Filing at a Glance

Company:	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
Product Name:	Aetna Health Maintenance Organization
State:	District of Columbia
TOI:	H21 Health - Other
Sub-TOI:	H21.000 Health - Other
Filing Type:	Rate
Date Submitted:	11/14/2013
SERFF Tr Num:	AETN-129291620
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	DCAHILG1Q14
Implementation Date Requested:	01/01/2014
Author(s):	Barbara Hill, Robert Li, David Walker, Kyle Norris
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

State: *District of Columbia* **Filing Company:** *Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA*

TOI/Sub-TOI: *H21 Health - Other/H21.000 Health - Other*
Product Name: *Aetna Health Maintenance Organization*
Project Name/Number: *Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/*

General Information

Project Name: Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC
Status of Filing in Domicile:

Project Number:
Date Approved in Domicile:

Requested Filing Mode: Review & Approval
Domicile Status Comments:

Explanation for Combination/Other:
Market Type: Group

Submission Type: New Submission
Group Market Size: Large

Group Market Type: Employer
Overall Rate Impact: 10.2%

Filing Status Changed: 11/18/2013

State Status Changed:
Deemer Date:

Created By: Kyle Norris
Submitted By: Kyle Norris

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Include Exchange Intentions: No

Filing Description:
Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC

Company and Contact

Filing Contact Information

Barbara Hill, ACTUARIAL CONSULTANT
980 Jolly Road
M.S. U12S
Blue Bell, PA 19422

HillBL@aetna.com
215-775-6074 [Phone]

Filing Company Information

Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
980 Jolly Road
Blue Bell, PA 19422
(999) 999-9999 ext. [Phone]

CoCode: 95109
Group Code: 1
Group Name:
FEIN Number: 23-2169745

State of Domicile: Pennsylvania
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:	*AETN-129291620*	***State Tracking #:***		***Company Tracking #:***	*DCAHILG1Q14*

State:	*District of Columbia*	***Filing Company:***	*Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA*
TOI/Sub-TOI:	*H21 Health - Other/H21.000 Health - Other*		
Product Name:	*Aetna Health Maintenance Organization*		
Project Name/Number:	*Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/*		

Rate Information

Rate data applies to filing.

Filing Method:	
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	3.800%
Effective Date of Last Rate Revision:	01/01/2013
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:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA	Increase	10.200%	10.200%	$8,588,926	156	$83,896,061	10.400%	9.500%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:	15,530			487	19	6		
Policy Holders:	105			43	6	2		

Rate Review Detail

COMPANY:

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

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Aetna Health Maintenance Organization			16042

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 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, HI DC A NUTRITSUPL V001, HI DC AAPPEALEXRE V003, HI GE APREMWAIVER V001, HI GE RPREMOFFSET V001, HI GE AGPAGRPOLPROV V001, HI A0GRPHMOHCR V001, HMO/DC2 INDHISB-1 07/00, HMO/DC2 INDCOC-1 07/00

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 193,684
Benefit Change: None
Percent Change Requested: Min: 9.5 Max: 10.4 Avg: 10.2

PRIOR RATE:

Total Earned Premium: 83,896,061.00
Total Incurred Claims: 61,650,324.00
Annual $: Min: 226.65 Max: 491.93 Avg: 433.16

REQUESTED RATE:

Projected Earned Premium: 92,484,987.00
Projected Incurred Claims: 68,902,019.00

SERFF Tracking #: AETN-129291620 **State Tracking #:** **Company Tracking #:** DCAHILG1Q14

State:	District of Columbia	**Filing Company:**	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Aetna Health Maintenance Organization		
Project Name/Number:	Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/		

Annual $: Min: 249.85 Max: 542.29 Avg: 477.50

SERFF Tracking #:	*AETN-129291620*	***State Tracking #:***		***Company Tracking #:***	*DCAHILG1Q14*

State:	*District of Columbia*	***Filing Company:***	*Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA*
TOI/Sub-TOI:	*H21 Health - Other/H21.000 Health - Other*		
Product Name:	*Aetna Health Maintenance Organization*		
Project Name/Number:	*Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/*		

Rate/Rule Schedule

SERFF Tracking #:	*AETN-129291620*	***State Tracking #:***		***Company Tracking #:***	*DCAHILG1Q14*

State:	*District of Columbia*	***Filing Company:***	*Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA*
TOI/Sub-TOI:	*H21 Health - Other/H21.000 Health - Other*		
Product Name:	*Aetna Health Maintenance Organization*		
Project Name/Number:	*Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/*		

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments

SERFF Tracking #: AETN-129291620 **State Tracking #:** **Company Tracking #:** DCAHILG1Q14

State: District of Columbia **Filing Company:** Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other
Product Name: Aetna Health Maintenance Organization
Project Name/Number: Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/

1		DC 1Q14 rate manual	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 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, HI DC A NUTRITSUPL V001, HI DC AAPPEALEXRE V003, HI GE APREMWAIVER V001, HI GE RPREMOFFSET V001, HI GE AGPAGRPOLPROV V001, HI A0GRPHMOHCR V001, HMO/DC2 INDHISB-1 07/00, HMO/DC2 INDCOC-1 07/00	Revised	Previous State Filing Number: AETN-128705762 Percent Rate Change Request: 10.2	DC 1Q14 rate manual.pdf,

Aetna Health, Inc.
District of Columbia

Large Group Business
Rate Manual

Table of Contents

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 line item expense (LIE) category weight. Enter the "Column (1) Line Item Expense (LIE) 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 and/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

The Deductible Carryover Factor accounts for expenses incurred during the last three months of the prior year applied to the prior year deductible and carried over to be applied to the current year deductible.

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). 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 table values.

Deductible Factor

The Deductible Factor is the amount a member must pay for covered services (except where the deductible is waived) before plan benefits begin.

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 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. 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

The Out-of-Pocket Limit Factor accounts for the cost of benefits in excess of the Out-Of-Pocket Limit that are paid at 100% by the plan.

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:

Out-of-Pocket Limit Factor
x
(1 – Average Plan Coinsurance)
x
% of Services Subject to the Out-of-Pocket Limit
x
Copay Limit Adjustment Factor

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

The Cross Application Factor accounts for the impact of applying member expenses to both the In and Out-of-Network deductible and/or out-of-pocket limit.

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

The Maximum Benefit Factor is the maximum benefit that a member can receive for covered services.

If applicable, select the appropriate factor from the Maximum Benefit Factor table (Annual and/or Lifetime).

Contract State Mandate Adjustment Factor

The Contract State Mandate Adjustment Factor may be used to account for state mandates. Currently, this factor is always 1.0000.

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

Family Deductible Limit Factor

The Family Deductible Limit Factor limits the amount a family may be required to pay due to application of the deductible feature of the plan.

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] x b.

Use the following methodology when the special approach is used:

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

2-Tier	Single	Family
Subscriber Count	A	B
Tier Factor	PA	PB

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

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

As an example, the calculation for a 2x limit with deductible between $1 and $500 is as follows:

1) 2 Tier Billing: $\frac{A \times PA \times 1.0000 + B \times PB \times 1.0120}{A \times PA + B \times PB}$

2) 3 Tier Billing: $\frac{A \times PA \times 1.0000 + C \times PC \times .9850 + D \times PD \times 1.0250}{A \times PA + C \times PC + D \times PD}$

3) 4 Tier Billing: $\frac{A \times PA \times 1.0000 + E \times PE \times .9850 + F \times PF \times .9930 + G \times PG \times 1.0320}{A \times PA + E \times PE + F \times PF + G \times PG}$

The above calculation for 1x, 2.5x and 3x limits and/or deductibles would use the same formulas but different factors from the Family Deductible Limit – TIF Family Limit Definition table.

c. Get % services subject to the plan deductible.
d. The Family Deductible Limit Factor equals 1 + (b - 1) x c.

Deductible Credit Factor

The Deductible Credit Factor provides credit when deductible amounts accrued with a prior carrier are not to be credited to the current year deductible with Aetna.

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

Family Out-of-Pocket Limit Factor

The Family Out-of-Pocket Limit Factor limits the amount a family may be required to pay due to the application of the out-of-pocket feature of the plan.

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 factor from the Family Out-of-Pocket Limit – TIF Family Limit Definition table based on the billing tier and family limit.
b. Derive the weighted adjustment factor for the billing tier structure below, assuming coding for actual values:

2-Tier	Single	Family
Subscriber Count	A	B
Tier Factor	PA	PB

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

4-Tier	Single	Couple	EE+Ch(n)	Family
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: $\frac{A \times PA \times 1.0000 + B \times PB \times .9850}{A \times PA + B \times PB}$

2) 3 Tier Billing: $\frac{A \times PA \times 1.0000 + C \times PC \times .9850 + D \times PD \times .9850}{A \times PA + C \times PC + D \times PD}$

3) 4 Tier Billing: $\frac{A \times PA \times 1.0000 + E \times PE \times .9850 + F \times PF \times .9850 + G \times PG \times .9850}{A \times PA + E \times PE + F \times PF + G \times PG}$

The above calculation for the 1x, 2.5x and 3x limits would use the same formulas but different factors from the Family Out-of-Pocket Limit – TIF Family Limit Definition table.

Professional Fee Schedule Factor

The Professional Fee Schedule Factor adjusts rates to account for different reimbursement schedules that may be chosen for payments to Out of Network providers.

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

Facility Fee Schedule Factor

The Facility Fee Schedule Factor adjusts rates to account for different reimbursement schedules that may be chosen for payments to Out of Network facilities.

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

National Advantage is a program offered by Aetna that allows the plan sponsor to obtain claim savings on covered claims for the out-of-network portion of managed care products, or for emergency/medically necessary services not provided within the network that would otherwise be paid at billed charges or R&C.

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

Custom Product Factor

The Custom Product Factor allows adjustments for custom benefits not specifically delineated in the filing.

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

Step Therapy/Pre-certification Adjustment Factor

The Step Therapy/Pre-certification Adjustment Factor accounts for precertification and step therapy requirements that precede the use of specified medications.

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

Participation/Virgin Risk Factor

The Participation Factor allows adjustments if a group's participation falls below 50%.

The Virgin Risk Factor allows adjustments for groups that do not currently offer their employees coverage but are now going to offer coverage due to PPACA. The groups have no claim experience so the rates will be based on Book of Business.

Select the appropriate factor from the Participation Factor table.

Select the appropriate factor from the Virgin Risk Factor table.

Multiply the two factors to get the product.

Mental Health Deductible Factor

The Mental Health Deductible Factor accounts for the deductible impact for stand-alone mental health products.

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

Benefit Adjustment Factor

The Benefit Adjustment Factor is a product of the above factors.

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
Participation/Virgin Risk
x
Mental Health Deductible Factor

Selection Load Factor

The Selection Load Factor is an adjustment based on the ratio of the calculated benefit factor to a benchmark benefit factor used to account for favorable selection in plans with higher member cost sharing features.

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

The Final Benefit Adjustment Factor is the product of Benefit Adjustment Factor x Selection Load 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

III.5 Tiered Plan Methodology

When rating a tiered plan (as governed by the existence of a subnetwork on the plan), the rating will go through the tiered methodology. In multi-tier options, the additional tier of benefits will be referred to as Alternate Preferred (abbreviated as APRF). The steps for the APRF methodology depend on the relationship to the Preferred (PREF) and non preferred (NPRF) benefit levels.

Step 1) Determine the primary subnetwork and tier structure type based on product and subnetwork category.

Step 2) Based on the structure type from Step 1, and the Cross Application (abbreviated as Xapp) of plan deductible / out-of-pocket limits, determine both the APRF method and the migration method. For concentric subnetworks, go to step 8.

The APRF method for Xapp APRF & NPRF is CombineNprf . All others use CombinePref for the APRF method.

The migration method for Xapp PREF & APRF is migration method 1 (CS), otherwise the migration method is migration method 2 (SP).

Step 3) Calculate the plan design migration ratio using the tiered migration worksheet. This is the ratio of the plan design migration percentage, based on APRF vs PREF plan design, to the standard migration percentage. The plan design based migration percentage will be based on the following:

- deductible differential,
- plan coinsurance differential,
- IP copay differential,
- specialist copay differential,
- coinsurance limit differential, and
- OOP trigger differential.

If the primary subnetwork category is Lab, Xray, IOE, or IOQ, then the migration ratio is 1.0.

Row 1) Calculate the difference in plan coinsurance between the PREF and APRF tiers and enter the difference in the value column in row 1. Use this value to lookup the factor in Table 1a - Coinsurance Differential. If migration method 1 (CS), lookup the factor for the minimum coinsurance limit of PREF

and APRF tiers in Table 1b - Coins Limit Impact on Coins Diff, else use 0.9. Multiply the Table 1a and Table 1b factors together and enter in the factor column in row 1. Enter a 1 in the active column if at least one tier has coinsurance, else enter 0.

Row 2) Calculate a simple OOP trigger (Simple OOP trigger = coins limit/(1-coins%)) for PREF and APRF tiers. Calculate the ratio of APRF trigger to PREF if disincentive subnetwork or PREF trigger to APRF if incentive and enter the ratio in the value column in row 2. Use this value to lookup the factor in Table 2 - OOP Trigger Differential and enter in the factor column in row 2. Enter a 1 in the active column if at least one tier has coinsurance, else enter 0.

Row 3) Calculate the difference in deductible between APRF and PREF tiers and enter the difference in the value column in row 3. Use this value to lookup the factor in Table 3 - Deductible Differential and enter in the factor column in row 3. Enter 1 in the active column if at least one tier has deductible, else enter 0.

Row 4) Calculate the difference in coinsurance limit between APRF and PREF tiers and enter the difference in the value column in row 4. If either tier does not have a coinsurance limit, enter a 0. Use this value to lookup the factor in Table 4 - Coinsurance Limit Differential. Enter a 1 in the active column if at least 1 tier has a coinsurance limit, otherwise enter 0.

Row 5) Calculate the inpatient per admit copay difference between APRF and PREF tiers and enter the difference in the value column in row 5. If only one tier has a copay per admit, reduce the difference by 50%. Use this value to lookup the factor in Table 5 - Inpatient Copay/Admit Differential and enter in the factor column in row 5. Enter a 1 in the active column if at least 1 tier has an inpatient copay, else enter 0.

Row 6) Calculate the difference in specialist copay between PREF and APRF tiers and enter the difference in the value column in row 6. Reduce the difference by 50% if only one tier has a specialist copay. Use this value to lookup the factor in Table 6 - Specialist Copay Differential and enter in the factor column in row 6. Enter a 1 in the active column if at least 1 tier has a specialist copay, else enter 0.

Row 7) Determine if the plan is a copay or non-copay plan. Enter the copay amount in the value column in row 7. If both tiers have 100% coinsurance and at least one tier has a copay in inpatient or specialist, then it is a copay plan, otherwise it is a non-copay plan. If rating a copay plan, lookup the factor based on the minimum deductible of PREF and APRF tiers in Table 7a3 - Deductible Level Adjustment for Copay Plans and enter in the factor column in row 7. If a non-copay plan and migration method 1 (CS), lookup the minimum deductible of PREF and APRF tiers in Table 7a1 - Deductible Level Adjustment for CS Migration Methodology and enter in the factor column in row 7. Otherwise, lookup the minimum deductible of PREF and APRF tiers in Table 7a2 - Deductible Level Adjustment for SP Migration Methodology and enter in the factor column in row 7.

Row 8) Determine if the plan has a passive plan design based on the deductible, coinsurance, coinsurance limit, inpatient copay, and specialist copay being the same in PREF and APRF tiers. Enter True or False in the value column as appropriate. Lookup the factor in Table 8 - Passive Plan Design and enter in the factor column in row 8.

Row 9) Enter a D or I for disincentive or incentive respectively in the value column. Lookup the incentive plan design adjustment factor in Table 9 - Incentive or Disincentive and enter in the factor column in row 9.

Row 10) Calculate the plan design based migration as the sumproduct row 1-6 (active * weight * factor)/sumproduct row 1-6 (active * weight) * deductible adjustment * passive adjustment + incentive

adjustment. Adjust as appropriate based on the minimum/maximum steerage from Table 10 – Plan Design Migration.

Row 11) Lookup the standard migration in Table 11 - Standard Migration. This serves as a normalization of the plan design migration calculated in row 10.

Row 12) Calculate the plan migration ratio as Plan design migration / standard migration.

Step 4) Based on the subnetwork, shift the appropriate portion of preferred Line Item Expense (LIE) weight to APRF tier based on the characteristics of the subnetwork as compared to the normal network. Alter this shift using the migration ratio calculated in step 3.

Step 5) Calculate the revised LIE weights for PREF, APRF, NPRF based on the original weight and the portion shifted to APRF. For CombinePREF, weights in PREF and APRF tiers will sum to 1.0. For CombineNPRF, weights in NPRF and APRF tiers will be normalized to sum to 1.0 and PREF will be normalized to sum to 1.0. Enter these revised weights in column (1) of the Medical Plan Rate Development Worksheet. **Note that the weights for NPRF will be zero.**

Step 6) Use the normal rating methodology through to the Benefit Adjustment Factor on each tier. Complete this for the PREF, NPRF, and APRF tiers using standard rating methodology as described in items II and III and the revised LIE weights as calculated in step 5.

Step 7) Complete a CombinePref / CombineNprf Calc BLA Calculation.

DYLIE = Total portion PREF & APRF or APRF & NPRF subject to deductible as appropriate
DNLIE = Total portion PREF & APRF or APRF & NPRF not subject to deductible as appropriate
DY factor = Average LIE factor from lines subject to deductible
DN factor = Average LIE factor from lines not subject to deductible

Recalculate each of the BLA items below replacing either the preferred or non preferred entries in the Medical Plan Rate Development Worksheet as appropriate based on the CombinePref or CombineNprf methodology.

Calculate the CombinePref or CombineNprf deductible as appropriate by averaging the deductible in the two tiers being combined. The average is based on the portion of claims expected to be subject to each tier's deductible and it is adjusted for the expected reduced volume of claims in the APRF tier as appropriate.

Deductible Carryover Factor

For Deductible Carryover, lookup the average adjusted deductible (the deductible minus an allowance for copays collectable on services subject to the deductible). For any adjusted deductible amount that is not represented on the table, interpolate between the bordering table values.

Deductible Factor

Determine the deductible factor 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 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. For any adjusted deductible amount that is not represented on the table, interpolate between the bordering tables values.

Interim Sum (1)

Equal to (DYLIE*DY factor * deduct carryover factor * deduct factor) + (DNLIE * DN factor)

Out-of-Pocket Limit Factor

For plans with average coinsurance less than 98%, select the appropriate factor from either the Out-of-Pocket table a1 or a2 based on the plan's Out-of-Pocket trigger (the expected value of claims above which point the plan pays 100%) and determination as to whether the Med/Surg per confinement deductible applies to the Out-of-Pocket limit. The Out-of-Pocket trigger for the combined PREF/NPRF calculation as appropriate is the average trigger from the two tiers being combined. The average is based on the portion of claims expected to be subject to each tier's Out-of-Pocket limit and it is adjusted for the expected reduced volume of claims in the APRF tier as appropriate. If the tiers have non-parallel structure (one <98% average coins and one >=98%) use only the tier with <98% average coinsurance to calculate the average Out-of-Pocket trigger. Populate the OOPadj$ with the Out-of-Pocket factor that was obtained in step 6 from the tier with >=98% average coinsurance. Populate the OOPadj% with the ratio of services subject to coinsurance to services subject to Out-of-Pocket.

Out-of-Pocket Factor =
If the average coinsurance < 98%,
Out-of-Pocket factor from Out-of-Pocket table a1 or a2
x (1- average coinsurance)
x % services subject to Out-of-Pocket limit
x Copay Limit Adjustment Factor
x OOPadj%
+ OOPadj$
If the average coins >=98%, select the appropriate factor from the Out-of-Pocket table b based on the Med/Surg per confinement deductible and Out-of-Pocket limit reduced by the deductible * % services subject to deductible.

Interim Sum (2)

Equal to the Interim Sum(1) + Out-of-Pocket

Cross Application Factor

If the Deductible and Out-of-Pocket Cross Application do not apply, enter a factor of 1.0000 into the worksheet. If the 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.

Entry into the Deductible Cross Application table is based on the CombinePref average deductible and Non-Preferred Deductible.

Entry into the Out-of-Pocket Limit Cross Application table is based on the CombinePref 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 Factor

Set equal to the PREF factor if using CombinePref rating and NPRF factor if using CombineNprf rating.

Family Deductible Limit Factor

Use the same logic as in section III but use CombinePref or CombineNprf adjusted deductibles and % services subject to deductible as appropriate.

Professional Fee Schedule Factor (CombineNprf Only)

Average the professional fee schedule factor as determined in the APRF and NPRF tiers as appropriate based on the assumed portion of paid claims in each tier.

Facility Fee Schedule Factor (CombineNprf Only)

Average the facility fee schedule factor as determined in the ARPF and NPRF tiers as appropriate based on the assumed portion of paid claims in each tier.

National Advantage Factor

Set equal to the PREF factor if using CombinePref rating and NPRF factor if using CombineNprf rating.

Custom Product Factor

Set equal to the PREF factor if using CombinePref rating and NPRF factor if using CombineNprf rating.

Step Therapy Factor/Pre-certification Adjustment Factor

Set equal to the PREF factor if using CombinePref rating and NPRF factor if using CombineNprf rating.

Participation/Virgin Risk Factor

Set equal to the PREF factor if using CombinePref rating and NPRF factor if using CombineNprf rating.

Mental Health Deductible Factor

Set to 1.0000 for tiered product.

Benefit Adjustment Factor

If CombinePref, then use the product of items from CombinePref calc, otherwise use the Preferred benefit adjustment factor.

If CombineNprf, then use the product of items from CombineNprf calc, otherwise use the Non Preferred benefit adjustment factor.

Selection Load Factor

Calculate the ratio of the Benefit Adjustment Factor to the Anchor Plan Value. Enter the Selection Load Factor table using this ratio and 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

Step 8) Calculate the efficiency index. Based on the subnetwork, determine the portion of business expected to migrate from less efficient to more efficient providers and calculate the resultant net efficiency factor for plan. Alter this migration by means of the migration ratio calculated in step 3 as appropriate. This factor will also include any special discount arrangements as part of the subnetwork.

IV. 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:

Base Plan Component Steerage Factor
x
Component Base Relativity Factor
x
Normalized Claim Relativity Factor

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.

Flex Plan Claim Cost PMPM
x
Trend Factor
x
Steerage Factor

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 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 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:

Industry Factor
x
Rating Area Factor
x
Age/Gender Factor
x
COBRA Factor

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:

Interim Adjusted Flex Plan Claim Cost
x
Tier Factors
x
Dependent Age Adjustment Factor

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 [(Total Monthly Claim Cost + Total Retention amount) / (1-Retention Expense %- Commissions %- Taxes and Assessments %)] / (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.

Medical Plan Rate Development Worksheet

Customer Name: _____ Customer #: _____ Effective Date: _____ Today's Date: _____

Section I.

1 1st Quarter 2014 Starting Base Plan Claim Cost _____

Section II.

			[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10A]	[10B]
ID	Benefit Description	Base Option	Line Item Expense Category Weight	Include or Exclude	Copay/ Deductible Per Service Factor	Coinsurance	Days or Visits Maximum	Dollar Maximum Annual & Lifetime	Mandated Benefits	Routine Limits, ER Penalty	Inpatient Pre-certification	Components Subject to Plan Ded. Product [1] - [9]	Components Not Subject to Plan Ded. Product [1] - [9]
	Facility Inpatient												
2	Med/Surg	$0 copay											
3	Serious MH I/P	$0 copay											
4	MH I/P	$0 copay											
5	SA Detox I/P	$0 copay											
6	SA Rehab I/P	$0 copay											
7	Maternity I/P	$0 copay											
8	Skilled Nursing Facility	$0 copay											
9	Hospice I/P	$0 copay											
10	Transplants	$0 copay											
11	Bariatric Surgery	$0 copay											
	Facility Outpatient/Non Facility												
12	Surgery (SPU)	$0 copay											
13	Surg - Freestanding facility	$0 copay											
14	Bariatric O/P	$0 copay											
15	Hospice O/P	$0 copay											
16	Other Facility O/P	$0 copay											
17	Other Rehab O/P	$0 copay											
18	Physical Therapy O/P	$0 copay											
19	Occupational Therapy O/P	$0 copay											
20	Speech Therapy O/P	$0 copay											
21	Chiro/Subluxation	$0 copay											
22	Diagnostic X-ray Hosp O/P	$0 copay											
23	Diagnostic X-ray Non-Hosp O/P	$0 copay											
24	Diagnostic X-ray NF	$0 copay											
25	Diag. X-ray-Complex Imaging Hosp O/P	$0 copay											
26	Diag. X-ray-Compl Imag Non-Hosp O/P	$0 copay											
27	Diag. X-ray-Complex Imaging NF	$0 copay											
28	Diagnostic Lab Hosp O/P	$0 copay											
29	Diagnostic Lab Non-Hosp O/P	$0 copay											
30	Diagnostic Lab NF	$0 copay											
31	Diagnostic Phys Other	$0 copay											
32	Diagnostic OP facility other	$0 copay											
33	Ambulance	$0 copay											
34	ER O/P	$0 copay											
35	ER NF	$0 copay											
36	UC O/P	$0 copay											
37	PCP	$0 copay											
38	E-visits PCP	$0 copay											
39	Walk-In Clinics	$0 copay											
40	Non-designated PCP	$0 copay											
41	Specialist	$0 copay											
42	E-visits Specialist	$0 copay											
43	Office Based Surgery	$0 copay											
44	PCP - Inpatient	$0 copay											
45	Specialist - Inpatient	$0 copay											
46	Maternity NF	$0 copay											
47	Prenatal	$0 copay											
48	Surgery NF	$0 copay											
49	Bariatric - physician	$0 copay											
50	Allergy Testing - NF	$0 copay											
51	Allergy Trmt/Serum -NF	$0 copay											
52	Oral Surgery NF	$0 copay											
53	Routine Physical - Adult	$0 copay											
54	Immunization - Adult	$0 copay											
55	Routine Physical - Child	$0 copay											
56	Immunization - Child	$0 copay											
57	Routine Eye Exam	$0 copay											
58	Speech & Hearing NF	$0 copay											
59	Routine Gyn	$0 copay											
60	Mammography	$0 copay											
61	Cancer Screening	$0 copay											
62	Digital Rectal Exam	$0 copay											
63	Prostate Specific Antigen	$0 copay											
64	Serious MH NF	$0 copay											
65	MH NF	$0 copay											
66	MH part hosp	$0 copay											
67	SA NF	$0 copay											
68	Private Duty Nursing	$0 copay											
69	HHC	$0 copay											
70	Hospice NF	$0 copay											
71	Injectables - AF	$0 copay											
72	Injectables - Office	$0 copay											
73	Durable Medical Equipment	$0 copay											
74	Diabetic Supplies	$0 copay											
75	Prosthetics and Orthotics	$0 copay											
76	Lens Reimbursement	$0 copay											
77	Hearing Aid	$0 copay											
78	PKU	$0 copay											
79	Infertility - AI/OI NF	$0 copay											
80	ART NF	$0 copay											

Customer Name: | Customer #: | Effective Date: | Today's Date:

Section II. (continued)

			[1]	[2]	[3]	[4]	[5]	[6]	[7]	[8]	[9]	[10A]	[10B]
ID	Benefit Description	Base Option	Line Item Expense Category Weight	Include or Exclude	Copay/ Deductible Per Service Factor	Coinsurance	Days or Visits Maximum	Dollar Maximum Annual & Lifetime	Mandated Benefits	Routine Limits, ER Penalty	Inpatient Pre-certification	Components Subject to Plan Ded. Product [1] - [9]	Components Not Subject to Plan Ded. Product [1] - [9]
81	TMJ Disorder	$0 copay											
82	Tubal Ligation	$0 copay											
83	Voluntary Abortion	$0 copay											
84	Vasectomy	$0 copay											
85	Contraceptives	$0 copay											
86	Pharmacy	$0 copay											
87	Specialty (Self-Injectables)	$0 copay											
88	Total Medical											Sum [10A]	Sum [10B]

Section III.

Bottom Line Adjustments:

89	Deductible Carryover		1.0000
90	Deductible		1.0000
91	Interim Product	88[A] x 89 x 90	88[B] x 89 x 90
92	Interim Sum (1)		91[A] + 91[B]
93	Out-of-Pocket		
94	Interim Sum (2)		92 + 93
95	Cross Application		
96	This line reserved for future use		
97	Lifetime Maximum Benefit		
98	Calendar Year Maximum Benefit		
99	Contract State Mandate Adjustment		
100	Family Deductible Limit		
101	Deductible Credit		
102	Family Out-of-Pocket Limit		
103	This line reserved for future use		
104	Professional Fee Schedule		
105	Facility Fee Schedule		
106	This line reserved for future use		
107	Cross Application Benefit Limits Factor =		
108	National Advantage		
109	Custom Product		
110	Step Therapy/Pre-certification Adjustment		
111	This line reserved for future use		
112	Participation/Virgin Risk		112[A] x 112[B]
113	Mental Health Deductible		
114	Benefit Adjustment	94 x 95 x 96 x 97 x 98 x 99 x 100 x 101 x 102 x 103 x 104 x 105 x 106 x 107 x 108 x 109 x 110 x 111 x 112 x 11	
115	Selection Load		
116	Final Preferred Benefit Adjustment		114 x 115

Section IV.

117	Base Plan Component Steerage Factor	
118	Component Base Relativity Factor	
119	Normalized Claim Relativity Factor	
120	Base Plan Claim Cost PMPM	1 x 117 x 118 x 119
121	Flex Plan Claim Cost PMPM	116 x 120
122	Trend Factor	
122	Efficiency Factor	
123	Steerage Factor	
124	Trend Adjusted Flex Plan Claim Cost PMPM	121 x 122 x 122 x 123
125	Total Trend Adjusted Flex Plan Claim Cost PMPM	124

Section V.

126	Industry		
127	Rating Area		
128	Age/Gender	Non-Medicare	Medicare
129	COBRA		
130	Interim Adjusted Flex Plan Claim Cost PMPM	125 x 126 x 127 x 128 x 129	x 126 x 127 x 128 x 129

Section VI.

131 Tier Factors

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

132 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

Dependent Age Adjustment Worksheet

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

133 Adjusted Medical Claim Cost by Billing Tier — 130 x 131 x 132

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

Section VII.

134	Administrative Expenses & Profit	
135	This line reserved for future use	
136	Underwriter Adjustment	
137	Medical Plan Manual Premium Rates by Billing Tier	133 x 134 x 135 x 136

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.

Tiered Rate Development Worksheet

Customer Name: _____ Customer #: _____ Effective Date: _____ Today's Date: _____

Section III.5.

		Active	Value	Weight	Factor
1	Coinsurance Differential (ΔTier 2)			40.00%	
2	OOP Trigger Differential (ΔTier 2)			15.00%	
3	Deductible Differential (ΔTier 2)			22.50%	
4	Coinsurance Limit Differential (ΔTier 2)			22.50%	
5	Inpatient Copay/Admit Differential (ΔTier 2)			50.00%	
6	Specialist Copay Differential (ΔTier 2)			25.00%	
7	Multiplier for Deductible Level				
8	Passive Plan Design Adjustment				
9	Incentive or Disincentive Approach				
					Sumproduct(Active row1:6, Weight row1:6, Factor row1:6)/Sumproduct(Active row1:6, Weight row1:6) * 7 * 8 + 9
10	Plan Design Migration				
11	Standard Migration				
12	Migration Ratio				10 / 11

Medical PMPM and Factor Tables

Section I.

Table 1 1st Quarter 2014 Starting Base Plan Claim Cost

	Non-Open Access		Open Access	
	HMO Products	QPOS Products	HMO Products	QPOS Products
Network	Base PMPM	Base PMPM	Base PMPM	Base PMPM
DC	306.48	371.92	320.27	388.66

Section II.

Column [1] Inputs - Preferred and Non-Preferred Base Plan Service Category Weight Network 1 Benefit Description	Preferred Products Weights
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 (SPU)	3.97%
Surg - Freestanding 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-Compl 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	1.55%
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	1.55%
UC O/P	0.15%
PCP	3.94%
E-visits PCP	0.04%
Walk-In Clinics	0.08%
Non-designated PCP	0.82%
Specialist	5.60%
E-visits Specialist	0.02%
Office Based Surgery	0.77%
PCP - Inpatient	0.69%
Specialist - Inpatient	4.53%
Maternity NF	0.89%
Prenatal	0.65%
Surgery NF	2.28%
Bariatric - physician	0.72%
Allergy Testing - NF	0.12%
Allergy Trmt/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	3.47%
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 - AI/OI NF	0.47%
ART NF	1.48%
TMJ Disorder	0.02%
Tubal Ligation	0.07%
Voluntary Abortion	0.04%
Vasectomy	0.02%
Contraceptives	0.15%
Pharmacy	0.00%
Specialty (Self-Injectables)	2.15%
Total Medical	100.00%

Table 2 Med/Surg

a. Per Confinement Copay

Copay	None Factor
$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
$1,750	0.8417
$2,000	0.8218
$2,500	0.7907
$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 [6])

Copay Per Day	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
$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	1.0325	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	1.0155
$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 2 Med/Surg

d. IOQ Cardiac/Ortho

Difference between Med/Surg coins & IOQ coins	Cardiac Factor	Ortho Factor
+0% coinsurance	1.0000	1.0000
+10% coinsurance	1.0400	1.0500
+20% coinsurance	1.0800	1.1200
+30% coinsurance	1.1400	1.1800
+40% coinsurance	1.2100	1.2700
+50% coinsurance	1.2800	1.3800
-10% coinsurance	0.9600	0.9500
-20% coinsurance	0.9200	0.9000
-30% coinsurance	0.8800	0.8400
-40% coinsurance	0.8500	0.8200
-50% coinsurance	0.8100	0.7800

Table 3 Serious MH I/P

a. Per Confinement Copay

Copay	None Factor
$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
$1,750	0.6427
$2,000	0.5942
$2,500	0.5327
$3,000	0.4712
$3,500	0.4097
$4,000	0.3482

Table 3 Serious MH I/P

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 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 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
$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	1.0860	1.0710	1.0589	1.0496	1.0425	1.0372	1.0329
$125	1.1313	1.1073	1.0879	1.0737	1.0629	1.0545	1.0478	1.0421
$150	1.1596	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	1.2661	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 I/P

c. Copay%

Copay%	Factor
10%	0.8514
15%	0.7857
20%	0.7227
25%	0.6606
30%	0.5967
40%	0.5041
50%	0.4200

Table 3 Serious MH I/P

d. Freqmax

Maximum	I/P MH SMI Factor	All I/P MH & I/P SA Combined Factor
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	0.9584
45 days/cal yr	0.9677	0.9650
60 days/cal yr	0.9810	0.9795
60 Days/Life	0.981	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 visits/plan yr	0.9069	N/A
120 days/plan yr	0.9956	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

	None
Copay	Factor
$0	1.0000
$50	0.9849
$100	0.9698
$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
$600	0.8269
$700	0.8010
$750	0.7881
$1,000	0.7249
$1,250	0.6636
$1,500	0.6040
$1,750	0.5439
$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 [6])

Copay Per Day	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
$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	1.2235	1.1829	1.1522	1.1276	1.1088	1.0942	1.0825	1.0727
$200	1.3240	1.2677	1.2224	1.1863	1.1590	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	1.3182	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	1.9912	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

Maximum	I/P MH Factor	All I/P MH & I/P SA Combined Factor
20 days/plan yr	0.9447	0.8649
30 days/cal yr	0.9761	0.9294
35 days/cal yr	0.9800	0.9428
40 days/plan yr	0.9838	0.9584
45 days/cal yr	0.9877	0.9650
60 days/cal yr	0.9992	0.9795
60 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

	None
Copay	Factor
$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
$1,750	0.4059
$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	0.6992
$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 [6])

Copay Per Day	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
$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	1.1805	1.1460	1.1201	1.1014	1.0865	1.0740	1.0637	1.0547
$150	1.2326	1.1887	1.1543	1.1285	1.1086	1.0929	1.0799	1.0685
$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	1.4992	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	2.1308	1.8689	1.6785	1.5503	1.4611	1.3912	1.3337	1.2834
$500	3.1619	2.6451	2.3080	2.0705	1.8970	1.7698	1.6641	1.5707

Table 5 SA Detox I/P

c. Copay%

Copay%	Factor
10%	0.8788
15%	0.8200
20%	0.7618
25%	0.7016
30%	0.6431
40%	0.5311
50%	0.4258

Table 5 SA Detox I/P

d. Freqmax

Maximum	IP SA Detox Factor	All I/P MH & I/P SA Combined Factor
20 days/plan yr	0.8382	0.8649
30 days/cal yr	0.8810	0.9294
35 days/cal yr	0.9149	0.9428
40 days/plan yr	0.9233	0.9584
45 days/cal yr	0.9435	0.9650
60 days/cal yr	0.9687	0.9795
60 Days/Life	0.9445	0.9550
90 days/cal yr	0.9954	0.9884
90 Days/Life	0.9705	0.9637
200 days/cal yr	1.0000	0.9986
12 days/cal yr	0.7478	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 I/P

e. Calendar Year Day Maximum

Maximum	IP SA Detox Factor	All I/P MH & I/P SA Combined Factor
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	0.9408	N/A
7 days/admission	0.8449	N/A

Table 6 SA Rehab I/P

a. Per Confinement Copay

Copay	None Factor
$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
$1,750	0.5065
$2,000	0.4531
$2,500	0.3775
$3,000	0.3020
$3,500	0.2265
$4,000	0.1510

Table 6 SA Rehab I/P

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 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 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
$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	1.0887
$250	1.3631	1.2883	1.2326	1.1947	1.1628	1.1390	1.1194	1.1023
$300	1.4606	1.3633	1.2893	1.2377	1.1983	1.1675	1.1422	1.1200
$350	1.5606	1.4348	1.3422	1.2770	1.2274	1.1888	1.1623	1.1390
$400	1.6566	1.5001	1.3857	1.3094	1.2583	1.2183	1.1853	1.1564
$500	1.9071	1.6757	1.5310	1.4289	1.3562	1.3057	1.2637	1.2266

Table 6 SA Rehab I/P

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 I/P

d. Freqmax

Maximum	IP SA Rehab Factor	All I/P MH & I/P SA Combined Factor
20 days/plan yr	0.7712	0.8649
30 days/cal yr	0.8317	0.9294
35 days/cal yr	0.8797	0.9428
40 days/cal yr	0.8916	0.9584
45 days/cal yr	0.9202	0.9650
60 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	0.6916	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

e. Calendar Year Day Maximum	IP SA Rehab	All I/P MH & I/P SA Combined
Maximum	Factor	Factor
20 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
Alc Only	0.5200
Alc & Drug	1.0000

Table 7 Maternity I/P

a. Per Confinement Copay

	None
Copay	Factor
$0	1.0000
$50	0.9888
$100	0.9776
$125	0.9721
$150	0.9665
$200	0.9555
$240	0.9467
$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
$1,750	0.6517
$2,000	0.6137
$2,500	0.5548
$3,000	0.4958
$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	0.8539
$225	0.8357
$250	0.8176
$300	0.7842
$350	0.7531
$400	0.7283
$500	0.6795

Table 7 Maternity I/P

c. Copay%

Copay%	Factor
10%	0.8334
15%	0.7562
20%	0.6997
25%	0.6448
30%	0.5948
40%	0.5098
50%	0.4248

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 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
$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	1.0328	1.0265	1.0227	1.0202	1.0182	1.0168	1.0156
$250	1.0529	1.0369	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 8 Skilled Nursing Facility

a. Per Confinement Copay

	None
Copay	Factor
$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	0.8990
$750	0.8891
$1,000	0.8399
$1,250	0.7913
$1,500	0.7431
$1,750	0.6958
$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	0.9526
$50	0.8846
$100	0.7343
$125	0.6611
$150	0.6373
$200	0.6106
$225	0.5975
$250	0.5845
$300	0.5590
$350	0.5412
$400	0.5298
$500	0.5070

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 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
$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	1.2589	1.2432	1.2291	1.2159
$125	1.4478	1.4292	1.4066	1.3798	1.3553	1.3337	1.3142	1.2961
$150	1.4886	1.4605	1.4251	1.3920	1.3616	1.3349	1.3108	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	1.3156	1.2223	1.2050	1.1899	1.1762	1.1636
$500	1.5052	1.3530	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	Factor
30 days/cal yr	0.6732
60 days/cal yr	0.8232
90 days/cal yr	0.8851
100 days/cal yr	0.8968
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

	Factor
All limits	1.0000

Table 10 Transplants

a. Per Confinement Copay

Copay	None 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
$600	0.9978
$700	0.9974
$750	0.9973
$1,000	0.9964
$1,250	0.9954
$1,500	0.9945
$1,750	0.9936
$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 [6])

Copay Per Day	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
$25	1.0013	1.0012	1.0011	1.0010	1.0010	1.0009	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	1.0078	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

Coins% Benefit Option	Maximum: No Coverage Factor	$10,000 Factor	$25,000 Factor	$50,000 Factor	Unlimited Factor
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% Factor	60% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	100% Factor
$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	0.9994	0.9983	0.9972	0.9962	0.9953	0.9945	0.9932

Per Lifetime Dollar Max	50% Factor	60% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	100% Factor
$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	0.9736	0.9670	0.9613	0.9564	0.9520	0.9481	0.9415
$750,000	1.0000	1.0000	1.0000	1.0000	0.9765	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	0.9858
$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
$600	0.9356
$700	0.9273
$750	0.9232
$1,000	0.9026
$1,250	0.8822
$1,500	0.8621
$1,750	0.8422
$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 [6])

Copay Per Day	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
$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

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

Table 11 Bariatric Surgery

c. Copay%

Copay%	Factor
10%	0.8453
15%	0.7859
20%	0.7322
25%	0.6794
30%	0.6280
40%	0.5383
50%	0.4486

Table 11 Bariatric Surgery

d. Maximum Benefit	Rider with Benefit Maximum								Mandated or Rider Benefit
Copay %	50%	40%	30%	25%	20%	15%	10%	Copay/admit/day	No Maximum
									NA
$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	0.7300	1.0000
$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 12 Surgery (SPU)

a. Copay

Copay	Factor
$0	1.0000
$5	0.9961
$10	0.9922
$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 12 Surgery (SPU)

b. Copay%

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

a. Copay

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 13 Surg - Freestanding facility

b. Copay%

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

Maximum	50% Factor	60% Factor	70% Factor	75% Factor	80% Factor	90% Factor	100% Factor
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%	0.8995
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 No Ben Max	Rider Benefit No Ben Max	Rider Benefit Ben Max
All copay/admit/day	0.1400	1.0000	1.0000

Table 14 Bariatric O/P

c. Maximum Benefit

	Rider with Benefit Maximum							Mandated or Rider Benefit No Maximum
Copay %	50%	40%	30%	25%	20%	15%	10%	NA
$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	1.0000
$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	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	0.7592
$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%	0.7265
25%	0.6639
30%	0.6036
40%	0.4898
50%	0.3852

Table 18 Physical Therapy O/P

a. Copay

Copay	Factor
$0	1.0000
$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	0.3768
$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 Maximum	PT/OT/ST Combined Factor	PT/OT Combined Factor	PT/OT/ST /Chiro comb 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	0.7383	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	0.8690
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 w/out regard to improvement of bodily 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 19 Occupational Therapy O/P

a. Copay

Copay	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. Copay%

Copay%	Factor
10%	0.8777
15%	0.8184
20%	0.7603
25%	0.7035
30%	0.6479
40%	0.5404
50%	0.4380

Table 19 Occupational Therapy O/P

c. Maximum Visits Maximum	PT/OT/ST Combined Factor	PT/OT Combined Factor	PT/OT/ST /Chiro comb 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	0.7383	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	0.8690
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 w/out regard to improvement of bodily 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	0.7290
$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

Maximum	PT/OT/ST Combined Factor	PT/OT Combined Factor	PT/OT/ST /Chiro comb 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	0.7383	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	0.8690
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 w/out regard to improvement of bodily 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

d. Additional Pervasive Developmental Disorder coverage

Option	Factor
Covered same as any other PTOTST expense	1.0615
Not covered	1.0000
Covered to age 17, $36,000 cal yr max combined with ABA and Behavioral Therapy, and $144,000 lifetime maximum combined with ABA and Behavioral Therapy. Age 17 and over, no coverage	1.0610
Covered to age 9, $50,000 cal yr max combined with ABA and Behavioral Therapy. Age 9 to 19, $20,000 cal yr max combined with ABA and Behavioral Therapy. Age 19 and over, no coverage.	1.0609
Covered to age 21 same as any other PTOTST expense	1.0610
Covered to age 22, $36,000 cal yr max combined and $200,000 lifetime max combined with ABA. Age 22 and over, no coverage	1.0610
Covered to age 22 same as any other PTOTST expense	1.0610
Covered to age 16 same as any other PTOTST expense	1.0572
Covered to age 10 same as any other PTOTST expense	1.0473
Covered to age 12 same as any other PTOTST expense	1.0514
Covered to age 21, $36,000 cal yr max combined with ABA. Age 21 and over, no coverage.	1.0610
Covered to age 18 same as any other PTOTST expense	1.0610
Covered ages 1-7, $50,000 calendar year maximum; ages 7-22, $1,000 per month. Age 22 and over, no coverage.	1.0609
Covered to age 6 same as any other PTOTST expense	1.0348
Covered to age 13, $53,613 cal yr max combined with ABA and Behavioral Therapy. Age 13 and over, $26,806 cal yr max combined with ABA and Behavioral Therapy.	1.0514
Covered to age 22, $43,400 cal yr max combined with ABA, and $200,000 lifetime max combined with ABA. Age 22 and over, no coverage.	1.0610
Covered to age 21, $39,722 cal yr max combined with Behavioral Therapy and ABA. Once cal yr max and age limit has been met, no coverage except for 20 additional ST visits. Age 21 and over, no coverage.	1.0621
Covered to age 21, $37,710 cal yr max combined with ABA and Behavioral Therapy. Age 21 and over, no coverage.	1.0610
Covered 20 ST visits per calendar year	1.0344
Covered to age 7 $50,000 Cal Yr Max Age, 7 to 13, $40,000 cal yr max, 13 to 19, $30,000 cal yr max. All combined w/ ABA & Behavioral Therapy Age 19 and over, no coverage.	1.0610
Covered to age 7 same as any other PTOTST expense	1.0383
Covered to age 19, no visit limitations . Age 19 and over, no coverage.	1.0688

Table 21 Chiro/Subluxation

a. Copay

Copay	Factor
$0	1.0000
$2	0.9622
$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	0.1591
$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

Maximum	Chiro Only Factor	PT/OT/ST /Chiro Comb. Factor	PT/OT /Chiro Comb. Factor
10 visits	0.5967	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
90 visits	0.9738	N/A	N/A
Unlimited	1.0000	1.0000	1.0000

Table 21 Chiro/Subluxation

d. Dollar Max Coinsurance	$1,000 Factor	Unlimited Factor
10%	0.6298	1.0000
15%	0.6468	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	0.9972
$3	0.9959
$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%	0.9000
15%	0.8500
20%	0.7972
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	0.9702
$60	0.9656
$65	0.9610
$70	0.9565
$75	0.9519
$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 O/P

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 O/P

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	0.9864
$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	0.8923
$60	0.8808
$65	0.8693
$70	0.8580
$75	0.8466

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	0.9887
$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	0.9359
$60	0.9283
$65	0.9207
$70	0.9132
$75	0.9056

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
$60	0.8875
$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

Tables 34 ER O/P & 36 UC O/P

UC Copay	ER Copay										
	$0	$5	$10	$15	$20	$25	$30	$35	$40	$45	$50
N/A	1.0000	0.9921	0.9843	0.9764	0.9685	0.9606	0.9528	0.9449	0.9370	0.9291	0.9213
$0	1.0000	0.9921	0.9801	0.9699	0.9562	0.9482	0.9401	0.9320	0.9141	0.9058	0.8976
$5	1.0000	0.9921	0.9843	0.9722	0.9620	0.9483	0.9403	0.9322	0.9241	0.9061	0.8979
$10	1.0044	0.9921	0.9843	0.9764	0.9643	0.9541	0.9404	0.9324	0.9243	0.9161	0.8982
$15	1.0069	0.9965	0.9843	0.9764	0.9685	0.9564	0.9463	0.9325	0.9245	0.9163	0.9083
$20	1.0134	0.9990	0.9888	0.9764	0.9685	0.9606	0.9486	0.9383	0.9246	0.9165	0.9085
$25	1.0136	1.0056	0.9912	0.9809	0.9685	0.9606	0.9528	0.9407	0.9304	0.9166	0.9087
$30	1.0138	1.0058	0.9978	0.9833	0.9730	0.9606	0.9528	0.9449	0.9328	0.9225	0.9088
$35	1.0140	1.0060	0.9980	0.9899	0.9754	0.9651	0.9528	0.9449	0.9370	0.9248	0.9147
$40	1.0278	1.0062	0.9982	0.9901	0.9821	0.9675	0.9573	0.9449	0.9370	0.9291	0.9170
$45	1.0281	1.0200	0.9984	0.9903	0.9823	0.9742	0.9598	0.9494	0.9370	0.9291	0.9213
$50	1.0284	1.0203	1.0123	0.9905	0.9825	0.9744	0.9664	0.9519	0.9415	0.9291	0.9213
$55	1.0359	1.0206	1.0126	1.0045	0.9827	0.9746	0.9666	0.9586	0.9440	0.9336	0.9213
$60	1.0437	1.0281	1.0129	1.0048	0.9967	0.9748	0.9668	0.9588	0.9507	0.9361	0.9258
$75	1.0476	1.0417	1.0359	1.0204	1.0049	0.9896	0.9795	0.9734	0.9509	0.9428	0.9332
$80	1.0481	1.0422	1.0363	1.0282	1.0126	0.9971	0.9819	0.9737	0.9656	0.9430	0.9351
$85	1.0486	1.0427	1.0368	1.0286	1.0204	1.0048	0.9894	0.9741	0.9659	0.9578	0.9353
$90	1.0491	1.0432	1.0373	1.0291	1.0208	1.0126	0.9971	0.9817	0.9663	0.9581	0.9501
$95	1.0497	1.0437	1.0378	1.0296	1.0213	1.0130	1.0049	0.9893	0.9739	0.9585	0.9504
$100	1.0503	1.0443	1.0383	1.0301	1.0218	1.0135	1.0053	0.9972	0.9815	0.9661	0.9508
$105	1.0509	1.0449	1.0389	1.0306	1.0223	1.0140	1.0058	0.9976	0.9894	0.9737	0.9585
$110	1.0516	1.0455	1.0395	1.0312	1.0228	1.0145	1.0063	0.9981	0.9898	0.9816	0.9660
$115	1.0523	1.0462	1.0401	1.0318	1.0234	1.0150	1.0068	0.9986	0.9903	0.9820	0.9740
$120	1.0530	1.0469	1.0408	1.0324	1.0240	1.0156	1.0073	0.9991	0.9908	0.9825	0.9744
$125	1.0538	1.0476	1.0415	1.0331	1.0246	1.0162	1.0079	0.9996	0.9913	0.9830	0.9749
$130	1.0546	1.0484	1.0422	1.0338	1.0253	1.0168	1.0085	1.0002	0.9918	0.9835	0.9754
$135	1.0554	1.0492	1.0430	1.0345	1.0260	1.0175	1.0091	1.0008	0.9924	0.9840	0.9759
$140	1.0562	1.0500	1.0438	1.0353	1.0267	1.0182	1.0098	1.0014	0.9930	0.9846	0.9764
$145	1.0571	1.0508	1.0446	1.0361	1.0275	1.0189	1.0105	1.0021	0.9936	0.9852	0.9770
$150	1.0580	1.0517	1.0454	1.0369	1.0283	1.0197	1.0112	1.0028	0.9943	0.9858	0.9776
$175	1.0591	1.0527	1.0464	1.0379	1.0292	1.0206	1.0121	1.0036	0.9951	0.9866	0.9784
$200	1.0603	1.0539	1.0475	1.0390	1.0303	1.0217	1.0131	1.0046	0.9961	0.9875	0.9793
$250	1.0618	1.0554	1.0489	1.0404	1.0317	1.0231	1.0144	1.0059	0.9974	0.9887	0.9805
$300	1.0636	1.0572	1.0506	1.0421	1.0334	1.0248	1.0160	1.0075	0.9990	0.9902	0.9820
$350	1.0657	1.0593	1.0526	1.0441	1.0354	1.0268	1.0179	1.0094	1.0009	0.9920	0.9838
10%	1.0060	0.9952	0.9904	0.9848	0.9737	0.9647	0.9533	0.9482	0.9422	0.9353	0.9164
15%	1.0097	1.0008	0.9904	0.9856	0.9797	0.9686	0.9594	0.9485	0.9432	0.9373	0.9295
20%	1.0162	1.0047	0.9956	0.9856	0.9809	0.9745	0.9636	0.9542	0.9436	0.9383	0.9324
25%	1.0181	1.0110	0.9997	0.9905	0.9809	0.9761	0.9694	0.9586	0.9490	0.9387	0.9334
30%	1.0191	1.0133	1.0058	0.9947	0.9854	0.9761	0.9713	0.9642	0.9535	0.9437	0.9339
40%	1.0285	1.0150	1.0094	1.0037	0.9954	0.9848	0.9750	0.9665	0.9617	0.9537	0.9435
50%	1.0369	1.0313	1.0172	1.0054	0.9998	0.9943	0.9850	0.9749	0.9646	0.9569	0.9521

Tables 34 ER O/P & 36 UC O/P

UC Copay	ER Copay										
	$55	$60	$65	$70	$75	$80	$85	$90	$95	$100	$105
N/A	0.9134	0.9055	0.8999	0.8867	0.8819	0.8740	0.8662	0.8583	0.8504	0.8425	0.8347
$0	0.8893	0.8809	0.8714	0.8588	0.8503	0.8413	0.8328	0.8193	0.8105	0.8016	0.7928
$5	0.8896	0.8813	0.8729	0.8634	0.8507	0.8423	0.8333	0.8247	0.8111	0.8024	0.7934
$10	0.8899	0.8816	0.8733	0.8650	0.8554	0.8427	0.8344	0.8252	0.8166	0.8030	0.7943
$15	0.8902	0.8819	0.8736	0.8654	0.8570	0.8474	0.8348	0.8263	0.8171	0.8085	0.7949
$20	0.9004	0.8822	0.8739	0.8657	0.8574	0.8490	0.8395	0.8267	0.8183	0.8090	0.8004
$25	0.9006	0.8924	0.8742	0.8660	0.8577	0.8494	0.8410	0.8315	0.8187	0.8102	0.8009
$30	0.9008	0.8926	0.8845	0.8663	0.8580	0.8497	0.8414	0.8330	0.8234	0.8106	0.8021
$35	0.9009	0.8928	0.8847	0.8767	0.8583	0.8500	0.8417	0.8334	0.8250	0.8154	0.8025
$40	0.9068	0.8929	0.8849	0.8769	0.8687	0.8503	0.8420	0.8337	0.8254	0.8170	0.8073
$45	0.9091	0.8989	0.8850	0.8771	0.8689	0.8608	0.8423	0.8340	0.8257	0.8174	0.8093
$50	0.9134	0.9012	0.8909	0.8772	0.8691	0.8610	0.8547	0.8343	0.8260	0.8177	0.8118
$55	0.9134	0.9055	0.8933	0.8831	0.8692	0.8612	0.8549	0.8468	0.8263	0.8180	0.8121
$60	0.9134	0.9055	0.8976	0.8855	0.8752	0.8613	0.8557	0.8470	0.8374	0.8183	0.8124
$75	0.9272	0.9126	0.9022	0.8879	0.8819	0.8740	0.8619	0.8515	0.8376	0.8295	0.8213
$80	0.9274	0.9193	0.9047	0.8944	0.8819	0.8740	0.8662	0.8539	0.8436	0.8296	0.8215
$85	0.9276	0.9195	0.9115	0.8969	0.8865	0.8740	0.8662	0.8583	0.8460	0.8357	0.8216
$90	0.9278	0.9197	0.9117	0.9037	0.8890	0.8786	0.8662	0.8583	0.8504	0.8381	0.8277
$95	0.9424	0.9199	0.9119	0.9039	0.8959	0.8811	0.8708	0.8583	0.8504	0.8425	0.8301
$100	0.9427	0.9346	0.9121	0.9041	0.8961	0.8880	0.8734	0.8629	0.8504	0.8425	0.8347
$105	0.9430	0.9349	0.9268	0.9043	0.8963	0.8882	0.8802	0.8655	0.8551	0.8425	0.8347
$110	0.9507	0.9353	0.9271	0.9191	0.8965	0.8884	0.8804	0.8724	0.8576	0.8483	0.8347
$115	0.9583	0.9429	0.9275	0.9194	0.9114	0.8886	0.8806	0.8726	0.8663	0.8520	0.8433
$120	0.9662	0.9505	0.9352	0.9198	0.9117	0.9036	0.8808	0.8750	0.8665	0.8612	0.8469
$125	0.9666	0.9584	0.9427	0.9275	0.9120	0.9039	0.8972	0.8752	0.8697	0.8614	0.8561
$130	0.9671	0.9588	0.9507	0.9352	0.9203	0.9055	0.8975	0.8918	0.8699	0.8645	0.8563
$135	0.9676	0.9593	0.9511	0.9444	0.9295	0.9146	0.9000	0.8921	0.8863	0.8647	0.8592
$140	0.9681	0.9598	0.9516	0.9448	0.9386	0.9237	0.9091	0.8944	0.8866	0.8809	0.8594
$145	0.9686	0.9603	0.9521	0.9453	0.9390	0.9328	0.9181	0.9034	0.8889	0.8812	0.8754
$150	0.9692	0.9608	0.9526	0.9458	0.9395	0.9332	0.9272	0.9124	0.8978	0.8833	0.8757
$175	0.9699	0.9615	0.9533	0.9464	0.9401	0.9338	0.9277	0.9214	0.9157	0.9099	0.9042
$200	0.9708	0.9623	0.9541	0.9472	0.9409	0.9345	0.9284	0.9221	0.9163	0.9105	0.9048
$250	0.9720	0.9634	0.9552	0.9483	0.9420	0.9355	0.9294	0.9231	0.9172	0.9114	0.9057
$300	0.9735	0.9648	0.9566	0.9497	0.9434	0.9368	0.9307	0.9244	0.9184	0.9126	0.9069
$350	0.9753	0.9665	0.9583	0.9514	0.9451	0.9384	0.9323	0.9260	0.9199	0.9141	0.9084
10%	0.9110	0.9050	0.8990	0.8880	0.8786	0.8674	0.8613	0.8513	0.8446	0.8303	0.8238
15%	0.9114	0.9061	0.9000	0.8937	0.8829	0.8732	0.8625	0.8561	0.8464	0.8390	0.8252
20%	0.9238	0.9066	0.9011	0.8951	0.8885	0.8777	0.8679	0.8576	0.8509	0.8413	0.8334
25%	0.9276	0.9180	0.9017	0.8961	0.8902	0.8832	0.8726	0.8626	0.8526	0.8456	0.8363
30%	0.9286	0.9228	0.9123	0.8968	0.8912	0.8853	0.8780	0.8674	0.8574	0.8477	0.8403
40%	0.9332	0.9243	0.9188	0.9131	0.9007	0.8869	0.8813	0.8755	0.8676	0.8572	0.8467
50%	0.9433	0.9335	0.9228	0.9147	0.9089	0.9033	0.8891	0.8772	0.8715	0.8658	0.8569

Tables 34 ER O/P & 36 UC O/P Continued

UC Copay	ER Copay										
	$110	$115	$120	$125	$130	$135	$140	$145	$150	$175	$200
N/A	0.8268	0.8189	0.8110	0.8032	0.7953	0.7874	0.7795	0.7717	0.7638	0.7244	0.6851
$0	0.7795	0.7563	0.7427	0.7310	0.7191	0.7072	0.6954	0.6835	0.6715	0.6113	0.5522
$5	0.7817	0.7685	0.7453	0.7317	0.7199	0.7080	0.6962	0.6844	0.6724	0.6123	0.5534
$10	0.7823	0.7706	0.7574	0.7343	0.7206	0.7088	0.6970	0.6852	0.6733	0.6133	0.5546
$15	0.7832	0.7712	0.7596	0.7464	0.7233	0.7095	0.6978	0.6860	0.6741	0.6143	0.5557
$20	0.7838	0.7721	0.7602	0.7486	0.7354	0.7122	0.6985	0.6868	0.6749	0.6153	0.5568
$25	0.7893	0.7727	0.7610	0.7492	0.7375	0.7243	0.7011	0.6875	0.6757	0.6162	0.5579
$30	0.7898	0.7782	0.7616	0.7501	0.7381	0.7265	0.7132	0.6902	0.6764	0.6171	0.5589
$35	0.7911	0.7787	0.7671	0.7507	0.7390	0.7271	0.7154	0.7023	0.6792	0.6180	0.5599
$40	0.7915	0.7801	0.7676	0.7561	0.7396	0.7279	0.7160	0.7045	0.6912	0.6188	0.5609
$45	0.7963	0.7805	0.7690	0.7566	0.7451	0.7285	0.7169	0.7051	0.6934	0.6196	0.5619
$50	0.7983	0.7852	0.7694	0.7581	0.7456	0.7340	0.7175	0.7059	0.6940	0.6204	0.5628
$55	0.8007	0.7872	0.7742	0.7585	0.7471	0.7345	0.7229	0.7065	0.6949	0.6211	0.5637
$60	0.8010	0.7878	0.7762	0.7633	0.7475	0.7390	0.7234	0.7140	0.6955	0.6241	0.5646
$75	0.8101	0.7881	0.7768	0.7655	0.7542	0.7428	0.7302	0.7145	0.7031	0.6389	0.5654
$80	0.8103	0.7991	0.7771	0.7658	0.7545	0.7432	0.7322	0.7193	0.7035	0.6398	0.5661
$85	0.8105	0.7993	0.7883	0.7661	0.7548	0.7435	0.7346	0.7212	0.7082	0.6404	0.5693
$90	0.8106	0.7995	0.7885	0.7787	0.7551	0.7438	0.7349	0.7239	0.7102	0.6487	0.5813
$95	0.8167	0.7996	0.7887	0.7789	0.7692	0.7441	0.7358	0.7242	0.7167	0.6498	0.5897
$100	0.8191	0.8057	0.7888	0.7813	0.7694	0.7618	0.7362	0.7289	0.7172	0.6588	0.5941
$105	0.8268	0.8102	0.7981	0.7814	0.7738	0.7620	0.7544	0.7292	0.7218	0.6596	0.6029
$110	0.8268	0.8189	0.8025	0.7906	0.7739	0.7663	0.7546	0.7471	0.7221	0.6685	0.6040
$115	0.8268	0.8189	0.8110	0.7948	0.7830	0.7664	0.7588	0.7473	0.7397	0.6735	0.6170
$120	0.8352	0.8189	0.8110	0.8032	0.7871	0.7754	0.7589	0.7513	0.7399	0.6821	0.6178
$125	0.8387	0.8272	0.8110	0.8032	0.7953	0.7794	0.7678	0.7514	0.7438	0.6824	0.6264
$130	0.8478	0.8305	0.8191	0.8032	0.7953	0.7874	0.7716	0.7603	0.7439	0.6863	0.6268
$135	0.8480	0.8395	0.8223	0.8111	0.7953	0.7874	0.7795	0.7640	0.7527	0.6866	0.6353
$140	0.8508	0.8397	0.8312	0.8142	0.8031	0.7874	0.7795	0.7717	0.7563	0.7029	0.6395
$145	0.8510	0.8424	0.8314	0.8230	0.8060	0.7950	0.7795	0.7717	0.7638	0.7031	0.6473
$150	0.8667	0.8426	0.8339	0.8232	0.8147	0.7978	0.7869	0.7717	0.7638	0.7074	0.6476
$175	0.8951	0.8774	0.8599	0.8426	0.8296	0.8235	0.7981	0.7921	0.7795	0.7244	0.6704
$200	0.8956	0.8860	0.8770	0.8680	0.8589	0.8499	0.8326	0.8156	0.7987	0.7378	0.6851
$250	0.8964	0.8868	0.8778	0.8688	0.8596	0.8506	0.8408	0.8318	0.8228	0.7776	0.7110
$300	0.8975	0.8879	0.8789	0.8699	0.8606	0.8516	0.8418	0.8327	0.8237	0.7784	0.7325
$350	0.8989	0.8893	0.8803	0.8713	0.8619	0.8529	0.8431	0.8339	0.8249	0.7795	0.7334
10%	0.8117	0.8031	0.7889	0.7675	0.7557	0.7480	0.7403	0.7324	0.7246	0.6847	0.6459
15%	0.8168	0.8050	0.7960	0.7812	0.7606	0.7489	0.7412	0.7334	0.7256	0.6860	0.6473
20%	0.8184	0.8097	0.7982	0.7888	0.7737	0.7536	0.7422	0.7344	0.7266	0.6872	0.6488
25%	0.8260	0.8116	0.8026	0.7914	0.7819	0.7661	0.7465	0.7353	0.7276	0.6884	0.6501
30%	0.8295	0.8187	0.8048	0.7956	0.7846	0.7748	0.7585	0.7395	0.7286	0.6895	0.6514
40%	0.8359	0.8262	0.8160	0.8041	0.7914	0.7816	0.7711	0.7607	0.7433	0.6917	0.6540
50%	0.8450	0.8325	0.8225	0.8121	0.8025	0.7895	0.7778	0.7675	0.7575	0.6937	0.6564

Tables 34 ER O/P & 36 UC O/P Continued

UC Copay	ER Copay									
	$250	$300	$350	10%	15%	20%	25%	30%	40%	50%
N/A	0.6063	0.5276	0.4489	0.9000	0.8500	0.8000	0.7500	0.7000	0.6000	0.5000
$0	0.4680	0.3994	0.3336	0.8275	0.7264	0.6484	0.5749	0.5228	0.4411	0.3737
$5	0.4695	0.4012	0.3357	0.8316	0.7276	0.6500	0.5769	0.5252	0.4437	0.3760
$10	0.4710	0.4030	0.3378	0.8358	0.7288	0.6515	0.5788	0.5276	0.4464	0.3783
$15	0.4724	0.4047	0.3398	0.8428	0.7299	0.6530	0.5807	0.5298	0.4489	0.3805
$20	0.4738	0.4064	0.3418	0.8452	0.7309	0.6545	0.5826	0.5321	0.4515	0.3827
$25	0.4752	0.4081	0.3438	0.8492	0.7319	0.6558	0.5843	0.5342	0.4540	0.3849
$30	0.4765	0.4097	0.3457	0.8521	0.7355	0.6572	0.5861	0.5364	0.4564	0.3870
$35	0.4778	0.4113	0.3476	0.8581	0.7465	0.6586	0.5879	0.5385	0.4589	0.3892
$40	0.4791	0.4129	0.3495	0.8631	0.7574	0.6599	0.5895	0.5406	0.4612	0.3912
$45	0.4804	0.4145	0.3514	0.8675	0.7611	0.6611	0.5912	0.5427	0.4636	0.3933
$50	0.4816	0.4160	0.3532	0.8682	0.7649	0.6623	0.5928	0.5446	0.4659	0.3953
$55	0.4828	0.4175	0.3550	0.8692	0.7680	0.6635	0.5943	0.5466	0.4682	0.3973
$60	0.4840	0.4190	0.3568	0.8753	0.7743	0.6653	0.5959	0.5485	0.4704	0.3993
$75	0.4851	0.4204	0.3585	0.8874	0.7859	0.6696	0.5974	0.5504	0.4727	0.4014
$80	0.4861	0.4217	0.3601	0.8902	0.7899	0.6714	0.5987	0.5521	0.4748	0.4032
$85	0.4871	0.4230	0.3617	0.8964	0.7954	0.6768	0.6005	0.5539	0.4769	0.4050
$90	0.4881	0.4243	0.3633	0.9014	0.8008	0.6917	0.6031	0.5556	0.4789	0.4068
$95	0.4891	0.4256	0.3649	0.9060	0.8040	0.6973	0.6048	0.5572	0.4808	0.4086
$100	0.4900	0.4268	0.3664	0.9060	0.8053	0.6994	0.6061	0.5588	0.4828	0.4102
$105	0.4909	0.4280	0.3679	0.9084	0.8071	0.7057	0.6078	0.5603	0.4847	0.4119
$110	0.4918	0.4292	0.3694	0.9153	0.8184	0.7092	0.6091	0.5619	0.4866	0.4136
$115	0.4926	0.4303	0.3708	0.9219	0.8284	0.7232	0.6114	0.5634	0.4884	0.4152
$120	0.4934	0.4314	0.3722	0.9285	0.8314	0.7263	0.6126	0.5648	0.4902	0.4168
$125	0.4942	0.4325	0.3736	0.9300	0.8341	0.7351	0.6144	0.5662	0.4919	0.4183
$130	0.4982	0.4335	0.3749	0.9327	0.8395	0.7372	0.6189	0.5679	0.4936	0.4198
$135	0.5061	0.4345	0.3762	0.9393	0.8469	0.7459	0.6286	0.5702	0.4953	0.4213
$140	0.5219	0.4355	0.3775	0.9513	0.8544	0.7540	0.6468	0.5734	0.4969	0.4228
$145	0.5298	0.4365	0.3788	0.9526	0.8589	0.7625	0.6564	0.5756	0.4985	0.4242
$150	0.5337	0.4374	0.3800	0.9579	0.8589	0.7641	0.6610	0.5771	0.5001	0.4256
$175	0.5613	0.4383	0.3812	0.9834	0.8828	0.7928	0.6972	0.5821	0.5016	0.4269
$200	0.5777	0.4734	0.3822	0.9842	0.9095	0.8146	0.7227	0.6256	0.5029	0.4281
$250	0.6063	0.5079	0.4127	0.9854	0.9320	0.8560	0.7684	0.6814	0.5430	0.4618
$300	0.6234	0.5276	0.4380	0.9870	0.9332	0.8781	0.8022	0.7214	0.5908	0.5019
$350	0.6421	0.5359	0.4489	0.9890	0.9348	0.8793	0.8242	0.7501	0.6238	0.5296
10%	0.5722	0.5220	0.4759	0.8353	0.7287	0.6513	0.5786	0.5273	0.4461	0.3599
15%	0.5740	0.5242	0.4784	0.8416	0.7297	0.6527	0.5804	0.5294	0.4485	0.3619
20%	0.5758	0.5264	0.4810	0.8447	0.7307	0.6541	0.5821	0.5315	0.4509	0.3639
25%	0.5775	0.5285	0.4835	0.8481	0.7316	0.6554	0.5838	0.5336	0.4533	0.3659
30%	0.5792	0.5305	0.4859	0.8511	0.7343	0.6567	0.5855	0.5356	0.4556	0.3678
40%	0.5825	0.5346	0.4908	0.8608	0.7524	0.6593	0.5888	0.5397	0.4602	0.3716
50%	0.5857	0.5386	0.4954	0.8678	0.7627	0.6616	0.5919	0.5435	0.4646	0.3752

Table 35 ER NF

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

Table 37 PCP

a. Copay

Copay	Factor
$0	1.0000
$2	0.9615
$3	0.9426
$5	0.9051
$10	0.8146
$15	0.7285
$20	0.6468
$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. Copay%

Copay%	Factor
10%	0.8541
15%	0.7850
20%	0.7185
25%	0.6544
30%	0.5930
40%	0.4777
50%	0.3868

Table 38 E-visits PCP

a. Copay

Copay	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. Copay%

Copay%	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. Copay

Copay	Factor
$0	1.0000
$2	0.9474
$3	0.9217
$5	0.8713
$10	0.7519
$15	0.6416
$20	0.5401
$25	0.4472
$30	0.3627
$35	0.3004
$40	0.2405
$45	0.1830
$50	0.1278
$55	0.0767
$60	0.0256
$65	0.0000
$70	0.0000
$75	0.0000

Table 39 Walk-In Clinics

b. Copay%

Copay%	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. Copay

Copay	Applies to All PCPs Factor	Applies to Designated PCP Factor
$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	0.6468	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. Copay%

Copay%	Applies to All PCPs Factor	Applies to Designated PCP Factor
10%	0.8541	0.8387
15%	0.7850	0.7632
20%	0.7185	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. Copay

Copay	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. Copay%

Copay%	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. Copay

Copay	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. Copay%

Copay%	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. Copay

Copay	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	0.7898
$40	0.7581
$45	0.7269
$50	0.6962
$55	0.6702
$60	0.6445
$65	0.6190
$70	0.5939
$75	0.5689
$80	0.5478
$85	0.5266
$90	0.5054
$95	0.4842
$100	0.4630

Table 43 Office Based Surgery

b. Copay%

Copay%	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. Copay%

Copay%	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. Copay%

Copay%	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	0.9857
$25	0.9822
$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%	0.8052
20%	0.7578
25%	0.7104
30%	0.6631
40%	0.5683
50%	0.4736

Table 47 Prenatal

a. Copay

Copay	Factor
$0	1.0000
$2	0.9986
$3	0.9979
$5	0.9964
$10	0.9929
$15	0.9893
$20	0.9857
$25	0.9822
$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 47 Prenatal

b. Copay%

Copay%	Factor
10%	0.8525
15%	0.8052
20%	0.7578
25%	0.7104
30%	0.6631
40%	0.5683
50%	0.4736

Table 47 Prenatal

c. Breast Pump/Lactation

Copay%	Breast & Lactation	Breast Pump	Lactation Counseling	Not Covered
0%	1.1449	1.0700	1.0700	1.0000
10%	1.1591	1.0766	1.0766	1.0000
15%	1.1688	1.0811	1.0811	1.0000
20%	1.1798	1.0862	1.0862	1.0000
25%	1.1925	1.0920	1.0920	1.0000
30%	1.2067	1.0985	1.0985	1.0000
40%	1.2432	1.1150	1.1150	1.0000
50%	1.2950	1.1380	1.1380	1.0000

Table 48 Surgery NF

a. Copay %

Copay%	Factor
10%	0.8598
15%	0.7816
20%	0.7194
25%	0.6650
30%	0.6206
40%	0.5320
50%	0.4433

Table 49 Bariatric - physician

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

Table 49 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 49 Bariatric - physician

b. Maximum Benefit

Copay %	Rider with Benefit Maximum 50%	40%	30%	25%	20%	15%	10%	Mandated or Rider Benefit No Maximum NA
$10,000 per procedure	0.8189	0.7430	0.6802	0.6470	0.6180	0.5908	0.5635	1.0000
$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 50 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	0.8339
$60	0.8154
$65	0.7971
$70	0.7789
$75	0.7610
Not Covered	0.0000

Table 50 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 51 Allergy Trmt/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 51 Allergy Trmt/Serum -NF

b. Copay %

Copay%	Factor
10%	0.8824
15%	0.8251
20%	0.7688
25%	0.7134
30%	0.6590
40%	0.5532
50%	0.4512

Table 52 Oral Surgery NF

a. Copay

Copay	Factor
$0	1.0000
$2	0.9968
$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 52 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 52 Oral Surgery NF

c. Option

	Factor
Include Medical in Nature	1.0000
Include Medical & Dental in Nature	1.0330

Table 53 Routine Physical - Adult

a. Copay

Copay	Factor
$0	1.0000
$2	0.9799
$3	0.9700
$5	0.9502
$10	0.9013
$15	0.8534
$20	0.8065
$25	0.7563
$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 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 53 Routine Physical - Adult

c. Coverage Limit

Coverage Limit	Factor
No Age or Frequency Limitations Apply	1.1800
1/12 Months	1.0000
1/24 Months	0.8200
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
months age 19 1 exam every 12 months age 65 and older	0.8300
months age 21 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 999	0.8300
1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older	0.8300
1 exam per calendar year age 19 to 22, 1 exam every 24 months age 22 to 65, 1 exam per calendar year age 65 and older.	0.8300
Age 19 & older, 1 exam per calendar year	1.0000
1 visit per plan year, ages 22 - 999	1.0000
1 visit per calendar year, ages 22 - 999	1.0000
1 visit per 12 months, ages 22 - 999	1.0000

Table 53 Routine Physical - Adult

d. Preventive 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	0.6800
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 54 Immunization - Adult

a. Copay

Copay	Factor
$0	1.0000
$2	0.9799
$3	0.9700
$5	0.9502
$10	0.9013
$15	0.8534
$20	0.8065
$25	0.7563
$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 54 Immunization - Adult

a2. Immunization - Adult
- If routine physical is covered, then copay for these benefits isn't collected

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
$65	1.0000
$70	1.0000
$75	1.0000

Table 54 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 54 Immunization - Adult

c. Preventive 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	0.6800
Includes Well Adult, Immunizations, Routine GYN, Routine Pap Smears	0.8500

Table 55 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 55 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 55 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
3 exams 25 - 36 months, 1 exam per 12 months thereafter thru age 21	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
7 exams 1st 12 months, 3 exams 13th - 24 months, 3 exams 25th - 36th months, 1 exam per calendar year thereafter to age 19.	1.0625
7 exams 1st 12 months, 3 exams 13 - 24 months, 3 exams 25 - 36 months, 1 exam per 12 months thereafter thru age 21	1.0625
9 exams 1st 24 months, 1 exam per 12 months thereafter to age 7	0.6250
9 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 55 Routine Physical - Child

d. Preventive 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	0.6200
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 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	0.6500
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	0.6800
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	0.7900

Table 56 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 56 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 56 Immunization - Child

c. Preventive 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	0.6200
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 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	0.6500
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	0.6800

Table 57 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	0.1786
$55	0.1314
$60	0.0854
$65	0.0409
$70	0.0000
$75	0.0000
Not Covered	0.0000

Table 57 Routine Eye Exam

b. Copay%

Copay%	Factor
10%	0.8687
15%	0.8056
20%	0.7443
25%	0.6847
30%	0.6269
40%	0.5164
50%	0.4130

Table 57 Routine Eye Exam

c. Routine Eye Exam

Maximum	Factor
Eye Exam excluded, includes Glaucoma Test every 5 yrs age 35+	0.0200
Standard Schedule	0.9900
HMO Schedule Applies	0.7500
1 per 12 months Child Only	0.2475

Table 58 Speech & Hearing NF

a. Copay

Copay	Factors
$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	0.6436
$65	0.6202
$70	0.5972
$75	0.5745

Table 58 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 58 Speech & Hearing NF

c. Routine Hearing Maximum

Option	Factor
1 Exam per 36 months	0.3300
Audiometric exams for children under age 13	0.4860
Child to age 18	0.5440
Child to age 2 covered 1 exam per 48 months	0.0634
N/A	1.0000

Table 59 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	0.8878
$25	0.8598
$30	0.8317
$35	0.8037
$40	0.7756
$45	0.7476
$50	0.7195
$55	0.6915
$60	0.6635
$65	0.6354
$70	0.6074
$75	0.5793
Not Covered	0.0000

Table 59 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 59 Routine Gyn

c. Benefit Maximums

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

Table 59 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	0.6200
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 60 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 60 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 60 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 calend	0.9650
1 baseline age 35-39, age 40 & over unlimited	0.9950
No Age or Frequency Limitations Apply	1.0000

Table 60 Mammography

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, 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 61 Cancer Screening

a. Copay

Copay	Factor
$0	1.0000
$5	0.9962
$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 61 Cancer Screening

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 62 Digital Rectal Exam

	Factor
All cost share & limits	1.0000

Table 63 Prostate Specific Antigen

a. Copay

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 63 Prostate Specific Antigen

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 63 Prostate Specific Antigen

c. Preventive 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, 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 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	0.6300
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 64 Serious MH NF

a. Copay

Copay	Factor
$0	1.0000
$2	0.9608
$3	0.9415
$5	0.9035
$10	0.8118
$15	0.7248
$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 64 Serious MH NF

b1. Copay%

Copay%	Factor
10%	0.8371
15%	0.7609
20%	0.6881
25%	0.6189
30%	0.5532
40%	0.4209
50%	0.3058

Table 64 Serious MH NF

b2. Step Coinsurance Plans 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	0.9035
$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	0.4848
$0/$35 1-4/5-Unlimited/CAL; SM2 $35 Unlimited/CAL	0.4104
$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	0.0882
$0/$75 1-4/5-Unlimited/CAL; SM2 $75 Unlimited/CAL	0.0650
$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	0.8437
$0/V, 1-5 visits, $20/V, 6+ visits	0.7971
$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	0.6288
$15/V, 1-5 visits, $20/V, 6-30 visits, $20/V, 31+ visits	0.6782
$15/V, 1-5 visits, $25/V, 6-30 visits, $25/V, 31+ visits	0.6343
$15/V, 1-5 visits, $25/V, 6-30 visits, $30/V, 31+ visits	0.6247
$15/V, 1-5 visits, $25/V, 6-30 visits, $35/V, 31+ visits	0.6159
80%/V Visits 1-5 65%V visits 6-30 50%/V visits 31+	0.5516
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.5653
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	0.4700
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	0.6037
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 64 Serious MH NF

b2. Step Coinsurance Plans (continued) Option	Serious MH NF Only Factor
0% visits 1-4; 10% after $45 Copay 5+ visits	0.4991
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	0.7959
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	0.5640
0% visits 1-4; 20% after $35 Copay 5+ visits	0.5305
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	0.6080
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	0.4130
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 $5 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	0.5458
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	0.4588
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	0.3758
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 Serious MH NF

c. Freqmax Maximum	MH SMI NF Factor	All OP MH & SA SA Combined Factor
20 visits/cal yr	0.7925	0.7808
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	0.9256	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
26 visits/cal yr	0.8637	N/A
24 visits/cal yr	0.8377	N/A

Table 64 Serious MH NF

d. Applied behavioral oral Analysis

Benefit	Factor
Not Covered	1.0000
Covered with no age or visit limit restrictions.	1.2000
Covered to age 9, $34,000 Cal Yr Max Age 9 to 19, $19,000 cal yr max. Age 19 and over, no coverage.	1.1569
Covered to age 9, $50,000 Cal Yr Max combined with Behavioral Therapy. Age 9 to 13, $35,000 Cal Yr Max combined with Behavioral Therapy. Age 13 to 15, $25,000 Cal Yr Max combined with Behavioral Therapy. age 15 & over, no coverage.	1.1704
Covered to age 15. Age 15 and over, no coverage.	1.1817
Covered to age 22, $43,400 Cal Yr Max and $200,000 lifetime max combined with Behavioral Therapy and PTOTST. Age 22 and over, no coverage.	1.1798
Covered to age 18. Age 18 and over, no coverage.	1.1939
Covered to age 17, $36,000 Cal Yr Max and $144,000 lifetime max combined with Behavioral Therapy and PTOTST. Age 17 and over, no coverage.	1.1596
Covered to age 17. Age 17 and over, no coverage.	1.1898
Covered to age 19, $40,000 Cal Yr Max. age 19 and over, no coverage.	1.1743
Covered to age 19. Age 19 and over, no coverage.	1.1980
Covered to age 9, $50,000 Cal Yr Max combined with Behavioral Therapy & PTOTST. AGE 9 to 19, $20,000 Cal Yr Max combined with Behavioral Therapy & PTOTST. Age 19 and over, no coverage.	1.1761
Covered to age 13, $36,000 Cal Yr Max. Age 13 to 21, $27,000 cal yr max. Age 21 and over, no coverage.	1.1662
Covered to age 21, $36,000 cal yr max	1.1676
Covered to age 21. Age 21 and over, no coverage.	1.1984
Covered to age 21, $37,710 cal yr max combined with Behavioral Therapy & PTOTST. Age 21 and over, no coverage.	1.1696
Covered to age 22, $36,000 Cal Yr Max and $200,000 lifetime max combined with Behavioral Therapy & PTOTST. Age 22 and over, no coverage.	1.1677
Covered to age 22. Age 22 and over, no coverage.	1.1986
Covered to age 22, $36,000 Cal Yr Max. age 22 and over, no coverage.	1.1679
Covered to age 16, $50,000 Cal Yr Max combined with Behavioral Therapy. Age 16 and over, no coverage.	1.1738
Covered to age 16. Age 16 and over, no coverage.	1.1898
Covered to age 10. Age 10 and over, no coverage.	1.1539
Covered to age 9, $50,000 Cal Yr Max combined with Behavioral Therapy. Age 9 to 16, $25,000 Cal Yr Max combined with Behavioral Therapy. Age 16 and over, no coverage.	1.1684
Covered to age 21, $38,527 Cal Yr Max combined with Behavioral Therapy & PTOTST. Age 21 and over, no coverage.	1.1722
Covered to age 18, $50,000 cal yr max. Age 18 and over, no coverage.	1.1817
Covered Ages 1-7, $50,000 Cal Yr Max combined with Behavioral Therapy & PTOTST. Ages 7-22, $1,000 per month combined with Behavioral Therapy & PTOTST. Age 22 and over, no coverage.	0.0000 1.1634
Covered to age 6, $36,000 Cal Yr Max. age 6 and over, no coverage.	1.0923
Covered to age 6. Age 6 and over, no coverage.	1.1132
Covered to age 15, $32,000 Cal Yr Max. age 15 and over, no coverage.	1.1448
Covered to age 7, $35,000 Cal Yr Max. age 7 and over, no coverage.	1.1006
Covered to age 7. Age 7 and over, no coverage.	1.1246
Covered to age 18, $30,000 Cal Yr Max. age 18 and over, no coverage.	1.1515
Covered to age 21, $37,080 Cal Yr Max. age 21 and over, no coverage.	1.1696
Covered to age 21, $39,721 cal yr max combined with Behavioral Therapy & PTOTST. Age 21 and over, no coverage.	1.1742
Covered to age 13, $53,613 cal yr max combined with Behavioral Therapy & PTOTST. Age 13 and over, $26,806 cal yr max combined with Behavioral Therapy & PTOTST.	1.1863
Covered to age 7 $50,000 Cal Yr Max Age, 7 to 13, $40,000 cal yr max, 13 to 19, $40,000 cal yr max. Age 19 and over, no coverage.	1.1812
Covered to age 16, $52,100 Cal Yr Max combined with Behavioral Therapy. Age 16 and over, no coverage.	1.1738
Covered to age 10, $36,000 Cal Yr Max. age 10 and over, no coverage.	1.1274

Table 65 MH NF

a. Copay

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	0.4765
$35	0.4014
$40	0.3327
$45	0.2704
$50	0.2145
$55	0.1759
$60	0.1402
$65	0.1073
$70	0.0773
$75	0.0532

Table 65 MH NF

b1. Copay%

Copay%	Factor
10%	0.8391
15%	0.7638
20%	0.6918
25%	0.6232
30%	0.5580
40%	0.4279
50%	0.3131

Table 65 MH NF

b2. Step Coinsurance Plans Option	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	0.9440
$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	0.7017
$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, 1-40 visits, $30/V, 41+ visits	0.5517
$25/V, 1-40 visits, $35/V, 41+ visits	0.5460
$25/V, 1-40 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	0.6725
$15/V, 1-5 visits, $25/V, 6-30 visits, $25/V, 31+ visits	0.6279
$15/V, 1-5 visits, $25/V, 6-30 visits, $30/V, 31+ visits	0.6183
$15/V, 1-5 visits, $25/V, 6-30 visits, $35/V, 31+ visits	0.6094
80%/V Visits 1-5 65%V visits 6-30 50%/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%/60% 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	0.2958
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. 35% for visits 6-30 and 50% for 31+ visits	0.5570
25% for visits 1-40 and 30% for 41+ visits	0.6182
25% for visits 1-40 and 40% for 41+ visits	0.6082
75%/V visits 1-40; 70%/V visits 41+ per plan year	0.6182
75%/V visits 1-40; 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 65 MH NF

b2. Step Coinsurance Plans (continued) Option	MH NF Only 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	0.6338
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	0.4253
0% visits 1-4; 20% after $60 Copay 5+ visits	0.4091
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	0.6257
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 65 MH NF

d. Freqmax	MH non-SMI NF	All OP MH & SA SA Combined
Maximum	Factor	Factor
20 visits/cal yr	0.8534	0.7808
200 visits/cal yr	1.0000	0.9995
25 visits/cal yr	0.8974	0.8354
30 visits/cal yr	0.9278	0.8784
35 visits/cal yr	0.9469	0.9079
40 visits/cal yr	0.9519	0.9213
45 visits/cal yr	0.9645	0.9406
50 visits/cal yr	0.9657	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 66 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 66 MH part hosp

b1. Copay%

Copay%	Factor
10%	0.7216
15%	0.5800
20%	0.5014
25%	0.4585
30%	0.4280
40%	0.3668
50%	0.3057

Table 66 MH part hosp

b2. Step Coinsurance Plans Option	Part hosp 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	0.9580
$0/$10 1-4/5-Unlimited/CAL;SM2 $10 Unlimited/CAL	0.9168
$0/$15 1-4/5-Unlimited/CAL; SM2 $15 Unlimited/CAL	0.8764
$0/$20 1-4/5-Unlimited/CAL; SM2 $20 Unlimited/CAL	0.8369
$0/$25 1-4/5-Unlimited/CAL; SM2 $25 Unlimited/CAL	0.7981
$0/$30 1-4/5-Unlimited/CAL; SM2 $30 Unlimited/CAL	0.7526
$0/$35 1-4/5-Unlimited/CAL; SM2 $35 Unlimited/CAL	0.7082
$0/$40 1-4/5-Unlimited/CAL; SM2 $40 Unlimited/CAL	0.6649
$0/$45 1-4/5-Unlimited/CAL; SM2 $45 Unlimited/CAL	0.6225
$0/$50 1-4/5-Unlimited/CAL; SM2 $50 Unlimited/CAL	0.5812
$0/$55 1-4/5-Unlimited/CAL; SM2 $55 Unlimited/CAL	0.5580
$0/$60 1-4/5-Unlimited/CAL; SM2 $60 Unlimited/CAL	0.5353
$0/$65 1-4/5-Unlimited/CAL; SM2 $65 Unlimited/CAL	0.5130
$0/$70 1-4/5-Unlimited/CAL; SM2 $70 Unlimited/CAL	0.4912
$0/$75 1-4/5-Unlimited/CAL; SM2 $75 Unlimited/CAL	0.4826
$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	0.9298
$0/V, 1-5 visits, $20/V, 6+ visits	0.9073
$0/V, 1-5 visits, $25/V, 6+ visits	0.8853
$0/V, 1-5 visits, $30/V, 6+ visits	0.8595
$0/V, 1-5 visits, $35/V, 6+ visits	0.8343
$0/V, 1-5 visits, $40/V, 6+ visits	0.8097
$0/V, 1-5 visits, $45/V, 6+ visits	0.7856
$0/V, 1-5 visits, $50/V, 6+ visits	0.7622
$0/V, 1-5 visits, $55/V, 6+ visits	0.7490
$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	0.7878
$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	0.8540
$15/V, 1-5 visits, $25/V, 6-30 visits, $25/V, 31+ visits	0.8319
$15/V, 1-5 visits, $25/V, 6-30 visits, $30/V, 31+ visits	0.8265
$15/V, 1-5 visits, $25/V, 6-30 visits, $35/V, 31+ visits	0.8213
80%/V Visits 1-5 65%V visits 6-30 50%/V visits 31+	0.4314
80%/V Visits 1-5 65%/V visits 6-30 60%/V visits 31+	0.4387
100%/50% 1-4/5-Unlimited/Cal; SM2 50% Unlimited/Cal	0.3057
100%/60% 1-4/5-Unlimited/Cal; SM2 60% Unlimited/Cal	0.3668
100%/70% 1-4/5-Unlimited/Cal; SM2 70% Unlimited/Cal	0.4280
100%/75% 1-4/5-Unlimited/Cal; SM2 75% Unlimited/Cal	0.4585
100%/80% 1-4/5-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	0.3589
90%/V visits 1-5; 50%/V visits 6-20	0.4200
80%/V visits 1-5; 70%/V visits 6+	0.5335
80%/V visits 1-5; 75%/V visits 6+	0.5706
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	0.8178
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 66 MH part hosp

b2. Step Coinsurance Plans (continued) Option	Part hosp Only Factor
0% visits 1-4; 10% after $45 Copay 5+ visits	0.6396
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	0.6737
0% visits 1-4; 20% after $2 Copay 5+ visits	0.6682
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	0.5926
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	0.5019
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	0.5857
0% visits 1-4; 40% after $2 Copay 5+ visits	0.5816
0% visits 1-4; 40% after $5 Copay 5+ visits	0.5756
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	0.5263
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 MH part hosp

d. Freqmax Maximum	MH part hosp NF Factor	All OP MH & SA SA Combined Factor
20 visits/cal yr	NA	0.7808
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	0.9079
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	0.9860
Unlimited visits/cal yr	1.0000	1.0000
30 visits/cal yr; (SMI) unlimited cal yr	0.9302	N/A
120 visits/cal yr	1.0000	N/A

Table 67 SA NF

a. Copay

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	0.2718
$65	0.2423
$70	0.2146
$75	0.2003

Table 67 SA NF

b1. Copay%

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

Table 67 SA NF

b2. Step Coinsurance Plans	SA NF Only Factor
$0/V 1-4 visits $0V 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	0.4651
$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	0.7889
$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	0.5884
$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	0.2391
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	0.8582
0% visits 1-4; 10% after $5 Copay 5+ visits	0.8337
0% visits 1-4; 10% after $10 Copay 5+ visits	0.7942
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 67 SA NF

b2. Step Coinsurance Plans	SA NF Only Factor
0% visits 1-4; 10% after $40 Copay 5+ visits	0.5761
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	0.4357
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	0.6531
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	0.5572
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	0.3996
0% visits 1-4; 40% after $60 Copay 5+ visits	0.3925
0% visits 1-4; 40% after $65 Copay 5+ visits	0.3859
0% visits 1-4; 40% after $70 Copay 5+ visits	0.3796
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	0.4565
0% visits 1-4; 50% after $20 Copay 5+ visits	0.4457
0% visits 1-4; 50% after $25 Copay 5+ visits	0.4355
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	0.3797
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 67 SA NF

c. Freqmax	SA NF	All OP MH & SA SA Combined
Maximum	Factor	Factor
20 visits/cal yr	0.8278	0.7808
200 visits/cal yr	1.0000	0.9995
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	0.9899	0.9652
90 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	0.4719	N/A
20 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
60 visits/cal yr, 120 visits/lifetime	0.9701	N/A
65 visits/cal yr	0.9927	N/A
14 visits/cal yr	0.7223	N/A
91 visits/cal yr	0.9993	N/A

Table 67 SA NF

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

Table 68 Private Duty Nursing

a. Coinsurance

Coinsurance	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 69 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 69 HHC

b. Copay%

Copay%	Factor
10%	0.8393
15%	0.7641
20%	0.6921
25%	0.6236
30%	0.5584
40%	0.4660
50%	0.3816

Table 69 HHC

c. Maximum

Maximum	w/o PDN Factor
60-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 70 Hospice NF

a. Copay

Copay	Factor
$0	1.0000
$2	1.0000
$3	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 70 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 70 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 71 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 71 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 72 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 72 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 73 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 73 Durable Medical Equipment

b. Maximum

	Copay%										
	0%	5%	10%	15%	20%	25%	30%	35%	40%	45%	50%
Dollar Maximum	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
$250	0.1949	0.2051	0.2165	0.2293	0.2436	0.2599	0.2784	0.2998	0.3248	0.3543	0.3898
$500	0.3898	0.3983	0.4079	0.4185	0.4305	0.4440	0.4595	0.4754	0.4895	0.5061	0.5261
$750	0.4711	0.4798	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	0.6860
$2,000	0.6491	0.6569	0.6655	0.6751	0.6860	0.6966	0.7087	0.7217	0.7348	0.7494	0.7659
$2,500	0.6860	0.6943	0.7036	0.7141	0.7242	0.7348	0.7465	0.7589	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 74 Diabetic Supplies

Coinsurance	Factor
Covered	1.0000
Not Covered	0.0000

Table 75 Prosthetics and Orthotics

a. Copay

Copay	Factor
$0	1.0000
$2	0.9976
$3	0.9964
$5	0.9940
$10	0.9879
$15	0.9819
$20	0.9758
$25	0.9698
$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

Table 75 Prosthetics and Orthotics

b. Copay %

Copay%	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	0.0000

Table 76 Lens Reimbursement

a. Copay

Benefit	Every 12 months Factor	Every 24 months Factor	Every 36 months Factor
$35	0.3879	0.0864	0.0407
$70	0.4547	0.1861	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	0.2905
$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 Lens Reimbursement

b. Other

Option	Factor
Child-only eyeglasses	0.2500

Table 77 Hearing Aid

a. Copay

Copay	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 77 Hearing Aid

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
Not Covered	0.0000

Table 77 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 ye 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	0.0430
1 hearing aid to a maximum of $1,000 per ear during any 24 month period for children under age 13	0.0240
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 $1,400 maximum per ear every 36 months to age 18.	0.5100
1 hearing aid per ear to a maximum of $2,500 every 36 months to age 22	0.0760
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	0.0100
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	0.4269
$1,400 per 36 months	0.3908
$5,000 per 36 months	0.8369
Unlimited	1.0000

Table 78 PKU

a. Copay

Copay%	Factor
0%	1.0000
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 78 PKU

b. Frequency Maximum

Maximums	Factor
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 79 Infertility - AI/OI NF

a. Copay

Copay	Factor
$0	1.0000
$2	0.9901
$3	0.9852
$5	0.9753
$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 79 Infertility - AI/OI NF

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 79 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
$1,000,000	1.0000	1.0000
Unlimited	1.0000	1.0000

Table 79 Infertility - AI/OI NF

d. Other Maximums

Maximum Attempts	Factor
2 per calendar year	0.6150
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
4 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 80 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	0.9906
$30	0.9887
$35	0.9868
$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 80 ART 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 80 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	0.9800
$100,000	0.9961	0.9910
$1,000,000	1.0000	1.0000
Unlimited	1.0000	1.0000

Table 80 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 Invitro 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 Invitro/ICSI only	0.8450
3 per lifetime	0.8450
4 attempts per lifetime, if live birth, 2 additional attempts covered, 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 Invitro only, excludes all other ART benefits	0.9900
Unlimited	1.0000
Not covered	0.0000

Table 81 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	0.4879
$60	0.4677
$65	0.4480
$70	0.4286
$75	0.4096
Not covered	0.0000

Table 81 TMJ Disorder

b1. Copay%

Copay%	Factor
10%	0.8218
15%	0.7391
20%	0.6609
25%	0.5870
30%	0.5174
40%	0.3913
50%	0.3105

Table 82 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	0.9699
$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 82 Tubal Ligation

b1. Copay%

Copay%	Factor
10%	0.8267
15%	0.7386
20%	0.6629
25%	0.5959
30%	0.5486
40%	0.4767
50%	0.3973

Table 83 Voluntary Abortion

a. Copay

Copay	Factor
$0	1.0000
$2	0.9976
$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 83 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 84 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 84 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 85 Contraceptives

a. Copay

Copay	Factor
$0	1.0000
$2	0.9909
$3	0.9863
$5	0.9772
$10	0.9543
$15	0.9315
$20	0.9087
$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 85 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

Include/Exclude Adjustment Factor
Used in Column [2]

Option	Factor
Include	1.0000
Exclude	0.0000

Table 85 Contraceptives

c. Other

Option	Factor
Exclude	0.0000
Include Medical contra only	1.0000
Include Medical contra and oral contraceptives	2.0000
Include Medical contra and oral contra subject to the HCR mandate waive cost share	8.0000
Include medical contra & oral contra HCR mandated waive cost share only, rest not covered	7.0000

Inpatient Pre-certification Adjustment Factor
Used in Column [9]

Option	Factor
Included	1.0000
Excluded	1.1480
None	1.1480

Table 87 Specialty (Self-Injectables)

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

Section III.Bottom Line Adjustments:

Table 89 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 90 Deductible

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

Adjusted Plan Deductible Amount *	Percent of Services subject to Plan Deductible			
	>= 40% Factor	<40% Factor	>= 40% Factor	<40% Factor
	In network		Out-of-network	
$0	1.0000	1.0000	1.0000	1.0000
$50	0.9826	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

Table 90 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% Factor	<40% Factor	>= 40% Factor	<40% 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	0.7486	0.6841	0.7276	0.6225
$700	0.7358	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

* 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 93 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%

			RX Integrated
	Preferred	Non-Preferred	Preferred
Plan OOP Trigger	Factor	Factor	Factor
$0	1.0000	1.0000	1.0000
$1	1.0000	1.0000	1.0300
$500	0.8500	0.8000	0.8755
$1,000	0.7200	0.6800	0.7475
$2,000	0.7000	0.6000	0.7363
$3,000	0.6800	0.5700	0.7219
$4,000	0.6400	0.5200	0.6838
$5,000	0.6100	0.4600	0.6550
$6,000	0.5556	0.4034	0.5990
$7,000	0.5359	0.3946	0.5797
$8,000	0.5194	0.3689	0.5635
$9,000	0.5054	0.3511	0.5498
$10,000	0.4883	0.3330	0.5324
$12,500	0.4421	0.2906	0.4844
$15,000	0.4049	0.2591	0.4454
$17,500	0.3744	0.2352	0.4132
$20,000	0.3475	0.2164	0.3846
$25,000	0.3043	0.1869	0.3384
$30,000	0.2710	0.1665	0.3026
$40,000	0.2213	0.1366	0.2486
$50,000	0.1870	0.1199	0.2111
$75,000	0.1331	0.0957	0.1504
$100,000	0.0989	0.0808	0.1118
$10,000,000	0.0000	0.0000	0.0000

Table 93 Out-of-Pocket

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

	Preferred	Non-Preferred
Plan OOP Trigger	Factor	Factor
$0	1.0000	1.0000
$1	1.0000	1.0000
$500	0.7798	0.8000
$1,000	0.6168	0.6800
$2,000	0.5457	0.6000
$3,000	0.4952	0.5700
$4,000	0.4417	0.5200
$5,000	0.4038	0.4600
$6,000	0.3566	0.4034
$7,000	0.3349	0.3946
$8,000	0.3181	0.3689
$9,000	0.3055	0.3511
$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	0.1935	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 93 Out-of-Pocket

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

Deductible	ADJUSTED OOP LIMIT										
Per	$0.01	$250	$500	$1,000	$1,500	$2,000	$2,500	$3,000	$3,500	$4,000	$4,500
Confinement	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	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	0.1085	0.0734	0.0541	0.0325	0.0209	0.0142	0.0101	0.0075	0.0058	0.0045	0.0037
$1,000	0.1123	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	0.0409	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	0.0434	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 93 Out-of-Pocket

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

Deductible	ADJUSTED OOP LIMIT									
Per	$5,000	$6,000	$7,000	$8,000	$9,000	$10,000	$15,000	$20,000	$50,000	$100,000
Confinement	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	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	0.0001	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 93 Out-of-Pocket

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

Deductible	ADJUSTED OOP LIMIT										
Per	$0.01	$250	$500	$1,000	$1,500	$2,000	$2,500	$3,000	$3,500	$4,000	$4,500
Confinement	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
$0	0.0000	0.0000	0.0066	0.0019	0.0008	0.0004	0.0002	0.0001	0.0001	0.0001	0.0001
$100	0.0445	0.0162	0.0074	0.0023	0.0010	0.0006	0.0003	0.0002	0.0001	0.0001	0.0001
$150	0.0453	0.0170	0.0080	0.0026	0.0012	0.0007	0.0004	0.0003	0.0002	0.0002	0.0001
$200	0.0462	0.0177	0.0086	0.0029	0.0013	0.0008	0.0005	0.0003	0.0002	0.0002	0.0001
$250	0.0599	0.0311	0.0192	0.0091	0.0052	0.0031	0.0020	0.0014	0.0010	0.0007	0.0006
$300	0.0672	0.0382	0.0251	0.0127	0.0074	0.0046	0.0030	0.0021	0.0015	0.0011	0.0009
$350	0.0744	0.0453	0.0309	0.0162	0.0096	0.0060	0.0040	0.0028	0.0020	0.0015	0.0012
$400	0.0783	0.0486	0.0338	0.0182	0.0110	0.0070	0.0047	0.0033	0.0024	0.0019	0.0014
$450	0.0822	0.0519	0.0367	0.0202	0.0123	0.0080	0.0054	0.0039	0.0029	0.0022	0.0017
$500	0.0861	0.0552	0.0396	0.0222	0.0137	0.0091	0.0062	0.0045	0.0034	0.0026	0.0020
$600	0.0916	0.0596	0.0436	0.0253	0.0160	0.0107	0.0075	0.0055	0.0042	0.0032	0.0025
$700	0.0971	0.0640	0.0476	0.0285	0.0182	0.0124	0.0088	0.0065	0.0050	0.0039	0.0031
$800	0.1026	0.0684	0.0517	0.0316	0.0205	0.0141	0.0101	0.0075	0.0058	0.0046	0.0036
$900	0.1080	0.0728	0.0557	0.0347	0.0227	0.0157	0.0114	0.0085	0.0066	0.0052	0.0042
$1,000	0.1135	0.0772	0.0597	0.0379	0.0250	0.0174	0.0127	0.0095	0.0074	0.0059	0.0047
$1,250	0.1234	0.0859	0.0694	0.0470	0.0329	0.0235	0.0175	0.0134	0.0106	0.0085	0.0070
$1,500	0.1332	0.0946	0.0791	0.0562	0.0409	0.0296	0.0223	0.0174	0.0138	0.0112	0.0093
$2,000	0.1538	0.1115	0.0940	0.0691	0.0528	0.0406	0.0315	0.0247	0.0199	0.0165	0.0139
$2,500	0.1745	0.1285	0.1090	0.0819	0.0647	0.0516	0.0406	0.0321	0.0260	0.0218	0.0185
$3,000	0.1989	0.1459	0.1230	0.0937	0.0751	0.0614	0.0502	0.0407	0.0329	0.0274	0.0234
$3,500	0.2120	0.1575	0.1335	0.1033	0.0842	0.0702	0.0589	0.0492	0.0412	0.0351	0.0302
$4,000	0.2252	0.1692	0.1440	0.1128	0.0932	0.0791	0.0676	0.0578	0.0495	0.0427	0.0370
$4,500	0.2383	0.1809	0.1545	0.1223	0.1023	0.0879	0.0763	0.0664	0.0578	0.0503	0.0438
$5,000	0.2514	0.1926	0.1650	0.1319	0.1114	0.0968	0.0850	0.0750	0.0661	0.0580	0.0506
$10,000	0.3016	0.2431	0.2284	0.2042	0.1873	0.1743	0.1634	0.1537	0.1447	0.1364	0.1284

Table 93 Out-of-Pocket

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

Deductible	ADJUSTED OOP LIMIT									
Per	$5,000	$6,000	$7,000	$8,000	$9,000	$10,000	$15,000	$20,000	$50,000	$100,000
Confinement	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	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	0.0005	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	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
$350	0.0008	0.0006	0.0004	0.0002	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000
$400	0.0011	0.0008	0.0005	0.0003	0.0002	0.0002	0.0000	0.0000	0.0000	0.0000
$450	0.0014	0.0009	0.0006	0.0004	0.0003	0.0002	0.0000	0.0000	0.0000	0.0000
$500	0.0017	0.0011	0.0007	0.0005	0.0004	0.0002	0.0000	0.0000	0.0000	0.0000
$600	0.0021	0.0014	0.0010	0.0007	0.0005	0.0004	0.0000	0.0000	0.0000	0.0000
$700	0.0026	0.0018	0.0013	0.0009	0.0007	0.0005	0.0001	0.0000	0.0000	0.0000
$800	0.0030	0.0022	0.0015	0.0011	0.0008	0.0006	0.0001	0.0000	0.0000	0.0000
$900	0.0035	0.0025	0.0018	0.0014	0.0010	0.0007	0.0001	0.0000	0.0000	0.0000
$1,000	0.0039	0.0029	0.0021	0.0016	0.0011	0.0009	0.0001	0.0000	0.0000	0.0000
$1,250	0.0059	0.0043	0.0032	0.0025	0.0019	0.0015	0.0004	0.0000	0.0000	0.0000
$1,500	0.0078	0.0058	0.0044	0.0035	0.0028	0.0022	0.0006	0.0002	0.0000	0.0000
$2,000	0.0118	0.0089	0.0069	0.0055	0.0044	0.0036	0.0012	0.0004	0.0000	0.0000
$2,500	0.0158	0.0119	0.0093	0.0075	0.0061	0.0050	0.0019	0.0006	0.0000	0.0000
$3,000	0.0203	0.0155	0.0121	0.0097	0.0080	0.0067	0.0028	0.0010	0.0000	0.0000
$3,500	0.0261	0.0200	0.0159	0.0131	0.0109	0.0092	0.0041	0.0019	0.0000	0.0000
$4,000	0.0320	0.0245	0.0198	0.0165	0.0139	0.0117	0.0054	0.0027	0.0000	0.0000
$4,500	0.0379	0.0289	0.0236	0.0198	0.0168	0.0141	0.0067	0.0036	0.0000	0.0000
$5,000	0.0437	0.0334	0.0274	0.0232	0.0197	0.0166	0.0081	0.0045	0.0000	0.0000
$10,000	0.1211	0.1073	0.0946	0.0831	0.0725	0.0629	0.0389	0.0250	0.0039	0.0000

Table 93 Out-of-Pocket

Conversion Factor

Per day deductible conversion factor	2.80

Table 95 Cross Application

a1. % services SUBJDD >=80%

	In Network Deductible														
Out of Network Deductible	$0 Factor	$100 Factor	$250 Factor	$500 Factor	$750 Factor	$1,000 Factor	$1,500 Factor	$2,000 Factor	$3,000 Factor	$4,000 Factor	$5,000 Factor	$8,000 Factor	$10,000 Factor	$15,000 Factor	$20,000 Factor
$0	1.0000	X	X	X	X	X	X	X	X	X	X	X	X	X	X
$100	1.0000	1.0059	X	X	X	X	X	X	X	X	X	X	X	X	X
$250	1.0000	1.0047	1.0124	X	X	X	X	X	X	X	X	X	X	X	X
$500	1.0000	1.0037	1.0093	1.0203	X	X	X	X	X	X	X	X	X	X	X
$750	1.0000	1.0034	1.0080	1.0166	1.0261	X	X	X	X	X	X	X	X	X	X
$1,000	1.0000	1.0032	1.0072	1.0149	1.0232	1.0320	X	X	X	X	X	X	X	X	X
$1,500	1.0000	1.0030	1.0065	1.0136	1.0218	1.0255	1.0409	X	X	X	X	X	X	X	X
$2,000	1.0000	1.0028	1.0058	1.0123	1.0204	1.0228	1.0357	1.0480	X	X	X	X	X	X	X
$3,000	1.0000	1.0026	1.0052	1.0113	1.0188	1.0206	1.0285	1.0369	1.0548	X	X	X	X	X	X
$4,000	1.0000	1.0025	1.0047	1.0103	1.0172	1.0183	1.0257	1.0325	1.0437	1.0610	X	X	X	X	X
$5,000	1.0000	1.0024	1.0046	1.0100	1.0167	1.0176	1.0246	1.0309	1.0403	1.0499	1.0659	X	X	X	X
$8,000	1.0000	1.0023	1.0041	1.0092	1.0153	1.0157	1.0213	1.0261	1.0331	1.0427	1.0558	1.0765	X	X	X
$10,000	1.0000	1.0023	1.0040	1.0090	1.0149	1.0152	1.0206	1.0250	1.0319	1.0414	1.0539	1.0722	1.0816	X	X
$15,000	1.0000	1.0022	1.0038	1.0084	1.0141	1.0140	1.0186	1.0222	1.0288	1.0380	1.0492	1.0654	1.0737	1.0905	X
$20,000	1.0000	1.0021	1.0035	1.0079	1.0132	1.0128	1.0166	1.0194	1.0257	1.0346	1.0445	1.0586	1.0658	1.0808	1.0995

Table 95 Cross Application

a2. % services SUBJDD <80%

	In Network Deductible														
Out of Network Deductible	$0 Factor	$100 Factor	$250 Factor	$500 Factor	$750 Factor	$1,000 Factor	$1,500 Factor	$2,000 Factor	$3,000 Factor	$4,000 Factor	$5,000 Factor	$8,000 Factor	$10,000 Factor	$15,000 Factor	$20,000 Factor
$0	1.0000	X	X	X	X	X	X	X	X	X	X	X	X	X	X
$100	1.0000	1.0049	X	X	X	X	X	X	X	X	X	X	X	X	X
$250	1.0000	1.0041	1.0097	X	X	X	X	X	X	X	X	X	X	X	X
$500	1.0000	1.0035	1.0078	1.0157	X	X	X	X	X	X	X	X	X	X	X
$750	1.0000	1.0033	1.0069	1.0132	1.0195	X	X	X	X	X	X	X	X	X	X
$1,000	1.0000	1.0031	1.0063	1.0121	1.0176	1.0233	X	X	X	X	X	X	X	X	X
$1,500	1.0000	1.0029	1.0058	1.0112	1.0166	1.0191	1.0286	X	X	X	X	X	X	X	X
$2,000	1.0000	1.0027	1.0053	1.0103	1.0157	1.0174	1.0253	1.0324	X	X	X	X	X	X	X
$3,000	1.0000	1.0026	1.0049	1.0097	1.0146	1.0159	1.0207	1.0256	1.0392	X	X	X	X	X	X
$4,000	1.0000	1.0025	1.0046	1.0090	1.0136	1.0145	1.0188	1.0228	1.0324	1.0459	X	X	X	X	X
$5,000	1.0000	1.0024	1.0044	1.0088	1.0132	1.0140	1.0181	1.0218	1.0302	1.0391	1.0518	X	X	X	X
$8,000	1.0000	1.0023	1.0041	1.0082	1.0123	1.0127	1.0160	1.0188	1.0257	1.0346	1.0454	1.0639	X	X	X
$10,000	1.0000	1.0023	1.0040	1.0080	1.0120	1.0123	1.0154	1.0180	1.0248	1.0336	1.0440	1.0610	1.0695	X	X
$15,000	1.0000	1.0022	1.0038	1.0076	1.0113	1.0114	1.0139	1.0159	1.0226	1.0311	1.0405	1.0556	1.0631	1.0790	X
$20,000	1.0000	1.0021	1.0035	1.0071	1.0106	1.0104	1.0124	1.0138	1.0203	1.0286	1.0370	1.0501	1.0567	1.0704	1.0885

Table 95 Cross Application

b. Out-of-Pocket

	In Network OOP Trigger									
Out of Network OOP Trigger	$0 Factor	$1,000 Factor	$2,500 Factor	$5,000 Factor	$7,500 Factor	$10,000 Factor	$20,000 Factor	$50,000 Factor	$100,000 Factor	$10,000,000 Factor
$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
$1,000	1.0000	1.0034	1.0034	1.0034	1.0034	1.0034	1.0034	1.0034	1.0034	1.0034
$2,500	1.0000	1.0014	1.0040	1.0040	1.0040	1.0040	1.0040	1.0040	1.0040	1.0040
$5,000	1.0000	1.0007	1.0018	1.0047	1.0047	1.0047	1.0047	1.0047	1.0047	1.0047
$7,500	1.0000	1.0004	1.0011	1.0023	1.0032	1.0032	1.0032	1.0032	1.0032	1.0032
$10,000	1.0000	1.0003	1.0005	1.0015	1.0016	1.0018	1.0018	1.0018	1.0018	1.0018
$20,000	1.0000	1.0001	1.0002	1.0005	1.0006	1.0007	1.0014	1.0014	1.0014	1.0014
$50,000	1.0000	1.0001	1.0001	1.0001	1.0001	1.0002	1.0005	1.0009	1.0009	1.0009
$100,000	1.0000	1.0000	1.0000	1.0000	1.0001	1.0001	1.0002	1.0002	1.0006	1.0006
$10,000,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 97 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 98 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 99 Contract State Mandate Adjustment

Option	Factor
Include Elsewhere	1.0000

Table 100 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 100 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
None	$1	$500	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
None	$1,001	$1,500	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
None	$2,001	$2,500	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
None	$3,001	$3,500	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
None	$4,001	$4,500	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
None	$5,001	$6,000	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
None	$7,001	$8,000	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
None	$9,001	$10,000	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
None	$15,001	$20,000	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
1X	$1	$500	1.0000	1.0560	1.0000	1.0220	1.0720	1.0000	1.0220	1.0500	1.0770
1X	$501	$1,000	1.0000	1.0820	1.0000	1.0310	1.1070	1.0000	1.0310	1.0700	1.1150
1X	$1,001	$1,500	1.0000	1.1080	1.0000	1.0390	1.1410	1.0000	1.0390	1.0860	1.1540
1X	$1,501	$2,000	1.0000	1.1250	1.0000	1.0450	1.1660	1.0000	1.0450	1.0950	1.1830
1X	$2,001	$2,500	1.0000	1.1380	1.0000	1.0490	1.1840	1.0000	1.0490	1.0990	1.2040
1X	$2,501	$3,000	1.0000	1.1470	1.0000	1.0520	1.1970	1.0000	1.0520	1.1010	1.2200
1X	$3,001	$3,500	1.0000	1.1540	1.0000	1.0550	1.2070	1.0000	1.0550	1.1020	1.2310
1X	$3,501	$4,000	1.0000	1.1590	1.0000	1.0550	1.2140	1.0000	1.0550	1.1020	1.2400
1X	$4,001	$4,500	1.0000	1.1620	1.0000	1.0560	1.2190	1.0000	1.0560	1.1030	1.2460
1X	$4,501	$5,000	1.0000	1.1640	1.0000	1.0570	1.2230	1.0000	1.0570	1.1040	1.2510
1X	$5,001	$6,000	1.0000	1.1660	1.0000	1.0560	1.2280	1.0000	1.0560	1.1040	1.2570
1X	$6,001	$7,000	1.0000	1.1670	1.0000	1.0540	1.2320	1.0000	1.0540	1.1040	1.2620
1X	$7,001	$8,000	1.0000	1.1660	1.0000	1.0510	1.2330	1.0000	1.0510	1.1030	1.2640
1X	$8,001	$9,000	1.0000	1.1640	1.0000	1.0470	1.2330	1.0000	1.0470	1.1030	1.2640
1X	$9,001	$10,000	1.0000	1.1610	1.0000	1.0420	1.2320	1.0000	1.0420	1.1050	1.2630
1X	$10,001	$15,000	1.0000	1.1500	1.0000	1.0320	1.2250	1.0000	1.0320	1.1070	1.2530
1X	$15,001	$20,000	1.0000	1.1310	1.0000	1.0210	1.2060	1.0000	1.0210	1.1070	1.2290
2X	$0	$0	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
2X	$501	$1,000	1.0000	1.0060	1.0000	0.9680	1.0230	1.0000	0.9680	0.9770	1.0340
2X	$1,001	$1,500	1.0000	0.9900	1.0000	0.9450	1.0120	1.0000	0.9450	0.9530	1.0260
2X	$1,501	$2,000	1.0000	0.9720	1.0000	0.9240	0.9960	1.0000	0.9240	0.9300	1.0110
2X	$2,001	$2,500	1.0000	0.9540	1.0000	0.9050	0.9790	1.0000	0.9050	0.9070	0.9950
2X	$2,501	$3,000	1.0000	0.9360	1.0000	0.8870	0.9610	1.0000	0.8870	0.8850	0.9790
2X	$3,001	$3,500	1.0000	0.9190	1.0000	0.8720	0.9440	1.0000	0.8720	0.8660	0.9620
2X	$3,501	$4,000	1.0000	0.9040	1.0000	0.8590	0.9270	1.0000	0.8590	0.8490	0.9450
2X	$4,001	$4,500	1.0000	0.8890	1.0000	0.8480	0.9100	1.0000	0.8480	0.8340	0.9280
2X	$4,501	$5,000	1.0000	0.8760	1.0000	0.8390	0.8950	1.0000	0.8390	0.8200	0.9130
2X	$5,001	$6,000	1.0000	0.8630	1.0000	0.8310	0.8810	1.0000	0.8310	0.8060	0.8980
2X	$6,001	$7,000	1.0000	0.8450	1.0000	0.8180	0.8590	1.0000	0.8180	0.7860	0.8770
2X	$7,001	$8,000	1.0000	0.8230	1.0000	0.8020	0.8340	1.0000	0.8020	0.7650	0.8510
2X	$8,001	$9,000	1.0000	0.8060	1.0000	0.7890	0.8160	1.0000	0.7890	0.7490	0.8310
2X	$9,001	$10,000	1.0000	0.7900	1.0000	0.7760	0.7980	1.0000	0.7760	0.7360	0.8120
2X	$10,001	$15,000	1.0000	0.7540	1.0000	0.7420	0.7610	1.0000	0.7420	0.7140	0.7720
2X	$15,001	$20,000	1.0000	0.7200	1.0000	0.7070	0.7280	1.0000	0.7070	0.7000	0.7340

Table 100 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	0.8080	0.8500	1.0000	0.8080	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	0.9820	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	0.7180	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	0.6890
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	0.5790	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	0.5570	1.0000	0.5880	0.5390	0.5610
3X	$15,001	$20,000	1.0000	0.5290	1.0000	0.5440	0.5180	1.0000	0.5440	0.5140	0.5180

Table 100 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
None	$1	$500	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
None	$1,001	$1,500	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
None	$2,001	$2,500	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
None	$3,001	$3,500	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
None	$4,001	$4,500	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
None	$5,001	$6,000	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
None	$7,001	$8,000	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
None	$9,001	$10,000	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
None	$15,001	$20,000	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
1X	$1	$500	1.0000	1.0430	1.0280	1.0280	1.0490	1.0000	1.0280	0.9760	1.0520
1X	$501	$1,000	1.0000	1.0650	1.0410	1.0410	1.0730	1.0000	1.0410	0.9670	1.0800
1X	$1,001	$1,500	1.0000	1.0910	1.0570	1.0570	1.1030	1.0000	1.0570	0.9590	1.1120
1X	$1,501	$2,000	1.0000	1.1140	1.0720	1.0720	1.1280	1.0000	1.0720	0.9540	1.1400
1X	$2,001	$2,500	1.0000	1.1330	1.0850	1.0850	1.1490	1.0000	1.0850	0.9510	1.1640
1X	$2,501	$3,000	1.0000	1.1500	1.0980	1.0980	1.1670	1.0000	1.0980	0.9490	1.1850
1X	$3,001	$3,500	1.0000	1.1660	1.1080	1.1080	1.1840	1.0000	1.1080	0.9460	1.2050
1X	$3,501	$4,000	1.0000	1.1790	1.1130	1.1130	1.2000	1.0000	1.1130	0.9450	1.2240
1X	$4,001	$4,500	1.0000	1.1910	1.1170	1.1170	1.2140	1.0000	1.1170	0.9440	1.2400
1X	$4,501	$5,000	1.0000	1.2010	1.1200	1.1200	1.2260	1.0000	1.1200	0.9440	1.2550
1X	$5,001	$6,000	1.0000	1.2130	1.1210	1.1210	1.2420	1.0000	1.1210	0.9440	1.2740
1X	$6,001	$7,000	1.0000	1.2260	1.1200	1.1200	1.2590	1.0000	1.1200	0.9430	1.2960
1X	$7,001	$8,000	1.0000	1.2340	1.1150	1.1150	1.2700	1.0000	1.1150	0.9420	1.3100
1X	$8,001	$9,000	1.0000	1.2390	1.1080	1.1080	1.2780	1.0000	1.1080	0.9410	1.3200
1X	$9,001	$10,000	1.0000	1.2420	1.1030	1.1030	1.2840	1.0000	1.1030	0.9410	1.3280
1X	$10,001	$15,000	1.0000	1.2480	1.0920	1.0920	1.2950	1.0000	1.0920	0.9430	1.3460
1X	$15,001	$20,000	1.0000	1.2480	1.0690	1.0690	1.3010	1.0000	1.0690	0.9420	1.3600
2X	$0	$0	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
2X	$501	$1,000	1.0000	0.9420	1.0000	0.9040	0.9550	1.0000	0.9040	0.9060	0.9630
2X	$1,001	$1,500	1.0000	0.9150	1.0000	0.8550	0.9350	1.0000	0.8550	0.8750	0.9440
2X	$1,501	$2,000	1.0000	0.8930	1.0000	0.8170	0.9180	1.0000	0.8170	0.8530	0.9290
2X	$2,001	$2,500	1.0000	0.8750	1.0000	0.7880	0.9030	1.0000	0.7880	0.8320	0.9150
2X	$2,501	$3,000	1.0000	0.8610	1.0000	0.7680	0.8910	1.0000	0.7680	0.8200	0.9030
2X	$3,001	$3,500	1.0000	0.8490	1.0000	0.7490	0.8820	1.0000	0.7490	0.8130	0.8930
2X	$3,501	$4,000	1.0000	0.8380	1.0000	0.7320	0.8710	1.0000	0.7320	0.8030	0.8830
2X	$4,001	$4,500	1.0000	0.8260	1.0000	0.7160	0.8610	1.0000	0.7160	0.7940	0.8720
2X	$4,501	$5,000	1.0000	0.8160	1.0000	0.7050	0.8510	1.0000	0.7050	0.7850	0.8630
2X	$5,001	$6,000	1.0000	0.8150	1.0000	0.7030	0.8490	1.0000	0.7030	0.7860	0.8610
2X	$6,001	$7,000	1.0000	0.8120	1.0000	0.7000	0.8460	1.0000	0.7000	0.7950	0.8560
2X	$7,001	$8,000	1.0000	0.8020	1.0000	0.6870	0.8370	1.0000	0.6870	0.8050	0.8440
2X	$8,001	$9,000	1.0000	0.7990	1.0000	0.6750	0.8360	1.0000	0.6750	0.8200	0.8390
2X	$9,001	$10,000	1.0000	0.7950	1.0000	0.6610	0.8350	1.0000	0.6610	0.8340	0.8350
2X	$10,001	$15,000	1.0000	0.7920	1.0000	0.6190	0.8440	1.0000	0.6190	0.8560	0.8420
2X	$15,001	$20,000	1.0000	0.7890	1.0000	0.5810	0.8510	1.0000	0.5810	0.8640	0.8480

Table 100 Family Deductible Limit

b2. TIF Family Limit Definition (Non Preferred) Continued

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	0.9290	1.0000	0.9040	0.9380	1.0000	0.9040	0.9010	0.9440
2.5X	$501	$1,000	1.0000	0.8920	1.0000	0.8470	0.9080	1.0000	0.8470	0.8580	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
2.5X	$1,501	$2,000	1.0000	0.8130	1.0000	0.7280	0.8420	1.0000	0.7280	0.7850	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
2.5X	$2,501	$3,000	1.0000	0.7650	1.0000	0.6640	0.7980	1.0000	0.6640	0.7490	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
2.5X	$3,501	$4,000	1.0000	0.7300	1.0000	0.6240	0.7630	1.0000	0.6240	0.7220	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
2.5X	$4,501	$5,000	1.0000	0.7210	1.0000	0.6150	0.7540	1.0000	0.6150	0.7260	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
2.5X	$6,001	$7,000	1.0000	0.6940	1.0000	0.5850	0.7270	1.0000	0.5850	0.7330	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
2.5X	$8,001	$9,000	1.0000	0.6880	1.0000	0.5590	0.7270	1.0000	0.5590	0.7660	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
2.5X	$10,001	$15,000	1.0000	0.6930	1.0000	0.5220	0.7450	1.0000	0.5220	0.8010	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
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	0.8990	1.0000	0.8700	0.9090	1.0000	0.8700	0.8690	0.9150
3X	$501	$1,000	1.0000	0.8480	1.0000	0.7970	0.8660	1.0000	0.7970	0.8170	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
3X	$1,501	$2,000	1.0000	0.7480	1.0000	0.6560	0.7780	1.0000	0.6560	0.7330	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
3X	$2,501	$3,000	1.0000	0.6870	1.0000	0.5850	0.7200	1.0000	0.5850	0.6890	0.7250
3X	$3,001	$3,500	1.0000	0.6680	1.0000	0.5660	0.7000	1.0000	0.5660	0.6760	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
3X	$4,001	$4,500	1.0000	0.6500	1.0000	0.5490	0.6820	1.0000	0.5490	0.6780	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
3X	$5,001	$6,000	1.0000	0.6230	1.0000	0.5190	0.6550	1.0000	0.5190	0.6820	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
3X	$7,001	$8,000	1.0000	0.6160	1.0000	0.4930	0.6530	1.0000	0.4930	0.7120	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
3X	$9,001	$10,000	1.0000	0.6130	1.0000	0.4610	0.6590	1.0000	0.4610	0.7510	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
3X	$15,001	$20,000	1.0000	0.5700	1.0000	0.3850	0.6240	1.0000	0.3850	0.7200	0.6010

Table 101 Deductible Credit

Option	Factor
Included	1.0000
Excluded	0.9900

Table 102 Family Out-of-Pocket Limit

a. Standard Family Limit Definition

Option	Factor
1 x 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 102 Family Out-of-Pocket Limit

b. TIF Family Limit Definition

Tier		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 108 National Advantage

	OON	Other
Included	1.0000	1.0000
Excluded	1.0701	1.0000

Table 109 Custom Product

Benefit	Factor
No Custom Benefits	1.0000

Table 110 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	0.9967
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

This Page is Intentionally Left Blank

Table 112 a. Participation
Table 228 a. Participation

Level	Factor
80 - 100%	1.0000
60 - 79%	1.0000
50 - 59%	1.0000
40 - 49%	1.1000
30 - 39%	1.2000
20 - 29%	1.3000
Under 20%	1.4000

Table 112 b. Virgin Risk
Table 228 b. Virgin Risk

Level	Factor
Manual + 20%	1.2000

* We may potentially modify the +20% if we get medical questionnaires, pharmacy data, or some other indication of the group's likely experience.

Table 113 Mental Health Deductible

Deductible	Factor
$0	Factor
$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 115 Selection Load
a. Anchor Plan Values - Network 1

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

Table 115 Selection Load
b. Selection Load Factor - Network 1

Benefit Adjustment Factor / Anchor Plan Benefit Adjustment Factor	HMO - All Products Factor	QPOS - All Products Factor
< .85	1.0000	1.0000
≥ .85 < .95	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 117 Base Plan Component Steerage Factor
Table 123 Steerage Factor
HMO - All Products

Final Non-Pref.	Preferred Final Benefit Adjustment Factor									
to Pref. Benefit	< .50	≥ .50 < .55	≥ .55 < .60	≥ .60 < .65	≥ .65 < .70	≥ .70 < .75	≥ .75 < .80	≥ .80 < .85	≥ .85 < .90	≥ .90
Adj. Factor Ratio	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
< .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.	Preferred Final Benefit Adjustment Factor									
to Pref. Benefit	< .50	≥ .50 < .55	≥ .55 < .60	≥ .60 < .65	≥ .65 < .70	≥ .70 < .75	≥ .75 < .80	≥ .80 < .85	≥ .85 < .90	≥ .90
Adj. Factor Ratio	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
< .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	tional 20 separate PT	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 118 Component Base Relativity Factor

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

Table 119 Normalized Claim Relativity Factor

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

Table 122 Trend Factor
HMO - All Products

Effective Date	Trend Factor
01/01/2014	1.000
04/01/2014	0.97 - 1.03
07/01/2014	0.941 - 1.061
10/01/2014	0.913 - 1.093

For each additional quarter or part thereof after 12/31/2014, use prior quarter x 1.03.

QPOS - All Products

Effective Date	Trend Factor
01/01/2014	1.000
04/01/2014	0.97 - 1.03
07/01/2014	0.941 - 1.061
10/01/2014	0.913 - 1.093

For each additional quarter or part thereof after 12/31/2014, use prior quarter x 1.03.

Sections III.5. and IV: Tiered Factor Tables

Table 1 Coinsurance Differential (ΔTier 2)

Minimum	Maximum	Factor
0%	0%	0.0000
1%	5%	0.2500
6%	10%	0.5000
11%	15%	0.7500
16%	20%	1.0000
21%	25%	1.2500
26%	30%	1.5000

Table 1b: Coinsurance Limit Impact on Coinsurance Differential

Minimum	Maximum	Factor
0	0	0.0000
1	500	0.3300
501	1000	0.6600
1001	1500	0.7500
1501	2000	0.8800
2001	3000	0.9500
3001	5000	1.0000
5001	999999	1.2000

Table 2 OOP Trigger Differential (ΔTier 2)

Minimum	Maximum	Factor
0.00	0.20	0.2000
0.20	0.40	0.3000
0.40	0.60	0.4000
0.60	0.80	0.5000
0.80	1.00	0.6000
1.00	1.20	0.7000
1.20	1.40	0.8000
1.40	1.60	0.9000
1.60	1.80	1.0000
1.80	2.00	1.1000
2.00	9999.00	1.2000

Table 3 Deductible Differential (ΔTier 2)

Minimum	Maximum	Factor
0	0	0.0000
1	250	0.1000
251	500	0.2500
501	750	0.5000
751	1000	0.7500
1001	1500	0.9000
1501	2000	1.0000
2001	3000	1.5000
3001	4000	2.5000
4001	5000	3.0000
5001	10000	3.0000
10001	999999	3.3000

Table 4 Coinsurance Limit Differential (ΔTier 2)

Minimum	Maximum	Factor
0.00	0.00	0.0000
1.00	250.00	0.2000
251.00	500.00	0.4000
501.00	750.00	0.5000
751.00	1000.00	0.6000
1001.00	1500.00	0.7000
1501.00	2000.00	0.8000
2001.00	3000.00	0.9000
3001.00	4000.00	1.0000
4001.00	5000.00	1.0500
5001.00	10000.00	1.1500
10001.00	999999.00	1.3000

Table 5 Inpatient Copay/Admit Differential (ΔTier 2)

Minimum	Maximum	Factor
0	0	0.0000
1	50	0.0500
51	100	0.1000
101	150	0.1500
151	200	0.2000
201	250	0.2500
251	300	0.3000
301	350	0.3500
351	400	0.4000
401	450	0.4500
451	500	0.5000
501	550	0.5300
551	600	0.5600
601	650	0.5900
651	700	0.6200
701	750	0.6500
751	800	0.6800
801	850	0.7100
851	900	0.7400
901	950	0.7700
951	1000	0.8000
1001	999999	0.8300

Table 6 Specialist Copay Differential (ΔTier 2)

Minimum	Maximum	Factor
0	0	0.0000
1	5	0.0500
6	10	0.1000
11	15	0.1500
16	20	0.2000
21	25	0.2500
26	30	0.3000
31	35	0.3500
36	40	0.4000
41	45	0.4500
46	50	0.5000
51	55	0.5300
56	60	0.5600
61	65	0.5900
66	70	0.6200
71	75	0.6500
76	80	0.6800
81	85	0.7100
86	90	0.7400
91	95	0.7700
96	100	0.8000
101	999999	0.8300

Table 7a1: Deductible Level Adjustment CS Migration Method

Minimum	Maximum	Factor
0	0	1.2500
1	250	1.1500
251	500	1.1000
501	750	1.0500
751	1000	1.0000
1001	1500	0.9500
1501	2000	0.9000
2001	3000	0.8500
3001	4000	0.7500
4001	5000	0.7000
5001	10000	0.3300
10001	999999	0.2000

Table 7a2: Deductible Level Adjustment SP Migration Method

Minimum	Maximum	Factor
0	0	0.6500
1	250	0.7000
251	500	0.7500
501	750	0.8000
751	1000	0.8500
1001	1500	0.9000
1501	2000	0.9500
2001	3000	1.0000
3001	4000	0.9000
4001	5000	0.8000
5001	10000	0.5000
10001	999999	0.2500

Table 7a3: Deductible Level Adjustment for Copay Plans

Minimum	Maximum	Factor
0	0	1.0000
1	250	0.9800
251	500	0.9600
501	750	0.9400
751	1000	0.9200
1001	1500	0.9000
1501	2000	0.8500
2001	3000	0.8000
3001	4000	0.7500
4001	5000	0.6000
5001	10000	0.4000
10001	999999	0.2000

Table 8 Passive Plan Design Adjustment

Option	Factor
TRUE	0.0000
FALSE	1.0000

Table 9 Incentive or Disincentive Approach

Option	Value	Factor
Incentive	I	-0.0300
Disincentive	D	0.0000

Table 10 Plan Design Migration

Option	CS	SP
Minimum	5%	5%
Maximum	55%	90%

Table 11 Standard Migration

Subnetwork Category	Standard Migration
SPMultitier	60%
CSMultitier	50%
ACOMultitier	60%

Section V.

Table 126 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 126 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	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 127 Rating Area

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

Table 128a. New Business Subscriber Based Age/Gender

	Two-Tier Factors			
	Male		Female	
Age Band	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

	Three-Tier Factors					
	Male			Female		
Age Band	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

	Four-Tier Factors							
	Male				Female			
Age Band	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 128b. 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

Table 129 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 131 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 132 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 or end of the policy year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section VII.

Table 134a. Administrative Expenses & Profit

Case Size (total lives)	PMPM - Applies to All _ Products HMO	PMPM - Applies to All _ Products QPOS	PPACA Fee****	Retention*	Commissions***	Taxes & Assessments	Health Insurer Fee	Reinsurance Contribution
<= 10	$36.45	$36.45	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 50	$35.90	$35.90	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 100	$35.45	$35.45	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 300	$33.95	$33.95	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 1,000	$31.05	$31.05	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 1,500	$27.85	$27.85	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 3,000	$26.45	$26.45	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 4,000	$25.05	$25.05	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 5,000	$24.90	$24.90	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 7,500	$24.55	$24.55	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 10,000	$24.45	$24.45	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 20,000	$24.25	$24.25	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 35,000	$24.05	$24.05	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 70,000	$23.90	$23.90	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
<= 100,000	$23.75	$23.75	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1
>100,000	$23.55	$23.55	$0.20	0-7.5%	0%-10%	2.70%	table a1	table a1

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

Retention may be reduced to reflect expense savings associated with more efficient processes (such as electronic enrollment, billing, EOB's, etc.). Retention may be increased to reflect additional expenses associated with additional transactions or costs (such as late premium payment, case reinstatements, etc.). This may be a change in the retention factors used to develop the monthly premium, or a separate charge to reflect the additional costs of each transaction.

** 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.

Table 134a1. All size groups

Effective Date	Health Insurer Fee (%)	Reinsurance Contribution (PMPM)
January 2014	2.60%	$5.25
February 2014	2.60%	$5.25
March 2014	2.60%	$5.25
April 2014	2.70%	$4.81
May 2014	2.70%	$4.81
June 2014	2.70%	$4.81
July 2014	2.80%	$4.38
August 2014	2.80%	$4.38
September 2014	2.80%	$4.38
October 2014	2.90%	$3.94
November 2014	2.90%	$3.94
December 2014	2.90%	$3.94
January 2015	3.00%	$3.50
February 2015	3.00%	$3.50
March 2015	3.00%	$3.50
April 2015	2.90%	$3.19
May 2015	2.90%	$3.19
June 2015	2.90%	$3.19
July 2015	2.80%	$2.88
August 2015	2.80%	$2.88
September 2015	2.80%	$2.88
October 2015	2.70%	$2.56
November 2015	2.70%	$2.56
December 2015	2.70%	$2.56
January 2016	2.60%	$2.25
February 2016	2.60%	$2.25
March 2016	2.60%	$2.25
April 2016	2.73%	$1.69
May 2016	2.73%	$1.69
June 2016	2.73%	$1.69
July 2016	2.85%	$1.13
August 2016	2.85%	$1.13
September 2016	2.85%	$1.13
October 2016	2.98%	$0.56
November 2016	2.98%	$0.56
December 2016	2.98%	$0.56
January 2017	3.10%	$0.00

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:

Starting Base Plan Claim Cost
x
Benefit Adjustment Factor
x
Trend Factor
x
Rx Efficiency Factor

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:

Pharmacy Plan Option Factor
x
Restrictive Formulary Factor
x
Mandatory Generic Factor
x
DAW Factor
x
Multiple Copayment Factor
x
30-Day Maintenance Supply Factor
x
Mail Order Drug Only Factor
x
Mandatory Mail Order Factor
x
Coinsurance Min/Max Factor
x
Oral Contraceptives Factor
x
Sexual Performance Drug Factor
x
Deductible Factor
x
Maximum Annual Benefit Factor

x
Out-of-Pocket/Coinsurance Limit Maximum Factor
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
x
Participation/Virgin Risk

Trend Factor

Select the appropriate factor from the Trend Factor table.

Rx Efficiency Factor

If the plan is tiered, as determined in rating the base medical plan, and has a subnetwork for which there exists a Rx efficiency factor, the Rx efficiency factor is calculated as:

(Subnetwork Rx efficiency factor -1)* Migration ratio +1

The migration ratio is as determined in the medical plan rating. In all other situations, the factor is 1.0000.

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:

Industry Factor
x
Rating Area Factor
x
Age/Gender Factor

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:

Tier Factor
x
Dependent Age Adjustment Factor

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 [(Total Monthly Claim Cost + Total Retention amount)/(1-Retention Expense %-Commissions %- Taxes and Assessments %)]/(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 2014 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/Coinsurance Limit Maximum	
15	Custom Product	
16	Step Therapy/Pre-certification Adjustment	
17	Chronic and/or Preventive Drug Deductible Waiver Adjustment	
18	Infertility Drug Coverage Adjustment	
19	Per Script Copay Maximum	
20	Incentivized MOD	
21	Participation/Virgin Risk	21[A] x 21[B]
22	Benefit Adjustment	x 2 x 3 x 4 x 5 x 6 x 7 x 8 x 8a x 9 x 10 x 11 x 12 x 13 x 14 x 15 x 16 x 17 x 18 x 19 x 20 x 2
23	Trend	
24	Efficiency	
25	Pharmacy Start Rate	1 x 22 x 23 x 24

Section II.

26	Industry	
27	Rating Area	
28	Age/Gender	
29	Flex Plan Claim Cost PMPM	25 x 26 x 27 x 28

Section III.

30 Tier

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

31 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)]		

32 Adjusted Pharmacy Claim Cost by Billing Tier 29 x 30 x 31

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

Section IV.

33	Administrative Expenses & Profit Factor	
34	This line reserved for future use	
35	Underwriter Adjustment	
36	Pharmacy Plan Manual Premium Rates by Billing Tier	32 x 33 x 34 x 35

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 2014 Starting Base Plan Claim Cost

Network	Base PMPM
DC	$66.43

* 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) .

Table 10 Oral Contraceptives

Option	Factor
Covered	1.0000
Not Covered	0.9750
Covered waive cost share	Vary by copay

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
All Generic and All Brand	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	1x-30 day/2x-60 day/3x-90 day Factor	30-Day Maint Supply Factor	Mail Order Only for Extended Days Supply Factor	Mandatory Mail Order After 1 Fill at 2X Copay Factor	Mandatory Mail Order After 1 Fill at 2.5X Copay Factor	Mandatory Mail Order After 1 Fill at 3X Copay Factor	Coinsurance Min/Max Factor	Oral Contraceptives Waive Cost Share
$0.00	1.4726	0.9400	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	1.0000
$1.00	1.4500	0.9400	0.9300	1.0215	0.9993	0.9989	0.9985	0.9935	0.9990	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0050
$2.00	1.4276	0.9400	0.9300	1.0215	0.9985	0.9978	0.9970	0.9920	0.9979	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0100
$2.50	1.4166	0.9400	0.9300	1.0215	0.9981	0.9972	0.9963	0.9913	0.9974	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0161
$3.00	1.4055	0.9400	0.9300	1.0215	0.9978	0.9967	0.9955	0.9905	0.9969	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0275
$4.00	1.3837	0.9400	0.9300	1.0215	0.9970	0.9955	0.9940	0.9890	0.9958	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0150
$5.00	1.3621	0.9400	0.9300	1.0215	0.9962	0.9944	0.9925	0.9875	0.9947	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0250
$6.00	1.3407	0.9400	0.9300	1.0215	0.9955	0.9933	0.9910	0.9860	0.9937	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0300
$7.00	1.3208	0.9400	0.9300	1.0215	0.9947	0.9921	0.9895	0.9846	0.9926	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0350
$7.50	1.3112	0.9400	0.9300	1.0215	0.9943	0.9916	0.9888	0.9839	0.9921	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0400
$8.00	1.3018	0.9400	0.9300	1.0215	0.9939	0.9910	0.9880	0.9831	0.9915	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0450
$9.00	1.2830	0.9400	0.9300	1.0215	0.9932	0.9899	0.9866	0.9817	0.9906	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0512
$10.00	1.2643	0.9400	0.9300	1.0215	0.9924	0.9888	0.9851	0.9802	0.9895	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0650
$12.00	1.2278	0.9400	0.9300	1.0215	0.9909	0.9866	0.9822	0.9773	0.9874	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0750
$15.00	1.1340	0.9400	0.9300	1.0215	0.9914	0.9874	0.9833	0.9784	0.9882	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0850
$20.00	1.0414	0.9400	0.9300	1.0215	0.9885	0.9832	0.9778	0.9729	0.9842	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1050
$25.00	0.9540	0.9400	0.9300	1.0215	0.9855	0.9789	0.9723	0.9674	0.9802	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1150
$30.00	0.8748	0.9400	0.9300	1.0215	0.9825	0.9748	0.9670	0.9622	0.9763	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1250
$35.00	0.7999	0.9400	0.9300	1.0215	0.9795	0.9706	0.9617	0.9569	0.9724	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1500
$40.00	0.7302	0.9400	0.9300	1.0215	0.9761	0.9662	0.9562	0.9514	0.9681	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1600
$45.00	0.6644	0.9400	0.9300	1.0215	0.9729	0.9618	0.9506	0.9458	0.9640	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1700
$50.00	0.6018	0.9400	0.9300	1.0215	0.9694	0.9573	0.9452	0.9405	0.9597	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1750
$55.00	0.5442	0.9400	0.9300	1.0215	0.9659	0.9528	0.9396	0.9349	0.9554	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1800
$60.00	0.4895	0.9400	0.9300	1.0215	0.9619	0.9478	0.9336	0.9289	0.9506	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1850
$65.00	0.4719	0.9400	0.9300	1.0215	0.9593	0.9449	0.9305	0.9258	0.9478	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1900
$70.00	0.4555	0.9400	0.9300	1.0215	0.9576	0.9425	0.9274	0.9228	0.9455	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1950
$75.00	0.4406	0.9400	0.9300	1.0215	0.9561	0.9403	0.9245	0.9199	0.9435	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.2000
10% Coinsurance	1.0270	0.9400	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	1.0360
15% Coinsurance	0.9344	0.9400	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	1.0438
20% Coinsurance	0.8650	0.9400	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	1.0502
25% Coinsurance	0.7986	0.9400	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	1.0560
30% Coinsurance	0.7348	0.9400	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	1.0615
40% Coinsurance	0.6143	0.9400	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	1.0820
50% Coinsurance	0.5015	0.9400	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	1.1422
60% Coinsurance	0.3948	0.9400	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	1.1994

Two - 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
Generic & Brand-Formulary / Brand Non-Formulary	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	1x-30 day/2x-60 day/3x-90 day Factor	30-Day Maint Supply Factor	for Extended Days Supply Factor	Order After 1 Fill at 2X Copay Factor	Order After 1 Fill at 2.5X Copay Factor	Order After 1 Fill at 3X Copay Factor	Coinsurance Min/Max Factor	Contraceptives Share
$1.00 / $2.00	1.4455	0.9400	N/A	N/A	0.9991	0.9987	0.9982	0.9932	0.9987	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0051
$2.00 / $4.00	1.4188	0.9400	N/A	N/A	0.9982	0.9973	0.9963	0.9913	0.9974	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0158
$2.50 / $7.50	1.3948	0.9400	N/A	N/A	0.9972	0.9959	0.9945	0.9895	0.9961	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0181
$3.00 / $6.00	1.3493	0.9400	N/A	N/A	0.9972	0.9958	0.9944	0.9894	0.9961	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0326
$4.00 / $9.00	1.3198	0.9400	N/A	N/A	0.9961	0.9941	0.9921	0.9871	0.9945	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0168
$5.00 / $10.00	1.2987	0.9400	N/A	N/A	0.9953	0.9929	0.9905	0.9855	0.9934	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0265
$5.00 / $15.00	1.2791	0.9400	N/A	N/A	0.9944	0.9916	0.9887	0.9838	0.9921	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0270
$5.00 / $20.00	1.2596	0.9400	N/A	N/A	0.9935	0.9903	0.9870	0.9821	0.9909	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0275
$5.00 / $25.00	1.2406	0.9400	N/A	N/A	0.9925	0.9889	0.9852	0.9803	0.9896	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0280
$6.00 / $11.00	1.2778	0.9400	N/A	N/A	0.9945	0.9918	0.9890	0.9841	0.9923	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0340
$6.00 / $12.00	1.2739	0.9400	N/A	N/A	0.9943	0.9915	0.9886	0.9837	0.9920	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0343
$7.00 / $12.00	1.2584	0.9400	N/A	N/A	0.9937	0.9906	0.9875	0.9826	0.9912	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0369
$7.50 / $12.00	1.2510	0.9400	N/A	N/A	0.9934	0.9902	0.9869	0.9820	0.9908	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0433
$8.00 / $13.00	1.1977	0.9400	N/A	N/A	0.9927	0.9892	0.9857	0.9808	0.9899	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0488
$10.00 / $15.00	1.1621	0.9400	N/A	N/A	0.9912	0.9870	0.9827	0.9778	0.9878	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0672
$10.00 / $20.00	1.1447	0.9400	N/A	N/A	0.9903	0.9856	0.9809	0.9760	0.9865	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0676
$10.00 / $25.00	1.1277	0.9400	N/A	N/A	0.9893	0.9842	0.9791	0.9742	0.9852	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0680
$12.00 / $17.00	1.1272	0.9400	N/A	N/A	0.9896	0.9846	0.9796	0.9747	0.9856	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0791
$15.00 / $20.00	1.0392	0.9400	N/A	N/A	0.9902	0.9856	0.9810	0.9761	0.9865	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0874
$15.00 / $25.00	1.0276	0.9400	N/A	N/A	0.9895	0.9846	0.9796	0.9747	0.9855	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0877
$15.00 / $50.00	0.9742	0.9400	N/A	N/A	0.9862	0.9800	0.9738	0.9689	0.9812	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0889
$20.00 / $25.00	0.9490	0.9400	N/A	N/A	0.9870	0.9811	0.9751	0.9702	0.9822	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1077
$20.00 / $30.00	0.9386	0.9400	N/A	N/A	0.9863	0.9801	0.9738	0.9689	0.9813	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1080
$30.00 / $40.00	0.7794	0.9400	N/A	N/A	0.9798	0.9711	0.9624	0.9576	0.9728	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1292
$30.00 / $50.00	0.7645	0.9400	N/A	N/A	0.9785	0.9693	0.9601	0.9553	0.9711	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1299
$100.00 / 30%	0.4010	0.9400	N/A	N/A	0.9623	0.9494	0.9364	0.9317	0.9519	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.2850

Two - 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
All Generic / All Brand	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	1x-30 day/2x-60 day/3x-90 day Factor	30-Day Maint Supply Factor	Mail Order Only for Extended Days Supply Factor	Mandatory Mail Order After 1 Fill at 2X Copay Factor	Mandatory Mail Order After 1 Fill at 2.5X Copay Factor	Mandatory Mail Order After 1 Fill at 3X Copay Factor	Coinsurance Min/Max Factor	Oral Contraceptives Share
$0.00 / $10.00	1.2401	0.9400	0.9500	1.0263	0.9960	0.9940	0.9920	0.9870	0.9944	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0039
$0.00 / $15.00	1.1602	0.9400	0.9900	1.0050	0.9941	0.9912	0.9882	0.9833	0.9917	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0053
$0.00 / $20.00	1.0859	0.9400	0.9900	1.0050	0.9923	0.9885	0.9846	0.9797	0.9892	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0065
$0.00 / $25.00	1.0169	0.9400	0.9900	1.0050	0.9905	0.9859	0.9812	0.9763	0.9868	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0077
$1.00 / $2.00	1.3864	0.9400	0.9500	1.0263	0.9988	0.9982	0.9976	0.9926	0.9983	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0066
$1.00 / $3.00	1.3323	0.9400	0.9500	1.0263	0.9984	0.9976	0.9968	0.9918	0.9978	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0080
$1.00 / $5.00	1.3138	0.9400	0.9500	1.0263	0.9976	0.9964	0.9952	0.9902	0.9966	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0085
$1.00 / $10.00	1.2277	0.9400	0.9500	1.0263	0.9956	0.9934	0.9912	0.9862	0.9938	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0107
$1.00 / $15.00	1.1476	0.9400	0.9500	1.0263	0.9936	0.9905	0.9873	0.9824	0.9911	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0128
$1.00 / $20.00	1.0732	0.9400	0.9900	1.0050	0.9918	0.9877	0.9836	0.9787	0.9885	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0148
$1.00 / $25.00	1.0041	0.9400	0.9900	1.0050	0.9900	0.9851	0.9801	0.9752	0.9860	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0166
$2.00 / $4.00	1.3107	0.9400	0.9500	1.0263	0.9976	0.9964	0.9952	0.9902	0.9966	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0249
$2.00 / $7.00	1.2833	0.9400	0.9500	1.0263	0.9964	0.9946	0.9927	0.9877	0.9949	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0276
$2.00 / $10.00	1.2153	0.9400	0.9500	1.0263	0.9952	0.9928	0.9903	0.9853	0.9932	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0335
$2.50 / $7.50	1.2728	0.9400	0.9500	1.0263	0.9960	0.9940	0.9919	0.9869	0.9944	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0286
$3.00 / $6.00	1.2803	0.9400	0.9500	1.0263	0.9964	0.9946	0.9928	0.9878	0.9950	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0389
$3.00 / $10.00	1.2030	0.9400	0.9500	1.0263	0.9947	0.9921	0.9895	0.9846	0.9926	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0276
$4.00 / $9.00	1.1990	0.9400	0.9500	1.0263	0.9947	0.9921	0.9895	0.9846	0.9926	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0201
$4.00 / $10.00	1.1908	0.9400	0.9500	1.0263	0.9943	0.9915	0.9886	0.9837	0.9920	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0204
$4.00 / $15.00	1.1105	0.9400	0.9500	1.0263	0.9922	0.9884	0.9845	0.9796	0.9891	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0227
$4.00 / $20.00	1.0357	0.9400	0.9900	1.0050	0.9902	0.9854	0.9805	0.9756	0.9863	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0248
$4.00 / $25.00	0.9663	0.9400	0.9900	1.0050	0.9882	0.9824	0.9766	0.9717	0.9836	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0268
$4.00 / 50%	0.5904	0.9400	0.9900	1.0050	0.9980	0.9970	0.9959	0.9909	0.9972	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0972
$5.00 / $7.00	1.2474	0.9400	0.9500	1.0263	0.9952	0.9928	0.9904	0.9854	0.9933	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0277
$5.00 / $7.50	1.2430	0.9400	0.9500	1.0263	0.9950	0.9925	0.9900	0.9851	0.9930	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0278
$5.00 / $8.00	1.1951	0.9400	0.9500	1.0263	0.9947	0.9921	0.9894	0.9845	0.9926	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0289
$5.00 / $10.00	1.1787	0.9400	0.9500	1.0263	0.9939	0.9909	0.9878	0.9829	0.9915	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0293
$5.00 / $15.00	1.0983	0.9400	0.9500	1.0263	0.9918	0.9877	0.9835	0.9786	0.9885	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0313
$5.00 / $20.00	1.0234	0.9400	0.9900	1.0050	0.9897	0.9846	0.9794	0.9745	0.9856	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0331
$6.00 / $11.00	1.1586	0.9400	0.9500	1.0263	0.9930	0.9896	0.9861	0.9812	0.9902	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0414
$6.00 / $12.00	1.1506	0.9400	0.9500	1.0263	0.9926	0.9890	0.9853	0.9804	0.9897	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0420
$7.00 / $10.00	1.1561	0.9400	0.9500	1.0263	0.9930	0.9896	0.9862	0.9813	0.9903	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0399
$7.00 / $12.00	1.1401	0.9400	0.9500	1.0263	0.9922	0.9884	0.9845	0.9796	0.9891	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0405
$7.00 / $14.00	1.0829	0.9400	0.9500	1.0263	0.9912	0.9870	0.9827	0.9778	0.9878	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0422
$7.00 / $15.00	1.0756	0.9400	0.9500	1.0263	0.9908	0.9863	0.9818	0.9769	0.9872	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0425
$7.00 / $20.00	1.0006	0.9400	0.9500	1.0263	0.9886	0.9831	0.9775	0.9726	0.9842	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0448
$7.00 / $25.00	0.9309	0.9400	0.9900	1.0050	0.9865	0.9800	0.9734	0.9685	0.9813	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0453
$7.00 / $30.00	0.8659	0.9400	0.9900	1.0050	0.9844	0.9779	0.9714	0.9665	0.9792	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0490
$7.00 / 50%	0.5697	0.9400	0.9900	1.0050	0.9963	0.9947	0.9930	0.9880	0.9950	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0535
$7.50 / $12.00	1.1353	0.9400	0.9500	1.0263	0.9919	0.9880	0.9841	0.9792	0.9888	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0496
$8.00 / $13.00	1.0804	0.9400	0.9500	1.0263	0.9912	0.9870	0.9827	0.9778	0.9878	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0530
$8.00 / $16.00	1.0587	0.9400	0.9500	1.0263	0.9899	0.9850	0.9801	0.9752	0.9860	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0539
$8.00 / $18.00	1.0040	0.9400	0.9500	1.0263	0.9890	0.9837	0.9783	0.9734	0.9847	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0559
$9.00 / $10.00	1.1368	0.9400	0.9500	1.0263	0.9922	0.9885	0.9847	0.9798	0.9892	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0550
$9.00 / $15.00	1.0563	0.9400	0.9500	1.0263	0.9899	0.9851	0.9802	0.9753	0.9860	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0587
$9.00 / $18.00	0.9943	0.9400	0.9500	1.0263	0.9885	0.9830	0.9774	0.9725	0.9841	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0615
$9.00 / $20.00	0.9813	0.9400	0.9500	1.0263	0.9877	0.9818	0.9758	0.9709	0.9829	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0621
$9.00 / $25.00	0.9115	0.9400	0.9900	1.0050	0.9854	0.9799	0.9744	0.9695	0.9810	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0653
$10.00 / $15.00	1.0467	0.9400	0.9500	1.0263	0.9895	0.9845	0.9794	0.9745	0.9855	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0697
$10.00 / $20.00	0.9717	0.9400	0.9500	1.0263	0.9872	0.9811	0.9749	0.9700	0.9823	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0713
$10.00 / $25.00	0.9020	0.9400	0.9900	1.0050	0.9877	0.9821	0.9764	0.9715	0.9832	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0729
$10.00 / $30.00	0.8406	0.9400	0.9900	1.0050	0.9862	0.9797	0.9731	0.9682	0.9810	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0742
$10.00 / $35.00	0.7828	0.9400	0.9900	1.0050	0.9843	0.9769	0.9695	0.9647	0.9784	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0755
$10.00 / $50.00	0.6265	0.9400	0.9900	1.0050	0.9786	0.9688	0.9590	0.9542	0.9708	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0788
$12.00 / $17.00	1.0138	0.9400	0.9500	1.0263	0.9878	0.9825	0.9772	0.9723	0.9836	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0838
$15.00 / $20.00	0.9318	0.9400	0.9500	1.0263	0.9885	0.9831	0.9777	0.9728	0.9842	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0901
$15.00 / $25.00	0.8671	0.9400	0.9500	1.0263	0.9864	0.9801	0.9737	0.9688	0.9813	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0918
$15.00 / $30.00	0.8056	0.9400	0.9900	1.0050	0.9843	0.9770	0.9697	0.9649	0.9785	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0934
$15.00 / 10%	0.9184	0.9400	0.9900	1.0050	0.9948	0.9925	0.9902	0.9852	0.9930	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0903
$15.00 / 50%	0.5291	0.9400	0.9900	1.0050	0.9930	0.9900	0.9870	0.9821	0.9906	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1000
$20.00 / $25.00	0.8442	0.9400	0.9500	1.0263	0.9850	0.9782	0.9713	0.9664	0.9795	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1107
$20.00 / $30.00	0.7826	0.9400	0.9500	1.0263	0.9827	0.9749	0.9670	0.9622	0.9764	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1126
$20.00 / $40.00	0.6685	0.9400	0.9900	1.0050	0.9779	0.9681	0.9582	0.9534	0.9700	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1160
$20.00 / $50.00	0.5652	0.9400	0.9900	1.0050	0.9727	0.9607	0.9487	0.9440	0.9631	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1191
$20.00 / $60.00	0.5419	0.9400	0.9900	1.0050	0.9692	0.9556	0.9419	0.9372	0.9583	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1202

Two - 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
All Generic / All Brand	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	1x-30 day/2x-60 day/3x-90 day Factor	30-Day Maint Supply Factor	Mail Order Only for Extended Days Supply Factor	Mandatory Mail Order After 1 Fill at 2X Copay Factor	Mandatory Mail Order After 1 Fill at 2.5X Copay Factor	Mandatory Mail Order After 1 Fill at 3X Copay Factor	Coinsurance Min/Max Factor	Oral Contraceptives Waive Cost Share
$20.00 / $70.00	0.5196	0.9400	0.9900	1.0050	0.9656	0.9503	0.9350	0.9303	0.9534	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1251
$20.00 / 30%	0.6940	0.9400	0.9900	1.0050	0.9927	0.9897	0.9867	0.9818	0.9903	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1148
$25.00 / 100%	0.1045	0.9400	0.9900	1.0050	0.9578	0.9416	0.9254	0.9208	0.9448	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1275
$30.00 / $40.00	0.6324	0.9400	0.9500	1.0263	0.9748	0.9641	0.9534	0.9486	0.9662	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1355
$30.00 / $50.00	0.5290	0.9400	0.9900	1.0050	1.0000	0.9712	0.9423	0.9376	0.9769	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1400
$30.00 / $75.00	0.4751	0.9400	0.9900	1.0050	1.0000	0.9621	0.9242	0.9196	0.9697	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1450

Three - 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
Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	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	1x-30 day/2x-60 day/3x-90 day Factor	30-Day Maint Supply Factor	Mail Order Only for Extended Days Supply Factor	Mandatory Mail Order After 1 Fill at 2X Copay Factor	Mandatory Mail Order After 1 Fill at 2.5X Copay Factor	Mandatory Mail Order After 1 Fill at 3X Copay Factor	Coinsurance Min/Max Factor	Oral Contraceptives Share
$0.00 / $10.00 / $25.00	1.1856	0.9400	0.9900	1.0050	0.9932	0.9899	0.9866	0.9817	0.9906	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0049
$0.00 / $10.00 / 50%	0.9567	0.9400	0.9900	1.0050	0.9981	0.9972	0.9962	0.9912	0.9973	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0086
$0.00 / $15.00 / $30.00	1.1104	0.9400	0.9900	1.0050	0.9914	0.9872	0.9829	0.9780	0.9880	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0062
$0.00 / $15.00 / 50%	0.9153	0.9400	0.9900	1.0050	0.9972	0.9958	0.9944	0.9894	0.9961	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0093
$0.00 / $20.00 / $35.00	1.0409	0.9400	0.9900	1.0050	0.9896	0.9846	0.9795	0.9746	0.9856	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0073
$0.00 / $20.00 / $40.00	1.0269	0.9400	0.9900	1.0050	0.9887	0.9833	0.9779	0.9730	0.9844	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0076
$0.00 / $20.00 / 50%	0.8751	0.9400	0.9900	1.0050	0.9963	0.9945	0.9926	0.9876	0.9948	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0100
$0.00 / $25.00 / $40.00	0.9765	0.9400	0.9900	1.0050	0.9879	0.9821	0.9763	0.9714	0.9833	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0084
$0.00 / $25.00 / $45.00	0.9642	0.9400	0.9900	1.0050	0.9871	0.9810	0.9748	0.9699	0.9822	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0087
$0.00 / $25.00 / $50.00	0.9519	0.9400	0.9900	1.0050	0.9863	0.9798	0.9733	0.9684	0.9811	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0089
$0.00 / $30.00 / $45.00	0.9169	0.9400	0.9900	1.0050	0.9863	0.9799	0.9734	0.9685	0.9811	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0094
$0.00 / $30.00 / $50.00	0.9058	0.9400	0.9900	1.0050	0.9856	0.9788	0.9720	0.9671	0.9802	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0096
$0.00 / $30.00 / $60.00	0.8844	0.9400	0.9900	1.0050	0.9841	0.9766	0.9691	0.9643	0.9781	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0100
$1.00 / $5.00 / $10.00	1.2946	0.9400	0.9500	1.0263	0.9967	0.9950	0.9933	0.9883	0.9953	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0090
$1.00 / $5.00 / 50%	0.9915	0.9400	0.9900	1.0050	0.9987	0.9981	0.9975	0.9925	0.9982	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0168
$1.00 / $10.00 / $25.00	1.1735	0.9400	0.9900	1.0050	0.9928	0.9893	0.9857	0.9808	0.9900	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0122
$1.00 / $10.00 / 50%	0.9486	0.9400	0.9900	1.0050	0.9978	0.9967	0.9955	0.9905	0.9969	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0179
$1.00 / $15.00 / $30.00	1.0982	0.9400	0.9900	1.0050	0.9909	0.9864	0.9819	0.9770	0.9873	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0142
$1.00 / $15.00 / 50%	0.9069	0.9400	0.9900	1.0050	0.9968	0.9952	0.9936	0.9886	0.9955	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0190
$1.00 / $20.00 / $35.00	1.0286	0.9400	0.9900	1.0050	0.9891	0.9838	0.9784	0.9735	0.9848	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0160
$1.00 / $20.00 / $40.00	1.0146	0.9400	0.9900	1.0050	0.9882	0.9826	0.9769	0.9720	0.9837	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0164
$1.00 / $20.00 / 50%	0.8664	0.9400	0.9900	1.0050	0.9959	0.9939	0.9918	0.9868	0.9943	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0200
$1.00 / $25.00 / $40.00	0.9640	0.9400	0.9900	1.0050	0.9873	0.9813	0.9752	0.9703	0.9825	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0177
$1.00 / $25.00 / $45.00	0.9517	0.9400	0.9900	1.0050	0.9865	0.9801	0.9737	0.9688	0.9814	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0180
$1.00 / $25.00 / $50.00	0.9396	0.9400	0.9900	1.0050	0.9857	0.9790	0.9722	0.9673	0.9803	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0184
$1.00 / $30.00 / $45.00	0.9042	0.9400	0.9900	1.0050	0.9857	0.9789	0.9721	0.9672	0.9803	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0192
$1.00 / $30.00 / $50.00	0.8932	0.9400	0.9900	1.0050	0.9849	0.9778	0.9707	0.9658	0.9792	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0195
$2.00 / $5.00 / $10.00	1.2824	0.9400	0.9500	1.0263	0.9963	0.9944	0.9925	0.9875	0.9948	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0275
$2.00 / $15.00 / $25.00	1.1021	0.9400	0.9900	1.0050	0.9913	0.9870	0.9827	0.9778	0.9879	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0436
$2.50 / $7.50 / $12.00	1.2559	0.9400	0.9500	1.0263	0.9951	0.9927	0.9902	0.9852	0.9931	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0300
$3.00 / $6.00 / $10.00	1.2653	0.9400	0.9500	1.0263	0.9956	0.9935	0.9913	0.9863	0.9939	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0403
$4.00 / $9.00 / $14.00	1.1812	0.9400	0.9500	1.0263	0.9938	0.9907	0.9876	0.9827	0.9913	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0206
$4.00 / $10.00 / $25.00	1.1376	0.9400	0.9900	1.0050	0.9915	0.9873	0.9831	0.9782	0.9881	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0220
$4.00 / $10.00 / 50%	0.9245	0.9400	0.9900	1.0050	0.9967	0.9951	0.9934	0.9884	0.9954	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0278
$4.00 / $15.00 / $30.00	1.0620	0.9400	0.9900	1.0050	0.9894	0.9842	0.9790	0.9741	0.9852	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0241
$4.00 / $15.00 / 50%	0.8819	0.9400	0.9900	1.0050	0.9956	0.9935	0.9913	0.9863	0.9939	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0290
$4.00 / $20.00 / $35.00	0.9920	0.9400	0.9900	1.0050	0.9874	0.9813	0.9752	0.9703	0.9825	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0261
$4.00 / $20.00 / $40.00	0.9784	0.9400	0.9900	1.0050	0.9865	0.9801	0.9736	0.9687	0.9813	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0266
$4.00 / $20.00 / 50%	0.8404	0.9400	0.9900	1.0050	0.9946	0.9919	0.9892	0.9843	0.9924	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0302
$4.00 / $25.00 / $40.00	0.9270	0.9400	0.9900	1.0050	0.9855	0.9786	0.9716	0.9667	0.9799	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0280
$4.00 / $25.00 / $45.00	0.9151	0.9400	0.9900	1.0050	0.9847	0.9782	0.9716	0.9667	0.9795	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0283
$4.00 / $25.00 / $50.00	0.9033	0.9400	0.9900	1.0050	0.9852	0.9793	0.9733	0.9684	0.9804	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0287
$4.00 / $30.00 / $45.00	0.8668	0.9400	0.9900	1.0050	0.9837	0.9770	0.9702	0.9653	0.9783	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0297
$4.00 / $30.00 / $50.00	0.8561	0.9400	0.9900	1.0050	0.9845	0.9782	0.9718	0.9669	0.9794	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0300
$4.00 / $50.00 / 50%	0.6154	0.9400	0.9900	1.0050	0.9886	0.9830	0.9774	0.9725	0.9841	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0386
$4.00 / $75.00 / $125.00	0.5775	0.9400	0.9900	1.0050	0.9706	0.9580	0.9454	0.9407	0.9605	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0301
$4.00 / $75.00 / 50%	0.5801	0.9400	0.9900	1.0050	0.9840	0.9763	0.9685	0.9637	0.9778	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0300
$4.00 / 10% / 50%	0.8281	0.9400	0.9900	1.0050	0.9983	0.9975	0.9966	0.9916	0.9976	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1000
$4.00 / 30% / 50%	0.7049	0.9400	0.9900	1.0050	0.9982	0.9973	0.9964	0.9914	0.9975	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0986
$5.00 / $10.00 / $15.00	1.1610	0.9400	0.9500	1.0263	0.9929	0.9894	0.9859	0.9810	0.9901	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0298
$5.00 / $10.00 / $20.00	1.1432	0.9400	0.9900	1.0050	0.9920	0.9880	0.9840	0.9791	0.9888	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0302
$5.00 / $10.00 / $25.00	1.1259	0.9400	0.9900	1.0050	0.9910	0.9866	0.9822	0.9773	0.9875	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0307
$5.00 / $10.00 / $30.00	1.1087	0.9400	0.9900	1.0050	0.9901	0.9853	0.9804	0.9755	0.9862	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0312
$5.00 / $10.00 / $35.00	1.0922	0.9400	0.9900	1.0050	0.9892	0.9839	0.9786	0.9737	0.9850	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0316
$5.00 / $10.00 / 50%	0.9165	0.9400	0.9900	1.0050	0.9963	0.9945	0.9927	0.9877	0.9949	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0356
$5.00 / $12.00 / $25.00	1.1171	0.9400	0.9900	1.0050	0.9905	0.9859	0.9812	0.9763	0.9868	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0309
$5.00 / $15.00 / $20.00	1.0818	0.9400	0.9900	1.0050	0.9908	0.9863	0.9817	0.9768	0.9872	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0317
$5.00 / $15.00 / $25.00	1.0658	0.9400	0.9900	1.0050	0.9898	0.9848	0.9798	0.9749	0.9858	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0321

Three - 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
Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Option Factor	Formulary Factor	Generic Factor	Written Factor	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	for Extended Factor	Order After 1 Factor	Order After 1 Fill Factor	Order After 1 Factor	e Min/Max Factor	Contraceptive Share
$5.00 / $15.00 / $30.00	1.0501	0.9400	0.9900	1.0050	0.9889	0.9835	0.9781	0.9732	0.9846	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0325
$5.00 / $15.00 / $35.00	1.0349	0.9400	0.9900	1.0050	0.9880	0.9822	0.9763	0.9714	0.9833	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0330
$5.00 / $15.00 / 50%	0.8736	0.9400	0.9900	1.0050	0.9952	0.9929	0.9905	0.9855	0.9933	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0366
$5.00 / $20.00 / $35.00	0.9800	0.9400	0.9900	1.0050	0.9869	0.9805	0.9741	0.9692	0.9818	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0343
$5.00 / $20.00 / $40.00	0.9665	0.9400	0.9900	1.0050	0.9860	0.9793	0.9725	0.9676	0.9806	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0346
$5.00 / $20.00 / $50.00	0.9406	0.9400	0.9900	1.0050	0.9876	0.9819	0.9761	0.9712	0.9830	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0353
$5.00 / $20.00 / $60.00	0.9216	0.9400	0.9900	1.0050	0.9865	0.9802	0.9739	0.9690	0.9815	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0359
$5.00 / $20.00 / 50%	0.8318	0.9400	0.9900	1.0050	0.9941	0.9912	0.9883	0.9834	0.9918	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0749
$5.00 / 20% / 30%	0.8370	0.9400	0.9900	1.0050	0.9979	0.9969	0.9958	0.9908	0.9971	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0372
$5.00 / 25% / 50%	0.7268	0.9400	0.9900	1.0050	0.9978	0.9967	0.9955	0.9905	0.9969	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0392
$5.00 / $25.00 / $30.00	0.9398	0.9400	0.9900	1.0050	0.9867	0.9802	0.9737	0.9688	0.9815	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0375
$5.00 / $25.00 / $40.00	0.9149	0.9400	0.9900	1.0050	0.9849	0.9783	0.9716	0.9667	0.9796	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0358
$5.00 / $25.00 / $50.00	0.8920	0.9400	0.9900	1.0050	0.9867	0.9805	0.9743	0.9694	0.9817	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0365
$5.00 / $25.00 / $60.00	0.8746	0.9400	0.9900	1.0050	0.9856	0.9789	0.9721	0.9672	0.9802	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0370
$5.00 / $25.00 / $65.00	0.8662	0.9400	0.9900	1.0050	0.9850	0.9780	0.9710	0.9661	0.9794	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0372
$5.00 / $25.00 / 50%	0.7912	0.9400	0.9900	1.0050	0.9930	0.9896	0.9861	0.9812	0.9902	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0386
$5.00 / $30.00 / $50.00	0.8448	0.9400	0.9900	1.0050	0.9858	0.9792	0.9725	0.9676	0.9805	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0376
$5.00 / $35.00 / $40.00	0.8174	0.9400	0.9900	1.0050	0.9829	0.9759	0.9688	0.9640	0.9773	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0381
$5.00 / $35.00 / $70.00	0.7704	0.9400	0.9900	1.0050	0.9827	0.9745	0.9663	0.9615	0.9761	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0394
$5.00 / $40.00 / $60.00	0.7409	0.9400	0.9900	1.0050	0.9829	0.9749	0.9668	0.9620	0.9765	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0400
$6.00 / $11.00 / $16.00	1.1411	0.9400	0.9500	1.0263	0.9921	0.9882	0.9842	0.9793	0.9889	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0425
$6.00 / $12.00 / $25.00	1.1054	0.9400	0.9900	1.0050	0.9901	0.9853	0.9804	0.9755	0.9862	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0450
$7.00 / $10.00 / $25.00	1.1039	0.9400	0.9900	1.0050	0.9901	0.9854	0.9806	0.9757	0.9863	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0416
$7.00 / $10.00 / 50%	0.9020	0.9400	0.9900	1.0050	0.9956	0.9935	0.9914	0.9864	0.9939	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0477
$7.00 / $12.00 / $17.00	1.1227	0.9400	0.9500	1.0263	0.9912	0.9869	0.9826	0.9777	0.9878	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0410
$7.00 / $12.00 / $25.00	1.0952	0.9400	0.9900	1.0050	0.9896	0.9846	0.9796	0.9747	0.9856	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0419
$7.00 / $15.00 / $20.00	1.0592	0.9400	0.9500	1.0263	0.9898	0.9849	0.9799	0.9750	0.9858	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0430
$7.00 / $15.00 / $25.00	1.0435	0.9400	0.9900	1.0050	0.9889	0.9835	0.9781	0.9732	0.9846	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0435
$7.00 / $15.00 / $30.00	1.0280	0.9400	0.9900	1.0050	0.9879	0.9821	0.9763	0.9714	0.9833	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0440
$7.00 / $15.00 / $35.00	1.0130	0.9400	0.9900	1.0050	0.9870	0.9808	0.9745	0.9696	0.9820	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0445
$7.00 / $15.00 / 50%	0.8585	0.9400	0.9900	1.0050	0.9944	0.9918	0.9891	0.9842	0.9923	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0490
$7.00 / $20.00 / $30.00	0.9714	0.9400	0.9900	1.0050	0.9867	0.9803	0.9738	0.9689	0.9815	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0457
$7.00 / $20.00 / $35.00	0.9577	0.9400	0.9900	1.0050	0.9858	0.9799	0.9739	0.9690	0.9810	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0462
$7.00 / $20.00 / $40.00	0.9444	0.9400	0.9900	1.0050	0.9869	0.9814	0.9758	0.9709	0.9825	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0467
$7.00 / $20.00 / 50%	0.8162	0.9400	0.9900	1.0050	0.9932	0.9900	0.9867	0.9818	0.9906	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0503
$7.00 / $25.00 / $40.00	0.8927	0.9400	0.9900	1.0050	0.9871	0.9810	0.9749	0.9700	0.9822	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0482
$7.00 / $25.00 / $45.00	0.8837	0.9400	0.9900	1.0050	0.9864	0.9801	0.9738	0.9689	0.9814	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0486
$7.00 / $25.00 / $50.00	0.8747	0.9400	0.9900	1.0050	0.9858	0.9792	0.9726	0.9677	0.9805	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0489
$7.00 / $30.00 / $45.00	0.8352	0.9400	0.9900	1.0050	0.9854	0.9786	0.9717	0.9668	0.9799	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0500
$7.00 / $30.00 / $50.00	0.8270	0.9400	0.9900	1.0050	0.9847	0.9777	0.9706	0.9657	0.9791	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0503
$7.00 / $30.00 / $55.00	0.8191	0.9400	0.9900	1.0050	0.9841	0.9768	0.9694	0.9646	0.9782	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0506
$7.50 / $12.00 / $15.00	1.1250	0.9400	0.9500	1.0263	0.9913	0.9871	0.9829	0.9780	0.9879	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0501
$7.50 / $15.00 / $25.00	1.0387	0.9400	0.9900	1.0050	0.9886	0.9831	0.9776	0.9727	0.9842	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0550
$8.00 / $13.00 / $18.00	1.0640	0.9400	0.9500	1.0263	0.9902	0.9855	0.9807	0.9758	0.9864	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0536
$8.00 / $18.00 / $35.00	0.9554	0.9400	0.9900	1.0050	0.9858	0.9804	0.9749	0.9700	0.9814	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0578
$8.00 / $20.00 / $35.00	0.9483	0.9400	0.9900	1.0050	0.9867	0.9812	0.9757	0.9708	0.9823	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0581
$8.00 / $25.00 / $35.00	0.8951	0.9400	0.9900	1.0050	0.9873	0.9813	0.9753	0.9704	0.9825	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0600
$9.00 / $10.00 / $25.00	1.0852	0.9400	0.9900	1.0050	0.9893	0.9842	0.9790	0.9741	0.9852	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0575
$9.00 / $10.00 / 50%	0.8904	0.9400	0.9900	1.0050	0.9950	0.9927	0.9903	0.9853	0.9931	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0660
$9.00 / $15.00 / $30.00	1.0093	0.9400	0.9900	1.0050	0.9870	0.9812	0.9754	0.9705	0.9824	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0610
$9.00 / $15.00 / 50%	0.8466	0.9400	0.9900	1.0050	0.9937	0.9908	0.9878	0.9829	0.9913	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0680
$9.00 / $20.00 / $35.00	0.9398	0.9400	0.9900	1.0050	0.9881	0.9825	0.9768	0.9719	0.9836	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0642
$9.00 / $20.00 / $40.00	0.9296	0.9400	0.9900	1.0050	0.9874	0.9815	0.9756	0.9707	0.9827	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0647
$9.00 / $20.00 / 50%	0.8039	0.9400	0.9900	1.0050	0.9924	0.9889	0.9853	0.9804	0.9896	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0700
$9.00 / $25.00 / $40.00	0.8787	0.9400	0.9900	1.0050	0.9863	0.9799	0.9734	0.9685	0.9811	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0669
$9.00 / $25.00 / $45.00	0.8698	0.9400	0.9900	1.0050	0.9856	0.9790	0.9723	0.9674	0.9803	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0674
$9.00 / $25.00 / $50.00	0.8610	0.9400	0.9900	1.0050	0.9849	0.9780	0.9711	0.9662	0.9794	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0679
$9.00 / $30.00 / $45.00	0.8210	0.9400	0.9900	1.0050	0.9844	0.9773	0.9701	0.9652	0.9787	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0696
$9.00 / $30.00 / $50.00	0.8129	0.9400	0.9900	1.0050	0.9838	0.9764	0.9689	0.9641	0.9778	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0700
$10.00 / $15.00 / $20.00	1.0306	0.9400	0.9500	1.0263	0.9885	0.9830	0.9775	0.9726	0.9841	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0700
$10.00 / $15.00 / $25.00	1.0152	0.9400	0.9900	1.0050	0.9875	0.9816	0.9756	0.9707	0.9827	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0704
$10.00 / $15.00 / $30.00	1.0000	0.9400	0.9900	1.0050	0.9872	0.9823	0.9773	0.9724	0.9832	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0707
$10.00 / $15.00 / $35.00	0.9863	0.9400	0.9900	1.0050	0.9889	0.9837	0.9784	0.9735	0.9847	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0711
$10.00 / $15.00 / 50%	0.8406	0.9400	0.9900	1.0050	0.9934	0.9903	0.9872	0.9823	0.9909	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0741

Three - Tier Copay Levels (continued)	Table 2	Table 3	Table 4	Table 5	Table 6 Multiple Copayment					Table 7	Table 8	Table 8A Multiple Copayment			Table 9	Table 10
Generic Form./Brand Form./Non-Form.	Option	Formulary	Generic	Written	2X-90 day	2.5X-90 day	3X-90 day	2X-60 day	day/3x-90 day	Supply	for Extended	Order After 1	Order After 1 Fill	Order After 1	e Min/Max	Contraceptive
OR Generic/Brand Form./Brand Non-Form.	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Share
$10.00 / 15% / 30%	0.8345	0.9400	0.9900	1.0050	0.9960	0.9943	0.9925	0.9875	0.9946	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0739
$10.00 / $20.00 / $30.00	0.9434	0.9400	0.9900	1.0050	0.9884	0.9830	0.9775	0.9726	0.9840	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0720
$10.00 / $20.00 / $35.00	0.9330	0.9400	0.9900	1.0050	0.9877	0.9820	0.9762	0.9713	0.9831	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0722
$10.00 / $20.00 / $40.00	0.9229	0.9400	0.9900	1.0050	0.9870	0.9810	0.9750	0.9701	0.9822	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0725
$10.00 / $20.00 / $45.00	0.9133	0.9400	0.9900	1.0050	0.9863	0.9801	0.9738	0.9689	0.9813	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0727
$10.00 / $20.00 / $50.00	0.9037	0.9400	0.9900	1.0050	0.9857	0.9792	0.9727	0.9678	0.9805	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0730
$10.00 / $20.00 / $55.00	0.8945	0.9400	0.9900	1.0050	0.9851	0.9783	0.9715	0.9666	0.9797	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0732
$10.00 / $20.00 / 50%	0.7978	0.9400	0.9900	1.0050	0.9921	0.9884	0.9847	0.9798	0.9891	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0750
$10.00 / $25.00 / $35.00	0.8811	0.9400	0.9900	1.0050	0.9866	0.9803	0.9739	0.9690	0.9815	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0733
$10.00 / $25.00 / $40.00	0.8718	0.9400	0.9900	1.0050	0.9859	0.9793	0.9727	0.9678	0.9806	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0736
$10.00 / $25.00 / $45.00	0.8630	0.9400	0.9900	1.0050	0.9852	0.9784	0.9716	0.9667	0.9798	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0738
$10.00 / $25.00 / $50.00	0.8542	0.9400	0.9900	1.0050	0.9845	0.9775	0.9704	0.9655	0.9789	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0740
$10.00 / $25.00 / $75.00	0.8134	0.9400	0.9900	1.0050	0.9816	0.9732	0.9648	0.9600	0.9749	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0745
$10.00 / $25.00 / $100.00	0.7771	0.9400	0.9900	1.0050	0.9789	0.9696	0.9603	0.9555	0.9715	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0779
$10.00 / $25.00 / 30%	0.8316	0.9400	0.9900	1.0050	0.9912	0.9871	0.9829	0.9780	0.9879	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0758
$10.00 / $25.00 / 50%	0.7560	0.9400	0.9900	1.0050	0.9907	0.9864	0.9821	0.9772	0.9873	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0759
$10.00 / $30.00 / $40.00	0.8221	0.9400	0.9900	1.0050	0.9847	0.9776	0.9705	0.9656	0.9790	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0746
$10.00 / $30.00 / $45.00	0.8140	0.9400	0.9900	1.0050	0.9840	0.9767	0.9693	0.9645	0.9781	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0748
$10.00 / $30.00 / $50.00	0.8059	0.9400	0.9900	1.0050	0.9833	0.9757	0.9681	0.9633	0.9772	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0750
$10.00 / $30.00 / $55.00	0.7981	0.9400	0.9900	1.0050	0.9827	0.9748	0.9669	0.9621	0.9764	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0752
$10.00 / $30.00 / $60.00	0.7905	0.9400	0.9900	1.0050	0.9821	0.9740	0.9658	0.9610	0.9756	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0754
$10.00 / $30.00 / $65.00	0.7830	0.9400	0.9900	1.0050	0.9816	0.9732	0.9647	0.9599	0.9748	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0756
$10.00 / $30.00 / $70.00	0.7757	0.9400	0.9900	1.0050	0.9810	0.9723	0.9636	0.9588	0.9740	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0758
$10.00 / $30.00 / $75.00	0.7686	0.9400	0.9900	1.0050	0.9804	0.9715	0.9625	0.9577	0.9732	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0775
$10.00 / $30.00 / $100.00	0.7353	0.9400	0.9900	1.0050	0.9777	0.9679	0.9580	0.9532	0.9698	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0815
$10.00 / $30.00 / 30%	0.7850	0.9400	0.9900	1.0050	0.9899	0.9852	0.9804	0.9755	0.9861	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0765
$10.00 / $30.00 / 50%	0.7153	0.9400	0.9900	1.0050	0.9894	0.9844	0.9794	0.9745	0.9854	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0768
$10.00 / $35.00 / $40.00	0.7736	0.9400	0.9900	1.0050	0.9835	0.9759	0.9682	0.9634	0.9774	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0757
$10.00 / $35.00 / $45.00	0.7662	0.9400	0.9900	1.0050	0.9828	0.9749	0.9670	0.9622	0.9765	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0758
$10.00 / $35.00 / $50.00	0.7589	0.9400	0.9900	1.0050	0.9821	0.9740	0.9658	0.9610	0.9756	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0760
$10.00 / $35.00 / $55.00	0.7518	0.9400	0.9900	1.0050	0.9815	0.9731	0.9647	0.9599	0.9748	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0762
$10.00 / $35.00 / $60.00	0.7448	0.9400	0.9900	1.0050	0.9809	0.9722	0.9635	0.9587	0.9739	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0764
$10.00 / $35.00 / $65.00	0.7380	0.9400	0.9900	1.0050	0.9804	0.9714	0.9624	0.9576	0.9732	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0766
$10.00 / $35.00 / $70.00	0.7314	0.9400	0.9900	1.0050	0.9798	0.9706	0.9613	0.9565	0.9724	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0767
$10.00 / $35.00 / $80.00	0.7183	0.9400	0.9900	1.0050	0.9786	0.9689	0.9592	0.9544	0.9708	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0771
$10.00 / $35.00 / 50%	0.6757	0.9400	0.9900	1.0050	0.9880	0.9824	0.9768	0.9719	0.9835	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0800
$10.00 / $40.00 / $55.00	0.7066	0.9400	0.9900	1.0050	0.9803	0.9713	0.9623	0.9575	0.9731	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0772
$10.00 / $40.00 / $60.00	0.7003	0.9400	0.9900	1.0050	0.9797	0.9705	0.9612	0.9564	0.9723	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0773
$10.00 / $40.00 / $65.00	0.6941	0.9400	0.9900	1.0050	0.9792	0.9697	0.9601	0.9553	0.9716	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0775
$10.00 / $40.00 / $70.00	0.6882	0.9400	0.9900	1.0050	0.9786	0.9688	0.9590	0.9542	0.9708	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0776
$10.00 / $45.00 / $60.00	0.6570	0.9400	0.9900	1.0050	0.9785	0.9687	0.9589	0.9541	0.9707	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0782
$10.00 / $45.00 / $90.00	0.6253	0.9400	0.9900	1.0050	0.9751	0.9639	0.9526	0.9478	0.9661	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0785
$10.00 / $50.00 / $75.00	0.6004	0.9400	0.9900	1.0050	0.9756	0.9645	0.9533	0.9485	0.9667	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0794
$10.00 / $50.00 / $100.00	0.5784	0.9400	0.9900	1.0050	0.9728	0.9608	0.9488	0.9441	0.9632	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0800
$10.00 / $75.00 / 50%	0.5294	0.9400	0.9900	1.0050	0.9787	0.9688	0.9589	0.9541	0.9708	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0302
$10.00 / 20% / 30%	0.8028	0.9400	0.9900	1.0050	0.9959	0.9941	0.9923	0.9873	0.9945	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0746
$10.00 / 20% / 35%	0.7829	0.9400	0.9900	1.0050	0.9959	0.9941	0.9922	0.9872	0.9944	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0750
$10.00 / 30% / 40%	0.7032	0.9400	0.9900	1.0050	0.9956	0.9937	0.9918	0.9868	0.9941	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0768
$10.00 / 30% / 45%	0.6845	0.9400	0.9900	1.0050	0.9956	0.9937	0.9917	0.9867	0.9940	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0772
$10.00 / 30% / 50%	0.6661	0.9400	0.9900	1.0050	0.9955	0.9936	0.9916	0.9866	0.9939	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0776
$10.00 / 40% / 50%	0.6093	0.9400	0.9900	1.0050	0.9953	0.9932	0.9911	0.9861	0.9936	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0788
$10.00 / 50% / 50%	0.5543	0.9400	0.9900	1.0050	0.9949	0.9927	0.9905	0.9855	0.9931	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0800
$12.00 / $17.00 / $22.00	0.9979	0.9400	0.9500	1.0263	0.9887	0.9839	0.9791	0.9742	0.9849	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0844
$12.00 / $25.00 / $30.00	0.8767	0.9400	0.9900	1.0050	0.9865	0.9802	0.9739	0.9690	0.9815	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0895
$12.00 / $25.00 / $35.00	0.8673	0.9400	0.9900	1.0050	0.9858	0.9792	0.9726	0.9677	0.9805	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0900
$12.00 / $35.00 / $50.00	0.7447	0.9400	0.9900	1.0050	0.9812	0.9727	0.9641	0.9593	0.9744	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0875
$15.00 / $20.00 / $25.00	0.9202	0.9400	0.9500	1.0263	0.9877	0.9820	0.9762	0.9713	0.9831	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0904
$15.00 / $20.00 / $30.00	0.9097	0.9400	0.9900	1.0050	0.9869	0.9808	0.9747	0.9698	0.9820	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0907
$15.00 / $20.00 / $35.00	0.8996	0.9400	0.9900	1.0050	0.9862	0.9798	0.9734	0.9685	0.9811	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0910
$15.00 / $20.00 / $40.00	0.8898	0.9400	0.9900	1.0050	0.9855	0.9789	0.9722	0.9673	0.9802	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0913
$15.00 / $20.00 / 50%	0.7676	0.9400	0.9900	1.0050	0.9905	0.9861	0.9817	0.9768	0.9870	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0942
$15.00 / $25.00 / $30.00	0.8562	0.9400	0.9900	1.0050	0.9856	0.9789	0.9722	0.9673	0.9802	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0921
$15.00 / $25.00 / $35.00	0.8469	0.9400	0.9900	1.0050	0.9849	0.9779	0.9708	0.9659	0.9793	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0924
$15.00 / $25.00 / $40.00	0.8379	0.9400	0.9900	1.0050	0.9841	0.9769	0.9696	0.9648	0.9783	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0926
$15.00 / $25.00 / $45.00	0.8293	0.9400	0.9900	1.0050	0.9834	0.9759	0.9684	0.9636	0.9774	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0929

Three - Tier Copay Levels (continued)	Table 2	Table 3	Table 4	Table 5	Table 6 Multiple Copayment					Table 7	Table 8	Table 8A Multiple Copayment			Table 9	Table 10
Generic Form./Brand Form./Non-Form.	Option	Formulary	Generic	Written	2X-90 day	2.5X-90 day	3X-90 day	2X-60 day	day/3x-90 day	Supply	for Extended	Order After 1	Order After 1 Fill	Order After 1	e Min/Max	Contracepti
OR Generic/Brand Form./Brand Non-Form.	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Share
$15.00 / $25.00 / $50.00	0.8208	0.9400	0.9900	1.0050	0.9828	0.9750	0.9672	0.9624	0.9766	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0932
$15.00 / $25.00 / $55.00	0.8125	0.9400	0.9900	1.0050	0.9821	0.9741	0.9660	0.9612	0.9757	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0934
$15.00 / $25.00 / 50%	0.7249	0.9400	0.9900	1.0050	0.9889	0.9839	0.9788	0.9739	0.9849	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0953
$15.00 / $30.00 / $40.00	0.7874	0.9400	0.9900	1.0050	0.9827	0.9749	0.9670	0.9622	0.9764	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0939
$15.00 / $30.00 / $45.00	0.7795	0.9400	0.9900	1.0050	0.9820	0.9739	0.9658	0.9610	0.9755	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0942
$15.00 / $30.00 / $50.00	0.7717	0.9400	0.9900	1.0050	0.9814	0.9730	0.9646	0.9598	0.9747	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0944
$15.00 / $30.00 / $55.00	0.7641	0.9400	0.9900	1.0050	0.9807	0.9720	0.9633	0.9585	0.9737	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0946
$15.00 / $30.00 / $60.00	0.7567	0.9400	0.9900	1.0050	0.9801	0.9712	0.9622	0.9574	0.9729	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0949
$15.00 / $30.00 / $65.00	0.7494	0.9400	0.9900	1.0050	0.9795	0.9703	0.9611	0.9563	0.9721	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0951
$15.00 / $30.00 / $70.00	0.7424	0.9400	0.9900	1.0050	0.9789	0.9694	0.9599	0.9551	0.9713	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0953
$15.00 / $30.00 / 50%	0.6833	0.9400	0.9900	1.0050	0.9874	0.9816	0.9758	0.9709	0.9828	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0964
$15.00 / $35.00 / $50.00	0.7238	0.9400	0.9900	1.0050	0.9799	0.9709	0.9618	0.9570	0.9727	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0956
$15.00 / $35.00 / $55.00	0.7169	0.9400	0.9900	1.0050	0.9793	0.9700	0.9606	0.9558	0.9718	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0958
$15.00 / $35.00 / $60.00	0.7101	0.9400	0.9900	1.0050	0.9787	0.9691	0.9594	0.9546	0.9710	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0960
$15.00 / $35.00 / $70.00	0.6971	0.9400	0.9900	1.0050	0.9775	0.9673	0.9571	0.9523	0.9693	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0964
$15.00 / $35.00 / $75.00	0.6907	0.9400	0.9900	1.0050	0.9769	0.9665	0.9560	0.9512	0.9685	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0966
$15.00 / $35.00 / $80.00	0.6844	0.9400	0.9900	1.0050	0.9763	0.9656	0.9549	0.9501	0.9677	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0968
$15.00 / $35.00 / 50%	0.6427	0.9400	0.9900	1.0050	0.9857	0.9792	0.9727	0.9678	0.9805	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0974
$15.00 / $40.00 / $60.00	0.6648	0.9400	0.9900	1.0050	0.9772	0.9669	0.9566	0.9518	0.9690	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0971
$15.00 / $40.00 / $70.00	0.6530	0.9400	0.9900	1.0050	0.9760	0.9651	0.9542	0.9494	0.9673	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0975
$15.00 / $40.00 / $75.00	0.6472	0.9400	0.9900	1.0050	0.9754	0.9643	0.9531	0.9483	0.9665	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0977
$15.00 / $40.00 / 50%	0.6032	0.9400	0.9900	1.0050	0.9840	0.9767	0.9694	0.9646	0.9782	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0985
$15.00 / $45.00 / $60.00	0.6205	0.9400	0.9900	1.0050	0.9756	0.9647	0.9537	0.9489	0.9668	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0982
$15.00 / $45.00 / $65.00	0.6151	0.9400	0.9900	1.0050	0.9750	0.9638	0.9525	0.9477	0.9660	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0984
$15.00 / $45.00 / $70.00	0.6099	0.9400	0.9900	1.0050	0.9744	0.9629	0.9513	0.9465	0.9652	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0986
$15.00 / $45.00 / $80.00	0.5996	0.9400	0.9900	1.0050	0.9732	0.9612	0.9491	0.9444	0.9636	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0989
$15.00 / $50.00 / $90.00	0.5501	0.9400	0.9900	1.0050	0.9704	0.9572	0.9440	0.9393	0.9598	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1001
$15.00 / $50.00 / $100.00	0.5421	0.9400	0.9900	1.0050	0.9692	0.9558	0.9423	0.9376	0.9584	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1013
$15.00 / $75.00 / 50%	0.4942	0.9400	0.9900	1.0050	0.9749	0.9635	0.9521	0.9473	0.9658	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0325
$15.00 / $100.00 / 50%	0.4636	0.9400	0.9900	1.0050	0.9692	0.9553	0.9414	0.9367	0.9581	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0366
$15.00 / 20% / 30%	0.7725	0.9400	0.9900	1.0050	0.9944	0.9920	0.9895	0.9846	0.9924	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0938
$15.00 / 20% / 35%	0.7532	0.9400	0.9900	1.0050	0.9943	0.9919	0.9894	0.9845	0.9923	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0943
$15.00 / 30% / 50%	0.6388	0.9400	0.9900	1.0050	0.9938	0.9912	0.9885	0.9836	0.9917	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0972
$15.00 / 40% / 50%	0.5831	0.9400	0.9900	1.0050	0.9934	0.9906	0.9878	0.9829	0.9912	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0986
$20.00 / $25.00 / $30.00	0.8335	0.9400	0.9500	1.0263	0.9842	0.9770	0.9697	0.9649	0.9784	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1111
$20.00 / $25.00 / $40.00	0.8156	0.9400	0.9900	1.0050	0.9827	0.9750	0.9672	0.9624	0.9765	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1117
$20.00 / $25.00 / 50%	0.7051	0.9400	0.9900	1.0050	0.9874	0.9818	0.9762	0.9713	0.9829	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1147
$20.00 / $30.00 / $45.00	0.7571	0.9400	0.9900	1.0050	0.9804	0.9717	0.9630	0.9582	0.9734	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1135
$20.00 / $30.00 / $50.00	0.7495	0.9400	0.9900	1.0050	0.9797	0.9708	0.9618	0.9570	0.9725	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1137
$20.00 / $30.00 / $55.00	0.7421	0.9400	0.9900	1.0050	0.9791	0.9699	0.9606	0.9558	0.9717	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1140
$20.00 / $30.00 / $60.00	0.7348	0.9400	0.9900	1.0050	0.9785	0.9690	0.9594	0.9546	0.9709	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1142
$20.00 / $30.00 / $70.00	0.7209	0.9400	0.9900	1.0050	0.9773	0.9672	0.9571	0.9523	0.9692	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1147
$20.00 / $35.00 / $50.00	0.7013	0.9400	0.9900	1.0050	0.9781	0.9684	0.9587	0.9539	0.9703	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1151
$20.00 / $35.00 / $55.00	0.6946	0.9400	0.9900	1.0050	0.9774	0.9675	0.9575	0.9527	0.9694	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1154
$20.00 / $35.00 / $70.00	0.6752	0.9400	0.9900	1.0050	0.9756	0.9648	0.9539	0.9491	0.9669	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1160
$20.00 / $40.00 / $60.00	0.6422	0.9400	0.9900	1.0050	0.9751	0.9641	0.9530	0.9482	0.9663	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1169
$20.00 / $40.00 / $70.00	0.6307	0.9400	0.9900	1.0050	0.9738	0.9622	0.9506	0.9458	0.9645	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1173
$20.00 / $40.00 / $75.00	0.6251	0.9400	0.9900	1.0050	0.9732	0.9614	0.9495	0.9448	0.9637	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1175
$20.00 / $40.00 / $80.00	0.6195	0.9400	0.9900	1.0050	0.9726	0.9605	0.9484	0.9437	0.9629	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1177
$20.00 / $40.00 / 50%	0.5820	0.9400	0.9900	1.0050	0.9819	0.9739	0.9658	0.9610	0.9755	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1184
$20.00 / $50.00 / $70.00	0.5448	0.9400	0.9900	1.0050	0.9700	0.9568	0.9435	0.9388	0.9594	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1198
$20.00 / $65.00 / $100.00	0.4996	0.9400	0.9900	1.0050	0.9627	0.9466	0.9305	0.9258	0.9498	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1236
$20.00 / $40.00 / 50%	0.5820	0.9400	0.9900	1.0050	0.9819	0.9739	0.9658	0.9610	0.9755	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1184
$20.00 / 30% / 50%	0.6218	0.9400	0.9900	1.0050	0.9923	0.9891	0.9859	0.9810	0.9897	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1168
$20.00 / 40% / 50%	0.5671	0.9400	0.9900	1.0050	0.9918	0.9885	0.9852	0.9803	0.9892	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1184
$20.00 / 50% / 50%	0.5139	0.9400	0.9900	1.0050	0.9913	0.9878	0.9842	0.9793	0.9885	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1200
$25.00 / $30.00 / $50.00	0.7292	0.9400	0.9900	1.0050	0.9784	0.9690	0.9596	0.9548	0.9709	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1247
$25.00 / $35.00 / $50.00	0.6807	0.9400	0.9900	1.0050	0.9766	0.9664	0.9562	0.9514	0.9684	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1268
$25.00 / $40.00 / $70.00	0.6104	0.9400	0.9900	1.0050	0.9721	0.9599	0.9477	0.9430	0.9623	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1300
$30.00 / $40.00 / $50.00	0.6186	0.9400	0.9900	1.0050	0.9732	0.9619	0.9506	0.9458	0.9642	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1361
$30.00 / $45.00 / $60.00	0.5621	0.9400	0.9900	1.0050	0.9695	0.9568	0.9440	0.9393	0.9593	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1387
$30.00 / $45.00 / 50%	0.5097	0.9400	0.9900	1.0050	0.9759	0.9660	0.9561	0.9513	0.9680	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1406
$35.00 / $50.00 / $75.00	0.4914	0.9400	0.9900	1.0050	0.9636	0.9486	0.9335	0.9288	0.9516	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1550
$50.00 / 50% / 50%	0.4615	0.9400	0.9900	1.0050	0.9859	0.9817	0.9774	0.9725	0.9825	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.1750
10% / 10% / 50%	0.8343	0.9400	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	1.0260

Three - Tier Copay Levels (continued)	Table 2	Table 3	Table 4	Table 5	Table 6 Multiple Copayment					Table 7	Table 8	Table 8A Multiple Copayment			Table 9	Table 10
Generic Form./Brand Form./Non-Form. OR Generic/Brand Form./Brand Non-Form.	Option Factor	Formulary Factor	Generic Factor	Written Factor	2X-90 day Factor	2.5X-90 day Factor	3X-90 day Factor	2X-60 day Factor	day/3x-90 day Factor	Supply Factor	for Extended Factor	Order After 1 Factor	Order After 1 Fill Factor	Order After 1 Factor	e Min/Max Factor	Contraceptive Factor
10% / 20% / 30%	0.8519	0.9400	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	1.0360
10% / 20% / 35%	0.8314	0.9400	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	1.0400
20% / 20% / 40%	0.7838	0.9400	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% / 20% / 50%	0.7447	0.9400	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	1.0520
20% / 25% / 25%	0.8123	0.9400	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	1.0530
20% / 30% / 50%	0.6850	0.9400	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	1.0540
25% / $35.00 / $75.00	0.7329	0.9400	0.9900	1.0050	0.9844	0.9772	0.9699	0.9651	0.9786	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0578
30% / 30% / 50%	0.6598	0.9400	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	1.0615
30% / 40% / 50%	0.6030	0.9400	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	1.0655
30% / 50% / 50%	0.5480	0.9400	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	1.0695
40% / 50% / 50%	0.5246	0.9400	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	1.0900
50% / 50% / 100%	0.3397	0.9400	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	1.1050
$0 / 100% / 100%	0.3620	0.9400	N/A	N/A	1.0000	1.0000	1.0000	0.9950	1.0000	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0200
$5 / 100% / 100%	0.3195	0.9400	N/A	N/A	0.9915	0.9900	0.9885	0.9836	0.9903	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0500
$10 / 100% / 100%	0.2769	0.9400	N/A	N/A	0.9915	0.9900	0.9885	0.9836	0.9903	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0850
$15 / 100% / 100%	0.2344	0.9400	N/A	N/A	0.9915	0.9900	0.9885	0.9836	0.9903	0.9700	0.9900	N/A	N/A	N/A	N/A	1.1100
$0 / $10 / 100%	1.1197	0.9400	N/A	N/A	0.9955	0.9933	0.9911	0.9861	0.9937	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0150
$0 / $25 / 100%	0.9034	0.9400	N/A	N/A	0.9892	0.9839	0.9785	0.9736	0.9850	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0175
$5 / $15 / 100%	0.9857	0.9400	N/A	N/A	0.9916	0.9873	0.9831	0.9782	0.9882	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0450
$10 / $20 / 100%	0.8708	0.9400	N/A	N/A	0.9871	0.9819	0.9766	0.9717	0.9829	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0800
$10 / $35 / 100%	0.6945	0.9400	N/A	N/A	0.9836	0.9757	0.9677	0.9629	0.9772	0.9700	0.9900	N/A	N/A	N/A	N/A	1.0825
$15 / $25 / 100%	0.7683	0.9400	N/A	N/A	0.9863	0.9800	0.9736	0.9688	0.9813	0.9700	0.9900	N/A	N/A	N/A	N/A	1.1050
$20 / $45 / 100%	0.5178	0.9400	N/A	N/A	0.9745	0.9627	0.9510	0.9463	0.9651	0.9700	0.9900	N/A	N/A	N/A	N/A	1.1250
$25 / $50 / 100%	0.4533	0.9400	N/A	N/A	0.9694	0.9561	0.9428	0.9381	0.9588	0.9700	0.9900	N/A	N/A	N/A	N/A	1.1350
No Copay (Deductible = OOP)	1.0000	0.9400	0.9900	1.0050	N/A	N/A	N/A	N/A	N/A	0.9700	0.9900	1.0000	0.9900	0.9600	N/A	1.0413

Three - Tier Copay Levels (continued)	Table 2	Table 3	Table 4	Table 5	Table 6 Multiple Copayment					Table 7	Table 8	Table 8A Multiple Copayment			Table 9	Table 10
Generic Form./Brand Form./Non-Form. OR Generic/Brand Form./Brand Non-Form.	Option Factor	Formulary Factor	Generic Factor	Written Factor	2X-90 day Factor	2.5X-90 day Factor	3X-90 day Factor	2X-60 day Factor	day/3x-90 day Factor	Supply Factor	for Extended Factor	Order After 1 Factor	Order After 1 Fill Factor	Order After 1 Factor	e Min/Max Factor	Contraceptive Factor
$1.50 / $5.00 / $5.00 (MOD $0)	1.3555	0.9400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.9700	N/A	N/A	N/A	N/A	N/A	1.0100
$5.00 / $10.00 / $10.00 (MOD $0)	1.2190	0.9400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.9700	N/A	N/A	N/A	N/A	N/A	1.0350
20% (MOD $0)	0.9296	0.9400	N/A	N/A	N/A	N/A	N/A	N/A	N/A	0.9700	N/A	N/A	N/A	N/A	N/A	1.0475

Single - Tier Copay Levels	Table 11 Sexual Performance Drug						
All Generic and 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	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
$1.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$2.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$2.50	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$3.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$4.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$5.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
$6.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
$7.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
$7.50	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
$8.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
$9.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
$10.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
$12.00	1.0036	1.0072	1.0108	1.0133	1.0158	1.0208	1.0258
$15.00	1.0035	1.0071	1.0107	1.0132	1.0157	1.0207	1.0257
$20.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$25.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
$30.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
$35.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$40.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$45.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
$50.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$55.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
$60.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$65.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$70.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$75.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
10% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
15% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
20% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
25% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
30% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
40% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
50% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
60% Coinsurance	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250

Two - Tier Copay Levels	Table 11 Sexual Performance Drug						
Generic & Brand-Formulary / Brand Non-Formulary	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
$1.00 / $2.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
$2.00 / $4.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
$2.50 / $7.50	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
$3.00 / $6.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$4.00 / $9.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
$5.00 / $10.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$5.00 / $15.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$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	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$6.00 / $12.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$7.00 / $12.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$7.50 / $12.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
$8.00 / $13.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$10.00 / $15.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
$10.00 / $20.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$10.00 / $25.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$12.00 / $17.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
$15.00 / $20.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$15.00 / $25.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$15.00 / $50.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$20.00 / $25.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$20.00 / $30.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$30.00 / $40.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$30.00 / $50.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$100.00 / 30%	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254

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	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$1.00 / $2.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$1.00 / $3.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$1.00 / $5.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$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	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$1.00 / $25.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$2.00 / $4.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$2.00 / $7.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$2.00 / $10.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$2.50 / $7.50	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$3.00 / $6.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$3.00 / $10.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$4.00 / $9.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$4.00 / $10.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$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	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$4.00 / 50%	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$5.00 / $7.00	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
$5.00 / $7.50	1.0034	1.0068	1.0102	1.0127	1.0152	1.0202	1.0252
$5.00 / $8.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$5.00 / $10.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$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	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$6.00 / $12.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$7.00 / $10.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$7.00 / $12.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$7.00 / $14.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$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	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$7.00 / $30.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$7.00 / 50%	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$7.50 / $12.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$8.00 / $13.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$8.00 / $16.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$8.00 / $18.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$9.00 / $10.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$9.00 / $15.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$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	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$10.00 / $20.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$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	1.0047	1.0071	1.0096	1.0121	1.0171	1.0221
$12.00 / $17.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$15.00 / $20.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$15.00 / $25.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$15.00 / $30.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$15.00 / 10%	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$15.00 / 50%	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$20.00 / $25.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
$20.00 / $30.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$20.00 / $40.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$20.00 / $50.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
$20.00 / $60.00	1.0026	1.0051	1.0076	1.0101	1.0126	1.0176	1.0226
$20.00 / $70.00	1.0024	1.0049	1.0074	1.0099	1.0124	1.0174	1.0224
$20.00 / 30%	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254

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
$25.00 / 100%	1.0000	1.0000	1.0000	1.0025	1.0050	1.0100	1.0150
$30.00 / $40.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$30.00 / $50.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
$30.00 / $75.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227

Three - Tier Copay Levels	Table 11 Sexual Performance Drug						
Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	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 / $25.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$0.00 / $10.00 / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
$0.00 / $15.00 / $30.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$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	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$0.00 / $20.00 / $40.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$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	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$0.00 / $25.00 / $45.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$0.00 / $25.00 / $50.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
$0.00 / $30.00 / $45.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
$0.00 / $30.00 / $50.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
$0.00 / $30.00 / $60.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
$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	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$1.00 / $15.00 / 50%	1.0021	1.0042	1.0063	1.0088	1.0113	1.0163	1.0213
$1.00 / $20.00 / $35.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$1.00 / $20.00 / $40.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$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	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$1.00 / $25.00 / $45.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$1.00 / $25.00 / $50.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$1.00 / $30.00 / $45.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$1.00 / $30.00 / $50.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$2.00 / $5.00 / $10.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$2.00 / $15.00 / $25.00	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
$2.50 / $7.50 / $12.00	1.0036	1.0071	1.0106	1.0131	1.0156	1.0206	1.0256
$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%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
$4.00 / $15.00 / $30.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$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	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$4.00 / $20.00 / $40.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$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	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$4.00 / $25.00 / $45.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$4.00 / $25.00 / $50.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$4.00 / $30.00 / $45.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$4.00 / $30.00 / $50.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$4.00 / $50.00 / 50%	1.0017	1.0034	1.0051	1.0076	1.0101	1.0151	1.0201
$4.00 / $75.00 / $125.00	1.0019	1.0037	1.0055	1.0080	1.0105	1.0155	1.0205
$4.00 / $75.00 / 50%	1.0018	1.0036	1.0054	1.0079	1.0104	1.0154	1.0204
$4.00 / 10% / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
$4.00 / 30% / 50%	1.0024	1.0049	1.0074	1.0099	1.0124	1.0174	1.0224
$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	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$5.00 / $10.00 / $30.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$5.00 / $10.00 / $35.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$5.00 / $10.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
$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	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
$5.00 / $15.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$5.00 / $20.00 / $35.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$5.00 / $20.00 / $40.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242

Three - Tier Copay Levels	Table 11 Sexual Performance Drug						
Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
$5.00 / $20.00 / $50.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$5.00 / $20.00 / $60.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$5.00 / $20.00 / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
$5.00 / 20% / 30%	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$5.00 / 25% / 50%	1.0024	1.0048	1.0072	1.0097	1.0122	1.0172	1.0222
$5.00 / $25.00 / $30.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$5.00 / $25.00 / $40.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$5.00 / $25.00 / $50.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$5.00 / $25.00 / $60.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
$5.00 / $25.00 / $65.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$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	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$5.00 / $35.00 / $40.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$5.00 / $35.00 / $70.00	1.0026	1.0051	1.0076	1.0101	1.0126	1.0176	1.0226
$5.00 / $40.00 / $60.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
$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%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
$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	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$7.00 / $15.00 / $30.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$7.00 / $15.00 / $35.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$7.00 / $15.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
$7.00 / $20.00 / $30.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$7.00 / $20.00 / $35.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$7.00 / $20.00 / $40.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$7.00 / $20.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$7.00 / $25.00 / $40.00	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
$7.00 / $25.00 / $45.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$7.00 / $25.00 / $50.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$7.00 / $30.00 / $45.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$7.00 / $30.00 / $50.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$7.00 / $30.00 / $55.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$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	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$8.00 / $18.00 / $35.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$8.00 / $20.00 / $35.00	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
$8.00 / $25.00 / $35.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$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%	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
$9.00 / $15.00 / $30.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$9.00 / $15.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
$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	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$9.00 / $20.00 / 50%	1.0022	1.0044	1.0066	1.0091	1.0116	1.0166	1.0216
$9.00 / $25.00 / $40.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$9.00 / $25.00 / $45.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$9.00 / $25.00 / $50.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$9.00 / $30.00 / $45.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$9.00 / $30.00 / $50.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$10.00 / $15.00 / $20.00	1.0034	1.0069	1.0104	1.0129	1.0154	1.0204	1.0254
$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	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
$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	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$10.00 / $20.00 / $40.00	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$10.00 / $20.00 / $45.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$10.00 / $20.00 / $50.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$10.00 / $20.00 / $55.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$10.00 / $20.00 / 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						
Generic Form./Brand Form./Non-Form.	2-pill	4-pill	6-pill	7-pill	8-pill	10-pill	12-pill
OR Generic/Brand Form./Brand Non-Form.	Factor	Factor	Factor	Factor	Factor	Factor	Factor
$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	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$10.00 / $25.00 / $45.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$10.00 / $25.00 / $50.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$10.00 / $25.00 / $75.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
$10.00 / $25.00 / $100.00	1.0024	1.0048	1.0072	1.0097	1.0122	1.0172	1.0222
$10.00 / $25.00 / 30%	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$10.00 / $25.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$10.00 / $30.00 / $40.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$10.00 / $30.00 / $45.00	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$10.00 / $30.00 / $50.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$10.00 / $30.00 / $55.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$10.00 / $30.00 / $60.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$10.00 / $30.00 / $65.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
$10.00 / $30.00 / $70.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
$10.00 / $30.00 / $75.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
$10.00 / $30.00 / $100.00	1.0023	1.0047	1.0071	1.0096	1.0121	1.0171	1.0221
$10.00 / $30.00 / 30%	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
$10.00 / $30.00 / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
$10.00 / $35.00 / $40.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$10.00 / $35.00 / $45.00	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
$10.00 / $35.00 / $50.00	1.0028	1.0057	1.0086	1.0111	1.0136	1.0186	1.0236
$10.00 / $35.00 / $55.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$10.00 / $35.00 / $60.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$10.00 / $35.00 / $65.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
$10.00 / $35.00 / $70.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
$10.00 / $35.00 / $80.00	1.0026	1.0051	1.0076	1.0101	1.0126	1.0176	1.0226
$10.00 / $35.00 / 50%	1.0020	1.0041	1.0062	1.0087	1.0112	1.0162	1.0212
$10.00 / $40.00 / $55.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$10.00 / $40.00 / $60.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
$10.00 / $40.00 / $65.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
$10.00 / $40.00 / $70.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
$10.00 / $45.00 / $60.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
$10.00 / $45.00 / $90.00	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
$10.00 / $50.00 / $75.00	1.0023	1.0046	1.0069	1.0094	1.0119	1.0169	1.0219
$10.00 / $50.00 / $100.00	1.0020	1.0041	1.0062	1.0087	1.0112	1.0162	1.0212
$10.00 / $75.00 / 50%	1.0020	1.0039	1.0058	1.0083	1.0108	1.0158	1.0208
$10.00 / 20% / 30%	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
$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%	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$12.00 / $17.00 / $22.00	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
$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
$12.00 / $35.00 / $50.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$15.00 / $20.00 / $25.00	1.0035	1.0069	1.0103	1.0128	1.0153	1.0203	1.0253
$15.00 / $20.00 / $30.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$15.00 / $20.00 / $35.00	1.0033	1.0066	1.0099	1.0124	1.0149	1.0199	1.0249
$15.00 / $20.00 / $40.00	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$15.00 / $20.00 / 50%	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
$15.00 / $25.00 / $30.00	1.0034	1.0067	1.0100	1.0125	1.0150	1.0200	1.0250
$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	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$15.00 / $25.00 / 50%	1.0023	1.0045	1.0067	1.0092	1.0117	1.0167	1.0217
$15.00 / $30.00 / $40.00	1.0032	1.0063	1.0094	1.0119	1.0144	1.0194	1.0244
$15.00 / $30.00 / $45.00	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$15.00 / $30.00 / $50.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$15.00 / $30.00 / $55.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$15.00 / $30.00 / $60.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$15.00 / $30.00 / $65.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$15.00 / $30.00 / $70.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$15.00 / $30.00 / 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						
Generic Form./Brand Form./Non-Form. OR Generic/Brand Form./Brand Non-Form.	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
$15.00 / $35.00 / $50.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$15.00 / $35.00 / $55.00	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$15.00 / $35.00 / $60.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$15.00 / $35.00 / $70.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$15.00 / $35.00 / $75.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
$15.00 / $35.00 / $80.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
$15.00 / $35.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$15.00 / $40.00 / $60.00	1.0027	1.0055	1.0083	1.0108	1.0133	1.0183	1.0233
$15.00 / $40.00 / $70.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
$15.00 / $40.00 / $75.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
$15.00 / $40.00 / 50%	1.0021	1.0042	1.0063	1.0088	1.0113	1.0163	1.0213
$15.00 / $45.00 / $60.00	1.0027	1.0054	1.0081	1.0106	1.0131	1.0181	1.0231
$15.00 / $45.00 / $65.00	1.0027	1.0053	1.0079	1.0104	1.0129	1.0179	1.0229
$15.00 / $45.00 / $70.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
$15.00 / $45.00 / $80.00	1.0024	1.0049	1.0074	1.0099	1.0124	1.0174	1.0224
$15.00 / $50.00 / $90.00	1.0022	1.0045	1.0068	1.0093	1.0118	1.0168	1.0218
$15.00 / $50.00 / $100.00	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$15.00 / $50.00 / 50%	1.0020	1.0039	1.0058	1.0083	1.0108	1.0158	1.0208
$15.00 / $75.00 / 50%	1.0020	1.0041	1.0062	1.0087	1.0112	1.0162	1.0212
$15.00 / $100.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$15.00 / 20% / 30%	1.0031	1.0063	1.0095	1.0120	1.0145	1.0195	1.0245
$15.00 / 20% / 35%	1.0030	1.0060	1.0090	1.0115	1.0140	1.0190	1.0240
$15.00 / 30% / 50%	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
$15.00 / 40% / 50%	1.0029	1.0058	1.0087	1.0112	1.0137	1.0187	1.0237
$20.00 / $25.00 / $30.00	1.0033	1.0067	1.0101	1.0126	1.0151	1.0201	1.0251
$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	1.0046	1.0069	1.0094	1.0119	1.0169	1.0219
$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	1.0031	1.0062	1.0093	1.0118	1.0143	1.0193	1.0243
$20.00 / $30.00 / $55.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$20.00 / $30.00 / $60.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$20.00 / $30.00 / $70.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$20.00 / $35.00 / $50.00	1.0031	1.0061	1.0091	1.0116	1.0141	1.0191	1.0241
$20.00 / $35.00 / $55.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$20.00 / $35.00 / $70.00	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$20.00 / $40.00 / $60.00	1.0029	1.0057	1.0085	1.0110	1.0135	1.0185	1.0235
$20.00 / $40.00 / $70.00	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$20.00 / $40.00 / $75.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
$20.00 / $40.00 / $80.00	1.0026	1.0052	1.0078	1.0103	1.0128	1.0178	1.0228
$20.00 / $40.00 / 50%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$20.00 / $50.00 / $70.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
$20.00 / $65.00 / $100.00	1.0024	1.0047	1.0070	1.0095	1.0120	1.0170	1.0220
$20.00 / 30% / 50%	1.0028	1.0055	1.0082	1.0107	1.0132	1.0182	1.0232
$20.00 / 40% / 50%	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189	1.0239
$20.00 / 50% / 50%	1.0033	1.0065	1.0097	1.0122	1.0147	1.0197	1.0247
$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	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
$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%	1.0021	1.0043	1.0065	1.0090	1.0115	1.0165	1.0215
$35.00 / $50.00 / $75.00	1.0026	1.0053	1.0080	1.0105	1.0130	1.0180	1.0230
$50.00 / 50% / 50%	1.0035	1.0070	1.0105	1.0130	1.0155	1.0205	1.0255
10% / 10% / 50%	1.0022	1.0043	1.0064	1.0089	1.0114	1.0164	1.0214
10% / 20% / 30%	1.0030	1.0059	1.0088	1.0113	1.0138	1.0188	1.0238
10% / 20% /35%	1.0028	1.0056	1.0084	1.0109	1.0134	1.0184	1.0234
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% / 25% / 25%	1.0032	1.0065	1.0098	1.0123	1.0148	1.0198	1.0248
20% / 30% / 50%	1.0026	1.0051	1.0076	1.0101	1.0126	1.0176	1.0226
25% / $35.00 / $75.00	1.0025	1.0051	1.0077	1.0102	1.0127	1.0177	1.0227
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
30% / 50% / 50%	1.0030	1.0061	1.0092	1.0117	1.0142	1.0192	1.0242
40% / 50% / 50%	1.0032	1.0064	1.0096	1.0121	1.0146	1.0196	1.0246
50% / 50% / 100%	1.0000	1.0000	1.0000	1.0025	1.0050	1.0100	1.0150
$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

Three - Tier Copay Levels (continued)	Table 11 Sexual Performance Drug						
Generic Form./Brand Form./Non-Form. OR Generic/Brand Form./Brand Non-Form.	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
$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

Custom Plans	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
$1.50 / $5.00 / $5.00 (MOD $0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
$5.00 / $10.00 / $10.00 (MOD $0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
20% (MOD $0)	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Table 12 Deductible Factor - Individual/Family, StandAlone & Integrated Medical/RX Deductible
If the plan includes a pharmacy deductible, multiply by the factors in Table 12
Look up deductible factor in table specified based on family limit and deductible type (integrated or stand alone)
Multiply deductible factor by the family limit multiplier

Deductible Factors			
Family Limit	Fam Limit Multiplier	Stand Alone Rx	Integrated Med/Rx
None	1.0000	Table 12a1.	Table 12a2.
1x Family Limit	1.0000	N/A	Table 12a3.
2x Family Limit	1.0220	Table 12a1.	Table 12a2.
2.5x Family Limit	1.0125	Table 12a1.	Table 12a2.
3x Family Limit	1.0030	Table 12a1.	Table 12a2.
2 Individuals	1.0180	Table 12a1.	Table 12a2.
3 Individuals	1.0020	Table 12a1.	Table 12a2.

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

Table 12 Deductible Factor
a1. Per Individual - Non-Integrated

Benefit Option	All Other	Oral Contra Covered Waive cost share	Waive Rx Deductible on Generics
$0	1.0000	1.0000	1.0000
$50	0.9500	0.9540	0.9600
$100	0.9100	0.9172	0.9280
$150	0.8700	0.8804	0.8960
$200	0.8300	0.8436	0.8640
$250	0.8000	0.8160	0.8400
$300	0.7700	0.7884	0.8160
$400	0.7134	0.7363	0.7707
$500	0.6715	0.6978	0.7372
$1,000	0.4900	0.5308	0.5920

Table 12 Deductible Factor
a2. Per Individual - Integrated

Deductible	All Other	Oral Contra Covered Waive cost share	Waive Rx Deductible on Generics
$0	1.0000	1.0000	1.0000
$50	0.9956	0.9957	0.9958
$100	0.9912	0.9915	0.9916
$150	0.9868	0.9872	0.9873
$200	0.9824	0.9829	0.9831
$250	0.9780	0.9787	0.9789
$300	0.9736	0.9744	0.9747
$350	0.9692	0.9701	0.9704
$400	0.9648	0.9659	0.9662
$450	0.9604	0.9616	0.9620
$500	0.9560	0.9573	0.9578
$550	0.9466	0.9482	0.9487
$600	0.9372	0.9391	0.9397
$650	0.9278	0.9300	0.9307
$700	0.9184	0.9208	0.9217
$750	0.9090	0.9117	0.9126
$800	0.9022	0.9051	0.9061
$850	0.8954	0.8985	0.8996
$900	0.8886	0.8919	0.8931
$950	0.8818	0.8853	0.8865
$1,000	0.8750	0.8788	0.8800
$1,100	0.8650	0.8691	0.8704
$1,250	0.8490	0.8535	0.8550
$1,500	0.8220	0.8273	0.8291
$2,000	0.7810	0.7876	0.7898
$2,500	0.7370	0.7449	0.7475
$3,000	0.7010	0.7100	0.7130
$3,500	0.6740	0.6838	0.6870
$4,000	0.6470	0.6576	0.6611
$4,500	0.6190	0.6304	0.6342
$5,000	0.5910	0.6033	0.6074
$5,500	0.5710	0.5839	0.5882
$6,000	0.5510	0.5645	0.5690
$6,250	0.5410	0.5548	0.5594
$6,500	0.5310	0.5451	0.5498
$7,000	0.5110	0.5257	0.5306
$7,500	0.4910	0.5063	0.5114
$8,000	0.4710	0.4869	0.4922
$8,500	0.4510	0.4675	0.4730
$9,000	0.4310	0.4481	0.4538
$9,500	0.4110	0.4287	0.4346
$10,000	0.3910	0.4093	0.4154
$15,000	0.3710	0.3899	0.3962

Table 12 Deductible Factor
a3. Per Family - Integrated

Deductible	All Other	Oral Contra Covered Waive cost share
$0	1.0180	1.0175
$50	1.0162	1.0157
$100	1.0144	1.0140
$150	1.0126	1.0122
$200	1.0108	1.0105
$250	1.0090	1.0087
$300	1.0072	1.0070
$350	1.0054	1.0052
$400	1.0036	1.0035
$450	1.0018	1.0017
$500	1.0000	1.0000
$550	0.9982	0.9983
$600	0.9964	0.9965
$650	0.9946	0.9948
$700	0.9928	0.9930
$750	0.9910	0.9913
$800	0.9888	0.9891
$850	0.9866	0.9870
$900	0.9844	0.9849
$950	0.9822	0.9827
$1,000	0.9800	0.9806
$1,100	0.9770	0.9777
$1,250	0.9650	0.9661
$1,500	0.9360	0.9379
$2,000	0.9000	0.9030
$2,500	0.8560	0.8603
$3,000	0.8180	0.8235
$3,500	0.7870	0.7934
$4,000	0.7550	0.7624
$4,500	0.7220	0.7303
$5,000	0.6890	0.6983
$5,500	0.6590	0.6692
$6,000	0.6390	0.6498
$6,250	0.6290	0.6401
$6,500	0.6190	0.6304
$7,000	0.5990	0.6110
$7,500	0.5790	0.5916
$8,000	0.5590	0.5722
$8,500	0.5390	0.5528
$9,000	0.5190	0.5334
$9,500	0.4990	0.5140
$10,000	0.4790	0.4946
$15,000	0.4590	0.4752

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
Unlimited	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 14 b. Coinsurance Limit Maximum Factor
Per Individual

Benefit Option	No Family Limit	x Family Lim	2x Family Limit	.5x Family Lim	3x Family Limit
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000
$500	1.0462	1.0547	1.0509	1.0498	1.0486
$1,000	1.0163	1.0246	1.0209	1.0198	1.0186
$1,500	1.0113	1.0195	1.0158	1.0148	1.0136
$2,000	1.0090	1.0172	1.0136	1.0124	1.0113
$2,500	1.0079	1.0161	1.0125	1.0113	1.0102
$3,000	1.0069	1.0151	1.0115	1.0104	1.0093
$3,500	1.0060	1.0141	1.0105	1.0094	1.0083
$4,000	1.0051	1.0132	1.0096	1.0085	1.0074
$5,000	1.0041	1.0122	1.0086	1.0076	1.0064
$7,500	1.0029	1.0111	1.0074	1.0063	1.0051
$10,000	1.0017	1.0098	1.0062	1.0050	1.0040

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 Preventive Drug Deductible Waiver Adjustment Factor

	Health Reimbursement Account Products		
Medical Deductible	Waive For Prev. & Chronic Factor	Waive For Chronic Only Factor	Waive For Prev. Only Factor
<= $1,500	1.1000	1.1000	1.1000
$1,501 <= $2,500	1.1000	1.1000	1.1000
> $2,500	1.1000	1.1000	1.1000

	HSA and All Other Products		
Medical Deductible	Waive For Prev. & Chronic Factor	Waive For Chronic Only Factor	Waive For Prev. Only Factor
<= $1,500	1.2500	1.2500	1.2500
$1,501 <= $2,500	1.2500	1.2500	1.2500
> $2,500	1.2500	1.2500	1.2500

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

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

	Per Script Copay Maximum													
	$100	$150	$200	$250	$300	$350	$400	$450	$500	$550	$600	$650	$700	$750
Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	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%	1.0043	1.0028	1.0021	1.0016	1.0012	1.0009	1.0007	1.0006	1.0005	1.0004	1.0003	1.0002	1.0002	1.0002
20%	1.0203	1.0129	1.0093	1.0072	1.0059	1.0050	1.0044	1.0038	1.0033	1.0029	1.0025	1.0022	1.0019	1.0017
30%	1.0536	1.0342	1.0248	1.0190	1.0154	1.0129	1.0109	1.0096	1.0085	1.0077	1.0069	1.0064	1.0059	1.0055
40%	1.1141	1.0722	1.0523	1.0407	1.0327	1.0269	1.0230	1.0201	1.0176	1.0155	1.0140	1.0130	1.0122	1.0115
50%	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
60%	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
10% / 10% / 50%	1.0212	1.0137	1.0102	1.0081	1.0067	1.0056	1.0047	1.0040	1.0036	1.0032	1.0028	1.0026	1.0024	1.0022
10% / 20% / 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
20% / 20% / 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
20% / 20% / 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
20% / 25% / 25%	1.0369	1.0236	1.0171	1.0131	1.0106	1.0090	1.0077	1.0067	1.0059	1.0053	1.0047	1.0043	1.0039	1.0036
20% / 30% / 50%	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
30% / 30% / 50%	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
30% / 40% / 50%	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
30% / 50% / 50%	1.1805	1.1164	1.0842	1.0655	1.0528	1.0434	1.0372	1.0327	1.0290	1.0259	1.0233	1.0213	1.0196	1.0184
40% / 50% / 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
50% / 50% / 100%	1.4178	1.2691	1.1942	1.1505	1.1222	1.1015	1.0857	1.0736	1.0650	1.0580	1.0519	1.0476	1.0439	1.0412
For any $ copay in the first or second tier and the following coinsurances in the remaining tiers														
$ / 15% / 30%	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
$ / 20% / 30%	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
$ / 20% / 35%	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
$ / 30% / 40%	1.0719	1.0466	1.0341	1.0267	1.0219	1.0186	1.0160	1.0140	1.0122	1.0106	1.0095	1.0088	1.0083	1.0077
$ / 30% / 50%	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
$ / 40% / 50%	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
$ / 50% / 50%	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
$ / $ / 50%	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

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	0.9974	0.9974	1.0000	0.9959	0.9905	0.9905	0.9982	0.9940	0.9899	0.9899
$5/$25/$60	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9983	0.9983	1.0000	0.9965	0.9910	0.9910	0.9987	0.9944	0.9902	0.9902
$5/$25/$65	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9990	0.9990	1.0000	0.9985	0.9914	0.9914	1.0000	0.9958	0.9904	0.9904
$10/$25/$50	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9994	0.9994	1.0000	0.9955	0.9915	0.9915	0.9942	0.9936	0.9905	0.9905
$10/$30/$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
$10/$30/$70	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
$15/$35/$60	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
$15/$35/$75	N/A	N/A	N/A	N/A	N/A	1.0000	1.0000	1.0000	N/A	1.0000	0.9964	0.9964	1.0000	1.0000	0.9937	0.9937
$15/$35/$80	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
$15/$40/$75	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
$20/$40/$70	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

Table 21 a. Participation

Level	Factor
80 - 100%	1.0000
60 - 79%	1.0000
50 - 59%	1.0000
40 - 49%	1.1000
30 - 39%	1.2000
20 - 29%	1.3000
Under 20%	1.4000

Table 21 b. Virgin Risk

Level	Factor
Manual + 20%	1.2000

* We may potentially modify the +20% if we get medical questionnaires, pharmacy data, or some other indication of the group's likely experience.

Table 23 Trend Factor

Effective Date	Trend Factor
01/01/2014	1.000
04/01/2014	0.97 - 1.03
07/01/2014	0.941 - 1.061
10/01/2014	0.913 - 1.093

For each additional quarter or part thereof after 12/31/2014, use prior quarter x 1.03.

Section II.

Table 26 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 26 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
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 27 Rating Factor

Rating Area	Factor
All Areas	1.000

Table 28a. New Business Subscriber Based Age/Gender Factor

	Two-Tier Factors			
	Male		Female	
Age Band	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

	Three-Tier Factors					
	Male			Female		
Age Band	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

	Four-Tier Factors							
	Male				Female			
Age Band	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

Table 28b. 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

Section III.

Table 30 Tier Factor

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

Table 31 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 or end of the policy year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section IV.

Table 33 Administrative Expenses & Profit Factor

Case Size (total lives)	PMPM	Retention	Commissions*	Taxes & Assessments	Health Insurer Fee
<= 10	$3.05	0-7.5%	0%-10%	2.70%	table a1
<= 50	$2.95	0-7.5%	0%-10%	2.70%	table a1
<= 100	$2.80	0-7.5%	0%-10%	2.70%	table a1
<= 300	$2.40	0-7.5%	0%-10%	2.70%	table a1
<= 1,000	$2.25	0-7.5%	0%-10%	2.70%	table a1
<= 1,500	$2.10	0-7.5%	0%-10%	2.70%	table a1
<= 3,000	$1.90	0-7.5%	0%-10%	2.70%	table a1
<= 4,000	$1.70	0-7.5%	0%-10%	2.70%	table a1
<= 5,000	$1.60	0-7.5%	0%-10%	2.70%	table a1
<= 7,500	$1.50	0-7.5%	0%-10%	2.70%	table a1
<= 10,000	$1.40	0-7.5%	0%-10%	2.70%	table a1
<= 20,000	$1.25	0-7.5%	0%-10%	2.70%	table a1
<= 35,000	$1.10	0-7.5%	0%-10%	2.70%	table a1
<= 70,000	$1.05	0-7.5%	0%-10%	2.70%	table a1
<= 100,000	$1.00	0-7.5%	0%-10%	2.70%	table a1
> 100,000	$0.95	0-7.5%	0%-10%	2.70%	table a1

* 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 33 a.1. All Group Size

Effective Date	Health Insurer Fee (%)
January 2014	2.60%
February 2014	2.60%
March 2014	2.60%
April 2014	2.70%
May 2014	2.70%
June 2014	2.70%
July 2014	2.80%
August 2014	2.80%
September 2014	2.80%
October 2014	2.90%
November 2014	2.90%
December 2014	2.90%
January 2015	3.00%
February 2015	3.00%
March 2015	3.00%
April 2015	2.90%
May 2015	2.90%
June 2015	2.90%
July 2015	2.80%
August 2015	2.80%
September 2015	2.80%
October 2015	2.70%
November 2015	2.70%
December 2015	2.70%
January 2016	2.60%
February 2016	2.60%
March 2016	2.60%
April 2016	2.73%
May 2016	2.73%
June 2016	2.73%
July 2016	2.85%
August 2016	2.85%
September 2016	2.85%
October 2016	2.98%
November 2016	2.98%
December 2016	2.98%
January 2017	3.10%

Specialty (Self-Injectables) – Manual Rate Calculation

Refer to the Specialty (Self-Injectables) Plan Rate Development Worksheet in Section D.

I. Specialty (Self-Injectables)

Calculate the Specialty (Self-Injectables) Start Rate as follows:

Starting Base Plan Claim Cost
x
Benefit Adjustment Factor
x
Trend Factor
x
Rx Efficiency Factor

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:

Specialty (Self-Injectables) Plan Option Factor
x
Deductible Factor
x
Maximum Annual Benefit Factor
x
Out-of-Pocket/Coinsurance Limit Maximum Factor
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
x
Participation/Virgin Risk

Trend Factor

Select the appropriate factor from the Trend Factor table.

Rx Efficiency Factor

If the plan is tiered, as determined in rating the base medical plan, and has a subnetwork for which there exists a Rx efficiency factor, the Rx efficiency factor is calculated as:
(Subnetwork Rx efficiency factor -1)* Migration ratio +1
The migration ratio is as determined in the medical plan rating. In all other situations, the factor is 1.0000.

II. Specialty (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 Specialty (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 Specialty (Self-Injectables) Claim Cost by Billing Tier

Tier Factor

For each billing tier, multiply the Specialty (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 Specialty (Self-Injectables) Claim Cost by Billing Tier:

Tier Factor
x
Dependent Age Adjustment Factor

IV. Specialty (Self-Injectables) Manual Premium Rates by Billing Tier

Multiply the Adjusted Specialty (Self-Injectables) Claim Cost by Billing Tier as calculated in **III.** by the adjustment factor from d. below to get Specialty (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 Specialty (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 Specialty (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 [(Total Monthly Claim Cost + Total Retention amount)/(1-Retention Expense %-Commissions %- Taxes and Assessments %)]/(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.

Specialty (Self-Injectables) Plan Rate Development Worksheet

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

Section I.

1	1st Quarter 2014 Starting Base Plan Claim Cost	
2	Selected Benefit Plan Option	
3	Deductible	
4	Maximum Annual Benefit	
5	Out-of-Pocket/Coinsurance Limit Maximum	
6	Custom Product	
7	Step Therapy/Pre-certification Adjustment	
8	Chronic and/or Preventive Drug Deductible Waiver Adjustment	
9	Infertility Drug Coverage Adjustment	
10	Per Script Copay Maximum	
11	Incentivized MOD	
12	Participation/Virgin Risk	12[A] x 12[B]
13	Benefit Adjustment	2 x 3 x 4 x 5 x 6 x 7 x 8 x 9 x 10 x 11 x12
14	Trend	
15	Efficiency	
16	Specialty (Self-Injectables) Start Rate	1 x 13 x 14 x 15

Section II.

17	Industry	
18	Rating Area	
19	Age/Gender	
20	Flex Plan Claim Cost PMPM	16 x 17 x 18 x 19

Section III.

21 Tier Factors

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

22 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)]		

23 Adjusted Specialty (Self-Injectables) Rider Claim Cost by Billing Tier 20 x 21 x 22

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

Section IV.

24	Administrative Expenses & Profit Factor	
25	This line reserved for future use	
26	Underwriter Adjustment	
27	Final Specialty (Self-Injectables) Rider Premium Rates by Billing Tier	23 x 24 x 25 x 26

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.

Specialty (Self-Injectables) PMPM and Benefit Factor Tables

Section I.

Table 1 1st Quarter 2014 Starting Base Plan Claim Cost

Area	Base Cost
DC	6.67

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	0.9993	N/A
$2.50	0.9991	N/A
$3.00	0.9989	N/A
$4.00	0.9985	N/A
$5.00	0.9982	N/A
$6.00	0.9978	N/A
$7.00	0.9975	N/A
$7.50	0.9973	N/A
$8.00	0.9971	N/A
$9.00	0.9967	N/A
$10.00	0.9964	N/A
$12.00	0.9956	N/A
$15.00	0.9946	N/A
$20.00	0.9927	N/A
$25.00	0.9909	N/A
$30.00	0.9891	N/A
$35.00	0.9873	N/A
$40.00	0.9855	N/A
$45.00	0.9837	N/A
$50.00	0.9819	N/A
$55.00	0.9801	N/A
$60.00	0.9782	N/A
$65.00	0.9764	N/A
$70.00	0.9746	N/A
$75.00	0.9728	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	0.9996	N/A
$2.00 / $4.00	0.9991	N/A
$2.50 / $7.50	0.9987	N/A
$3.00 / $6.00	0.9987	N/A
$4.00 / $9.00	0.9981	N/A
$5.00 / $10.00	0.9978	N/A
$5.00 / $15.00	0.9973	N/A
$5.00 / $20.00	0.9969	N/A
$5.00 / $25.00	0.9965	N/A
$6.00 / $11.00	0.9974	N/A
$6.00 / $12.00	0.9973	N/A
$7.00 / $12.00	0.9970	N/A
$7.50 / $12.00	0.9969	N/A
$8.00 / $13.00	0.9967	N/A
$10.00 / $15.00	0.9959	N/A
$10.00 / $20.00	0.9955	N/A
$10.00 / $25.00	0.9951	N/A
$12.00 / $17.00	0.9952	N/A
$15.00 / $20.00	0.9941	N/A
$15.00 / $25.00	0.9937	N/A
$15.00 / $50.00	0.9915	N/A
$20.00 / $25.00	0.9923	N/A
$20.00 / $30.00	0.9919	N/A
$30.00 / $40.00	0.9883	N/A
$30.00 / $50.00	0.9874	N/A
$100.00 / 30%	0.9016	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	0.9965	N/A
$0.00 / $15.00	0.9947	N/A
$0.00 / $20.00	0.9929	N/A
$0.00 / $25.00	0.9912	N/A
$1.00 / $2.00	0.9993	N/A
$1.00 / $3.00	0.9989	N/A
$1.00 / $5.00	0.9982	N/A
$1.00 / $10.00	0.9965	N/A
$1.00 / $15.00	0.9947	N/A
$1.00 / $20.00	0.9929	N/A
$1.00 / $25.00	0.9912	N/A
$2.00 / $4.00	0.9986	N/A
$2.00 / $7.00	0.9975	N/A
$2.00 / $10.00	0.9965	N/A
$2.50 / $7.50	0.9973	N/A
$3.00 / $6.00	0.9979	N/A
$3.00 / $10.00	0.9964	N/A
$4.00 / $9.00	0.9968	N/A
$4.00 / $10.00	0.9964	N/A
$4.00 / $15.00	0.9947	N/A
$4.00 / $20.00	0.9929	N/A
$4.00 / $25.00	0.9911	N/A
$4.00 / 50%	0.5036	N/A
$5.00 / $7.00	0.9975	N/A
$5.00 / $7.50	0.9973	N/A
$5.00 / $8.00	0.9971	N/A
$5.00 / $10.00	0.9964	N/A
$5.00 / $15.00	0.9947	N/A
$5.00 / $20.00	0.9929	N/A
$6.00 / $11.00	0.9961	N/A
$6.00 / $12.00	0.9957	N/A
$7.00 / $10.00	0.9964	N/A
$7.00 / $12.00	0.9957	N/A
$7.00 / $14.00	0.9950	N/A
$7.00 / $15.00	0.9946	N/A
$7.00 / $20.00	0.9929	N/A
$7.00 / $25.00	0.9911	N/A
$7.00 / $30.00	0.9894	N/A
$7.00 / 50%	0.5036	N/A
$7.50 / $12.00	0.9957	N/A
$8.00 / $13.00	0.9953	N/A
$8.00 / $16.00	0.9943	N/A
$8.00 / $18.00	0.9936	N/A
$9.00 / $10.00	0.9964	N/A
$9.00 / $15.00	0.9946	N/A
$9.00 / $18.00	0.9936	N/A
$9.00 / $20.00	0.9929	N/A
$9.00 / $25.00	0.9911	N/A
$10.00 / $15.00	0.9946	N/A
$10.00 / $20.00	0.9928	N/A
$10.00 / $25.00	0.9911	N/A
$10.00 / $30.00	0.9893	N/A
$10.00 / $35.00	0.9876	N/A
$10.00 / $50.00	0.9823	N/A
$12.00 / $17.00	0.9939	N/A
$15.00 / $20.00	0.9928	N/A
$15.00 / $25.00	0.9910	N/A
$15.00 / $30.00	0.9893	N/A
$15.00 / 10%	0.9006	N/A
$15.00 / 50%	0.5035	N/A
$20.00 / $25.00	0.9910	N/A
$20.00 / $30.00	0.9892	N/A
$20.00 / $40.00	0.9857	N/A
$20.00 / $50.00	0.9822	N/A
$20.00 / $60.00	0.9786	N/A
$20.00 / $70.00	0.9751	N/A
$20.00 / 30%	0.7020	N/A
$25.00 / 100%	0.0071	N/A
$30.00 / $40.00	0.9856	N/A
$30.00 / $50.00	0.9821	N/A
$30.00 / $75.00	0.9733	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 Factor
$0.00 / $10.00 / $25.00	0.9952	N/A
$0.00 / $10.00 / 50%	0.8794	N/A
$0.00 / $15.00 / $30.00	0.9934	N/A
$0.00 / $15.00 / 50%	0.8780	N/A
$0.00 / $20.00 / $35.00	0.9916	N/A
$0.00 / $20.00 / $40.00	0.9912	N/A
$0.00 / $20.00 / 50%	0.8767	N/A
$0.00 / $25.00 / $40.00	0.9899	N/A
$0.00 / $25.00 / $45.00	0.9895	N/A
$0.00 / $25.00 / $50.00	0.9890	N/A
$0.00 / $30.00 / $45.00	0.9881	N/A
$0.00 / $30.00 / $50.00	0.9877	N/A
$0.00 / $30.00 / $60.00	0.9868	N/A
$1.00 / $5.00 / $10.00	0.9978	N/A
$1.00 / $5.00 / 50%	0.8807	N/A
$1.00 / $10.00 / $25.00	0.9952	N/A
$1.00 / $10.00 / 50%	0.8794	N/A
$1.00 / $15.00 / $30.00	0.9934	N/A
$1.00 / $15.00 / 50%	0.8780	N/A
$1.00 / $20.00 / $35.00	0.9916	N/A
$1.00 / $20.00 / $40.00	0.9912	N/A
$1.00 / $20.00 / 50%	0.8767	N/A
$1.00 / $25.00 / $40.00	0.9899	N/A
$1.00 / $25.00 / $45.00	0.9894	N/A
$1.00 / $25.00 / $50.00	0.9890	N/A
$1.00 / $30.00 / $45.00	0.9881	N/A
$1.00 / $30.00 / $50.00	0.9877	N/A
$2.00 / $5.00 / $10.00	0.9978	N/A
$2.00 / $15.00 / $25.00	0.9938	N/A
$2.50 / $7.50 / $12.00	0.9969	N/A
$3.00 / $6.00 / $10.00	0.9975	N/A
$4.00 / $9.00 / $14.00	0.9964	N/A
$4.00 / $10.00 / $25.00	0.9951	N/A
$4.00 / $10.00 / 50%	0.8793	N/A
$4.00 / $15.00 / $30.00	0.9934	N/A
$4.00 / $15.00 / 50%	0.8780	N/A
$4.00 / $20.00 / $35.00	0.9916	N/A
$4.00 / $20.00 / $40.00	0.9912	N/A
$4.00 / $20.00 / 50%	0.8767	N/A
$4.00 / $25.00 / $40.00	0.9898	N/A
$4.00 / $25.00 / $45.00	0.9894	N/A
$4.00 / $25.00 / $50.00	0.9890	N/A
$4.00 / $30.00 / $45.00	0.9881	N/A
$4.00 / $30.00 / $50.00	0.9876	N/A
$4.00 / $50.00 / 50%	0.8687	N/A
$4.00 / $75.00 / $125.00	0.9692	N/A
$4.00 / $75.00 / 50%	0.8620	N/A
$4.00 / 10% / 50%	0.8063	N/A
$4.00 / 30% / 50%	0.6549	N/A
$5.00 / $10.00 / $15.00	0.9960	N/A
$5.00 / $10.00 / $20.00	0.9956	N/A
$5.00 / $10.00 / $25.00	0.9951	N/A
$5.00 / $10.00 / $30.00	0.9947	N/A
$5.00 / $10.00 / $35.00	0.9943	N/A
$5.00 / $10.00 / 50%	0.8793	N/A
$5.00 / $12.00 / $25.00	0.9946	N/A
$5.00 / $15.00 / $20.00	0.9942	N/A
$5.00 / $15.00 / $25.00	0.9938	N/A
$5.00 / $15.00 / $30.00	0.9934	N/A
$5.00 / $15.00 / $35.00	0.9929	N/A
$5.00 / $15.00 / 50%	0.8780	N/A
$5.00 / $20.00 / $35.00	0.9916	N/A
$5.00 / $20.00 / $40.00	0.9912	N/A
$5.00 / $20.00 / $50.00	0.9903	N/A
$5.00 / $20.00 / $60.00	0.9894	N/A
$5.00 / $20.00 / 50%	0.8767	N/A
$5.00 / 20% / 30%	0.7778	N/A
$5.00 / 25% / 50%	0.6928	N/A
$5.00 / $25.00 / $30.00	0.9907	N/A
$5.00 / $25.00 / $40.00	0.9898	N/A
$5.00 / $25.00 / $50.00	0.9890	N/A
$5.00 / $25.00 / $60.00	0.9881	N/A
$5.00 / $25.00 / $65.00	0.9877	N/A
$5.00 / $25.00 / 50%	0.8753	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 Factor
$5.00 / $30.00 / $50.00	0.9876	N/A
$5.00 / $35.00 / $40.00	0.9872	N/A
$5.00 / $35.00 / $70.00	0.9846	N/A
$5.00 / $40.00 / $60.00	0.9841	N/A
$6.00 / $11.00 / $16.00	0.9956	N/A
$6.00 / $12.00 / $25.00	0.9946	N/A
$7.00 / $10.00 / $25.00	0.9951	N/A
$7.00 / $10.00 / 50%	0.8793	N/A
$7.00 / $12.00 / $17.00	0.9953	N/A
$7.00 / $12.00 / $25.00	0.9946	N/A
$7.00 / $15.00 / $20.00	0.9942	N/A
$7.00 / $15.00 / $25.00	0.9938	N/A
$7.00 / $15.00 / $30.00	0.9933	N/A
$7.00 / $15.00 / $35.00	0.9929	N/A
$7.00 / $15.00 / 50%	0.8780	N/A
$7.00 / $20.00 / $30.00	0.9920	N/A
$7.00 / $20.00 / $35.00	0.9916	N/A
$7.00 / $20.00 / $40.00	0.9911	N/A
$7.00 / $20.00 / 50%	0.8766	N/A
$7.00 / $25.00 / $40.00	0.9898	N/A
$7.00 / $25.00 / $45.00	0.9894	N/A
$7.00 / $25.00 / $50.00	0.9889	N/A
$7.00 / $30.00 / $45.00	0.9881	N/A
$7.00 / $30.00 / $50.00	0.9876	N/A
$7.00 / $30.00 / $55.00	0.9872	N/A
$7.50 / $12.00 / $15.00	0.9954	N/A
$7.50 / $15.00 / $25.00	0.9938	N/A
$8.00 / $13.00 / $18.00	0.9949	N/A
$8.00 / $18.00 / $35.00	0.9921	N/A
$8.00 / $20.00 / $35.00	0.9916	N/A
$8.00 / $25.00 / $35.00	0.9902	N/A
$9.00 / $10.00 / $25.00	0.9951	N/A
$9.00 / $10.00 / 50%	0.8793	N/A
$9.00 / $15.00 / $30.00	0.9933	N/A
$9.00 / $15.00 / 50%	0.8779	N/A
$9.00 / $20.00 / $35.00	0.9916	N/A
$9.00 / $20.00 / $40.00	0.9911	N/A
$9.00 / $20.00 / 50%	0.8766	N/A
$9.00 / $25.00 / $40.00	0.9898	N/A
$9.00 / $25.00 / $45.00	0.9894	N/A
$9.00 / $25.00 / $50.00	0.9889	N/A
$9.00 / $30.00 / $45.00	0.9880	N/A
$9.00 / $30.00 / $50.00	0.9876	N/A
$10.00 / $15.00 / $20.00	0.9942	N/A
$10.00 / $15.00 / $25.00	0.9937	N/A
$10.00 / $15.00 / $30.00	0.9933	N/A
$10.00 / $15.00 / $35.00	0.9929	N/A
$10.00 / $15.00 / 50%	0.8779	N/A
$10.00 / 15% / 30%	0.8156	N/A
$10.00 / $20.00 / $30.00	0.9920	N/A
$10.00 / $20.00 / $35.00	0.9915	N/A
$10.00 / $20.00 / $40.00	0.9911	N/A
$10.00 / $20.00 / $45.00	0.9907	N/A
$10.00 / $20.00 / $50.00	0.9902	N/A
$10.00 / $20.00 / $55.00	0.9898	N/A
$10.00 / $20.00 / 50%	0.8766	N/A
$10.00 / $25.00 / $35.00	0.9902	N/A
$10.00 / $25.00 / $40.00	0.9898	N/A
$10.00 / $25.00 / $45.00	0.9894	N/A
$10.00 / $25.00 / $50.00	0.9889	N/A
$10.00 / $25.00 / $75.00	0.9868	N/A
$10.00 / $25.00 / $100.00	0.9846	N/A
$10.00 / $25.00 / 30%	0.9225	N/A
$10.00 / $25.00 / 50%	0.8753	N/A
$10.00 / $30.00 / $40.00	0.9885	N/A
$10.00 / $30.00 / $45.00	0.9880	N/A
$10.00 / $30.00 / $50.00	0.9876	N/A
$10.00 / $30.00 / $55.00	0.9872	N/A
$10.00 / $30.00 / $60.00	0.9867	N/A
$10.00 / $30.00 / $65.00	0.9863	N/A
$10.00 / $30.00 / $70.00	0.9859	N/A
$10.00 / $30.00 / $75.00	0.9854	N/A
$10.00 / $30.00 / $100.00	0.9833	N/A
$10.00 / $30.00 / 30%	0.9211	N/A
$10.00 / $30.00 / 50%	0.8739	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 Factor
$10.00 / $35.00 / $40.00	0.9871	N/A
$10.00 / $35.00 / $45.00	0.9867	N/A
$10.00 / $35.00 / $50.00	0.9863	N/A
$10.00 / $35.00 / $55.00	0.9858	N/A
$10.00 / $35.00 / $60.00	0.9854	N/A
$10.00 / $35.00 / $65.00	0.9850	N/A
$10.00 / $35.00 / $70.00	0.9845	N/A
$10.00 / $35.00 / $80.00	0.9837	N/A
$10.00 / $35.00 / 50%	0.8726	N/A
$10.00 / $40.00 / $55.00	0.9845	N/A
$10.00 / $40.00 / $60.00	0.9841	N/A
$10.00 / $40.00 / $65.00	0.9836	N/A
$10.00 / $40.00 / $70.00	0.9832	N/A
$10.00 / $45.00 / $60.00	0.9827	N/A
$10.00 / $45.00 / $90.00	0.9801	N/A
$10.00 / $50.00 / $75.00	0.9801	N/A
$10.00 / $50.00 / $100.00	0.9779	N/A
$10.00 / $75.00 / 50%	0.8620	N/A
$10.00 / 20% / 30%	0.7021	N/A
$10.00 / 20% / 35%	0.7660	N/A
$10.00 / 30% / 40%	0.6785	N/A
$10.00 / 30% / 45%	0.6667	N/A
$10.00 / 30% / 50%	0.6549	N/A
$10.00 / 40% / 50%	0.5792	N/A
$10.00 / 50% / 50%	0.5035	N/A
$12.00 / $17.00 / $22.00	0.9935	N/A
$12.00 / $25.00 / $30.00	0.9906	N/A
$12.00 / $25.00 / $35.00	0.9902	N/A
$12.00 / $35.00 / $50.00	0.9862	N/A
$15.00 / $20.00 / $25.00	0.9924	N/A
$15.00 / $20.00 / $30.00	0.9919	N/A
$15.00 / $20.00 / $35.00	0.9915	N/A
$15.00 / $20.00 / $40.00	0.9911	N/A
$15.00 / $20.00 / 50%	0.8766	N/A
$15.00 / $25.00 / $30.00	0.9906	N/A
$15.00 / $25.00 / $35.00	0.9902	N/A
$15.00 / $25.00 / $40.00	0.9897	N/A
$15.00 / $25.00 / $45.00	0.9893	N/A
$15.00 / $25.00 / $50.00	0.9889	N/A
$15.00 / $25.00 / $55.00	0.9884	N/A
$15.00 / $25.00 / 50%	0.8752	N/A
$15.00 / $30.00 / $40.00	0.9884	N/A
$15.00 / $30.00 / $45.00	0.9880	N/A
$15.00 / $30.00 / $50.00	0.9875	N/A
$15.00 / $30.00 / $55.00	0.9871	N/A
$15.00 / $30.00 / $60.00	0.9867	N/A
$15.00 / $30.00 / $65.00	0.9862	N/A
$15.00 / $30.00 / $70.00	0.9858	N/A
$15.00 / $30.00 / 50%	0.8739	N/A
$15.00 / $35.00 / $50.00	0.9862	N/A
$15.00 / $35.00 / $55.00	0.9858	N/A
$15.00 / $35.00 / $60.00	0.9853	N/A
$15.00 / $35.00 / $70.00	0.9845	N/A
$15.00 / $35.00 / $75.00	0.9840	N/A
$15.00 / $35.00 / $80.00	0.9836	N/A
$15.00 / $35.00 / 50%	0.8726	N/A
$15.00 / $40.00 / $60.00	0.9840	N/A
$15.00 / $40.00 / $70.00	0.9831	N/A
$15.00 / $40.00 / $75.00	0.9827	N/A
$15.00 / $40.00 / 50%	0.8712	N/A
$15.00 / $45.00 / $60.00	0.9827	N/A
$15.00 / $45.00 / $65.00	0.9822	N/A
$15.00 / $45.00 / $70.00	0.9818	N/A
$15.00 / $45.00 / $80.00	0.9809	N/A
$15.00 / $50.00 / $90.00	0.9788	N/A
$15.00 / $50.00 / $100.00	0.9779	N/A
$15.00 / $50.00 / 50%	0.8686	N/A
$15.00 / $75.00 / 50%	0.8619	N/A
$15.00 / $100.00 / 50%	0.8553	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 Factor
$15.00 / 20% / 30%	0.7777	N/A
$15.00 / 20% / 35%	0.7659	N/A
$15.00 / 30% / 50%	0.6548	N/A
$15.00 / 40% / 50%	0.5792	N/A
$20.00 / $25.00 / $30.00	0.9906	N/A
$20.00 / $25.00 / $40.00	0.9897	N/A
$20.00 / $25.00 / 50%	0.8752	N/A
$20.00 / $30.00 / $45.00	0.9879	N/A
$20.00 / $30.00 / $50.00	0.9875	N/A
$20.00 / $30.00 / $55.00	0.9871	N/A
$20.00 / $30.00 / $60.00	0.9866	N/A
$20.00 / $30.00 / $70.00	0.9858	N/A
$20.00 / $35.00 / $50.00	0.9862	N/A
$20.00 / $35.00 / $55.00	0.9857	N/A
$20.00 / $35.00 / $70.00	0.9844	N/A
$20.00 / $40.00 / $60.00	0.9840	N/A
$20.00 / $40.00 / $70.00	0.9831	N/A
$20.00 / $40.00 / $75.00	0.9827	N/A
$20.00 / $40.00 / $80.00	0.9822	N/A
$20.00 / $40.00 / 50%	0.8712	N/A
$20.00 / $50.00 / $70.00	0.9804	N/A
$20.00 / $65.00 / $100.00	0.9738	N/A
$20.00 / 30% / 50%	0.6548	N/A
$20.00 / 40% / 50%	0.5791	N/A
$20.00 / 50% / 50%	0.5034	N/A
$25.00 / $30.00 / $50.00	0.9874	N/A
$25.00 / $35.00 / $50.00	0.9861	N/A
$25.00 / $40.00 / $70.00	0.9830	N/A
$30.00 / $40.00 / $50.00	0.9847	N/A
$30.00 / $45.00 / $60.00	0.9825	N/A
$30.00 / $45.00 / 50%	0.8698	N/A
$35.00 / $50.00 / $75.00	0.9799	N/A
$50.00 / 50% / 50%	0.5031	N/A
10% / 10% / 50%	0.8056	N/A
10% / 20% / 30%	0.7771	N/A
10% / 20% / 35%	0.7653	N/A
20% / 20% / 40%	0.7528	N/A
20% / 20% / 50%	0.7292	N/A
20% / 25% / 25%	0.7504	N/A
20% / 30% / 50%	0.6535	N/A
25% / $35.00 / $75.00	0.9824	N/A
30% / 30% / 50%	0.6528	N/A
30% / 40% / 50%	0.5771	N/A
30% / 50% / 50%	0.5014	N/A
40% / 50% / 50%	0.5007	N/A
50% / 50% / 100%	0.3821	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%	#N/A	#N/A
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	0.9965	0.9907
$20.00	0.9930	0.9814
$25.00	0.9912	NA
$30.00	0.9895	0.9721
$35.00	0.9877	NA
$40.00	0.9860	0.9628
$45.00	0.9842	NA
$50.00	0.9825	0.9535
$55.00	0.9807	NA
$60.00	0.9789	NA
$65.00	0.9772	NA
$70.00	0.9754	NA
$75.00	0.9737	NA
$80.00	0.9719	NA
$85.00	0.9702	NA
$90.00	0.9685	NA
$95.00	0.9667	NA
$100.00	0.9650	NA
$150.00	0.9476	NA
$200.00	0.9302	NA
$250.00	0.9129	NA
$300.00	0.8956	NA
$1,000.00	0.6691	NA
$2,000.00	0.3552	NA
$3,000.00 +	0.0000	0.0000

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%	#N/A	#N/A
10% / 25%	0.8629	NA
10% / 30%	0.8505	NA
10% / 35%	0.8382	NA
10% / 40%	0.8258	NA
10% / 45%	0.8134	NA
10% / 50%	0.8011	NA
15% / 25%	0.8253	NA
15% / 30%	0.8129	NA
15% / 35%	0.8005	NA
15% / 40%	0.7882	NA
15% / 45%	0.7758	NA
15% / 50%	0.7634	NA
20% / 30%	0.7753	NA
20% / 35%	0.7629	NA
20% / 40%	0.7505	NA
20% / 45%	0.7382	NA
20% / 50%	0.7258	NA
25% / 35%	0.7253	NA
25% / 40%	0.7129	NA
25% / 45%	0.7005	NA
25% / 50%	0.6882	NA
30% / 40%	0.6753	NA
30% / 45%	0.6629	NA
30% / 50%	0.6505	NA
35% / 45%	0.6253	NA
35% / 50%	0.6129	NA
40% / 50%	0.5753	NA
$10 / $20	0.9945	0.9853
$10 / $50	0.9913	0.9768
$20 / $30	0.9900	0.9735
$20 / $40	0.9889	0.9707
$20 / $50	0.9879	NA
$20 / $60	0.9868	NA
$20 / $70	0.9857	NA
$20 / $80	0.9847	NA
$20 / $90	0.9836	NA
$20 / $100	0.9825	NA
$30 / $50	0.9845	0.9588
$30 / $60	0.9834	0.9560
$30 / $70	0.9823	NA
$30 / $80	0.9813	NA
$30 / $90	0.9802	NA
$30 / $100	0.9791	NA
$40 / $60	0.9800	NA
$40 / $70	0.9789	0.9442
$40 / $80	0.9779	NA
$40 / $90	0.9768	NA
$40 / $100	0.9757	NA
$50 / $70	0.9755	NA
$50 / $80	0.9745	NA
$50 / $90	0.9734	NA
$50 / $100	0.9723	NA
$60 / $80	0.9711	NA
$60 / $90	0.9700	NA
$60 / $100	0.9689	NA
$70 / $90	0.9666	NA
$70 / $100	0.9656	NA
$80 / $100	0.9622	NA
$150 / $200	0.9280	NA
$150 / $250	0.9227	NA
$150 / $300	0.9174	NA
$200 / $250	0.9060	NA
$200 / $300	0.9006	NA
$250 / $300	0.8840	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)	0.9935	N/A

Table 3 Deductible Factor - Individual/Family, StandAlone & Integrated Medical/RX Deductible
If the plan includes a pharmacy deductible, multiply by the factors in Table 3
Look up deductible factor in table specified based on family limit and deductible type (integrated or stand alone)
Multiply deductible factor by the family limit multiplier

Deductible Factors			
Family Limit	Fam Limit Multiplier	Stand Alone Rx	Integrated Med/Rx
None	1.0000	Table 3a1.	Table 3a2.
1x Family Limit	1.0000	N/A	Table 3a3.
2x Family Limit	1.0220	Table 3a1.	Table 3a2.
2.5x Family Limit	1.0125	Table 3a1.	Table 3a2.
3x Family Limit	1.0030	Table 3a1.	Table 3a2.
2 Individuals	1.0180	Table 3a1.	Table 3a2.
3 Individuals	1.0020	Table 3a1.	Table 3a2.

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

Table 3 Deductible Factor
a1. Per Individual - Non-Integrated

Benefit Option	All Other	Oral Contra Covered Waive cost share	Waive Rx Deductible on Generics
$0	1.0000	1.0000	1.0000
$50	0.9500	0.9540	0.9600
$100	0.9100	0.9172	0.9280
$150	0.8700	0.8804	0.8960
$200	0.8300	0.8436	0.8640
$250	0.8000	0.8160	0.8400
$300	0.7700	0.7884	0.8160
$400	0.7134	0.7363	0.7707
$500	0.6715	0.6978	0.7372
$1,000	0.4900	0.5308	0.5920

Table 3 Deductible Factor
a2. Per Individual - Integrated

Deductible	All Other	Oral Contra Covered Waive cost share	Waive Rx Deductible on Generics
$0	1.0000	1.0000	1.0000
$50	0.9956	0.9957	0.9958
$100	0.9912	0.9915	0.9916
$150	0.9868	0.9872	0.9873
$200	0.9824	0.9829	0.9831
$250	0.9780	0.9787	0.9789
$300	0.9736	0.9744	0.9747
$350	0.9692	0.9701	0.9704
$400	0.9648	0.9659	0.9662
$450	0.9604	0.9616	0.9620
$500	0.9560	0.9573	0.9578
$550	0.9466	0.9482	0.9487
$600	0.9372	0.9391	0.9397
$650	0.9278	0.9300	0.9307
$700	0.9184	0.9208	0.9217
$750	0.9090	0.9117	0.9126
$800	0.9022	0.9051	0.9061
$850	0.8954	0.8985	0.8996
$900	0.8886	0.8919	0.8931
$950	0.8818	0.8853	0.8865
$1,000	0.8750	0.8788	0.8800
$1,100	0.8650	0.8691	0.8704
$1,250	0.8490	0.8535	0.8550
$1,500	0.8220	0.8273	0.8291
$2,000	0.7810	0.7876	0.7898
$2,500	0.7370	0.7449	0.7475
$3,000	0.7010	0.7100	0.7130
$3,500	0.6740	0.6838	0.6870
$4,000	0.6470	0.6576	0.6611
$4,500	0.6190	0.6304	0.6342
$5,000	0.5910	0.6033	0.6074
$5,500	0.5710	0.5839	0.5882
$6,000	0.5510	0.5645	0.5690
$6,250	0.5410	0.5548	0.5594
$6,500	0.5310	0.5451	0.5498
$7,000	0.5110	0.5257	0.5306
$7,500	0.4910	0.5063	0.5114
$8,000	0.4710	0.4869	0.4922
$8,500	0.4510	0.4675	0.4730
$9,000	0.4310	0.4481	0.4538
$9,500	0.4110	0.4287	0.4346
$10,000	0.3910	0.4093	0.4154
$15,000	0.3710	0.3899	0.3962

Table 3 Deductible Factor
a3. Per Family - Integrated

Deductible	All Other	Oral Contra Covered Waive cost share
$0	1.0180	1.0175
$50	1.0162	1.0157
$100	1.0144	1.0140
$150	1.0126	1.0122
$200	1.0108	1.0105
$250	1.0090	1.0087
$300	1.0072	1.0070
$350	1.0054	1.0052
$400	1.0036	1.0035
$450	1.0018	1.0017
$500	1.0000	1.0000
$550	0.9982	0.9983
$600	0.9964	0.9965
$650	0.9946	0.9948
$700	0.9928	0.9930
$750	0.9910	0.9913
$800	0.9888	0.9891
$850	0.9866	0.9870
$900	0.9844	0.9849
$950	0.9822	0.9827
$1,000	0.9800	0.9806
$1,100	0.9770	0.9777
$1,250	0.9650	0.9661
$1,500	0.9360	0.9379
$2,000	0.9000	0.9030
$2,500	0.8560	0.8603
$3,000	0.8180	0.8235
$3,500	0.7870	0.7934
$4,000	0.7550	0.7624
$4,500	0.7220	0.7303
$5,000	0.6890	0.6983
$5,500	0.6590	0.6692
$6,000	0.6390	0.6498
$6,250	0.6290	0.6401
$6,500	0.6190	0.6304
$7,000	0.5990	0.6110
$7,500	0.5790	0.5916
$8,000	0.5590	0.5722
$8,500	0.5390	0.5528
$9,000	0.5190	0.5334
$9,500	0.4990	0.5140
$10,000	0.4790	0.4946
$15,000	0.4590	0.4752

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	0.7902
$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 5 a. Out-of-Pocket Maximum
Per Individual

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 5 b. Coinsurance Limit Maximum
Per Individual

Benefit Option	No Family Limit	1x Family Limit	2x Family Limit	2.5x Family Limit	3x Family Limit
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000
$500	1.0462	1.0547	1.0509	1.0498	1.0486
$1,000	1.0163	1.0246	1.0209	1.0198	1.0186
$1,500	1.0113	1.0195	1.0158	1.0148	1.0136
$2,000	1.0090	1.0172	1.0136	1.0124	1.0113
$2,500	1.0079	1.0161	1.0125	1.0113	1.0102
$3,000	1.0069	1.0151	1.0115	1.0104	1.0093
$3,500	1.0060	1.0141	1.0105	1.0094	1.0083
$4,000	1.0051	1.0132	1.0096	1.0085	1.0074
$5,000	1.0041	1.0122	1.0086	1.0076	1.0064
$7,500	1.0029	1.0111	1.0074	1.0063	1.0051
$10,000	1.0017	1.0098	1.0062	1.0050	1.0040

Table 6 Custom Product Factor

Benefit	Factor
No Custom Benefits	1.0000

Table 7 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 8 Chronic &/or Preventative Drug Deductible Waiver Adj Factor

	Health Reimbursement Account Products		
Medical Deductible	Waive For Prev. & Chronic Factor	Waive For Chronic Only Factor	Waive For Prev. Only Factor
<= $1,500	1.1000	1.1000	1.1000
$1,501 <= $2,500	1.1000	1.1000	1.1000
> $2,500	1.1000	1.1000	1.1000

	HSA and All Other Products		
Medical Deductible	Waive For Prev. & Chronic Factor	Waive For Chronic Only Factor	Waive For Prev. Only Factor
<= $1,500	1.2500	1.2500	1.2500
$1,501 <= $2,500	1.2500	1.2500	1.2500
> $2,500	1.2500	1.2500	1.2500

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)

	Per Script Copay Maximum						
	$100.00	$150.00	$200.00	$250.00	$300.00	$350.00	$400.00
Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	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% / 10% / 50%	1.1852	1.1582	1.1335	1.1104	1.0898	1.0763	1.0649
10% / 20% / 30%	1.2778	1.2373	1.2003	1.1655	1.1348	1.1145	1.0973
20% / 20% / 40%	1.3480	1.3043	1.2643	1.2265	1.1926	1.1694	1.1499
20% / 20% / 50%	1.4464	1.3985	1.3544	1.3129	1.2751	1.2483	1.2248
20% / 25% / 25%	1.3269	1.2841	1.2444	1.2072	1.1733	1.1456	1.1206
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	1.5055	1.4559
30% / 50% / 50%	1.9966	1.9240	1.8541	1.7864	1.7206	1.6605	1.6029
40% / 50% / 50%	2.0771	2.0009	1.9277	1.8574	1.7897	1.7249	1.6632
50% / 50% / 100%	3.1542	3.0017	2.8555	2.7148	2.5794	2.4497	2.3264
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	1.1236
$ / 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%	2.0763	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	1.1206
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	1.0758	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%	1.2552	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	1.2265	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	1.3089
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

	Per Script Copay Maximum						
	$450	$500	$550	$600	$650	$700	$750
Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	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% / 10% / 50%	1.0562	1.0491	1.0426	1.0372	1.0342	1.0321	1.0303
10% / 20% / 30%	1.0843	1.0737	1.0639	1.0558	1.0513	1.0481	1.0454
20% / 20% / 40%	1.1347	1.1217	1.1094	1.0985	1.0913	1.0848	1.0789
20% / 20% / 50%	1.2062	1.1903	1.1751	1.1614	1.1526	1.1443	1.1363
20% / 25% / 25%	1.1003	1.0866	1.0741	1.0638	1.0575	1.0529	1.0489
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
30% / 50% / 50%	1.5448	1.4813	1.4194	1.3663	1.3362	1.3056	1.2771
40% / 50% / 50%	1.6056	1.5503	1.4970	1.4461	1.4052	1.3648	1.3308
50% / 50% / 100%	2.2111	2.1006	1.9940	1.8921	1.8105	1.7295	1.6615
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%	1.2005	1.1773	1.1559	1.1375	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	1.0298	1.0283	1.0271
10% / 30%	1.0606	1.0542	1.0484	1.0435	1.0405	1.0386	1.0370
10% / 35%	1.0858	1.0782	1.0712	1.0648	1.0605	1.0569	1.0537
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	1.1656	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	1.1888	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	0.9985	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	0.9936	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 12 a. Participation

Level	Factor
80 - 100%	1.0000
60 - 79%	1.0000
50 - 59%	1.0000
40 - 49%	1.1000
30 - 39%	1.2000
20 - 29%	1.3000
Under 20%	1.4000

Table 12 b. Virgin Risk

Level	Factor
Manual + 20%	1.2000

* We may potentially modify the +20% if we get medical questionnaires, pharmacy data, or some other indication of the group's likely experience.

Table 14 Trend Factor

Effective Date	Trend Factor
01/01/2014	1.000
04/01/2014	0.97 - 1.03
07/01/2014	0.941 - 1.061
10/01/2014	0.913 - 1.093

For each additional quarter or part thereof after 12/31/2014, use prior quarter x 1.03.

Section II.

Table 17 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	782	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 17 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
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 18 Rating Factor

Rating Area	Factor
All Areas	1.000

Table 19a. New Business Subscriber Based Age/Gender Factor

	Two-Tier Factors			
	Male		Female	
Age Band	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

	Three-Tier Factors					
	Male			Female		
Age Band	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

	Four-Tier Factors							
	Male				Female			
Age Band	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

Table 19b. 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

Section III.

Table 21 Tier Factors

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

Table 22 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 or end of the policy year in which the age is reached, add an additional 0.2 to each value in the respective columns.

Section IV.

Table 24 Administrative Expenses & Profit Factor

Case Size (total lives)	PMPM	Retention	Commissions*	Taxes & Assessments	Health Insurer Fee
<= 10	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 50	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 100	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 300	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 1,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 1,500	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 3,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 4,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 5,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 7,500	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 10,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 20,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 35,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 70,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
<= 100,000	$0.00	0-7.5%	0%-10%	2.70%	table a1
> 100,000	$0.00	0-7.5%	0%-10%	2.70%	table a1

* 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 24 a.1. All Group Size

Effective Date	Health Insurer Fee (%)
January 2014	2.60%
February 2014	2.60%
March 2014	2.60%
April 2014	2.70%
May 2014	2.70%
June 2014	2.70%
July 2014	2.80%
August 2014	2.80%
September 2014	2.80%
October 2014	2.90%
November 2014	2.90%
December 2014	2.90%
January 2015	3.00%
February 2015	3.00%
March 2015	3.00%
April 2015	2.90%
May 2015	2.90%
June 2015	2.90%
July 2015	2.80%
August 2015	2.80%
September 2015	2.80%
October 2015	2.70%
November 2015	2.70%
December 2015	2.70%
January 2016	2.60%
February 2016	2.60%
March 2016	2.60%
April 2016	2.73%
May 2016	2.73%
June 2016	2.73%
July 2016	2.85%
August 2016	2.85%
September 2016	2.85%
October 2016	2.98%
November 2016	2.98%
December 2016	2.98%
January 2017	3.10%

DC Conversion Rates
1Q14

	Medical	Pharmacy	Specialty Pharmacy	Total
Age 0 - 20	$122.02	$32.13	$0.00	$154.15
Age 21 - 24	$135.64	$35.72	$0.00	$171.36
Age 25	$135.64	$35.72	$0.00	$171.36
Age 26	$135.64	$35.72	$0.00	$171.36
Age 27	$135.64	$35.72	$0.00	$171.36
Age 28	$138.81	$36.55	$0.00	$175.36
Age 29	$141.79	$37.34	$0.00	$179.13
Age 30	$145.34	$38.27	$0.00	$183.61
Age 31	$149.07	$39.25	$0.00	$188.32
Age 32	$152.43	$40.14	$0.00	$192.57
Age 33	$155.97	$41.07	$0.00	$197.04
Age 34	$159.70	$42.06	$0.00	$201.76
Age 35	$163.44	$43.04	$0.00	$206.48
Age 36	$167.17	$44.02	$0.00	$211.19
Age 37	$170.90	$45.00	$0.00	$215.90
Age 38	$172.95	$45.54	$0.00	$218.49
Age 39	$175.00	$46.08	$0.00	$221.08
Age 40	$181.91	$47.90	$0.00	$229.81
Age 41	$189.00	$49.77	$0.00	$238.77
Age 42	$196.46	$51.73	$0.00	$248.19
Age 43	$204.11	$53.75	$0.00	$257.86
Age 44	$212.13	$55.86	$0.00	$267.99
Age 45	$220.34	$58.02	$0.00	$278.36
Age 46	$228.92	$60.28	$0.00	$289.20
Age 47	$237.88	$62.64	$0.00	$300.52
Age 48	$247.21	$65.10	$0.00	$312.31
Age 49	$256.91	$67.65	$0.00	$324.56
Age 50	$266.98	$70.31	$0.00	$337.29
Age 51	$277.43	$73.06	$0.00	$350.49
Age 52	$288.25	$75.91	$0.00	$364.16
Age 53	$299.44	$78.85	$0.00	$378.29
Age 54	$311.20	$81.95	$0.00	$393.15
Age 55	$323.33	$85.14	$0.00	$408.47
Age 56	$336.01	$88.48	$0.00	$424.49
Age 57	$349.07	$91.92	$0.00	$440.99
Age 58	$362.69	$95.51	$0.00	$458.20
Age 59	$376.87	$99.24	$0.00	$476.11
Age 60	$391.61	$103.12	$0.00	$494.73
Age 61	$406.77	$107.12	$0.00	$513.89
Age 62	$406.77	$107.12	$0.00	$513.89
Age 63	$406.77	$107.12	$0.00	$513.89
Age 64	$406.77	$107.12	$0.00	$513.89
Age 65+	$406.77	$107.12	$0.00	$513.89

Note: Conversion is only available to members whose group coverage has terminated. **This plan is not actively marketed.**
This plan has a $6,350 deductible which equals the Out of Pocket Maximum; All benefits are subject to deductible; Medical and Pharmacy are Integrated; Once the deductible is met, covered expenses are paid at 100% coinsurance. Preventive care is covered with no cost sharing.

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 + Trend % + Leverage Adjustment) ^ Trend Period Exponent.

The Trend Period Exponent is calculated as:
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:

Base Plan Claim Cost
x
Trend Factor

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 Tier

Annual 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) x (0.25 + MAI x 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

Proration Modes: Monthly, Quarterly, Full, Semi-Annual, Bi-Weekly

Factors in this table are used to adjust for the different annual health fund contribution amounts. The proration mode is the frequency of deposits into the health fund account over the course of the year. The default proration mode is monthly.

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

Factors in this table adjust for different payment percentages the policyholder may choose for eligible payments made by the health fund. The assumed default reimbursement rate is 100%.

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

The factors in this table adjust for a before-fund deductible; that is, a deductible amount the member must pay before health fund dollars are paid. The assumed default level is a $0 before fund deductible.

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.

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

There are two sub-tables; one for Medical/Rx Integrated with AHF and the other is Medical Only Integrated with AHF.

The fund factors are adjusted if the pharmacy benefits are integrated with the health fund. The assumed default is Medical Only.

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

This table is used if there are additional coverage expenses to be included. Currently the only factor is 1.0000.

Enter the Coverage Expense Factor table and select the appropriate Coverage Expense Factor.

Prior Health Reimbursement Account Usage Factor

The factors in this table are used if the policyholder has requested an adjustment to the initial health fund balance to include unused first dollar benefits provided under a prior plan.

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

The factors in this table are used to adjust in the event the policyholder elects to place a maximum on the unused fund amount that can be accumulated.

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

The factors in this table are used if the policyholder has elected to place a maximum on the amount of unused health fund amounts that can be carried over from one plan year to the next plan year.

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.
d. Enter the Health Insurer Fee table and select the appropriate factor.

The Retention Factor is calculated as:
1 / (1 – a. – b. – c. – d.)

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	1 X 2
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	3 X 4 X 5 X 6 X 7
Section III - Post Rating Tier Adjustments		
9	Annual Fund Contribution Adjustment Amount	
10	Annual Fund Contribution Amount	
11	Adjusted Annual Fund Contribution Level	9 + 10
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	13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21
23	Adjusted Claim Cost by Billing Tier	8 X 12 X 22
Section IV - Premium Adjustments		
24	Taxes and Assessments Percentage Factor	
25	Commission Percentage Factor	
26	Administrative Expense Percentage of Premium Factor	
27	Health Insurer Fee Factor	
28	Retention Factor	1.0000/(1.0000 - 24 - 25 - 26 - 27))
29	Premium Rates by Billing Tier Factor	23 X 28

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
01/01/2014	0.0%	0	0
04/01/2014	0.0%	0	0
07/01/2014	0.0%	0	0
10/01/2014	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

2-Tier				
	Male		Female	
Age Bracket	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

3-Tier						
	Male			Female		
Age Bracket	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

4-Tier							
	Male				Female			
Age Bracket	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(re	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
1 - 10	0%-10%
11 - 50	0%-10%
51 - 100	0%-10%
101 - 300	0%-10%
301 - 1,000	0%-10%
1,001 - 1,500	0%-10%
1,501 - 3,000	0%-10%
3,000+	0%-10%

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

Table 27 Health Insurer Fee Factor

Effective Date	Health Insurer Fee (%)
January 2014	2.60%
February 2014	2.60%
March 2014	2.60%
April 2014	2.70%
May 2014	2.70%
June 2014	2.70%
July 2014	2.80%
August 2014	2.80%
September 2014	2.80%
October 2014	2.90%
November 2014	2.90%
December 2014	2.90%
January 2015	3.00%
February 2015	3.00%
March 2015	3.00%
April 2015	2.90%
May 2015	2.90%
June 2015	2.90%
July 2015	2.80%
August 2015	2.80%
September 2015	2.80%
October 2015	2.70%
November 2015	2.70%
December 2015	2.70%
January 2016	2.60%
February 2016	2.60%
March 2016	2.60%
April 2016	2.73%
May 2016	2.73%
June 2016	2.73%
July 2016	2.85%
August 2016	2.85%
September 2016	2.85%
October 2016	2.98%
November 2016	2.98%
December 2016	2.98%
January 2017	3.10%

SERFF Tracking #:	AETN-129291620	**State Tracking #:**		**Company Tracking #:**	DCAHILG1Q14

State:	District of Columbia	**Filing Company:**	Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA
TOI/Sub-TOI:	H21 Health - Other/H21.000 Health - Other		
Product Name:	Aetna Health Maintenance Organization		
Project Name/Number:	Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Please see the attachment "DC 1Q14 supporting documentation.pdf" under the "Actuarial Justification" section.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Please see the attachment "DC 1Q14 supporting documentation.pdf" under the "Actuarial Justification" section.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Attached, please find the 1Q14 DC Large Group rate filing submission for Aetna Health Inc. The attachments include: our NAIC Transmittal form, the Large Group Actuarial Certification, our cover letter including form numbers, and other supporting documents. The rate manual pages mentioned in the cover letter have been attached under the Rate/Rule Schedule tab.
Attachment(s):	DC 1Q14 supporting documentation.pdf NAIC Transmittal Doc 1Q14.pdf
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	This is not a P&C filing.
Attachment(s):	

SERFF Tracking #:	*AETN-129291620*	***State Tracking #:***		***Company Tracking #:***	*DCAHILG1Q14*

State:	*District of Columbia*	***Filing Company:***	*Aetna Health Inc. PA AZ DC DE IN KY MA MD NV NC OK TN VA*
TOI/Sub-TOI:	*H21 Health - Other/H21.000 Health - Other*		
Product Name:	*Aetna Health Maintenance Organization*		
Project Name/Number:	*Aetna Health Inc. 1Q14 Large Group HMO rate filing for DC/*		

Item Status:	
Status Date:	

Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	This form does not apply to large group filings.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Large Group does not file a Part I URRT. This is a large group filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	This template does not apply to Large Group filings.
Attachment(s):	
Item Status:	
Status Date:	

aetna

980 Jolly Road
Mail Stop U12S
Blue Bell, PA 19422

November 8, 2013

Mr. Efren Tanhehco
Supervising 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
District of Columbia Large Group New Business
Forms: see attached for list of form numbers

Dear Mr. Tanhehco:

I am writing to seek approval for revisions to the approved Aetna Health, Inc. rate manual last submitted on September 27, 2012. This filing is for effective dates January 1, 2014 through December 31, 2014.

The requested rates conform to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.

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

- An actuarial certification and an NAIC form.
- An actuarial memorandum, including appendices with brief summaries of already approved underwriting methodologies and trend assumptions.
- Revised rate manual pages that have had factor/table changes. We have also included rate manual pages where the page numbers have shifted

The purpose of this filing is to comply with the District of Columbia, Department of Insurance, Securities and Banking, DC ST § 31-3311.04. This filing is not intended to be used for other purposes.

Please contact me at 215-775-0083 if you have any questions regarding the attached information.

Sincerely,

David M. Walker, ASA, MAAA
ACT Actuarial SE

Enclosure

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)
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
HI DC A NUTRITSUPL V001	NUTRITIONAL SUPPLEMENT AMENDMENT
HI DC AAPPEALEXRE V003	APPEALS/EXTERNAL REVIEW AMENDMENT
HI GE APREMWAIVER V001	PREMIUM WAIVER AMENDMENT
HI GE RPREMOFFSET V001	PREMIUM OFFSET RIDER
HI GE AGPAGRPOLPROV V001	HCR POLICY PROVISIONS AMENDMENT
HI A0GRPHMOHCR V001	HCR AMENDMENT
HMO/DC2 INDHISB-1 07/00	INDIVIDUAL CONVERSION SB HIGH OPTION
HMO/DC2 INDCOC-1 07/00	INDIVIDUAL COC

To: Aetna Health Inc.

From: David M. Walker, ASA, MAAA

Date: November 8, 2013

Re: **Actuarial Certification of Premium Rates**

I, David M. Walker, 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. I also relied on guidance from responsible employees of Aetna Health Inc. for regulatory compliance matters. 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 its 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 77.0% was used in the development of the manual rates. These rates are appropriate for quotes delivered for effective dates beginning January 1, 2014 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. This filing is made in accordance with all the applicable Actuarial Standards of Practice, including ASOP No. 8.

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.

November 8, 2013

David M. Walker
ASA, MAAA

Date

Aetna Health Inc.
District of Columbia
Summary of Rate Manual Changes
Effective January 1, 2014

Outside of the normal quarterly changes such as base rate, trend, and area factor, the following changes have been made effective January 1, 2014.

Large Group Rate Manual Sections B, C, D

Medical Benefit Factors

Any changes to our medical benefit options and/or factors have been highlighted and the appropriate rate manual pages have been included.

Pharmacy and Specialty (Self Injectables) Benefit Factors

We have updated factors and added options in numerous tables. Any changes to our pharmacy and specialty (self injectables) benefit factors and/or options have been highlighted. We have adjusted our base rates so the impact of these changes is revenue neutral.

Participation/Virgin Risk Factor

We added a Participation/Virgin Risk Factor table to allow for adjustments based on if a group's participation falls below 50% or if a group is offering coverage for the first time.

Trend Factors

We are filing our future quarterly rate increases as a range from -3.0% to +3.0%.

Administrative Expenses and Profit Factor

We have updated our PMPM retention factors, and have included Health Insurer Fee % and Reinsurance Contribution PMPM for 2014 and forward.

Specialty (Self Injectables)

We have changed the naming convention of 'Self Injectables' to Specialty (Self Injectables).

Individual Conversion

We have included individual conversion rates for 1Q14. The rates were developed based on our large group rating using a standard population morbidity.

Appendix C

We intend to change the eligibility requirements for Portfolio Rating from up to 300, to up to 200 if system changes are implemented on a timely basis. The Portfolio Rating methodology description has been highlighted in Appendix C.

Aetna Health Inc. – District of Columbia
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 101 or more eligible subscribers) effective January 1, 2014 through December 31, 2014 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-19 through B-21 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 this filing was for dates of service July 2012 through June 2013 paid thru June 2013 (our most recent 12 months of experience data) projected forward to the rating period (1Q14-4Q14) 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 composite manual rate change requested for 1Q14 is 4.9%. The new business annual composite manual rate change requested for 1Q14 is 10.3%. 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 full year 2014 projected gross trend assumption used in the development of the 1Q14 manual rates is 10.4%.

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
HMO Large Group Business with 51-100 eligible subscribers

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. For informational completeness, a summary description of these methodologies is included as follows. Factor changes are highlighted below.

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 201 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 more than 100 enrolled subscribers, and incumbent carrier experience is unavailable, 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 101 through 200 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 101 and 200 eligible employees.

II. The Overall Cohort Rate Change Calculation

RC = (((((CC – PCl) x DF x 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.

PCl = 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.

DF = Demographic Factor. The demographic factor represents the change in morbidity due to aging of the membership from the experience period to the renewal period.

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.

ORC = (CCr) x (RC) + (1 – CCr) x (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:

(1 + MBR Adjustment)
x
(1 + Relative Risk Adjustment)
x
(1 + High Claimant Adjustment)
x
(1 + Persistency Adjustment) - 1

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:

((1+ ORC)
x
(1 + Case specific adjustment prior to normalization)
/
(1 + Overall weighted average of the case specific adjustments)) - 1

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

Σ□□((1 + Case specific adjustment prior to normalization)
x
(Case specific current premium))
/
Σ□□□(Case specific current premium)

V. Minimum and Maximum Rate Change Adjustments

The case specific Final Rate Change (FRC) is determined by limiting the NRC based on a minimum (MinRC) and maximum rate change (MaxRC). The FRC is calculated as:

The minimum of (MaxRC and the maximum of (MinRC and NRC))

See Table 8 in the Appendix for the adjustment factors.

VI.. Monthly Renewal Premium

The monthly renewal premium for each group is calculated as:

(1 + FRC)
x
Current Monthly Premium

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	9.8%
300	499	$125,000	8.0%
500	749	$150,000	6.5%
750	999	$175,000	5.5%
1,000	1,499	$200,000	4.7%
1,500	1,999	$225,000	4.0%
2,000	2,999	$250,000	3.5%
3,000	4,999	$300,000	2.7%
5,000	7,999	$400,000	1.7%
8,000	& up	$500,000	1.2%

Table 3 – Target Loss Ratio

Product	Fixed Administrative & Profit Factor	Variable Administrative & Profit Factor	Premium Tax & Assessments Factor[1]	3Q13+ PPACA Fee[1,2]	Add'l PPACA Fees[1,3]
HMO Based	$33.25 pmpm	7.45%	2.700%	$0.20 pmpm	See Table 10 for HIF and RC
ALIC Based	$32.98 pmpm	7.45%	2.600%	$0.20 pmpm	

[1] Based on current factors; excludes future premium or regulatory tax or fee changes
[2] PPACA imposed Patient Centered Outcomes Research Fund Fee
[3] PPACA imposed Health Insurer Fee and Reinsurance Program Contribution

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%

Table 8 - Minimum and Maximum Rate Change Adjustments

The Minimum Rate Change (MinRC) is 9% and the Maximum Rate Change (MaxRC) is assigned to each case based on the following:

First, consider the case specific medical benefit ratio (MBR)

Criteria	MaxRC
MBR < 70%	19%
70% ≤ MBR < 85%	29%

Second, if the case specific MBR method does not assign the MaxRC, then use the following table based on the cohort specific overall rate change (ORC)

Criteria	MaxRC
ORC < 15%	41%
15 % ≤ ORC < 25%	51%
25% ≤ ORC	61%

Table 9 - First Year Renewal Rate Increase Methodology

First year renewals are excluded from the Cohort because they do not have a full year of experience when the rating is completed. On the first renewal, the rate increase will be equal to the pricing trend[1] for all cases except those that meet either of the following criteria:

1) Pooled MBR[2] >= 100%
2) Ongoing Large Claims[3] >= 25% of annualized premium

Cases that meet one or both of the above criteria will receive a rate increase equal to twice the pricing trend[1].

[1] Pricing trend does not reflect changes to taxes, fees, and assessments. Changes to taxes, fees, and assessments will be in addition to the trend related increase. Table 10 includes the HIF and RC that will be applied.
[2] Pooled MBR is calculated by removing pooled claims over $50,000 from the total claims and then dividing by premium. No pooling charge is added back.
[3] Ongoing large claims are calculated as the sum of the midpoints of the large claim projections.

Tables 10 – ACA Taxes and Fees

For non-first year renewals, the cohort's average Health Insurer Fee (HIF) and Reinsurance Program Contribution (RC) will be applied to all cases in the cohort. The average HIF and RC is based on the distribution of cases by renewal month that comprise the cohort.

For first year renewals the HIF and RC are applied to the case based on its renewal month.

Renewal Month	HIF (% of Prem)	RC (PMPM)
Jan 2014	2.60%	$5.25
Feb 2014	2.60%	$5.25
Mar 2014	2.60%	$5.25
Apr 2014	2.70%	$4.81
May 2014	2.70%	$4.81
Jun 2014	2.70%	$4.81

Jul 2014	2.80%	$4.38
Aug 2014	2.80%	$4.38
Sep 2014	2.80%	$4.38
Oct 2014	2.90%	$3.94
Nov 2014	2.90%	$3.94
Dec 2014	2.90%	$3.94

Experience Rating

New business groups with 101 or more enrolled subscribers and existing groups with 201 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).

TIC = C PMPM x 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.

LCA = LCP x 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.

TCR = NEC PMPM / (NEC PMPM + Fixed Admin) / (1 – 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).

EBP PMPM = (NEC PMPM / TCR) +STA +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.

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 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.

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.

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=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=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.*

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
	David Walker 980 Jolly Road Mail Stop: U12S Blue Bell, PA 19422	(215) 775-0083	(215) 775-6441	WalkerD9@aetna.com

5.	Requested Filing Mode	☐ Review & Approval ☒ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	DCAHILG1Q14
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☐ Individual ☐ Franchise Group: ☐ Small ☒ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	H21 Health-Other
10.	Product Coding Matrix Filing Code	H21.000 Health-Other
11.	Submitted Documents	☐ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other **Rates** ☒ New Rate ☐ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☒ Certifications ☐ Actuarial Memorandum ☒ Other - DC LG 1Q14 Rate Manual & Actuarial Certification

		☐ Other_____

12.	**Filing Submission Date**	**November 8, 2013**
13	**Filing Fee (If required)**	Amount _____ Check Date _____ Retaliatory ☐ Yes ☐ No Check Number _____
14.	**Date of Domiciliary Approval**	

15. Filing Description:

This filing seeks approval of the Aetna Health Inc. Large Group 1Q14 rate manual. This filing is for effective dates January 1, 2014 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 **David M. Walker** Title **ACTUARY I, ACT ACTUARIAL SE**

Signature  Date: November 8, 2013

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

	Document Name Description	Form Number		Replaced Form Number Previous State Filing Number
01			☐ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ 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			**4.9% quarterly manual rate change**	
	Document Name **Description**	**Affected Form Numbers**		**Previous State Filing Number**
01		**See list of form numbers attached to cover letter.**	☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
02			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
03			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
04			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
05			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
06			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
07			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
08			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
09			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	
10			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other** _____	

LH RFA-1

