,000	0.3325	0.4696
\$1,875	\$4,250	0.3172	0.4503
\$1,875	\$4,500	0.3020	0.4311
\$1,875	\$4,750	0.2911	0.4168
\$1,875	\$5,000	0.2802	0.4026
\$1,875	\$5,250	0.2738	0.3942
\$1,875	\$5,500	0.2673	0.3858
\$1,875	\$5,750	0.2536	0.3676
\$1,875	\$6,000	0.2398	0.3495
\$1,875	\$6,750	0.2216	0.3252
\$1,875	\$7,500	0.2035	0.3009
\$1,875	\$8,250	0.1854	0.2765
\$1,875	\$9,000	0.1672	0.2522
\$1,875	\$10,000	0.1431	0.2197

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$2,000	\$0	1.0000	1.0000
\$2,000	\$250	0.8690	0.9451
\$2,000	\$300	0.8467	0.9339
\$2,000	\$350	0.8258	0.9230
\$2,000	\$400	0.8067	0.9125
\$2,000	\$500	0.7716	0.8924
\$2,000	\$600	0.7392	0.8717
\$2,000	\$700	0.7108	0.8525
\$2,000	\$750	0.6976	0.8434
\$2,000	\$800	0.6853	0.8341
\$2,000	\$900	0.6624	0.8164
\$2,000	\$1,000	0.6406	0.7985
\$2,000	\$1,200	0.6022	0.7645
\$2,000	\$1,250	0.5926	0.7560
\$2,000	\$1,500	0.5551	0.7203
\$2,000	\$1,750	0.5165	0.6842
\$2,000	\$1,800	0.5108	0.6781
\$2,000	\$2,000	0.4876	0.6539
\$2,000	\$2,250	0.4595	0.6230
\$2,000	\$2,500	0.4369	0.5972
\$2,000	\$2,750	0.4145	0.5707
\$2,000	\$3,000	0.3947	0.5483
\$2,000	\$3,250	0.3752	0.5253
\$2,000	\$3,500	0.3558	0.5022
\$2,000	\$3,750	0.3442	0.4859
\$2,000	\$4,000	0.3325	0.4696
\$2,000	\$4,250	0.3172	0.4503
\$2,000	\$4,500	0.3020	0.4311
\$2,000	\$4,750	0.2911	0.4168
\$2,000	\$5,000	0.2802	0.4026
\$2,000	\$5,250	0.2738	0.3942
\$2,000	\$5,500	0.2673	0.3858
\$2,000	\$5,750	0.2536	0.3676
\$2,000	\$6,000	0.2398	0.3495
\$2,000	\$6,750	0.2216	0.3252
\$2,000	\$7,500	0.2035	0.3009
\$2,000	\$8,250	0.1854	0.2765
\$2,000	\$9,000	0.1672	0.2522
\$2,000	\$10,000	0.1431	0.2197
\$2,250	\$0	1.0000	1.0000
\$2,250	\$250	0.8767	0.9458
\$2,250	\$300	0.8559	0.9350
\$2,250	\$350	0.8364	0.9244
\$2,250	\$400	0.8185	0.9142
\$2,250	\$500	0.7854	0.8944
\$2,250	\$600	0.7544	0.8739
\$2,250	\$700	0.7270	0.8546
\$2,250	\$750	0.7142	0.8454
\$2,250	\$800	0.7024	0.8364
\$2,250	\$900	0.6803	0.8192
\$2,250	\$1,000	0.6603	0.8031
\$2,250	\$1,200	0.6213	0.7699
\$2,250	\$1,250	0.6115	0.7616
\$2,250	\$1,500	0.5720	0.7259
\$2,250	\$1,750	0.5357	0.6909
\$2,250	\$1,800	0.5302	0.6849
\$2,250	\$2,000	0.5080	0.6608
\$2,250	\$2,250	0.4797	0.6305
\$2,250	\$2,500	0.4561	0.6046
\$2,250	\$2,750	0.4326	0.5774
\$2,250	\$3,000	0.4114	0.5535
\$2,250	\$3,250	0.3945	0.5341
\$2,250	\$3,500	0.3774	0.5147
\$2,250	\$3,750	0.3616	0.4939
\$2,250	\$4,000	0.3459	0.4732
\$2,250	\$4,250	0.3325	0.4569
\$2,250	\$4,500	0.3192	0.4407
\$2,250	\$4,750	0.3097	0.4287
\$2,250	\$5,000	0.3002	0.4167
\$2,250	\$5,250	0.2882	0.4014
\$2,250	\$5,500	0.2761	0.3861
\$2,250	\$5,750	0.2640	0.3709
\$2,250	\$6,000	0.2520	0.3556
\$2,250	\$6,750	0.2341	0.3323
\$2,250	\$7,500	0.2161	0.3090
\$2,250	\$8,250	0.1981	0.2857
\$2,250	\$9,000	0.1802	0.2623
\$2,250	\$10,000	0.1562	0.2313

Table 15 Fund Deductible Factor (Continued)

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$2,500	\$0	1.0000	1.0000
\$2,500	\$250	0.8767	0.9458
\$2,500	\$300	0.8559	0.9350
\$2,500	\$350	0.8364	0.9244
\$2,500	\$400	0.8185	0.9142
\$2,500	\$500	0.7854	0.8944
\$2,500	\$600	0.7544	0.8739
\$2,500	\$700	0.7270	0.8546
\$2,500	\$750	0.7142	0.8454
\$2,500	\$800	0.7024	0.8364
\$2,500	\$900	0.6803	0.8192
\$2,500	\$1,000	0.6603	0.8031
\$2,500	\$1,200	0.6213	0.7699
\$2,500	\$1,250	0.6115	0.7616
\$2,500	\$1,500	0.5720	0.7259
\$2,500	\$1,750	0.5357	0.6909
\$2,500	\$1,800	0.5302	0.6849
\$2,500	\$2,000	0.5080	0.6608
\$2,500	\$2,250	0.4797	0.6305
\$2,500	\$2,500	0.4561	0.6046
\$2,500	\$2,750	0.4326	0.5774
\$2,500	\$3,000	0.4114	0.5535
\$2,500	\$3,250	0.3945	0.5341
\$2,500	\$3,500	0.3774	0.5147
\$2,500	\$3,750	0.3616	0.4939
\$2,500	\$4,000	0.3459	0.4732
\$2,500	\$4,250	0.3325	0.4569
\$2,500	\$4,500	0.3192	0.4407
\$2,500	\$4,750	0.3097	0.4287
\$2,500	\$5,000	0.3002	0.4167
\$2,500	\$5,250	0.2882	0.4014
\$2,500	\$5,500	0.2761	0.3861
\$2,500	\$5,750	0.2640	0.3709
\$2,500	\$6,000	0.2520	0.3556
\$2,500	\$6,750	0.2341	0.3323
\$2,500	\$7,500	0.2161	0.3090
\$2,500	\$8,250	0.1981	0.2857
\$2,500	\$9,000	0.1802	0.2623
\$2,500	\$10,000	0.1562	0.2313
\$2,750	\$0	1.0000	1.0000
\$2,750	\$250	0.8832	0.9458
\$2,750	\$300	0.8638	0.9355
\$2,750	\$350	0.8455	0.9255
\$2,750	\$400	0.8286	0.9157
\$2,750	\$500	0.7973	0.8968
\$2,750	\$600	0.7670	0.8769
\$2,750	\$700	0.7398	0.8580
\$2,750	\$750	0.7270	0.8489
\$2,750	\$800	0.7152	0.8401
\$2,750	\$900	0.6929	0.8231
\$2,750	\$1,000	0.6724	0.8070
\$2,750	\$1,200	0.6355	0.7748
\$2,750	\$1,250	0.6263	0.7667
\$2,750	\$1,500	0.5885	0.7315
\$2,750	\$1,750	0.5525	0.6972
\$2,750	\$1,800	0.5468	0.6912
\$2,750	\$2,000	0.5242	0.6671
\$2,750	\$2,250	0.4951	0.6364
\$2,750	\$2,500	0.4703	0.6093
\$2,750	\$2,750	0.4492	0.5855
\$2,750	\$3,000	0.4302	0.5647
\$2,750	\$3,250	0.4099	0.5415
\$2,750	\$3,500	0.3895	0.5183
\$2,750	\$3,750	0.3753	0.5002
\$2,750	\$4,000	0.3611	0.4820
\$2,750	\$4,250	0.3491	0.4677
\$2,750	\$4,500	0.3371	0.4535
\$2,750	\$4,750	0.3228	0.4358
\$2,750	\$5,000	0.3084	0.4182
\$2,750	\$5,250	0.2976	0.4048
\$2,750	\$5,500	0.2867	0.3915
\$2,750	\$5,750	0.2759	0.3781
\$2,750	\$6,000	0.2651	0.3647
\$2,750	\$6,750	0.2462	0.3407
\$2,750	\$7,500	0.2274	0.3168
\$2,750	\$8,250	0.2085	0.2928
\$2,750	\$9,000	0.1897	0.2688
\$2,750	\$10,000	0.1646	0.2368

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$3,000	\$0	1.0000	1.0000
\$3,000	\$250	0.8832	0.9458
\$3,000	\$300	0.8638	0.9355
\$3,000	\$350	0.8455	0.9255
\$3,000	\$400	0.8286	0.9157
\$3,000	\$500	0.7973	0.8968
\$3,000	\$600	0.7670	0.8769
\$3,000	\$700	0.7398	0.8580
\$3,000	\$750	0.7270	0.8489
\$3,000	\$800	0.7152	0.8401
\$3,000	\$900	0.6929	0.8231
\$3,000	\$1,000	0.6724	0.8070
\$3,000	\$1,200	0.6355	0.7748
\$3,000	\$1,250	0.6263	0.7667
\$3,000	\$1,500	0.5885	0.7315
\$3,000	\$1,750	0.5525	0.6972
\$3,000	\$1,800	0.5468	0.6912
\$3,000	\$2,000	0.5242	0.6671
\$3,000	\$2,250	0.4951	0.6364
\$3,000	\$2,500	0.4703	0.6093
\$3,000	\$2,750	0.4492	0.5855
\$3,000	\$3,000	0.4302	0.5647
\$3,000	\$3,250	0.4099	0.5415
\$3,000	\$3,500	0.3895	0.5183
\$3,000	\$3,750	0.3753	0.5002
\$3,000	\$4,000	0.3611	0.4820
\$3,000	\$4,250	0.3491	0.4677
\$3,000	\$4,500	0.3371	0.4535
\$3,000	\$4,750	0.3228	0.4358
\$3,000	\$5,000	0.3084	0.4182
\$3,000	\$5,250	0.2976	0.4048
\$3,000	\$5,500	0.2867	0.3915
\$3,000	\$5,750	0.2759	0.3781
\$3,000	\$6,000	0.2651	0.3647
\$3,000	\$6,750	0.2462	0.3407
\$3,000	\$7,500	0.2274	0.3168
\$3,000	\$8,250	0.2085	0.2928
\$3,000	\$9,000	0.1897	0.2688
\$3,000	\$10,000	0.1646	0.2368
\$3,500	\$0	1.0000	1.0000
\$3,500	\$250	0.8832	0.9458
\$3,500	\$300	0.8638	0.9355
\$3,500	\$350	0.8455	0.9255
\$3,500	\$400	0.8286	0.9157
\$3,500	\$500	0.7973	0.8968
\$3,500	\$600	0.7670	0.8769
\$3,500	\$700	0.7398	0.8580
\$3,500	\$750	0.7270	0.8489
\$3,500	\$800	0.7152	0.8401
\$3,500	\$900	0.6929	0.8231
\$3,500	\$1,000	0.6724	0.8070
\$3,500	\$1,200	0.6355	0.7748
\$3,500	\$1,250	0.6263	0.7667
\$3,500	\$1,500	0.5885	0.7315
\$3,500	\$1,750	0.5525	0.6972
\$3,500	\$1,800	0.5468	0.6912
\$3,500	\$2,000	0.5242	0.6671
\$3,500	\$2,250	0.4951	0.6364
\$3,500	\$2,500	0.4703	0.6093
\$3,500	\$2,750	0.4492	0.5855
\$3,500	\$3,000	0.4302	0.5647
\$3,500	\$3,250	0.4099	0.5415
\$3,500	\$3,500	0.3895	0.5183
\$3,500	\$3,750	0.3753	0.5002
\$3,500	\$4,000	0.3611	0.4820
\$3,500	\$4,250	0.3491	0.4677
\$3,500	\$4,500	0.3371	0.4535
\$3,500	\$4,750	0.3228	0.4358
\$3,500	\$5,000	0.3084	0.4182
\$3,500	\$5,250	0.2976	0.4048
\$3,500	\$5,500	0.2867	0.3915
\$3,500	\$5,750	0.2759	0.3781
\$3,500	\$6,000	0.2651	0.3647
\$3,500	\$6,750	0.2462	0.3407
\$3,500	\$7,500	0.2274	0.3168
\$3,500	\$8,250	0.2085	0.2928
\$3,500	\$9,000	0.1897	0.2688
\$3,500	\$10,000	0.1646	0.2368

Table 15 Fund Deductible Factor (Continued)

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$4,000	\$0	1.0000	1.0000
\$4,000	\$250	0.8832	0.9458
\$4,000	\$300	0.8638	0.9355
\$4,000	\$350	0.8455	0.9255
\$4,000	\$400	0.8286	0.9157
\$4,000	\$500	0.7973	0.8968
\$4,000	\$600	0.7670	0.8769
\$4,000	\$700	0.7398	0.8580
\$4,000	\$750	0.7270	0.8489
\$4,000	\$800	0.7152	0.8401
\$4,000	\$900	0.6929	0.8231
\$4,000	\$1,000	0.6724	0.8070
\$4,000	\$1,200	0.6355	0.7748
\$4,000	\$1,250	0.6263	0.7667
\$4,000	\$1,500	0.5885	0.7315
\$4,000	\$1,750	0.5525	0.6972
\$4,000	\$1,800	0.5468	0.6912
\$4,000	\$2,000	0.5242	0.6671
\$4,000	\$2,250	0.4951	0.6364
\$4,000	\$2,500	0.4703	0.6093
\$4,000	\$2,750	0.4492	0.5855
\$4,000	\$3,000	0.4302	0.5647
\$4,000	\$3,250	0.4099	0.5415
\$4,000	\$3,500	0.3895	0.5183
\$4,000	\$3,750	0.3753	0.5002
\$4,000	\$4,000	0.3611	0.4820
\$4,000	\$4,250	0.3491	0.4677
\$4,000	\$4,500	0.3371	0.4535
\$4,000	\$4,750	0.3228	0.4358
\$4,000	\$5,000	0.3084	0.4182
\$4,000	\$5,250	0.2976	0.4048
\$4,000	\$5,500	0.2867	0.3915
\$4,000	\$5,750	0.2759	0.3781
\$4,000	\$6,000	0.2651	0.3647
\$4,000	\$6,750	0.2462	0.3407
\$4,000	\$7,500	0.2274	0.3168
\$4,000	\$8,250	0.2085	0.2928
\$4,000	\$9,000	0.1897	0.2688
\$4,000	\$10,000	0.1646	0.2368
\$4,500	\$0	1.0000	1.0000
\$4,500	\$250	0.8832	0.9458
\$4,500	\$300	0.8638	0.9355
\$4,500	\$350	0.8455	0.9255
\$4,500	\$400	0.8286	0.9157
\$4,500	\$500	0.7973	0.8968
\$4,500	\$600	0.7670	0.8769
\$4,500	\$700	0.7398	0.8580
\$4,500	\$750	0.7270	0.8489
\$4,500	\$800	0.7152	0.8401
\$4,500	\$900	0.6929	0.8231
\$4,500	\$1,000	0.6724	0.8070
\$4,500	\$1,200	0.6355	0.7748
\$4,500	\$1,250	0.6263	0.7667
\$4,500	\$1,500	0.5885	0.7315
\$4,500	\$1,750	0.5525	0.6972
\$4,500	\$1,800	0.5468	0.6912
\$4,500	\$2,000	0.5242	0.6671
\$4,500	\$2,250	0.4951	0.6364
\$4,500	\$2,500	0.4703	0.6093
\$4,500	\$2,750	0.4492	0.5855
\$4,500	\$3,000	0.4302	0.5647
\$4,500	\$3,250	0.4099	0.5415
\$4,500	\$3,500	0.3895	0.5183
\$4,500	\$3,750	0.3753	0.5002
\$4,500	\$4,000	0.3611	0.4820
\$4,500	\$4,250	0.3491	0.4677
\$4,500	\$4,500	0.3371	0.4535
\$4,500	\$4,750	0.3228	0.4358
\$4,500	\$5,000	0.3084	0.4182
\$4,500	\$5,250	0.2976	0.4048
\$4,500	\$5,500	0.2867	0.3915
\$4,500	\$5,750	0.2759	0.3781
\$4,500	\$6,000	0.2651	0.3647
\$4,500	\$6,750	0.2462	0.3407
\$4,500	\$7,500	0.2274	0.3168
\$4,500	\$8,250	0.2085	0.2928
\$4,500	\$9,000	0.1897	0.2688
\$4,500	\$10,000	0.1646	0.2368

Annual Adjusted Fund Contribution	Fund Deductible	Single EE	Family
\$5,000	\$0	1.0000	1.0000
\$5,000	\$250	0.8832	0.9458
\$5,000	\$300	0.8638	0.9355
\$5,000	\$350	0.8455	0.9255
\$5,000	\$400	0.8286	0.9157
\$5,000	\$500	0.7973	0.8968
\$5,000	\$600	0.7670	0.8769
\$5,000	\$700	0.7398	0.8580
\$5,000	\$750	0.7270	0.8489
\$5,000	\$800	0.7152	0.8401
\$5,000	\$900	0.6929	0.8231
\$5,000	\$1,000	0.6724	0.8070
\$5,000	\$1,200	0.6355	0.7748
\$5,000	\$1,250	0.6263	0.7667
\$5,000	\$1,500	0.5885	0.7315
\$5,000	\$1,750	0.5525	0.6972
\$5,000	\$1,800	0.5468	0.6912
\$5,000	\$2,000	0.5242	0.6671
\$5,000	\$2,250	0.4951	0.6364
\$5,000	\$2,500	0.4703	0.6093
\$5,000	\$2,750	0.4492	0.5855
\$5,000	\$3,000	0.4302	0.5647
\$5,000	\$3,250	0.4099	0.5415
\$5,000	\$3,500	0.3895	0.5183
\$5,000	\$3,750	0.3753	0.5002
\$5,000	\$4,000	0.3611	0.4820
\$5,000	\$4,250	0.3491	0.4677
\$5,000	\$4,500	0.3371	0.4535
\$5,000	\$4,750	0.3228	0.4358
\$5,000	\$5,000	0.3084	0.4182
\$5,000	\$5,250	0.2976	0.4048
\$5,000	\$5,500	0.2867	0.3915
\$5,000	\$5,750	0.2759	0.3781
\$5,000	\$6,000	0.2651	0.3647
\$5,000	\$6,750	0.2462	0.3407
\$5,000	\$7,500	0.2274	0.3168
\$5,000	\$8,250	0.2085	0.2928
\$5,000	\$9,000	0.1897	0.2688
\$5,000	\$10,000	0.1646	0.2368
\$6,000	\$0	1.0000	1.0000
\$6,000	\$250	0.8832	0.9458
\$6,000	\$300	0.8638	0.9355
\$6,000	\$350	0.8455	0.9255
\$6,000	\$400	0.8286	0.9157
\$6,000	\$500	0.7973	0.8968
\$6,000	\$600	0.7670	0.8769
\$6,000	\$700	0.7398	0.8580
\$6,000	\$750	0.7270	0.8489
\$6,000	\$800	0.7152	0.8401
\$6,000	\$900	0.6929	0.8231
\$6,000	\$1,000	0.6724	0.8070
\$6,000	\$1,200	0.6355	0.7748
\$6,000	\$1,250	0.6263	0.7667
\$6,000	\$1,500	0.5885	0.7315
\$6,000	\$1,750	0.5525	0.6972
\$6,000	\$1,800	0.5468	0.6912
\$6,000	\$2,000	0.5242	0.6671
\$6,000	\$2,250	0.4951	0.6364
\$6,000	\$2,500	0.4703	0.6093
\$6,000	\$2,750	0.4492	0.5855
\$6,000	\$3,000	0.4302	0.5647
\$6,000	\$3,250	0.4099	0.5415
\$6,000	\$3,500	0.3895	0.5183
\$6,000	\$3,750	0.3753	0.5002
\$6,000	\$4,000	0.3611	0.4820
\$6,000	\$4,250	0.3491	0.4677
\$6,000	\$4,500	0.3371	0.4535
\$6,000	\$4,750	0.3228	0.4358
\$6,000	\$5,000	0.3084	0.4182
\$6,000	\$5,250	0.2976	0.4048
\$6,000	\$5,500	0.2867	0.3915
\$6,000	\$5,750	0.2759	0.3781
\$6,000	\$6,000	0.2651	0.3647
\$6,000	\$6,750	0.2462	0.3407
\$6,000	\$7,500	0.2274	0.3168
\$6,000	\$8,250	0.2085	0.2928
\$6,000	\$9,000	0.1897	0.2688
\$6,000	\$10,000	0.1646	0.2368

Table 16 Pharmacy Plan Integration Factor

Med/Rx Integrated with AHF		
Annual Adjusted Fund Contribution	Single EE	Family
\$250	1.0960	1.0329
\$300	1.0960	1.0329
\$350	1.0960	1.0329
\$400	1.0960	1.0329
\$500	1.0960	1.0329
\$600	1.1024	1.0367
\$625	1.1040	1.0377
\$700	1.1087	1.0405
\$750	1.1119	1.0424
\$800	1.1150	1.0443
\$900	1.1214	1.0481
\$1,000	1.1277	1.0520
\$1,250	1.1387	1.0606
\$1,500	1.1496	1.0693
\$1,750	1.1572	1.0768
\$1,875	1.1611	1.0806
\$2,000	1.1649	1.0843
\$2,250	1.1715	1.0908
\$2,500	1.1781	1.0973
\$2,750	1.1828	1.1032
\$3,000	1.1874	1.1090
\$3,500	1.1874	1.1090
\$4,000	1.1874	1.1090
\$4,500	1.1874	1.1090
\$5,000	1.1874	1.1090
\$6,000	1.1874	1.1090

Table 16 Pharmacy Plan Integration Factor

Medical Only Integrated with AHF		
Annual Adjusted Fund Contribution	Single EE	Family
\$250	1.0000	1.0000
\$300	1.0000	1.0000
\$350	1.0000	1.0000
\$400	1.0000	1.0000
\$500	1.0000	1.0000
\$600	1.0000	1.0000
\$625	1.0000	1.0000
\$700	1.0000	1.0000
\$750	1.0000	1.0000
\$800	1.0000	1.0000
\$900	1.0000	1.0000
\$1,000	1.0000	1.0000
\$1,250	1.0000	1.0000
\$1,500	1.0000	1.0000
\$1,750	1.0000	1.0000
\$1,875	1.0000	1.0000
\$2,000	1.0000	1.0000
\$2,250	1.0000	1.0000
\$2,500	1.0000	1.0000
\$2,750	1.0000	1.0000
\$3,000	1.0000	1.0000
\$3,500	1.0000	1.0000
\$4,000	1.0000	1.0000
\$4,500	1.0000	1.0000
\$5,000	1.0000	1.0000
\$6,000	1.0000	1.0000

Table 17 Coverage Expense Factor

Expense	Factor
All	1.0000

Table 18 Prior Health Reimbursement Account Usage Factor

Annual HealthFund Contribution	Single	Family
\$250	1.3700	1.2000
\$300	1.3700	1.2000
\$350	1.3700	1.2000
\$400	1.3700	1.2000
\$500	1.3700	1.2000
\$600	1.3700	1.2000
\$625	1.3700	1.2100
\$700	1.3700	1.2100
\$750	1.3700	1.2100
\$800	1.3700	1.2200
\$900	1.3700	1.2300
\$1,000	1.3700	1.2400
\$1,250	1.3500	1.2500
\$1,500	1.3300	1.2600
\$1,750	1.3300	1.2700
\$1,875	1.3200	1.2800
\$2,000	1.3200	1.2800
\$2,250	1.3100	1.2800
\$2,500	1.2900	1.2900
\$2,750	1.2800	1.2900
\$3,000	1.2700	1.2900
\$3,500	1.2700	1.2900
\$4,000	1.2700	1.2900
\$4,500	1.2700	1.2900
\$5,000	1.2700	1.2900
\$6,000	1.2700	1.2900

Table 19 Maximum Fund Factor - Single

Annual HealthFund Contribution	Multiple of Fund Contribution Amount			
	1X	2X	3X	4X or Higher (Including Unlimited)
\$0	1.0000	1.0000	1.0000	1.0000
\$250	0.7740	0.9650	0.9960	1.0000
\$300	0.7690	0.9630	0.9960	1.0000
\$350	0.7660	0.9620	0.9960	1.0000
\$400	0.7620	0.9620	0.9960	1.0000
\$500	0.7560	0.9600	0.9960	1.0000
\$600	0.7510	0.9580	0.9960	1.0000
\$625	0.7500	0.9570	0.9960	1.0000
\$700	0.7470	0.9560	0.9960	1.0000
\$750	0.7460	0.9560	0.9960	1.0000
\$800	0.7440	0.9560	0.9960	1.0000
\$900	0.7420	0.9550	0.9960	1.0000
\$1,000	0.7390	0.9540	0.9960	1.0000
\$1,250	0.7330	0.9530	0.9960	1.0000
\$1,500	0.7310	0.9510	0.9950	1.0000
\$1,750	0.7320	0.9500	0.9950	1.0000
\$1,875	0.7340	0.9480	0.9950	1.0000
\$2,000	0.7330	0.9470	0.9950	1.0000
\$2,250	0.7360	0.9480	0.9950	1.0000
\$2,500	0.7370	0.9480	0.9950	1.0000
\$2,750	0.7430	0.9510	0.9960	1.0000
\$3,000	0.7450	0.9510	0.9980	1.0000
\$3,500	0.7570	0.9590	0.9970	1.0000
\$4,000	0.7680	0.9650	0.9970	1.0000
\$5,000	0.7990	0.9730	0.9960	1.0000
\$6,000	0.8300	0.9720	0.9980	1.0000

Table 19 Maximum Fund Factor - Family

Annual HealthFund Contribution	Multiple of Fund Contribution Amount			
	1X	2X	3X	4X or Higher (Including Unlimited)
\$0	1.0000	1.0000	1.0000	1.0000
\$250	0.9590	0.9990	1.0000	1.0000
\$300	0.9560	0.9990	1.0000	1.0000
\$350	0.9540	0.9990	1.0000	1.0000
\$400	0.9510	0.9980	1.0000	1.0000
\$500	0.9460	0.9980	1.0000	1.0000
\$600	0.9410	0.9980	1.0000	1.0000
\$625	0.9400	0.9980	1.0000	1.0000
\$700	0.9360	0.9970	1.0000	1.0000
\$750	0.9340	0.9970	1.0000	1.0000
\$800	0.9310	0.9970	1.0000	1.0000
\$900	0.9260	0.9970	1.0000	1.0000
\$1,000	0.9210	0.9960	1.0000	1.0000
\$1,250	0.9090	0.9950	1.0000	1.0000
\$1,500	0.8970	0.9940	1.0000	1.0000
\$1,750	0.8860	0.9930	1.0000	1.0000
\$1,875	0.8810	0.9920	1.0000	1.0000
\$2,000	0.8760	0.9920	1.0000	1.0000
\$2,250	0.8680	0.9900	1.0000	1.0000
\$2,500	0.8580	0.9890	1.0000	1.0000
\$2,750	0.8520	0.9880	1.0000	1.0000
\$3,000	0.8440	0.9870	1.0000	1.0000
\$3,500	0.8360	0.9850	0.9990	1.0000
\$4,000	0.8240	0.9820	0.9990	1.0000
\$5,000	0.8090	0.9770	0.9990	1.0000
\$6,000	0.7980	0.9700	0.9990	1.0000

Table 20 Carryover Maximum Factor

No Carryover Allowed							
Male Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$600	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$700	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$800	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$900	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,250	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,250	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$3,000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

50% CARRYOVER CAP							
Male Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.1300	0.0200	0.0400	0.0100	0.0300	0.0600	0.0100
\$500	0.1300	0.0200	0.0400	0.0100	0.0300	0.0600	0.0100
\$600	0.1300	0.0200	0.0400	0.0100	0.0300	0.0600	0.0100
\$700	0.1300	0.0200	0.0400	0.0100	0.0400	0.0700	0.0100
\$750	0.1300	0.0300	0.0500	0.0200	0.0400	0.0700	0.0200
\$800	0.1300	0.0300	0.0500	0.0200	0.0500	0.0700	0.0200
\$900	0.1300	0.0300	0.0500	0.0200	0.0500	0.0700	0.0200
\$1,000	0.1300	0.0400	0.0600	0.0300	0.0600	0.0700	0.0300
\$1,250	0.1300	0.0500	0.0700	0.0300	0.0600	0.0700	0.0300
\$1,500	0.1200	0.0600	0.0800	0.0400	0.0700	0.0700	0.0400
\$1,750	0.1200	0.0600	0.0800	0.0400	0.0700	0.0700	0.0400
\$2,000	0.1100	0.0700	0.0800	0.0500	0.0800	0.0700	0.0500
\$2,250	0.1100	0.0700	0.0800	0.0500	0.0800	0.0700	0.0500
\$2,500	0.1100	0.0700	0.0800	0.0600	0.0800	0.0800	0.0600
\$2,750	0.1100	0.0700	0.0800	0.0600	0.0800	0.0900	0.0600
\$3,000	0.1000	0.0700	0.0800	0.0700	0.0800	0.0900	0.0700

Table O - Carryover Maximum Factor (Continued)

100% CARRYOVER CAP							
Male Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.2300	0.0400	0.0800	0.0200	0.0700	0.1100	0.0200
\$500	0.2300	0.0400	0.0800	0.0200	0.0700	0.1100	0.0200
\$600	0.2300	0.0400	0.0800	0.0200	0.0700	0.1100	0.0200
\$700	0.2300	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$750	0.2300	0.0500	0.0900	0.0300	0.0800	0.1200	0.0300
\$800	0.2300	0.0600	0.0900	0.0300	0.0800	0.1200	0.0300
\$900	0.2300	0.0600	0.0900	0.0300	0.0800	0.1200	0.0300
\$1,000	0.2200	0.0700	0.1000	0.0400	0.0900	0.1300	0.0400
\$1,250	0.2200	0.0800	0.1100	0.0600	0.1000	0.1300	0.0500
\$1,500	0.2100	0.0900	0.1200	0.0700	0.1100	0.1400	0.0600
\$1,750	0.2100	0.0900	0.1200	0.0700	0.1100	0.1400	0.0600
\$2,000	0.2000	0.1000	0.1300	0.0800	0.1200	0.1400	0.0700
\$2,250	0.1900	0.1000	0.1300	0.0800	0.1200	0.1400	0.0700
\$2,500	0.1800	0.1000	0.1300	0.0900	0.1200	0.1400	0.0800
\$2,750	0.1800	0.1000	0.1300	0.0900	0.1200	0.1400	0.0800
\$3,000	0.1700	0.1000	0.1300	0.0900	0.1200	0.1400	0.0900

CARRYOVER CAP = 2X FUND CONTRIBUTION LEVEL							
Male Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.2300	0.0400	0.0800	0.0200	0.0700	0.1100	0.0200
\$500	0.2300	0.0400	0.0800	0.0200	0.0700	0.1100	0.0200
\$600	0.2300	0.0400	0.0800	0.0200	0.0700	0.1100	0.0200
\$700	0.2300	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$750	0.2300	0.0500	0.0900	0.0300	0.0800	0.1200	0.0300
\$800	0.2300	0.0600	0.0900	0.0300	0.0800	0.1200	0.0300
\$900	0.2300	0.0600	0.0900	0.0300	0.0800	0.1200	0.0300
\$1,000	0.2200	0.0700	0.1000	0.0400	0.0900	0.1300	0.0400
\$1,250	0.2200	0.0800	0.1100	0.0600	0.1000	0.1300	0.0500
\$1,500	0.2100	0.0900	0.1200	0.0700	0.1100	0.1400	0.0600
\$1,750	0.2100	0.0900	0.1200	0.0700	0.1100	0.1400	0.0600
\$2,000	0.2000	0.1000	0.1300	0.0800	0.1200	0.1400	0.0700
\$2,250	0.1900	0.1000	0.1300	0.0800	0.1200	0.1400	0.0700
\$2,500	0.1800	0.1000	0.1300	0.0900	0.1200	0.1400	0.0800
\$2,750	0.1800	0.1000	0.1300	0.0900	0.1200	0.1400	0.0800
\$3,000	0.1700	0.1000	0.1300	0.0900	0.1200	0.1400	0.0900

CARRYOVER CAP = 3X FUND CONTRIBUTION LEVEL							
Male Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.2600	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$500	0.2600	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$600	0.2600	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$700	0.2600	0.0500	0.0800	0.0300	0.0800	0.1100	0.0200
\$750	0.2600	0.0600	0.0900	0.0300	0.0800	0.1200	0.0300
\$800	0.2600	0.0600	0.1000	0.0400	0.0900	0.1300	0.0300
\$900	0.2600	0.0600	0.1000	0.0400	0.0900	0.1300	0.0300
\$1,000	0.2500	0.0700	0.1100	0.0500	0.1000	0.1400	0.0400
\$1,250	0.2400	0.0800	0.1100	0.0600	0.1100	0.1400	0.0500
\$1,500	0.2300	0.0900	0.1300	0.0700	0.1200	0.1500	0.0600
\$1,750	0.2300	0.1000	0.1300	0.0700	0.1200	0.1500	0.0600
\$2,000	0.2200	0.1100	0.1400	0.0800	0.1300	0.1500	0.0700
\$2,250	0.2100	0.1100	0.1400	0.0800	0.1300	0.1500	0.0800
\$2,500	0.2000	0.1100	0.1400	0.0900	0.1400	0.1500	0.0900
\$2,750	0.2000	0.1100	0.1400	0.0900	0.1400	0.1500	0.0900
\$3,000	0.1800	0.1100	0.1400	0.1000	0.1400	0.1500	0.1000

Table 20 Carryover Maximum Factor (Continued)

NO CARRYOVER LIMIT							
Male Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.2600	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$500	0.2600	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$600	0.2600	0.0500	0.0800	0.0200	0.0700	0.1100	0.0200
\$700	0.2600	0.0500	0.0800	0.0300	0.0800	0.1200	0.0200
\$750	0.2600	0.0600	0.0900	0.0300	0.0800	0.1200	0.0300
\$800	0.2600	0.0600	0.1000	0.0400	0.0900	0.1300	0.0300
\$900	0.2600	0.0600	0.1000	0.0400	0.0900	0.1300	0.0300
\$1,000	0.2500	0.0700	0.1100	0.0500	0.1000	0.1400	0.0400
\$1,250	0.2400	0.0800	0.1100	0.0600	0.1100	0.1400	0.0500
\$1,500	0.2300	0.0900	0.1300	0.0700	0.1200	0.1500	0.0600
\$1,750	0.2300	0.1000	0.1300	0.0700	0.1200	0.1500	0.0600
\$2,000	0.2200	0.1100	0.1400	0.0800	0.1300	0.1500	0.0700
\$2,250	0.2100	0.1100	0.1400	0.0800	0.1300	0.1500	0.0800
\$2,500	0.2000	0.1100	0.1400	0.0900	0.1400	0.1500	0.0900
\$2,750	0.2000	0.1100	0.1400	0.1000	0.1400	0.1500	0.0900
\$3,000	0.1800	0.1100	0.1400	0.1000	0.1400	0.1500	0.1000

NO CARRYOVER ALLOWED							
Female Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$600	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$700	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$800	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$900	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,250	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$1,750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,250	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,500	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$2,750	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$3,000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000

50% CARRYOVER CAP							
Female Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.0700	0.0200	0.0400	0.0100	0.0300	0.0300	0.0100
\$500	0.0700	0.0200	0.0400	0.0100	0.0300	0.0300	0.0100
\$600	0.0700	0.0200	0.0400	0.0100	0.0300	0.0300	0.0100
\$700	0.0700	0.0200	0.0400	0.0100	0.0400	0.0400	0.0100
\$750	0.0700	0.0300	0.0500	0.0200	0.0400	0.0400	0.0200
\$800	0.0700	0.0300	0.0500	0.0200	0.0500	0.0500	0.0200
\$900	0.0700	0.0300	0.0500	0.0200	0.0500	0.0500	0.0200
\$1,000	0.0800	0.0400	0.0600	0.0300	0.0600	0.0600	0.0300
\$1,250	0.0800	0.0500	0.0700	0.0300	0.0600	0.0600	0.0300
\$1,500	0.0900	0.0600	0.0800	0.0400	0.0700	0.0700	0.0400
\$1,750	0.0900	0.0600	0.0800	0.0400	0.0700	0.0700	0.0400
\$2,000	0.0800	0.0700	0.0800	0.0500	0.0800	0.0800	0.0500
\$2,250	0.0800	0.0700	0.0800	0.0500	0.0800	0.0800	0.0500
\$2,500	0.0800	0.0700	0.0800	0.0600	0.0800	0.0800	0.0600
\$2,750	0.0800	0.0700	0.0800	0.0600	0.0800	0.0800	0.0600
\$3,000	0.0700	0.0700	0.0800	0.0700	0.0800	0.0800	0.0700

100% CARRYOVER CAP							
Female Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.1300	0.0400	0.0800	0.0200	0.0700	0.0600	0.0200
\$500	0.1300	0.0400	0.0800	0.0200	0.0700	0.0600	0.0200
\$600	0.1300	0.0400	0.0800	0.0200	0.0700	0.0600	0.0200
\$700	0.1300	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$750	0.1400	0.0500	0.0900	0.0300	0.0800	0.0700	0.0300
\$800	0.1400	0.0600	0.0900	0.0300	0.0800	0.0700	0.0300
\$900	0.1400	0.0600	0.0900	0.0300	0.0800	0.0700	0.0300
\$1,000	0.1500	0.0700	0.1000	0.0400	0.0900	0.0800	0.0400
\$1,250	0.1500	0.0800	0.1100	0.0600	0.1000	0.0900	0.0500
\$1,500	0.1500	0.0900	0.1200	0.0700	0.1100	0.1000	0.0600
\$1,750	0.1500	0.0900	0.1200	0.0700	0.1100	0.1000	0.0600
\$2,000	0.1400	0.1000	0.1300	0.0800	0.1200	0.1100	0.0700
\$2,250	0.1400	0.1000	0.1300	0.0800	0.1200	0.1100	0.0700
\$2,500	0.1300	0.1000	0.1300	0.0900	0.1200	0.1100	0.0800
\$2,750	0.1300	0.1000	0.1300	0.0900	0.1200	0.1100	0.0800
\$3,000	0.1200	0.1000	0.1300	0.0900	0.1200	0.1100	0.0900

Table 20 Carryover Maximum Factor (Continued)

CARRYOVER CAP = 2X FUND CONTRIBUTION LEVEL							
Female Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.1300	0.0400	0.0800	0.0200	0.0700	0.0600	0.0200
\$500	0.1300	0.0400	0.0800	0.0200	0.0700	0.0600	0.0200
\$600	0.1300	0.0400	0.0800	0.0200	0.0700	0.0600	0.0200
\$700	0.1300	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$750	0.1400	0.0500	0.0900	0.0300	0.0800	0.0700	0.0300
\$800	0.1400	0.0600	0.0900	0.0300	0.0800	0.0700	0.0300
\$900	0.1400	0.0600	0.0900	0.0300	0.0800	0.0700	0.0300
\$1,000	0.1500	0.0700	0.1000	0.0400	0.0900	0.0800	0.0400
\$1,250	0.1500	0.0800	0.1100	0.0600	0.1000	0.0900	0.0500
\$1,500	0.1500	0.0900	0.1200	0.0700	0.1100	0.1000	0.0600
\$1,750	0.1500	0.0900	0.1200	0.0700	0.1100	0.1000	0.0600
\$2,000	0.1400	0.1000	0.1300	0.0800	0.1200	0.1100	0.0700
\$2,250	0.1400	0.1000	0.1300	0.0800	0.1200	0.1100	0.0700
\$2,500	0.1300	0.1000	0.1300	0.0900	0.1200	0.1100	0.0800
\$2,750	0.1300	0.1000	0.1300	0.0900	0.1200	0.1100	0.0800
\$3,000	0.1200	0.1000	0.1300	0.0900	0.1200	0.1100	0.0900

CARRYOVER CAP = 3X FUND CONTRIBUTION LEVEL							
Female Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.1400	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$500	0.1400	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$600	0.1400	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$700	0.1400	0.0500	0.0800	0.0300	0.0800	0.0600	0.0200
\$750	0.1500	0.0600	0.0900	0.0300	0.0800	0.0700	0.0300
\$800	0.1500	0.0600	0.1000	0.0400	0.0900	0.0700	0.0300
\$900	0.1500	0.0600	0.1000	0.0400	0.0900	0.0700	0.0300
\$1,000	0.1600	0.0700	0.1100	0.0500	0.1000	0.0800	0.0400
\$1,250	0.1600	0.0800	0.1100	0.0600	0.1100	0.1000	0.0500
\$1,500	0.1700	0.0900	0.1300	0.0700	0.1200	0.1100	0.0600
\$1,750	0.1700	0.1000	0.1300	0.0700	0.1200	0.1100	0.0600
\$2,000	0.1600	0.1100	0.1400	0.0800	0.1300	0.1200	0.0700
\$2,250	0.1500	0.1100	0.1400	0.0800	0.1300	0.1200	0.0800
\$2,500	0.1400	0.1100	0.1400	0.0900	0.1400	0.1200	0.0900
\$2,750	0.1400	0.1100	0.1400	0.0900	0.1400	0.1200	0.0900
\$3,000	0.1300	0.1100	0.1400	0.1000	0.1400	0.1200	0.1000

NO CARRYOVER LIMIT							
Female Employee							
Annual HealthFund Contribution	Single EE	2-Tier Family	3-Tier EE & 1 Dep	3-Tier EE & 2+ Deps	4-Tier EE & Spse	4-Tier EE & Child (ren)	4-Tier Family
\$0	0.1300	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$500	0.1400	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$600	0.1400	0.0500	0.0800	0.0200	0.0700	0.0600	0.0200
\$700	0.1400	0.0500	0.0800	0.0300	0.0800	0.0600	0.0200
\$750	0.1500	0.0600	0.0900	0.0300	0.0800	0.0700	0.0300
\$800	0.1500	0.0600	0.1000	0.0400	0.0900	0.0700	0.0300
\$900	0.1500	0.0600	0.1000	0.0400	0.0900	0.0700	0.0300
\$1,000	0.1600	0.0700	0.1100	0.0500	0.1000	0.0800	0.0400
\$1,250	0.1600	0.0800	0.1100	0.0600	0.1100	0.1000	0.0500
\$1,500	0.1600	0.0900	0.1300	0.0700	0.1200	0.1100	0.0600
\$1,750	0.1600	0.1000	0.1300	0.0700	0.1200	0.1100	0.0600
\$2,000	0.1500	0.1100	0.1400	0.0800	0.1300	0.1200	0.0700
\$2,250	0.1500	0.1100	0.1400	0.0800	0.1300	0.1200	0.0800
\$2,500	0.1400	0.1100	0.1400	0.0900	0.1400	0.1200	0.0900
\$2,750	0.1400	0.1100	0.1400	0.1000	0.1400	0.1200	0.0900
\$3,000	0.1300	0.1100	0.1400	0.1000	0.1400	0.1200	0.1000

Table 21 Dependent Age Factor

Dependent Age	Factor
All	1.0000

Table 24 Taxes and Assessments Percentage Factor

State	Factor
DC (AHI MD)	0.0270

Table 25 Commission Percentage Factor

Employees	Factor
All	0.0000

Aetna's standard is not to include commissions in our premiums. Should the customer instruct Aetna to include a broker fee, final billing rates to the Customer will be modified to reflect the agreed upon schedule.

Table 26 Administrative Expense Percentage of Premium Factor

State	Factor
DC (AHI MD)	0.0670

Administrative Expenses and Profit Factor Calculation

Step 1 Number of Members
When total members are unknown, multiply subscribers by tier specific Subscriber to Member Conversion factors to get total member assumption.

Two-tier Structure		Three-tier Structure			Four-tier Structure			
Single	Family	Single	2-Party	Family	Single	Par/Child	Couple	Family
1.00	3.44	1.00	2.00	3.85	1.00	2.61	2.00	3.93

Step 2 Total Monthly Claim Cost
Multiply total members by Adjusted Claim Cost PMPM to get Monthly Claim Cost.
When total members are unknown, multiply the total members in each billing structure by the Adjusted Claim Cost by Billing Tier and sum the result.

Step 3 Total Retention PMPM
Find the appropriate PMPM Retention from the Medical Administrative Expense & Profit Table, the Pharmacy Administrative Expense & Profit Table, the Self Injectables Administrative Expense & Profit Table, or the Dental Administrative Expense & Profit Table.
FOR RENEWALS - Add the appropriate PMPM adjustment from the Family Size Adjustment table.
Multiply the total retention PMPM by the number of members from Step 1.

Step 4 Calculate the Total Retention Percent
The Total Retention Percent is the sum of the retention, premium and income tax, and commission factors from the Medical Administrative Expense & Profit Table, the Pharmacy Administrative Expense & Profit Table, the Self Injectables Administrative Expense & Profit Table, or the Dental Administrative Expense & Profit Table.

Step 5 Administrative Expense and Profit Factor
The Administrative Expense and Profit Factor is $[(\text{Total Monthly Claim Cost} + \text{Total Retention PMPM}) / (1 - \text{Total Retention Percent})] / (\text{Total Monthly Claim Cost})$

Step 6 If applicable, adjust the Administrative Expense and Profit Factor from Step 5 by the expected value of any special administrative requirements or services provided.

Retention may be adjusted to reflect case specific circumstances such as inclusion or exclusion of certain programs (i.e. wellness programs), case specific commissions, or