

**State:** District of Columbia **Filing Company:** Aetna Life Insurance Company  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Aetna Preferred Provider Organization  
**Project Name/Number:** Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

## Filing at a Glance

Company: Aetna Life Insurance Company  
Product Name: Aetna Preferred Provider Organization  
State: District of Columbia  
TOI: H21 Health - Other  
Sub-TOI: H21.000 Health - Other  
Filing Type: Rate  
Date Submitted: 12/11/2013  
SERFF Tr Num: AETN-129318472  
SERFF Status: Assigned  
State Tr Num:  
State Status:  
Co Tr Num: DCALICLG1Q14  
Implementation: 01/01/2014  
Date Requested:  
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 Life Insurance Company  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Aetna Preferred Provider Organization  
**Project Name/Number:** Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

## General Information

Project Name: Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC	Status of Filing in Domicile: Not Filed
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: 12%
Filing Status Changed: 12/11/2013	
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 Life Insurance Company 1Q14 Large Group PPO rate filing for DC	

## Company and Contact

### Filing Contact Information

Barbara Hill, ACTUARIAL CONSULTANT HillBL@aetna.com  
 980 Jolly Road 215-775-6074 [Phone]  
 M.S. U12S  
 Blue Bell, PA 19422

### Filing Company Information

Aetna Life Insurance Company	CoCode: 60054	State of Domicile: Connecticut
151 Farmington Avenue	Group Code: 1	Company Type:
Hartford, CT 06156	Group Name:	State ID Number:
(860) 273-7546 ext. [Phone]	FEIN Number: 06-6033492	

## Filing Fees

Fee Required? No  
 Retaliatory? No  
 Fee Explanation:

SERFF Tracking #: AETN-129318472

State Tracking #: AETN-129318472

State Tracking #: AETN-129318472

Company Tracking #: DCALICLG1Q14

Company Tracking #: DCALICLG1Q14

**State:** District of Columbia  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Aetna Preferred Provider Organization  
**Project Name/Number:** Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

**Filing Company:** Aetna Life Insurance Company

### Rate Information

Rate data applies to filing.

**Filing Method:** SERFF  
**Rate Change Type:** Increase  
**Overall Percentage of Last Rate Revision:** 10.400%  
**Effective Date of Last Rate Revision:** 07/01/2013  
**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 Life Insurance Company	Increase	12.000%	12.000%	\$5,425,749	369	\$42,715,784	12.000%	11.800%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		6,000		1,274	395	67	54	
Policy Holders:		111		176	58	14	10	

State: District of Columbia Filing Company: Aetna Life Insurance Company  
 TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other  
 Product Name: Aetna Preferred Provider Organization  
 Project Name/Number: Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

**Rate Review Detail**

**COMPANY:**

Company Name: Aetna Life Insurance Company  
 HHS Issuer Id: 38234

**PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
Aetna Preferred Provider Organization			7790

Trend Factors:

**FORMS:**

New Policy Forms:  
 Affected Forms:  
 Other Affected Forms: GR-9N, GR-29N

**REQUESTED RATE CHANGE INFORMATION:**

Change Period: Annual  
 Member Months: 93,134  
 Benefit Change: None  
 Percent Change Requested: Min: 11.8 Max: 12.0 Avg: 12.0

**PRIOR RATE:**

Total Earned Premium: 42,715,784.00  
 Total Incurred Claims: 36,157,723.00  
 Annual \$: Min: 348.01 Max: 608.31 Avg: 458.65

**REQUESTED RATE:**

Projected Earned Premium: 50,520,695.00  
 Projected Incurred Claims: 41,027,378.00  
 Annual \$: Min: 411.59 Max: 719.45 Avg: 542.45

**SERFF Tracking #:**

AETN-129318472

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

DCALICLG1Q14

**State:**

District of Columbia

**Filing Company:**

Aetna Life Insurance Company

**TOI/Sub-TOI:**

H21 Health - Other/H21.000 Health - Other

**Product Name:**

Aetna Preferred Provider Organization

**Project Name/Number:**

Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC 1Q14 Rate Manual ALIC	GR-9N, GR-29N	Revised	Previous State Filing Number: AETN-128944757 Percent Rate Change Request: 12	1Q14 DC PPO LG Rate Manual TUVW.pdf, 1Q14 DC PPO LG Rate Manual other sections.pdf,

# Aetna Life Insurance Company

## Group Life and Group Health Insurance Schedule of Premium Rates

<u>Section</u>	<u>Title</u>
A	Group Life Premium Adjustments
B	Small Group Health Benefits – General
C	Long Term Disability Income Insurance
D	Temporary Disability Income
I	Dental Expense Benefits
J	Stand Alone Vision
M	Long Term Care
N	Aetna Health Fund
Q	Small Group Health Benefits
R	Large Groups with 51-100 Eligible Employees
S	Limited Accident and Health Insurance Plans
T	Large Group Health Benefits – General
U	Large Group Medical Benefits
V	Large Group Prescription Drug Expense Benefits
W	Large Group Specialty (Self-Injectable) Benefits
X	Student Health (aka Chickering)
Y	Medicare Integration
Z	Large Group Rating for Temporary Workforces
AA	Group Supplemental Retiree Medical Product

## Large Group Health - General

### Special Rates

In the group business it is often necessary, because of collective bargaining agreements or other considerations, to provide for one or more special features in respect to one or more coverages in any given policy or set of policies. Whenever the plan design specifications of a particular case requires factors for intermediate benefits, supported by our forms filing, but not specifically listed in the factor tables, the initial premium rates to be charged will be computed on an actuarially equivalent basis consistent with the basis used for determining the premium rates then on file for our standard group forms.

### Frequency of Premium Payment

Other than Section S, all rates shown for health insurance benefits are payable monthly. Annual, semi-annual and quarterly rates are respectively 12, 6, and 3 times the monthly rates. Section S rates are payable weekly with the option to convert to bi-weekly, semi-monthly, and monthly.

### Continuation of Coverage Following Termination

Under this benefit, if an individual's insurance under policy terminates then coverage may be continued for 9 months beyond the date of termination. This continuation period may be longer if the law of the jurisdiction involved so requires.

### Children From Birth

Medical plans typically cover children based on a definition of dependent children as an employee's unmarried children from birth to the age specified in the contract.

### Classification of Industries

All rates are non-occupational benefits unless otherwise indicated.

### Rate Calculation Procedures

**Experiences Rating:** Case experience may be used in determining the premium rates for a group. Adjustments to the rates may reflect large claims (including removing large claims and including a pooling charge), case specific claim trend, changes in demographics, and credibility. An adjustment may be made to reflect costs not reflected in the claims experience, such as significant enrollment turnover, morbidity changes, or significant changes in the size or characteristics of the group. Underwriter judgment may also be applied to adjust the rates to reflect any case specific situations that are not reflected in the standard rating process.

We also may offer two retrospective refund arrangements, which we call shared surplus and participating MCR.

The shared surplus premium rates are calculated using the filed prospective experience rate premium rates multiplied by a premium load and claim margin.

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 (medical cost ratio) calculation, so it may be refunded to customer through good experience.

A year-end accounting, or retrospective review, will show a balance calculation for the year: premium minus completed incurred claims and expenses. A refund calculation will be performed at the end of each policy year. The amount of surplus payable to the customer equals 50% of the actual Surplus. There is no deficit carry forward in this funding arrangement.

The participating MCR premium rates are calculated using the filed prospective experience rate premium rates multiplied by a premium load and claim margin. 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 (medical cost ratio) calculation, so it may be refunded to customer through good experience.

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

After the end of each policy year, we will provide the customer with a summary accounting of premiums paid and incurred claims in order to assess the year-end accounting balance. An Actual Surplus results if the ratio of incurred claims divided by paid premium (Actual MCR) is less than the Target MCR less the Corridor. Surplus payable to the customer equals 50% of this Actual Surplus. An Actual Deficit results if the ratio of incurred claims divided by paid premium is more than the Target MCR plus the Corridor. The amount of deficit allocated to the customer will be equal to 25% of the Actual Deficit. Accumulated deficits are not payable to Aetna, but will apply in off setting any future surpluses that would otherwise be payable.

In either arrangement, if the customer terminates in the year of a surplus, that surplus is retained by Aetna.

**Portfolio Rating:** Existing groups with more than 50, and up to 200 eligible subscribers will be portfolio rated. 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 portfolio rating methodology for determining rate increases and a premium weighted average rate increase will be applied to each medical plan within that employer. We will apply the portfolio rating methodology consistently to all qualifying groups. Portfolio rating treats groups of cases as one large case (the "Cohort"). For the purpose of developing required rate increases that reflect experience, each group in the Cohort is assigned to the Cohort based on these eligibility requirements.



The overall Cohort rate change is calculated using aggregate incurred claims for all groups that meet the Cohort definition. Incurred claims include twelve months of experience that allows for one month of run-out prior to the valuation. Claims are pooled at a level that varies with the total size of the Cohort and an aggregate pooling charge is assessed to the Cohort. Trend is calculated as the weighted average mid-point of when the claims occurred during the experience period to the weighted average mid-point of the renewal period. Trends are weighted based on local market incurred claims dollars. The Cohort rate change is equal to the trended incurred claims adjusted for pooling divided by the current annualized premium of the Cohort divided by the premium weighted average of the target loss ratios for all of the cases in the Cohort.

For any Cohort that is less than 100% credible, the Cohort's experience will be blended with an appropriate manual rate change to determine the overall Cohort rate change. The overall Cohort rate change will be incremented or decremented by case specific adjustments as follows:

- Medical Cost Ratio Adjustment
- Predicted High Claimant Adjustment
- Relative Risk Score Adjustment
- Persistency Adjustment

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

## Medical Benefit Plan – Manual Rate Calculation

Refer to the Medical Plan Rate Development Worksheet.

### 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 – Preferred: Facility Inpatient, Facility Outpatient, and Non Facility

(Note: Elect Choice products and Traditional Choice products use Preferred line item expense factors in this calculation.)

Column (1) represents the line item expense (LIE) category weight. Enter the “Column (1) Preferred and Non-Preferred 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 – Preferred**

(Note: Elect Choice products and Traditional Choice products use Preferred bottom line adjustment factors in this calculation.)

#### 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 tables 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 either 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 a determination as to whether the Med/Surg per Confinement Deductible applies to the Out-of-Pocket Limit. For any Out-of-Pocket trigger point that is not represented on the table,

interpolate between the bordering tables values. To calculate the Out-of-Pocket Limit Factor used in the rate calculation, perform the following calculation:

$$\begin{array}{l} \text{Out-of-Pocket Limit Factor from the Out-of-Pocket table a1. or a2.} \\ \times \\ (1 - \text{Average Plan Coinsurance}) \\ \times \\ \% \text{ of Services Subject to the Out-of-Pocket Limit} \\ \times \\ \text{Copay Limit Adjustment Factor} \end{array}$$

For plans with average coinsurance greater than or equal to 98%, select the appropriate factor from Out-of-Pocket table b. 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.

Entry into the Deductible Cross Application table is based on the Preferred and Non-Preferred Deductibles.

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.

### Accident Benefit Factor

The Accident Benefit Factor is a load for the waiver of deductible for the first out of pocket costs for the accident benefit. This benefit provides reimbursement of up to \$500 for out of pocket costs associated with an accident.

Select the appropriate factor from the Accident Benefit Factor table.

### Maximum Benefit Factors

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

If appropriate, 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.

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/2.5x/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.
- b. Get the % of services subject to the plan deductible.
- c. The Family Deductible Limit Factor equals  $1 + [a - 1] \times b$ .

Use the following methodology when the TIF (True Individual Family) approach is used:

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

<u>2-Tier</u>	<u>Single</u>	<u>Family</u>		
Subscriber Count	A	B		
Tier Factor	PA	PB		
<u>3-Tier</u>	<u>Single</u>	<u>2 Party</u>	<u>Family</u>	
Subscriber Count	A	C	D	
Tier Factor	PA	PC	PD	
<u>4-Tier</u>	<u>Single</u>	<u>Couple</u>	<u>EE+Ch(n)</u>	<u>Family</u>
Subscriber Count	A	E	F	G
Tier Factor	PA	PE	PF	PG

As an example, the calculation for a 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:  $\frac{A \times PA \times 1.0000 + E \times PE \times .9850 + F \times PF \times .9930 + G \times PG \times 1.032}{A \times PA + E \times PE + F \times PF + G \times PG}$

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  $1 + (b - 1) \times c$ .

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.

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.

Use the following methodology when the TIF 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:

<u>2-Tier</u>	<u>Single</u>	<u>Family</u>		
Subscriber Count	A	B		
Tier Factor	PA	PB		
<u>3-Tier</u>	<u>Single</u>	<u>2 Party</u>	<u>Family</u>	
Subscriber Count	A	C	D	
Tier Factor	PA	PC	PD	
<u>4-Tier</u>	<u>Single</u>	<u>Couple</u>	<u>EE+Ch(n)</u>	<u>Family</u>
Subscriber Count	A	E	F	G
Tier Factor	PA	PE	PF	PG

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

- 1) 2 Tier Billing:  $\frac{A \times PA \times 1.0000 + B \times PB \times .9850}{A \times PA + B \times PB}$
- 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.

#### Managed Care Feature Factor

The Managed Care Feature Factor may be used to account for certain managed care features. Currently, this factor is always 1.0000.

Select the appropriate factor from the Managed Care Feature Factor 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 from the Professional Fee Schedule table.

#### 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 from the Facility Fee Schedule table.

#### Pre-existing Condition “On” Factor

The Pre-existing Condition “On” Factor adjusts rates based on pre-existing condition limitation applicable to members who are enrolled on the effective date.

Select the appropriate factor from the Pre-existing Condition – On Effective Date Factor table.

#### Pre-existing Condition “After” Factor

The Pre-existing Condition “After” Factor adjusts rates based on pre-existing condition limitation for members who are enrolled after the effective date.

Select the appropriate factor from the Pre-existing Condition – After Effective Date Factor table.

#### National Advantage Factor

National Advantage is a program offered by Aetna that allows the plan sponsor to obtain claim savings on covered claims for indemnity, 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.

#### 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.

#### 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 table.

#### Cross Application Benefits Limit Factor

The Cross Application Benefits Limit Factor accounts for separate visits limits for in versus out-of-network benefits as compared to combined visit limits.

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

#### Aexcel Network Adjustment Factor

Aexcel: The Aexcel network is a subset of Aetna's broader network that features Aexcel-designated specialists in selected specialty categories that are chosen based on quality and cost-efficiency metrics.

Select the appropriate factor from the Aexcel Network Adjustment Factor table.

#### 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. 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.

#### Preferred Benefit Adjustment Factor

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

Multiply the following together to get the Preferred Benefit Adjustment Factor:



- Interim Sum (2)
  - x
- Cross Application of Out-of-Pocket Limit Factor
  - x
- Accident Benefit 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
- Managed Care Feature Factor
  - x
- Professional Fee Schedule Factor
  - x
- Facility Fee Schedule Factor
  - x
- Pre-existing Condition – On Effective Date
  - x
- Pre-existing Condition – After Effective Date Factor
  - x
- National Advantage Factor
  - x
- Custom Product Factor
  - x
- Step Therapy/Pre-certification Adjustment Factor
  - x
- Cross Application Benefit Limits Factor (Non Preferred Only)
  - x
- Aexcel Network Adjustment Factors
  - 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 Preferred Benefit Adjustment Factor to the Preferred Anchor Plan Value. Enter the Preferred Selection Load Factor table using this ratio and select the appropriate factor.

### Preferred Final Benefit Adjustment Factor

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

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

$$\begin{array}{r} \text{Preferred Benefit Adjustment Factor} \\ \times \\ \text{Preferred Selection Load Factor} \end{array}$$

#### **IV. Benefit Categories – Non-Preferred: Facility Inpatient, Facility Outpatient, and Non Facility**

(Note: This section does not apply to Elect Choice products or Traditional Choice products.)

Repeat the same process as in II, except reference the corresponding Non-Preferred tables and factors.

#### **V. Bottom Line Adjustments – Non-Preferred**

(Note: This section does not apply to Elect Choice products or Traditional Choice products.)

Repeat the same process as in III, except reference the corresponding Non-Preferred tables and factors.

#### **V.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.

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 through IV 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.

#### Accident Benefit Factor

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

#### 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 for preferred/non preferred but use CombinePref or CombineNprf adjusted deductibles and % services subject to deductible as appropriate.

#### Managed Care Feature Factor

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

#### 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.

#### Pre-existing condition "On" Factor

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

#### Pre-existing Condition "After" Factor

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

#### 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.

Cross Application Benefits Limit Factor (CombineNprf only)

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

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 Preferred Benefit Adjustment Factor to the Preferred Anchor Plan Value. Enter the Preferred 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:

$$\begin{array}{r}
 \text{Benefit Adjustment Factor} \\
 \times \\
 \text{Selection Load Factor}
 \end{array}$$

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.

**VI. Trend Adjusted Medical Starting Claim Costs**

Base Plan Claim Cost for Preferred and Non Preferred Components

Calculate Base Plan Claim Costs for Preferred and Non Preferred components by multiplying the Starting Base Plan Claim Cost by the Normalized Claim Relativities for Preferred and Non Preferred medical components. Note that for Traditional and Elect Choice products, a value of 1.0000 is assigned to the Preferred Normalized Claim relativities.

The Normalized Claim Relativities are calculated as follows for both Preferred and Non Preferred categories:

For tiered CombineNprf and 2tierConcentric plans, use the calculation as described below.

- a. Pull the steerage by tier prior to normalization from the calculation of revised LIE weights process in step 5 and multiply by the Base Plan Component Steerage Factor for each tier from the appropriate table.
- b. Calculate the revised Component Base Relativity Factor as determined by applying the impact of the shift to APRF by LIE to the relative unit costs of each LIE. Select the NPRF Component Base Relativity Factor from the appropriate table.
- c. Calculate the revised non preferred Base Plan Component Steerage as the sum of the APRF and NPRF steerage from (a) . The revised preferred Based Plan Component Steerage is the PREF value from (a).
- d. Calculate the revised Component Base Relativity Factor by averaging APRF and NPRF factors from (b). The revised preferred Component Base Relativity Factor is the PREF value from (b).
- e. For each component, divide (d) by the weighted average of (c) \* (d) for both components.

For all other plans,

- a. Enter the Base Plan Component Steerage Factor table and determine the appropriate factor.
- b. Select the Component Base Relativity Factor from appropriate table.
- c. For each component, divide (b) by the weighted average of (a)\*(b) for both components.

#### Flex Plan Claim Costs by Component

Multiply each of the Base Plan Claim Costs by Component by the Final Benefit Adjustment Factors as calculated in **III.** and **V.** and adjusted by **V.5** as appropriate.

#### Trend Adjusted Flex Plan Claim Cost by Component

Multiply the Flex Plan Claim Costs by Component by Trend, Steerage Factors and Efficiency factors.

The Trend Factor for each component is calculated as:

$$(1 + \text{Trend \%} + \text{Leverage Adjustment}) ^ \text{Trend Period Exponent.}$$

The Trend Period Exponent is calculated as:

$$\text{In months: (Contract Effective Date – Proposed Effective Date) / 12}$$

The preferred efficiency factor is as calculated in step 8. The non preferred efficiency factor is 1.0000.

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. For tiered plans, use the ratio of the Preferred steerage factor to the Preferred base plan component steerage factor multiplied by the final tiered steerage factor based on the calculation in section **VI.** The final Non Preferred steerage factor is 1- the final preferred steerage factor. Note that for Traditional and Elect Choice products, a value of 1.0000 is assigned to the Preferred Steerage Factors.

#### Total Trend Adjusted Flex Plan Claim Cost

Add together the Trend Adjusted Flex Plan Claim Cost for Preferred and Non Preferred.



**VII. 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

Calculate the appropriate Medicare Factor as follows:

Enter only into the Medicare Primary Factor table and select the appropriate Medicare Primary Factor. No other Age/Gender tables apply when calculating Medicare rates.

COBRA Factor

Select the appropriate factor from the COBRA Factor table.

Interim Adjusted Flex Plan Claim Cost

Multiply the Total Trend Adjusted Flex Plan Claim Cost as calculated in **VI.** 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

**VIII. Adjusted Medical Claim Cost by Billing Tier**

Tier Factors

Select the appropriate factor 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 1.0000.

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

**IX. Medical Plan Manual Premium Rates by Billing Tier**

Multiply the Adjusted Medical Claim Cost by Billing Tier as calculated in **VIII.** by the adjustment factor from d. below, the Industry Level Program Adjustment (if applicable), and the Underwriter Adjustment (if applicable), to get Medical Plan Manual Premium Rates by Billing Tier:

Retention Factor

- a. Enter the Administrative Expenses and Profit table with total case lives and retrieve the appropriate Medical PMPM, PPACA fee and Reinsurance Contribution (RC) fee. Retrieve the appropriate Retention, Commission, Taxes and Assessments and Health Insurer Fee (HIF) percentages. Also, retrieve the Aexcel or Aexcel Plus percentage, if necessary. Retrieve the appropriate ERISA Adjustment. For renewals, also retrieve the appropriate Family Size Adjustment PMPM from the Family Size Adjustment table.
- b. Sum the PMPM, PPACA fee and RC 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 %-Aexcel Retention %-Commissions %-Taxes and Assessments %-HIF %)] / (Total Monthly Claim Cost). Note that the additional Aexcel Retention % only gets utilized if either of the Aexcel networks applies.

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 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.

#### Industry Level Program Adjustment

Enter the Industry Level Program Adjustment if applicable.

#### 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.**

ID	Benefit Description	Base Option	[1] Line Item Expense Category Weight	[2] Include or Exclude	[3] Copay/ Deductible Per Service Factor	[4] Coinsurance	[5] Days or Visits Maximum	[6] Dollar Maximum Annual & Lifetime	[7] Mandated Benefits	[8] Routine Limits, ER Penalty	[9] Inpatient Pre- certification	[10A] Components Subject to Plan Ded. Product - [9]	[10B] 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-Complex 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)**

ID	Benefit Description	Base Option	[1] Line Item Expense Category Weight	[2] Include or Exclude	[3] Copay/ Deductible Per Service Factor	[4] Coinsurance	[5] Days or Visits Maximum	[6] Dollar Maximum Annual & Lifetime	[7] Mandated Benefits	[8] Routine Limits, ER Penalty	[9] Inpatient Pre- certification	[10A] Components Subject to Plan Ded. Product - [9]	[10B] 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 - Preferred:

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	Accident Benefit												
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	Managed Care Features												
104	Professional Fee Schedule												
105	Facility Fee Schedule												
106	Pre-existing Condition On Effective Date												
107	Pre-existing Condition After Effective Date												
108	National Advantage												
109	Custom Product												
110	Step Therapy/Pre-certification Adjustment												
111	Aexcel Network Adjustment												
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					
115	Selection Load												
116	Final Preferred Benefit Adjustment												114 x 115

Medical Plan Rate Development Worksheet (continued)

Customer Name: \_\_\_\_\_

Customer #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Section IV.

ID	Benefit Description	Base Option	[1] Line Item Expense Category Weight	[2] Include or Exclude	[3] Copy/ Deductible Per Service Factor	[4] Coinsurance	[5] Days or Visits Maximum	[6] Dollar Maximum Annual & Lifetime	[7] Mandated Benefits	[8] Routine Limits, ER Penalty	[9] Inpatient Pre- certification	[10A] Components Subject to Plan Ded. Product - [9]	[10B] Components Not Subject to Plan Ded. Product [1] - [9]
Facility Inpatient													
117	Med/Surg	\$0 copay											
118	Serious MH I/P	\$0 copay											
119	MH I/P	\$0 copay											
120	SA Detox I/P	\$0 copay											
121	SA Rehab I/P	\$0 copay											
122	Maternity I/P	\$0 copay											
123	Skilled Nursing Facility	\$0 copay											
124	Hospice I/P	\$0 copay											
125	Transplants	\$0 copay											
126	Bariatric Surgery	\$0 copay											
Facility Outpatient/Non Facility													
127	Surgery (SPU)	\$0 copay											
128	Surg - Freestanding facility	\$0 copay											
129	Bariatric O/P	\$0 copay											
130	Hospice O/P	\$0 copay											
131	Other Facility O/P	\$0 copay											
132	Other Rehab O/P	\$0 copay											
133	Physical Therapy O/P	\$0 copay											
134	Occupational Therapy O/P	\$0 copay											
135	Speech Therapy O/P	\$0 copay											
136	Chiro/Subluxation	\$0 copay											
137	Diagnostic X-ray Hosp O/P	\$0 copay											
138	Diagnostic X-ray Non-Hosp O/P	\$0 copay											
139	Diagnostic X-ray NF	\$0 copay											
140	Diag. X-ray-Complex Imaging Hosp O/P	\$0 copay											
141	Diag. X-ray-Complex Imag Non-Hosp O/P	\$0 copay											
142	Diag. X-ray-Complex Imaging NF	\$0 copay											
143	Diagnostic Lab Hosp O/P	\$0 copay											
144	Diagnostic Lab Non-Hosp O/P	\$0 copay											
145	Diagnostic Lab NF	\$0 copay											
146	Diagnostic Phys Other	\$0 copay											
147	Diagnostic OP facility other	\$0 copay											
148	Ambulance	\$0 copay											
149	ER O/P	\$0 copay											
150	ER NF	\$0 copay											
151	UC O/P	\$0 copay											
152	PCP	\$0 copay											
153	E-visits PCP	\$0 copay											
154	Walk-In Clinics	\$0 copay											
155	Non-designated PCP	\$0 copay											
156	Specialist	\$0 copay											
157	E-visits Specialist	\$0 copay											
158	Office Based Surgery	\$0 copay											
159	PCP - Inpatient	\$0 copay											
160	Specialist - Inpatient	\$0 copay											
161	Maternity NF	\$0 copay											
162	Prenatal	\$0 copay											
163	Surgery NF	\$0 copay											
164	Bariatric - physician	\$0 copay											
165	Allergy Testing - NF	\$0 copay											
166	Allergy Trmt/Serum -NF	\$0 copay											
167	Oral Surgery NF	\$0 copay											
168	Routine Physical - Adult	\$0 copay											
169	Immunization - Adult	\$0 copay											
170	Routine Physical - Child	\$0 copay											
171	Immunization - Child	\$0 copay											
172	Routine Eye Exam	\$0 copay											
173	Speech & Hearing NF	\$0 copay											
174	Routine Gyn	\$0 copay											
175	Mammography	\$0 copay											
176	Cancer Screening	\$0 copay											
177	Digital Rectal Exam	\$0 copay											
178	Prostate Specific Antigen	\$0 copay											
179	Serious MH NF	\$0 copay											
180	MH NF	\$0 copay											
181	MH part hosp	\$0 copay											
182	SA NF	\$0 copay											
183	Private Duty Nursing	\$0 copay											
184	HHC	\$0 copay											
185	Hospice NF	\$0 copay											
186	Injectables - AF	\$0 copay											
187	Injectables - Office	\$0 copay											
188	Durable Medical Equipment	\$0 copay											
189	Diabetic Supplies	\$0 copay											
190	Prosthetics and Orthotics	\$0 copay											
191	Lens Reimbursement	\$0 copay											
192	Hearing Aid	\$0 copay											
193	PKU	\$0 copay											
194	Infertility - AI/OI NF	\$0 copay											
195	ART NF	\$0 copay											

**Medical Plan Rate Development Worksheet (continued)**

Customer Name: \_\_\_\_\_

Customer #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Section IV. (continued)**

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

**Section V.**

Bottom Line Adjustments - Non-Preferred :

204	Deductible Carryover												1.0000
205	Deductible												1.0000
206	Interim Product											203[A] x 204 x 205	203[B] x 204 x 205
207	Interim Sum (1)												206[A] + 206[B]
208	Out-of-Pocket												
209	Interim Sum (2)												207 + 208
210	Cross Application												
211	Accident Benefit												
212	Lifetime Maximum Benefit												
213	Calendar Year Maximum Benefit												
214	Contract State Mandate Adjustment												
215	Family Deductible Limit												
216	Deductible Credit												
217	Family Out-of-Pocket Limit												
218	Managed Care Features												
219	Professional Fee Schedule												
220	Facility Fee Schedule												
221	Pre-existing Condition On Effective Date												
222	Pre-existing Condition After Effective Date												
223	National Advantage												
224	Custom Product												
225	Step Therapy/Pre-certification Adjustment												
226	Cross Application Benefit Limits												
227	Aexcel Network Adjustment												
228	Participation/Virgin Risk												228[A] x 228[B]
229	Mental Health Deductible												
230	Benefit Adjustment												209 x 210 x 211 x 212 x 213 x 214 x 215 x 216 x 217 x 218 x 219 x 220 x 221 x 222 x 223 x 224 x 225 x 226 x 227 x 22
231	Selection Load												
232	Final Non-Preferred Benefit Adjustment												230 x 231

**Section VI.**

233	Base Plan Component Steerage Factor - Preferred												
234	Component Base Relativity Factor - Preferred												
235	Normalized Claim Relativity - Preferred											234 / (233 x 234 + 237 x 238)	
236	Base Plan Claim Cost PMPM - Preferred												1 x 235
237	Base Plan Component Steerage Factor - Non-Preferred												
238	Component Base Relativity Factor - Non-Preferred												
239	Normalized Claim Relativity - Non-Preferred											238 / (233 x 234 + 237 x 238)	
240	Base Plan Claim Cost PMPM - Non-Preferred												1 x 239
241	Flex Plan Claim Cost PMPM - Preferred												116 x 236
242	Flex Plan Claim Cost PMPM - Non-Preferred												232 x 240
243	Trend Factor - Preferred												
244	Efficiency Factor - Preferred												
245	Steerage Factor - Preferred												
246	Trend Factor - Non-Preferred												
247	Efficiency Factor - Non-Preferred												
248	Steerage Factor - Non-Preferred												
249	Trend Adjusted Flex Plan Claim Cost PMPM - Preferred												241 x 243 x 244 x 245
250	Trend Adjusted Flex Plan Claim Cost PMPM - Non-Preferred												242 x 246 x 247 x 248
251	Total Trend Adjusted Flex Plan Claim Cost PMPM												249 + 250

**Section VII.**

252	Industry												
253	Rating Area												
254	Age/Gender												
255	COBRA												
256	Interim Adjusted Flex Plan Claim Cost PMPM											Non-Medicare	Medicare
												251 x 252 x 253 x 254 x 255	1 x 252 x 253 x 254 x 255

**Section VIII.**

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

**Medical Plan Rate Development Worksheet (continued)**

Customer Name: \_\_\_\_\_

Customer #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Section VIII. (continued)**

**258** 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
a. Student:	_____
b. Non-Student:	_____
c. $[ 1.00 + (( a.+ b. ) / 100 ) ]$	<input type="text"/>

**259** Adjusted Medical Claim Cost by Billing Tier

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

256 x 257 x 258

**Section IX.**

**260** Administrative Expenses & Profit Factor

**261** Industry Level Program Adjustment

**262** Underwriter Adjustment

**263** Medical Plan Manual Premium Rates by Billing Tier

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

259 x 260 x 261 x 262

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 V.5.**
- 1 Coinsurance Differential ( $\Delta$ Tier 2)
  - 2 OOP Trigger Differential ( $\Delta$ Tier 2)
  - 3 Deductible Differential ( $\Delta$ Tier 2)
  - 4 Coinsurance Limit Differential ( $\Delta$ Tier 2)
  - 5 Inpatient Copay/Admit Differential ( $\Delta$ Tier 2)
  - 6 Specialist Copay Differential ( $\Delta$ Tier 2)
  - 7 Multiplier for Deductible Level
  - 8 Passive Plan Design Adjustment
  - 9 Incentive or Disincentive Approach

Active	Value	Weight	Factor
		40.00%	
		15.00%	
		22.50%	
		22.50%	
		50.00%	
		25.00%	
			Sumproduct(Active row1:6, Weight row1:6, Factor row1:6)/Sumproduct(Active row1:6, Weight row1:6) * 7 * 8 + 9
			10 / 11

- 10 Plan Design Migration
- 11 Standard Migration
- 12 Migration Ratio

**Medical PMPM and Factor Tables**

**Section I.**

**Table 1 1st Quarter 2014 Starting Base Plan Claim Cost**

Network	Non-Open Access				Open Access	
	Indemnity Products (TC) Base PMPM	Managed Choice Products (MC) Base PMPM	Elect Choice Products (EC) Base PMPM	Open Choice Products (PPO) Base PMPM	Managed Choice Products (MC) Base PMPM	Elect Choice Products (EC) Base PMPM
District of Columbia	838.13	442.79	399.37	462.70	462.70	417.32

Sections II. and IV.

Column [1] Inputs - Preferred and Non-Preferred

Base Plan Service Category Weight

All Networks

Benefit Description	Preferred Products Weights	Non Preferred Products Weights
Med/Surg	15.97%	15.97%
Serious MH I/P	0.65%	0.65%
MH I/P	0.03%	0.03%
SA Detox I/P	0.02%	0.02%
SA Rehab I/P	0.13%	0.13%
Maternity I/P	3.26%	3.26%
Skilled Nursing Facility	0.10%	0.10%
Hospice I/P	0.01%	0.01%
Transplants	0.48%	0.48%
Bariatric Surgery	1.42%	1.42%
Facility Outpatient/Non Facility	3.86%	3.86%
Surg - Freestanding facility	1.88%	1.88%
Bariatric O/P	0.01%	0.01%
Hospice O/P	0.01%	0.01%
Other Facility O/P	1.68%	1.68%
Other Rehab O/P	0.03%	0.03%
Physical Therapy O/P	2.52%	2.52%
Occupational Therapy O/P	0.04%	0.04%
Speech Therapy O/P	0.13%	0.13%
Chiro/Subluxation	2.17%	2.17%
Diagnostic X-ray Hosp O/P	1.38%	1.38%
Diagnostic X-ray Non-Hosp O/P	0.85%	0.85%
Diagnostic X-ray NF	1.17%	1.17%
Diag. X-ray-Complex Imaging Hosp O/P	1.66%	1.66%
Diag. X-ray-Complex Imag Non-Hosp O/P	1.55%	1.55%
Diag. X-ray-Complex Imaging NF	0.20%	0.20%
Diagnostic Lab Hosp O/P	0.86%	0.86%
Diagnostic Lab Non-Hosp O/P	3.29%	3.29%
Diagnostic Lab NF	0.70%	0.70%
Diagnostic Phys Other	1.16%	1.16%
Diagnostic OP facility other	0.47%	0.47%
Ambulance	0.31%	0.31%
ER O/P	4.59%	4.59%
ER NF	1.08%	1.08%
UC O/P	0.31%	0.31%
PCP	3.78%	3.78%
E-visits PCP	0.03%	0.03%
Walk-In Clinics	0.06%	0.06%
Non-designated PCP	0.00%	0.00%
Specialist	4.84%	4.84%
E-visits Specialist	0.02%	0.02%
Office Based Surgery	0.90%	0.90%
PCP - Inpatient	0.37%	0.37%
Specialist - Inpatient	3.78%	3.78%
Maternity NF	0.77%	0.77%
Prenatal	0.56%	0.56%
Surgery NF	2.66%	2.66%
Bariatric - physician	0.06%	0.06%
Allergy Testing - NF	0.18%	0.18%
Allergy Trmt/Serum -NF	0.32%	0.32%
Oral Surgery NF	0.08%	0.08%
Routine Physical - Adult	0.44%	0.44%
Immunization - Adult	0.26%	0.26%
Routine Physical - Child	0.74%	0.74%
Immunization - Child	0.89%	0.89%
Routine Eye Exam	0.12%	0.12%
Speech & Hearing NF	0.29%	0.29%
Routine Gyn	0.82%	0.82%
Mammography	0.26%	0.26%
Cancer Screening	0.17%	0.17%
Digital Rectal Exam	0.01%	0.01%
Prostate Specific Antigen	0.03%	0.03%
Serious MH NF	1.46%	1.46%
MH NF	1.15%	1.15%
MH part hosp	0.18%	0.18%
SA NF	0.12%	0.12%
Private Duty Nursing	0.04%	0.04%
HHC	0.21%	0.21%
Hospice NF	0.02%	0.02%
Injectables - AF	1.91%	1.91%
Injectables - Office	2.81%	2.81%
Durable Medical Equipment	0.96%	0.96%
Diabetic Supplies	0.08%	0.08%
Prosthetics and Orthotics	0.04%	0.04%
Lens Reimbursement	0.56%	0.56%
Hearing Aid	0.04%	0.04%
PKU	0.07%	0.07%
Infertility - AI/OI NF	0.38%	0.38%
ART NF	1.25%	1.25%
TMJ Disorder	0.02%	0.02%
Tubal Ligation	0.07%	0.07%
Voluntary Abortion	0.03%	0.03%
Vasectomy	0.03%	0.03%
Contraceptives	0.11%	0.11%
Pharmacy	12.00%	12.00%
Specialty (Self-Injectables)	0.04%	0.04%
Total Medical	100.00%	100.00%

Table 2 Med/Surg

Table 117 Med/Surg

a. Per Confinement Deductible

Deductible	Annual Limit		
	None Factor	2x Factor	3x Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9943	0.9948	0.9945
\$100	0.9886	0.9896	0.9891
\$150	0.9830	0.9844	0.9836
\$200	0.9773	0.9792	0.9782
\$250	0.9717	0.9740	0.9728
\$300	0.9661	0.9688	0.9674
\$350	0.9605	0.9637	0.9620
\$400	0.9549	0.9586	0.9567
\$450	0.9494	0.9535	0.9513
\$500	0.9438	0.9484	0.9460
\$550	0.9396	0.9445	0.9420
\$600	0.9354	0.9407	0.9380
\$650	0.9313	0.9369	0.9340
\$700	0.9271	0.9330	0.9300
\$750	0.9230	0.9292	0.9260
\$800	0.9188	0.9254	0.9220
\$850	0.9147	0.9216	0.9180
\$900	0.9106	0.9178	0.9140
\$950	0.9064	0.9140	0.9101
\$1,000	0.9023	0.9102	0.9061
\$1,250	0.8819	0.8915	0.8865
\$1,500	0.8616	0.8729	0.8670
\$1,750	0.8417	0.8546	0.8479
\$2,000	0.8218	0.8363	0.8287

Table 2 Med/Surg

Table 117 Med/Surg

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.9758
\$100	0.9519
\$150	0.9321
\$200	0.9143
\$250	0.8968
\$300	0.8794
\$350	0.8621
\$400	0.8450
\$450	0.8280
\$500	0.8131

Table 2 Med/Surg

Table 117 Med/Surg

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0119	1.0099	1.0085	1.0049
\$100	1.0241	1.0200	1.0172	1.0100
\$150	1.0325	1.0263	1.0220	1.0115
\$200	1.0390	1.0310	1.0266	1.0155
\$250	1.0473	1.0393	1.0337	1.0196
\$300	1.0575	1.0478	1.0409	1.0238
\$350	1.0679	1.0564	1.0483	1.0281
\$400	1.0787	1.0654	1.0559	1.0325
\$450	1.0898	1.0745	1.0638	1.0370
\$500	1.0985	1.0813	1.0692	1.0391

Table 2 Med/Surg

Table 117 Med/Surg

c. Coinsurance

Coinsurance	Factor
50%	0.4486
55%	0.4934
60%	0.5383
65%	0.5831
70%	0.6330
75%	0.6842
80%	0.7363
85%	0.7892
90%	0.8511
95%	0.9176
100%	1.0000

Table 2 Med/Surg

Table 117 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

Table 118 Serious MH I/P

a. Per Confinement Deductible

Deductible	Annual Limit		
	None Factor	2x Factor	3x Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9881	0.9889	0.9886
\$100	0.9764	0.9779	0.9773
\$150	0.9646	0.9670	0.9660
\$200	0.9530	0.9561	0.9548
\$250	0.9414	0.9453	0.9437
\$300	0.9299	0.9346	0.9326
\$350	0.9184	0.9239	0.9216
\$400	0.9070	0.9133	0.9107
\$450	0.8957	0.9027	0.8998
\$500	0.8845	0.8922	0.8890
\$550	0.8743	0.8827	0.8793
\$600	0.8642	0.8733	0.8696
\$650	0.8542	0.8640	0.8600
\$700	0.8442	0.8546	0.8504
\$750	0.8343	0.8454	0.8408
\$800	0.8244	0.8362	0.8313
\$850	0.8146	0.8270	0.8219
\$900	0.8048	0.8179	0.8125
\$950	0.7951	0.8088	0.8031
\$1,000	0.7854	0.7997	0.7938
\$1,250	0.7377	0.7553	0.7481
\$1,500	0.6913	0.7119	0.7035
\$1,750	0.6427	0.6666	0.6568
\$2,000	0.5942	0.6213	0.6102
Not covered	0.0000	0.0000	0.0000

Table 3 Serious MH I/P

Table 118 Serious MH I/P

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.9203
\$100	0.8474
\$150	0.7804
\$200	0.7156
\$250	0.6497
\$300	0.5878
\$350	0.5457
\$400	0.5037
\$450	0.4616
\$500	0.4195

Table 3 Serious MH I/P

Table 118 Serious MH I/P

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0517	1.0430	1.0359	1.0173
\$100	1.1047	1.0860	1.0710	1.0329
\$150	1.1596	1.1302	1.1084	1.0519
\$200	1.2229	1.1843	1.1533	1.0730
\$250	1.3049	1.2526	1.2134	1.1028
\$300	1.3964	1.3280	1.2734	1.1300
\$350	1.4555	1.3706	1.3033	1.1203
\$400	1.5244	1.4215	1.3366	1.1353
\$450	1.6071	1.4814	1.3740	1.1661
\$500	1.7073	1.5494	1.4214	1.2031

Table 3 Serious MH I/P

Table 118 Serious MH I/P

c. Coinsurance

Coinsurance	Factor
50%	0.4200
55%	0.4620
60%	0.5041
65%	0.5461
70%	0.5967
75%	0.6606
80%	0.7227
85%	0.7857
90%	0.8514
95%	0.9230
100%	1.0000

Table 3 Serious MH I/P

Table 118 Serious MH I/P

d. Calendar Year Day Maximum

	I/P MH Factor	All I/P MH & I/P SA Combined Factor
Maximum		
14 Days	0.7982	0.7881
30 Days	0.9327	0.9294
45 Days	0.9667	0.9650
60 Days	0.9804	0.9795
90 Days	0.9884	0.9884
30 Days Treatment Facility & 45 Days Hospital Max	0.8539	N/A
30 Days Treatment Facility & 30 Days Hospital Max	N/A	0.9555
UNLTD I/P Alc. Max; 30 Day Other I/P SA and MH Max	N/A	0.9382
120 days/cal yr	0.9954	N/A
30 days per 12 consecutive months, 90 days lifetime max	0.9318	N/A
Non-SMI 30 days cal/yr; SMI unlimited days cal/yr	0.9981	N/A
30 days cal/yr, 90 days per lifetime	0.9657	N/A
30 days per year with 3 emergency crisis intervention visits	0.9332	N/A
40 days/cal yr	0.9604	N/A
Non-SMI 45 days cal/yr; SMI unlimited days cal/yr	0.9990	N/A
45 days/cal yr, 90 days/lifetime	0.9657	N/A
45 days/cal yr for Mental Health & Substance Abuse	0.9650	N/A
50 days/cal yr	0.9761	N/A
Non-SMI 60 days cal/yr; SMI unlimited days cal/yr	0.9999	N/A
3 courses/lifetime	0.8908	N/A
3 episodes/lifetime, IP & OP combined	0.8908	N/A

Table 3 Serious MH I/P

Table 118 Serious MH I/P

d. Calendar Year Day Maximum Continued

	I/P MH Factor	All I/P MH & I/P SA Combined Factor
Maximum		
30 day/night care sessions per cal yr	0.9327	N/A
30 days/plan yr (SMI) unlimited days/plan year	0.9981	N/A
30 days/cal yr; 45 days/cal yr (SMI only)	0.9684	N/A
20 days/cal yr	N/A	0.8649
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9788
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9958
30 days/cal yr combined for MN/SA Hospital, 45 days/cal yr for Alcoholism Treatment Facility	N/A	0.8539
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9810
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9979
45 days/cal yr for Substance Abuse and unlimited days for Mental Health	N/A	0.9916
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9818
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9988
60 days/cal yr for Mental Health & Substance Abuse	N/A	0.9795
60 days/cal yr for Substance Abuse; unlimited days for Mental Health	N/A	0.9951
Unlimited visits/cal yr includes family/collateral therapy	1.0000	N/A
Unlimited	1.0000	1.0000

Table 4 MH I/P  
Table 119 MH I/P

a. Per Confinement Deductible

Deductible	Annual Limit		
	None Factor	2x Factor	3x Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9849	0.9859	0.9855
\$100	0.9698	0.9719	0.9710
\$150	0.9549	0.9579	0.9567
\$200	0.9401	0.9441	0.9425
\$250	0.9254	0.9303	0.9283
\$300	0.9107	0.9167	0.9142
\$350	0.8962	0.9031	0.9003
\$400	0.8817	0.8896	0.8864
\$450	0.8674	0.8762	0.8726
\$500	0.8531	0.8630	0.8589
\$550	0.8400	0.8507	0.8463
\$600	0.8269	0.8385	0.8337
\$650	0.8139	0.8264	0.8212
\$700	0.8010	0.8143	0.8088
\$750	0.7881	0.8023	0.7965
\$800	0.7753	0.7904	0.7842
\$850	0.7626	0.7785	0.7720
\$900	0.7500	0.7667	0.7599
\$950	0.7374	0.7550	0.7478
\$1,000	0.7249	0.7433	0.7358
\$1,250	0.6636	0.6861	0.6768
\$1,500	0.6040	0.6305	0.6196
\$1,750	0.5439	0.5744	0.5619
\$2,000	0.4838	0.5183	0.5041
Not covered	0.0000	0.0000	0.0000

Table 4 MH I/P  
Table 119 MH I/P

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.8985
\$100	0.8051
\$150	0.7185
\$200	0.6352
\$250	0.5523
\$300	0.4745
\$350	0.4136
\$400	0.3527
\$450	0.2917
\$500	0.2308

Table 4 MH I/P  
Table 119 MH I/P

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0673	1.0559	1.0467	1.0225
\$100	1.1410	1.1161	1.0960	1.0448
\$150	1.2235	1.1829	1.1522	1.0727
\$200	1.3240	1.2677	1.2224	1.1058
\$250	1.4584	1.3789	1.3182	1.1520
\$300	1.6239	1.5147	1.4276	1.2018
\$350	1.7803	1.6362	1.5222	1.2209
\$400	1.9912	1.8022	1.6489	1.2800
\$450	2.2927	2.0384	1.8278	1.3808
\$500	2.7557	2.3949	2.1077	1.5348

Table 4 MH I/P  
Table 119 MH I/P

c. Coinsurance

Coinsurance	Factor
50%	0.4200
55%	0.4655
60%	0.5196
65%	0.5756
70%	0.6302
75%	0.6863
80%	0.7438
85%	0.8028
90%	0.8647
95%	0.9314
100%	1.0000

Table 4 MH I/P  
Table 119 MH I/P

d. Calendar Year Day Maximum

Day Maximum	I/P MH Factor	All I/P MH & I/P SA Combined Factor
14 Days	0.7982	0.7881
30 Days	0.9327	0.9294
45 Days	0.9667	0.9650
60 Days	0.9804	0.9795
90 Days	0.9884	0.9884
30 Days Treatment Facility & 45 Days Hospital Max	0.8539	N/A
30 Days Treatment Facility & 30 Days Hospital Max	N/A	0.9555
UNLTD I/P Alc. Max; 30 Day Other I/P SA and MH Max	N/A	0.9382
120 days/cal yr	0.9954	N/A
30 days per 12 consecutive months, 90 days lifetime max	0.9318	N/A
Non-SMI 30 days cal/yr; SMI unlimited days cal/yr	0.9981	N/A
30 days cal/yr, 90 days per lifetime	0.9657	N/A
30 days per year with 3 emergency crisis intervention visits	0.9332	N/A
35 days/cal yr	N/A	0.9428
40 days/cal yr	0.9604	N/A
Non-SMI 45 days cal/yr; SMI unlimited days cal/yr	0.9990	N/A
45 days/cal yr, 90 days/lifetime	0.9657	N/A
45 days/cal yr for Mental Health & Substance Abuse	0.9650	N/A
50 days/cal yr	0.9761	N/A
Non-SMI 60 days cal/yr; SMI unlimited days cal/yr	0.9999	N/A
3 courses/lifetime	0.8908	N/A
3 episodes/lifetime, IP & OP combined	0.8908	N/A
30 day/night care sessions per cal yr	0.9327	N/A
30 days/plan yr (SMI) unlimited days/plan year	0.9981	N/A
30 days/cal yr; 45 days/cal yr (SMI only)	0.9684	N/A
20 days/cal yr	N/A	0.8649
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9788
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9958
30 days/cal yr combined for MN/SA Hospital, 45 days/cal yr for Alcoholism Treatment Facility	N/A	0.8539
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9810
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9979
45 days/cal yr for Substance Abuse and unlimited days for Mental Health	N/A	0.9916
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9818
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9988
60 days/cal yr for Mental Health & Substance Abuse	N/A	0.9795
60 days/cal yr for Substance Abuse; unlimited days for Mental Health	N/A	0.9951
Unlimited visits/cal yr includes family/collateral therapy	1.0000	N/A
Unlimited	1.0000	1.0000

Table 5 SA Detox I/P

Table 120 SA Detox I/P

a. Per Confinement Deductible

Deductible	Annual Limit		
	None Factor	2x Factor	3x Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9813	0.9858	0.9849
\$100	0.9626	0.9717	0.9700
\$150	0.9442	0.9577	0.9551
\$200	0.9258	0.9439	0.9404
\$250	0.9076	0.9301	0.9258
\$300	0.8895	0.9164	0.9112
\$350	0.8715	0.9028	0.8968
\$400	0.8537	0.8893	0.8825
\$450	0.8360	0.8759	0.8682
\$500	0.8184	0.8626	0.8541
\$550	0.7993	0.8481	0.8388
\$600	0.7804	0.8338	0.8236
\$650	0.7617	0.8197	0.8086
\$700	0.7431	0.8056	0.7937
\$750	0.7248	0.7918	0.7790
\$800	0.7066	0.7780	0.7644
\$850	0.6886	0.7644	0.7499
\$900	0.6708	0.7509	0.7356
\$950	0.6532	0.7376	0.7215
\$1,000	0.6358	0.7244	0.7075
\$1,250	0.5515	0.6606	0.6398
\$1,500	0.4717	0.6003	0.5757
\$1,750	0.4059	0.5505	0.5229
\$2,000	0.3401	0.5007	0.4700
Not covered	0.0000	0.0000	0.0000

Table 5 SA Detox I/P

Table 120 SA Detox I/P

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.8990
\$100	0.8004
\$150	0.6992
\$200	0.6036
\$250	0.5134
\$300	0.4337
\$350	0.3619
\$400	0.2975
\$450	0.2356
\$500	0.1737

Table 5 SA Detox I/P

Table 120 SA Detox I/P

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

copay per day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0602	1.0483	1.0393	1.0177
\$100	1.1332	1.1072	1.0875	1.0402
\$150	1.2326	1.1887	1.1543	1.0685
\$200	1.3542	1.2817	1.2277	1.1012
\$250	1.4992	1.3957	1.3189	1.1397
\$300	1.6678	1.5262	1.4195	1.1760
\$350	1.8734	1.6793	1.5372	1.2227
\$400	2.1308	1.8689	1.6785	1.2834
\$450	2.5084	2.1479	1.9009	1.3787
\$500	3.1619	2.6451	2.3080	1.5707

Table 5 SA Detox I/P

Table 120 SA Detox I/P

c. Coinsurance

Coinsurance	Factor
50%	0.4258
55%	0.4776
60%	0.5311
65%	0.5864
70%	0.6431
75%	0.7016
80%	0.7618
85%	0.8200
90%	0.8788
95%	0.9388
100%	1.0000

Table 5 SA Detox I/P

Table 120 SA Detox I/P

d. Calendar Year Day Maximum

Day Maximum	I/P SA Factor	All I/P MH & I/P SA Combined Factor
7 days per calendar year	0.4766	N/A
14 days	0.6885	0.7881
30 days	0.8300	0.9294
30 days Alc. only	0.7142	N/A
45 days	0.9194	0.9650
60 days	0.9553	0.9795
90 days	0.9934	0.9884
45 days Drug Max & 45 days Alc Max	0.9653	N/A
30 days/cal yr for Drug only, unlimited for Alcohol	0.9662	N/A
3 courses/lifetime	0.7932	N/A
30 days per calendar year includes 5 Detox sessions	0.8300	N/A
Unlimited Days Cal Yr/3 courses of treatment	0.7932	N/A
10 days/cal yr	0.5863	N/A
15 days/cal yr	0.7010	N/A
25 days/cal yr	0.8053	N/A
30 days/cal yr for M/H and Drug Abuse	0.8131	N/A
30 days/cal yr for Mental Health & Substance Abuse	0.9294	N/A
35 days/cal yr	0.8785	N/A
40 days/cal yr	0.8905	N/A
45 days/cal yr for treatment facility max and 90 days per lifetime	0.9247	N/A
45 days/cal yr for S/A Treatment Facility	0.9436	N/A
45 days/cal yr, 90 days/lifetime	0.9010	N/A
50 days/cal yr	0.9288	N/A
60 days/cal yr for treatment facility max and 90 days per lifetime	0.9494	N/A
75 days per calendar year	0.9863	N/A
Unlimited for all Detox and Alcohol Rehab, 20 days per calendar year for Drug Rehab	0.9217	N/A
2 admissions per lifetime	0.5949	N/A
3 days inpatient, 2 confinements per lifetime	0.2975	N/A
3 courses/lifetime	0.7932	N/A
3 episodes/lifetime, IP & OP combined	0.7932	N/A
4 admissions per lifetime	0.8726	N/A
4 confinements per lifetime limited to 7 days per confinement; 90 days lifetime for treatment facility; unlimited for hospital	0.8726	N/A
15 days per calendar year, 30 days per lifetime, not to exceed 3 courses of treatment per lifetime	0.6870	N/A
20 Visits Combined Cal. yr	0.7689	N/A
20 visits/cal yr - Alcohol Only	0.4010	N/A
20 visits/cal yr combined with MH	0.8649	N/A
20 days/cal yr for Mental Health/Substance Abuse	0.8649	N/A
20 visits for Mental Health & Drug; Unlimited for Alcohol	0.8818	N/A
20 days/cal yr for transitional treatment for effective treatment of alcohol/drug abuse, no limit for mental health	0.9676	N/A
22 visits/cal yr	0.7881	N/A
22 visits/cal yr, includes family/collateral therapy	0.7881	N/A
30 day/night care sessions per cal yr	0.8300	N/A
30 days/cal yr - Alcohol Only	0.7142	N/A
30 days/cal yr combined with IP detox	0.8300	N/A
30 days/cal yr combined with IP SA	0.8300	N/A
30 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9662	N/A
30 days/cal yr, 90 day max/lifetime	0.8292	N/A
30 days/12 month period, 90 day max/lifetime	0.8292	N/A

Table 5 SA Detox I/P

Table 120 SA Detox I/P

d. Calendar Year Day Maximum continued

Day Maximum	I/P SA Factor	All I/P MH & I/P SA Combined Factor
30 hour maximum in a 12 month period for Alc/Drug and separate 20 hour maximum in a 12 month period for family counseling	0.8305	N/A
30 visits/cal yr, 120 visits/lifetime	0.8292	N/A
30 visits/cal yr for Mental Health & Substance Abuse	0.9294	N/A
30 visits for Mental Health & Drug; Unlimited for Alcohol	0.9382	N/A
30 days per 180 consecutive day period for Alcohol only, separate 30 days/cal yr Drug Abuse	0.8953	N/A
60 visits/cal yr, 120 visits/lifetime	0.9362	N/A
60 visits/cal yr - 2 Days of Outpat may be substituted for 1 day Inpat	0.9553	N/A
60 Days/Life	0.9314	N/A
90 days/lifetime combined hospital & treatment facility for Alcohol	0.9685	N/A
120 visits/cal yr	1.0000	N/A
120 visits/lifetime	1.0000	N/A
150 days/cal yr	1.0000	N/A
3 occurrences/yr, 7 days/occurrence in a hospital or treatment facility	0.7932	N/A
30 visits/cal yr, 80 visits/lifetime	0.8292	N/A
30 days Treatment Facility Max & 45 days Hospital Max	0.8539	N/A
30 days Treatment Facility Max & 30 days Hospital Max	0.9665	0.9555
No Coverage Treatment Facility Max & 30 days Hospital Max	0.8300	N/A
30 days, Reduced by days in Hosp Treatment Facility Max & 45 days Hospital Max	0.8836	N/A
UNLTD I/P Alc. Max; 30 Day Other I/P SA and MH Max	N/A	0.9382
30 days/12 month period, 90 day max/lifetime	0.9000	N/A
30 days 120 days	0.8292	N/A
45 days 90 days	0.9010	N/A
20 days/cal yr	N/A	0.8649
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9788
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9958
30 days/cal yr combined for MN/SA Hospital, 45 days/cal yr for Alcoholism Treatment Facility	N/A	0.8539
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9810
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9979
45 days/cal yr for Substance Abuse and unlimited days for Mental Health	N/A	0.9916
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9818
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9988
60 days/cal yr for Mental Health & Substance Abuse	N/A	0.9795
60 days/cal yr for Substance Abuse; unlimited days for Mental Health	N/A	0.9951
Unlimited	1.0000	1.0000

Table 5 SA Detox I/P

Table 120 SA Detox I/P

e. Lifetime Maximum - Combined I/P SA Detox and Rehab

	\$15,000	\$25,000	4 admits - 7 day Max per Admit	3 courses of Treatment	90 Days	90 Days Hosp & Treatment Fac. for Alc.	4 admits 7 day max per admit; Hospital unlimited	Unlimited
Coinsurance	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
50%	0.9374	0.9740	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
55%	0.9233	0.9688	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
60%	0.9115	0.9644	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
65%	0.8956	0.9596	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
70%	0.8820	0.9546	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
75%	0.8702	0.9480	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
80%	0.8528	0.9413	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
85%	0.8375	0.9343	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
90%	0.8239	0.9259	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
95%	0.8117	0.9183	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000
100%	0.8007	0.9115	0.8725	0.7932	0.9934	0.9685	0.8725	1.0000

Table 5 SA Detox I/P

Table 120 SA Detox I/P

f. Calendar Year Maximum - Separate Drug and Alcohol

Drug	Alcohol	Factor
45 days	45 days	0.9653
30 days	30 days per 180 days	0.9152

Table 5 SA Detox I/P

Table 120 SA Detox I/P

g. Calendar Year Maximum

Maximum	Coinsurance											
	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%	
	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$3,500 combined with O/P SA	0.5472	0.5199	0.4972	0.4779	0.4615	0.4422	0.4253	0.4105	0.3973	0.3854	0.3748	
\$6,000 combined with O/P SA	0.6912	0.6678	0.6483	0.6238	0.6028	0.5845	0.5686	0.5497	0.5329	0.5179	0.5043	
\$6,000 in treatment facility	0.7415	0.7155	0.6938	0.6662	0.6425	0.6220	0.6041	0.5821	0.5626	0.5451	0.5294	
\$6,000, \$12,000 lifetime in treatment facility	0.7340	0.7083	0.6869	0.6595	0.6361	0.6158	0.5980	0.5763	0.5569	0.5396	0.5241	
\$10,000	0.8834	0.8578	0.8364	0.8183	0.7959	0.7732	0.7534	0.7359	0.7203	0.7064	0.6938	
\$12,000 in treatment facility	0.9170	0.8987	0.8834	0.8617	0.8431	0.8270	0.8129	0.7919	0.7732	0.7565	0.7415	
\$11,350 CYM Combined with O/P, not Reduced for Complications	0.9061	0.8888	0.8681	0.8476	0.8300	0.8148	0.7936	0.7737	0.7560	0.7402	0.7260	
\$12,715 CYM Combined with O/P, Reduced for Complications	0.8763	0.8555	0.8370	0.8195	0.7999	0.7829	0.7681	0.7547	0.7368	0.7209	0.7065	

Table 5 SA Detox I/P

Table 120 SA Detox I/P

h. Combined Annual and Lifetime Maximum

Calendar Year Maximum	Lifetime Maximum	Factor
30 days	120 days	0.8292
45 days	90 days	0.9010

12-Month Maximum	Lifetime Maximum	Factor
30 days	90 days	0.8292

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

a. Per Confinement Deductible

Deductible	Annual Limit		
	None	2x	3x
	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9848	0.9885	0.9878
\$100	0.9697	0.9771	0.9757
\$150	0.9547	0.9657	0.9636
\$200	0.9398	0.9544	0.9516
\$250	0.9250	0.9432	0.9398
\$300	0.9103	0.9321	0.9279
\$350	0.8957	0.9210	0.9162
\$400	0.8811	0.9101	0.9045
\$450	0.8667	0.8992	0.8930
\$500	0.8524	0.8883	0.8815
\$550	0.8365	0.8763	0.8686
\$600	0.8207	0.8643	0.8560
\$650	0.8050	0.8524	0.8434
\$700	0.7895	0.8407	0.8309
\$750	0.7741	0.8291	0.8186
\$800	0.7588	0.8175	0.8063
\$850	0.7437	0.8061	0.7942
\$900	0.7288	0.7948	0.7822
\$950	0.7139	0.7835	0.7702
\$1,000	0.6992	0.7724	0.7584
\$1,250	0.6279	0.7184	0.7011
\$1,500	0.5599	0.6670	0.6466
\$1,750	0.5065	0.6266	0.6036
\$2,000	0.4531	0.5861	0.5607
Not covered	0.0000	0.0000	0.0000

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.9181
\$100	0.8374
\$150	0.7526
\$200	0.6720
\$250	0.5955
\$300	0.5291
\$350	0.4708
\$400	0.4211
\$450	0.3747
\$500	0.3282

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0478	1.0384	1.0313	1.0141
\$100	1.1041	1.0839	1.0685	1.0318
\$150	1.1796	1.1464	1.1201	1.0534
\$200	1.2672	1.2128	1.1721	1.0768
\$250	1.3631	1.2883	1.2326	1.1023
\$300	1.4606	1.3633	1.2893	1.1200
\$350	1.5606	1.4348	1.3422	1.1390
\$400	1.6566	1.5001	1.3857	1.1564
\$450	1.7652	1.5726	1.4429	1.1787
\$500	1.9071	1.6757	1.5310	1.2266

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

c. Coinsurance

Coinsurance	Factor
50%	0.4052
55%	0.4519
60%	0.5043
65%	0.5608
70%	0.6196
75%	0.6807
80%	0.7439
85%	0.8095
90%	0.8718
95%	0.9351
100%	1.0000

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

d. Calendar Year Day Maximum

Maximum	I/P SA Factor	All I/P MH & I/P SA Combined Factor
14 days	0.6885	0.7881
24 days	0.8073	N/A
30 days	0.8300	0.9294
33 days	0.8737	N/A
45 days	0.9194	0.965
45 days Alc. Only	0.7910	N/A
60 days	0.9553	0.9795
90 days	0.9934	0.9884
45 days Drug Max & 45 days Alc Max	0.9653	N/A
30 days/cal yr for Drug only, unlimited for Alcohol	0.9662	N/A
3 courses/lifetime	0.7932	N/A
30 days per calendar year includes 5 Detox sessions	0.8300	N/A
Unlimited Days Cal Yr/3 courses of treatment	0.7932	N/A
10 days/cal yr	0.5863	N/A
15 days/cal yr	0.7010	N/A
25 days/cal yr	0.8053	N/A
30 days/cal yr for M/H and Drug Abuse	0.8131	N/A
30 days/cal yr for Mental Health & Substance Abuse	0.9294	N/A
35 days/cal yr	0.8785	N/A
40 days/cal yr	0.8905	N/A
45 days/cal yr for treatment facility max and 90 days per lifetime	0.9247	N/A
45 days/cal yr for S/A Treatment Facility	0.9436	N/A
45 days/cal yr, 90 days/lifetime	0.9010	N/A
50 days/cal yr	0.9288	N/A
60 days/cal yr for treatment facility max and 90 days per lifetime	0.9494	N/A
75 days per calendar year	0.9863	N/A
Unlimited for all Detox and Alcohol Rehab, 20 days per calendar year for Drug Rehab	0.9217	N/A
2 admissions per lifetime	0.5949	N/A
3 days inpatient, 2 confinements per lifetime	0.2975	N/A
3 courses/lifetime	0.7932	N/A
3 episodes/lifetime, IP & OP combined	0.7932	N/A
4 admissions per lifetime	0.8726	N/A
4 confinements per lifetime limited to 7 days per confinement; 90 days lifetime for treatment facility; unlimited for hospital	0.8726	N/A
15 days per calendar year, 30 days per lifetime, not to exceed 3 courses of treatment per lifetime	0.6870	N/A
20 Visits Combined Cal. yr	0.7689	N/A
20 visits/cal yr - Alcohol Only	0.4010	N/A
20 visits/cal yr combined with MH	0.8649	N/A
20 days/cal yr for Mental Health/Substance Abuse	0.8649	N/A
20 visits for Mental Health & Drug; Unlimited for Alcohol	0.8818	N/A
20 days/cal yr for transitional treatment for effective treatment of alcohol/drug abuse, no limit for mental health	0.9676	N/A
22 visits/cal yr	0.7881	N/A
22 visits/cal yr, includes family/collateral therapy	0.7881	N/A
30 day/night care sessions per cal yr	0.8300	N/A
30 days/cal yr - Alcohol Only	0.7142	N/A
30 days/cal yr combined with IP detox	0.8300	N/A
30 days/cal yr combined with IP SA	0.8300	N/A
30 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9662	N/A

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

e. Lifetime Maximum - Combined I/P SA Detox and Rehab

Coinsurance	\$15,000 LTM	\$25,000 LTM	3 courses of Treatment	90 Days	90 Days Hosp & Treatment Fac. for Alc.	Unlimited
	Factor	Factor	Factor	Factor	Factor	Factor
50%	0.9374	0.9740	0.7932	0.9934	0.9685	1.0000
55%	0.9233	0.9688	0.7932	0.9934	0.9685	1.0000
60%	0.9115	0.9644	0.7932	0.9934	0.9685	1.0000
65%	0.8956	0.9596	0.7932	0.9934	0.9685	1.0000
70%	0.8820	0.9546	0.7932	0.9934	0.9685	1.0000
75%	0.8702	0.9480	0.7932	0.9934	0.9685	1.0000
80%	0.8528	0.9413	0.7932	0.9934	0.9685	1.0000
85%	0.8375	0.9343	0.7932	0.9934	0.9685	1.0000
90%	0.8239	0.9259	0.7932	0.9934	0.9685	1.0000
95%	0.8117	0.9183	0.7932	0.9934	0.9685	1.0000
100%	0.8007	0.9115	0.7932	0.9934	0.9685	1.0000

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

d. Calendar Year Day Maximum continued

Maximum	I/P SA Factor	All I/P MH & I/P SA Combined Factor
30 days/cal yr, 90 day max/lifetime	0.8292	N/A
30 days/12 month period, 90 day max/lifetime	0.8292	N/A
30 hour maximum in a 12 month period for Alc/Drug and separate 20 hour maximum in a 12 month period for family counseling	0.8305	N/A
30 visits/cal yr, 120 visits/lifetime	0.8292	N/A
30 visits/cal yr for Mental Health & Substance Abuse	0.9294	N/A
30 visits for Mental Health & Drug; Unlimited for Alcohol	0.9382	N/A
30 days per 180 consecutive day period for Alcohol only, separate 30 days/cal yr Drug Abuse	0.8953	N/A
60 visits/cal yr, 120 visits/lifetime	0.9362	N/A
60 visits/cal yr - 2 Days of Outpat may be substituted for 1 day Inpat	0.9553	N/A
60 Days/Life	0.9314	N/A
90 days/lifetime combined hospital & treatment facility for Alcohol	0.9685	N/A
120 visits/cal yr	1.0000	N/A
120 visits/lifetime	1.0000	N/A
150 days/cal yr	1.0000	N/A
3 occurrences/yr, 7 days/occurrence in a hospital or treatment facility	0.7932	N/A
30 visits/cal yr, 80 visits/lifetime	0.8292	N/A
30 days Treatment Facility Max & 45 days Hospital Max	0.8539	N/A
30 days Treatment Facility Max & 30 days Hospital Max	0.9665	0.9555
No Coverage Treatment Facility Max & 30 days Hospital Max	0.8300	N/A
30 days, Reduced by days in Hosp Treatment Facility Max & 45 days Hospital Max	0.8836	N/A
UNLTD I/P Alc. Max; 30 Day Other I/P SA and MH Max	N/A	0.9382
20 days/cal yr	N/A	0.8649
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9788
MH non-SMI 30 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9958
30 days/cal yr combined for MN/SA Hospital, 45 days/cal yr for Alcoholism Treatment Facility	N/A	0.8539
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9810
MH non-SMI 45 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9979
45 days/cal yr for Substance Abuse and unlimited days for Mental Health	N/A	0.9916
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA 30 days cal/yr	N/A	0.9818
MH non-SMI 60 days cal/yr; SMI unlimited days cal/yr. SA unlimited days cal/yr	N/A	0.9988
60 days/cal yr for Mental Health & Substance Abuse	N/A	0.9795
60 days/cal yr for Substance Abuse; unlimited days for Mental Health	N/A	0.9951
Unlimited	1.0000	1.0000

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

f. Calendar Year Maximum - Separate Drug and Alcohol

Drug Maximums	Alcohol Maximums	Factor
30 days	Unlimited	0.9662
45 days	45 days	0.9653
30 days	30 days per 180 days	0.9152



Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

g. Calendar Year Maximum

Maximum	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
\$3,500 combined with O/P SA	0.5472	0.5199	0.4972	0.4779	0.4615	0.4422	0.4253	0.4105	0.3973	0.3854	0.3748
\$6,000 combined with O/P SA	0.6912	0.6678	0.6483	0.6238	0.6028	0.5845	0.5686	0.5497	0.5329	0.5179	0.5043
\$6,000 in treatment facility	0.7415	0.7155	0.6938	0.6662	0.6425	0.6220	0.6041	0.5821	0.5626	0.5451	0.5294
\$6,000, \$12,000 lifetime in treatment facility	0.7340	0.7083	0.6869	0.6595	0.6361	0.6158	0.5980	0.5763	0.5569	0.5396	0.5241
\$10,000	0.8834	0.8578	0.8364	0.8183	0.7959	0.7732	0.7534	0.7359	0.7203	0.7064	0.6938
\$11,350 Combined with O/P, not Reduced for Complications	0.9061	0.8888	0.8681	0.8476	0.8300	0.8148	0.7936	0.7737	0.7560	0.7402	0.7260
\$12,000 in treatment facility	0.9170	0.8987	0.8834	0.8617	0.8431	0.8270	0.8129	0.7919	0.7732	0.7565	0.7415
\$12,715 Combined with O/P, not Reduced for Complications	0.8763	0.8555	0.8370	0.8195	0.7999	0.7829	0.7681	0.7547	0.7368	0.7209	0.7065
\$15,000 combined with O/P SA, no Detox	0.9637	0.9560	0.9441	0.9384	0.9246	0.9126	0.9126	0.8970	0.8832	0.8708	0.8597
\$250	0.0631	0.0574	0.0526	0.0486	0.0451	0.0421	0.0395	0.0372	0.0351	0.0333	0.0316
\$500	0.1248	0.1137	0.1043	0.0964	0.0897	0.0837	0.0786	0.0740	0.0700	0.0663	0.0631
\$500 for alcohol	0.0687	0.0625	0.0574	0.0530	0.0493	0.0461	0.0432	0.0407	0.0385	0.0365	0.0347
\$550/cal yr combined inpatient/outpatient	0.1578	0.1462	0.1359	0.1271	0.1196	0.1130	0.1068	0.1014	0.0966	0.0923	0.0884
\$750 for treatment of Alcoholism in a Hospital or Treatment Facility	0.1848	0.1686	0.1551	0.1435	0.1335	0.1248	0.1171	0.1104	0.1043	0.0989	0.0941
\$1,000	0.2128	0.1953	0.1806	0.1682	0.1572	0.1475	0.1389	0.1312	0.1242	0.1181	0.1125
\$10,000 for Hospital and Treatment Facility	0.8834	0.8578	0.8364	0.8183	0.7959	0.7732	0.7534	0.7359	0.7203	0.7064	0.6938
\$1,500	0.3384	0.3135	0.2928	0.2731	0.2563	0.2417	0.2275	0.2149	0.2038	0.1938	0.1848
\$2,000	0.4125	0.3881	0.3654	0.3446	0.3254	0.3080	0.2928	0.2778	0.2644	0.2524	0.2417
\$2,000 for Drug Abuse	0.1856	0.1746	0.1644	0.1551	0.1464	0.1386	0.1318	0.1250	0.1190	0.1136	0.1088
\$2,500	0.4796	0.4491	0.4236	0.4021	0.3837	0.3654	0.3485	0.3330	0.3181	0.3048	0.2928
\$2,500 per calendar year. Separate \$10,000 maximum for Treatment Facility.	0.8834	0.8578	0.8364	0.8183	0.7959	0.7732	0.7534	0.7359	0.7203	0.7064	0.6938
\$3,500	0.5792	0.5475	0.5211	0.4987	0.4796	0.4572	0.4376	0.4204	0.4050	0.3913	0.3789
\$3,557 cal yr max for treatment facility expenses. Max is combined with inpatient treatment facility expenses.	0.5848	0.5526	0.5258	0.5031	0.4836	0.4623	0.4424	0.4249	0.4093	0.3953	0.3827
\$3557 cal yr max for treatment facility expenses. Max is combined with outpatient treatment facility expenses.	0.5848	0.5526	0.5258	0.5031	0.4836	0.4623	0.4424	0.4249	0.4093	0.3953	0.3827
\$3,671; maximum is combined with inpatient treatment facility expenses	0.5618	0.5332	0.5094	0.4892	0.4719	0.4554	0.4377	0.4221	0.4082	0.3958	0.3847
\$3,671; maximum is combined with outpatient treatment facility expenses	0.5618	0.5332	0.5094	0.4892	0.4719	0.4554	0.4377	0.4221	0.4082	0.3958	0.3847
\$4,375/cal yr combined for Substance Abuse	0.6489	0.6204	0.5937	0.5658	0.5418	0.5211	0.5029	0.4869	0.4702	0.4531	0.4376
\$4,500	0.6579	0.6285	0.6041	0.5753	0.5507	0.5294	0.5107	0.4942	0.4796	0.4619	0.4460
\$5,000	0.6359	0.6047	0.5787	0.5566	0.5331	0.5106	0.4909	0.4735	0.4581	0.4442	0.4318
\$5000 Adult MH separate \$5000 Adult SA and \$7500 Child MH separate \$7500 Child SA	0.7936	0.7721	0.7500	0.7312	0.7152	0.6930	0.6735	0.6564	0.6411	0.6275	0.6152
\$6,000	0.7415	0.7155	0.6938	0.6662	0.6425	0.6220	0.6041	0.5821	0.5626	0.5451	0.5294
\$8,000	0.8270	0.8021	0.7732	0.7488	0.7278	0.7097	0.6938	0.6727	0.6539	0.6371	0.6220
\$8,000 annual/\$16,000 lifetime max for Inpatient and Outpatient Combined	0.7619	0.7383	0.7126	0.6908	0.6722	0.6560	0.6418	0.6233	0.6068	0.5920	0.5787
\$9,000	0.8552	0.8321	0.8129	0.7854	0.7619	0.7415	0.7236	0.7078	0.6938	0.6749	0.6579
\$10,000/cal yr - for Alcoholism only	0.4859	0.4718	0.4600	0.4501	0.4377	0.4253	0.4143	0.4047	0.3962	0.3885	0.3816
\$5,000 per member	0.6938	0.6612	0.6340	0.6110	0.5863	0.5626	0.5418	0.5235	0.5072	0.4927	0.4796
\$12,500 per calendar year for inpatient and outpatient combined	0.8735	0.8518	0.8336	0.8148	0.7956	0.7789	0.7643	0.7492	0.7317	0.7160	0.7019
\$12,715 combined in & outpatient Cal Yr Max for treatment facility and hospital expenses.	0.8763	0.8555	0.8370	0.8195	0.7999	0.7829	0.7681	0.7547	0.7368	0.7209	0.7065
\$15,000 combined in & out-patient cal yr max for Alcoholism & Drug Abuse; including Treatment Facility, Hosp Expenses, Family Counseling & Therapy.	0.9062	0.8884	0.8735	0.8551	0.8393	0.8256	0.8081	0.7927	0.7789	0.7666	0.7556
\$15,000/per cal yr - Detox expenses does not apply toward the cal yr max	0.9637	0.9560	0.9441	0.9384	0.9246	0.9126	0.9126	0.8970	0.8832	0.8708	0.8597
\$15,000 combined in & out-patient cal yr max for Alcoholism & Drug Abuse; including Treatment Facility, Hosp Expenses, Family Counseling & Therapy. Detox expenses do not apply to this CALYRMAX.	0.9296	0.9200	0.9051	0.8987	0.8829	0.8692	0.8692	0.8538	0.8400	0.8277	0.8167
\$25,000	0.9889	0.9835	0.9791	0.9743	0.9691	0.9624	0.9557	0.9486	0.9400	0.9323	0.9254
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 6 SA Rehab I/P

Table 121 SA Rehab I/P

h. Combined Calendar Year and Lifetime Maximums

Calendar Year Maximum	Lifetime Maximum	Factor
30 days	120 days	0.8292
45 days	90 days	0.9010

Table 7 Maternity I/P

Table 122 Maternity I/P

a. Per Confinement Deductible

Deductible	Annual Limit		
	None Factor	2x Factor	3x Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9888	0.9889	0.9888
\$100	0.9776	0.9778	0.9776
\$150	0.9665	0.9668	0.9666
\$200	0.9555	0.9558	0.9555
\$250	0.9445	0.9450	0.9446
\$300	0.9322	0.9328	0.9323
\$350	0.9200	0.9206	0.9201
\$400	0.9078	0.9086	0.9079
\$450	0.8958	0.8966	0.8959
\$500	0.8838	0.8848	0.8839
\$550	0.8719	0.8730	0.8721
\$600	0.8600	0.8612	0.8602
\$650	0.8483	0.8496	0.8485
\$700	0.8366	0.8380	0.8369
\$750	0.8251	0.8265	0.8253
\$800	0.8136	0.8151	0.8138
\$850	0.8021	0.8038	0.8024
\$900	0.7908	0.7926	0.7911
\$950	0.7795	0.7814	0.7798
\$1,000	0.7683	0.7703	0.7687
\$1,250	0.7286	0.7309	0.7290
\$1,500	0.6896	0.6922	0.6900
\$1,750	0.6517	0.6546	0.6521
\$2,000	0.6137	0.6170	0.6143

Table 7 Maternity I/P

Table 122 Maternity I/P

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.9651
\$100	0.9290
\$150	0.8911
\$200	0.8539
\$250	0.8176
\$300	0.7842
\$350	0.7531
\$400	0.7283
\$450	0.7038
\$500	0.6795

Table 7 Maternity I/P

Table 122 Maternity I/P

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0085	1.0060	1.0048	1.0029
\$100	1.0193	1.0138	1.0111	1.0066
\$150	1.0302	1.0211	1.0171	1.0101
\$200	1.0413	1.0288	1.0233	1.0137
\$250	1.0529	1.0369	1.0298	1.0176
\$300	1.0621	1.0424	1.0343	1.0196
\$350	1.0713	1.0471	1.0393	1.0185
\$400	1.0695	1.0454	1.0367	1.0216
\$450	1.0749	1.0522	1.0422	1.0249
\$500	1.0853	1.0595	1.0480	1.0283

Table 7 Maternity I/P

Table 122 Maternity I/P

c. Coinsurance

Coinsurance	Factor
50%	0.4248
55%	0.4673
60%	0.5098
65%	0.5523
70%	0.5948
75%	0.6448
80%	0.6997
85%	0.7562
90%	0.8334
95%	0.9183
100%	1.0000

Table 8 Skilled Nursing Facility

Table 123 Skilled Nursing Facility

a. Per Confinement Deductible

Deductible	Annual Limit		
	None Factor	2x Factor	3x Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9938	0.9942	0.9940
\$100	0.9877	0.9885	0.9880
\$150	0.9815	0.9827	0.9820
\$200	0.9754	0.9770	0.9760
\$250	0.9693	0.9712	0.9700
\$300	0.9632	0.9655	0.9640
\$350	0.9571	0.9598	0.9581
\$400	0.9510	0.9541	0.9522
\$450	0.9449	0.9484	0.9462
\$500	0.9388	0.9428	0.9403
\$550	0.9289	0.9334	0.9306
\$600	0.9189	0.9241	0.9208
\$650	0.9089	0.9148	0.9111
\$700	0.8990	0.9055	0.9014
\$750	0.8891	0.8962	0.8918
\$800	0.8792	0.8870	0.8821
\$850	0.8694	0.8777	0.8725
\$900	0.8595	0.8685	0.8629
\$950	0.8497	0.8593	0.8533
\$1,000	0.8399	0.8502	0.8438
\$1,250	0.7913	0.8046	0.7963
\$1,500	0.7431	0.7596	0.7493
\$1,750	0.6958	0.7153	0.7031
\$2,000	0.6485	0.6710	0.6569

Table 8 Skilled Nursing Facility

Table 123 Skilled Nursing Facility

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.8846
\$100	0.7343
\$150	0.6373
\$200	0.6106
\$250	0.5845
\$300	0.5590
\$350	0.5412
\$400	0.5298
\$450	0.5184
\$500	0.5070

Table 8 Skilled Nursing Facility

Table 123 Skilled Nursing Facility

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

copay per day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.1111	1.1054	1.1002	1.0798
\$100	1.3151	1.3016	1.2891	1.2159
\$150	1.4886	1.4605	1.4251	1.2884
\$200	1.5184	1.4657	1.4169	1.2290
\$250	1.5387	1.4703	1.4072	1.1650
\$300	1.5596	1.4744	1.3958	1.1480
\$350	1.5661	1.4584	1.3645	1.1623
\$400	1.5424	1.4242	1.3156	1.1636
\$450	1.5241	1.3892	1.2654	1.1651
\$500	1.5052	1.3530	1.2668	1.1669

Table 8 Skilled Nursing Facility

Table 123 Skilled Nursing Facility

c. Coinsurance

Coinsurance	Factor
50%	0.3105
55%	0.3415
60%	0.3740
65%	0.4131
70%	0.4534
75%	0.4949
80%	0.5376
85%	0.6044
90%	0.7386
95%	0.8838
100%	1.0000

Table 8 Skilled Nursing Facility

Table 123 Skilled Nursing Facility

d. Maximum Days

Maximum	Factor
30 days/cal yr	0.6732
45 days/cal yr	0.7644
60 days/cal yr	0.8232
90 days/cal yr	0.8851
100 days/cal yr	0.8968
120 days/cal yr	0.9136
150 days/cal yr	0.9328
180 days/cal yr	0.9475
200 days/cal yr	0.9562
240 days/cal yr	0.9695
120 visits/lifetime	0.8953
350 Days Lifetime Max	0.9763
730 Days Lifetime Max	0.9990
Unlimited	1.0000

Table 9 Hospice I/P

Table 124 Hospice I/P

	Factor
All limits	1.0000

Table 10 Transplants  
Table 125 Transplants

a. Per Confinement Deductible

Table with columns: Deductible, Annual Limit (None, 2x, 3x). Rows range from \$0 to \$2,000.

Table 10 Transplants  
Table 125 Transplants

b. Deduct Per Day

Table with columns: Copay Per Day, Factor. Rows range from \$50 to \$500.

Table 10 Transplants  
Table 125 Transplants

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Table with columns: Copay Per Day, 3 days Factor, 4 days Factor, 5 days Factor, 10 days Factor. Rows range from \$50 to \$500.

Table 10 Transplants  
Table 125 Transplants

c. Coinsurance

Table with columns: Coinsurance, Factor. Rows range from 50% to 100%.

Table 10 Transplants  
Table 125 Transplants

d. Dollar Max / Coinsurance

Includes Travel and Lodging

Table with columns: Benefit Option, No Coverage Factor, Maximum (\$10,000 to Unlimited) Factor. Rows range from 50% to 100%.

Excludes Travel and Lodging

Table with columns: Benefit Option, No Coverage Factor, Maximum (\$10,000 to Unlimited) Factor. Rows range from 50% to 100%.

Table 10 Transplants  
Table 125 Transplants

e. Benefit Limit/Maximum

Large table with columns: Annual and Per Procedure Dollar Max, Per Lifetime Dollar Max, and Benefit Limit/Maximum (50% to 100%). Rows range from \$10,000 to \$1,000,000.

Table 11 Bariatric Surgery

Table 126 Bariatric Surgery

a. Per Confinement Deductible

Deductible	Annual Limit		
	None	2x	3x
	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000
\$50	0.9943	0.9943	0.9943
\$100	0.9887	0.9887	0.9887
\$150	0.9830	0.9830	0.9830
\$200	0.9774	0.9774	0.9774
\$250	0.9718	0.9718	0.9718
\$300	0.9662	0.9662	0.9662
\$350	0.9606	0.9606	0.9606
\$400	0.9550	0.9550	0.9550
\$450	0.9495	0.9495	0.9495
\$500	0.9439	0.9439	0.9439
\$550	0.9398	0.9398	0.9398
\$600	0.9356	0.9356	0.9356
\$650	0.9315	0.9315	0.9315
\$700	0.9273	0.9273	0.9273
\$750	0.9232	0.9232	0.9232
\$800	0.9190	0.9190	0.9190
\$850	0.9149	0.9149	0.9149
\$900	0.9108	0.9108	0.9108
\$950	0.9067	0.9067	0.9067
\$1,000	0.9026	0.9026	0.9026
\$1,250	0.8822	0.8822	0.8822
\$1,500	0.8621	0.8621	0.8621
\$1,750	0.8422	0.8422	0.8422
\$2,000	0.8223	0.8223	0.8223
Not covered	0.0000	0.0000	0.0000

Table 11 Bariatric Surgery

Table 126 Bariatric Surgery

b. Deduct Per Day

Copay Per Day	Factor
\$50	0.9836
\$100	0.9673
\$150	0.9511
\$200	0.9373
\$250	0.9252
\$300	0.9133
\$350	0.9014
\$400	0.8895
\$450	0.8778
\$500	0.8661

Table 11 Bariatric Surgery

Table 126 Bariatric Surgery

b1. Deduct Per Day/Day Maximum (Adjustment to the b. Per Day Copay factors)

Copay Per Day	3 days Factor	4 days Factor	5 days Factor	10 days Factor
\$50	1.0041	1.0029	1.0024	1.0014
\$100	1.0082	1.0059	1.0049	1.0028
\$150	1.0124	1.0089	1.0074	1.0043
\$200	1.0144	1.0097	1.0076	1.0044
\$250	1.0159	1.0114	1.0095	1.0055
\$300	1.0192	1.0138	1.0115	1.0066
\$350	1.0226	1.0163	1.0135	1.0078
\$400	1.0261	1.0188	1.0160	1.0090
\$450	1.0301	1.0212	1.0176	1.0102
\$500	1.0331	1.0238	1.0197	1.0114

Table 11 Bariatric Surgery

Table 126 Bariatric Surgery

c. Coinsurance

Coinsurance	Factor
50%	0.4486
55%	0.4934
60%	0.5383
65%	0.5831
70%	0.6280
75%	0.6794
80%	0.7322
85%	0.7859
90%	0.8453
95%	0.9145
100%	1.0000

Table 11 Bariatric Surgery

Table 126 Bariatric Surgery

d. Maximum Benefit

Maximum	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
\$10,000 per procedure	0.8189	0.7775	0.7430	0.7138	0.6802	0.6470	0.6180	0.5908	0.5635	0.5392	0.5173
\$10,000 per calendar year	0.8189	0.7775	0.7430	0.7138	0.6802	0.6470	0.6180	0.5908	0.5635	0.5392	0.5173
\$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
N/A	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 12 Surgery (SPU)

Table 127 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
\$35	0.9729
\$40	0.9690
\$45	0.9651
\$50	0.9613
\$55	0.9574
\$60	0.9536
\$65	0.9497
\$70	0.9459
\$75	0.9421
\$100	0.9229
\$150	0.8726
\$200	0.8235
\$250	0.7757
\$300	0.7292
\$400	0.6400
\$500	0.5560

Table 12 Surgery (SPU)

Table 127 Surgery (SPU)

b. Coinsurance

Coinsurance	Factor
50%	0.4127
55%	0.4604
60%	0.5148
65%	0.5715
70%	0.6303
75%	0.6912
80%	0.7542
85%	0.8193
90%	0.8866
95%	0.9444
100%	1.0000

Table 13 Surg - Freestanding facility

Table 128 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
\$35	0.9670
\$40	0.9623
\$45	0.9576
\$50	0.9530
\$55	0.9483
\$60	0.9436
\$65	0.9389
\$70	0.9343
\$75	0.9296
\$100	0.9064
\$150	0.8482
\$200	0.7917
\$250	0.7367
\$300	0.6833
\$400	0.5814
\$500	0.4858

Table 13 Surg - Freestanding facility

Table 128 Surg - Freestanding facility

b. Coinsurance

Coinsurance	Factor
50%	0.4289
55%	0.4812
60%	0.5351
65%	0.5907
70%	0.6480
75%	0.7070
80%	0.7677
85%	0.8301
90%	0.8915
95%	0.9455
100%	1.0000

Table 14 Bariatric O/P  
Table 129 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
\$35	0.9872
\$40	0.9854
\$45	0.9835
\$50	0.9817
\$55	0.9799
\$60	0.9780
\$65	0.9762
\$70	0.9744
\$75	0.9726
\$100	0.9634
\$150	0.9451
\$200	0.9268
\$250	0.9086
\$300	0.8903
\$400	0.8537
\$500	0.8172
Not Covered	0.0000

Table 14 Bariatric O/P  
Table 129 Bariatric O/P

b. Coinsurance

Coinsurance	Factor
50%	0.4986
55%	0.5486
60%	0.5987
65%	0.6487
70%	0.6988
75%	0.7489
80%	0.7991
85%	0.8493
90%	0.8995
95%	0.9497
100%	1.0000

Table 14 Bariatric O/P  
Table 129 Bariatric O/P

c. Maximum Benefit

	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
Maximum											
\$10,000 per procedure	0.8189	0.7775	0.7430	0.7138	0.6802	0.6470	0.6180	0.5908	0.5635	0.5392	0.5173
\$10,000 per calendar year	0.8189	0.7775	0.7430	0.7138	0.6802	0.6470	0.6180	0.5908	0.5635	0.5392	0.5173
\$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
N/A	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 15 Hospice O/P  
Table 130 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  
Table 130 Hospice O/P

b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 15 Hospice O/P  
Table 130 Hospice O/P

c. Calendar Year Maximum

	Coinsurance											
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor	
Dollar Maximum												
60 days/cal yr	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	
120 days/cal yr	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	
\$1,000 per calendar year for inpatient and outpatient combined	0.3160	0.2935	0.2747	0.2588	0.2438	0.2300	0.2180	0.2075	0.1980	0.1896	0.1820	
\$2,000/cal yr	0.5016	0.4749	0.4507	0.429	0.4089	0.3908	0.375	0.3591	0.345	0.3324	0.3211	
\$3,000/cal yr	0.6106	0.5843	0.5624	0.5402	0.5199	0.5016	0.4832	0.4670	0.4507	0.4358	0.4225	
\$5,000/cal yr	0.7382	0.7150	0.6933	0.6738	0.6551	0.6369	0.6205	0.6049	0.5892	0.5751	0.5624	
\$5,000 per year for inpatient and outpatient combined	0.7381	0.7145	0.6926	0.6731	0.6543	0.6359	0.6191	0.6033	0.5871	0.5727	0.5597	
\$7,500/cal yr	0.8278	0.8074	0.7905	0.7704	0.7532	0.7382	0.7223	0.7073	0.6933	0.6803	0.6676	
\$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	0.8660	0.8477	0.8313	0.8144	0.7994	0.7843	0.7684	0.7544	0.7419	0.7286	0.7162	
\$10,000/cal yr	0.8820	0.8642	0.8476	0.8323	0.8171	0.8029	0.7905	0.7751	0.7615	0.7492	0.7382	
\$10,000 per calendar year for inpatient and outpatient combined	0.8820	0.8641	0.8475	0.8322	0.8170	0.8028	0.7904	0.7750	0.7613	0.7491	0.7381	
\$15,000/cal yr	0.9463	0.9313	0.9188	0.9046	0.8925	0.8820	0.8697	0.8589	0.8476	0.8371	0.8278	
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	

Table 15 Hospice O/P  
Table 130 Hospice O/P

d. Respite Care

Option	Factor
Include Respite Care	1.0100
Include Respite Care and Bereavement Separate from I/P	1.0120
Exclude	1.0000

Table 15 Hospice O/P  
Table 130 Hospice O/P

f. Combined Maximums

Options	Factor
Combined with Hospice I/P	1.0000
I/P and O/P Separate	1.0000
Option 2 - Inpat and Outpat Separate, Includes Bereavement Counseling and Respite Care	1.0120

Table 15 Hospice O/P

Table 130 Hospice O/P

e. Day Maximum

Maximum	Factor
180 days excluding Bereavement	0.9566
180 days/lifetime, including bereavement counseling - 5 visit max.	0.9585
Unlimited, includes Respite Care for 14 days/cal yr, Family and Bereavement Counseling. Bereavement Counseling for family limited to 5 months or 15 visits after patients death, whichever occurs first	1.0100
30 Days/Lifetime	0.6229
60 day/night care sessions	0.7721
60 days per lifetime for inpatient and outpatient combined	0.7396
80 days per calendar year for inpatient and outpatient combined including Bereavement Counseling up to \$200 per incident	0.8328
90 Days/Life	0.8247
100 days per calendar year for inpatient and outpatient combined including Bereavement Counseling up to \$200 per incident	0.8759
100 visits per lifetime	0.8397
120 Days/Visits for Inpatient and Outpatient Combined Including 12 Bereavement Counseling Visits at \$25 per visit for up to 6 months following death	0.9078
120 days per calendar year for inpatient and outpatient combined including Bereavement Counseling up to \$500 per calendar year	0.9078
120 visits/lifetime	0.8679
120 Days/Visits per Lifetime for Inpatient and Outpatient Combined	0.8679
180 days per year for inpatient and outpatient combined	0.9566
180 days per lifetime for inpatient and outpatient combined	0.9566
180 day lifetime maximum plus 5 bereavement counseling visits	0.9585
180 days/lifetime, excludes bereavement counseling	0.9566

Table 15 Hospice O/P

Table 130 Hospice O/P

e. Day Maximum continued

Maximum	Factor
180 days/lifetime, including bereavement counseling - 5 visit max.	0.9585
6 months/cal yr	0.9566
6 months/lifetime	0.9164
210 days/cal yr	0.9684
210 Days/Visits per Calendar Year for Inpatient and Outpatient Combined	0.9684
210 Days/Visits per Calendar Year for Inpatient and Outpatient Combined Including 5 Bereavement Counseling Visits	0.9703
210 days per lifetime	0.9282
210 Days/Visits per Lifetime for Inpatient and Outpatient Combined	0.9282
210 Days/Visits per Lifetime for Inpatient and Outpatient Combined Including 5 Bereavement Counseling Visits	0.9300
225 days per lifetime for inpatient and outpatient combined with a 60 day limit on inpatient. Includes Bereavement and Family Counseling	0.9744
\$300 lifetime max for Bereavement Counseling	1.0020
360 Days/Visits per Lifetime for Inpatient and Outpatient Combined	1.0000
Unlimited, includes Respite Care	1.0100
Unlimited, includes bereavement counseling and respite care	1.0120
Unlimited, includes Bereavement Counseling during the 12 months following death for up to 6 visits per family at a maximum of \$50 per visit	1.0120
Unlimited, includes Bereavement Counseling up to \$500 per calendar year	1.0020
365 days per year for inpatient and outpatient combined	1.0000
365 Days Lifetime Max	1.0000
Unlimited	1.0000

Table 15 Hospice O/P

Table 130 Hospice O/P

g. Hospice O/P Lifetime Maximums

Maximum	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
\$1,000/lifetime	0.8450	0.8279	0.8120	0.7974	0.7828	0.7692	0.7573	0.7426	0.7295	0.7178	0.7072
\$1,150 maximum during 12 month period following death for Bereavement Counseling	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020
\$1,500/lifetime	0.4047	0.3799	0.3592	0.3394	0.3223	0.3076	0.2926	0.2794	0.2676	0.2571	0.2476
\$1,500 Lifetime includes bereavement counseling and respite care.	0.4096	0.3845	0.3636	0.3434	0.3262	0.3113	0.2961	0.2827	0.2708	0.2602	0.2506
\$1,500 Lifetime for Hospice, \$100/family lifetime for Bereavement Counseling, \$500/family lifetime for Family Counseling	0.4055	0.3807	0.3600	0.3400	0.3230	0.3082	0.2932	0.2799	0.2681	0.2576	0.2481
\$2,000/lifetime	0.4805	0.4549	0.4318	0.4110	0.3917	0.3744	0.3592	0.3440	0.3305	0.3185	0.3076
\$3,000/lifetime	0.5850	0.5598	0.5388	0.5176	0.4980	0.4805	0.4629	0.4474	0.4318	0.4175	0.4047
\$3,500/lifetime	0.6227	0.5987	0.5773	0.5565	0.5388	0.5204	0.5035	0.4877	0.4727	0.4583	0.4453
\$5,000 Lifetime includes bereavement counseling and respite care.	0.7471	0.7235	0.7016	0.6819	0.6629	0.6446	0.6279	0.6122	0.5963	0.5820	0.5692
\$5,000/lifetime	0.7072	0.6849	0.6641	0.6455	0.6275	0.6102	0.5944	0.5795	0.5644	0.5509	0.5388
\$5,000 per lifetime for inpatient and outpatient combined	0.7071	0.6845	0.6635	0.6448	0.6269	0.6092	0.5931	0.5779	0.5625	0.5486	0.5362
\$7,400 per lifetime for Inpatient and Outpatient Combined	0.7900	0.7708	0.7538	0.7348	0.7185	0.7038	0.6885	0.6738	0.6605	0.6478	0.6355
\$7,500 lifetime	0.7930	0.7735	0.7573	0.7380	0.7215	0.7072	0.6919	0.6776	0.6641	0.6517	0.6395
\$7,500 per lifetime for Inpatient and Outpatient Combined	0.7929	0.7734	0.7572	0.7379	0.7214	0.7071	0.6916	0.6771	0.6635	0.6511	0.6389
\$9,100 per benefit period of 3 months of continuous care, includes respite care, 3 benefit periods per lifetime. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.8747	0.8562	0.8396	0.8225	0.8074	0.7921	0.7761	0.7619	0.7493	0.7359	0.7233
\$9,100 per benefit period of 3 months of continuous care. 3 benefit periods per lifetime. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.8660	0.8477	0.8313	0.8144	0.7994	0.7843	0.7684	0.7544	0.7419	0.7286	0.7162
\$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	0.8660	0.8477	0.8313	0.8144	0.7994	0.7843	0.7684	0.7544	0.7419	0.7286	0.7162
\$10,000/lifetime	0.8450	0.8279	0.8120	0.7974	0.7828	0.7692	0.7573	0.7426	0.7295	0.7178	0.7072
\$10000 Lifetime includes bereavement counseling and respite care.	0.8551	0.8378	0.8217	0.8069	0.7922	0.7784	0.7664	0.7515	0.7382	0.7264	0.7157
\$10000 lifetime (combined Inpat & Outpat)	0.8449	0.8278	0.8119	0.7973	0.7827	0.7691	0.7572	0.7424	0.7293	0.7176	0.7071
\$10,000 per lifetime for Inpatient and Outpatient Combined plus a separate \$300 lifetime maximum for Bereavement Counseling	0.8466	0.8295	0.8135	0.7989	0.7843	0.7706	0.7587	0.7439	0.7308	0.7191	0.7085
\$10,000 per lifetime for Inpatient and Outpatient Combined plus \$750 for bereavement and respite care for the immediate family	0.8551	0.8377	0.8216	0.8069	0.7921	0.7783	0.7663	0.7514	0.7381	0.7263	0.7156
\$10,000/lifetime, separate \$1,077 for bereavement counseling during 3 mos period following death	0.8467	0.8295	0.8136	0.7990	0.7843	0.7707	0.7588	0.7440	0.7309	0.7192	0.7087
\$10,000 Lifetime for Hospice, \$1,150 for Bereavement Counseling and Respite Care	0.8551	0.8378	0.8217	0.8069	0.7922	0.7784	0.7664	0.7515	0.7382	0.7264	0.7157
\$12,000/lifetime	0.8732	0.8578	0.8450	0.8305	0.8174	0.8044	0.7930	0.7804	0.7692	0.7591	0.7473
\$12,500 per lifetime for Inpatient and Outpatient Combined	0.8802	0.8641	0.8508	0.8377	0.8247	0.8119	0.8000	0.7887	0.7770	0.7666	0.7572
\$15,000/lifetime	0.9066	0.8922	0.8802	0.8667	0.8550	0.8450	0.8332	0.8228	0.8120	0.8020	0.7930
\$15,000 per lifetime for Inpatient and Outpatient Combined	0.9066	0.8922	0.8802	0.8666	0.8550	0.8449	0.8332	0.8228	0.8119	0.8019	0.7929
\$15,000 per benefit period of 3 months of continuous care, 3 benefit periods per lifetime for inpatient and outpatient combined. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.9482	0.9331	0.9206	0.9064	0.8943	0.8837	0.8714	0.8605	0.8492	0.8387	0.8293
\$20,000/lifetime	0.9391	0.9297	0.9197	0.9096	0.8991	0.8890	0.8802	0.8698	0.8606	0.8524	0.8450
\$25,000 per Lifetime for Inpatient and Outpatient Combined	0.9514	0.9462	0.9413	0.9351	0.9281	0.9197	0.9115	0.9035	0.8948	0.8871	0.8802
\$27,300 per lifetime for inpatient and outpatient combined. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.9539	0.9529	0.9481	0.9436	0.9384	0.9317	0.9246	0.9167	0.9097	0.9017	0.8941
\$50,000 per Lifetime for Inpatient and Outpatient Combined	0.9580	0.9568	0.9558	0.9549	0.9542	0.9536	0.9530	0.9525	0.9521	0.9517	0.9514
Unlimited per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 16 Other Facility O/P

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 17 Other Rehab O/P

Copay	Factor
\$0	1.0000
\$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

Coinsurance	Factor
50%	0.3852
55%	0.4364
60%	0.4898
65%	0.5455
70%	0.6036
75%	0.6639
80%	0.7265
85%	0.7915
90%	0.8587
95%	0.9282
100%	1.0000

Table 18 Physical Therapy O/P

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 18 Physical Therapy O/P

Coinsurance	Factor
50%	0.4689
55%	0.5192
60%	0.5701
65%	0.6217
70%	0.6739
75%	0.7267
80%	0.7801
85%	0.8341
90%	0.8888
95%	0.9441
100%	1.0000

Table 18 Physical Therapy O/P  
 Table 133 Physical Therapy O/P  
 c. Maximum Visits

	PT Only Factor	PT/OT/ST Combined Factor	PT/OT/ST /Chiro Comb. Factor	PT/OT Combined Factor	PT/OT /Chiro Comb. Factor
Maximum					
10 visits	N/A	N/A	N/A	0.4465	N/A
12 visits	0.5125	N/A	N/A	0.5074	N/A
20 visits	0.7121	0.7001	0.6754	0.7091	0.6741
22 visits	0.7305	N/A	N/A	N/A	N/A
24 visits	0.7512	N/A	N/A	N/A	N/A
25 visits	0.7593	0.7493	0.7229	0.7568	0.7218
30 visits	0.8087	0.8007	0.7727	0.8067	0.7718
40 visits	0.8624	0.8567	0.8283	0.8610	N/A
45 visits	0.8686	N/A	N/A	N/A	N/A
50 visits	0.8727	N/A	N/A	0.8714	N/A
60 visits	0.8914	0.8869	0.8617	0.8903	0.8611
90 visits	0.9579	0.9561	0.9335	0.9574	N/A
100 visits	0.9682	0.9668	0.9450	0.9678	N/A
120 visits	N/A	N/A	N/A	0.9842	N/A
Visits covered over 60 consecutive day period	N/A	0.8248	0.8014	N/A	N/A
15 visits combined maximum between Short Term Rehabilitation and Spinal Manipulation	N/A	N/A	0.5569	N/A	N/A
20 visits, additional 20 visits for Pervasive Developmental Delays and Autism	0.7512	0.7043	N/A	0.7091	N/A
20 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.7043	0.6779	N/A	N/A
20 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	N/A	N/A	0.7164	N/A
20 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.7183	N/A	N/A	N/A
25 visit, additional 20 visits for Pervasive Developmental Delays and Autism	0.7512	0.7526	N/A	0.7568	N/A
25 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.7526	0.7249	N/A	N/A
25 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	N/A	N/A	0.7621	N/A
25 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.7632	N/A	N/A	N/A
30 visits, additional 20 visits for Pervasive Developmental Delays and Autism	0.7512	0.8034	N/A	0.8067	N/A
30 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.8034	0.7743	N/A	N/A
30 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	N/A	N/A	0.8098	N/A
30 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.8110	N/A	N/A	N/A
60 visits, additional 20 visits for Pervasive Developmental Delays and Autism	0.7512	0.8877	N/A	0.8903	N/A
60 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.8877	0.8622	N/A	N/A
60 visits/cal yr addl 20 visits/cal yr for Speech Therapy for dep child under age 6 to treat congenital defect or birth abnormality other than cleft lip/palate w/o regard to whether therapy will result in approved speech	N/A	0.8893	0.8629	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	0.8914	N/A	0.8925	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.8914	N/A	N/A	N/A
90 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.9565	0.9338	N/A	N/A
90 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	NA	N/A	0.9583	N/A
90 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.9580	N/A	N/A	N/A
Unlimited covers services rendered by speech occupational and physical therapist for developmental and maintenance therapy under direction of a physician	N/A	1.0000	N/A	N/A	N/A
Unlimited for Children under age 19	0.1500	0.1500	N/A	N/A	N/A
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000



Table 19 Occupational Therapy O/P  
 Table 134 Occupational Therapy O/P  
 a. Copay

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 19 Occupational Therapy O/F  
 Table 134 Occupational Therapy O/P  
 b. Coinsurance

Coinsurance	Factor
50%	0.4380
55%	0.4886
60%	0.5404
65%	0.5935
70%	0.6479
75%	0.7035
80%	0.7603
85%	0.8184
90%	0.8777
95%	0.9382
100%	1.0000

Table 19 Occupational Therapy O/P  
 Table 134 Occupational Therapy O/P  
 c. Maximum Visits

	OT Only Factor	PT/OT/ST Combined Factor	PT/OT/ST /Chiro Comb. Factor	PT/OT Combined Factor	PT/OT /Chiro Comb. Factor
Maximum					
10 visits	N/A	N/A	N/A	0.4465	N/A
12 visits	0.8029	N/A	N/A	0.5074	N/A
20 visits	0.8722	0.7001	0.6754	0.7091	0.6741
24 visits	0.8972	N/A	N/A	N/A	N/A
25 visits	0.8991	0.7493	0.7229	0.7568	0.7218
30 visits	0.9158	0.8007	0.7727	0.8067	0.7718
40 visits	N/A	0.8567	0.8283	0.8610	N/A
50 visits	0.9484	N/A	N/A	0.8714	N/A
60 visits	0.9565	0.8869	0.8617	0.8903	0.8611
90 visits	0.9800	0.9561	0.9335	0.9574	N/A
100 visits	0.9832	0.9668	0.9450	0.9678	N/A
120 visits	N/A	N/A	N/A	0.9842	N/A
Visits covered over 60 consecutive day period	N/A	0.8248	0.8014	N/A	N/A
15 visits combined maximum between Short Term Rehabilitation and Spinal Manipulation	N/A	N/A	0.5569	N/A	N/A
20 visits, additional 20 visits for Pervasive Developmental Delays and Autism	N/A	0.7043	N/A	0.7091	N/A
20 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.7043	0.6779	N/A	N/A
20 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	N/A	N/A	0.7164	N/A
20 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.7183	N/A	N/A	N/A
25 visit, additional 20 visits for Pervasive Developmental Delays and Autism	N/A	0.7526	N/A	0.7568	N/A
25 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.7526	0.7249	N/A	N/A
25 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	N/A	N/A	0.7621	N/A
25 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.7632	N/A	N/A	N/A
30 visits, additional 20 visits for Pervasive Developmental Delays and Autism	N/A	0.8034	N/A	0.8067	N/A
30 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.8034	0.7743	N/A	N/A
30 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	N/A	N/A	0.8098	N/A
30 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.8110	N/A	N/A	N/A
60 visits, additional 20 visits for Pervasive Developmental Delays and Autism	N/A	0.8877	N/A	0.8903	N/A
60 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.8877	0.8622	N/A	N/A
60 visits/cal yr addl 20 visits/cal yr for Speech Therapy for dep child under age 6 to treat congenital defect or birth abnormality other than cleft lip/palate w/o regard to whether therapy will result in approved speech	N/A	0.8893	0.8629	N/A	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	0.8914	N/A	0.8925	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.8914	N/A	N/A	N/A
90 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	N/A	0.9565	0.9338	N/A	N/A
90 visits per year. Additional 20 separate PT, 20 separate OT for child age 3 to age 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily functions	N/A	NA	N/A	0.9583	N/A
90 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.9580	N/A	N/A	N/A
Unlimited covers services rendered by speech occupational and physical therapist for developmental and maintenance therapy under direction of a physician	N/A	1.0000	N/A	N/A	N/A
Unlimited for Children under age 19	1.0000	0.1500	N/A	N/A	N/A
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000

Table 20 Speech Therapy O/P  
 Table 135 Speech Therapy O/P  
 a. Copay

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 20 Speech Therapy O/P  
 Table 135 Speech Therapy O/P  
 b. Coinsurance

Coinsurance	Factor
50%	0.4181
55%	0.4689
60%	0.5214
65%	0.5755
70%	0.6312
75%	0.6886
80%	0.7476
85%	0.8082
90%	0.8705
95%	0.9344
100%	1.0000

Table 20 Speech Therapy O/P

Table 135 Speech Therapy O/P

c. Maximum Visits

Maximum	ST Only Factor	PT/OT/ST Combined Factor	PT/OT/ST /Chiro Comb. Factor
5 visits	0.2326	N/A	N/A
10 visits	0.3720	N/A	N/A
12 visits	0.4172	N/A	N/A
20 visits	0.5596	0.7001	0.6754
25 visits	0.6259	0.7493	0.7229
30 visits	0.6791	0.8007	0.7727
40 visits	N/A	0.8567	0.8283
45 visits	0.7584	N/A	N/A
50 visits	0.7885	N/A	N/A
52 visits	0.8143	N/A	N/A
60 visits	0.8558	0.8869	0.8617
90 visits	0.9246	0.9561	0.9335
100 visits	0.9388	0.9668	0.9450
130 visits	0.9611	N/A	N/A
180 visits	0.9777	N/A	N/A
Visits covered over 60 consecutive day period	N/A	0.8248	0.8014
15 visits combined maximum between Short Term Rehabilitation and Spinal Manipulation	N/A	N/A	0.5569
20 visits, additional 20 visits for Pervasive Developmental Delays and Autism	0.5952	0.7043	N/A
20 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.5952	0.7043	0.6779
20 visits per year. Additional 20 separate ST 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	0.6590	N/A	N/A
20 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.7183	N/A
25 visit, additional 20 visits for Pervasive Developmental Delays and Autism	0.6550	0.7526	N/A
25 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.6550	0.7526	0.7249
25 visits per year. Additional 20 separate ST 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	0.7072	N/A	N/A
25 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.7632	N/A
30 visits, additional 20 visits for Pervasive Developmental Delays and Autism	0.7033	0.8034	N/A
30 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.7033	0.8034	0.7743
30 visits per year. Additional 20 separate ST 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	0.7467	N/A	N/A
30 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.8110	N/A
60 visits, additional 20 visits for Pervasive Developmental Delays and Autism	0.8649	0.8877	N/A
60 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.8649	0.8877	0.8622
60 visits/cal yr addl 20 visits/cal yr for Speech Therapy for dep child under age 6 to treat congenital defect or birth abnormality other than cleft lip/palate w/o regard to whether therapy will result in approved speech	0.8812	0.8893	0.8629
60 visits per year. Additional 20 separate ST 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	0.8812	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	N/A	0.8914	N/A
60 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.8914	N/A
90 visits per cal yr, addl 20 visits per cal yr for dep children between ages 3 and 6 for congenital defect or birth abnormality, other than cleft lip/palate w/out regard to improvement of bodily function	0.9286	0.9565	0.9338
90 visits per year. Additional 20 separate ST 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	0.9358	NA	N/A
90 visits per year. Additional 20 separate PT, 20 separate OT, 20 separate ST 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 functions	N/A	0.9580	N/A
20 visits/cal yr, child under age 5 for congenital defect/birth abnormality, other than cleft lip/cleft palate w/out regard to speech improvement	0.2798	N/A	N/A
Unlimited covers services rendered by speech occupational and physical therapist for developmental and maintenance therapy under direction of a physician	1.0000	N/A	N/A
Unlimited, services rendered by a physician, audiologist, or speech pathologist for diagnostic/rehabilitative services & developmental delays. Excludes speaking aids, & training in usage.	1.0000	N/A	N/A
Unlimited/Covers treatment for developmental/maintenance therapy	1.0000	N/A	N/A
Unlimited /Covers developmental/maintenance therapy referred by physician	1.0000	N/A	N/A
Covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000	N/A	N/A
Unlimited /Covers diagnostic/rehabilitative services & develop delay. Excludes speaking aids & training in usage.	1.0000	N/A	N/A
Unlimited for Children under age 19	N/A	0.1500	N/A
Unlimited	1.0000	1.0000	1.0000

Table 20 Speech Therapy O/P  
Table 135 Speech Therapy O/P  
d. Cleft Lip Coverage

Option	Factor
Include	1.1200
Include up to 18 years of age	1.1200
Covers child to age 18 for the treatment of Oral Congenital Defects	1.1200
Covers child for the treatment of Oral Congenital Defects with no age or frequency limitations	1.1200
Covers child to age 26 for the treatment of oral congenital defects	1.1200
Exclude	1.0000

Table 20 Speech Therapy O/P  
Table 135 Speech Therapy O/P  
e. 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  
Table 136 Chiro/Subluxation  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 136 Chiro/Subluxation  
b. Coinsurance

Coinsurance	Factor
50%	0.4657
55%	0.5161
60%	0.5671
65%	0.6188
70%	0.6712
75%	0.7243
80%	0.7781
85%	0.8325
90%	0.8877
95%	0.9435
100%	1.0000

Table 21 Chiro/Subluxation  
Table 136 Chiro/Subluxation  
c. Maximum Visits

Maximum	Chiro Only	PT/OT/ST /Chiro Comb.	PT/OT /Chiro Comb.
	Factor	Factor	Factor
5 visits	0.3900	N/A	N/A
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
22 visits	0.8324	N/A	N/A
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	0.8283	N/A
45 visits	0.9512	N/A	N/A
50 visits	0.9569	N/A	N/A
52 visits	0.9585	N/A	N/A
60 visits	0.9632	0.8617	0.8611
90 visits	0.9738	0.9335	N/A
100 visits	0.9794	0.9450	N/A
120 visits	0.9797	N/A	N/A
130 visits	0.9848	N/A	N/A
15 visits combined maximum between Short Term Rehabilitation and Spinal Manipulation	N/A	0.5569	N/A
Visits covered over 60 consecutive day period	N/A	0.8014	N/A
60 visits/cal yr addl 20 visits/cal yr for Speech Therapy for dep child under age 6 to treat congenital defect or birth abnormality other than cleft lip/palate w/o regard to whether therapy will result in approved speech	N/A	0.8629	N/A
Unlimited	1.0000	1.0000	1.0000

Table 21 Chiro/Subluxation  
Table 136 Chiro/Subluxation  
d. Dollar Maximum

Coinsurance	\$500	\$1,000	Unlimited
	Factor	Factor	Factor
50%	0.5981	0.7930	1.0000
55%	0.5690	0.7683	1.0000
60%	0.5423	0.7451	1.0000
65%	0.5180	0.7237	1.0000
70%	0.4960	0.7027	1.0000
75%	0.4753	0.6832	1.0000
80%	0.4566	0.6647	1.0000
85%	0.4394	0.6468	1.0000
90%	0.4229	0.6298	1.0000
95%	0.4081	0.6133	1.0000
100%	0.3947	0.5981	1.0000

Table 22 Diagnostic X-ray Hosp O/P  
Table 137 Diagnostic X-ray Hosp O/P  
a. Copay

Copay	Factor
\$0	1.0000
\$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
\$100	0.8441
\$150	0.7599
\$200	0.6748
\$250	0.5933
\$300	0.5155

Table 22 Diagnostic X-ray Hosp O/P  
Table 137 Diagnostic X-ray Hosp O/P  
b. Coinsurance

Coinsurance	Factor
50%	0.4798
55%	0.5312
60%	0.5831
65%	0.6357
70%	0.6890
75%	0.7428
80%	0.7972
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 23 Diagnostic X-ray Non-Hosp O/P  
Table 138 Diagnostic X-ray Non-Hosp O/P  
a. Copay

Copay	Factor
\$0	1.0000
\$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
\$100	0.3576
\$150	0.0460
\$200	0.0000
\$250	0.0000
\$300	0.0000

Table 23 Diagnostic X-ray Non-Hosp O/P  
Table 138 Diagnostic X-ray Non-Hosp O/P  
b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 24 Diagnostic X-ray NF

Table 139 Diagnostic X-ray NF

a. Copay

Copay	Factor
\$0	1.0000
\$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
\$100	0.8028
\$150	0.6993
\$200	0.5963
\$250	0.4980
\$300	0.4044

Table 24 Diagnostic X-ray NF

Table 139 Diagnostic X-ray NF

b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

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

Table 140 Diag. X-ray-Complex Imaging Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$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
\$225	0.8137
\$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

Table 140 Diag. X-ray-Complex Imaging Hosp O/P

b. Coinsurance

Coinsurance	Factor
50%	0.3873
55%	0.4405
60%	0.4963
65%	0.5547
70%	0.6157
75%	0.6794
80%	0.7457
85%	0.8145
90%	0.8813
95%	0.9500
100%	1.0000

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

Table 141 Diag. X-ray-Compl Imag Non-Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$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
\$225	0.5444
\$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

Table 141 Diag. X-ray-Compl Imag Non-Hosp O/P

b. Coinsurance

Coinsurance	Factor
50%	0.4813
55%	0.5327
60%	0.5846
65%	0.6371
70%	0.6903
75%	0.7439
80%	0.7982
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 27 Diag. X-ray-Complex Imaging NF

Table 142 Diag. X-ray-Complex Imaging NF

a. Copay

Copay	Factor
\$0	1.0000
\$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
\$225	0.7117
\$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

Table 142 Diag. X-ray-Complex Imaging NF

b. Coinsurance

Coinsurance	Factor
50%	0.4820
55%	0.5333
60%	0.5852
65%	0.6377
70%	0.6908
75%	0.7444
80%	0.7986
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 28 Diagnostic Lab Hosp O/P

Table 143 Diagnostic Lab Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$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
\$100	0.9818

Table 28 Diagnostic Lab Hosp O/P

Table 143 Diagnostic Lab Hosp O/P

b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 29 Diagnostic Lab Non-Hosp O/P

Table 144 Diagnostic Lab Non-Hosp O/P

a. Copay

Copay	Factor
\$0	1.0000
\$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
\$100	0.9498

Table 29 Diagnostic Lab Non-Hosp O/P

Table 144 Diagnostic Lab Non-Hosp O/P

b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 30 Diagnostic Lab NF  
Table 145 Diagnostic Lab NF

a. Copay	
Copay	Factor
\$0	1.0000
\$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
\$100	0.9320

Table 30 Diagnostic Lab NF  
Table 145 Diagnostic Lab NF

b. Coinsurance	
Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 31 Diagnostic Phys Other  
Table 146 Diagnostic Phys Other

a. Copay	
Copay	Factor
\$0	1.0000
\$5	0.9904
\$10	0.9808
\$15	0.9711
\$20	0.9615
\$25	0.9519
\$30	0.9423
\$35	0.9326
\$40	0.9230
\$45	0.9134
\$50	0.9038
\$55	0.8942
\$60	0.8846
\$65	0.8750
\$70	0.8654
\$75	0.8558
\$100	0.7904
\$150	0.6812
\$200	0.5727
\$250	0.4694
\$300	0.3711

Table 31 Diagnostic Phys Other  
Table 146 Diagnostic Phys Other

b. Coinsurance	
Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 32 Diagnostic OP facility other  
Table 147 Diagnostic OP facility other

a. Copay	
Copay	Factor
\$0	1.0000
\$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	0.9379
\$60	0.9323
\$65	0.9267
\$70	0.9211
\$75	0.9155
\$100	0.8683
\$150	0.7954
\$200	0.7208
\$250	0.6492
\$300	0.5806

Table 32 Diagnostic OP facility other  
Table 147 Diagnostic OP facility other

b. Coinsurance	
Coinsurance	Factor
50%	0.4575
55%	0.5100
60%	0.5637
65%	0.6186
70%	0.6738
75%	0.7293
80%	0.7857
85%	0.8431
90%	0.9000
95%	0.9500
100%	1.0000

Table 33 Ambulance  
Table 148 Ambulance

a. Copay	
Copay	Factor
\$0	1.0000
\$5	0.9912
\$10	0.9824
\$15	0.9736
\$20	0.9649
\$25	0.9561
\$30	0.9473
\$35	0.9386
\$40	0.9298
\$45	0.9211
\$50	0.9124
\$55	0.8999
\$60	0.8875
\$65	0.8751
\$75	0.8503
\$85	0.8255
\$90	0.8132
\$95	0.8008
\$100	0.7885
\$110	0.7638
\$115	0.7515
\$120	0.7392
\$125	0.7269
\$130	0.7146
\$135	0.7024
\$140	0.6901
\$145	0.6778
\$150	0.6656
\$175	0.6229
\$200	0.5804

Table 33 Ambulance  
Table 148 Ambulance

b. Coinsurance	
Coinsurance	Factor
50%	0.3106
55%	0.3682
60%	0.4307
65%	0.4764
70%	0.5481
75%	0.6132
80%	0.6892
85%	0.7696
90%	0.8452
95%	0.9211
100%	1.0000

Table s 34 ER O/P & 36 UC O/P  
 Table s 149 ER O/P & 151 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
5%	1.0000	0.9952	0.9900	0.9786	0.9699	0.9581	0.9530	0.9471	0.9410	0.9212	0.9159
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
35%	1.0198	1.0142	1.0085	1.0005	0.9898	0.9802	0.9713	0.9665	0.9589	0.9485	0.9384
40%	1.0285	1.0150	1.0094	1.0037	0.9954	0.9848	0.9750	0.9665	0.9617	0.9537	0.9435
45%	1.0360	1.0228	1.0102	1.0045	0.9991	0.9902	0.9799	0.9698	0.9617	0.9569	0.9485
50%	1.0369	1.0313	1.0172	1.0054	0.9998	0.9943	0.9850	0.9749	0.9646	0.9569	0.9521







Table 41 Specialist  
Table 156 Specialist  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 156 Specialist  
b. Coinsurance

Coinsurance	Factor
50%	0.3297
55%	0.3815
60%	0.4366
65%	0.4951
70%	0.5570
75%	0.6223
80%	0.6910
85%	0.7632
90%	0.8387
95%	0.9177
100%	1.0000

Table 41 Specialist  
Table 156 Specialist  
c. Acupuncture - Additional Adjustment

Option	Factor
Include	1.0300
Include with \$500 CYM	1.0150
Exclude	1.0000
12 visits per calendar year	1.0140
Unlimited	1.0300

Table 42 E-visits Specialist  
Table 157 E-visits Specialist  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 157 E-visits Specialist  
b. Coinsurance

Coinsurance	Factor
50%	0.3918
55%	0.4422
60%	0.4949
65%	0.5498
70%	0.6068
75%	0.6665
80%	0.7283
85%	0.7924
90%	0.8591
95%	0.9283
100%	1.0000

Table 43 Office Based Surgery  
Table 158 Office Based Surgery  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 158 Office Based Surgery  
b. Coinsurance

Coinsurance	Factor
50%	0.4531
55%	0.5020
60%	0.5541
65%	0.6087
70%	0.6646
75%	0.7209
80%	0.7752
85%	0.8302
90%	0.8860
95%	0.9426
100%	1.0000

Table 44 PCP - Inpatient  
Table 159 PCP - Inpatient

Coinsurance	Factor
50%	0.4623
55%	0.5127
60%	0.5638
65%	0.6157
70%	0.6683
75%	0.7217
80%	0.7759
85%	0.8308
90%	0.8864
95%	0.9428
100%	1.0000

Table 45 Specialist - Inpatient  
Table 160 Specialist - Inpatient

Coinsurance	Factor
50%	0.4282
55%	0.4710
60%	0.5138
65%	0.5566
70%	0.6090
75%	0.6688
80%	0.7307
85%	0.7948
90%	0.8610
95%	0.9294
100%	1.0000

Table 46 Maternity NF  
Table 161 Maternity NF

Copay	Factor
\$0	1.0000
\$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  
Table 161 Maternity NF

Coinsurance	Factor
50%	0.4736
55%	0.5210
60%	0.5683
65%	0.6157
70%	0.6631
75%	0.7104
80%	0.7578
85%	0.8052
90%	0.8525
95%	0.9223
100%	1.0000

Table 47 Prenatal  
Table 162 Prenatal

Copay	Factor
\$0	1.0000
\$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  
Table 162 Prenatal

Coinsurance	Factor
50%	0.4736
55%	0.5210
60%	0.5683
65%	0.6157
70%	0.6631
75%	0.7104
80%	0.7578
85%	0.8052
90%	0.8525
95%	0.9223
100%	1.0000

Table 47 Prenatal  
Table 162 Prenatal

Coinsurance	Breast & Lactation	Breast Pump	Lactation Counseling	Not Covered
50%	1.2950	1.1380	1.1380	1.0000
55%	1.2665	1.1254	1.1254	1.0000
60%	1.2432	1.1150	1.1150	1.0000
65%	1.2235	1.1061	1.1061	1.0000
70%	1.2067	1.0985	1.0985	1.0000
75%	1.1925	1.0920	1.0920	1.0000
80%	1.1798	1.0862	1.0862	1.0000
85%	1.1688	1.0811	1.0811	1.0000
90%	1.1591	1.0766	1.0766	1.0000
95%	1.1505	1.0726	1.0726	1.0000
100%	1.1449	1.0700	1.0700	1.0000

Table 48 Surgery NF  
Table 163 Surgery NF

Coinsurance	Factor
50%	0.4433
55%	0.4876
60%	0.5320
65%	0.5763
70%	0.6206
75%	0.6650
80%	0.7194
85%	0.7816
90%	0.8598
95%	0.9296
100%	1.0000

Table 49 Bariatric - physician  
Table 164 Bariatric - physician

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not covered	0.0000

Table 49 Bariatric - physician  
Table 164 Bariatric - physician

Maximum Benefit	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%
\$10,000 per procedure	0.8189	0.7775	0.7430	0.7138	0.6802	0.6470	0.6180	0.5908	0.5635	0.5392	0.5173
\$10,000 per calendar year	0.8189	0.7775	0.7430	0.7138	0.6802	0.6470	0.6180	0.5908	0.5635	0.5392	0.5173
\$1,000,000 per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
N/A	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 50 Allergy Testing - NF  
Table 165 Allergy Testing - NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 165 Allergy Testing - NF  
b. Coinsurance

Coinsurance	Factor
50%	0.4257
55%	0.4682
60%	0.5177
65%	0.5761
70%	0.6368
75%	0.6959
80%	0.7548
85%	0.8152
90%	0.8766
95%	0.9377
100%	1.0000

Table 51 Allergy Trmt/Serum -NF  
Table 166 Allergy Trmt/Serum -NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 166 Allergy Trmt/Serum -NF  
b. Coinsurance

Coinsurance	Factor
50%	0.4512
55%	0.5017
60%	0.5532
65%	0.6056
70%	0.6590
75%	0.7134
80%	0.7688
85%	0.8251
90%	0.8824
95%	0.9407
100%	1.0000
Not Covered	0.0000

Table 52 Oral Surgery NF  
Table 167 Oral Surgery NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 167 Oral Surgery NF  
b. Coinsurance

Coinsurance	Factor
50%	0.4517
55%	0.4969
60%	0.5420
65%	0.5872
70%	0.6324
75%	0.6780
80%	0.7334
85%	0.7901
90%	0.8541
95%	0.9258
100%	1.0000

Table 52 Oral Surgery NF  
Table 167 Oral Surgery NF  
c. Option

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

Table 53 Routine Physical - Adult  
Table 168 Routine Physical - Adult  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 168 Routine Physical - Adult  
b. Coinsurance

Coinsurance	Factor
50%	0.3975
55%	0.4483
60%	0.5010
65%	0.5576
70%	0.6168
75%	0.6783
80%	0.7422
85%	0.8076
90%	0.8700
95%	0.9342
100%	1.0000

Table 53 Routine Physical - Adult  
Table 168 Routine Physical - Adult  
c. Coverage Limit

Coverage Limit	Adult Factor
No Age or Frequency Limitations Apply	1.1800
1/12 Months	1.0000
1 exam every 365 days	1.0000
1/24 Months	0.8200
1 exam per 36 months	0.5500
1 exam per calendar year Age 50+	0.3800
Age 18 & Older - 1 exam every 24 mths - \$200 Max, Age 65 & older	
1 exam every 12 mths - \$200 max	0.8200
Age 18 & Older - 1 exam every 24 months - \$300 maximum. Age 65 & older - 1 exam every 12 months - \$300 maximum	0.8200
Age 19 & Older - 1 exam every 24 mths - \$300 Max, Age 65 & older - 1 exam every 12 mths - \$300 max, Includes Immun.	0.8200
Age 19 & Older - 1 exam every 24 mths, Age 65 & older - 1 exam every 12 months	0.8200
Age 19 & Older - 1 exam every 24 mths, Age 65 & older - 1 exam every 12 months, Includes Immun.	0.8200
1 exam every 24 months up to age 65, 1 exam every 12 months age 65 and older	0.0000
Age 21 to age 65, 1 exam every 24 months, age 65 & over, 1 exam every 12 months	0.8200
1 exam every 24 months up to age 65, 1 exam every 12 months age 65 and older, includes immunizations, Includes coverage for employment related exams	0.8200
Adult to Age 65: 1 per 24 mths, +65: 1 visit per 12 mths	0.8200
1 exam every 12 months age 18 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older	0.8300
1 exam every 12 months age 19 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older	0.8300
1 exam 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
1 exam every 12 months age 21 to 22, 1 exam every 24 months age 22 to 65, 1 exam every 12 months age 65 and older	0.8300
Age 19 & Older - 1 exam every 12 mths, Age 65 & older - 1 exam every 12 months, Includes Immun.	1.0000
Age 19 & older, 1 exam per calendar year	1.0000
1 exam per 60 months ages 19-34, 1 exam per 24 months ages 35-59, 1 exam per 12 months ages 60 and over	0.6900

Table 53 Routine Physical - Adult  
Table 168 Routine Physical - Adult  
d. Dollar Max

Dollar Maximum	With Immunization Factor
\$75	0.5902
\$100	0.7374
\$125	0.8428
\$200	0.9609
\$250	0.9800
\$300	0.9879
Unlimited	1.0000

Table 54 Immunization - Adult  
Table 169 Immunization - Adult  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 169 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  
Table 169 Immunization - Adult  
b. Coinsurance

Coinsurance	Factor
50%	0.3975
55%	0.4483
60%	0.5010
65%	0.5576
70%	0.6168
75%	0.6783
80%	0.7422
85%	0.8076
90%	0.8700
95%	0.9342
100%	1.0000

Table 54 Immunization - Adult  
Table 169 Immunization - Adult  
c. Dollar Maximum

Dollar Maximum	With Immunization Factor
\$75	0.5902
\$100	0.7374
\$125	0.8428
\$200	0.9609
\$250	0.9800
\$300	0.9879
Unlimited	1.0000

Table 55 Routine Physical - Child  
 Table 170 Routine Physical - Child  
 a. Copay

Copay	Factor
\$0	1.0000
\$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  
 Table 170 Routine Physical - Child  
 b. Coinsurance

Coinsurance	Factor
50%	0.3991
55%	0.4473
60%	0.5004
65%	0.5556
70%	0.6129
75%	0.6722
80%	0.7336
85%	0.7971
90%	0.8627
95%	0.9303
100%	1.0000

Table 55 Routine Physical - Child  
 Table 170 Routine Physical - Child  
 c. Dollar Maximum

Dollar Maximum	With Child Immunization Factor
\$75	0.3073
\$100	0.3923
\$125	0.4592
\$200	0.5913
\$250	0.6487
\$300	0.6927
Unlimited	1.0000

Table 55 Routine Physical - Child

Table 170 Routine Physical - Child

## d. Limiting Age

Benefit Descriptions	Factor
10 exams until age 3	0.4167
10 exams 1st 36 months	0.4167
For Well Child care expenses and immunizations to age 3 whether or not given in conjunction with an office visit.	0.5625
6 exams 1st 12 months 2 exams 13-24 months 1 exam per year thereafter until age 6	0.5417
6 exams 1st 12 months, 3 exams 13-24 months, 1 exam per year thereafter until age 6	0.5833
9 exams 1st 12 months, 1 exam per 12 months thereafter to age 6	0.6250
9 exams 1st 24 months, 1 exam per year thereafter to age 6.	0.5833
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter to age 7.	0.5833
9 exams 1st 24 months, 1 exam per 12 months thereafter to age 7	0.6250
6 exams 1st 12 months subject to \$500 cal yr max, 3 exams 13th - 24 months, 1 exam per year thereafter until age 8 subject to \$150 CYM	0.6667
Child exams covered at Birth and 1, 2, 4, 6, 9, and 12 months subject to \$500 CYM. Child exams at 15, 18, and 24 months as well as at 3, 4, 5, 6, and 8 years subject to \$150 CYM.	0.6250
\$500 maximum birth to age 1. \$150 calendar year maximum ages 1 year to 9 years.	0.8542
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per yr thereafter to age 6. Age 6 - 12, 1 exam per 24 months	0.6458
6 exams first 12 months, 2 exams 13th - 24 months, 1 exam every 12 months thereafter up to age 13	0.8333
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per 12 months to age 6, 1 exam per 24 months to age 13.	0.6875
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per year thereafter to age 17	0.9583
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 18	0.9583
6 exams first 12 months, 2 exams 13th-24th months, 1 exam per year thereafter to age 18. Includes immunizations and metabolic and sickle cell testing	0.9583
6 exams 1st 12 months, 3 exams 13-24 months, 1 exam per year thereafter until age 18	1.0000
7 exams first 12 months 2 exams 13-24th months 1 exam per year thereafter until age 18	1.0000
7 exams in the 1st 12 months 2 exams 13th - 24th months of life 1 exam per year thereafter until age 18 includes immunizations for child to age 19	1.0208
7 exams first 12 months 3 exams 13-24th months 1 exam per year thereafter until age 18	1.0417
9 exams 1st 12 months, 1 exam per 12 months thereafter to age 18	1.0417
10 exams 1st 36 months, 1 exam per year thereafter until age 18	1.0000
Unlimited to age 12, 3 visits per year age 12-18	1.1458
Child to age 8 - Covers 10 exams, Child age 8 to 18 - 1 exam per 12 months	0.7917
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per yr thereafter until age 19. Covered at Medicaid reimbursement amounts.	0.9792
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam/yr thereafter to age 19, includes blood lead level screening for children to age 6	0.9792
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 19	0.9792
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter, includes immunizations for child to age 19.	0.9792
6 exams 1st 12 months, 3 exams 13-24 months, 1 exam per year thereafter until age 19. Covered at Medicaid Reimbursement Amounts for child to age 19.	1.0208
7 exams in the 1st 12 months of life 2 exams 13th - 24th months 1 exam per 12 months thereafter to age 19 Includes Imms covered at Medicaid Reimbursement Amount For Child to age 19	1.0208
Child to age 19 - 7 exams in the 1st 12 months of life 2 exams in the 13th 24th months of life 1 exam per 12 months thereafter	1.0208
Unlimited exams to age 12, 3 exams from age 12 to 18.	1.0625
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam/yr thereafter to age 20, includes metabolic & sickle cell testing	1.0000
Unlimited exams for child to age 12 3 exams per yr child age 12-21	1.1875
1 Exam Per Calendar Year	0.7083
1 exam every 365 days	0.7083
1 exam per year age 2 to age 18	0.6250
6 exams 1st 12 months 2 exams 13-24 months 1 exam per year thereafter until age 6	0.5833
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per 12 months to age 6, 1 exam per 24 months to age 13.	0.6875
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per year thereafter to age 6. Child age 6 and older, 1 exam every 24 months	0.7500
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter to age 7. 1 exam per 24 months for child age 7 and over	0.7708
6 exams first 12 months, 2 exams 13th - 24 months, 1 exam every 12 months thereafter up to age 13	0.8333
6 exams 1st 12 months, 2 exams 13-24 mos, 1 exam per year thereafter to age 17	0.9375
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 18	0.9583
6 exams first 12 months 2 exams 13th-24th months 1 exam per year thereafter to age 18 Includes immunizations metabolic and sickle cell testing	0.9583
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 18. 1 exam per 12 months for child age 18 & over	0.9792
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 18. 1 exam per 24 months for child age 18 & over	0.9688
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 19	0.9688
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter, includes immunizations for child to age 19.	0.9688
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam per yr thereafter to age 19. child age 19 & ov, 1 exam every 24 mos	0.9688
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter to age 19. Age 19 and over 1 exam every 24 months. Covered at Medicaid reimbursement amounts for children to age 19.	0.9792
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 19. 1 exam per 12 months for child age 19 & over	1.0000
6 exams 1st 12 months, 2 exams 13-24 months, 1 exam/yr thereafter to age 20, includes metabolic and sickle cell testing. Age 20 and over, 1 exam per 24 months	1.0000
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter.	0.9583
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter, Includes Immunizations and blood lead level screening	0.9583
6 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter, includes blood lead level screening for dep children	0.9583
6 exams 1st 12 months, 3 exams 13th - 24 months, 1 exam per year thereafter.	1.0000
6 exams first 12 months, 3 exams 13 - 24 months, 1 exam per year to age 7	0.6250
6 exams 1st 12 months, 3 exams 13th - 24 months, 1 exam per year thereafter until age 18. 18 & over, 1 exam/24 months	1.0104
6 exams 1st 12 months, 3 exams 13-24 months, 1 exam per year thereafter until age 19. Covered at Medicaid Reimbursement Amounts for child to age 19.	1.0208
7 exams in the 1st 12 months of life 2 exams in the 13th - 24th months of life 1 exam per 12 months thereafter to age 6	0.5833
7 exams in the 1st 12 months 3 exams 13th - 24th months of life 1 exam per year thereafter until age 6	0.6250
7 exams in the 1st 12 months of life 2 exams in the 13th - 24th months of life 1 exam per 12 months thereafter to age 6 1 exam per 24 mos thereafter thru age 12 Incl Immuns	0.7708
7 exams first 12 months, 3 exams 12 - 24 months, 3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 13	0.9375
7 exams first 12 months, 3 exams 13 - 24 months, 3 exams 25 - 36 months, 1 exam per 12 months thereafter to age 8	0.7292
7 exams in the 1st 12 months 3 exams 13th - 24th months of life 1 exam per year thereafter until age 13	0.9167
7 exams for the 1st 12 months 3 exams 13th-24th months 1 per year thereafter to age 18	1.0417
7 exams first 12 months, 3 exams 13th-24th months, 3 exams 25th-36th months, 1 exam per calendar year thereafter to age 19.	1.0625
7 exams in the 1st 12 months 3 exams 13th - 24th months of life 1 exam per year thereafter until age 19	1.0625
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 - 24th months, 3 exams 25th - 36th months, 1 exam per 12 months thereafter	1.0625
9 exams 1st 12 months, 1 exam per 12 months thereafter to age 18	1.0417
9 exams 1st 12 months, 1 exam per year thereafter	1.0417
9 exams 1st 12 months, 2 exams 13th - 24 months, 1 exam per year thereafter.	1.0833
9 exams 1st 24 months, 1 exam per year thereafter	1.0000
9 exams 1st 24 months, 1 exam per year thereafter to age 6. 1 exam per 24 months for child age 6 and over	0.7917
9 exams 1st 24 mos, 1 exam per 12 mos thereafter to age 7	0.6250
9 exams 1st 24 months; 1 exam per 12 months thereafter	1.0000
9 exams 1st 24 months, 1 exam per year thereafter to age 18. 1 exam per 24 months for child age 18 & over	1.0208
9 exams from birth to age 3, 1 exam per year thereafter	0.9583
10 exams 1st 36 months, 1 exam per year thereafter.	1.0417
10 exams 1st 36 months, 1 exam per year thereafter until age 18. Age 18 + over 1 exam every 24 months	1.0625
Child to age 2 - 6 exams 1st 12 mos, 2 exams 13th-24th mo	0.3333
Child to age 5	0.6458
Child to age 6	0.7292
Child to age 8 - Covers 10 exams	0.4167
Child to age 8 - Covers 10 exams, Child age 8 to 18 - 1 exam per 12 months	0.7917
Child to age 18 - 1 exam every 12 months, includes Blood Lead Level Screening	0.7083
Child to age 18 - 9 exams from birth to age 3, 1 exam per 12 months thereafter.	1.0000
Child to age 18 - 9 exams from birth to age 3, 1 exam per 12 months thereafter. Child age 18 and older - 1 exam every 24 months.	1.0417
Child to age 19 - 7 exams in the 1st 12 months of life 2 exams in the 13th 24th months of life 1 exam per 12 months thereafter	1.0208
Child Supervision Services are limited to \$500 max (hearing screening benefit max \$75) from birth to age 1, thereafter, \$150 per cal yr from ages 1 to 9; 1 exam every 12 months from age 10 yrs - 18 yrs.	1.0417
For Well Child care expenses and immunizations to age 3 whether or not given in conjunction with an office visit.	0.5625
Unlimited exams for children to age 9 up to \$500 per year, 1 exam per year age 9 and older	1.1875
Unlimited to age 12, 3 visits per yr age 12-18	1.1458
Unlimited to age 12, 3 visits per yr age 12-18, 18+ 1 exam per 12 months	1.1042
Unlimited to age 12, 3 visits per yr age 12-18, 18+ 1 exam per 24 months	1.0833
Unlimited to child age 19	1.1667

Table 56 Immunization - Child  
Table 171 Immunization - Child  
a1. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 171 Immunization - Child  
a2. Copay  
- 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 56 Immunization - Child  
Table 171 Immunization - Child  
b. Coinsurance

Coinsurance	Factor
50%	0.3991
55%	0.4473
60%	0.5004
65%	0.5556
70%	0.6129
75%	0.6722
80%	0.7336
85%	0.7971
90%	0.8627
95%	0.9303
100%	1.0000

Table 56 Immunization - Child  
Table 171 Immunization - Child  
c. Limiting Age

Age	Factor
1 year	0.6700
2 years	0.7100
3 years	0.7200
4 years	0.7900
5 years	0.8200
6 years	0.8300
7 years	0.8400
8 years	0.8500
9 years	0.8500
10 years	0.8600
11 years	0.8800
12 years	0.9000
13 years	0.9200
14 years	0.9400
15 years	0.9500
16 years	0.9700
17 years	0.9800
18 years & up	1.0000

Table 56 Immunization - Child  
Table 171 Immunization - Child  
d. Dollar Maximum

Dollar Maximum	With Child Immunization Factor
\$75	0.3073
\$100	0.3923
\$125	0.4592
\$200	0.5913
\$250	0.6487
\$300	0.6927
Unlimited	1.0000

Table 57 Routine Eye Exam  
Table 172 Routine Eye Exam  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 172 Routine Eye Exam  
b. Coinsurance

Coinsurance	Factor
50%	0.4130
55%	0.4638
60%	0.5164
65%	0.5708
70%	0.6269
75%	0.6847
80%	0.7443
85%	0.8056
90%	0.8687
95%	0.9335
100%	1.0000

Table 57 Routine Eye Exam  
Table 172 Routine Eye Exam  
c. Routine Eye Exam

Maximum	Factor
1 visit 12 months	0.9900
1 Exam Per Calendar Year	0.9900
1 per 12 months, 1 glaucoma test every 5 years age 35	0.9900
1 per 24 months	0.7500
1 per 24 months, 1 glaucoma test every 5 years age 35	0.7500
1 visit with glaucoma test every 5 years 35+	0.2000
1 visit 24 months regardless of glasses or lenses	0.7500
1 exam every 24 months up to age 65, 1 exam every 12 months age 65 and older	0.7500
1 per year includes refraction and 2 single, bifocal or trifocal lenses with frames per 2 years. Includes medical contacts	0.9900
1 routine exam every 12 months and exams required due to inborn error of metabolism	1.0000
1 routine exam every 24 months and exams required due to inborn error of metabolism	0.7500
Eye Exam excluded, includes Glaucoma Test every 5 yrs age 35+	0.0200
6 exams first 12 months, 2 exams 13-24 months, 1 exam per year thereafter until age 18	0.9900
Child to Age 6	0.0700
Includes exam for inborn metabolism error	1.0000
1 per 12 months Child Only	0.2475

Table 58 Speech & Hearing NF  
Table 173 Speech & Hearing NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 173 Speech & Hearing NF  
b. Coinsurance

Coinsurance	Factor
50%	0.4836
55%	0.5338
60%	0.5843
65%	0.6351
70%	0.6862
75%	0.7377
80%	0.7895
85%	0.8416
90%	0.8941
95%	0.9469
100%	1.0000

Table 58 Speech & Hearing NF  
Table 173 Speech & Hearing NF  
c. Routine Hearing Maximum Benefit

Maximum	Factor
50%	0.9286
55%	0.9139
60%	0.8992
65%	0.8850
70%	0.8702
75%	0.8562
80%	0.8440
85%	0.8272
90%	0.8123
95%	0.7990
100%	0.7870

Table 58 Speech & Hearing NF  
Table 173 Speech & Hearing NF  
d. Routine Hearing

Option	Factor
1 visit 12 months	0.6600
1 per 24 months	0.4400
1 Exam per 36 months	0.3300
1 exam every 24 months & audiometric exams for children <age 19	0.7470
1 exam every 24 months and expenses by physician or audiologist or pathologist for diag rehab svcs and develop delay including eval test	0.4400
1 exam every 24 months and audiometric exams for children under age 13	0.7120
1 exam every 24 months and audiometric exams for children under age 18	0.7440
2 visits 12 months	0.8600
2 exams every 24 months to age 18	0.3590
1 Newborn hearing screening 1st yr of life and follow up care to 24 months and Texas mandated offer - Expenses by physician, audiologist or pathologist for diag/rehab svcs & develop delays, including evaluation tests and fitting of hearing aids.	1.0000
Newborn hearing screening 1st 30 days & follow up care until 24 months	0.1000
Newborn hearing screening 1st 30 days and follow up care until 24 months and Expenses by physician or audiologist or pathologist for diag rehab svcs and develop delay including eval test	0.1000
Newborn hearing screening 1st year of life with follow up until 24 months	0.1000
Newborn hearing screening 1st year of life	0.0400
1 Exam per 24 months & newborn hearing screening 1st year of life with follow-up until 24 months	0.4940
1 exam every 24 months & newborn hearing screening 1st year of life	0.4620
1 exam every 24 months & newborn hearing screening, unlimited for newborn up to 28 days old for electrophysiologic screening	0.4620
1 exam every 24 months and Newborn hearing screening 1st 30 days and follow up care until 24 months and Expenses by physician or audiologist or pathologist for diag rehab svcs and develop delay including eval test	0.4940
1 exam every 24 months and newborn hearing screening plus children under 1 year of age and developmental delays and autism	0.4640
1 exam every 24 months and expenses by physician or audiologist or pathologist for diag rehab svcs and develop delay including eval test	0.4400
Newborn hearing screening, unlimited for newborn up to 28 days old for electrophysiologic screening	0.0400
Newborn hearing screening plus children under 1 year of age and developmental delays and autism	0.0400
Child to age 6	0.3320
Audiometric exam for dependent child under age 13	0.4860
1 exam per year to age 18	0.3590
1 exam per year to age 18; 1 exam per 24 months age 18 and older	0.7510
Child to age 18	0.5440
Unlimited exams to age 18	0.5440
Audiometric exams for children under age 18	0.5440
Audiometric exams for children under age 19	0.5480
Diagnosis, rehabilitative services, hearing aid evaluation test and follow-up for 6 months after fitting	1.0000
Unlimited for svcs rendered by a physician or audiologist for diag/rehab svcs, incl hearing aid eval test & follow-up to 6 mos after aid fitting; Excludes speaking aids & training in usage.	1.0000
Unlimited, covers services rendered by a speech therapist for developmental and maintenance therapy when under direction of physician	1.0000
Unlimited	1.0000

Table 59 Routine Gyn  
Table 174 Routine Gyn  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 174 Routine Gyn  
b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 59 Routine Gyn  
Table 174 Routine Gyn  
c. Benefit Maximums

Maximums	Factor
1 exam per year with unlimited pap smear	0.9850
1 exam and pap smear per year	0.9850
1 OBGYN exam including pap smear per 12 consecutive months	0.9850
2 OBGYN exams and pap smears per calendar year	0.9990
Annual exam includes Chlamydia Screening age 29 and younger	1.0070
Unlimited OBGYN exam and pap smear	1.0000
Unlimited Visits	1.0000
1 exam per calendar year	0.9850
1 obgyn exam per calendar year, unlimited for pap smear	0.9850
1 gyn exam, incl pap smear per 12 consecutive months	0.9850
1 Exam Per Calendar Year Age 35+	0.7000
1 Exam Per Calendar Year Age 40+	0.5500
1 visit 24 months	0.5000
2 visits 12 months	0.9990
Unlimited Age 40+	0.5584
CA 125 Test post treatment monitoring Ovarian Cancer	1.0000



Table 60 Mammography  
Table 175 Mammography  
a. Copay

Copay	Factor
\$0	1.0000
\$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  
Table 175 Mammography  
b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 60 Mammography  
Table 175 Mammography  
c. Maximums

Maximum	Factor
1 baseline 35 - 40, 40+ unlimited	0.9950
1 baseline 35 - 39, 40+ minimum \$70	0.9950
1 per calendar year	0.9800
1 per year age 35+	0.9700
1 baseline 35 - 39, 40+ 1 per year	0.9650
1 per calendar year age 40 and over	0.9600
1 baseline age 35-39, age 40 & over unlimited	0.9950
1 Exam Per Calendar Year Age 40+	0.9600
Annual exam includes Chlamydia Screening age 29 and younger	1.0000
1 obgyn exam and pap smear per calendar year	1.0000
40 and over one annual mammogram	0.9600
1 baseline age 35 to 40 age 40 and over 1 per calendar year	0.9650
1 baseline age 35-39, 1 every 2 years age 40-49, 1 per year age 50+	0.9150
1 every 2 years age 40-49, 1 per year age 50+	0.9100
1 visit 12 months	0.9800
1 Exam Per 12 Consecutive Months Age 40+	0.9600
1 exam every 12 months up to age 65, 1 exam every 12 months age 65 and older	0.9800
1 visit 24 months	0.6700
1 exam every 24 months up to age 65, 1 exam every 12 months age 65 and older	0.6700
2 exams and pap smears per calendar year	1.0000
Unlimited Age 40+	0.9900
No Age or Frequency Limitations Apply	1.0000
Unlimited	1.0000

Table 60 Mammography  
Table 175 Mammography  
d. Maximum - \$

Maximum	Factor
\$115	0.7752
\$30	0.2290
Minimum amount payable is \$50 or lesser actual charge	0.3791
\$65	0.4892
\$70 or lesser actual charge	0.5252
\$75	0.5606
\$75 per calendar year	0.5606
\$75 per visit	0.5606
\$85	0.6238
\$85 per visit	0.6238
\$100	0.7084
\$100 per calendar year	0.7084
\$300 Maximum Every 24 Months	0.6621
\$250	0.9782
\$300	0.9901
Unlimited	1.0000

Table 61 Cancer Screening  
Table 176 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  
Table 176 Cancer Screening  
b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 61 Cancer Screening  
Table 176 Cancer Screening  
c. Cancer Screening

Maximum	Factor
Colonoscopy every 10 yrs, Sigmoid. And Dbl Contract Barium every 5 yrs, Annual Occult Blood Test, CA 125 and post treatment for Ovarian Cancer	0.9900
Colonoscopy every 10 yrs, Sigmoid. And Dbl Contract Barium every 5 yrs, no age limit	0.9900
Colonoscopy every 10 yrs, Sigmoid. And Dbl Contract Barium every 5 yrs, Annual Occult Blood Test	0.9900
Colorectal Screening, Occult Blood Test age 50+, Sigmoid age 50+ every 3 years	0.9070
1 Colorectal exam, includes Sigmoid every 3 years age 30+, Occult Blood test per cal yr includes CA 125 est post treatment for Ovarian Cancer	1.0000
includes Colorectal mandate, sigmoid. 1 every 5 yrs age 45+	0.9620
Sigmoid 1 per 5 yrs age 45+	0.9620
Annual Fecal Occult Blood Test, Colonoscopy every 10 years, Double Contrast Barium every 5 years. Flexible Sigmoidoscopy every 5 years, under age 50, every 3 years age 50+	0.9030
Age 50+ Double Contrast Barium every 5 years, Fecal Occult Blood Stool test every cal yr, Colonoscopy every 10 years, Sigmoidoscopy every 5 years	0.9030
Colonoscopy every 10 years, Flexible Sigmoidoscopy and Double Contrast Barium every 5 years, and annual Fecal Occult Blood Test age 40 & over	0.9760
Colonoscopy every 10 years, Flexible Sigmoidoscopy and Double Contrast Barium every 5 years, and annual Fecal Occult Blood Test age 50 & over	0.9030
Colonoscopy every 10 years, Sigmoidoscopy and Double Contrast Barium every 5 years. Fecal Occult Blood Stool test every cal yr	0.9900
Annual Fecal Occult Blood Test age 40 & over	1.0000
Hemoglobin/Hematocrit test, Urinalysis & Fecal Occult Blood Test	1.0000
Annual Colorectal, includes Fecal Occult Blood test age 50+, Sigmoidoscopy age 50+ and every 3 years thereafter	0.9070
Colorectal Mandate including CA 125 Test for post-treatment monitoring Ovarian	1.0000
Annual Fecal Occult Blood Test, Flexible Sigmoidoscopy every 3 years age 50+	0.9070
1 Colorectal exam, including Sigmoidoscopy & Fecal Occult Blood Stool test every 3 consecutive yrs age 30+	0.9950
1 Fecal Occult Blood Stool test per 12 mos age 40+; flexible sigmoidoscopy every 3 years age 50+	0.9070
Colonoscopy every 5 years for ages 50+	0.9070
Colonoscopy every 10 years, Double Contrast Barium every 5 years, 1 Occult Blood stool test per cal yr	0.9900
Colonoscopy every 10 years, Double Contrast Barium every 5 years, 1 Occult Blood Stool test per cal yr & includes coverage for CA125 test post-treatment monitory ovarian cancer	1.0000
Age 50+ Double Contrast Barium every 5 years, Fecal Occult Blood Stool test every cal yr, Colonoscopy every 10 years, Sigmoidoscopy every 5 years under age 50, every 3 years age 50+	0.9030
Colorectal Mandate & Flexible Sigmoidoscopy & Double Contrast Barium 1 every 5 yrs age 45+	0.9620
1 Fecal Occult Blood Stool test per calendar year	1.0000
Includes Colorectal mandate	1.0000
Sigmoidoscopy 1 every 2 years 40+	0.9570
Colonoscopy every 10 years, Double Contrast Barium Enema every 5 years, and annual Fecal Occult Blood Test age 50 & over; Flexible Sigmoidoscopy covered 1 every 5 years age 45 & over	0.9030
Annual Hemoglobin/Hematocrit test, Urinalysis & Fecal Occult Blood Test, males 40 & older	1.0000
1 Exam Per Calendar Year	1.0000
1 Exam Per Calendar Year Age 50+	0.9120
1 visit 12 months	1.0000
No Age or Frequency Limitations Apply	1.0000
Colonoscopy every 10 years, Double Contrast Barium every 5 years, 1 Occult Blood Stool test per cal yr	0.9900
Colorectal cancer screening mandate applies except sigmoidoscopies covered once every 3 years ages 50 and older	0.9900
Unlimited	1.0000
Unlimited Age 40+	0.9860

Table 61 Cancer Screening  
Table 176 Cancer Screening

Maximum Benefit	Coinsurance											
	50%	55%	60%	65%	70%	75%	80%	85%	90%	95%	100%	
\$75	0.1530	0.1391	0.1275	0.1177	0.1093	0.1021	0.0957	0.0901	0.0851	0.0806	0.0766	
\$75 per calendar year	0.1530	0.1391	0.1275	0.1177	0.1093	0.1021	0.0957	0.0901	0.0851	0.0806	0.0766	
\$100	0.2037	0.1853	0.1700	0.1569	0.1457	0.1360	0.1275	0.1200	0.1134	0.1074	0.1021	
\$100 per calendar year	0.2037	0.1853	0.1700	0.1569	0.1457	0.1360	0.1275	0.1200	0.1134	0.1074	0.1021	
\$115	0.2330	0.2126	0.1953	0.1804	0.1676	0.1564	0.1466	0.1380	0.1304	0.1235	0.1174	
\$150	0.2998	0.2740	0.2526	0.2740	0.2177	0.2037	0.1911	0.2740	0.1700	0.2740	0.1530	
\$150 per visit	0.2998	0.2740	0.2526	0.2740	0.2177	0.2037	0.1911	0.2740	0.1700	0.2740	0.1530	

Table 62 Digital Rectal Exam

Table 177 Digital Rectal Exam	
	Factor
All cost share & limits	1.0000

Table 63 Prostate Specific Antigen  
Table 178 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  
Table 178 Prostate Specific Antigen  
b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 63 Prostate Specific Antigen  
Table 178 Prostate Specific Antigen  
c. Maximum

Maximum	Factor
1 Exam per Cal Year Age 40+	0.9000
1 Exam Per 12 Consecutive Months Age 40+	0.9000
1 per year age 35+	0.9330
1 per year, no age limit	0.9500
2 per year age 40+	0.9420
1 exam every 24 months for ages 40 and over	0.6030
1 Exam Per Calendar Year Age 50+	0.5940
1 visit 24 months	0.6370
1 exam every 24 months up to age 65, 1 exam every 12 months age 65 and older	0.6370
Adult: to Age 65: 1 per 24 mths, +65: 1 visit per 12 mths	0.6370
No Age or Frequency Limitations Apply	1.0000
Unlimited age 40+	0.9470
Unlimited	1.0000

Table 64 Serious MH NF  
Table 179 Serious MH NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 64 Serious MH NF  
Table 179 Serious MH NF  
b1. Coinsurance

Coinsurance	Factor
50%	0.3058
55%	0.3611
60%	0.4209
65%	0.4852
70%	0.5532
75%	0.6189
80%	0.6881
85%	0.7609
90%	0.8371
95%	0.9168
100%	1.0000

Table 64 Serious MH NF

Table 179 Serious MH NF

b2. Step Coinsurance Plans

Option	Serious MH NF Only Factor	Combined Mental Health and Substance Abuse			
		SA NF Factor	MH NF Factor	Serious MH NF Factor	Part hosp Factor
80% 1-5 visits, 65% 6-30 visits, 50% thereafter	0.5516	0.4860	0.5537	0.5482	0.4297
80% for the first 5 visits, 65% for 6 - 30 visits, 60% for 31 visits & over	0.5622	N/A	N/A	N/A	N/A
80% for the first 5 visits, 70% for 6 visits & over	0.6096	N/A	N/A	N/A	N/A
75% first 40 visits, 60% thereafter	0.6037	0.5448	0.6078	0.6033	0.4513
75% first 40 visits, 70% thereafter	0.6139	N/A	N/A	N/A	N/A
100% of 1st \$100, 80% of the next \$100, 50% thereafter	0.3988	0.3371	0.4022	0.3958	0.3801
100% of 1st \$100, 80% thereafter	0.7151	0.6748	0.7175	0.7142	0.5430
100% of the first \$200, 100% after \$0 thereafter	1.0000	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$10 thereafter	0.8443	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$15 thereafter	0.7724	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$20 thereafter	0.7045	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$30 thereafter	0.5738	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$45 thereafter	0.4045	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$5 thereafter	0.9202	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$50 thereafter	0.3582	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$55 thereafter	0.3267	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$60 thereafter	0.2975	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$65 thereafter	0.2705	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$70 thereafter	0.2458	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$75 thereafter	0.2266	N/A	N/A	N/A	N/A
100% after \$5 copay for 1st 40 visits, 60% thereafter	0.8664	0.8782	0.8644	0.8655	0.9115
100% after \$10 copay for 1st 40 visits, 60% thereafter	0.7818	0.8112	0.7784	0.7810	0.8736
100% after \$15 copay for 1st 40 visits, 60% thereafter	0.7015	0.7469	0.6969	0.7009	0.8364
100% after \$20 copay for 1st 40 visits, 60% thereafter	0.6257	0.6853	0.6200	0.6253	0.7999
100% after \$25 copay for 1st 40 visits, 60% thereafter	0.5543	0.6264	0.5477	0.5540	0.7641
100% after \$30 copay for 1st 40 visits, 60% thereafter	0.4799	0.5614	0.4727	0.4798	0.7223
100% after \$35 copay for 1st 40 visits, 60% thereafter	0.4112	0.4997	0.4035	0.4112	0.6814
100% after \$40 copay for 1st 40 visits, 60% thereafter	0.3482	0.4416	0.3402	0.3483	0.6414
100% after \$45 copay for 1st 40 visits, 60% thereafter	0.2908	0.3870	0.2828	0.2911	0.6024
100% after \$50 copay for 1st 40 visits, 60% thereafter	0.2392	0.3358	0.2312	0.2396	0.5643
80% for 1st 20 visits in a cal yr and 65% thereafter	0.6447	0.5928	0.6480	0.6437	0.4786
100% after \$5 copay for 1st 20 visits in a cal yr and 80% thereafter	0.8574	0.8631	0.8557	0.8563	0.8579
100% after \$10 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7853	0.8063	0.7828	0.7847	0.8258
100% after \$15 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7170	0.7519	0.7137	0.7168	0.7942
100% after \$20 copay for 1st 20 visits in a cal yr and 80% thereafter	0.6524	0.6997	0.6486	0.6527	0.7633
100% after \$25 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5916	0.6498	0.5873	0.5923	0.7330
100% after \$30 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5283	0.5946	0.5237	0.5294	0.6976
100% after \$35 copay for 1st 20 visits in a cal yr and 80% thereafter	0.4698	0.5424	0.4651	0.4713	0.6629
100% after \$40 copay for 1st 20 visits in a cal yr and 80% thereafter	0.4161	0.4932	0.4114	0.4180	0.6290
100% after \$45 copay for 1st 20 visits in a cal yr and 80% thereafter	0.3673	0.4468	0.3628	0.3695	0.5960
100% after \$50 copay for 1st 20 visits in a cal yr and 80% thereafter	0.3234	0.4035	0.3191	0.3258	0.5637
100% coins after \$5 for 1st 20 visits in a cal yr, 80% after \$5 copay thereafter	0.8432	0.8524	0.8407	0.8417	0.8533
100% coins after \$10 for 1st 20 visits in a cal yr, 80% after \$10 copay thereafter	0.7576	0.7854	0.7537	0.7563	0.8166
100% coins after \$15 for 1st 20 visits in a cal yr, 80% after \$15 copay thereafter	0.6765	0.7210	0.6712	0.6753	0.7806
100% coins after \$20 for 1st 20 visits in a cal yr, 80% after \$20 copay thereafter	0.5998	0.6594	0.5934	0.5988	0.7454
100% coins after \$25 for 1st 20 visits in a cal yr, 80% after \$25 copay thereafter	0.5277	0.6004	0.5203	0.5267	0.7108
100% coins after \$30 for 1st 20 visits in a cal yr, 80% after \$30 copay thereafter	0.4525	0.5353	0.4443	0.4517	0.6704
100% coins after \$35 for 1st 20 visits in a cal yr, 80% after \$35 copay thereafter	0.3830	0.4736	0.3743	0.3823	0.6308
100% coins after \$40 for 1st 20 visits in a cal yr, 80% after \$40 copay thereafter	0.3193	0.4154	0.3102	0.3187	0.5922
100% coins after \$45 for 1st 20 visits in a cal yr, 80% after \$45 copay thereafter	0.2614	0.3607	0.2521	0.2609	0.5545
100% coins after \$50 for 1st 20 visits in a cal yr, 80% after \$50 copay thereafter	0.2092	0.3095	0.2000	0.2088	0.5177
100% for first 1 - 40 visits, 60% thereafter	0.9556	N/A	N/A	N/A	N/A
100% first 5 visits, 80% thereafter	0.8229	N/A	N/A	N/A	N/A
100% coins after \$15 copay for visits 1-5 in a calendar year, 100% after \$25 copay for visits 6	0.6159	0.6890	0.6066	0.6132	0.8199
100% after \$15 copay for 1 - 5 visits, 100% after \$20 copay for 6 visits and over	0.6770	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 visits and over	0.6320	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 - 30 visits & 100% after \$30 copay for 31 visits and over	0.6222	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$30 copay thereafter	0.5592	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$35 copay thereafter	0.5535	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$40 copay thereafter	0.5483	N/A	N/A	N/A	N/A

Table 64 Serious MH NF

Table 179 Serious MH NF

c1. Calendar Year Visit Maximum

Maximum	MH Only Factor	MH & SA Combined Max Factor
20 Visits	0.7861	0.7808
22 Visits	0.8467	0.8078
25 Visits	0.8394	0.8354
30 Visits	0.8814	0.8784
33 Visits	0.9041	0.9017
35 Visits	0.9101	0.9079
40 Visits	0.9233	0.9213
45 Visits	0.9421	0.9406
50 Visits	0.9483	0.9470
52 Visits	0.9600	0.9590
60 Visits	0.9660	0.9652
90 Visits	0.9864	0.9860
20 Visits excluding Community MH Agency	0.7861	N/A
20 visits/cal yr; 80 visits lifetime; 2 days of O/P may be exchanged for 2 days of I/P	0.8270	N/A
22 visits/cal yr, includes family counseling	0.8490	0.8078
5 visits per calendar year	N/A	0.4179
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	N/A	0.9897
25 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9929
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.8884
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	N/A	0.9951
35 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9966
40 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	N/A	0.9175
40 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	N/A	0.9208
40 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	N/A	0.9229
40 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	N/A	0.9244
40 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	N/A	0.9255
40 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	N/A	0.9262
40 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	N/A	0.9268
40 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9976
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9983
52 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	N/A	0.9503
52 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	N/A	0.9497
52 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	N/A	0.9490
52 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	N/A	0.9479
52 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	N/A	0.9464
52 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	N/A	0.9443
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	N/A	0.9410
52 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9989
60 visits per calendar year includes 20 visits for family counseling	N/A	0.9652
60 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9994
90 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9999
50 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9988
120 visits/cal yr	N/A	0.9989
20 visits/cal yr, 2 days Outpt may be substituted for 1 day of Inpat M/H, S/A	N/A	0.7827
20 visits/cal yr, 80 visits/lifetime	N/A	0.7800
MH non-SMI 30 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9756
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.8884
MH non-SMI 20 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9510
MH non-SMI 20 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9516
MH non-SMI 25 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9655
MH non-SMI 25 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9661

Table 64 Serious MH NF

Table 179 Serious MH NF

c1. Calendar Year Visit Maximum continued

Maximum	MH Only Factor	MH & SA Combined Max Factor
MH non-SMI 30 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9761
MH non-SMI 35 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9824
MH non-SMI 40 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9841
MH non-SMI 45 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9877
MH non-SMI 45 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9882
MH non-SMI 35 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9706
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.9154
MH non-SMI 40 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9733
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.9454
10 visits/cal yr	0.6161	N/A
15 visits/cal yr	0.7208	N/A
20 visits/cal yr; (SMI) unlimited cal yr	0.9485	N/A
20 days/cal yr for Mental Health/Substance Abuse	0.7808	N/A
20 visits per calendar year; 40 visits per lifetime	0.7704	N/A
20 visits/cal yr; 60 visits/cal yr (SMI)	0.9271	N/A
22 visits/cal yr, includes family counseling	0.8125	N/A
24 visits/cal yr	0.8326	N/A
26 visits/plan yr	0.8595	N/A
30 days/plan yr; (SMI) unlimited days/plan yr	0.9747	N/A
30 visits/cal yr; 60 visits/cal yr (SMI)	0.9533	N/A
Non-SMI 35 days/cal yr; SMI unlimited days/cal yr	0.966	N/A
40 visits/cal yr; (SMI) unlimited/cal yr	0.9831	N/A
40 visits/cal yr for Mental Health & Substance Abuse	0.9213	N/A
44 visits/cal yr	0.9414	N/A
60 visits/cal yr - 2 Days of Outpat may be substituted for 1 day Inpat	0.9684	N/A
60 visits/cal yr; (SMI) unlimited/cal yr	0.9920	N/A
90 visits/cal yr - 2 days of outpat may be substituted for 1 day inpat	0.9888	N/A
130 per calendar year	0.9993	N/A
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8819	N/A
30 visits per calendar year; 3 visits per calendar year for crisis intervention	0.8819	N/A
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9983	N/A
50 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9483	N/A
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	0.9614	N/A
60 visits per calendar year includes 20 visits for family counseling	0.9660	N/A
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9881
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9886
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9915
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.992
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9919
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9924
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9958
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9963
Unlimited	1.0000	1.0000

Table 64 Serious MH NF  
Table 179 Serious MH NF  
c2. Calendar Year Maximum

Benefit	Factor
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8884
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9154
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9454
52 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9623
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9897
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9951
20 visits for Mental Health & Drug Abuse; unlimited for Alcohol	0.7883

Table 64 Serious MH NF  
Table 179 Serious MH NF  
d. Applied Behavioral 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.	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  
Table 180 MH NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 65 MH NF  
Table 180 MH NF  
b1. Coinsurance

Coinsurance	Factor
50%	0.3131
55%	0.3683
60%	0.4279
65%	0.4918
70%	0.5580
75%	0.6232
80%	0.6918
85%	0.7638
90%	0.8391
95%	0.9179
100%	1.0000

Table 65 MH NF

Table 180 MH NF

b2. Step Coinsurance Plans

Option	MH NF Only Factor	Combined Mental Health and Substance Abuse			
		SA NF Factor	MH NF Factor	Serious MH NF Factor	Part hosp Factor
80% 1-5 visits, 65% 6-30 visits, 50% thereafter	0.5570	0.4860	0.5537	0.5482	0.4297
80% for the first 5 visits, 65% for 6 - 30 visits, 60% for 31 visits & over	0.5676	N/A	N/A	N/A	N/A
80% for the first 5 visits, 70% for 6 visits & over	0.6139	N/A	N/A	N/A	N/A
75% first 40 visits, 60% thereafter	0.6082	0.5448	0.6078	0.6033	0.4513
75% first 40 visits, 70% thereafter	0.6182	N/A	N/A	N/A	N/A
100% of 1st \$100, 80% of the next \$100, 50% thereafter	0.4052	0.3371	0.4022	0.3958	0.3801
100% of 1st \$100, 80% thereafter	0.7184	0.6748	0.7175	0.7142	0.5430
100% of the first \$200, 100% after \$0 thereafter	1.0000	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$10 thereafter	0.8414	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$15 thereafter	0.7683	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$20 thereafter	0.6993	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$30 thereafter	0.5670	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$45 thereafter	0.3965	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$5 thereafter	0.9187	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$50 thereafter	0.3502	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$55 thereafter	0.3183	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$60 thereafter	0.2888	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$65 thereafter	0.2616	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$70 thereafter	0.2368	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$75 thereafter	0.2169	N/A	N/A	N/A	N/A
100% after \$5 copay for 1st 40 visits, 60% thereafter	0.8653	0.8782	0.8644	0.8655	0.9115
100% after \$10 copay for 1st 40 visits, 60% thereafter	0.7791	0.8112	0.7784	0.7810	0.8736
100% after \$15 copay for 1st 40 visits, 60% thereafter	0.6975	0.7469	0.6969	0.7009	0.8364
100% after \$20 copay for 1st 40 visits, 60% thereafter	0.6204	0.6853	0.6200	0.6253	0.7999
100% after \$25 copay for 1st 40 visits, 60% thereafter	0.5480	0.6264	0.5477	0.5540	0.7641
100% after \$30 copay for 1st 40 visits, 60% thereafter	0.4728	0.5614	0.4727	0.4798	0.7223
100% after \$35 copay for 1st 40 visits, 60% thereafter	0.4034	0.4997	0.4035	0.4112	0.6814
100% after \$40 copay for 1st 40 visits, 60% thereafter	0.3400	0.4416	0.3402	0.3483	0.6414
100% after \$45 copay for 1st 40 visits, 60% thereafter	0.2825	0.3870	0.2828	0.2911	0.6024
100% after \$50 copay for 1st 40 visits, 60% thereafter	0.2308	0.3358	0.2312	0.2396	0.5643
80% for 1st 20 visits in a cal yr and 65% thereafter	0.6490	0.5928	0.6480	0.6437	0.4786
100% after \$5 copay for 1st 20 visits in a cal yr and 80% thereafter	0.8568	0.8631	0.8557	0.8563	0.8579
100% after \$10 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7834	0.8063	0.7828	0.7847	0.8258
100% after \$15 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7139	0.7519	0.7137	0.7168	0.7942
100% after \$20 copay for 1st 20 visits in a cal yr and 80% thereafter	0.6483	0.6997	0.6486	0.6527	0.7633
100% after \$25 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5866	0.6498	0.5873	0.5923	0.7330
100% after \$30 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5225	0.5946	0.5237	0.5294	0.6976
100% after \$35 copay for 1st 20 visits in a cal yr and 80% thereafter	0.4635	0.5424	0.4651	0.4713	0.6629
100% after \$40 copay for 1st 20 visits in a cal yr and 80% thereafter	0.4095	0.4932	0.4114	0.4180	0.6290
100% after \$45 copay for 1st 20 visits in a cal yr and 80% thereafter	0.3605	0.4468	0.3628	0.3695	0.5960
100% after \$50 copay for 1st 20 visits in a cal yr and 80% thereafter	0.3165	0.4035	0.3191	0.3258	0.5637
100% coins after \$5 for 1st 20 visits in a cal yr, 80% after \$5 copay thereafter	0.8422	0.8524	0.8407	0.8417	0.8533
100% coins after \$10 for 1st 20 visits in a cal yr, 80% after \$10 copay thereafter	0.7550	0.7854	0.7537	0.7563	0.8166
100% coins after \$15 for 1st 20 visits in a cal yr, 80% after \$15 copay thereafter	0.6724	0.7210	0.6712	0.6753	0.7806
100% coins after \$20 for 1st 20 visits in a cal yr, 80% after \$20 copay thereafter	0.5945	0.6594	0.5934	0.5988	0.7454
100% coins after \$25 for 1st 20 visits in a cal yr, 80% after \$25 copay thereafter	0.5212	0.6004	0.5203	0.5267	0.7108
100% coins after \$30 for 1st 20 visits in a cal yr, 80% after \$30 copay thereafter	0.4451	0.5353	0.4443	0.4517	0.6704
100% coins after \$35 for 1st 20 visits in a cal yr, 80% after \$35 copay thereafter	0.3750	0.4736	0.3743	0.3823	0.6308
100% coins after \$40 for 1st 20 visits in a cal yr, 80% after \$40 copay thereafter	0.3108	0.4154	0.3102	0.3187	0.5922
100% coins after \$45 for 1st 20 visits in a cal yr, 80% after \$45 copay thereafter	0.2526	0.3607	0.2521	0.2609	0.5545
100% coins after \$50 for 1st 20 visits in a cal yr, 80% after \$50 copay thereafter	0.2003	0.3095	0.2000	0.2088	0.5177
100% for first 1 - 40 visits, 60% thereafter	0.9561	NA	NA	NA	NA
100% first 5 visits, 80% thereafter	0.8250	N/A	N/A	N/A	N/A
100% coins after \$15 copay for visits 1-5 in a calendar year, 100% after \$25 copay for visits 6	0.6094	0.6890	0.6066	0.6132	0.8199
100% after \$15 copay for 1 - 5 visits, 100% after \$20 copay for 6 visits and over	0.6713	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 visits and over	0.6256	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 - 30 visits & 100% after \$30 copay for 31 visits & over	0.6157	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$30 copay thereafter	0.5517	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$35 copay thereafter	0.5460	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$40 copay thereafter	0.5407	N/A	N/A	N/A	N/A

Table 65 MH NF

Table 180 MH NF

c1. Calendar Year Visit Maximum

Maximum	MH Factor	MH & SA Combined Max Factor
20 Visits	0.7861	0.7808
22 Visits	0.8467	0.8078
25 Visits	0.8394	0.8354
30 Visits	0.8814	0.8784
33 Visits	0.9041	0.9017
35 Visits	0.9101	0.9079
40 Visits	0.9233	0.9213
45 Visits	0.9421	0.9406
50 Visits	0.9483	0.9470
52 Visits	0.9600	0.9590
60 Visits	0.9660	0.9652
90 Visits	0.9864	0.9860
20 Visits exc. Community MH Agency	0.7861	N/A
22 visits/cal yr, includes family counseling	0.8490	0.8078
Unlimited	1.0000	1.0000
5 visits per calendar year	N/A	0.4179
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	N/A	0.9897
25 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9929
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.8884
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	N/A	0.9951
35 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9966
40 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	N/A	0.9175
40 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	N/A	0.9208
40 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	N/A	0.9229
40 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	N/A	0.9244
40 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	N/A	0.9255
40 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	N/A	0.9262
40 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	N/A	0.9268
40 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9976
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9983
52 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	N/A	0.9503
52 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	N/A	0.9497
52 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	N/A	0.9490
52 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	N/A	0.9479
52 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	N/A	0.9464
52 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	N/A	0.9443
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	N/A	0.9410
52 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9989
60 visits per calendar year includes 20 visits for family counseling	N/A	0.9652
60 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9994
90 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9999
50 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9988
120 visits/cal yr	N/A	0.9989
20 visits/cal yr, 2 days Outpt may be substituted for 1 day of Inpat M/H, S/A	N/A	0.7827
20 visits/cal yr, 80 visits/lifetime	N/A	0.7800
MH non-SMI 30 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9756
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.8884
MH non-SMI 20 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9510
MH non-SMI 20 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9516
MH non-SMI 25 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9655
MH non-SMI 25 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9661

Table 65 MH NF

Table 180 MH NF

c1. Calendar Year Visit Maximum continued

Maximum	MH Factor	MH & SA Combined Max Factor
MH non-SMI 30 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9761
MH non-SMI 35 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9824
MH non-SMI 40 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9841
MH non-SMI 45 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9877
MH non-SMI 45 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9882
MH non-SMI 35 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9706
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.9154
MH non-SMI 40 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9733
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	N/A	0.9454
10 visits/cal yr	0.6161	N/A
15 visits/cal yr	0.7208	N/A
20 visits/cal yr; (SMI) unlimited cal yr	0.9485	N/A
20 days/cal yr for Mental Health/Substance Abuse	0.7808	N/A
20 visits per calendar year; 40 visits per lifetime	0.7704	N/A
20 visits/cal yr; 60 visits/cal yr (SMI)	0.9271	N/A
22 visits/cal yr, includes family counseling	0.8125	N/A
24 visits/cal yr	0.8326	N/A
26 visits/plan yr	0.8595	N/A
30 days/plan yr; (SMI) unlimited days/plan yr	0.9747	N/A
30 visits/cal yr; 60 visits/cal yr (SMI)	0.9533	N/A
Non-SMI 35 days/cal yr; SMI unlimited days/cal yr	0.9660	N/A
40 visits/cal yr; (SMI) unlimited/cal yr	0.9831	N/A
40 visits/cal yr for Mental Health & Substance Abuse	0.9213	N/A
44 visits/cal yr	0.9414	N/A
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	0.9614	N/A
60 visits/cal yr - 2 Days of Outpat may be substituted for 1 day Inpat	0.9684	N/A
60 visits/cal yr; (SMI) unlimited/cal yr	0.9920	N/A
90 visits/cal yr - 2 days of outpat may be substituted for 1 day inpat	0.9888	N/A
130 per calendar year	0.9993	N/A
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8819	N/A
30 visits per calendar year; 3 visits per calendar year for crisis intervention	0.8819	N/A
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9983	N/A
50 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9483	N/A
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	0.9614	N/A
60 visits per calendar year includes 20 visits for family counseling	0.9660	N/A
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9881
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9886
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9915
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9920
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9919
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9924
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9958
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9963

Table 65 MH NF  
Table 180 MH NF  
c2. Calendar Year Maximum

Benefit	Factor
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8884
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9154
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9454
52 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9623
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9897
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9951
20 visits for Mental Health & Drug Abuse; unlimited for Alcohol	0.7883

Table 66 MH part hosp  
Table 181 MH part hosp  
a. Copay

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 66 MH part hosp  
Table 181 MH part hosp  
b1. Coinsurance

Coinsurance	Factor
50%	0.3057
55%	0.3363
60%	0.3668
65%	0.3974
70%	0.4280
75%	0.4585
80%	0.5014
85%	0.5800
90%	0.7216
95%	0.8618
100%	1.0000

Table 66 MH part hosp  
Table 181 MH part hosp  
b2. Step Coinsurance Plans

Option	MH NF Only	Combined Mental Health and Substance Abuse			
	Factor	SA NF Factor	MH NF Factor	Serious MH NF Factor	Part hosp Factor
80% 1-5 visits, 65% 6-30 visits, 50% thereafter	0.4314	0.4860	0.5537	0.5482	0.4297
80% for the first 5 visits, 65% for 6 - 30 visits, 60% for 31 visits & over	0.4371	N/A	N/A	N/A	N/A
80% for the first 5 visits, 70% for 6 visits & over	0.4586	N/A	N/A	N/A	N/A
75% first 40 visits, 60% thereafter	0.4515	0.5448	0.6078	0.6033	0.4513
75% first 40 visits, 70% thereafter	0.4562	N/A	N/A	N/A	N/A
100% of 1st \$100, 80% of the next \$100, 50% thereafter	0.3826	0.3371	0.4022	0.3958	0.3801
100% of 1st \$100, 80% thereafter	0.5445	0.6748	0.7175	0.7142	0.5430
100% of the first \$200, 100% after \$0 thereafter	1.0000	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$10 thereafter	0.9312	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$15 thereafter	0.8978	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$20 thereafter	0.8650	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$30 thereafter	0.7954	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$45 thereafter	0.6878	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$5 thereafter	0.9653	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$50 thereafter	0.6536	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$55 thereafter	0.6344	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$60 thereafter	0.6156	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$65 thereafter	0.5972	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$70 thereafter	0.5791	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$75 thereafter	0.5720	N/A	N/A	N/A	N/A
100% after \$5 copay for 1st 40 visits, 60% thereafter	0.9127	0.8782	0.8644	0.8655	0.9115
100% after \$10 copay for 1st 40 visits, 60% thereafter	0.8746	0.8112	0.7784	0.7810	0.8736
100% after \$15 copay for 1st 40 visits, 60% thereafter	0.8373	0.7469	0.6969	0.7009	0.8364
100% after \$20 copay for 1st 40 visits, 60% thereafter	0.8008	0.6853	0.6200	0.6253	0.7999
100% after \$25 copay for 1st 40 visits, 60% thereafter	0.7650	0.6264	0.5477	0.5540	0.7641
100% after \$30 copay for 1st 40 visits, 60% thereafter	0.7230	0.5614	0.4727	0.4798	0.7223
100% after \$35 copay for 1st 40 visits, 60% thereafter	0.6820	0.4997	0.4035	0.4112	0.6814
100% after \$40 copay for 1st 40 visits, 60% thereafter	0.6420	0.4416	0.3402	0.3483	0.6414
100% after \$45 copay for 1st 40 visits, 60% thereafter	0.6029	0.3870	0.2828	0.2911	0.6024
100% after \$50 copay for 1st 40 visits, 60% thereafter	0.5648	0.3358	0.2312	0.2396	0.5643
80% for 1st 20 visits in a cal yr and 65% thereafter	0.4791	0.5928	0.6480	0.6437	0.4786
100% after \$5 copay for 1st 20 visits in a cal yr and 80% thereafter	0.8604	0.8631	0.8557	0.8563	0.8579
100% after \$10 copay for 1st 20 visits in a cal yr and 80% thereafter	0.8280	0.8063	0.7828	0.7847	0.8258
100% after \$15 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7962	0.7519	0.7137	0.7168	0.7942
100% after \$20 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7651	0.6997	0.6486	0.6527	0.7633
100% after \$25 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7346	0.6498	0.5873	0.5923	0.7330
100% after \$30 copay for 1st 20 visits in a cal yr and 80% thereafter	0.6989	0.5946	0.5237	0.5294	0.6976
100% after \$35 copay for 1st 20 visits in a cal yr and 80% thereafter	0.6640	0.5424	0.4651	0.4713	0.6629
100% after \$40 copay for 1st 20 visits in a cal yr and 80% thereafter	0.6299	0.4932	0.4114	0.4180	0.6290
100% after \$45 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5966	0.4468	0.3628	0.3695	0.5960
100% after \$50 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5641	0.4035	0.3191	0.3258	0.5637
100% coins after \$5 for 1st 20 visits in a cal yr, 80% after \$5 copay thereafter	0.8559	0.8524	0.8407	0.8417	0.8533
100% coins after \$10 for 1st 20 visits in a cal yr, 80% after \$10 copay thereafter	0.8191	0.7854	0.7537	0.7563	0.8166
100% coins after \$15 for 1st 20 visits in a cal yr, 80% after \$15 copay thereafter	0.7830	0.7210	0.6712	0.6753	0.7806
100% coins after \$20 for 1st 20 visits in a cal yr, 80% after \$20 copay thereafter	0.7476	0.6594	0.5934	0.5988	0.7454
100% coins after \$25 for 1st 20 visits in a cal yr, 80% after \$25 copay thereafter	0.7129	0.6004	0.5203	0.5267	0.7108
100% coins after \$30 for 1st 20 visits in a cal yr, 80% after \$30 copay thereafter	0.6724	0.5353	0.4443	0.4517	0.6704
100% coins after \$35 for 1st 20 visits in a cal yr, 80% after \$35 copay thereafter	0.6327	0.4736	0.3743	0.3823	0.6308
100% coins after \$40 for 1st 20 visits in a cal yr, 80% after \$40 copay thereafter	0.5940	0.4154	0.3102	0.3187	0.5922
100% coins after \$45 for 1st 20 visits in a cal yr, 80% after \$45 copay thereafter	0.5561	0.3607	0.2521	0.2609	0.5545
100% coins after \$50 for 1st 20 visits in a cal yr, 80% after \$50 copay thereafter	0.5192	0.3095	0.2000	0.2088	0.5177
100% for first 1 - 40 visits, 60% thereafter	0.9514	N/A	N/A	N/A	N/A
100% first 5 visits, 80% thereafter	0.7168	N/A	N/A	N/A	N/A
100% coins after \$15 copay for visits 1-5 in a calendar year, 100% after \$25 copay for visits 6	0.8213	0.6890	0.6066	0.6132	0.8199
100% after \$15 copay for 1 - 5 visits, 100% after \$20 copay for 6 visits and over	0.8534	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 visits and over	0.8308	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 - 30 visits & 100% after \$30 copay for 31 visits & over	0.8253	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$30 copay thereafter	0.7946	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$35 copay thereafter	0.7912	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$40 copay thereafter	0.7878	N/A	N/A	N/A	N/A



Table 66 MH part hosp  
Table 181 MH part hosp  
c1. Calendar Year Visit Maximum

Maximum	MH & SA Combined Max Factor
20 Visits	0.7808
22 Visits	0.8078
25 Visits	0.8354
30 Visits	0.8784
33 Visits	0.9017
35 Visits	0.9079
40 Visits	0.9213
45 Visits	0.9406
50 Visits	0.9470
52 Visits	0.9590
60 Visits	0.9652
90 Visits	0.9860
22 visits/cal yr, includes family counseling	0.8078
Unlimited	1.0000
5 visits per calendar year	0.4179
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9897
25 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9929
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8884
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9951
35 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9966
40 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	0.9175
40 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	0.9208
40 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	0.9229
40 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	0.9244
40 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	0.9255
40 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	0.9262
40 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	0.9268
40 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9976
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9983
52 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	0.9503
52 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	0.9497
52 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	0.9490
52 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	0.9479
52 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	0.9464
52 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	0.9443
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	0.9410
52 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9989
60 visits per calendar year includes 20 visits for family counseling	0.9652
MH non-SMI 20 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9510
MH non-SMI 20 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9516
MH non-SMI 25 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9655
MH non-SMI 25 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9661

Table 66 MH part hosp  
Table 181 MH part hosp  
c1. Calendar Year Visit Maximum continued

Maximum	MH & SA Combined Max Factor
MH non-SMI 30 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9761
MH non-SMI 35 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9824
MH non-SMI 40 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9841
MH non-SMI 45 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9877
MH non-SMI 45 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9882
60 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9994
90 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9999
50 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9988
120 visits/cal yr	0.9989
20 visits/cal yr, 2 days Outpt may be substituted for 1 day of Inpat M/H, S/A	0.7827
20 visits/cal yr, 80 visits/lifetime	0.7800
MH non-SMI 30 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	0.9756
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8884
MH non-SMI 35 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	0.9706
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9154
MH non-SMI 40 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	0.9733
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9454
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9881
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9886
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9915
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9920
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9919
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9924
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	0.9958
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	0.9963

Table 66 MH part hosp  
Table 181 MH part hosp  
c2. Calendar Year Maximum

Benefit	MH & SA Factor
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8884
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9154
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9454
52 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9623
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9897
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9951
20 visits for Mental Health & Drug Abuse; unlimited for Alcohol	0.7883
\$3,905 maximum combined with Substance Abuse Outpatient	0.4626
\$3,919 maximum combined with Substance Abuse Outpatient	0.4634

Table 66 MH part hosp  
Table 181 MH part hosp  
d. Partial Hospitalization Coverage

Benefit Option	Factor
2 partial day/night session reduce I/P Alc. Max by 1 day	1.0000
60 day/night sessions	0.9838
60 day/night care sessions for Alc/Drug, days in day/night care facility will not count against nor reduce the 30 day I/P hospital Mental Nervous & Alc/Drug CYM	0.9838
60 day/night care sessions for Alc/Drug, days in day/night care facility will not count against nor reduce I/P hospital Alc/Drug days.	0.9838
1 day of I/P max = 2 days partial hosp, no less than 30	0.8878
30 sessions/cal yr	0.8878
Unlimited for MH, 20 per year for SA	0.9838
15 days per cal year	0.7810
\$4,375/cal yr combined for Substance Abuse, 24 days/cal yr for Mental Health	0.7386
20 days for MH/SA. Transitional, partial and effective treat comb	0.7808
3 emergency crisis intervention visits per calendar year	1.0000
3 emergency crisis intervention visits	0.3512
30 day/night session per year	0.8878
60 day/night sessions, sessions do not reduce hosp I/P max	0.9838
60 days elected	0.9838
60 days elected, 2 days reduce SA max by 1 day	0.9838
60 days elected, same as other, no reduction in SA max	0.9838
60 days rejected	0.9838
60 days elected, same as any other	0.9838
Covered same as any other	1.0000
Same as other MH expense - no limitations	1.0000
60 days includes crisis & respite, 2 for 1 swap with I/P	0.9838
60 days includes crisis & respite, 2 for 1 swap with I/P & 30 days for Alc/Drug treatment at Community Health Cente	0.9838
Treatment for partial hospitalization	1.0000
Same as any other expense 60 days elected does not count against nor reduce Inpatient M/H S/A cal yr max	0.9838
60 day/night care sessions for alc/drug, days in day/night care facility will not count against nor reduce hospital inpatient alc/drug days	0.9838
60 day/night care sessions for alc/drug, days in day/night care facility will not count against nor reduce the 30 day hospital inpatient Mental Nervous & Alc/Drug cal yr max.	0.9838
Same as any other disability for Alc/Drug to combined max of 60 day/night sessions in a 12 month period and 180 day/night sessions in lifetime	0.9828
Same As Any Other Mental Health/Substance Abuse Expense, 20 days/cal yr for Mental Health/Substance Abuse.	0.9925
Same as Any Other Expense, \$4,375 cal yr max. for Alc/Drug	1.0000
Same As Any Expense. Each day of Alc/Drug hospital or treatment facility confinement provides 2 days of par hosp with no fewer than 30 visits.	0.8878
120 day/night care sessions per cal/yr for M/H in a hospital or Psych/Res facility. Separate 120 day/night care sessions per cal/yr for Alc/Drug. 2 days of partial hosp. reduces IP max by 1 day. 23 IP days can be converted.	1.0000
1 visit per day up to 4 hours	1.0000
1 visit 24 months	0.0585
2 visits 12 months	0.2341
3 courses/lifetime	0.9801
5 visits/cal yr	0.5853
7 days/admission	0.6338
10 visits/cal yr	0.7067
20 Visits Combined Cal. yr	0.7808
20 days/cal yr for Mental Health/Substance Abuse	0.7808
Separate 20 days/cal yr for alcoholism and drug abuse, no limit for mental disorders	0.9897
30 day/night care sessions per cal yr	0.8878
30 days/cal yr or 120 days/lifetime	0.8869
30 treatment session per cal yr for Substance Abuse in a day/night care treatment program	0.8878
60 day/night care sessions/cal yr, includes crisis & respite care, each 2 days reduce inpat M/H cal yr max by 1 day, each 1 day inpt M/H reduces Par Hosp by 2 days	0.9838
60 day/night care session. Days in a day/night care facility will not count against nor reduce the 45 day Hospital inpatient Mental Health & the 30 day Hospital Inpatient Substance Abuse	0.9838
90 day/night care session for Substance Abuse, each 2 days of partial hosp reduces 45 day effective treatment maximum by 1 day	0.9925
60 day/night care sessions for alc/drug, days in day/night care facility will not count against nor reduce hospital inpatient alc/drug days.	0.9838

Table 67 SA NF  
Table 182 SA NF  
a. Copay

Copay	Factor
\$0	1.0000
\$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
Not Covered	0.0000

Table 67 SA NF  
Table 182 SA NF  
b1. Coinsurance

Coinsurance	Factor
50%	0.2397
55%	0.2789
60%	0.3380
65%	0.4066
70%	0.4814
75%	0.5624
80%	0.6451
85%	0.7266
90%	0.8129
95%	0.9040
100%	1.0000

Table 66 MH part hosp  
Table 181 MH part hosp  
d. Partial Hospitalization Coverage continued

Benefit Option	Factor
60 day night care sessions days in does not count against nor reduce the inpat	0.9838
MH SA cal yr max	0.9925
90 visits/cal yr	1.0000
120 visits/cal yr	1.0000
180 days/cal yr	1.0000
200 visits/cal yr	1.0000
60 day/night/cal yr sessions for par hosp crisis respite care. Each 2 days of par hosp reduce 30 day inpat Mental Health cal yr max by 1 day. Each 1 inpat Mental Health day reduces the 60 par hosp max by 2 days.	0.9838
24 days for mental disorder and combined \$4,375 cym for alch/drug abuse expenses in an alch/drug abuse treatment facility or par hosp	0.7386
Same As Any Other Expense for Mental Health, Substance Abuse. 60 day/night care sessions in an approved Hospital for Substance Abuse. Days in a day/night care facility do not count against nor reduce the 30 day Inpat Substance Abuse.	0.9838
Not Covered	0.0000
Each 2 days reduces Alcoholism/Drug Inpt cym by 1 day	1.0000
Same As Any Other Mental Health/Substance Abuse Expense, 20 days/cal yr for Substance Abuse, Unlimited for Mental Health	0.9925
Same as any other expense and subj to a 30 treatment session per cal yr for Substance Abuse in a day/night care treatment program	0.8878
Same as any other expense and subj to a 30 treatment session per cal yr for Substance Abuse in a day/night care treatment program	0.8878
60 Days Elected, each 2 days reduces M/H Inpt cym by 1 day	0.9838
60 Days Elected Paid Same As Any Other, Does Not Reduce Inpatient M/H, S/A CYM	0.9838
60 days per calendar year, not combined with inpatient maximums	0.9838
Same As Any Other Expense, 60 Days Elected	0.9838
60 Day/Night Care Sessions	0.9838
60 day/night care sessions/cal yr, includes crisis & respite care, each 2 days reduce inpat M/H cal yr max by 1 day, each 1 day inpt M/H reduces Par Hosp by 2 days	0.9838
60 day/night care sessions/cal yr, includes crisis & respite care, each 2 days reduce inpat M/H cal yr max by 1 day, each 1 day inpt M/H reduces Par Hosp by 2 days. 30 days/cal yr for A/D treatment at Community Health Center	0.9838
60 day/night care sessions for Par Hosp in approved Hosp or Psychiatric Facility. Days in day/night care do not count against nor reduce 3 day Inpat Hosp M/H CYM	0.9838
Same As Any Other Expense, 60 day/night care sessions in approved Hospital or Psychiatric Facility. Days in a day/night care facility do not count against nor reduce the 30 day Inpatient Hospital Mental Health/Substance Abuse cal yr max.	0.9838
90 Days Elected for S/A, each 2 days reduces S/A Treatment Facility cym by 1 day	0.9925
Same As Any Other Mental Health Expense	1.0000
Same As Any Other Expense, each 2 partial day/night care session reduces alcohol inpat cym by 1 day	1.0000
M/N Same As Any Other Expense, S/A 2 day/night sessions per 1 day in a hospital or treatment facility confinement w/no fewer than 30 visits.	0.8878
Same As Any Other Expense, 60 day/night/cal yr for part hosp crisis respite care. Each 2 days of par hosp reduce 30 day inpat Mental Health cal yr max by 1 day. Each 1 inpat Mental Health reduces 60 par hosp max by 2 days	0.9838
Same As Any Other Expense, each 2 partial day/night sessions reduce the Inpat Alch/Drug Abuse max by 1 day	1.0000
Same As Any Other Expense, 60 day/night care sessions. Days in day/night facility will not count against nor reduce the 45 day Inpatient Hospital MN & 30 day Inpatient Alcoh/Drug Abuse expenses	0.9838
Same As Any Other Expense, 120 day/night care cal yr max for MH in app hosp, psych fac/res trmnt fac. Res trmnt applies to under 21. Sep 120 day/night care cal yr max for AD. 2 days of par hosp reduce the inpat max by 1 day; 23 inpat days can be converted	1.0000
Same As Any Expense for Alcoholism. Mental Health, same as any expense, for par hosp & part day/night care sessions. Each 2 day partial day/night care sessions reduce the Inpat Alcohol max by 1 day	1.0000
Same As Any Other Expense, 60 Days Elected, does not count against nor reduct Inpatient M/H, S/A cal yr max	0.9838
Same as any other expense 60 days elected does not count against nor reduce Inpatient M/H S/A cal yr max	0.9838
Unlimited	1.0000

Table 67 SA NF

Table 182 SA NF

b2. Step Coinsurance Plans

	SA NF Only Factor	Combined Mental Health and Substance Abuse			
		SA NF Factor	MH NF Factor	Serious MH NF Factor	Part hosp Factor
80% 1-5 visits, 65% 6-30 visits, 50% thereafter	0.4916	0.4860	0.5537	0.5482	0.4297
80% for the first 5 visits, 65% for 6 - 30 visits, 60% for 31 visits & over	0.4979	N/A	N/A	N/A	N/A
80% for the first 5 visits, 70% for 6 visits & over	0.5498	N/A	N/A	N/A	N/A
75% first 40 visits, 60% thereafter	0.5535	0.5448	0.6078	0.6033	0.4513
75% first 40 visits, 70% thereafter	0.5592	N/A	N/A	N/A	N/A
100% of 1st \$100, 80% of the next \$100, 50% thereafter	0.3362	0.3371	0.4022	0.3958	0.3801
100% of 1st \$100, 80% thereafter	0.6745	0.6748	0.7175	0.7142	0.5430
100% of the first \$200, 100% after \$0 thereafter	1.0000	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$10 thereafter	0.8762	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$15 thereafter	0.8179	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$20 thereafter	0.7622	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$30 thereafter	0.6499	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$45 thereafter	0.4920	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$5 thereafter	0.9369	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$50 thereafter	0.4456	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$55 thereafter	0.4183	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$60 thereafter	0.3923	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$65 thereafter	0.3678	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$70 thereafter	0.3446	N/A	N/A	N/A	N/A
100% of the first \$200, 100% after \$75 thereafter	0.3327	N/A	N/A	N/A	N/A
100%/V visits 1-4; 50%/V visits 5 +	0.4914	N/A	N/A	N/A	N/A
100%/V visits 1-4 60%/V visits 5+	0.5572	N/A	N/A	N/A	N/A
100%/V visits 1-4 70%/V visits 5+	0.6531	N/A	N/A	N/A	N/A
100%/V visits 1-4 80%/V visits 5+	0.7626	N/A	N/A	N/A	N/A
100%/V visits 1-4 90%/V visits 5+	0.8748	N/A	N/A	N/A	N/A
100% after \$5 copay for 1st 40 visits, 60% thereafter	0.9009	0.8782	0.8644	0.8655	0.9115
100% after \$10 copay for 1st 40 visits, 60% thereafter	0.8311	0.8112	0.7784	0.7810	0.8736
100% after \$15 copay for 1st 40 visits, 60% thereafter	0.7641	0.7469	0.6969	0.7009	0.8364
100% after \$20 copay for 1st 40 visits, 60% thereafter	0.6999	0.6853	0.6200	0.6253	0.7999
100% after \$25 copay for 1st 40 visits, 60% thereafter	0.6385	0.6264	0.5477	0.5540	0.7641
100% after \$30 copay for 1st 40 visits, 60% thereafter	0.5707	0.5614	0.4727	0.4798	0.7223
100% after \$35 copay for 1st 40 visits, 60% thereafter	0.5065	0.4997	0.4035	0.4112	0.6814
100% after \$40 copay for 1st 40 visits, 60% thereafter	0.4460	0.4416	0.3402	0.3483	0.6414
100% after \$45 copay for 1st 40 visits, 60% thereafter	0.3890	0.3870	0.2828	0.2911	0.6024
100% after \$50 copay for 1st 40 visits, 60% thereafter	0.3357	0.3358	0.2312	0.2396	0.5643
80% for 1st 20 visits in a cal yr and 65% thereafter	0.6041	0.5928	0.6480	0.6437	0.4786
100% after \$5 copay for 1st 20 visits in a cal yr and 80% thereafter	0.8763	0.8631	0.8557	0.8563	0.8579
100% after \$10 copay for 1st 20 visits in a cal yr and 80% thereafter	0.8161	0.8063	0.7828	0.7847	0.8258
100% after \$15 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7583	0.7519	0.7137	0.7168	0.7942
100% after \$20 copay for 1st 20 visits in a cal yr and 80% thereafter	0.7030	0.6997	0.6486	0.6527	0.7633
100% after \$25 copay for 1st 20 visits in a cal yr and 80% thereafter	0.6501	0.6498	0.5873	0.5923	0.7330
100% after \$30 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5916	0.5946	0.5237	0.5294	0.6976
100% after \$35 copay for 1st 20 visits in a cal yr and 80% thereafter	0.5362	0.5424	0.4651	0.4713	0.6629
100% after \$40 copay for 1st 20 visits in a cal yr and 80% thereafter	0.4840	0.4932	0.4114	0.4180	0.6290
100% after \$45 copay for 1st 20 visits in a cal yr and 80% thereafter	0.4349	0.4468	0.3628	0.3695	0.5960
100% after \$50 copay for 1st 20 visits in a cal yr and 80% thereafter	0.3889	0.4035	0.3191	0.3258	0.5637
100% coins after \$5 for 1st 20 visits in a cal yr, 80% after \$5 copay thereafter	0.8679	0.8524	0.8407	0.8417	0.8533
100% coins after \$10 for 1st 20 visits in a cal yr, 80% after \$10 copay thereafter	0.7996	0.7854	0.7537	0.7563	0.8166
100% coins after \$15 for 1st 20 visits in a cal yr, 80% after \$15 copay thereafter	0.7341	0.7210	0.6712	0.6753	0.7806
100% coins after \$20 for 1st 20 visits in a cal yr, 80% after \$20 copay thereafter	0.6713	0.6594	0.5934	0.5988	0.7454
100% coins after \$25 for 1st 20 visits in a cal yr, 80% after \$25 copay thereafter	0.6113	0.6004	0.5203	0.5267	0.7108
100% coins after \$30 for 1st 20 visits in a cal yr, 80% after \$30 copay thereafter	0.5450	0.5353	0.4443	0.4517	0.6704
100% coins after \$35 for 1st 20 visits in a cal yr, 80% after \$35 copay thereafter	0.4822	0.4736	0.3743	0.3823	0.6308
100% coins after \$40 for 1st 20 visits in a cal yr, 80% after \$40 copay thereafter	0.4230	0.4154	0.3102	0.3187	0.5922
100% coins after \$45 for 1st 20 visits in a cal yr, 80% after \$45 copay thereafter	0.3673	0.3607	0.2521	0.2609	0.5545
100% coins after \$50 for 1st 20 visits in a cal yr, 80% after \$50 copay thereafter	0.3151	0.3095	0.2000	0.2088	0.5177
100% coins after \$15 copay for visits 1-5 in a calendar year, 100% after \$25 copay for visits 6	0.6939	0.6890	0.6066	0.6132	0.8199
100% after \$15 copay for 1 - 5 visits, 100% after \$20 copay for 6 visits and over	0.7429	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 visits and over	0.7057	N/A	N/A	N/A	N/A
100% after \$15 copay for 1 - 5 visits, 100% after \$25 copay for 6 - 30 visits & 100% after \$30 copay for 31 visits & over	0.6971	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$30 copay thereafter	0.6482	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$35 copay thereafter	0.6456	N/A	N/A	N/A	N/A
100% after \$25 copay first 40 visits, 100% after \$40 copay thereafter	0.6430	N/A	N/A	N/A	N/A

Table 67 SA NF

Table 182 SA NF

c1. Calendar Year Visit Maximum

	SA Only Factor	SA & MH Combined Max Factor
Maximum		
20 visits	0.8278	0.7808
60 visits, including 20 for family counseling	1.0000	N/A
22 visits	0.9001	0.8078
25 visits	0.8818	0.8354
30 visits	0.9179	0.8784
33 visits	0.9354	0.9017
35 visits	0.9429	0.9079
40 visits	0.9600	0.9213
45 visits	0.9720	0.9406
50 visits	0.9800	0.9470
52 visits	0.9825	0.9590
60 visits	0.9899	0.9652
90 visits	0.9991	0.9860
22 visits/cal yr, includes family counseling	0.9024	0.8078
30 hour maximum in a 12 month period for Alch/Drug and separate 20 hour maximum in a 12 month period for family counseling	0.9800	N/A
Unlimited	1.0000	1.0000
5 visits per calendar year	0.4139	0.4179
20 visits for mental disorders and drug abuse - a separate 20 visits for alcoholism	N/A	0.7824
20 visits for mental disorders and drug abuse, no MAXVST for alcoholism	N/A	0.7883
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	N/A	0.9897
25 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9929
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr includes 20 visits for family counseling for Substance Abuse	N/A	0.8884
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	N/A	0.9951
35 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9966
40 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	N/A	0.9175
40 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	N/A	0.9208
40 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	N/A	0.9229
40 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	N/A	0.9244
40 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	N/A	0.9255
40 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	N/A	0.9262
40 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	N/A	0.9268
40 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9976
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9983
52 visits for Mental Health and separate 20 visits for Alch/Drug Abuse	N/A	0.9503
52 visits for Mental Health and separate 25 visits for Alch/Drug Abuse	N/A	0.9497
52 visits for Mental Health and separate 30 visits for Alch/Drug Abuse	N/A	0.9490
52 visits for Mental Health and separate 35 visits for Alch/Drug Abuse	N/A	0.9479
52 visits for Mental Health and separate 40 visits for Alch/Drug Abuse	N/A	0.9464
52 visits for Mental Health and separate 45 visits for Alch/Drug Abuse	N/A	0.9443
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	N/A	0.9410
52 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9989
60 visits per calendar year includes 20 visits for family counseling	N/A	0.9652
60 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9994
90 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	N/A	0.9999
120 visits/cal yr	N/A	0.9989
20 visits/cal yr, 2 days Outpt may be substituted for 1 day of Inpat M/H, S/A	N/A	0.7827
20 visits/cal yr, 80 visits/lifetime	N/A	0.7800
MH non-SMI 30 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9756
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr includes 20 visits for family counseling for Substance Abuse	N/A	0.8884
MH non-SMI 35 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for family counseling	N/A	0.9706
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr includes 20 visits for family counseling for Substance Abuse	N/A	0.9154
MH non-SMI 20 visits per year; SMI unlimited visits per year. SA 60 visits per year includes 20 visits for family counseling	N/A	0.9510
MH non-SMI 20 visits per year; SMI unlimited visits per year. SA 90 visits per year includes 20 visits for family counseling	N/A	0.9516
MH non-SMI 25 visits per year; SMI unlimited visits per year. SA 60 visits per year includes 20 visits for family counseling	N/A	0.9655
MH non-SMI 25 visits per year; SMI unlimited visits per year. SA 90 visits per year includes 20 visits for family counseling	N/A	0.9661

Table 67 SA NF

Table 182 SA NF

c1. Calendar Year Visit Maximum continued

	SA Only Factor	SA & MH Combined Max Factor
Maximum		
MH non-SMI 30 visits per year; SMI unlimited visits per year. SA 90 visits per year includes 20 visits for family counseling	N/A	0.9761
MH non-SMI 35 visits per year; SMI unlimited visits per year. SA 90 visits per year includes 20 visits for family counseling	N/A	0.9824
MH non-SMI 40 visits per year; SMI unlimited visits per year. SA 90 visits per year includes 20 visits for family counseling	N/A	0.9841
MH non-SMI 45 visits per year; SMI unlimited visits per year. SA 60 visits per year includes 20 visits for family counseling	N/A	0.9877
MH non-SMI 45 visits per year; SMI unlimited visits per year. SA 90 visits per year includes 20 visits for family counseling	N/A	0.9882
MH non-SMI 40 visits cal/yr; SMI unlimited visits cal/yr. SA 60 visits cal/yr of which 20 can be used for Family Counseling	N/A	0.9733
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr includes 20 visits for family counseling for Substance Abuse	N/A	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr includes 20 visits for family counseling for Substance Abuse	N/A	0.9454
10 visits per calendar year	0.6143	N/A
12 visits	0.9755	N/A
15 visits	0.7431	N/A
20 visits for mental disorders and drug abuse - a separate 20 visits for alcoholism	0.7824	N/A
20 visits for mental disorders and drug abuse, no MAXVST for alcoholism	0.7883	N/A
24 visits per year	0.8776	N/A
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr includes 20 visits for family counseling for Substance Abuse	0.8884	N/A
45 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9983	N/A
50 visits/cal yr	0.9800	N/A
50 visits/cal yr for Substance Abuse; unlimited visits for Mental Health	0.9988	N/A
52 visits for Mental Health and separate 52 visits for Alch/Drug Abuse	0.9614	N/A
60 visits per calendar year includes 20 visits for family counseling	0.9899	N/A
90 visits per calendar year includes 20 visits for family counseling	0.9991	N/A
120 visits	1.0000	N/A
120 per calendar year	1.0000	N/A
130 visits	1.0000	N/A
2 visits 12 months	0.1656	N/A
3 episodes/lifetime, IP & OP combined	0.9616	N/A
6 visits of which 20 can be used for family counseling	0.4540	N/A
20 visits/cal yr, 2 days Outpt may be substituted for 1 day of Inpat M/H, S/A	0.8299	N/A
20 visits per calendar year; 40 visits per lifetime	0.7283	N/A
Unlimited includes coverage for rehabilitation therapy individual and family counseling	1.0000	N/A
Unlimited; 20 hour maximum in a 12 month period for family counseling sessions	1.0000	N/A
60 visits/cal yr of which 20 can be used for Family Counseling	0.9899	N/A
60 visits/cal yr, 120 visits/lifetime	0.9701	N/A
20 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9260	N/A
25 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9492	N/A
30 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9647	N/A
35 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9754	N/A
40 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9828	N/A
45 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9880	N/A
52 visits/cal yr for Drug Abuse; unlimited for Alcoholism	0.9925	N/A
3 Courses of Treatment	0.9616	N/A
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9881
MH non-SMI 50 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9886
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9915
MH non-SMI 52 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9920
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9919
MH non-SMI 60 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9924
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 60 visits per year includes 20 visits for family counseling	N/A	0.9958
MH non-SMI 90 visits per year; SMI unlimited visits per year, SA 90 visits per year includes 20 visits for family counseling	N/A	0.9963

Table 67 SA NF  
Table 182 SA NF

e. Combined Calendar Year and Lifetime Maximums		
Calendar Year Maximum	Lifetime Maximum	Factor
20 visits	80 visits	0.8270
25 visits	80 visits	0.8809
30 visits	80 visits	0.9169
35 visits	80 visits	0.9240
45 visits	80 visits	0.9526
60 visits	120 visits	0.9701

Table 67 SA NF  
Table 182 SA NF

f. Calendar Year \$ Max - Separate Drug and Alcohol

Maximums		Coinsurance										
Drug	Alcohol	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
\$1,000	Unlimited	0.7554	0.7428	0.7323	0.7235	0.7152	0.7077	0.7012	0.6949	0.6893	0.6843	0.6798
\$1,000	\$590	0.3934	0.3701	0.3491	0.3309	0.3143	0.2999	0.2872	0.2746	0.2634	0.2534	0.2445
Unlimited	\$500	0.6087	0.5979	0.5890	0.5814	0.5742	0.5677	0.5620	0.5570	0.5525	0.5485	0.5449

Table 67 SA NF  
Table 182 SA NF

h1. Calendar Year \$ Maximum

Benefit	Coinsurance											
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor	
\$15,000 combined with I/P SA, no Detox	0.9637	0.9560	0.9441	0.9384	0.9246	0.9126	0.9126	0.8970	0.8832	0.8708	0.8597	
\$1,000	0.4565	0.4285	0.4052	0.3855	0.3671	0.3505	0.3360	0.3220	0.3096	0.2985	0.2885	
\$1,500	0.5723	0.5441	0.5207	0.4960	0.4748	0.4565	0.4372	0.4203	0.4052	0.3917	0.3796	
\$2,500	0.7038	0.6763	0.6533	0.6338	0.6172	0.5993	0.5824	0.5662	0.5493	0.5343	0.5207	
\$3,000	0.7419	0.7211	0.7038	0.6805	0.6605	0.6432	0.6280	0.6146	0.5993	0.5851	0.5723	
\$3,500 combined with I/P SA	0.5472	0.5199	0.4972	0.4779	0.4615	0.4422	0.4253	0.4105	0.3973	0.3854	0.3748	
\$6,000 combined with I/P SA	0.6912	0.6678	0.6483	0.6238	0.6028	0.5845	0.5686	0.5497	0.5329	0.5179	0.5043	
\$11,350 CYM combined with I/P SA, not reduced for complications	0.9061	0.8888	0.8681	0.8476	0.8300	0.8148	0.7936	0.7737	0.7560	0.7402	0.7260	
\$12,715 CYM combined with I/P SA, not reduced for complications	0.8763	0.8555	0.8370	0.8195	0.7999	0.7829	0.7681	0.7547	0.7368	0.7209	0.7065	

Table 67 SA NF  
Table 182 SA NF

h2. Calendar Year Maximum

Benefit	Factor
30 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.8884
35 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9154
40 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9278
45 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9454
52 visits/cal yr, plus 3 visits/cal yr for crisis intervention for Mental Health and separate 60 visits/cal yr, includes 20 visits for family counseling for Substance Abuse	0.9623
20 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9897
30 visits/cal yr for Substance Abuse and unlimited visits for Mental Health	0.9951
20 visits for Mental Health & Drug Abuse; unlimited for Alcohol	0.7883
\$3,905 maximum combined with Partial Hospitalization	0.4626
\$3,919 maximum combined with Partial Hospitalization	0.4634

Table 68 Private Duty Nursing  
Table 183 Private Duty Nursing

a. Coinsurance

Coinsurance	Factor
50%	0.4361
55%	0.4867
60%	0.5387
65%	0.5918
70%	0.6463
75%	0.7021
80%	0.7591
85%	0.8174
90%	0.8770
95%	0.9379
100%	1.0000
Not Covered	0.0000

Table 68 Private Duty Nursing  
Table 183 Private Duty Nursing

b. Maximum

Maximum	Separate from HHC Factor	Combined w/ HHC Factor
40 days	0.1983	0.5357
60 days	0.2700	0.6036
70 days	0.3027	0.6303
80 days	NA	0.6539
100 days	0.3968	0.6953
120 days	0.4553	0.7327
130 days	0.4833	0.7501
Unlimited	1.0000	1.0000
15 shifts per yr	0.0956	0.3614
30 shift per cal yr	0.1596	0.4869
52-8 hour shifts per cal yr	0.2421	0.5789
120-4 hour shifts per cal yr	0.2700	0.6036
140-4 hour shifts per cal yr	0.3027	0.6303
560 hours per cal yr	0.3027	0.6303

Table 69 HHC  
Table 184 HHC

a. Copay

Copay	Factor
\$0	1.0000
\$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

Table 69 HHC  
Table 184 HHC

b. Coinsurance

Coinsurance	Factor
50%	0.3816
55%	0.4235
60%	0.4660
65%	0.5092
70%	0.5584
75%	0.6236
80%	0.6921
85%	0.7641
90%	0.8393
95%	0.9180
100%	1.0000

Table 69 HHC  
Table 184 HHC

c. Maximum

Maximum	w/o PDN Factor	Combined w/ PDN Factor
30 days	0.6579	0.4869
40 days	0.6905	0.5357
60 days	0.7357	0.6036
70 days	0.7535	0.6303
80 days	0.7692	0.6539
90 days	0.7835	0.6752
100 days	0.7968	0.6953
120 days	0.8218	0.7327
130 days	0.8334	0.7501
160 days	0.8626	0.7939
60 visits/cal yr. Medical social services covered up to \$200 per calendar year for terminally ill individual	0.7357	0.6036
60 visits per calendar year. Includes nutritional counseling and services of a medical social worker. Reimbursement may not be limited to less than \$1,000 per cal year even if the max number of visits has been reached.	0.7357	0.6036
80 visits/cal yr. Medical social services covered up to \$200 per calendar year for terminally ill individual	0.7692	0.6539
90 visits/cal yr. Medical social services covered up to \$200 per calendar year for terminally ill individual	0.7835	0.6752
100 visits/cal yr. Medical social services covered up to \$200 per calendar year for terminally ill individual	0.7968	0.6953
240 visits per calendar year	0.9204	0.8806
300 hours per calendar year	0.6823	0.5235
Unlimited	1.0000	1.0000

Table 69 HHC

Table 184 HHC

d. Miscellaneous Benefits

Additional Coverage	Factor
Unlimited, Includes Nutritional Counseling & Medical Social Worker	1.0000
Unlimited, Includes expts for Alzheimers Center, Adult Family Homes, Assisted Living	1.0000
Unlimited, Includes expts for Alzheimers Center, Adult Family Homes, Assisted Living, Congregate Facility, Adult Day Care or simi	1.0000
120 visits/cal yr, 1st 60 visits prior hosp confinement not required, additional 60 visits prior hosp confinement required	0.8218
120 visits per cal yr; 1st 40 - 4 hrs Home Health Aid = 1 visit; next 80 each visit up to 4 hrs = 1 visit; each visit by nurse or therapist = 1 visit Including NY Rest Mandate	0.8218
120 visits/cal yr., Medical Social Services covered up to \$200 per calendar year for terminally ill individuals	0.8218
120 visits per cal yr; Each 4 hrs of Home Health Aid services = 1 visit. After 1st 40 visits, each visit of up to 4 hrs = 1 visit. Each visit by nurse or therapist is 1 visit. Maternity 1 visit after early discharge at 100%.	0.8218
6 home or office phys visits/month, 3 nursing visits/week, home health aide visits 20 hours/week - prior hospital confinement not required	0.9768
Covers expenses for care in alzheimers center, adult family homes, assisted living arrangements. Prior hospital confinement not required	1.0000
20 visits/cal yr	0.6108
40 visits per calendar year. Prior hospital confinement not required. 4 hours home health aide equal 1 visit.	0.6905
50 visits/cal yr	0.7152
52 visits/cal yr	0.7193
180 visits/cal year	0.8798
200 visits/cal yr	0.8948

Table 70 Hospice NF

Table 185 Hospice NF

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 70 Hospice NF

Table 185 Hospice NF

b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 70 Hospice NF

Table 185 Hospice NF

c. Calendar Year Maximum

Dollar Maximum	Coinsurance											
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor	
60 days/cal yr	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	0.7721	
120 days/cal yr	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	0.9060	
\$1,000 per calendar year for inpatient and outpatient combined	0.3160	0.2935	0.2747	0.2588	0.2438	0.2300	0.2180	0.2075	0.1980	0.1896	0.1820	
\$2,000/cal yr	0.5016	0.4749	0.4507	0.4290	0.4089	0.3908	0.3750	0.3591	0.3450	0.3324	0.3211	
\$3,000/cal yr	0.6106	0.5843	0.5624	0.5402	0.5199	0.5016	0.4832	0.4670	0.4507	0.4358	0.4225	
\$5,000/cal yr	0.7382	0.7150	0.6933	0.6738	0.6551	0.6369	0.6205	0.6049	0.5892	0.5751	0.5624	
\$5,000 per year for inpatient and outpatient combined	0.7381	0.7145	0.6926	0.6731	0.6543	0.6359	0.6191	0.6033	0.5871	0.5727	0.5597	
\$7,500/cal yr	0.8278	0.8074	0.7905	0.7704	0.7532	0.7382	0.7223	0.7073	0.6933	0.6803	0.6676	
\$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	0.8660	0.8477	0.8313	0.8144	0.7994	0.7843	0.7684	0.7544	0.7419	0.7286	0.7162	
\$10,000/cal yr	0.8820	0.8642	0.8476	0.8323	0.8171	0.8029	0.7905	0.7751	0.7615	0.7492	0.7382	
\$10,000 per calendar year for inpatient and outpatient combined	0.8820	0.8641	0.8475	0.8322	0.8170	0.8028	0.7904	0.7750	0.7613	0.7491	0.7381	
\$15,000/cal yr	0.9463	0.9313	0.9188	0.9046	0.8925	0.8820	0.8697	0.8589	0.8476	0.8371	0.8278	
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	

Table 70 Hospice NF

Table 185 Hospice NF

d. Respite Care

Option	Factor
Include Respite Care	1.0100
Include Respite Care and Bereavement Separate from I/P	1.0120
Exclude	1.0000

Table 70 Hospice NF

Table 185 Hospice NF

f. Combined Maximums

Options	Factor
Combined with Hospice I/P	1.0000
I/P and O/P Separate	1.0000
Option 2 - Inpat and Outpat Separate, Includes Bereavement Counseling and Respite Care	1.0120

Table 70 Hospice NF

Table 185 Hospice NF

e. Day Maximum

Maximum	Factor
180 days excluding Bereavement	0.9566
180 days/lifetime, including bereavement counseling - 5 visit max.	0.9585
Unlimited, includes Respite Care for 14 days/cal yr, Family and Bereavement Counseling. Bereavement Counseling for family limited to 5 months or 15 visits after patients death, whichever occurs first	1.0100
30 Days/Lifetime	0.6229
60 day/night care sessions	0.7721
60 days per lifetime for inpatient and outpatient combined	0.7396
80 days per calendar year for inpatient and outpatient combined including Bereavement Counseling up to \$200 per incident	0.8328
90 Days/Life	0.8247
100 days per calendar year for inpatient and outpatient combined including Bereavement Counseling up to \$200 per incident	0.8759
100 visits per lifetime	0.8397
120 Days/Visits for Inpatient and Outpatient Combined Including 12 Bereavement Counseling Visits at \$25 per visit for up to 6 months following death	0.9078
120 days per calendar year for inpatient and outpatient combined including Bereavement Counseling up to \$500 per calendar year	0.9078
120 visits/lifetime	0.8679
120 Days/Visits per Lifetime for Inpatient and Outpatient Combined	0.8679
180 days per year for inpatient and outpatient combined	0.9566
180 days per lifetime for inpatient and outpatient combined	0.9566
180 day lifetime maximum plus 5 bereavement counseling visits	0.9585

Table 70 Hospice NF

Table 185 Hospice NF

e. Day Maximum continued

Maximum	Factor
180 days/lifetime, excludes bereavement counseling	0.9566
180 days/lifetime, including bereavement counseling - 5 visit max.	0.9585
6 months/cal yr	0.9566
6 months/lifetime	0.9164
210 days/cal yr	0.9684
210 Days/Visits per Calendar Year for Inpatient and Outpatient Combined	0.9684
210 Days/Visits per Calendar Year for Inpatient and Outpatient Combined Including 5 Bereavement Counseling Visits	0.9703
210 days per lifetime	0.9282
210 Days/Visits per Lifetime for Inpatient and Outpatient Combined	0.9282
210 Days/Visits per Lifetime for Inpatient and Outpatient Combined Including 5 Bereavement Counseling Visits	0.9300
225 days per lifetime for inpatient and outpatient combined with a 60 day limit on inpatient. Includes Bereavement and Family Counseling	0.9744
\$300 lifetime max for Bereavement Counseling	1.0020
360 Days/Visits per Lifetime for Inpatient and Outpatient Combined	1.0000
Unlimited, includes Respite Care	1.0100
Unlimited, includes bereavement counseling and respite care	1.0120
Unlimited, includes Bereavement Counseling during the 12 months following death for up to 6 visits per family at a maximum of \$50 per visit	1.0120
Unlimited, includes Bereavement Counseling up to \$500 per calendar year	1.0020
365 days per year for inpatient and outpatient combined	1.0000
365 Days Lifetime Max	1.0000
Unlimited	1.0000

Table 70 Hospice NF

Table 185 Hospice NF

g. Hospice O/P Lifetime Maximums

Maximum	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
\$1,000/lifetime	0.8450	0.8279	0.8120	0.7974	0.7828	0.7692	0.7573	0.7426	0.7295	0.7178	0.7072
\$1,150 maximum during 12 month period following death for Bereavement Counseling	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020	1.0020
\$1,500/lifetime	0.4047	0.3799	0.3592	0.3394	0.3223	0.3076	0.2926	0.2794	0.2676	0.2571	0.2476
\$1,500 Lifetime includes bereavement counseling and respite care.	0.4096	0.3845	0.3636	0.3434	0.3262	0.3113	0.2961	0.2827	0.2708	0.2602	0.2506
\$1,500 Lifetime for Hospice, \$100/family lifetime for Bereavement Counseling, \$500/family lifetime for Family Counseling	0.4055	0.3807	0.3600	0.3400	0.3230	0.3082	0.2932	0.2799	0.2681	0.2576	0.2481
\$2,000/lifetime	0.4805	0.4549	0.4318	0.4110	0.3917	0.3744	0.3592	0.3440	0.3305	0.3185	0.3076
\$3,000/lifetime	0.5850	0.5598	0.5388	0.5176	0.4980	0.4805	0.4629	0.4474	0.4318	0.4175	0.4047
\$3,500/lifetime	0.6227	0.5987	0.5773	0.5565	0.5388	0.5204	0.5035	0.4877	0.4727	0.4583	0.4453
\$5,000 Lifetime includes bereavement counseling and respite care.	0.7471	0.7235	0.7016	0.6819	0.6629	0.6446	0.6279	0.6122	0.5963	0.5820	0.5692
\$5,000/lifetime	0.7072	0.6849	0.6641	0.6455	0.6275	0.6102	0.5944	0.5795	0.5644	0.5509	0.5388
\$5,000 per lifetime for inpatient and outpatient combined	0.7071	0.6845	0.6635	0.6448	0.6269	0.6092	0.5931	0.5779	0.5625	0.5486	0.5362
\$7,400 per lifetime for Inpatient and Outpatient Combined	0.7900	0.7708	0.7538	0.7348	0.7185	0.7038	0.6885	0.6738	0.6605	0.6478	0.6355
\$7,500 lifetime	0.7930	0.7735	0.7573	0.7380	0.7215	0.7072	0.6919	0.6776	0.6641	0.6517	0.6395
\$7,500 per lifetime for Inpatient and Outpatient Combined	0.7929	0.7734	0.7572	0.7379	0.7214	0.7071	0.6916	0.6771	0.6635	0.6511	0.6389
\$9,100 per benefit period of 3 months of continuous care, includes respite care, 3 benefit periods per lifetime. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.8747	0.8562	0.8396	0.8225	0.8074	0.7921	0.7761	0.7619	0.7493	0.7359	0.7233
\$9,100 per benefit period of 3 months of continuous care. 3 benefit periods per lifetime. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.8660	0.8477	0.8313	0.8144	0.7994	0.7843	0.7684	0.7544	0.7419	0.7286	0.7162
\$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	0.8660	0.8477	0.8313	0.8144	0.7994	0.7843	0.7684	0.7544	0.7419	0.7286	0.7162
\$10,000/lifetime	0.8450	0.8279	0.8120	0.7974	0.7828	0.7692	0.7573	0.7426	0.7295	0.7178	0.7072
\$10000 Lifetime includes bereavement counseling and respite care.	0.8551	0.8378	0.8217	0.8069	0.7922	0.7784	0.7664	0.7515	0.7382	0.7264	0.7157
\$10000 lifetime (combined Inpat & Outpat)	0.8449	0.8278	0.8119	0.7973	0.7827	0.7691	0.7572	0.7424	0.7293	0.7176	0.7071
\$10,000 per lifetime for Inpatient and Outpatient Combined plus a separate \$300 lifetime maximum for Bereavement Counseling	0.8466	0.8295	0.8135	0.7989	0.7843	0.7706	0.7587	0.7439	0.7308	0.7191	0.7085
\$10,000 per lifetime for Inpatient and Outpatient Combined plus \$750 for bereavement and respite care for the immediate family	0.8551	0.8377	0.8216	0.8069	0.7921	0.7783	0.7663	0.7514	0.7381	0.7263	0.7156
\$10,000/lifetime, separate \$1,077 for bereavement counseling during 3 mos period following death	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$10,000 Lifetime for Hospice, \$1,150 for Bereavement Counseling and Respite Care	0.8467	0.8295	0.8136	0.7990	0.7843	0.7707	0.7588	0.7440	0.7309	0.7192	0.7087
\$12,000/lifetime	0.8551	0.8378	0.8217	0.8069	0.7922	0.7784	0.7664	0.7515	0.7382	0.7264	0.7157
\$12,500 per lifetime for Inpatient and Outpatient Combined	0.8732	0.8578	0.8450	0.8305	0.8174	0.8044	0.7930	0.7804	0.7692	0.7591	0.7473
\$15,000/lifetime	0.8802	0.8641	0.8508	0.8377	0.8247	0.8119	0.8000	0.7887	0.7770	0.7666	0.7572
\$15,000 per lifetime for Inpatient and Outpatient Combined	0.9066	0.8922	0.8802	0.8667	0.8550	0.8450	0.8332	0.8228	0.8120	0.8020	0.7930
\$15,000 per benefit period of 3 months of continuous care, 3 benefit periods per lifetime for inpatient and outpatient combined. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.9482	0.9331	0.9206	0.9064	0.8943	0.8837	0.8714	0.8605	0.8492	0.8387	0.8293
\$20,000/lifetime	0.9391	0.9297	0.9197	0.9096	0.8991	0.8890	0.8802	0.8698	0.8606	0.8524	0.8450
\$25,000 per Lifetime for Inpatient and Outpatient Combined	0.9514	0.9462	0.9413	0.9351	0.9281	0.9197	0.9115	0.9035	0.8948	0.8871	0.8802
\$27,300 per lifetime for inpatient and outpatient combined. Bereavement care limited to \$1,150 maximum during 12 months following death.	0.9539	0.9529	0.9481	0.9436	0.9384	0.9317	0.9246	0.9167	0.9097	0.9017	0.8941
\$50,000 per Lifetime for Inpatient and Outpatient Combined	0.9580	0.9568	0.9558	0.9549	0.9542	0.9536	0.9530	0.9525	0.9521	0.9517	0.9514
Unlimited per lifetime	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 71 Injectables - AF  
Table 186 Injectables - AF

a. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 71 Injectables - AF  
Table 186 Injectables - AF

b. Frequency Maximums

Maximum	Factor
\$50 per visit drugs are subject to market fee schedule and if not applicable, 60% of billed charges or 70% of AWP	0.2101
\$50 per visit drugs are subject to REF/70% of AWP	0.2101

Table 72 Injectables - Office

Table 187 Injectables - Office

a. Copay

Copay	Factor
\$0	1.0000
\$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

Table 72 Injectables - Office

Table 187 Injectables - Office

b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 72 Injectables - Office

Table 187 Injectables - Office

c. Frequency Maximums

Maximum	Factor
\$50 per visit drugs are subject to market fee schedule and if not applicable, 60% of billed charges or 70% of AWP	0.2101
\$50 per visit drugs are subject to REF/70% of AWP	0.2101

Table 73 Durable Medical Equipment  
Table 188 Durable Medical Equipment

a. Coinsurance	
Coinsurance	Factor
50%	0.4060
55%	0.4496
60%	0.5050
65%	0.5628
70%	0.6230
75%	0.6856
80%	0.7506
85%	0.8130
90%	0.8739
95%	0.9362
100%	1.0000
Not covered	0.0000

Table 73 Durable Medical Equipment  
Table 188 Durable Medical Equipment

b. Maximum	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
Dollar Maximum											
\$800	0.6078	0.5922	0.5771	0.5631	0.5490	0.5368	0.5261	0.5132	0.5017	0.4914	0.4821
\$1,250	0.6860	0.6692	0.6553	0.6412	0.6270	0.6147	0.6040	0.5941	0.5844	0.5748	0.5662
\$1,500	0.7178	0.7004	0.6860	0.6718	0.6597	0.6491	0.6362	0.6248	0.6147	0.6057	0.5975
\$2,000	0.7659	0.7494	0.7348	0.7217	0.7087	0.6966	0.6860	0.6751	0.6655	0.6569	0.6491
\$2,500	0.8024	0.7873	0.7725	0.7589	0.7465	0.7348	0.7242	0.7141	0.7036	0.6943	0.6860
\$3,000	0.8239	0.8122	0.8024	0.7896	0.7772	0.7659	0.7546	0.7446	0.7348	0.7258	0.7178
\$4,000	0.8553	0.8427	0.8338	0.8262	0.8178	0.8096	0.8024	0.7926	0.7836	0.7743	0.7659
\$4,500	0.8680	0.8576	0.8461	0.8375	0.8302	0.8239	0.8158	0.8087	0.8024	0.7937	0.7858
\$5,000	0.8798	0.8691	0.8595	0.8496	0.8408	0.8338	0.8276	0.8214	0.8144	0.8081	0.8024
\$6,000	0.8961	0.8872	0.8798	0.8707	0.8626	0.8553	0.8461	0.8396	0.8338	0.8286	0.8239
\$7,500	0.9137	0.9057	0.8991	0.8924	0.8856	0.8798	0.8724	0.8658	0.8595	0.8534	0.8461
\$8,000	0.9181	0.9110	0.9039	0.8979	0.8915	0.8852	0.8798	0.8729	0.8666	0.8607	0.8553
\$9,000	0.9270	0.9197	0.9137	0.9069	0.9011	0.8961	0.8900	0.8846	0.8798	0.8736	0.8680
\$10,000	0.9358	0.9278	0.9211	0.9154	0.9095	0.9039	0.8991	0.8942	0.8889	0.8841	0.8798
\$15,000	0.9583	0.9528	0.9482	0.9435	0.9394	0.9358	0.9303	0.9254	0.9211	0.9172	0.9137
\$20,000	0.9674	0.9641	0.9613	0.9590	0.9554	0.9516	0.9482	0.9446	0.9413	0.9384	0.9358
\$25,000	0.9765	0.9724	0.9689	0.9660	0.9635	0.9613	0.9594	0.9571	0.9538	0.9509	0.9482
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

Table 189. Diabetic Supplies	
No Copay	
Coinsurance	Factor
50%	0.8000
55%	0.8000
60%	0.8000
65%	0.8000
70%	0.8000
75%	0.8000
80%	0.8000
85%	0.8000
90%	0.8000
95%	0.8000
100%	0.8000
Not Covered	0.0000

Table 75 Prosthetics and Orthotics  
Table 190 Prosthetics and Orthotics

a. Copay	
Copay	Factor
\$0	1.0000
\$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  
Table 190 Prosthetics and Orthotics

b. Coinsurance	
Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not Covered	0.0000

Table 75 Prosthetics and Orthotics  
Table 190 Prosthetics and Orthotics

c. Maximums	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
CalyrMax											
\$1,250	0.4422	0.4226	0.4063	0.3911	0.3769	0.3645	0.3537	0.3436	0.3336	0.3246	0.3165
\$1,500	0.4783	0.4586	0.4422	0.4256	0.4114	0.3991	0.3861	0.3747	0.3645	0.3554	0.3472
\$2,000	0.5376	0.5172	0.4992	0.4831	0.4680	0.4543	0.4422	0.4295	0.4183	0.4082	0.3991
\$2,500	0.5870	0.5654	0.5461	0.5289	0.5136	0.4992	0.4861	0.4741	0.4623	0.4517	0.4422
\$3,000	0.6292	0.6062	0.5870	0.5687	0.5522	0.5376	0.5236	0.5112	0.4992	0.4882	0.4783
\$4,000	0.6980	0.6743	0.6528	0.6347	0.6172	0.6011	0.5870	0.5730	0.5604	0.5484	0.5376
\$4,500	0.7265	0.7032	0.6823	0.6619	0.6444	0.6292	0.6134	0.5994	0.5870	0.5745	0.5633
\$5,000	0.7502	0.7286	0.7075	0.6883	0.6697	0.6528	0.6381	0.6243	0.6105	0.5981	0.5870
\$6,000	0.7891	0.7679	0.7502	0.7320	0.7143	0.6980	0.6823	0.6667	0.6528	0.6404	0.6292
\$7,500	0.8326	0.8128	0.7964	0.7802	0.7641	0.7502	0.7354	0.7215	0.7075	0.6947	0.6823
\$8,000	0.8439	0.8260	0.8085	0.7936	0.7780	0.7632	0.7502	0.7362	0.7233	0.7100	0.6980
\$9,000	0.8643	0.8481	0.8326	0.8159	0.8016	0.7891	0.7745	0.7616	0.7502	0.7377	0.7265
\$10,000	0.8823	0.8659	0.8515	0.8369	0.8222	0.8085	0.7964	0.7846	0.7718	0.7604	0.7502
\$20,000	0.9727	0.9615	0.9521	0.9442	0.9343	0.9242	0.9154	0.9056	0.8970	0.8892	0.8823
\$25,000	0.9874	0.9807	0.9752	0.9680	0.9595	0.9521	0.9457	0.9387	0.9301	0.9223	0.9154
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000



Table 76 Lens Reimbursement

Table 191 Lens Reimbursement	
a. Coinsurance	No Copay
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not Covered	0.0000

Table 76 Lens Reimbursement

Table 191 Lens Reimbursement

b. Maximums	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
24 Month Dollar											
Maximum											
\$35	0.1861	0.1679	0.1527	0.1399	0.1289	0.1195	0.1112	0.1039	0.0974	0.0916	0.0864
\$50	0.2882	0.2583	0.2333	0.2121	0.1917	0.1765	0.1646	0.1541	0.1448	0.1364	0.1289
\$70	0.3972	0.3724	0.3414	0.3128	0.2882	0.2662	0.2470	0.2300	0.2149	0.2006	0.1861
\$75	0.4166	0.3901	0.3680	0.3373	0.3110	0.2882	0.2676	0.2494	0.2333	0.2188	0.2058
\$100	0.4823	0.4619	0.4417	0.4224	0.4027	0.3842	0.3680	0.3445	0.3237	0.3050	0.2882
\$125	0.6123	0.5532	0.5040	0.4737	0.4582	0.4417	0.4260	0.4109	0.3950	0.3808	0.3680
\$150	0.7140	0.6585	0.6123	0.5623	0.5195	0.4823	0.4683	0.4559	0.4417	0.4285	0.4166
\$175	0.7846	0.7397	0.6971	0.6514	0.6123	0.5690	0.5311	0.4976	0.4761	0.4646	0.4542
\$200	0.8368	0.7988	0.7611	0.7249	0.6850	0.6462	0.6123	0.5741	0.5401	0.5097	0.4823
\$250	0.9411	0.8937	0.8542	0.8207	0.7921	0.7611	0.7317	0.7020	0.6688	0.6391	0.6123
\$300	0.9705	0.9545	0.9411	0.9010	0.8666	0.8368	0.8107	0.7877	0.7611	0.7363	0.7140
\$350	1.0000	0.9813	0.9656	0.9524	0.9411	0.9063	0.8759	0.8490	0.8252	0.8038	0.7846
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

12 mth Dollar	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
Maximum											
\$35	0.4547	0.4425	0.4323	0.4237	0.4164	0.4101	0.4045	0.3996	0.3953	0.3914	0.3879
\$50	0.5231	0.5031	0.4863	0.4721	0.4584	0.4483	0.4403	0.4332	0.4270	0.4214	0.4164
\$70	0.5961	0.5795	0.5587	0.5396	0.5231	0.5084	0.4955	0.4841	0.4740	0.4644	0.4547
\$75	0.6091	0.5914	0.5766	0.5560	0.5384	0.5231	0.5093	0.4971	0.4863	0.4766	0.4679
\$100	0.6531	0.6395	0.6259	0.6130	0.5998	0.5874	0.5766	0.5608	0.5469	0.5344	0.5231
\$125	0.7402	0.7006	0.6677	0.6474	0.6370	0.6259	0.6154	0.6053	0.5947	0.5851	0.5766
\$150	0.8084	0.7712	0.7402	0.7067	0.6781	0.6531	0.6438	0.6355	0.6259	0.6171	0.6091
\$175	0.8557	0.8256	0.7971	0.7664	0.7402	0.7112	0.6858	0.6634	0.6490	0.6413	0.6343
\$200	0.8907	0.8652	0.8399	0.8157	0.7890	0.7630	0.7402	0.7146	0.6919	0.6715	0.6531
\$250	0.9605	0.9288	0.9023	0.8799	0.8607	0.8399	0.8202	0.8003	0.7781	0.7582	0.7402
\$300	0.9802	0.9695	0.9605	0.9337	0.9106	0.8907	0.8732	0.8578	0.8399	0.8233	0.8084
\$350	1.0000	0.9875	0.9770	0.9681	0.9605	0.9372	0.9169	0.8988	0.8829	0.8685	0.8557
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 76 Lens Reimbursement

Table 191 Lens Reimbursement

c. Other	
Option	Factor
Refract and 2 lens single bi or trifocal per cal yr and 1 set frames per 2 cal yr and \$400 LFT max for contact for ney follow cat surg or for vis that cannot be correct to 20/70 vis with glasses and cosmet contact cov same as single vis lenses	0.9750
Corrective lenses and attendant frames due to inborn error of metabolism	1.0000
Child-only eyeglasses	0.2500

Table 77 Hearing Aid  
Table 192 Hearing Aid  
a. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not Covered	0.0000

Table 77 Hearing Aid  
Table 192 Hearing Aid  
b. Hearing Aid Limits

Frequency	Factor
1 per 36 months	0.9500
1 per 36 months congenital defects to age 18	0.0860
1 per 36 months to age 19	0.0860
Audiometric exam and 1 aid per ear per 36 months to age 19	0.0860
1 hearing aid in each ear every 3 years to age 18	0.0860
1 per ear every 24 months	0.9800
1 per ear per 36 months	0.9500
1 per ear every 48 months	0.9000
1st hearing aid including mold and battery	0.5000
1st hearing aid per ear, including ear mold and batteries and follow up visits up to 6 months after aid fitting.	0.5000
1st hearing aid per ear for children under the age of 1	0.0100
Newborn hearing screening and initial hearing aids for each impaired ear for children under 1 year of age.	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
4 ear molds per cal year for children to age 2.	
Age 2 to age 18 2 aids per every 24 months	0.9800
4 ear molds per calendar year for children to age 2, age 2 to age 18, 2 per 48 months	0.9000
1 hearing aid per ear every 48 months + 4 additional ear molds for children to age 2	0.9000
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 \$1400 per ear during any 36 month period for children under age 19	0.0510
Hearing aids to a maximum of \$1,400 per hearing aid for each impaired ear every 36 months for children under age 18.	0.0510
1 per ear per 36 months up to \$700 adult maximum per ear and \$1500 children maximum per ear.	0.3470
\$800 maximum in a 3 year period	0.2400
1 per Ear per 36 months up to \$400 maximum per Ear	0.1900
\$1,000 per ear every 24 months	0.4510
1 hearing aid per ear to a maximum of \$1,500 per ear every 60 months	0.5290
\$1,400 per ear every 36 months	0.5630
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 up to \$2,200 maximum per ear per 36 months for children up to age 18 or up to 21 if still in high school	0.0670
1 hearing aid per ear to a maximum of \$4,000 every 48 months to age 18, 18 and older if a full time student	0.0730
\$800 max in 3 yr pd incl expts for hearing aids, initial batteries, cord and necessary supplementary equipment, repairs and consultation w/in 30 days following delivery of hearing aid and repairs, servicing and alteration of hearing aid equipment	0.2400
1 hearing aid to a maximum of \$1,000 per ear during any 24 month period for Children under age 15	0.0320
1 hearing aid per ear to \$1,000 maximum per ear every 24 months for child to age 16.	0.0320
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
1 hearing aid per ear to a maximum of \$1,000 per ear every 3 years for covered dependents under age 18.	0.0390
1 hearing aid per ear to \$1,000 maximum per ear every 3 years for child to age 24	0.0430
1 hearing aid per ear to a maximum of \$2,500 every 36 months to age 22	0.0760
Hearing aids, evaluation test & fitting of hearing aids	1.0000
Unlimited to age 14	0.0600
Unlimited	1.0000

Table 77 Hearing Aid  
Table 192 Hearing Aid  
c. Hearing Aid Maximum

Dollar Maximum	Factor
\$800 max in a 3 year period	0.2400
\$1,400 per ear every 36 months	0.5630
\$1,000 per ear every 24 months	0.4510

Table 78 PKU  
Table 193 PKU  
a. Copay

Copay	Factor
\$0	1.0000
\$5	0.8995
\$10	0.7990
\$15	0.6985
\$20	0.5980
\$25	0.4975

Table 78 PKU  
Table 193 PKU  
b. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not Covered	0.0000

Table 78 PKU  
Table 193 PKU  
c. Calendar Year Maximum

Maximums	Factor
Enteral Formula - \$800 Max	0.6177
Enteral Formula - \$2,000 Max	0.7757
Enteral Formula - \$2,500 Max	0.8112
\$5,000 Calendar Max	0.8995
Unlimited	1.0000

Table 78 PKU

Table 193 PKU

d. Frequency Maximum

Maximums	Factor
Child to age 3	0.2500
Child to age 6	0.3600
Child to age 8	0.4800
Child to age 12	0.5400
Thru age 24	0.6200
Nutritional Support - Child to age 6. Low protein modified food products, amino acid modified preparations, and oral specialized formulas for the dietary treatment of an inherited metabolic disease, subj to a \$5,000 cal yr max per covered child.	0.3200
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
Nutritional Support - Child to age 24. Low protein modified food products, amino acid modified preparations, and oral specialized formulas for the dietary treatment of an inherited metabolic disease, subject to a \$2,500 calendar4 year maximum.	0.5000
Nutritional Support - Low protein modified food products, amino acid modified preparations, and oral specialized formulas for the dietary treatment of inherited metabolic diseases and Eosinophilic Gastrointestinal disorder	1.0000
Nutritional Support - Low protein modified food products, amino acid modified preparations, and oral specialized formulas for the dietary treatment of Eosinophilic Gastrointestinal disorders and Short Bowel Syndrome.	1.0000
Oral dietary formulas for the treatment of Phenylketonuria (PKU) and inherited diseases of newborn.	1.0000
Oral dietary formulas for the treatment of Phenylketonuria (PKU).	1.0000
Unlimited	1.0000

Table 79 Infertility - AI/OI NF

Table 194 Infertility - AI/OI NF

a. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not Covered	0.0000

Table 79 Infertility - AI/OI NF

Table 194 Infertility - AI/OI NF

b. Annual Dollar Maximum

Annual Dollar Maximum	Coinsurance											
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor	
\$5,000	1.0000	0.9991	0.9983	0.9974	0.9968	0.9964	0.9962	0.9959	0.9956	0.9953	0.9950	
\$7,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9994	0.9988	0.9983	0.9978	0.9970	
\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$25,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	

Table 79 Infertility - AI/OI NF

Table 194 Infertility - AI/OI NF

c. Lifetime Dollar Maximum

Lifetime Dollar Maximum	Coinsurance											
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor	
\$1,000	0.9875	0.9868	0.9861	0.9856	0.9821	0.9775	0.9736	0.9657	0.9587	0.9524	0.9467	
\$1,500	0.9916	0.9907	0.9899	0.9890	0.9882	0.9875	0.9870	0.9865	0.9861	0.9858	0.9855	
\$2,000	0.9928	0.9919	0.9916	0.9916	0.9911	0.9905	0.9899	0.9892	0.9886	0.9880	0.9875	
\$2,500	0.9940	0.9929	0.9928	0.9924	0.9918	0.9916	0.9916	0.9914	0.9909	0.9904	0.9899	
\$3,000	0.9952	0.9945	0.9940	0.9931	0.9928	0.9928	0.9922	0.9917	0.9916	0.9916	0.9916	
\$3,500	0.9960	0.9955	0.9950	0.9945	0.9940	0.9932	0.9928	0.9928	0.9925	0.9920	0.9916	
\$4,000	0.9976	0.9962	0.9957	0.9953	0.9949	0.9944	0.9940	0.9933	0.9928	0.9928	0.9928	
\$4,500	0.9988	0.9978	0.9964	0.9959	0.9955	0.9952	0.9948	0.9944	0.9940	0.9934	0.9928	
\$5,000	1.0000	0.9989	0.9980	0.9969	0.9961	0.9957	0.9954	0.9951	0.9947	0.9943	0.9940	
\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	0.9992	0.9985	0.9979	0.9971	0.9963	0.9960	
\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$25,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
\$100,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	

Table 79 Infertility - AI/OI NF

Table 194 Infertility - AI/OI NF

d. Other Maximums

Maximum Attempts	Factor
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
4 attempts of ovulation induction per lifetime and 3 attempts of artificial insemination per lifetime to age 40	0.8230
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
6 courses of treatment per lifetime	0.9680
6 courses of treatment, includes outpatient invitro fertilization & cryo preservation	0.9680
Expenses incurred for 4 attempts	0.8700
Unlimited	1.0000
Not covered	0.0000

Table 80 ART NF

Table 195 ART NF

a. Coinsurance

Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000
Not Covered	0.0000

Table 80 ART NF

Table 195 ART NF

b. Annual Dollar Maximum

Annual Dollar Maximum	Coinsurance											
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor	
\$5,000	0.8949	0.8714	0.8474	0.8233	0.7921	0.7615	0.7347	0.7079	0.6781	0.6514	0.6274	
\$7,500	0.9678	0.9528	0.9402	0.9255	0.9091	0.8949	0.8787	0.8633	0.8474	0.8320	0.8151	
\$10,000	0.9862	0.9795	0.9740	0.9692	0.9599	0.9494	0.9402	0.9300	0.9170	0.9054	0.8949	
\$15,000	0.9916	0.9910	0.9905	0.9888	0.9874	0.9862	0.9816	0.9776	0.9740	0.9707	0.9678	
\$20,000	0.9929	0.9924	0.9920	0.9917	0.9913	0.9908	0.9905	0.9892	0.9881	0.9871	0.9862	
\$25,000	0.9941	0.9936	0.9931	0.9927	0.9923	0.9920	0.9918	0.9915	0.9911	0.9908	0.9905	
Unlimited	1.0000	0.9993	0.9987	0.9982	0.9978	0.9974	0.9971	0.9968	0.9965	0.9963	0.9961	

Table 80 ART NF

Table 195 ART NF

c. Lifetime Dollar Maximum

Lifetime Dollar Maximum	Coinsurance										
	50% Factor	55% Factor	60% Factor	65% Factor	70% Factor	75% Factor	80% Factor	85% Factor	90% Factor	95% Factor	100% Factor
\$1,000	0.1811	0.1684	0.1579	0.1490	0.1382	0.1275	0.1181	0.1098	0.1025	0.0959	0.0900
\$1,500	0.3095	0.2748	0.2458	0.2209	0.1996	0.1811	0.1724	0.1647	0.1579	0.1518	0.1463
\$2,000	0.4336	0.3890	0.3513	0.3191	0.2913	0.2670	0.2458	0.2268	0.2098	0.1947	0.1811
\$2,500	0.5529	0.4996	0.4539	0.4147	0.3810	0.3513	0.3252	0.3020	0.2812	0.2626	0.2458
\$3,000	0.6342	0.5899	0.5529	0.5078	0.4683	0.4336	0.4029	0.3758	0.3513	0.3293	0.3095
\$3,500	0.7055	0.6602	0.6207	0.5842	0.5529	0.5138	0.4791	0.4479	0.4200	0.3948	0.3722
\$4,000	0.7548	0.7249	0.6818	0.6452	0.6110	0.5800	0.5529	0.5184	0.4876	0.4592	0.4336
\$4,500	0.7905	0.7613	0.7411	0.7000	0.6648	0.6342	0.6038	0.5769	0.5529	0.5221	0.4943
\$5,000	0.8213	0.7933	0.7667	0.7464	0.7157	0.6818	0.6521	0.6247	0.5981	0.5743	0.5529
\$7,000	0.9201	0.8961	0.8723	0.8448	0.8213	0.8008	0.7816	0.7632	0.7487	0.7318	0.7055
\$7,500	0.9389	0.9132	0.8919	0.8683	0.8431	0.8213	0.8020	0.7842	0.7667	0.7519	0.7411
\$10,000	0.9800	0.9765	0.9736	0.9672	0.9580	0.9501	0.9431	0.9334	0.9180	0.9042	0.8919
\$12,500	0.9724	0.9602	0.9501	0.9415	0.9254	0.9075	0.8919	0.8753	0.8553	0.8374	0.8213
\$15,000	0.9816	0.9807	0.9800	0.9770	0.9745	0.9724	0.9640	0.9566	0.9501	0.9442	0.9389
\$20,000	0.9840	0.9831	0.9824	0.9818	0.9811	0.9805	0.9800	0.9777	0.9757	0.9740	0.9724
\$22,500	0.9853	0.9843	0.9834	0.9827	0.9821	0.9816	0.9810	0.9804	0.9800	0.9780	0.9762
\$25,000	0.9865	0.9854	0.9844	0.9837	0.9830	0.9824	0.9819	0.9814	0.9809	0.9804	0.9800
\$100,000	1.0000	0.9984	0.9970	0.9958	0.9948	0.9940	0.9932	0.9926	0.9920	0.9915	0.9910
Unlimited	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000

Table 80 ART NF

Table 195 ART NF

d. Other Maximums

Maximum Attempts	Factor
1 attempt per lifetime for GIFT, exclude Invitro, ZIFT & ICSI	0.1800
1 attempt per lifetime for OP Invitro and GIFT, excludes ZIFT and ICSI	0.3611
2 attempts and 2 embryos per lifetime to age 40	0.6038
2 attempts and 2 embryos per lifetime	0.6356
3 attempts and 3 embryos per lifetime	0.8450
3 attempts per live birth for Invitro/ICSI only	0.8450
3 per lifetime	0.8450
4 attempts per lifetime for outpatient invitro, excludes GIFT, ZIFT & ICSI	0.8603
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
6 courses of treatment per lifetime	0.8990
6 courses of treatment, includes outpatient invitro fertilization & cryo preservation	0.8990
Unlimited for Invitro & Cryopreservation, excludes GIFT, ZIFT & ICSI	0.9900
Unlimited for Invitro only, excludes GIFT, ZIFT and ICSI	0.9900
Unlimited for Outpatient Invitro, GIFT, ZIFT, ICSI and sperm/egg procurement & process bank, freeze/storage of embryo/sperm	1.0000
Unlimited	1.0000
Not covered	0.0000

Table 81 TMJ Disorder

Table 196 TMJ Disorder

a. Coinsurance

Coinsurance	Factor
50%	0.3105
55%	0.3478
60%	0.3913
65%	0.4522
70%	0.5174
75%	0.5870
80%	0.6609
85%	0.7391
90%	0.8218
95%	0.9087
100%	1.0000
Not Covered	0.0000

Table 81 TMJ Disorder

Table 196 TMJ Disorder

b. Lifetime Maximum

Maximum	Factor
\$1,000/lifetime	0.4500
\$1,000/annual	0.7259
\$2,500/lifetime	0.7300
\$5,000/lifetime	0.9200
\$7,500/lifetime	0.9700
\$10,000/lifetime	1.0000
1 per lifetime	0.9900

Table 82 Tubal Ligation  
Table 197 Tubal Ligation

a. Copay	
Copay	Factor
\$0	1.0000
\$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
\$100	0.7791
\$125	0.7221
\$150	0.6672
\$175	0.6460
\$200	0.6248
\$225	0.6035
\$250	0.5823
Not Covered	0.0000

Table 82 Tubal Ligation  
Table 197 Tubal Ligation

b. Coinsurance	
Coinsurance	Factor
50%	0.3973
55%	0.4370
60%	0.4767
65%	0.5165
70%	0.5486
75%	0.5959
80%	0.6629
85%	0.7386
90%	0.8267
95%	0.9245
100%	1.0000

Table 83 Voluntary Abortion  
Table 198 Voluntary Abortion

a. Copay	
Copay	Factor
\$0	1.0000
\$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
\$100	0.8824
\$125	0.8530
\$150	0.8236
\$175	0.7942
\$200	0.7648
\$225	0.7354
\$250	0.7060
Not Covered	0.0000

Table 83 Voluntary Abortion  
Table 198 Voluntary Abortion

b. Coinsurance	
Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 84 Vasectomy  
Table 199 Vasectomy

a. Copay	
Copay	Factor
\$0	1.0000
\$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
\$100	0.7654
\$125	0.7051
\$150	0.6472
\$175	0.6207
\$200	0.5942
\$225	0.5677
\$250	0.5412
Not Covered	0.0000

Table 84 Vasectomy  
Table 199 Vasectomy

b. Coinsurance	
Coinsurance	Factor
50%	0.4032
55%	0.4435
60%	0.4838
65%	0.5241
70%	0.5644
75%	0.6289
80%	0.6983
85%	0.7676
90%	0.8512
95%	0.9391
100%	1.0000

Table 85 Contraceptives  
Table 200 Contraceptives

a. Copay	
Copay	Factor
\$0	1.0000
\$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  
Table 200 Contraceptives

b. Coinsurance	
Coinsurance	Factor
50%	0.5000
55%	0.5500
60%	0.6000
65%	0.6500
70%	0.7000
75%	0.7500
80%	0.8000
85%	0.8500
90%	0.9000
95%	0.9500
100%	1.0000

Table 85 Contraceptives  
Table 200 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

Table 86 Pharmacy  
Table 201 Pharmacy

a. Coinsurance	
Coinsurance	Factor
50%	0.8000
55%	0.8000
60%	0.8000
65%	0.8000
70%	0.8000
75%	0.8000
80%	0.8000
85%	0.8000
90%	0.8000
95%	0.8000
100%	0.8000
Not Covered/Separate	0.0000

Table 86 Pharmacy  
Table 201 Pharmacy

b. First Step	
Option	Factor
Include w/ First Step	1.0000
Include w/o First Step	1.3300
Include w/First Step & HCR mandate free contra	1.0700
Include w/o First Step & HCR mandate free contra	1.4263

Table 87 Specialty (Self-Injectables)  
Table 202 Specialty (Self-Injectables)

a. Coinsurance	
Coinsurance	Factor
50%	0.8000
55%	0.8000
60%	0.8000
65%	0.8000
70%	0.8000
75%	0.8000
80%	0.8000
85%	0.8000
90%	0.8000
95%	0.8000
100%	0.8000
Not Covered/Separate	0.0000

Table 87 Specialty (Self-Injectables)  
Table 202 Specialty (Self-Injectables)

b. First Step	
Option	Factor
Include w/ First Step	1.0000
Include w/o First Step	1.3300

Table 87 Specialty (Self-Injectables)  
Table 202 Specialty (Self-Injectables)

c. RX Ind Smoke Cessation	
Option	Factor
Not Covered	1.0000
Covered	1.2500

Include/Exclude Adjustment Factor  
Used in Column [2]

Option	Factor
Include	1.0000
Exclude	0.0000

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

Option	Factor
Included	1.0000
Excluded	1.1480
None	1.1480

## Sections III. and V: Bottom Line Adjustment Factor Tables

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

Table 205 Deductible

a. Deductible Applies to Med/Surg

Adjusted Plan Deductible Amount *	Percent of Services Subject to Plan Deductible			
	Preferred		Non-Preferred	
	>= 40%	<40%	>= 40%	<40%
	Factor	Factor	Factor	Factor
\$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

\* 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 90 Deductible

Table 205 Deductible

b. Deductible DOES NOT Apply to Med/Surg

Adjusted Plan Deductible Amount *	Percent of Services Subject to Plan Deductible			
	Preferred		Non-Preferred	
	>= 40%	<40%	>= 40%	<40%
	Factor	Factor	Factor	Factor
\$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

Table 93 Out-of-Pocket

Table 208 Out-of-Pocket

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

Plan OOP Trigger	Preferred		RX Integrated
	Factor	Non-Preferred	Preferred
\$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

Table 208 Out-of-Pocket

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

Plan OOP Trigger	Preferred		Non-Preferred
	Factor	Factor	Factor
\$0	1.0000	1.0000	1.0000
\$1	1.0000	1.0000	1.0000
\$500	0.7798	0.8000	0.8000
\$1,000	0.6168	0.6800	0.6800
\$2,000	0.5457	0.6000	0.6000
\$3,000	0.4952	0.5700	0.5700
\$4,000	0.4417	0.5200	0.5200
\$5,000	0.4038	0.4600	0.4600
\$6,000	0.3566	0.4034	0.4034
\$7,000	0.3349	0.3946	0.3946
\$8,000	0.3181	0.3689	0.3689
\$9,000	0.3055	0.3511	0.3511
\$10,000	0.2907	0.3330	0.3330
\$12,500	0.2561	0.2906	0.2906
\$15,000	0.2303	0.2591	0.2591
\$17,500	0.2104	0.2352	0.2352
\$20,000	0.1935	0.2164	0.2164
\$25,000	0.1675	0.1869	0.1869
\$30,000	0.1481	0.1665	0.1665
\$40,000	0.1197	0.1366	0.1366
\$50,000	0.0993	0.1199	0.1199
\$75,000	0.0647	0.0957	0.0957
\$100,000	0.0419	0.0808	0.0808
\$10,000,000	0.0000	0.0000	0.0000



Table 93 Out-of-Pocket

Table 208 Out-of-Pocket

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

Deductible Per Confinement	ADJUSTED OOP LIMIT										
	\$0.01 Factor	\$250 Factor	\$500 Factor	\$1,000 Factor	\$1,500 Factor	\$2,000 Factor	\$2,500 Factor	\$3,000 Factor	\$3,500 Factor	\$4,000 Factor	\$4,500 Factor
\$0	0.0000	0.0000	0.0063	0.0018	0.0007	0.0004	0.0002	0.0001	0.0001	0.0001	0.0001
\$100	0.0440	0.0160	0.0071	0.0021	0.0009	0.0005	0.0003	0.0002	0.0001	0.0001	0.0001
\$150	0.0449	0.0167	0.0076	0.0024	0.0011	0.0006	0.0004	0.0002	0.0002	0.0001	0.0001
\$200	0.0457	0.0175	0.0082	0.0027	0.0012	0.0007	0.0004	0.0003	0.0002	0.0002	0.0001
\$250	0.0593	0.0307	0.0183	0.0084	0.0047	0.0028	0.0018	0.0012	0.0009	0.0006	0.0005
\$300	0.0664	0.0377	0.0238	0.0116	0.0066	0.0041	0.0027	0.0018	0.0013	0.0009	0.0007
\$350	0.0736	0.0447	0.0294	0.0149	0.0086	0.0053	0.0035	0.0024	0.0017	0.0013	0.0010
\$400	0.0775	0.0479	0.0321	0.0167	0.0098	0.0062	0.0041	0.0029	0.0021	0.0016	0.0012
\$450	0.0813	0.0512	0.0349	0.0185	0.0110	0.0071	0.0048	0.0034	0.0025	0.0019	0.0015
\$500	0.0852	0.0544	0.0376	0.0203	0.0123	0.0080	0.0054	0.0039	0.0029	0.0022	0.0017
\$600	0.0922	0.0604	0.0428	0.0239	0.0148	0.0098	0.0068	0.0049	0.0037	0.0029	0.0023
\$700	0.0992	0.0663	0.0480	0.0276	0.0174	0.0116	0.0082	0.0060	0.0045	0.0035	0.0028
\$800	0.1046	0.0706	0.0517	0.0304	0.0194	0.0131	0.0093	0.0068	0.0052	0.0041	0.0033
\$900	0.1085	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

Table 208 Out-of-Pocket

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

Deductible Per Confinement	ADJUSTED OOP LIMIT									
	\$5,000 Factor	\$6,000 Factor	\$7,000 Factor	\$8,000 Factor	\$9,000 Factor	\$10,000 Factor	\$15,000 Factor	\$20,000 Factor	\$50,000 Factor	\$100,000 Factor
\$0	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$100	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$150	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$200	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$250	0.0004	0.0002	0.0001	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000
\$300	0.0006	0.0004	0.0002	0.0001	0.0001	0.0001	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  
Table 208 Out-of-Pocket  
b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0% - RX Integrated

Deductible Per Confinement	ADJUSTED OOP LIMIT										
	\$0.01 Factor	\$250 Factor	\$500 Factor	\$1,000 Factor	\$1,500 Factor	\$2,000 Factor	\$2,500 Factor	\$3,000 Factor	\$3,500 Factor	\$4,000 Factor	\$4,500 Factor
\$0	0.0000	0.0000	0.0066	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  
Table 208 Out-of-Pocket  
b. Med/Surg Deductible - Average Plan Coinsurance Greater Than 98.0% - RX Integrated (continued)

Deductible Per Confinement	ADJUSTED OOP LIMIT									
	\$5,000 Factor	\$6,000 Factor	\$7,000 Factor	\$8,000 Factor	\$9,000 Factor	\$10,000 Factor	\$15,000 Factor	\$20,000 Factor	\$50,000 Factor	\$100,000 Factor
\$0	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$100	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$150	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$200	0.0001	0.0001	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
\$250	0.0005	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

Note: For Med/Surg per Day Deductible amounts, enter the above table in the Deductible per Confinement column using a value that is 2.8 times the value of the per day deductible amount. In addition, enter the \$0 Deductible per Confinement line if the Med/Surg copay does not apply to the Out-of-Pocket Limit.

Table 95 Cross Application  
 Table 210 Cross Application  
 a1. % services SUBJDD >=80%

Non-Preferred Deductible	Preferred 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  
 Table 210 Cross Application  
 a2. % services SUBJDD <80%

Non-Preferred Deductible	Preferred 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  
 Table 210 Cross Application  
 b. Out-of-Pocket

Non-Preferred OOP Trigger	Preferred 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 96 Accident Benefit

Deductible	Benefit	Factor
\$0	\$500 Maximum	1.0080
\$100	\$500 Maximum	1.0115
\$200	\$500 Maximum	1.0135
\$300	\$500 Maximum	1.0155
\$400	\$500 Maximum	1.0175
\$500 - \$20,000	\$500 Maximum	1.0195
\$0 - \$20,000	Excluded	1.0000

Table 97 Lifetime Maximum Benefit

Table 212 Lifetime Maximum Benefit

Benefit Maximum	Greater than \$499,999 or unlimited calendar year max		\$250,000 to \$499,999 calendar year maximum		\$200,000 to \$249,999 calendar year maximum	
	Rx NOT Integrated with Medical Lifetime Factor	Rx Integrated with Medical Lifetime Factor	Rx NOT Integrated with Medical Lifetime Factor	Rx Integrated with Medical Lifetime Factor	Rx NOT Integrated with Medical Lifetime Factor	Rx Integrated with Medical Lifetime Factor
\$25,000	0.6650	0.6643	0.6971	0.6964	0.7094	0.7087
\$50,000	0.8100	0.8092	0.8491	0.8483	0.8641	0.8632
\$75,000	0.8600	0.8591	0.9015	0.9006	0.9174	0.9165
\$100,000	0.9100	0.9091	0.9539	0.9530	0.9707	0.9698
\$150,000	0.9183	0.9174	0.9626	0.9617	0.9796	0.9786
\$200,000	0.9267	0.9258	0.9714	0.9705	0.9920	0.9910
\$250,000	0.9350	0.9341	0.9850	0.9840	0.9940	0.9930
\$500,000	0.9700	0.9690	0.9960	0.9950	0.9980	0.9970
\$1,000,000	0.9875	0.9865	0.9980	0.9970	1.0000	0.9990
\$2,000,000	1.0000	0.9990	1.0000	0.9990	1.0000	0.9990
\$3,000,000	1.0017	1.0007	1.0000	0.9990	1.0000	0.9990
\$4,000,000	1.0033	1.0023	1.0000	0.9990	1.0000	0.9990
\$5,000,000	1.0050	1.0040	1.0000	0.9990	1.0000	0.9990
Unlimited	1.0100	1.0090	1.0000	0.9990	1.0000	0.9990

Table 97 Lifetime Maximum Benefit  
Table 212 Lifetime Maximum Benefit  
(Continued)

Benefit Maximum	\$150,000 to \$199,999 calendar year maximum		Under \$150,000 calendar year maximum	
	Rx NOT Integrated with Medical Lifetime Factor	Rx Integrated with Medical Lifetime Factor	Rx NOT Integrated with Medical Lifetime Factor	Rx Integrated with Medical Lifetime Factor
\$25,000	0.7286	0.7279	1.0000	0.9990
\$50,000	0.8875	0.8866	1.0000	0.9990
\$75,000	0.9423	0.9414	1.0000	0.9990
\$100,000	0.9850	0.9840	1.0000	0.9990
\$150,000	0.9940	0.9930	1.0000	0.9990
\$200,000	0.9960	0.9950	1.0000	0.9990
\$250,000	0.9980	0.9970	1.0000	0.9990
\$500,000	1.0000	0.9990	1.0000	0.9990
\$1,000,000	1.0000	0.9990	1.0000	0.9990
\$2,000,000	1.0000	0.9990	1.0000	0.9990
\$3,000,000	1.0000	0.9990	1.0000	0.9990
\$4,000,000	1.0000	0.9990	1.0000	0.9990
\$5,000,000	1.0000	0.9990	1.0000	0.9990
Unlimited	1.0000	0.9990	1.0000	0.9990

Table 98 Calendar Year Maximum Benefit  
Table 213 Calendar Year Maximum Benefit

a. Non-Integrated

Deductible + OOP*	\$25,000 Factor	\$35,000 Factor	\$50,000 Factor	\$75,000 Factor	\$100,000 Factor	\$250,000 Factor	\$2,000,000 Factor	Unlimited Factor
\$0	0.7137	0.7645	0.8137	0.8643	0.8956	0.9628	0.9993	1.0000
\$500	0.6963	0.7495	0.8017	0.8554	0.8886	0.9603	0.9993	1.0000
\$1,000	0.6874	0.7414	0.7951	0.8503	0.8846	0.9588	0.9993	1.0000
\$2,000	0.6765	0.7309	0.7863	0.8434	0.8790	0.9566	0.9993	1.0000
\$3,000	0.6697	0.7238	0.7802	0.8385	0.8750	0.9549	0.9993	1.0000
\$4,000	0.6629	0.7183	0.7749	0.8342	0.8714	0.9535	0.9993	1.0000
\$5,000	0.6576	0.7143	0.7711	0.8310	0.8687	0.9523	0.9993	1.0000
\$6,000	0.6521	0.7101	0.7676	0.8280	0.8662	0.9512	0.9993	1.0000
\$7,000	0.6473	0.7065	0.7648	0.8256	0.8641	0.9502	0.9993	1.0000
\$8,000	0.6428	0.7030	0.7622	0.8235	0.8622	0.9494	0.9993	1.0000
\$9,000	0.6385	0.6996	0.7596	0.8216	0.8605	0.9485	0.9993	1.0000
\$10,000	0.6347	0.6965	0.7573	0.8200	0.8590	0.9478	0.9993	1.0000
\$15,000	0.6184	0.6823	0.7466	0.8127	0.8533	0.9447	0.9993	1.0000
\$100,000	0.6184	0.6823	0.7466	0.8127	0.8533	0.9447	0.9993	1.0000

\* If deductible applies to OOP, only use OOP maximum for table lookup.

Table 98 Calendar Year Maximum Benefit  
Table 213 Calendar Year Maximum Benefit

b. Integrated

Medical/RX Deductible + OOP*	\$25,000 Factor	\$35,000 Factor	\$50,000 Factor	\$75,000 Factor	\$100,000 Factor	\$250,000 Factor	\$2,000,000 Factor	Unlimited Factor
\$0	0.6878	0.7449	0.7998	0.8550	0.8886	0.9605	0.9993	1.0000
\$500	0.6711	0.7303	0.7880	0.8462	0.8816	0.9580	0.9993	1.0000
\$1,000	0.6625	0.7224	0.7815	0.8412	0.8777	0.9565	0.9993	1.0000
\$2,000	0.6520	0.7122	0.7728	0.8344	0.8722	0.9543	0.9993	1.0000
\$3,000	0.6455	0.7053	0.7669	0.8295	0.8681	0.9527	0.9993	1.0000
\$4,000	0.6389	0.6999	0.7616	0.8253	0.8646	0.9512	0.9993	1.0000
\$5,000	0.6337	0.6960	0.7579	0.8221	0.8620	0.9501	0.9993	1.0000
\$6,000	0.6284	0.6919	0.7545	0.8192	0.8595	0.9490	0.9993	1.0000
\$7,000	0.6238	0.6884	0.7518	0.8168	0.8574	0.9480	0.9993	1.0000
\$8,000	0.6195	0.6850	0.7492	0.8147	0.8555	0.9471	0.9993	1.0000
\$9,000	0.6153	0.6817	0.7466	0.8128	0.8538	0.9463	0.9993	1.0000
\$10,000	0.6117	0.6786	0.7443	0.8112	0.8523	0.9456	0.9993	1.0000
\$15,000	0.5960	0.6648	0.7339	0.8040	0.8467	0.9425	0.9993	1.0000
\$100,000	0.5960	0.6648	0.7339	0.8040	0.8467	0.9425	0.9993	1.0000

\* If deductible applies to OOP, only use OOP maximum for table lookup.

Table 99 Contract State Mandate Adjustment  
Table 214 Contract State Mandate Adjustment

Option	Factor
Include Elsewhere	1.0000

Table 100 Family Deductible Limit

Table 215 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  
 Table 215 Family Deductible Limit  
 b1. TIF Family Limit Definition (Preferred)

Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure									
			2 Tier		3 Tier			4 Tier				
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor	
None	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1	\$500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$501	\$1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,001	\$1,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,501	\$2,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,001	\$2,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,501	\$3,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,001	\$3,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,501	\$4,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,001	\$4,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,501	\$5,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$5,001	\$6,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$6,001	\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$7,001	\$8,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$8,001	\$9,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$9,001	\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$10,001	\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$15,001	\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$1	\$500	1.0000	1.0560	1.0000	1.0220	1.0720	1.0000	1.0220	1.0500	1.0770	1.0770
1X	\$501	\$1,000	1.0000	1.0820	1.0000	1.0310	1.1070	1.0000	1.0310	1.0700	1.1150	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	1.2290
2X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2X	\$1	\$500	1.0000	1.0120	1.0000	0.9850	1.0250	1.0000	0.9850	0.9930	1.0320	1.0320
2X	\$501	\$1,000	1.0000	1.0060	1.0000	0.9680	1.0230	1.0000	0.9680	0.9770	1.0340	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	0.7340

Table 100 Family Deductible Limit  
 Table 215 Family Deductible Limit  
 b1. TIF Family Limit Definition (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	0.9920	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  
 Table 215 Family Deductible Limit  
 b2. TIF Family Limit Definition (Non Preferred)

Family Deductible Limit	Adjusted Plan Deductible From	Adjusted Plan Deductible To	Billing Tier Structure									
			2 Tier		3 Tier			4 Tier				
			Single Factor	Family Factor	Single Factor	2 Party Factor	Family Factor	Single Factor	Couple Factor	EE+Ch(n) Factor	Family Factor	
None	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1	\$500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$501	\$1,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,001	\$1,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$1,501	\$2,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,001	\$2,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$2,501	\$3,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,001	\$3,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$3,501	\$4,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,001	\$4,500	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$4,501	\$5,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$5,001	\$6,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$6,001	\$7,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$7,001	\$8,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$8,001	\$9,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$9,001	\$10,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$10,001	\$15,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
None	\$15,001	\$20,000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
1X	\$1	\$500	1.0000	1.0430	1.0280	1.0280	1.0490	1.0000	1.0280	0.9750	1.0520	1.0520
1X	\$501	\$1,000	1.0000	1.0650	1.0410	1.0410	1.0730	1.0000	1.0410	0.9670	1.0800	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	1.3600
2X	\$0	\$0	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
2X	\$1	\$500	1.0000	0.9630	1.0000	0.9410	0.9700	1.0000	0.9410	0.9360	0.9750	0.9750
2X	\$501	\$1,000	1.0000	0.9420	1.0000	0.9040	0.9550	1.0000	0.9040	0.9060	0.9630	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	0.8480

Table 100 Family Deductible Limit  
 Table 215 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

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

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

Table 103 Managed Care Features

Option	Factor
All	1.0000

Table 104 Professional Fee Schedule

State/Market	Product	In Network Rate Factor	Out of Network Rate Factors													
			HIAA	RBRVS												
			80th	100%	50%	90%	100%	105%	110%	125%	140%	150%	180%	200%	225%	250%
DC	PPO/MC	1.0000	1.0000	0.6784	0.5969	0.6961	0.7209	0.7333	0.7455	0.7807	0.8137	0.8345	0.8912	0.9242	0.9600	0.9899

Table 104 Professional Fee Schedule cont.

Table 219 Professional Fee Schedule cont.

State/Market	Product	Out of Network Rate Factors					
		RBRVS					
		275%	300%	325%	350%	375%	400%
DC	PPO/MC	1.0137	1.0316	1.0434	1.0434	1.0500	1.0500

Table 105 Facility Fee Schedule

State/Market	Product	In Network Rate Factor	Out of Network Rate Factors													
			None	FAC	Medicare											
					100%	50%	90%	100%	105%	125%	140%	150%	175%	200%	225%	250%
DC	PPO/MC	1.0000	1.0000	0.9267	0.8655	0.8986	0.9069	0.9110	0.9276	0.9400	0.9483	0.9586	0.9690	0.9741	0.9793	0.9897

Table 105 Facility Fee Schedule cont.

Table 220 Facility Fee Schedule cont.

State/Market	Product	Out of Network Rate Factors				
		Medicare				
		300%	325%	350%	375%	400%
DC	PPO/MC	1.0000	1.0103	1.0197	1.0280	1.0356

Table 106 Pre-existing Condition On Effective Date

Table 221 Pre-existing Condition On Effective Date

Option	Factor
Full Postponement	1.0000
To \$4,000	1.0080
To \$10,000	1.0120
Waived	1.0200
\$4,000, 180 Days Applied	1.0080
\$10,000, 180 Days Applied	1.0120
Full Postponement, 90 Days	1.0000
Full Postponement, 180 Days	1.0000
Full Postponement, 180 Days Look back, 180 Days Applied	1.0000
Full Postponement, Waived for treatment of fibrocystic breast conditions, 365 lapse credit period, 180 day look back.	1.0000

\* Pre-existing Conditions do not apply to children under 19.

Table 107 Pre-existing Condition After Effective Date  
Table 222 Pre-existing Condition After Effective Date

Option	Factor
Full Postponement	1.0000
To \$4,000	1.0020
To \$10,000	1.0030
Waived	1.0049
Full Postponement, 63 Days Lapse Credit Period	1.0000
Full Postponement, 90 Days	1.0000
Full Postponement, 90 Days Applied	1.0000
Full Postponement, 90 Days Lookback, 90 Days Applied	1.0000
Full Postponement, 180 Days Applied	1.0000
Full Postponement, 180 Days Applied, Waived for infertility and MH.	1.0000
Full Postponement, 180 Days Lookback, 90 Days Lapse Credit	1.0000
Full Postponement, 180 Days Lookback, 180 Days Applied	1.0000
Full Postponement, 180 Days Lookback, 270 Days Applied	1.0000
Full Postponement, 180 Days, Individual Credit Lapse, 180 Days Prior Group Plan or 90 Individual/Waive for Craniofacial Anomalies	1.0000
Full Postponement, 180 Days Applies, Waived for Infertility and Mental Health	1.0000
Full Postponement, Waived for Fibrocystic Breast Conditions	1.0000
Full Postponement, Waived for Fibrocystic Breast Conditions, 365 Lapse Credit Period	1.0000
Full Postponement, Waived if free of treatment for 90 Days, 90 Day Lookback, 90 Days Applied, 90 Day lapse credit period applies, less any period of unemployment	1.0000
Full Postponement, Waived for treatment of fibrocystic breast conditions, 365 lapse credit period, 180 day lookback.	1.0000
\$4,000, 90 Days	1.0020
\$4,000, 90 Days Applied	1.0020
\$4,000, 90 Days Lookback, 90 Days Applied	1.0020
\$4,000, 180 Days Applied	1.0020
\$4,000, 180 Days Applies, Waived for Infertility and Mental Health	1.0020
\$4,000 - 180 days applies, Lapse credit period is 180 days if prior plan was group; 90 days if it was individual. Waived for congenital craniofacial anomalies.	1.0020
\$4,000, Waived if free of treatment for 90 Days, 90 Day Lookback, 90 Days Applied, 90 Day lapse credit period applies, less any period of unemployment	1.0020
\$4,000, Waived for Fibrocystic Breast Conditions	1.0020
\$4,000, Waived for Fibrocystic Breast Conditions, 365 Lapse Credit Period	1.0020
\$4,000, 180 Days Lookback, 90 Days Lapse Credit	1.0020
\$4,000, 180 days Lookback, 365 days applied, Individual Credit if no more than 30 days elapsed, Prudent person Applies	1.0020
\$10,000, 90 Days	1.0030
\$10,000, 90 Days Applied	1.0030
\$10,000, 90 Days Lookback, 90 Days Applied	1.0030
\$10,000, 180 Days Applied	1.0030
\$10,000, 180 Days Applies, Waived for Infertility and Mental Health	1.0030
\$10,000, 180 Days Lookback, 90 Days Lapse Credit	1.0030
\$10,000 - 180 days applies, Lapse credit period is 180 days if prior plan was group; 90 days if it was individual. Waived for congenital craniofacial anomalies.	1.0030
\$10,000, Waived for Fibrocystic Breast Conditions	1.0030
\$10,000, Waived for Fibrocystic Breast Conditions, 365 Lapse Credit Period	1.0030
\$10,000, Waived if free of treatment for 90 Days, 90 Day Lookback, 90 Days Applied, 90 Day lapse credit period applies, less any period of unemployment	1.0030

\* Pre-existing Conditions do not apply to children under 19.

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

Table 226 Cross Application Benefit Limits Non-Preferred Only

No Cross Apply	1.0143
Cross Apply	1.0000

Table 111 Aexcel/ChooseNSave Network Adjustment

Region	Market	Coinsurance/ Copay Differential	Open Choice Factor	Managed Choice Factor	Elect Choice Factor
Southeast	Metropolitan DC (DC/MD/Northern VA)	10% / \$10	0.9909	0.9897	0.9886
		20% / \$20	0.9847	0.9828	0.9809
		30% / \$30	0.9818	0.9795	0.9772
Southeast	Richmond	10% / \$10	0.9944	0.9937	0.9930
		20% / \$20	0.9909	0.9898	0.9887
		30% / \$30	0.9888	0.9874	0.9860
Does Not Apply			1.0000	1.0000	1.0000

Table 108 National Advantage

Option	Included Factor	Excluded Factor
Indemnity	1.0000	1.1769
Non-Preferred	1.0000	1.0701
Other	1.0000	1.0000

Table 223 National Advantage

Table 112 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

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	1.0000
\$50	0.9993
\$100	0.9987
\$150	0.9982
\$200	0.9977
\$250	0.9971
\$300	0.9966
\$350	0.9962
\$400	0.9958
\$450	0.9955
\$500	0.9951
\$550	0.9948
\$600	0.9945
\$650	0.9942
\$700	0.9939
\$750	0.9936
\$800	0.9933
\$850	0.9931
\$900	0.9929
\$950	0.9926
\$1,000	0.9924
\$1,250	0.9914
\$1,500	0.9905
\$2,000	0.9892
\$2,500	0.9881
\$3,000	0.9872
\$3,500	0.9865
\$4,000	0.9861
\$4,500	0.9856
\$5,000	0.9851
\$5,500	0.9849
\$6,000	0.9846
\$6,500	0.9844
\$7,000	0.9841
\$7,500	0.9839
\$8,000	0.9837
\$8,500	0.9835
\$9,000	0.9834
\$9,500	0.9832
\$10,000	0.9831
\$15,000	0.9823
\$20,000	0.9816
Not Applicable	0.0000

Table 115 Selection Load Preferred

Product	Factor
PPO - All Products	N/A
TC - All Products	1.0000
MC - All Products	1.0000
EC - All Products	1.0000

Table 115 Selection Load Preferred

Benefit Adjustment Factor / Anchor Plan Benefit Adjustment Factor	TC - All Products Factor	PPO - All Products Factor	MC - All Products Factor	EC - All Products Factor
< .85	1.0000	1.0000	1.0000	
≥ .85 < .95	1.0000	1.0000	1.0000	
≥ .95 < 1.05	1.0000	1.0000	1.0000	
≥ 1.05 < 1.15	1.0000	1.0000	1.0000	
≥ 1.15	1.0000	1.0000	1.0000	



Table 243 Trend Factor - Preferred

TC - 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

PPO - 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

MC - 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

EC - 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

Table 246 Trend Factor - Non-Preferred

TC - All Products

Effective Date	Trend
	Factor
01/01/2014	N/A
04/01/2014	N/A
07/01/2014	N/A
10/01/2014	N/A

PPO - 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

MC - 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

EC - All Products

Effective Date	Trend
	Factor
01/01/2014	N/A
04/01/2014	N/A
07/01/2014	N/A
10/01/2014	N/A

Sections V.5. and VI: 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 VII.

Table 252 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 252 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

Table 253 Rating Area

Rating Area	TC - All Products	PPO - All Products	MC - All Products	EC - All Products
	Factor	Factor	Factor	Factor
All Areas	1.0000	1.0000	1.0000	1.0000

Table 254a. New Business Subscriber Based Age/Gender

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

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

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

Section VIII.

Table 257 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 258 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 IX.

Table 260a. Administrative Expenses & Profit Factor

Case Size (total lives)	PMPM - Applies to All Products				PPACA Fee****	Retention*	Aexcel	Aexcel Plus	Commissions***	Taxes & Assessments	Health Insurer Fee	Reinsurance Contribution
	TC	PPO	MC	EC			Retention**	Retention***				
<= 10	\$32.35	\$35.75	\$36.45	\$36.45	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 50	\$32.35	\$35.20	\$35.90	\$35.90	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 100	\$32.35	\$34.75	\$35.45	\$35.45	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 300	\$29.80	\$33.25	\$33.95	\$33.95	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 1,000	\$24.65	\$28.75	\$31.15	\$31.15	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 1,500	\$23.75	\$27.30	\$30.50	\$30.50	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 3,000	\$23.05	\$26.65	\$29.90	\$29.90	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 4,000	\$22.60	\$26.25	\$28.90	\$28.90	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 5,000	\$22.40	\$26.25	\$28.50	\$28.50	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 7,500	\$22.35	\$26.00	\$28.15	\$28.15	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 10,000	\$22.25	\$25.85	\$28.00	\$28.00	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 20,000	\$22.25	\$25.80	\$27.60	\$27.60	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 35,000	\$22.15	\$25.70	\$27.40	\$27.40	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 70,000	\$22.00	\$25.15	\$27.15	\$27.15	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
<= 100,000	\$21.90	\$25.05	\$26.95	\$26.95	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	table a1	table a1
>100,000	\$21.80	\$24.95	\$26.90	\$26.90	\$0.20	0-7.5%	.20%	.30%	0%-10%	2.60%	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.

\*\*\* Commissions determined on a case by case basis

\*\*\*\* 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 254b. 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 254c. Medicare Primary Factor

Area	Product	COB Factor	GE Factor	MOB Factor
All Areas	TC - All Products	0.3863	0.2575	0.2146
	PPO - All Products	0.3863	0.2575	0.2146
	MC - All Products	0.3863	0.2575	0.2146
	EC - All Products	0.3863	0.2575	0.2146

Table 255 COBRA

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

Table 260a1. 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

Table 261 Industry Level Program Adjustment

	From	To
Adjustment	0.5000	2.0000

**Pharmacy Benefit Plan – Manual Rate Calculation**

Refer to the Pharmacy Plan Rate Development Worksheet on page V-5.

**I. Pharmacy Start Rate**

Calculate the Pharmacy Start Rate as follows:

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

Starting Base Plan Claim Cost

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

Benefit Adjustment Factor

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

$$\begin{array}{l}
 \text{Pharmacy Plan Option Factor} \\
 \times \\
 \text{Restrictive Formulary Factor} \\
 \times \\
 \text{Mandatory Generic Factor} \\
 \times \\
 \text{DAW Factor} \\
 \times \\
 \text{Multiple Copayment Factor} \\
 \times \\
 \text{30-Day Maintenance Supply Factor} \\
 \times \\
 \text{Mail Order Drug Only Factor} \\
 \times \\
 \text{Mandatory Mail Order Factor} \\
 \times \\
 \text{Maintenance Choice Factor (if applicable)} \\
 \times \\
 \text{Coinsurance Min/Max Factor} \\
 \times \\
 \text{Oral Contraceptives Factor} \\
 \times \\
 \text{Sexual Performance Drug Factor} \\
 \times \\
 \text{Deductible Factor}
 \end{array}$$

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

The Trend Factor is calculated as:

$$(1 + \text{trend \%} + \text{leverage adjustment}) ^ \text{trend period exponent}$$

The trend period exponent is calculated as:

$$\text{In months: (Contract effective date – Proposed effective date) / 12}$$

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:

$$(\text{Subnetwork Rx efficiency factor} - 1) * \text{Migration ratio} + 1$$

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

Enter the Industry Factor table and select the appropriate Industry Factor.

Rating Area Factor

Enter the Rating Area Factor table and select the appropriate 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 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 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 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, the Industry Level Program Adjustment (if applicable), and the Underwriter Adjustment (if applicable), to get Pharmacy Plan Manual Premium Rates by Billing Tier:

Administrative Expense and Profit Factor

- 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, Taxes and Assessments and Health Insurer Fee (HIF) percentages.
- b. Multiply the PMPM in a. by members to get Total Retention amount.
- c. Multiply Adjusted Pharmacy Claim Cost by Billing Tier by the appropriate number of subscribers in each tier to get Total Monthly Claim Cost.
- d. The Administrative Expense and Profit Factor will be  $[(\text{Total Monthly Claim Cost} + \text{Total Retention amount}) / (1 - \text{Retention Expense \%} - \text{Commissions \%} - \text{Taxes and Assessments \%} - \text{HIF \%})] / (\text{Total Monthly Claim Cost})$

Industry Level Program Adjustment

Enter the Industry Level Program Adjustment if applicable.

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.



**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 2 x 3 x 4 x 5 x 6 x 7 x 8 x 8a x 9x 10 x 11 x 12 x 13 x 14 x 15 x 16 x 17 x 18 x 19 x 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

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 Industry Level Program Adjustment \_\_\_\_\_
- 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	All except TC Base Cost	TC Base Cost
District of Columbia	67.71	69.89

\* 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					Table 7	Table 8	Table 8A			Table 9	Table 10
					Multiple Copayment							Multiple Copayment				
	Pharmacy Plan Option	Restrictive Formulary	Mandatory Generic	Dispense as Written	2X-90 day	2.5X-90 day	3X-90 day	2X-60 day	1x-30 day/2x-60 day/3x-90 day	30-Day Maint Supply	Mail Order Only for Extended Days Supply	Mandatory Mail Order After 1 Fill at 2X Copay	Mandatory Mail Order After 1 Fill at 2.5X Copay	Mandatory Mail Order After 1 Fill at 3X Copay	Coinsurance Min/Max	Oral Contraceptives Waive Cost Share
All Generic and All Brand	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor
\$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					Table 7	Table 8	Table 8A			Table 9	Table 10
					Multiple Copayment							Multiple Copayment				
					2X-90 day Factor	2.5X-90 day Factor	3X-90 day Factor	2X-60 day Factor	1x-30 day/2x-60 day/3x-90 day Factor			30-Day Maint Supply Factor	for Extended Days Supply Factor	Order After 1 Fill at 2X Copay Factor		
\$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	0.9838	0.9765	0.9691	0.9643	0.9779	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 6									Table 8A					Oral Contraceptives	
	Pharmacy Plan Option	Restrictive Formulary	Mandatory Generic	Dispense as Written	Multiple Copayment					30-Day Maint Supply	Mail Order Only for Extended Days Supply	Multiple Copayment				Coinsurance Min/Max
					2X-90 day	2.5X-90 day	3X-90 day	2X-60 day	1x-30 day/2x-60 day/3x-90 day			Mandatory Mail Order After 1 Fill at 2X Copay	Mandatory Mail Order After 1 Fill at 2.5X Copay	Mandatory Mail Order After 1 Fill at 3X Copay		
All Generic / All Brand	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	Factor	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 (continued)	Table 2	Table 3	Table 4	Table 5	Table 6					Table 7	Table 8	Table 8A			Table 9	Table 10
					Multiple Copayment							Multiple Copayment				
					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		
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

Custom Plans	Table 2	Table 3	Table 4	Table 5	Table 6					Table 7	Table 8	Table 8A			Table 9	Table 10
					Multiple Copayment							Multiple Copayment				
					2X-90 day Factor	2.5X-90 day Factor	3X-90 day Factor	2X-60 day Factor	1x-30 day/2x-60 day/3x-90 day Factor			30-Day Maint Supply Factor	Mail Order Only for Extended Days Supply Factor	Mandatory Mail Order After 1 Fill at 2X Copay 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						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
All Generic and All Brand							
\$0.00	1.0035	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						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
Generic & Brand-Formulary / Brand Non-Formulary							
\$1.00 / \$2.00	1.0035	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						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
All Generic / All Brand							
\$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 Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Table 11 Sexual Performance Drug						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
\$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 Generic Formulary/Brand Formulary/ Non-Formulary OR Generic/Brand Formulary/Brand Non-Formulary	Table 11 Sexual Performance Drug						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
	\$5.00 / \$20.00 / \$50.00	1.0029	1.0059	1.0089	1.0114	1.0139	1.0189
\$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) Generic Form./Brand Form./Non-Form. OR Generic/Brand Form./Brand Non-Form.	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
\$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						
	2-pill Factor	4-pill Factor	6-pill Factor	7-pill Factor	8-pill Factor	10-pill Factor	12-pill Factor
OR Generic/Brand Form./Brand Non-Form.							
\$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

b. 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

a. 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	Family Limit	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	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

Medical Deductible	Health Reimbursement Account Products		
	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

Table 18 Infertility Drug Coverage Adjustment Factor

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

Medical Deductible	HSA and All Other Products		
	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 19 Per Script Copay Maximum Factor (to be applied to non-self-injectable drug claims only)

Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Per Script Copay Maximum													
	\$100	\$150	\$200	\$250	\$300	\$350	\$400	\$450	\$500	\$550	\$600	\$650	\$700	\$750
	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor	Cost / Util Factor
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 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		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

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

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.

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

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

Table 27 Rating Factor

Rating Area	Factor
All Areas	1.0000

Table 28 New Business Subscriber Based Age/Gender Factor

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

Table 28 Renewal Member Based Age/Gender Factor

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

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

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

Section III.

Table 30 Tier Factor

Tier	Tier Factor	
2-Tier	Single	1.1878
	Family	2.5433
3-Tier	Single	1.1878
	2-Party	2.3229
4-Tier	Family	2.7307
	Single	1.1878
	Par/Child	1.4930
	Couple	2.8207
Medicare	Family	2.9496
	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%	2.60%	table a1
<= 50	\$2.95	0-7.5%	0%-10%	2.60%	table a1
<= 100	\$2.80	0-7.5%	0%-10%	2.60%	table a1
<= 300	\$2.40	0-7.5%	0%-10%	2.60%	table a1
<= 1,000	\$2.25	0-7.5%	0%-10%	2.60%	table a1
<= 1,500	\$2.10	0-7.5%	0%-10%	2.60%	table a1
<= 3,000	\$1.90	0-7.5%	0%-10%	2.60%	table a1
<= 4,000	\$1.70	0-7.5%	0%-10%	2.60%	table a1
<= 5,000	\$1.60	0-7.5%	0%-10%	2.60%	table a1
<= 7,500	\$1.50	0-7.5%	0%-10%	2.60%	table a1
<= 10,000	\$1.40	0-7.5%	0%-10%	2.60%	table a1
<= 20,000	\$1.25	0-7.5%	0%-10%	2.60%	table a1
<= 35,000	\$1.10	0-7.5%	0%-10%	2.60%	table a1
<= 70,000	\$1.05	0-7.5%	0%-10%	2.60%	table a1
<= 100,000	\$1.00	0-7.5%	0%-10%	2.60%	table a1
> 100,000	\$0.95	0-7.5%	0%-10%	2.60%	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%

Table 34 Industry Level Program Adjustment

Adjustment	From	To
	0.5000	2.0000

**Specialty (Self-Injectables) Benefit Plan – Manual Rate Calculation**

Refer to the Specialty (Self-Injectables) Plan Rate Development Worksheet on page [W-4](#).

**I. Specialty (Self-Injectables) Start Rate**

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

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

Starting Base Plan Claim Cost

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

Benefit Adjustment Factor

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

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

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:

$$(\text{Subnetwork Rx efficiency factor} - 1) * \text{Migration ratio} + 1$$

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

Enter the Industry Factor table and select the appropriate Industry Factor.

Rating Area Factor

Enter the Rating Area Factor Table and select the appropriate 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:

$$\begin{array}{r} \text{Industry Factor} \\ \times \\ \text{Rating Area Factor} \end{array}$$

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, the Industry Level Program Adjustment (if applicable), and the Underwriter Adjustment (if applicable), to get Specialty (Self-Injectables) Manual Premium Rates by Billing Tier:

#### Administrative Expense and Profit Factor

- 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, Taxes and Assessments and Health Insurer Fee (HIF) 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  $[(\text{Total Monthly Claim Cost} + \text{Total Retention amount}) / (1 - \text{Retention Expense \%} - \text{Commissions \%} - \text{Taxes and Assessments \%} - \text{HIF \%})] / (\text{Total Monthly Claim Cost})$

#### Industry Level Program Adjustment

Enter the Industry Level Program Adjustment if applicable.

#### Underwriter Adjustment Factor

Enter the Underwriter Adjustment Factor 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.

**Self Injectable 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 Participation/Virgin Risk \_\_\_\_\_
- 12 Incentivized MOD 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 12
- 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 Industry Level Program Adjustment \_\_\_\_\_
  - 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.

Self Injectables PMPM and Benefit Factor Tables

Section I.

Table 1 1st Quarter 2014 Starting Base Plan Claim Cost

Area	All except TC Base Cost	TC Base Cost
District of Columbia	6.80	6.80

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 (continued)

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 (continued)

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%	0.9000	NA
15%	0.8500	NA
20%	0.8000	NA
25%	0.7500	NA
30%	0.7000	NA
35%	0.6500	NA
40%	0.6000	NA
45%	0.5500	NA
50%	0.5000	NA
\$10.00	0.9965	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 +	NA	NA

Table 2 Benefit Plan Options

e. Fourth & Fifth - Tier Levels

Preferred / Non-Preferred as different Coinsurance/Copay	Cost/Util Factor	Coinsurance With Min/Max Factor
10% / 20%	0.8753	NA
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	Per Individual				
	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	1.0513	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 Maximum

Per Individual Benefit Option	Per Individual				
	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 Preventive Drug Deductible Waiver Adj Factor

Medical Deductible	Health Reimbursement Account Products		
	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

Medical Deductible	HSA and All Other Products		
	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)

Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Per Script Copay Maximum						
	\$100.00 Cost / Util Factor	\$150.00 Cost / Util Factor	\$200.00 Cost / Util Factor	\$250.00 Cost / Util Factor	\$300.00 Cost / Util Factor	\$350.00 Cost / Util Factor	\$400.00 Cost / Util Factor
10%	1.0706	1.0434	1.0286	1.0213	1.0162	1.0135	1.0114
20%	1.2257	1.1877	1.1535	1.1213	1.0926	1.0745	1.0598
30%	1.4280	1.3805	1.3353	1.2930	1.2540	1.2168	1.1813
40%	1.6986	1.6389	1.5818	1.5272	1.4751	1.4268	1.3810
50%	2.0778	2.0013	1.9281	1.8576	1.7899	1.7250	1.6633
60%	2.6468	2.5457	2.4482	2.3544	2.2639	2.1765	2.0926
10% / 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	Per Script Copay Maximum						
	\$100.00 Cost / Util Factor	\$150.00 Cost / Util Factor	\$200.00 Cost / Util Factor	\$250.00 Cost / Util Factor	\$300.00 Cost / Util Factor	\$350.00 Cost / Util Factor	\$400.00 Cost / Util Factor
10%	1.0706	1.0434	1.0286	1.0213	1.0162	1.0135	1.0114
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

Plan Design (Generic Preferred & Non-Preferred / Brand Preferred / Brand Non-Preferred)	Per Script Copay Maximum						
	\$450 Cost / Util Factor	\$500 Cost / Util Factor	\$550 Cost / Util Factor	\$600 Cost / Util Factor	\$650 Cost / Util Factor	\$700 Cost / Util Factor	\$750 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

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

**Table 18 Rating Factor**

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

Rating Area	Factor
All Areas	1.0000

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

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

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

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

Section III.

Table 21 Tier Factors

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

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 IV.

Table 24 Administrative Expenses and Profit

Case Size (total lives)	PMPM	Retention	Commissions*	Taxes & Assessments	Health Insurer Fee
<= 10	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 50	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 100	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 300	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 1,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 1,500	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 3,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 4,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 5,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 7,500	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 10,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 20,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 35,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 70,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
<= 100,000	\$0.00	0-7.5%	0%-10%	2.60%	table a1
> 100,000	\$0.00	0-7.5%	0%-10%	2.60%	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%

Table 25 Industry Level Program Adjustment

Adjustment	From	To
	0.5000	2.0000

# Aetna Life Insurance Company

## Group Life and Group Health Insurance Schedule of Premium Rates

<u>Section</u>	<u>Title</u>
A	Group Life Premium Adjustments
B	Small Group Health Benefits – General
C	Long Term Disability Income Insurance
D	Temporary Disability Income
I	Dental Expense Benefits
J	Stand Alone Vision
M	Long Term Care
N	Aetna Health Fund
Q	Small Group Health Benefits
R	Large Groups with 51-100 Eligible Employees
S	Limited Accident and Health Insurance Plans
T	Large Group Health Benefits – General
U	Large Group Medical Benefits
V	Large Group Prescription Drug Expense Benefits
W	Large Group Specialty (Self-Injectable) Benefits
X	Student Health (aka Chickering)
Y	Medicare Integration
Z	Large Group Rating for Temporary Workforces
AA	Group Supplemental Retiree Medical Product

## Traditional Dental Rate Filing

Section A of this filing describes the methodology for calculating manual rates for traditional dental plans offered by Aetna Life Insurance Company to all groups with greater than 50 eligible employees. The base claim rates assume the following standard plan design:

Coinsurance for Preventive Services:	100%
Coinsurance for Basic Services:	80%
Coinsurance for Major Services:	50%
Annual Deductible:	\$ 50 individual
Calendar Year Maximum Benefit:	\$ 1,000
Family Deductible Limit:	3 times individual
Orthodontia:	Excluded

Rate adjustments for additional plan designs and group specific characteristics are described within this filing. Rate adjustment factors for plan designs not explicitly shown in the attached tables will be derived by interpolation/extrapolation. In case specific situations where, in our judgment, the initial premium rates calculated in this filing do not adequately reflect the risk of the case, an appropriate adjustment will be made.

Plan designs and other features may not be uniform for all the employees covered within the group. In such a case, an average rate for all eligible classes of employees may be used rather than separate rates for each class.

Dental plans sold as part of the bundled "Spectrum" portfolio of Aetna products will be discounted by 1% of premium.

Dental plans sold as part of a bundled "Multiple Product" portfolio of Aetna products will be discounted by 0% to 5% of premium.

# Traditional Dental Rate Filing

## Section A

The calculation of premium rates for traditional dental plans is described in the steps outlined below.

1. **BASE CLAIM RATES:** The base claim rates used in the calculation of traditional dental plan rates are shown in Table 1. These rates are appropriate for plans that have a \$50 deductible, 100%-80%-50% coverage for preventive, basic and major services and a calendar year limit of \$1,000.
2. **DEDUCTIBLE ADJUSTMENT:** No adjustment is necessary for plans with a \$50 deductible. The deductible factors for plans providing a deductible other than \$50 for all employees are shown in Table 2.
3. **DEDUCTIBLE CARRYOVER PROVISION:** No adjustment is necessary for plans without a deductible carryover provision. Factors for plans that include the deductible carryover are in Table 3.
4. **WAIVER OF DEDUCTIBLE OF DIAGNOSTIC AND PREVENTIVE SERVICES:** When the plan provides that some or all of the covered diagnostic and preventive services are subject to the deductible, determine the discount from Table 4.
5. **FAMILY DEDUCTIBLE LIMIT:** If a plan has other than a 3x family limit on deductibles, determine the adjustment from Table 5.
6. **SUBTOTAL:** The subtotal is given by the following formula:

$$\text{Steps } (1 \times 2 \times 3) + 4 + 5$$

7. **COINSURANCE ADJUSTMENT – BASIC SERVICES:** No adjustment is necessary if the coinsurance level on basic services is 80%. For other than 80% coinsurance, obtain the appropriate adjustment from Table 6. Multiply the Step 6 rates by this adjustment.
8. **COINSURANCE ADJUSTMENT - PREVENTIVE SERVICES:** No adjustment is necessary if the coinsurance level on preventive services is 100%. For other than 100% coinsurance, obtain the adjustment from Table 7.
9. **COINSURANCE - MAJOR SERVICES:** No adjustment is necessary if the coinsurance is 50%. For other than 50% coinsurance, obtain the adjustment from Table 8.

## Traditional Dental Rate Filing

10. BASIC/MAJOR SERVICE ALLOCATION OF ROOT CANAL THERAPY, OSSEOUS SURGERY, AND SURGICAL REMOVAL OF IMPACTED TEETH (FULL OR PARTIAL BONY): Root Canal Therapy, Osseous Surgery, and Surgical Removal of Impacted Teeth (full or partially bony) may be covered as a Basic or Major service. Obtain the appropriate adjustment from Table 26.
11. BASIC/MAJOR SERVICE ALLOCATION OF REMAINING ENDODONTIC AND PERIODONTIC PROCEDURES: Remaining Endodontic and Periodontic procedures may be covered as a Basic or Major Service. Obtain the appropriate adjustment from Table 26.
12. CROWN BUILD-UPS: Obtain Crown Build-Up adjustment from Table 35 based on the Major Coinsurance Percent.
13. CROWN LENGTHENING: Obtain Crown Lengthening adjustment from Table 36 based on the Coinsurance Percent from Step 10.
14. IMPLANTS: Obtain Implants adjustment from Table 37 based on the Major Coinsurance Percent.
15. TOPICAL FLUORIDE AGE LIMIT: No adjustment necessary for cases with an age limit of 16. If other age limits are used, obtain the rate adjustment from Table 45.
16. SEALANT AGE LIMIT: No adjustment necessary for cases with an age limit of 16. If other age limits are used, obtain the rate adjustment from Table 46.
17. WAIVER OF MISSING BUT UNREPLACED EXCLUSION: The claim rates calculated above are applicable for plans which contain the Missing But Unreplaced exclusion. If the exclusion is to be eliminated, obtain the appropriate adjustments from Table 9.
18. MAXIMUM BENEFIT: No adjustment is necessary if a \$1,000 calendar year limit is used. If other calendar year maximums are used, obtain the rate adjustment from Table 10.
19. EXCLUSION OF PREDETERMINATION AND ALTERNATE TREATMENT PROVISIONS: The claim rates as calculated above are applicable for plans which contain Predetermination and Alternate Treatment provisions. If the Predetermination and Alternate Treatment provisions are to be excluded, obtain the rate adjustment from Table 11.
20. JAW JOINT DISORDER BENEFIT (TMJ): No adjustment is necessary for cases when Jaw Joint Disorder Benefit is not covered. If Jaw Joint Disorder is covered, obtain the appropriate factor from Table 32.

## Traditional Dental Rate Filing

21. INCENTIVE COINSURANCE BENEFIT: No adjustment is necessary for cases when Incentive Coinsurance does not apply. If Incentive Coinsurance is applicable, obtain rate adjustment from Table 33.
22. MAXIMUM ROLLOVER BENEFIT: No adjustment is necessary for cases if Maximum Rollover does not apply. If Maximum Rollover is applicable, obtain rate adjustment from Table 34.
23. SEPARATE LIFETIME MAXIMUM BENEFIT: No adjustment is necessary for cases when Separate Lifetime Maximum(s) do not apply. If Separate Lifetime Maximum(s) are applicable, obtain rate adjustment(s) from Table 28.
24. ORTHODONTIA: When Orthodontia is covered under the plan, obtain the claim rate extras from Table 12.
25. REASONABLE & CUSTOMARY REIMBURSEMENT FACTOR: No adjustment is necessary for cases at the standard percentile, 80<sup>th</sup>. For all other percentiles, obtain the appropriate factor from Table 44.
26. POSTERIOR COMPOSITES: No adjustment is necessary for cases where Posterior Composites are considered an alternate benefit provision. If Posterior Composites are considered a covered service, obtain the appropriate factor from Table 47.
27. ANESTHESIA: No adjustment is necessary for cases where Anesthesia is covered as a Type C service. If Anesthesia is considered a Type B service, obtain the appropriate factor from Table 48.
28. INCENTIVE MAXIMUM: No adjustment is necessary for cases when Incentive Maximum does not apply; otherwise the total factor is given by the following formula:

Steps (28A x 28B)

- A) INCENTIVE MAXIMUM: Obtain the appropriate factor from Table 49.
  - B) PENALTY: Obtain the appropriate factor from Table 50.
29. # OF INCREASES: No adjustment is necessary if Step 21, Incentive Coinsurance, or Step 28, Incentive Maximum, does not apply; otherwise obtain the appropriate factor from Table 51.
  30. Prosthesis and Crown Replacement Rule: No adjustment is necessary for cases where the Prosthesis and Crown Replacement Rule is every 8 years. If the Replacement rule time period is changed, obtain the appropriate factor from Table 52.



## Traditional Dental Rate Filing

31. Benefit Enhancements: No adjustment is necessary for cases where these services are not covered. If services are covered, obtain the appropriate factor; otherwise use .0000.

- A. Brush Biopsy: 0.0005
- B. Pre-Diagnostic Testing: 0.0018
- C. Bone Grafts: 0.0012
- D. Full Mouth Debridement: 0.0024

$$[(1 + A) \times (1 + B) \times (1 + C) \times (1 + D)]$$

32. SUBTOTAL BENEFIT SPECIFIC RATE: The subtotal is given by the following formula:

$$\text{Steps } [(\{[(\{(6 \times 7) + 8 + 9\} \times 10) + 11 + 12 + 13 + 14 + 15 + 16] \times 17\} + 18) \times 19 \times 20 \times 21 \times 22 \times 23) + 24] \times 25 \times 26 \times 27 \times 28 \times 29 \times 30 \times 31$$

33. ORAL SURGERY: If Oral Surgery is not covered under the traditional dental plan, obtain the appropriate factor from Table 13; otherwise use a factor of 1.0.

34. STUDENT COVERAGE: The children's rate calculated above assumes that children are covered to age 19 or age 23 if in school. For other coverage level, obtain the appropriate children's rate factor by the following formula:

$$(\text{Table 14} \times \text{Table 14A}) = \text{Student Coverage Factor}$$

35. COORDINATION OF BENEFITS ADJUSTMENT: If Coordination of Benefits is not included in the traditional dental plan, obtain the rate adjustment from Table 15.

36. INDUSTRY: Based on the group's SIC code, enter the factor from the list of industry codes in Table 16.

37. AREA ADJUSTMENT: Determine the area factor as follows:

Multiply the number of lives in each area by the area factor shown in Table 17. Divide the sum of the products by the total number of lives.

*NOTE: Area adjustments for indemnity plans that feature scheduled coverage amounts for all services will equal 1.0.*

38. RISK CLASS: The case underwriter may apply a risk class factor ranging from 0.9 to 1.1 based on the following criteria: employee participation, employer contributions, case persistency, rate guarantees, broker relationship, historical claim experience, changes in average contract size or tier ratios, number of employer locations, case size, competitive market forces or other risk factors.

## Traditional Dental Rate Filing

39. DETERIORATION ADJUSTMENT: Base rates are adjusted for the policy effective date of the group. Obtain the deterioration factor from Table 18.

NOTE: Table 18 includes separate Deterioration Adjustments for indemnity plans that feature scheduled coverage amounts for all services.

40. AGE/GENDER: The average age adjustment factors are determined by taking a weighted average by lives by age, of the factors in Table 19.

41. CASE SIZE: Enter the case size adjustment shown in Table 20.

42. NET CLAIM COST: The Net Claim Cost is given by the following formula:

$$\text{Steps } 32 \times 33 \times 34 \times 35 \times 36 \times 37 \times 38 \times 39 \times 40 \times 41$$

43. PRIOR DENTAL ADJUSTMENT: Obtain the factor from Table 21.

44. WAITING PERIOD FACTOR: No adjustment is necessary for cases without a waiting period. For cases with a waiting period, obtain the appropriate factor from Table 27.

45. EMPLOYEE PARTICIPATION: No adjustment is necessary for cases when employee participation is 60% to 89.0% of total employees; otherwise obtain the appropriate factor from Table 43.

46. ORTHO WORK IN PROGRESS EXCLUSION REMOVAL FACTOR: Obtain Ortho WIP factor based on Employer SIC code from Table 38.

47. ADJUSTED NET CLAIM COST: The Adjusted Net Claim Cost is given by the following formula:

$$\text{Steps } 42 \times 43 \times 44 \times 45 \times 46$$

48. EXPECTED INCURRED CLAIMS: Multiply the adjusted net claim cost rates from Step 47 x the number of employees in each category x 12.

49. ADMINISTRATIVE EXPENSES

A) Expense as a % of Claim: Determine expenses based on the result of Step 47 from Table 22. The expense factor may be adjusted by a factor of 0.10, when appropriate, to reflect changes in the retention required for a particular group (e.g. savings due to economies of scale or scope, or expenses associated with additional non-standard services).

B) Equals the administration and overhead expense factor obtained from Table 31 A or B.

## Traditional Dental Rate Filing

- C) Equals the anticipated profit objective as a percentage of premium. Profit will vary based on the predictability of the proposed plan design, employer contributions to the plan, other coverages inforce with the client, etc.
- D) Equals the anticipated premium taxes & assessments payable to the applicable state(s) divided by the annual premium.
- E) Equals adjustments to plan cost for interest credits or debits arising from cash flows, delayed premiums, reserves, and any accumulated plan deficit financing, expressed as a percent of premium.
- F) Equals miscellaneous adjustments to the standard expense levels to reflect the added costs due to non-standard or specials services provided, expressed as a percent of premium.
- G) Equals the anticipated Health Insurer Fee imposed by the Affordable Care Act divided by the annual premium.

50. PREMIUM RATES: The premium rates is given by the following formula:

$$\{[(\text{Step } 47 + (\text{Step } 47 \times \text{Step } 49A)) + \text{Step } 49B] / (1 - \text{Step } 49C - \text{Step } 49D - \text{Step } 49E - \text{Step } 49F - \text{Step } 49G)\}$$

51. RATES BY TIER STRUCTURE: Rates can be on a 5 Tier, 4 Tier, 3 Tier or 2 Tier basis. See the formulas below to develop Premium Rates. Rates can also be reallocated by tier upon request by the client.

5 tier: Employee, Spouse, 1 Child, >1 Child, Spouse/Child(ren)

**Employee rate:** ((number of male employees x male rate) + (number of female employees x female rate)) / total employees

**Spouse rate:** ((number of employees with male spouse x male spouse rate) + (number of employees with female spouse x female spouse rate)) / number of employees with spousal coverage

**1 Child rate** = ((number of one child only + number of two or more children) x child rate) / (number of one child only + (2.2 x number of two or more children))

**>1 Child rate** = 1 child rate x 2.2

**Child(ren)** = child rate

**Spouse/Child(ren) rate** = spouse rate + child rate

## Traditional Dental Rate Filing

### 4 tier: Employee, Spouse, Child(ren), Spouse/Child(ren)

**Employee rate:**  $((\text{number of male employees} \times \text{male rate}) + (\text{number of female employees} \times \text{female rate})) / \text{total employees}$

**Spouse rate:**  $((\text{number of employees with male spouse} \times \text{male spouse rate}) + (\text{number of employees with female spouse} \times \text{female spouse rate})) / \text{number of employees with spousal coverage}$

**Child(ren) rate** = child rate

**Spouse/Child(ren) rate** = spouse rate + child(ren) rate

### 3 tier: Employee, one dependent, two or more dependents

**Employee rate:**  $((\text{number of male employees} \times \text{male rate}) + (\text{number of female employees} \times \text{female rate})) / \text{total employees}$

**One dependent rate:**  $((\text{number of employees with male spouse} \times \text{male spouse rate}) + (\text{number of employees with female spouse} \times \text{female spouse rate}) + (\text{number of employees with child(ren)} \times \text{child rate})) / (\text{total employees with one dependent} + 2 \times (\text{employees with two or more dependents}))$

**Two or more dependents rate:**  $2 \times (\text{dependent rate})$

### 2 tier: Employee, one or more dependents

**Employee rate:**  $((\text{number of male employees} \times \text{male rate}) + (\text{number of female employees} \times \text{female rate})) / \text{total employees}$

**Dependent rate:**  $((\text{number of employees with male spouse} \times \text{male spouse rate}) + (\text{number of employees with female spouse} \times \text{female spouse rate}) + (\text{number of employees with child(ren)} \times \text{child rate})) / \text{total employees with dependent coverage}$

52. MUTUALIZED RATES: Rates by Tier Structure, Step 51, mutualized across all states.
53. COMMISSIONS: Equals the commissions payable expressed as a percent of premium, if the client employs a commissioned broker for the traditional dental plan. In the absence of a commissioned arrangement, this adjustment equals zero.
54. FINAL RATES BY TIER: Step 52 / (1 – Step 53).
55. MUTUALIZED/COMPOSITE PLAN AND PRODUCT RATES: Plan Sponsors that offer Multiple Plans and/or Products can either have a portion of the premium for a Plan and/or Product subsidized by another Plan and/or Product or have the entire premium mutualized to allow the Plan Sponsor the ability to offer subsidized or composite rates by tier with the overall premium remaining the same.

# Traditional Dental Rate Filing

## **Section B**

The calculation of premium rates for dental Preferred Provider Organization (PPO) plans requires the additional steps outlined below.

1. Calculate Benefit Specific Rate (through Step 32 in Section A) for both in-network and out-of-network PPO plan designs. Then continue with the following additional steps.

Multiply the in-network net claim cost by the discount factor. The discount factor is the product of the number of lives in each area and the applicable factor in Table 23, divided by the total number of lives.

2. EXPECTED IN-NETWORK UTILIZATION: Determine the expected in-network utilization by multiplying a. and b. below:
  - a. Network utilization factor – divide the product of the number of lives in each area and the applicable factor in Table 24 by the total number of lives.
  - b. Benefit differential factor – this factor is based on the relationship of the value of the in-network benefits compared to the out-network benefits. It adjusts for increased in-network utilization due to richer benefits. The factor is obtained in Table 25.
3. SUBTOTAL – BENEFIT SPECIFIC RATE: The PPO Benefit Specific Rate is determined by the following formula:

- a. *For plans that limit non-participating physician reimbursement to the participating physician fee schedule:*

$$\begin{aligned} & \{[(\text{Step 32 Benefit Specific Rate for In-Network Benefits}) \\ & \times (\text{PPO Discount Factor}) \\ & \times (\text{Expected In-Network Utilization})] \\ & + [(\text{Step 32 Benefit Specific Rate for Out-Of-Network Benefits}) \\ & \times (1 - \text{Expected In-Network Utilization})]\} \\ & \times (\text{PPO Discount Factor}) \end{aligned}$$

- b. *For all other plans:*

$$\begin{aligned} & [(\text{Step 32 Benefit Specific Rate for In-Network Benefits}) \\ & \times (\text{PPO Discount Factor}) \\ & \times (\text{Expected In-Network Utilization})] \\ & + [(\text{Step 32 Benefit Specific Rate for Out-Of-Network Benefits}) \\ & \times (1 - \text{Expected In-Network Utilization})] \end{aligned}$$

4. Steps 33 through 50 from the above section are applied. The resulting Step 51 is RATES BY TIER STRUCTURE for the PPO plan.

## Traditional Dental Rate Filing

### Section C

The calculation of premium rates for DentalFund plans require the additional steps outlined below.

1. FUND PLAN DESIGN: Obtain cost for covered individuals from Table 42A or 42B.

*Table 42A Plan Design Options based on Annual Fund:*

- No Annual Rollover or
- Annual Rollover & Unlimited Cumulative Maximum

*Table 42B Plan Design Options based on Annual Fund:*

- Annual Rollover & Cumulative Maximum

2. Step 1 is then added to Step 47 in Section A to determine the Adjusted Net Claim Cost.

## **Traditional Dental Rate Filing**

### **Section E**

Case experience may be used to develop the premium rates for a group. The additional steps outlined below are used when case experience is available and blended with manual rates.

1. Calculate incurred claims for the most recent experience period.
2. Apply a trend factor to the incurred claims from Step 1.
3. Apply relativity factors for the relationship of Aetna's provider contracted discounts, utilization and plan design versus those reflected in the prior carriers' claims.
4. Determine Credibility of Experience.
5. Determine Blended Expected Incurred Claims.
6. Step 5 then replaces Step 47 in Section A.

## Traditional Dental Rate Filing

Table 1 - Base Claim Rate			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Base Premium	\$37.83	\$42.39	\$45.99

Table 2 - Deductible Adjustment			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$0	108.00%	108.00%	108.00%
\$25	104.00%	104.00%	104.00%
\$50	100.00%	100.00%	100.00%
\$75	96.00%	96.00%	96.00%
\$100	92.00%	92.00%	92.00%
\$150	86.00%	86.00%	86.00%
\$200	75.00%	75.00%	75.00%
Familyshare \$0	108.00%	108.00%	108.00%
Familyshare \$25	104.25%	104.25%	104.25%
Familyshare \$50	100.50%	100.50%	100.50%
Familyshare \$75	96.25%	96.25%	96.25%
Familyshare \$100	92.25%	92.25%	92.25%
Familyshare \$150	86.25%	86.25%	86.25%
Familyshare \$200	75.25%	75.25%	75.25%
Lifetime \$0	108.00%	108.00%	108.00%
Lifetime \$25	105.00%	105.00%	105.00%
Lifetime \$50	101.00%	101.00%	101.00%
Lifetime \$75	97.00%	97.00%	97.00%
Lifetime \$100	93.00%	93.00%	93.00%
Lifetime \$150	87.00%	87.00%	87.00%
Lifetime \$200	76.00%	76.00%	76.00%

Table 3 - Deductible Carryover Provision			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$25	101.0%	101.0%	103.0%
\$50	101.5%	101.5%	106.0%
\$75	101.5%	101.5%	106.0%
\$100	101.5%	101.5%	106.0%
\$150	101.5%	101.5%	106.0%
\$200	102.0%	102.0%	109.0%
Familyshare \$25	101.0%	101.0%	103.0%
Familyshare \$50	101.5%	101.5%	106.0%
Familyshare \$75	101.5%	101.5%	106.0%
Familyshare \$100	101.5%	101.5%	106.0%
Familyshare \$150	101.5%	101.5%	106.0%
Familyshare \$200	102.0%	102.0%	109.0%
Lifetime \$25	101.0%	101.0%	103.0%
Lifetime \$50	101.5%	101.5%	106.0%
Lifetime \$75	101.5%	101.5%	106.0%
Lifetime \$100	101.5%	101.5%	106.0%
Lifetime \$150	101.5%	101.5%	106.0%
Lifetime \$200	102.0%	102.0%	109.0%

Table 4 - Waiver of Deductible			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$25	(\$0.45)	(\$0.43)	(\$1.21)
\$50	(\$0.86)	(\$0.87)	(\$2.25)
\$75	(\$0.90)	(\$1.04)	(\$2.65)
\$100	(\$0.93)	(\$1.17)	(\$2.93)
\$150	(\$1.08)	(\$1.38)	(\$3.37)
\$200	(\$1.18)	(\$1.51)	(\$3.64)



## Traditional Dental Rate Filing

Table 5 - Family Deductible Limit							
Without Waiver of Deductible Feature 2 Times				Without Waiver of Deductible Feature 3 Times			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$25	\$0.00	\$0.00	\$0.51	\$25	\$0.00	\$0.00	\$0.04
\$50	\$0.00	\$0.00	\$0.90	\$50	\$0.00	\$0.00	\$0.08
\$75	\$0.00	\$0.00	\$1.07	\$75	\$0.00	\$0.00	\$0.08
\$100	\$0.00	\$0.00	\$1.04	\$100	\$0.00	\$0.00	\$0.07
\$150	\$0.00	\$0.00	\$0.81	\$150	\$0.00	\$0.00	\$0.03
\$200	\$0.00	\$0.00	\$0.63	\$200	\$0.00	\$0.00	\$0.01
With Waiver of Deductible Feature 2 Times				With Waiver of Deductible Feature 3 Times			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$25	\$0.00	\$0.00	\$0.30	\$25	\$0.00	\$0.00	\$0.00
\$50	\$0.00	\$0.00	\$0.44	\$50	\$0.00	\$0.00	\$0.00
\$75	\$0.00	\$0.00	\$0.50	\$75	\$0.00	\$0.00	\$0.00
\$100	\$0.00	\$0.00	\$0.50	\$100	\$0.00	\$0.00	\$0.00
\$150	\$0.00	\$0.00	\$0.44	\$150	\$0.00	\$0.00	\$0.00
\$200	\$0.00	\$0.00	\$0.39	\$200	\$0.00	\$0.00	\$0.00
Without Waiver of Deductible Feature Family Share				Without Waiver of Deductible Feature Lifetime			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$25	\$0.00	\$0.00	\$0.04	\$25	\$0.00	\$0.00	\$0.04
\$50	\$0.00	\$0.00	\$0.08	\$50	\$0.00	\$0.00	\$0.08
\$75	\$0.00	\$0.00	\$0.08	\$75	\$0.00	\$0.00	\$0.08
\$100	\$0.00	\$0.00	\$0.07	\$100	\$0.00	\$0.00	\$0.07
\$150	\$0.00	\$0.00	\$0.03	\$150	\$0.00	\$0.00	\$0.03
\$200	\$0.00	\$0.00	\$0.01	\$200	\$0.00	\$0.00	\$0.01
With Waiver of Deductible Feature Family Share				With Waiver of Deductible Feature Lifetime			
<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Deductible</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$25	\$0.00	\$0.00	\$0.00	\$25	\$0.00	\$0.00	\$0.00
\$50	\$0.00	\$0.00	\$0.00	\$50	\$0.00	\$0.00	\$0.00
\$75	\$0.00	\$0.00	\$0.00	\$75	\$0.00	\$0.00	\$0.00
\$100	\$0.00	\$0.00	\$0.00	\$100	\$0.00	\$0.00	\$0.00
\$150	\$0.00	\$0.00	\$0.00	\$150	\$0.00	\$0.00	\$0.00
\$200	\$0.00	\$0.00	\$0.00	\$200	\$0.00	\$0.00	\$0.00

Table 6 - Coinsurance Adjustment - Basic Services			
<u>Coinsurance</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
100%	110.0%	110.0%	108.0%
90%	105.0%	105.0%	104.0%
85%	102.5%	102.5%	102.0%
80%	100.0%	100.0%	100.0%
75%	97.5%	97.5%	98.0%
70%	95.0%	95.0%	96.0%
60%	90.0%	90.0%	92.0%
50%	86.0%	86.0%	88.0%
40%	81.0%	81.0%	84.0%
30%	76.0%	76.0%	80.0%
20%	71.0%	71.0%	76.0%
10%	66.0%	66.0%	72.0%
0%	62.0%	62.0%	68.0%
Scheduled	90.0%	90.0%	88.0%
Sched - VFL	0.0%	0.0%	0.0%
Sched - VTX	0.0%	0.0%	0.0%
Sched - VCA	0.0%	0.0%	0.0%

## Traditional Dental Rate Filing

Table 7 - Coinsurance - Preventive Services			
<u>Coinsurance</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
100%	\$0.00	\$0.00	\$0.00
90%	(\$0.47)	(\$0.62)	(\$0.57)
80%	(\$0.96)	(\$1.25)	(\$0.93)
70%	(\$1.45)	(\$1.88)	(\$1.35)
0%	(\$7.30)	(\$8.41)	(\$13.70)
Sched - VFL - \$50 Ded	\$9.20	\$9.20	\$9.20
Sched - VTX - \$50 Ded	\$8.43	\$8.43	\$8.43
Sched - VCA - \$50 Ded	\$13.07	\$13.07	\$13.07
Sched - VFL - \$75 Ded	\$8.50	\$8.50	\$8.50
Sched - VTX - \$75 Ded	\$7.73	\$7.73	\$7.73
Sched - VCA - \$75 Ded	\$12.37	\$12.37	\$12.37
Sched - VFL - \$100 Ded	\$7.80	\$7.80	\$7.80
Sched - VTX - \$100 Ded	\$7.03	\$7.03	\$7.03
Sched - VCA - \$100 Ded	\$11.67	\$11.67	\$11.67

Table 8 - Coinsurance Adjustment - Major Services			
<u>Coinsurance</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
80%	\$3.88	\$3.88	\$0.88
75%	\$3.24	\$3.24	\$0.74
70%	\$2.59	\$2.59	\$0.59
60%	\$1.30	\$1.30	\$0.29
50%	\$0.00	\$0.00	\$0.00
40%	(\$1.30)	(\$1.30)	(\$0.29)
30%	(\$2.59)	(\$2.59)	(\$0.59)
20%	(\$3.88)	(\$3.88)	(\$0.88)
10%	(\$5.17)	(\$5.17)	(\$1.18)
0%	(\$6.47)	(\$6.47)	(\$1.47)
Sched - VFL	\$0.00	\$0.00	\$0.00
Sched - VTX	\$0.00	\$0.00	\$0.00
Sched - VCA	\$0.00	\$0.00	\$0.00
Scheduled	(\$0.27)	(\$0.36)	(\$0.56)

Table 9 - Waiver of Missing But Unreplaced Excl			
<u>Major Coinsurance</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
80%	101.97%	102.15%	100.11%
75%	101.85%	102.02%	100.10%
70%	101.73%	101.88%	100.09%
60%	101.48%	101.61%	100.08%
50%	101.24%	101.35%	100.05%
40%	101.24%	101.32%	100.05%
30%	101.24%	101.32%	100.05%
20%	101.24%	101.32%	100.05%
10%	101.24%	101.32%	100.05%
0%	101.24%	101.32%	100.05%
Scheduled	101.24%	101.32%	100.05%

## Traditional Dental Rate Filing

Table 10 - Maximum Benefit				
Major Coinsurance	Cal Year	Male	Female	Child(ren)
	Max			
80%	\$3,000	\$5.43	\$5.81	\$1.40
80%	\$2,750	\$5.27	\$5.69	\$1.39
80%	\$2,500	\$5.11	\$5.58	\$1.39
80%	\$2,250	\$4.83	\$5.36	\$1.34
80%	\$2,000	\$4.56	\$5.15	\$1.30
80%	\$1,750	\$4.11	\$4.63	\$1.25
80%	\$1,500	\$3.66	\$4.11	\$1.20
80%	\$1,250	\$2.06	\$2.06	\$0.61
80%	\$1,000	\$0.00	\$0.00	\$0.00
80%	\$750	(\$1.90)	(\$2.28)	(\$0.90)
80%	\$500	(\$5.96)	(\$7.79)	(\$3.12)
80%	\$250	(\$8.50)	(\$11.11)	(\$4.99)
75%	\$3,000	\$5.40	\$5.78	\$1.38
75%	\$2,750	\$5.25	\$5.67	\$1.37
75%	\$2,500	\$5.09	\$5.55	\$1.37
75%	\$2,250	\$4.81	\$5.33	\$1.33
75%	\$2,000	\$4.53	\$5.12	\$1.29
75%	\$1,750	\$4.08	\$4.60	\$1.24
75%	\$1,500	\$3.63	\$4.08	\$1.19
75%	\$1,250	\$1.82	\$2.04	\$0.59
75%	\$1,000	\$0.00	\$0.00	\$0.00
75%	\$750	(\$1.90)	(\$2.28)	(\$0.90)
75%	\$500	(\$5.96)	(\$7.79)	(\$3.12)
75%	\$250	(\$8.50)	(\$11.11)	(\$4.99)
70%	\$3,000	\$5.38	\$5.75	\$1.37
70%	\$2,750	\$5.22	\$5.63	\$1.36
70%	\$2,500	\$5.06	\$5.51	\$1.35
70%	\$2,250	\$4.78	\$5.29	\$1.31
70%	\$2,000	\$4.50	\$5.07	\$1.27
70%	\$1,750	\$4.05	\$4.56	\$1.22
70%	\$1,500	\$3.60	\$4.05	\$1.16
70%	\$1,250	\$1.80	\$2.03	\$0.58
70%	\$1,000	\$0.00	\$0.00	\$0.00
70%	\$750	(\$1.90)	(\$2.28)	(\$0.90)
70%	\$500	(\$5.96)	(\$7.79)	(\$3.12)
70%	\$250	(\$8.50)	(\$11.11)	(\$4.99)
60%	\$3,000	\$5.33	\$5.69	\$1.32
60%	\$2,750	\$5.17	\$5.57	\$1.32
60%	\$2,500	\$5.01	\$5.45	\$1.32
60%	\$2,250	\$4.72	\$5.22	\$1.28
60%	\$2,000	\$4.43	\$4.99	\$1.24
60%	\$1,750	\$3.99	\$4.49	\$1.19
60%	\$1,500	\$3.54	\$3.99	\$1.12
60%	\$1,250	\$1.77	\$2.00	\$0.56
60%	\$1,000	\$0.00	\$0.00	\$0.00
60%	\$750	(\$1.82)	(\$2.20)	(\$0.86)
60%	\$500	(\$5.90)	(\$7.79)	(\$3.12)
60%	\$250	(\$8.41)	(\$11.08)	(\$4.99)
50%	\$3,000	\$5.25	\$5.60	\$1.29
50%	\$2,750	\$5.09	\$5.48	\$1.29
50%	\$2,500	\$4.94	\$5.37	\$1.29
50%	\$2,250	\$4.64	\$5.13	\$1.25
50%	\$2,000	\$4.34	\$4.88	\$1.20
50%	\$1,750	\$3.91	\$4.39	\$1.16
50%	\$1,500	\$3.48	\$3.90	\$1.09
50%	\$1,250	\$1.74	\$1.95	\$0.54
50%	\$1,000	\$0.00	\$0.00	\$0.00
50%	\$750	(\$1.75)	(\$2.11)	(\$0.82)
50%	\$500	(\$5.63)	(\$7.43)	(\$2.97)
50%	\$250	(\$8.00)	(\$10.61)	(\$4.77)

## Traditional Dental Rate Filing

Table 10 - Maximum Benefit cont.

Major Coinsurance	Cal Year			
	Max	Male	Female	Child(ren)
40%	\$3,000	\$4.24	\$4.39	\$0.83
40%	\$2,750	\$4.11	\$4.30	\$0.83
40%	\$2,500	\$3.99	\$4.21	\$0.83
40%	\$2,250	\$3.56	\$3.81	\$0.78
40%	\$2,000	\$3.13	\$3.41	\$0.74
40%	\$1,750	\$2.90	\$3.15	\$0.71
40%	\$1,500	\$2.67	\$2.88	\$0.68
40%	\$1,250	\$1.34	\$1.44	\$0.35
40%	\$1,000	\$0.00	\$0.00	\$0.00
40%	\$750	(\$0.89)	(\$1.08)	(\$0.45)
40%	\$500	(\$2.93)	(\$3.85)	(\$1.60)
40%	\$250	(\$4.03)	(\$5.31)	(\$2.54)
30%	\$3,000	\$3.53	\$3.52	\$0.60
30%	\$2,750	\$3.42	\$3.45	\$0.60
30%	\$2,500	\$3.32	\$3.38	\$0.59
30%	\$2,250	\$2.80	\$2.87	\$0.55
30%	\$2,000	\$2.28	\$2.36	\$0.51
30%	\$1,750	\$2.13	\$2.21	\$0.71
30%	\$1,500	\$1.98	\$2.06	\$0.50
30%	\$1,250	\$0.99	\$1.04	\$0.25
30%	\$1,000	\$0.00	\$0.00	\$0.00
30%	\$750	(\$0.40)	(\$0.46)	(\$0.17)
30%	\$500	(\$1.01)	(\$1.28)	(\$0.53)
30%	\$250	(\$1.39)	(\$1.74)	(\$0.84)
20%	\$3,000	\$2.35	\$2.35	\$0.39
20%	\$2,750	\$2.28	\$2.30	\$0.40
20%	\$2,500	\$2.21	\$2.26	\$0.41
20%	\$2,250	\$1.86	\$1.91	\$0.38
20%	\$2,000	\$1.52	\$1.57	\$0.35
20%	\$1,750	\$1.42	\$1.47	\$0.33
20%	\$1,500	\$1.32	\$1.37	\$0.33
20%	\$1,250	\$0.89	\$0.92	\$0.20
20%	\$1,000	\$0.00	\$0.00	\$0.00
20%	\$750	(\$0.27)	(\$0.30)	(\$0.11)
20%	\$500	(\$0.68)	(\$0.86)	(\$0.35)
20%	\$250	(\$0.93)	(\$1.16)	(\$0.56)
10%	\$3,000	\$1.18	\$1.17	\$0.20
10%	\$2,750	\$1.14	\$1.15	\$0.20
10%	\$2,500	\$1.11	\$1.12	\$0.20
10%	\$2,250	\$0.93	\$0.96	\$0.18
10%	\$2,000	\$0.76	\$0.79	\$0.17
10%	\$1,750	\$0.71	\$0.74	\$0.17
10%	\$1,500	\$0.66	\$0.69	\$0.17
10%	\$1,250	\$0.78	\$0.80	\$0.13
10%	\$1,000	\$0.00	\$0.00	\$0.00
10%	\$750	(\$0.13)	(\$0.15)	(\$0.06)
10%	\$500	(\$0.34)	(\$0.43)	(\$0.18)
10%	\$250	(\$0.46)	(\$0.58)	(\$0.28)
0%	\$3,000	\$0.00	\$0.00	\$0.00
0%	\$2,750	\$0.00	\$0.00	\$0.00
0%	\$2,500	\$0.00	\$0.00	\$0.00
0%	\$2,250	\$0.00	\$0.00	\$0.00
0%	\$2,000	\$0.00	\$0.00	\$0.00
0%	\$1,750	\$0.00	\$0.00	\$0.00
0%	\$1,500	\$0.00	\$0.00	\$0.00
0%	\$1,250	\$0.00	\$0.00	\$0.00
0%	\$1,000	\$0.00	\$0.00	\$0.00
0%	\$750	\$0.00	\$0.00	\$0.00
0%	\$500	\$0.00	\$0.00	\$0.00
0%	\$250	\$0.00	\$0.00	\$0.00

## Traditional Dental Rate Filing

Table 10 - Maximum Benefit cont.

Major <u>Coinsurance</u>	Cal Year <u>Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Scheduled	\$3,000	\$0.83	\$1.10	\$0.35
Scheduled	\$2,750	\$0.82	\$1.09	\$0.34
Scheduled	\$2,500	\$0.81	\$1.08	\$0.33
Scheduled	\$2,250	\$0.80	\$1.07	\$0.32
Scheduled	\$2,000	\$0.80	\$1.06	\$0.31
Scheduled	\$1,750	\$0.72	\$0.96	\$0.30
Scheduled	\$1,500	\$0.62	\$0.83	\$0.26
Scheduled	\$1,250	\$0.32	\$0.42	\$0.13
Scheduled	\$1,000	\$0.00	\$0.00	\$0.00
Scheduled	\$750	(\$0.68)	(\$0.87)	(\$0.38)
Scheduled	\$500	(\$2.59)	(\$3.49)	(\$1.44)
Scheduled	\$250	(\$3.92)	(\$5.22)	(\$2.45)
Sched - VFL	\$3,000	\$0.86	\$1.13	\$0.36
Sched - VFL	\$2,750	\$0.84	\$1.11	\$0.35
Sched - VFL	\$2,500	\$0.83	\$1.09	\$0.35
Sched - VFL	\$2,250	\$0.81	\$1.07	\$0.34
Sched - VFL	\$2,000	\$0.80	\$1.05	\$0.33
Sched - VFL	\$1,750	\$0.70	\$0.92	\$0.30
Sched - VFL	\$1,500	\$0.60	\$0.80	\$0.26
Sched - VFL	\$1,250	\$0.31	\$0.41	\$0.13
Sched - VFL	\$1,000	\$0.00	\$0.00	\$0.00
Sched - VFL	\$750	(\$0.70)	(\$0.89)	(\$0.40)
Sched - VFL	\$500	(\$2.70)	(\$3.62)	(\$1.50)
Sched - VFL	\$250	(\$4.61)	(\$6.15)	(\$2.82)
Sched - VTX	\$3,000	\$0.26	\$0.33	\$0.11
Sched - VTX	\$2,750	\$0.25	\$0.32	\$0.10
Sched - VTX	\$2,500	\$0.25	\$0.32	\$0.10
Sched - VTX	\$2,250	\$0.24	\$0.31	\$0.10
Sched - VTX	\$2,000	\$0.24	\$0.31	\$0.10
Sched - VTX	\$1,750	\$0.20	\$0.27	\$0.09
Sched - VTX	\$1,500	\$0.17	\$0.24	\$0.08
Sched - VTX	\$1,250	\$0.08	\$0.13	\$0.05
Sched - VTX	\$1,000	\$0.00	\$0.00	\$0.00
Sched - VTX	\$750	(\$0.21)	(\$0.27)	(\$0.11)
Sched - VTX	\$500	(\$0.79)	(\$1.06)	(\$0.43)
Sched - VTX	\$250	(\$1.45)	(\$1.77)	(\$0.78)
Sched - VCA	\$3,000	\$1.65	\$2.18	\$0.69
Sched - VCA	\$2,750	\$1.62	\$2.14	\$0.67
Sched - VCA	\$2,500	\$1.60	\$2.10	\$0.66
Sched - VCA	\$2,250	\$1.57	\$2.07	\$0.64
Sched - VCA	\$2,000	\$1.54	\$2.03	\$0.63
Sched - VCA	\$1,750	\$1.34	\$1.79	\$0.57
Sched - VCA	\$1,500	\$1.15	\$1.54	\$0.51
Sched - VCA	\$1,250	\$0.57	\$0.77	\$0.26
Sched - VCA	\$1,000	\$0.00	\$0.00	\$0.00
Sched - VCA	\$750	(\$1.37)	(\$1.73)	(\$0.77)
Sched - VCA	\$500	(\$5.18)	(\$6.98)	(\$2.87)
Sched - VCA	\$250	(\$8.96)	(\$11.86)	(\$5.33)

**Traditional Dental Rate Filing**

Table 11 - Exclusion of Predet & Alt Treatment Prov			
	Male	Female	Child(ren)
Included	100.00%	100.00%	100.00%
Excluded	103.05%	103.85%	100.00%

Table 12 - Orthodontia											
Coverage for Employees & Dependents 30% Coinsurance				Coverage for Employees & Dependents 40% Coinsurance				Coverage for Employees & Dependents 50% Coinsurance			
Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)
\$500	\$0.11	\$0.23	\$2.82	\$500	\$0.11	\$0.23	\$2.82	\$500	\$0.11	\$0.23	\$2.82
\$750	\$0.18	\$0.37	\$4.54	\$750	\$0.18	\$0.37	\$4.54	\$750	\$0.18	\$0.37	\$4.54
\$1,000	\$0.25	\$0.52	\$6.40	\$1,000	\$0.25	\$0.52	\$6.40	\$1,000	\$0.25	\$0.52	\$6.40
\$1,250	\$0.33	\$0.69	\$8.18	\$1,250	\$0.33	\$0.69	\$8.33	\$1,250	\$0.33	\$0.69	\$8.48
\$1,500	\$0.39	\$0.84	\$9.96	\$1,500	\$0.40	\$0.85	\$10.25	\$1,500	\$0.41	\$0.86	\$10.55
\$1,750	\$0.39	\$0.90	\$9.84	\$1,750	\$0.43	\$0.94	\$10.88	\$1,750	\$0.47	\$0.98	\$12.03
\$2,000	\$0.38	\$0.95	\$9.81	\$2,000	\$0.45	\$1.02	\$11.51	\$2,000	\$0.53	\$1.10	\$13.51
\$2,250	\$0.38	\$0.89	\$9.83	\$2,250	\$0.48	\$1.05	\$12.14	\$2,250	\$0.60	\$1.24	\$14.99
\$2,500	\$0.38	\$0.83	\$9.62	\$2,500	\$0.50	\$1.07	\$12.77	\$2,500	\$0.66	\$1.38	\$16.95
\$3,000	\$0.47	\$1.03	\$11.98	\$3,000	\$0.62	\$1.33	\$15.90	\$3,000	\$0.82	\$1.72	\$21.10
\$3,500	\$0.54	\$1.18	\$13.66	\$3,500	\$0.71	\$1.52	\$18.13	\$3,500	\$0.94	\$1.96	\$24.06
\$4,000	\$0.61	\$1.32	\$15.34	\$4,000	\$0.80	\$1.71	\$20.36	\$4,000	\$1.06	\$2.20	\$27.02
\$4,500	\$0.68	\$1.49	\$17.29	\$4,500	\$0.90	\$1.92	\$22.95	\$4,500	\$1.19	\$2.48	\$30.46
\$5,000	\$0.76	\$1.66	\$19.24	\$5,000	\$1.00	\$2.14	\$25.54	\$5,000	\$1.32	\$2.76	\$33.90
Coverage for Dependents Only 30% Coinsurance				Coverage for Dependents Only 40% Coinsurance				Coverage for Dependents Only 50% Coinsurance			
Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)
\$500	\$0.00	\$0.00	\$2.82	\$500	\$0.00	\$0.00	\$2.82	\$500	\$0.00	\$0.00	\$2.82
\$750	\$0.00	\$0.00	\$4.54	\$750	\$0.00	\$0.00	\$4.54	\$750	\$0.00	\$0.00	\$4.54
\$1,000	\$0.00	\$0.00	\$6.40	\$1,000	\$0.00	\$0.00	\$6.40	\$1,000	\$0.00	\$0.00	\$6.40
\$1,250	\$0.00	\$0.00	\$8.18	\$1,250	\$0.00	\$0.00	\$8.33	\$1,250	\$0.00	\$0.00	\$8.48
\$1,500	\$0.00	\$0.00	\$9.96	\$1,500	\$0.00	\$0.00	\$10.25	\$1,500	\$0.00	\$0.00	\$10.55
\$1,750	\$0.00	\$0.00	\$9.84	\$1,750	\$0.00	\$0.00	\$10.88	\$1,750	\$0.00	\$0.00	\$12.03
\$2,000	\$0.00	\$0.00	\$9.81	\$2,000	\$0.00	\$0.00	\$11.51	\$2,000	\$0.00	\$0.00	\$13.51
\$2,250	\$0.00	\$0.00	\$9.83	\$2,250	\$0.00	\$0.00	\$12.14	\$2,250	\$0.00	\$0.00	\$14.99
\$2,500	\$0.00	\$0.00	\$9.62	\$2,500	\$0.00	\$0.00	\$12.77	\$2,500	\$0.00	\$0.00	\$16.95
\$3,000	\$0.00	\$0.00	\$11.98	\$3,000	\$0.00	\$0.00	\$15.90	\$3,000	\$0.00	\$0.00	\$21.10
\$3,500	\$0.00	\$0.00	\$13.66	\$3,500	\$0.00	\$0.00	\$18.13	\$3,500	\$0.00	\$0.00	\$24.06
\$4,000	\$0.00	\$0.00	\$15.34	\$4,000	\$0.00	\$0.00	\$20.36	\$4,000	\$0.00	\$0.00	\$27.02
\$4,500	\$0.00	\$0.00	\$17.29	\$4,500	\$0.00	\$0.00	\$22.95	\$4,500	\$0.00	\$0.00	\$30.46
\$5,000	\$0.00	\$0.00	\$19.24	\$5,000	\$0.00	\$0.00	\$25.54	\$5,000	\$0.00	\$0.00	\$33.90
Coverage for Employees Only 30% Coinsurance				Coverage for Employees Only 40% Coinsurance				Coverage for Employees Only 50% Coinsurance			
Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)
\$500	\$0.11	\$0.23	\$0.00	\$500	\$0.11	\$0.23	\$0.00	\$500	\$0.11	\$0.23	\$0.00
\$750	\$0.18	\$0.37	\$0.00	\$750	\$0.18	\$0.37	\$0.00	\$750	\$0.18	\$0.37	\$0.00
\$1,000	\$0.25	\$0.52	\$0.00	\$1,000	\$0.25	\$0.52	\$0.00	\$1,000	\$0.25	\$0.52	\$0.00
\$1,250	\$0.33	\$0.69	\$0.00	\$1,250	\$0.33	\$0.69	\$0.00	\$1,250	\$0.33	\$0.69	\$0.00
\$1,500	\$0.39	\$0.84	\$0.00	\$1,500	\$0.40	\$0.85	\$0.00	\$1,500	\$0.41	\$0.86	\$0.00
\$1,750	\$0.39	\$0.90	\$0.00	\$1,750	\$0.43	\$0.94	\$0.00	\$1,750	\$0.47	\$0.98	\$0.00
\$2,000	\$0.38	\$0.95	\$0.00	\$2,000	\$0.45	\$1.02	\$0.00	\$2,000	\$0.53	\$1.10	\$0.00
\$2,250	\$0.38	\$0.89	\$0.00	\$2,250	\$0.48	\$1.05	\$0.00	\$2,250	\$0.60	\$1.24	\$0.00
\$2,500	\$0.38	\$0.83	\$0.00	\$2,500	\$0.50	\$1.07	\$0.00	\$2,500	\$0.66	\$1.38	\$0.00
\$3,000	\$0.47	\$1.03	\$0.00	\$3,000	\$0.62	\$1.33	\$0.00	\$3,000	\$0.82	\$1.72	\$0.00
\$3,500	\$0.54	\$1.18	\$0.00	\$3,500	\$0.71	\$1.52	\$0.00	\$3,500	\$0.94	\$1.96	\$0.00
\$4,000	\$0.61	\$1.32	\$0.00	\$4,000	\$0.80	\$1.71	\$0.00	\$4,000	\$1.06	\$2.20	\$0.00
\$4,500	\$0.68	\$1.49	\$0.00	\$4,500	\$0.90	\$1.92	\$0.00	\$4,500	\$1.19	\$2.48	\$0.00
\$5,000	\$0.76	\$1.66	\$0.00	\$5,000	\$1.00	\$2.14	\$0.00	\$5,000	\$1.32	\$2.76	\$0.00
Coverage to Age 19 30% Coinsurance				Coverage to Age 19 40% Coinsurance				Coverage to Age 19 50% Coinsurance			
Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)	Benefit Max	Male	Female	Child(ren)
\$500	\$0.02	\$0.03	\$2.82	\$500	\$0.02	\$0.03	\$2.82	\$500	\$0.02	\$0.03	\$2.82
\$750	\$0.03	\$0.05	\$4.54	\$750	\$0.03	\$0.05	\$4.54	\$750	\$0.03	\$0.05	\$4.54
\$1,000	\$0.05	\$0.07	\$6.40	\$1,000	\$0.05	\$0.07	\$6.40	\$1,000	\$0.05	\$0.07	\$6.40
\$1,250	\$0.04	\$0.09	\$8.18	\$1,250	\$0.05	\$0.09	\$8.33	\$1,250	\$0.06	\$0.09	\$8.48
\$1,500	\$0.05	\$0.11	\$9.96	\$1,500	\$0.06	\$0.11	\$10.25	\$1,500	\$0.07	\$0.11	\$10.55
\$1,750	\$0.07	\$0.11	\$9.84	\$1,750	\$0.08	\$0.12	\$10.88	\$1,750	\$0.09	\$0.13	\$12.03
\$2,000	\$0.08	\$0.12	\$9.81	\$2,000	\$0.09	\$0.13	\$11.51	\$2,000	\$0.10	\$0.14	\$13.51
\$2,250	\$0.09	\$0.12	\$9.83	\$2,250	\$0.10	\$0.14	\$12.14	\$2,250	\$0.11	\$0.16	\$14.99
\$2,500	\$0.10	\$0.16	\$9.62	\$2,500	\$0.11	\$0.17	\$12.77	\$2,500	\$0.12	\$0.18	\$16.95
\$3,000	\$0.10	\$0.20	\$11.98	\$3,000	\$0.12	\$0.21	\$15.90	\$3,000	\$0.14	\$0.22	\$21.10
\$3,500	\$0.13	\$0.19	\$13.66	\$3,500	\$0.15	\$0.22	\$18.13	\$3,500	\$0.17	\$0.25	\$24.06
\$4,000	\$0.16	\$0.19	\$15.34	\$4,000	\$0.18	\$0.23	\$20.36	\$4,000	\$0.20	\$0.28	\$27.02
\$4,500	\$0.18	\$0.26	\$17.29	\$4,500	\$0.20	\$0.29	\$22.95	\$4,500	\$0.22	\$0.32	\$30.46
\$5,000	\$0.20	\$0.34	\$19.24	\$5,000	\$0.22	\$0.35	\$25.54	\$5,000	\$0.24	\$0.36	\$33.90

**Traditional Dental Rate Filing**

Table 12 - Orthodontia continued							
Coverage for Employees & Dependents 60% Coinsurance				Coverage for Employees & Dependents 70% Coinsurance			
<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$500	\$0.11	\$0.23	\$2.82	\$500	\$0.11	\$0.23	\$2.82
\$750	\$0.18	\$0.37	\$4.54	\$750	\$0.18	\$0.37	\$4.54
\$1,000	\$0.25	\$0.52	\$6.43	\$1,000	\$0.25	\$0.52	\$6.46
\$1,250	\$0.34	\$0.70	\$8.56	\$1,250	\$0.35	\$0.71	\$8.64
\$1,500	\$0.42	\$0.87	\$10.69	\$1,500	\$0.43	\$0.88	\$10.83
\$1,750	\$0.52	\$1.07	\$13.10	\$1,750	\$0.58	\$1.17	\$14.27
\$2,000	\$0.61	\$1.27	\$15.51	\$2,000	\$0.70	\$1.47	\$17.81
\$2,250	\$0.64	\$1.33	\$16.32	\$2,250	\$0.68	\$1.43	\$17.77
\$2,500	\$0.67	\$1.39	\$17.12	\$2,500	\$0.68	\$1.40	\$17.29
\$3,000	\$0.84	\$1.74	\$21.38	\$3,000	\$0.86	\$1.76	\$21.66
\$3,500	\$1.03	\$2.14	\$26.20	\$3,500	\$1.13	\$2.34	\$28.53
\$4,000	\$1.22	\$2.54	\$31.02	\$4,000	\$1.40	\$2.93	\$35.61
\$4,500	\$1.28	\$2.66	\$32.63	\$4,500	\$1.38	\$2.85	\$34.95
\$5,000	\$1.34	\$2.78	\$34.24	\$5,000	\$1.36	\$2.80	\$34.58
Coverage for Dependents Only 60% Coinsurance				Coverage for Dependents Only 70% Coinsurance			
<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$500	\$0.00	\$0.00	\$2.82	\$500	\$0.00	\$0.00	\$2.82
\$750	\$0.00	\$0.00	\$4.54	\$750	\$0.00	\$0.00	\$4.54
\$1,000	\$0.00	\$0.00	\$6.43	\$1,000	\$0.00	\$0.00	\$6.46
\$1,250	\$0.00	\$0.00	\$8.56	\$1,250	\$0.00	\$0.00	\$8.64
\$1,500	\$0.00	\$0.00	\$10.69	\$1,500	\$0.00	\$0.00	\$10.83
\$1,750	\$0.00	\$0.00	\$13.10	\$1,750	\$0.00	\$0.00	\$14.27
\$2,000	\$0.00	\$0.00	\$15.51	\$2,000	\$0.00	\$0.00	\$17.81
\$2,250	\$0.00	\$0.00	\$16.32	\$2,250	\$0.00	\$0.00	\$17.77
\$2,500	\$0.00	\$0.00	\$17.12	\$2,500	\$0.00	\$0.00	\$17.29
\$3,000	\$0.00	\$0.00	\$21.38	\$3,000	\$0.00	\$0.00	\$21.66
\$3,500	\$0.00	\$0.00	\$26.20	\$3,500	\$0.00	\$0.00	\$28.53
\$4,000	\$0.00	\$0.00	\$31.02	\$4,000	\$0.00	\$0.00	\$35.61
\$4,500	\$0.00	\$0.00	\$32.63	\$4,500	\$0.00	\$0.00	\$34.95
\$5,000	\$0.00	\$0.00	\$34.24	\$5,000	\$0.00	\$0.00	\$34.58
Coverage for Employees Only 60% Coinsurance				Coverage for Employees Only 70% Coinsurance			
<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$500	\$0.11	\$0.23	\$0.00	\$500	\$0.11	\$0.23	\$0.00
\$750	\$0.18	\$0.37	\$0.00	\$750	\$0.18	\$0.37	\$0.00
\$1,000	\$0.25	\$0.52	\$0.00	\$1,000	\$0.25	\$0.52	\$0.00
\$1,250	\$0.34	\$0.70	\$0.00	\$1,250	\$0.35	\$0.71	\$0.00
\$1,500	\$0.42	\$0.87	\$0.00	\$1,500	\$0.43	\$0.88	\$0.00
\$1,750	\$0.52	\$1.07	\$0.00	\$1,750	\$0.58	\$1.17	\$0.00
\$2,000	\$0.61	\$1.27	\$0.00	\$2,000	\$0.70	\$1.47	\$0.00
\$2,250	\$0.64	\$1.33	\$0.00	\$2,250	\$0.68	\$1.43	\$0.00
\$2,500	\$0.67	\$1.39	\$0.00	\$2,500	\$0.68	\$1.40	\$0.00
\$3,000	\$0.84	\$1.74	\$0.00	\$3,000	\$0.86	\$1.76	\$0.00
\$3,500	\$1.03	\$2.14	\$0.00	\$3,500	\$1.13	\$2.34	\$0.00
\$4,000	\$1.22	\$2.54	\$0.00	\$4,000	\$1.40	\$2.93	\$0.00
\$4,500	\$1.28	\$2.66	\$0.00	\$4,500	\$1.38	\$2.85	\$0.00
\$5,000	\$1.34	\$2.78	\$0.00	\$5,000	\$1.36	\$2.80	\$0.00
Coverage to Age 19 60% Coinsurance				Coverage to Age 19 70% Coinsurance			
<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	<u>Benefit Max</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$500	\$0.02	\$0.03	\$2.82	\$500	\$0.02	\$0.03	\$2.82
\$750	\$0.03	\$0.05	\$4.54	\$750	\$0.03	\$0.05	\$4.54
\$1,000	\$0.05	\$0.07	\$6.43	\$1,000	\$0.05	\$0.07	\$6.46
\$1,250	\$0.07	\$0.09	\$8.56	\$1,250	\$0.08	\$0.09	\$8.64
\$1,500	\$0.08	\$0.11	\$10.69	\$1,500	\$0.09	\$0.11	\$10.83
\$1,750	\$0.10	\$0.14	\$13.10	\$1,750	\$0.11	\$0.15	\$14.27
\$2,000	\$0.11	\$0.17	\$15.51	\$2,000	\$0.12	\$0.21	\$17.81
\$2,250	\$0.12	\$0.18	\$16.32	\$2,250	\$0.13	\$0.20	\$17.77
\$2,500	\$0.13	\$0.18	\$17.12	\$2,500	\$0.14	\$0.18	\$17.29
\$3,000	\$0.16	\$0.22	\$21.38	\$3,000	\$0.18	\$0.22	\$21.66
\$3,500	\$0.19	\$0.28	\$26.20	\$3,500	\$0.21	\$0.31	\$28.53
\$4,000	\$0.22	\$0.34	\$31.02	\$4,000	\$0.24	\$0.41	\$35.61
\$4,500	\$0.24	\$0.35	\$32.63	\$4,500	\$0.26	\$0.38	\$34.95
\$5,000	\$0.26	\$0.36	\$34.24	\$5,000	\$0.28	\$0.36	\$34.58

## Traditional Dental Rate Filing

Table 13 - Oral Surgery			
<u>Coinsurance</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Excluded	98.00%	98.00%	98.00%

Table 14 - Student Coverage	
	<u>Child(ren)</u>
Child(ren) covered to age 19	98.0%
Child(ren) covered to 20 (if in school)	98.5%
Child(ren) covered to 21 (if in school)	99.0%
Child(ren) covered to 22 (if in school)	99.5%
Child(ren) covered to 23 (if in school)	100.0%
Child(ren) covered to 24 (if in school)	100.5%
Child(ren) covered to 25 (if in school)	101.0%
Child(ren) covered to 26 (if in school)	101.5%
Child(ren) covered to 27 (if in school)	102.0%

Table 14A - Non Student Coverage	
	<u>Child(ren)</u>
Child(ren) covered to age 19	100.0%
Child(ren) covered to 20 (no school)	100.0%
Child(ren) covered to 21 (no school)	100.5%
Child(ren) covered to 22 (no school)	101.0%
Child(ren) covered to 23 (no school)	101.5%
Child(ren) covered to 24 (no school)	102.0%
Child(ren) covered to 25 (no school)	102.5%
Child(ren) covered to 26 (no school)	103.0%
Child(ren) covered to 27 (no school)	103.5%

Table 15 - Coordination of Benefits Adjustment		
	<u>Employee</u>	<u>Dependent</u>
Included	100%	100%
Excluded	102%	112%



## Traditional Dental Rate Filing

Table 16 - Industry

<u>SIC From</u>	<u>SIC To</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
0100	0199	0.950	0.950	0.950	0.950	0.950
0200	0299	0.950	0.950	0.950	0.950	0.950
0700	0799	0.950	0.950	0.950	0.950	0.950
0800	0899	0.950	0.950	0.950	0.950	0.950
0900	0999	0.950	0.950	0.950	0.950	0.950
1000	1099	0.950	0.950	0.950	0.950	0.950
1200	1299	0.950	0.950	0.950	0.950	0.950
1300	1399	0.950	0.950	0.950	0.950	0.950
1400	1499	0.950	0.950	0.950	0.950	0.950
1500	1599	0.950	0.950	0.950	0.950	0.950
1600	1699	0.950	0.950	0.950	0.950	0.950
1700	1799	0.950	0.950	0.950	0.950	0.950
2000	2099	1.000	1.000	1.000	1.000	1.000
2100	2199	1.000	1.000	1.000	1.000	1.000
2200	2299	1.000	1.000	1.000	1.000	1.000
2300	2399	1.100	1.100	1.100	1.100	1.100
2400	2499	1.000	1.000	1.000	1.000	1.000
2500	2599	1.000	1.000	1.000	1.000	1.000
2600	2699	1.000	1.000	1.000	1.000	1.000
2700	2799	1.000	1.000	1.000	1.000	1.000
2800	2899	1.000	1.000	1.000	1.000	1.000
2900	2999	1.000	1.000	1.000	1.000	1.000
3000	3099	1.000	1.000	1.000	1.000	1.000
3100	3199	1.000	1.000	1.000	1.000	1.000
3200	3299	1.000	1.000	1.000	1.000	1.000
3300	3399	1.000	1.000	1.000	1.000	1.000
3400	3499	1.000	1.000	1.000	1.000	1.000
3500	3599	1.000	1.000	1.000	1.000	1.000
3600	3699	1.000	1.000	1.000	1.000	1.000
3700	3799	0.950	0.950	0.950	0.950	0.950
3800	3899	1.000	1.000	1.000	1.000	1.000
3900	3999	1.000	1.000	1.000	1.000	1.000
4000	4099	1.000	1.000	1.000	1.000	1.000
4100	4199	1.000	1.000	1.000	1.000	1.000
4200	4299	1.000	1.000	1.000	1.000	1.000
4300	4399	1.000	1.000	1.000	1.000	1.000
4400	4499	1.000	1.000	1.000	1.000	1.000
4500	4599	1.000	1.000	1.000	1.000	1.000
4600	4699	1.000	1.000	1.000	1.000	1.000
4700	4799	1.000	1.000	1.000	1.000	1.000
4800	4899	1.000	1.000	1.000	1.000	1.000
4900	4999	1.000	1.000	1.000	1.000	1.000
5000	5099	1.000	1.000	1.000	1.000	1.000
5100	5199	1.000	1.000	1.000	1.000	1.000
5200	5299	1.000	1.000	1.000	1.000	1.000
5300	5399	1.000	1.000	1.000	1.000	1.000
5400	5499	1.000	1.000	1.000	1.000	1.000
5500	5599	1.000	1.000	1.000	1.000	1.000

## Traditional Dental Rate Filing

Table 16 - Industry (continued)						
<u>SIC From</u>	<u>SIC To</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
5600	5699	1.000	1.000	1.000	1.000	1.000
5700	5799	1.000	1.000	1.000	1.000	1.000
5800	5899	1.000	1.000	1.000	1.000	1.000
5900	5999	1.000	1.000	1.000	1.000	1.000
6000	6099	1.100	1.100	1.100	1.100	1.100
6100	6199	1.100	1.100	1.100	1.100	1.100
6200	6299	1.100	1.100	1.100	1.100	1.100
6300	6399	1.100	1.100	1.100	1.100	1.100
6400	6499	1.100	1.100	1.100	1.100	1.100
6500	6599	1.000	1.000	1.000	1.000	1.000
6700	6799	1.100	1.100	1.100	1.100	1.100
7000	7099	1.000	1.000	1.000	1.000	1.000
7200	7299	1.100	1.100	1.100	1.100	1.100
7300	7399	1.100	1.100	1.100	1.100	1.100
7500	7599	1.000	1.000	1.000	1.000	1.000
7600	7699	1.000	1.000	1.000	1.000	1.000
7800	7899	1.100	1.100	1.100	1.100	1.100
7900	7999	1.100	1.100	1.100	1.100	1.100
8000	8099	1.000	1.000	1.000	1.000	1.000
8100	8199	1.100	1.100	1.100	1.100	1.100
8200	8299	1.100	1.100	1.100	1.100	1.100
8300	8399	1.000	1.000	1.000	1.000	1.000
8400	8499	1.000	1.000	1.000	1.000	1.000
8600	8699	1.100	1.100	1.100	1.100	1.100
8700	8799	1.100	1.100	1.100	1.100	1.100
8800	8899	1.100	1.100	1.100	1.100	1.100
8900	8999	1.100	1.100	1.100	1.100	1.100
9100	9199	1.000	1.000	1.000	1.000	1.000
9200	9299	1.000	1.000	1.000	1.000	1.000
9300	9399	1.000	1.000	1.000	1.000	1.000
9400	9499	1.000	1.000	1.000	1.000	1.000
9500	9599	1.000	1.000	1.000	1.000	1.000
9600	9699	1.000	1.000	1.000	1.000	1.000
9700	9799	1.000	1.000	1.000	1.000	1.000
9900	9999	1.000	1.000	1.000	1.000	1.000

## Traditional Dental Rate Filing

Table 17 - Area Factors

<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
001	003	1.1467	1.1467	1.2603	1.2603	1.2500
004	004	0.7682	0.7682	0.8443	0.8443	0.8374
005	005	1.1058	1.1058	1.2153	1.2153	1.2054
006	007	0.5624	0.5624	0.5624	0.5624	0.5624
008	008	0.5767	0.5767	0.5767	0.5767	0.5767
009	009	0.5624	0.5624	0.5624	0.5624	0.5624
010	012	0.8709	0.8709	0.8709	0.8709	0.8709
013	013	0.8709	0.8709	0.8709	0.8709	0.8709
014	014	0.8861	0.8861	0.8861	0.8861	0.8861
015	015	0.9423	0.9423	0.9423	0.9423	0.9423
016	016	0.8861	0.8861	0.8861	0.8861	0.8861
017	017	1.0344	1.0344	1.0344	1.0344	1.0344
018	018	0.9930	0.9930	0.9930	0.9930	0.9930
019	019	0.9423	0.9423	0.9423	0.9423	0.9423
020	020	1.0026	1.0026	1.0026	1.0026	1.0026
021	021	0.8508	0.8508	0.8508	0.8508	0.8508
022	023	0.8861	0.8861	0.8861	0.8861	0.8861
024	024	1.0138	1.0138	1.0138	1.0138	1.0138
025	027	0.8709	0.8709	0.8709	0.8709	0.8709
028	029	0.6648	0.6648	0.6648	0.6648	0.6648
030	038	0.8199	0.8199	0.8199	0.8199	0.8199
039	049	0.6691	0.6691	0.7360	0.7360	0.9033
050	054	0.6449	0.6449	0.6449	0.6449	0.6449
055	055	0.7273	0.7273	0.7273	0.7273	0.7273
056	059	0.6449	0.6449	0.6449	0.6449	0.6449
060	060	0.8500	0.8500	0.9350	0.9350	1.0578
061	061	0.7931	0.7931	0.8723	0.8723	0.9868
062	063	0.7987	0.7987	0.8644	0.8644	0.9848
064	064	0.8791	0.8791	0.9555	0.9555	1.0893
065	066	0.7634	0.7634	0.8358	0.8358	0.9483
067	067	0.7437	0.7437	0.8127	0.8127	0.9201
068	068	0.9787	0.9787	0.9787	0.9787	0.9787
069	069	0.9326	0.9326	1.0219	1.0219	1.1608
070	070	1.0175	1.0175	1.1023	1.1023	1.1118
071	071	0.7975	0.7975	0.8641	0.8641	0.8714
072	072	0.7583	0.7583	0.8213	0.8213	0.8284
073	073	0.7975	0.7975	0.8641	0.8641	0.8714
074	074	1.0058	1.0058	1.0896	1.0896	1.0989
075	075	0.8191	0.8191	0.8873	0.8873	0.8950
076	076	1.1524	1.1524	1.2482	1.2482	1.2590
077	077	0.9220	0.9220	0.9903	0.9903	1.0697
078	078	0.8923	0.8923	0.9665	0.9665	0.9749
079	079	1.0312	1.0312	1.1170	1.1170	1.1266
080	080	0.7495	0.7495	0.8119	0.8119	0.8190
081	081	0.6362	0.6362	0.6893	0.6893	0.6952
082	082	0.7365	0.7365	0.7978	0.7978	0.8047
083	083	0.6951	0.6951	0.7530	0.7530	0.7595
084	084	0.7363	0.7363	0.7977	0.7977	0.8045
085	085	0.8639	0.8639	0.9279	0.9279	1.0022
086	086	0.9185	0.9185	0.9863	0.9863	1.0654
087	087	0.8939	0.8939	0.9601	0.9601	1.0370
088	088	0.9746	0.9746	1.0467	1.0467	1.1305
089	089	0.8617	0.8617	0.9255	0.9255	0.9996
090	090	1.2942	1.2942	1.3897	1.3897	1.2335
091	091	1.2059	1.2059	1.2950	1.2950	1.1493
092	092	1.2528	1.2528	1.3454	1.3454	1.1940
093	093	1.3096	1.3096	1.3096	1.3096	1.3096
094	094	1.2962	1.2962	1.3919	1.3919	1.2353
095	097	1.1541	1.1541	1.2393	1.2393	1.0999
098	098	1.2340	1.2340	1.3251	1.3251	1.1760
099	099	1.1351	1.1351	1.2190	1.2190	1.0819
100	102	1.3537	1.3537	1.3537	1.3537	1.3537
103	103	1.1755	1.1755	1.1755	1.1755	1.1755
104	104	1.0255	1.0255	1.0255	1.0255	1.0255
105	105	1.0431	1.0431	1.1464	1.1464	1.1370

## Traditional Dental Rate Filing

Table 17 - Area Factors (cont.)

<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
106	106	1.0647	1.0647	1.1701	1.1701	1.1605
107	107	1.0612	1.0612	1.1663	1.1663	1.1567
108	108	0.9964	0.9964	1.0950	1.0950	1.0860
109	109	0.9516	0.9516	1.0459	1.0459	1.0373
110	110	1.1467	1.1467	1.2603	1.2603	1.2500
111	111	1.1451	1.1451	1.2586	1.2586	1.2484
112	112	1.2300	1.2300	1.2300	1.2300	1.2300
113	113	1.2906	1.2906	1.4185	1.4185	1.4069
114	114	1.0888	1.0888	1.1966	1.1966	1.1869
115	115	1.0827	1.0827	1.1899	1.1899	1.1802
116	116	0.9015	0.9015	0.9908	0.9908	0.9826
117	117	0.9274	0.9274	1.0194	1.0194	1.0111
118	118	1.1486	1.1486	1.2625	1.2625	1.2521
119	119	0.8346	0.8346	0.9173	0.9173	0.9098
120	120	0.6903	0.6903	0.6903	0.6903	0.7767
121	122	0.6611	0.6611	0.6611	0.6611	0.7437
123	123	0.6558	0.6558	0.6558	0.6558	0.7378
124	124	0.6903	0.6903	0.6903	0.6903	0.7767
125	126	0.6743	0.6743	0.6743	0.6743	0.7587
127	127	0.6558	0.6558	0.6558	0.6558	0.7378
128	128	0.6380	0.6380	0.6380	0.6380	0.6380
129	129	0.5478	0.5478	0.5478	0.5478	0.5478
130	130	0.6275	0.6275	0.6275	0.6275	0.7060
131	131	0.6055	0.6055	0.6055	0.6055	0.6055
132	132	0.6399	0.6399	0.6399	0.6399	0.7199
133	136	0.5199	0.5199	0.5199	0.5199	0.5199
137	137	0.5638	0.5638	0.5638	0.5638	0.5638
138	139	0.5958	0.5958	0.5958	0.5958	0.6702
140	141	0.5199	0.5199	0.5199	0.5199	0.5199
142	142	0.5876	0.5876	0.5876	0.5876	0.6611
143	143	0.5199	0.5199	0.5199	0.5199	0.5199
144	145	0.6055	0.6055	0.6055	0.6055	0.6055
146	146	0.6551	0.6551	0.6551	0.6551	0.7370
147	149	0.5199	0.5199	0.5199	0.5199	0.5199
150	159	0.6059	0.6059	0.6059	0.6059	0.6059
160	162	0.5611	0.5611	0.5611	0.5611	0.5611
163	164	0.4758	0.4758	0.4758	0.4758	0.4758
165	165	0.4758	0.4758	0.4758	0.4758	0.4758
166	179	0.6189	0.6189	0.6189	0.6189	0.6189
180	181	0.7227	0.7227	0.7227	0.7227	0.7227
182	188	0.6189	0.6189	0.6189	0.6189	0.6189
189	189	0.8530	0.8530	0.9334	0.9334	1.0628
190	190	0.7994	0.7994	0.8748	0.8748	0.9961
191	192	0.7025	0.7025	0.7688	0.7688	0.8754
193	193	0.8066	0.8066	0.8826	0.8826	1.0050
194	194	0.8215	0.8215	0.8990	0.8990	1.0237
195	196	0.7178	0.7178	0.7178	0.7178	0.8412
197	197	0.6588	0.6588	0.6588	0.6588	0.7984
198	198	0.7234	0.7234	0.7234	0.7234	0.8769
199	199	0.4420	0.4420	0.4420	0.4420	0.5325
200	200	0.8539	0.8539	0.8539	0.8539	0.8539
201	201	0.8875	0.8875	0.8875	0.8875	0.8875
202	204	0.8539	0.8539	0.8539	0.8539	0.8539
205	205	0.8550	0.8550	0.8550	0.8550	0.8550
206	206	0.8017	0.8017	0.8017	0.8017	0.8017
207	207	0.7075	0.7075	0.7075	0.7075	0.7075
208	209	0.9535	0.9535	0.9535	0.9535	0.9535
210	211	0.7269	0.7269	0.7269	0.7269	0.7269
212	213	0.6638	0.6638	0.6638	0.6638	0.6638
214	214	0.7269	0.7269	0.7269	0.7269	0.7269
215	215	0.7908	0.7908	0.7908	0.7908	0.7908
216	216	0.6069	0.6069	0.6069	0.6069	0.6069
217	217	0.7908	0.7908	0.7908	0.7908	0.7908
218	218	0.6069	0.6069	0.6069	0.6069	0.6069
219	219	0.7269	0.7269	0.7269	0.7269	0.7269
220	221	0.9935	0.9935	0.9935	0.9935	0.9935
222	223	0.8731	0.8731	0.8731	0.8731	0.8731

## Traditional Dental Rate Filing

Table 17 - Area Factors (cont.)

<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
224	225	0.6651	0.6651	0.6651	0.6651	0.6651
226	228	0.6888	0.6888	0.6888	0.6888	0.6888
229	229	0.6888	0.6888	0.6888	0.6888	0.6888
230	232	0.6954	0.6954	0.6954	0.6954	0.6954
233	233	0.5861	0.5861	0.5861	0.5861	0.5861
234	234	0.5861	0.5861	0.5861	0.5861	0.5861
235	237	0.5861	0.5861	0.5861	0.5861	0.5861
238	238	0.5390	0.5390	0.5390	0.5390	0.5390
239	246	0.5427	0.5427	0.5427	0.5427	0.5427
247	249	0.6100	0.6100	0.6100	0.6100	0.6100
250	253	0.5727	0.5727	0.5727	0.5727	0.5727
254	268	0.6104	0.6104	0.6104	0.6104	0.6104
270	270	0.7203	0.7203	0.7203	0.7203	0.7203
271	273	0.7203	0.7203	0.7203	0.7203	0.7203
274	274	0.7203	0.7203	0.7203	0.7203	0.7203
275	275	0.7711	0.7711	0.7711	0.7711	0.7711
276	277	0.7711	0.7711	0.7711	0.7711	0.7711
278	279	0.7566	0.7566	0.7566	0.7566	0.7566
280	282	0.7802	0.7802	0.7802	0.7802	0.7802
283	289	0.7456	0.7456	0.7456	0.7456	0.7456
290	293	0.6422	0.6422	0.6422	0.6422	0.6422
294	294	0.6509	0.6509	0.6509	0.6509	0.6509
295	299	0.6422	0.6422	0.6422	0.6422	0.6422
300	300	0.8403	0.8403	0.8857	0.8857	0.9424
301	301	0.7358	0.7358	0.7755	0.7755	0.8251
302	302	0.7244	0.7244	0.7635	0.7635	0.8124
303	303	0.9062	0.9062	0.9552	0.9552	1.0163
304	304	0.5481	0.5481	0.5777	0.5777	0.6148
305	305	0.7142	0.7142	0.7527	0.7527	0.8010
306	307	0.5481	0.5481	0.5777	0.5777	0.6148
308	309	0.6089	0.6089	0.6418	0.6418	0.6830
310	310	0.5277	0.5277	0.5562	0.5562	0.5918
311	311	0.9062	0.9062	0.9552	0.9552	1.0163
312	312	0.5276	0.5276	0.5560	0.5560	0.5918
313	314	0.6089	0.6089	0.6418	0.6418	0.6830
315	317	0.5481	0.5481	0.5777	0.5777	0.6148
318	318	0.6089	0.6089	0.6418	0.6418	0.6830
319	319	0.5481	0.5481	0.5777	0.5777	0.6148
320	320	0.6284	0.6284	0.6778	0.6778	0.7029
321	321	0.5772	0.5772	0.6224	0.6224	0.6456
322	322	0.6053	0.6053	0.6527	0.6527	0.6769
323	326	0.6285	0.6285	0.6778	0.6778	0.7029
327	327	0.6808	0.6808	0.7146	0.7146	0.7592
328	328	0.6611	0.6611	0.6937	0.6937	0.7371
329	329	0.7297	0.7297	0.7658	0.7658	0.8137
330	330	0.9995	0.9995	0.9995	0.9995	0.9995
331	332	1.1484	1.1484	1.1484	1.1484	1.1484
333	333	0.8682	0.8682	0.8682	0.8682	0.8682
334	334	0.8739	0.8739	0.8739	0.8739	0.8739
335	335	0.6546	0.6546	0.6546	0.6546	0.6546
336	336	0.6954	0.6954	0.6954	0.6954	0.6954
337	337	0.7005	0.7005	0.7005	0.7005	0.7005
338	338	0.7512	0.7512	0.7512	0.7512	0.7512
339	339	0.7030	0.7030	0.7030	0.7030	0.7030
340	340	0.6981	0.6981	0.6981	0.6981	0.6981
341	341	0.7512	0.7512	0.7512	0.7512	0.7512
342	343	0.7238	0.7238	0.7238	0.7238	0.7238
344	345	0.7189	0.7189	0.7189	0.7189	0.7189
346	346	0.7318	0.7318	0.7318	0.7318	0.7318
347	348	0.6000	0.6000	0.6000	0.6000	0.6000
349	349	0.7432	0.7432	0.7432	0.7432	0.7432
350	351	0.5008	0.5009	0.5009	0.5009	0.5009
352	353	0.4875	0.4875	0.4875	0.4875	0.4875
354	364	0.4747	0.4747	0.4747	0.4747	0.4747
365	366	0.5532	0.5532	0.5532	0.5532	0.5532
367	368	0.4747	0.4747	0.4747	0.4747	0.4747
369	369	0.4724	0.4724	0.4724	0.4724	0.4724
370	370	0.6594	0.6594	0.6594	0.6594	0.6594

**Traditional Dental Rate Filing**

Table 17 - Area Factors (cont.)

<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
371	371	0.6594	0.6594	0.6594	0.6594	0.6594
372	372	0.6594	0.6594	0.6594	0.6594	0.6594
373	374	0.5369	0.5369	0.5369	0.5369	0.5369
375	375	0.5251	0.5251	0.5251	0.5251	0.5251
376	376	0.3613	0.3613	0.3613	0.3613	0.3613
377	379	0.7075	0.7075	0.7075	0.7075	0.7075
380	381	0.4971	0.4971	0.4971	0.4971	0.4971
382	382	0.3787	0.3787	0.3787	0.3787	0.3787
383	385	0.3613	0.3613	0.3613	0.3613	0.3613
386	391	0.4644	0.4644	0.4644	0.4644	0.4644
392	392	0.5543	0.5543	0.5543	0.5543	0.5543
393	397	0.4644	0.4644	0.4644	0.4644	0.4644
398	398	0.6089	0.6089	0.6418	0.6418	0.6830
399	399	0.7067	0.7067	0.7450	0.7450	0.7927
400	401	0.6442	0.6442	0.6442	0.6442	0.6442
402	402	0.6885	0.6885	0.6885	0.6885	0.6885
403	406	0.5966	0.5966	0.5966	0.5966	0.5966
407	409	0.5586	0.5586	0.5586	0.5586	0.5586
410	410	0.6442	0.6442	0.6442	0.6442	0.6442
411	429	0.5586	0.5586	0.5586	0.5586	0.5586
430	432	0.7128	0.7128	0.7128	0.7128	0.7128
433	433	0.5361	0.5361	0.5361	0.5361	0.5361
434	436	0.5361	0.5361	0.5361	0.5361	0.5361
437	438	0.5361	0.5361	0.5361	0.5361	0.5361
439	439	0.5324	0.5324	0.5324	0.5324	0.5324
440	440	0.6655	0.6655	0.6655	0.6655	0.6655
441	441	0.6798	0.6798	0.6798	0.6798	0.6798
442	442	0.6942	0.6942	0.6942	0.6942	0.6942
443	445	0.5105	0.5105	0.5105	0.5105	0.5105
446	446	0.6655	0.6655	0.6655	0.6655	0.6655
447	447	0.6798	0.6798	0.6798	0.6798	0.6798
448	449	0.5323	0.5323	0.5323	0.5323	0.5323
450	452	0.7316	0.7316	0.7316	0.7316	0.7316
453	455	0.5481	0.5481	0.5481	0.5481	0.5481
456	457	0.5361	0.5361	0.5361	0.5361	0.5361
458	458	0.5271	0.5271	0.5271	0.5271	0.5271
459	459	0.5322	0.5322	0.5322	0.5322	0.5322
460	461	0.6823	0.6823	0.6823	0.6823	0.6823
462	462	0.7468	0.7468	0.7468	0.7468	0.7468
463	464	0.6835	0.6835	0.6835	0.6835	0.6835
465	479	0.6825	0.6825	0.6825	0.6825	0.6825
480	480	0.8910	0.8910	0.8910	0.8910	0.8910
481	481	0.7518	0.7518	0.7518	0.7518	0.7518
482	482	0.7109	0.7109	0.7109	0.7109	0.7109
483	483	0.9102	0.9102	0.9102	0.9102	0.9102
484	485	0.7520	0.7520	0.7520	0.7520	0.7520
486	486	0.7229	0.7229	0.7229	0.7229	0.7229
487	487	0.6838	0.6838	0.6838	0.6838	0.6838
488	488	0.7478	0.7478	0.7478	0.7478	0.7478
489	489	0.7069	0.7069	0.7069	0.7069	0.7069
490	490	0.6665	0.6665	0.6665	0.6665	0.6665
491	494	0.6825	0.6825	0.6825	0.6825	0.6825
495	495	0.6832	0.6832	0.6832	0.6832	0.6832
496	499	0.7715	0.7715	0.7715	0.7715	0.7715
500	503	0.5963	0.5963	0.5963	0.5963	0.5963
504	508	0.5968	0.5968	0.5968	0.5968	0.5968
509	509	0.6000	0.6000	0.6000	0.6000	0.6000
510	529	0.5968	0.5968	0.5968	0.5968	0.5968
530	534	0.7702	0.7702	0.7702	0.7702	0.7702
535	539	0.6731	0.6731	0.6731	0.6731	0.6731
540	540	0.6521	0.6521	0.6521	0.6521	0.6521
541	549	0.6731	0.6731	0.6731	0.6731	0.6731
550	554	0.7933	0.7933	0.7933	0.7933	0.7933
555	555	0.7683	0.7683	0.7683	0.7683	0.7683
556	569	0.6246	0.6246	0.6246	0.6246	0.6246
570	570	0.7041	0.7041	0.7041	0.7041	0.7041
571	576	0.7041	0.7041	0.7041	0.7041	0.7041
577	579	0.7041	0.7041	0.7041	0.7041	0.7041
580	587	0.7462	0.7462	0.7462	0.7462	0.7462

## Traditional Dental Rate Filing

Table 17 - Area Factors (cont.)

<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
588	589	0.5767	0.5767	0.5767	0.5767	0.5767
590	599	0.7389	0.7389	0.7389	0.7389	0.7389
600	600	0.9203	0.9203	0.9203	0.9203	0.9203
601	601	0.8529	0.8529	0.8529	0.8529	0.8529
602	602	0.9203	0.9203	0.9203	0.9203	0.9203
603	603	0.8529	0.8529	0.8529	0.8529	0.8529
604	604	0.7419	0.7419	0.7419	0.7419	0.7419
605	605	0.8240	0.8240	0.8240	0.8240	0.8240
606	606	0.8075	0.8075	0.8075	0.8075	0.8075
607	607	0.9203	0.9203	0.9203	0.9203	0.9203
608	608	0.7544	0.7544	0.7544	0.7544	0.7544
609	629	0.5627	0.5627	0.5627	0.5627	0.5627
630	630	0.6999	0.6999	0.6999	0.6999	0.6999
631	632	0.6614	0.6614	0.6614	0.6614	0.6614
633	633	0.6917	0.6917	0.6917	0.6917	0.6917
634	639	0.4950	0.4950	0.4950	0.4950	0.4950
640	640	0.7422	0.7422	0.7422	0.7422	0.7422
641	643	0.7422	0.7422	0.7422	0.7422	0.7422
644	659	0.4950	0.4950	0.4950	0.4950	0.4950
660	661	0.7833	0.7833	0.7833	0.7833	0.7833
662	663	0.7833	0.7833	0.7833	0.7833	0.7833
664	679	0.5422	0.5422	0.5422	0.5422	0.5422
680	680	0.7591	0.7591	0.7591	0.7591	0.7591
681	682	0.7590	0.7590	0.7590	0.7590	0.7590
683	685	0.6861	0.6861	0.6861	0.6861	0.6861
686	692	0.5336	0.5336	0.5336	0.5336	0.5336
693	699	0.5336	0.5336	0.5336	0.5336	0.5336
700	700	0.5272	0.5272	0.5272	0.5272	0.5272
701	702	0.5487	0.5487	0.5487	0.5487	0.5487
703	713	0.5564	0.5564	0.5564	0.5564	0.5564
714	715	0.5443	0.5443	0.5443	0.5443	0.5443
716	719	0.5179	0.5179	0.5179	0.5179	0.5179
720	722	0.5979	0.5979	0.5979	0.5979	0.5979
723	729	0.5179	0.5179	0.5179	0.5179	0.5179
730	730	0.6242	0.6242	0.6242	0.6242	0.6242
731	732	0.6242	0.6242	0.6242	0.6242	0.6242
733	733	0.4696	0.4696	0.4696	0.4696	0.4696
734	739	0.3992	0.3992	0.3992	0.3992	0.3992
740	742	0.7693	0.7693	0.7693	0.7693	0.7693
743	743	0.6193	0.6193	0.6193	0.6193	0.6193
744	744	0.5118	0.5118	0.5118	0.5118	0.5118
745	747	0.3992	0.3992	0.3992	0.3992	0.3992
748	748	0.6526	0.6526	0.6526	0.6526	0.6526
749	749	0.3991	0.3991	0.3991	0.3991	0.3991
750	750	0.8758	0.8758	0.8758	0.8758	0.8758
751	751	0.6402	0.6402	0.6402	0.6402	0.6402
752	753	0.8727	0.8727	0.8727	0.8727	0.8727
754	759	0.5082	0.5082	0.5082	0.5082	0.5082
760	760	0.7266	0.7266	0.7266	0.7266	0.7266
761	761	0.7024	0.7024	0.7024	0.7024	0.7024
762	762	0.7437	0.7437	0.7437	0.7437	0.7437
763	767	0.5265	0.5265	0.5265	0.5265	0.5265
768	768	0.4903	0.4903	0.4903	0.4903	0.4903
769	769	0.5273	0.5273	0.5273	0.5273	0.5273
770	772	0.8119	0.8119	0.8119	0.8119	0.8119
773	773	0.7619	0.7619	0.7619	0.7619	0.7619
774	774	0.8202	0.8202	0.8202	0.8202	0.8202
775	775	0.6493	0.6493	0.6493	0.6493	0.6493
776	777	0.4642	0.4642	0.4642	0.4642	0.4642
778	778	0.4481	0.4481	0.4481	0.4481	0.4481
779	779	0.4857	0.4857	0.4857	0.4857	0.4857
780	780	0.5877	0.5877	0.5877	0.5877	0.5877
781	781	0.5771	0.5771	0.5771	0.5771	0.5771
782	782	0.6025	0.6025	0.6025	0.6025	0.6025
783	783	0.4204	0.4204	0.4204	0.4204	0.4204
784	784	0.5055	0.5055	0.5055	0.5055	0.5055
785	785	0.3802	0.3802	0.3802	0.3802	0.3802
786	787	0.7290	0.7290	0.7290	0.7290	0.7290

## Traditional Dental Rate Filing

Table 17 - Area Factors (cont.)

<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
788	797	0.4234	0.4234	0.4234	0.4234	0.4234
798	799	0.4389	0.4389	0.4389	0.4389	0.4389
800	800	0.8736	0.8736	0.8736	0.8736	0.8736
801	801	0.9690	0.9690	0.9690	0.9690	0.9690
802	802	0.9022	0.9022	0.9022	0.9022	0.9022
803	803	1.0158	1.0158	1.0158	1.0158	1.0158
804	804	0.9554	0.9554	0.9554	0.9554	0.9554
805	815	0.7445	0.7445	0.7445	0.7445	0.7445
816	819	0.7516	0.7516	0.7516	0.7516	0.7516
820	831	0.6869	0.6869	0.6869	0.6869	0.6869
832	836	0.6996	0.6996	0.6996	0.6996	0.6996
837	837	0.8938	0.8938	0.8938	0.8938	0.8938
838	839	0.6995	0.6995	0.6995	0.6995	0.6995
840	841	0.7187	0.7187	0.7187	0.7187	0.7187
842	842	0.7287	0.7287	0.7287	0.7287	0.7287
843	844	0.7448	0.7448	0.7448	0.7448	0.7448
845	846	0.7747	0.7747	0.7747	0.7747	0.7747
847	849	0.7205	0.7205	0.7205	0.7205	0.7205
850	852	0.7327	0.7327	0.8015	0.8015	0.9137
853	854	0.8355	0.8355	0.9141	0.9141	1.0418
855	855	0.5399	0.5399	0.5904	0.5904	0.6839
856	858	0.7056	0.7056	0.7720	0.7720	0.8799
859	859	0.5128	0.5128	0.5606	0.5606	0.6494
860	864	0.5403	0.5403	0.5907	0.5907	0.6843
865	869	0.4732	0.4732	0.5174	0.5174	0.5994
870	884	0.6415	0.6415	0.6415	0.6415	0.6415
885	888	0.4373	0.4373	0.4373	0.4373	0.4373
889	891	0.7469	0.7469	0.8242	0.8242	0.9874
893	899	0.7334	0.7334	0.7870	0.7870	0.9301
900	904	1.2543	1.2543	1.3716	1.3716	1.5160
905	905	1.2775	1.2775	1.3970	1.3970	1.5440
906	909	1.1907	1.1907	1.3021	1.3021	1.4392
910	912	1.2365	1.2365	1.3522	1.3522	1.4945
913	914	1.2652	1.2652	1.3835	1.3835	1.5292
915	915	1.2365	1.2365	1.3522	1.3522	1.4945
916	916	1.2754	1.2754	1.3946	1.3946	1.5414
917	917	1.3227	1.3227	1.4465	1.4465	1.5987
918	918	1.2790	1.2790	1.3986	1.3986	1.5459
919	921	1.0565	1.0565	1.1502	1.1502	1.2439
922	925	1.0307	1.0307	1.1288	1.1288	1.2189
926	927	1.2799	1.2799	1.3997	1.3997	1.5470
928	928	1.2939	1.2939	1.4151	1.4151	1.5641
929	929	1.2805	1.2805	1.4002	1.4002	1.5476
930	930	1.0718	1.0718	1.1720	1.1720	1.2954
931	931	1.0399	1.0399	1.1371	1.1371	1.2569
932	932	0.9320	0.9320	1.0131	1.0131	1.0941
933	933	0.9826	0.9826	1.0680	1.0680	1.1535
934	934	0.9036	0.9036	0.9823	0.9823	1.0608
935	935	0.9826	0.9826	1.0680	1.0680	1.1535
936	938	0.9320	0.9320	1.0131	1.0131	1.0941
939	939	0.8859	0.8859	0.9693	0.9693	1.0657
940	941	1.1893	1.1893	1.3013	1.3013	1.4306
942	942	0.9505	0.9505	1.0401	1.0401	1.1433
943	948	1.1893	1.1893	1.3013	1.3013	1.4306
949	949	1.1741	1.1741	1.2848	1.2848	1.4125
950	951	1.1893	1.1893	1.3013	1.3013	1.4306
952	953	0.9197	0.9197	1.0124	1.0124	1.0897
954	954	0.8926	0.8926	0.9702	0.9702	1.0479
955	955	0.9320	0.9320	1.0131	1.0131	1.0941
956	958	0.9525	0.9525	1.0486	1.0486	1.1287
959	960	0.9320	0.9320	1.0131	1.0131	1.0941
961	966	0.9466	0.9466	1.0289	1.0289	1.1113
967	967	0.7871	0.7871	0.7871	0.7871	0.7871
968	969	0.8267	0.8267	0.8267	0.8267	0.8267
970	972	0.9283	0.9283	0.9283	0.9283	0.9283
973	974	0.8165	0.8165	0.8165	0.8165	0.8165
975	979	0.7943	0.7943	0.7943	0.7943	0.7943
980	981	0.9792	0.9792	1.0486	1.0486	1.1699
982	982	0.9792	0.9792	1.0486	1.0486	1.1699
983	983	0.9223	0.9223	1.0110	1.0110	1.1174
984	985	0.9792	0.9792	1.0486	1.0486	1.1700
986	986	0.9179	0.9179	1.0062	1.0062	1.1120
987	987	0.9179	0.9179	1.0062	1.0062	1.1120
988	994	0.9179	0.9179	1.0062	1.0062	1.1120
995	995	0.9613	0.9613	0.9613	0.9613	0.9613
996	999	0.9612	0.9612	0.9612	0.9612	0.9612



## Traditional Dental Rate Filing

Table 18 - Deterioration Factor		
<u>Effective Date</u>	Traditional Plan <u>Factor</u>	Scheduled Indemnity <u>Factor</u>
January, 2014	1.0000	1.0000
February, 2014	1.0000	1.0000
March, 2014	1.0000	1.0000
April, 2014	1.0123	1.0050
May, 2014	1.0123	1.0050
June, 2014	1.0123	1.0050
July, 2014	1.0248	1.0100
August, 2014	1.0248	1.0100
September, 2014	1.0248	1.0100
October, 2014	1.0374	1.0150
November, 2014	1.0374	1.0150
December, 2014	1.0374	1.0150
January, 2015	1.0500	1.0200
February, 2015	1.0500	1.0200
March, 2015	1.0500	1.0200
Each Quarter Thereafter	1.0123	1.0050

Table 19 - Age Gender					
	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
< 30	90%	90%	90%	84%	100%
30 - 39	100%	100%	96%	84%	100%
30 - 44	100%	100%	96%	84%	100%
45 - 49	100%	100%	96%	84%	100%
50 - 54	100%	100%	96%	84%	100%
55 - 59	105%	105%	100%	100%	100%
60 - 64	110%	110%	100%	100%	100%
65 +	115%	115%	100%	100%	100%

Table 20 - Case Size Adjustment Factor										
Number of Employees	Percentage of Employees Insuring Dependents									
	0% - 10%	11% - 20%	21% - 30%	31% - 40%	41% - 50%	51% - 60%	61% - 70%	71% - 80%	81% - 90%	91% - 100%
1 - 9	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
10 - 14	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
15 - 19	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
20 - 24	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
25 - 29	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
30 - 34	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
35 - 39	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
40 - 44	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
45 - 49	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
50 +	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00

## Traditional Dental Rate Filing

Table 21 - Prior Dental Coverage			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Case has prior dental coverage	100%	100%	100%
Case has no prior dental coverage	110%	110%	110%

Table 22 - Administrative Expenses			
Incurred Claims		Trust	Custom
<u>From</u>	<u>To</u>	<u>Factor</u>	<u>Factor</u>
0	250	0.000	0.000
251	500	0.000	0.000
501	750	0.000	0.000
751	1000	0.000	0.000
1001	1200	0.000	0.000
1201	1400	0.000	0.000
1401	1600	0.000	0.000
1601	1800	0.000	0.000
1801	2000	0.000	0.000
2001	2500	0.000	0.000
2501	3000	0.000	0.000
3001	3500	0.000	0.000
3501	4000	0.000	0.000
4001	4500	0.000	0.000
4501	5000	0.000	0.000
5001	6000	0.000	0.000
6001	7000	0.000	0.000
7001	8000	0.000	0.000
8001	9000	0.000	0.000
9001	10000	0.000	0.000
10001	12000	0.000	0.000
12001	14000	0.000	0.000
14001	16000	0.000	0.000
16001	19000	0.000	0.000
19001	22000	0.000	0.000
22001	25000	0.000	0.000
25001	30000	0.000	0.000
30001	40000	0.000	0.000
40001	50000	0.000	0.000
50001	70000	0.000	0.000
70001	100000	0.000	0.000
100001	125000	0.000	0.000
125001	150000	0.000	0.000
150001	175000	0.000	0.000
175001	200000	0.000	0.000
200001	250000	0.000	0.000
250001	300000	0.000	0.000
300001	600000	0.000	0.000
600001	3000000	0.000	0.000
3000001	99999999	0.000	0.000

## Traditional Dental Rate Filing

Table 23 - Provider Discount Factors						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
001	004	1.0000	1.0000	1.0000	1.0000	1.0000
005	005	0.6000	0.6000	0.6000	0.6000	0.6000
006	007	0.9100	0.9100	0.9100	0.9100	0.9100
008	008	0.6400	0.6400	0.6400	0.6400	0.6400
009	009	0.9100	0.9100	0.9100	0.9100	0.9100
010	013	0.6500	0.6500	0.6500	0.6500	0.6500
014	024	0.6300	0.6300	0.6300	0.6300	0.6300
025	027	0.6500	0.6500	0.6500	0.6500	0.6500
028	029	0.6600	0.6600	0.6600	0.6600	0.6600
030	038	0.6100	0.6100	0.6100	0.6100	0.6100
039	049	0.6400	0.6400	0.6400	0.6400	0.6400
050	059	0.7300	0.7300	0.7300	0.7300	0.7300
060	063	0.6900	0.6900	0.6900	0.6900	0.6900
064	064	0.6700	0.6700	0.6700	0.6700	0.6700
065	066	0.6200	0.6200	0.6200	0.6200	0.6200
067	067	0.6700	0.6700	0.6700	0.6700	0.6700
068	069	0.6200	0.6200	0.6200	0.6200	0.6200
070	076	0.6100	0.6100	0.6100	0.6100	0.6100
077	077	0.6000	0.6000	0.6000	0.6000	0.6000
078	079	0.6100	0.6100	0.6100	0.6100	0.6100
080	084	0.6200	0.6200	0.6200	0.6200	0.6200
085	089	0.6000	0.6000	0.6000	0.6000	0.6000
090	099	0.6500	0.6500	0.6500	0.6500	0.6500
100	102	0.5400	0.5400	0.5400	0.5400	0.5400
103	103	0.6400	0.6400	0.6400	0.6400	0.6400
104	104	0.6100	0.6100	0.6100	0.6100	0.6100
105	109	0.6000	0.6000	0.6000	0.6000	0.6000
110	110	0.6300	0.6300	0.6300	0.6300	0.6300
111	111	0.6000	0.6000	0.6000	0.6000	0.6000
112	112	0.5800	0.5800	0.5800	0.5800	0.5800
113	114	0.6000	0.6000	0.6000	0.6000	0.6000
115	115	0.6300	0.6300	0.6300	0.6300	0.6300
116	116	0.6000	0.6000	0.6000	0.6000	0.6000
117	119	0.6300	0.6300	0.6300	0.6300	0.6300
120	149	0.6300	0.6300	0.6300	0.6300	0.6300
150	159	0.6500	0.6500	0.6500	0.6500	0.6500
160	162	0.6600	0.6600	0.6600	0.6600	0.6600
163	165	0.6600	0.6600	0.6600	0.6600	0.6600
166	179	0.6400	0.6400	0.6400	0.6400	0.6400
180	181	0.6300	0.6300	0.6300	0.6300	0.6300
182	188	0.6400	0.6400	0.6400	0.6400	0.6400
189	194	0.6100	0.6100	0.6100	0.6100	0.6100
195	196	0.6300	0.6300	0.6300	0.6300	0.6300
197	198	0.6800	0.6800	0.6800	0.6800	0.6800
199	199	0.6900	0.6900	0.6900	0.6900	0.6900
200	205	0.6000	0.6000	0.6000	0.6000	0.6000
206	206	0.6400	0.6400	0.6400	0.6400	0.6400
207	214	0.6000	0.6000	0.6000	0.6000	0.6000
215	218	0.6400	0.6400	0.6400	0.6400	0.6400
219	219	0.6000	0.6000	0.6000	0.6000	0.6000
220	223	0.6000	0.6000	0.6000	0.6000	0.6000
224	229	0.6700	0.6700	0.6700	0.6700	0.6700

**Traditional Dental Rate Filing**

Table 23 - Provider Discount Factors (continued)						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
230	232	0.6800	0.6800	0.6800	0.6800	0.6800
233	233	0.7000	0.7000	0.7000	0.7000	0.7000
234	234	0.7000	0.7000	0.7000	0.7000	0.7000
235	237	0.7000	0.7000	0.7000	0.7000	0.7000
238	246	0.6700	0.6700	0.6700	0.6700	0.6700
247	249	0.6700	0.6700	0.6700	0.6700	0.6700
250	253	0.7400	0.7400	0.7400	0.7400	0.7400
254	268	0.6700	0.6700	0.6700	0.6700	0.6700
269	269	0.6500	0.6500	0.6500	0.6500	0.6500
270	274	0.7100	0.7100	0.7100	0.7100	0.7100
275	277	0.6700	0.6700	0.6700	0.6700	0.6700
278	279	0.7200	0.7200	0.7200	0.7200	0.7200
280	282	0.7100	0.7100	0.7100	0.7100	0.7100
283	289	0.7200	0.7200	0.7200	0.7200	0.7200
290	293	0.7000	0.7000	0.7000	0.7000	0.7000
294	294	0.6900	0.6900	0.6900	0.6900	0.6900
295	299	0.7000	0.7000	0.7000	0.7000	0.7000
300	303	0.6500	0.6500	0.6500	0.6500	0.6500
304	309	0.6600	0.6600	0.6600	0.6600	0.6600
310	310	0.6800	0.6800	0.6800	0.6800	0.6800
311	311	0.6500	0.6500	0.6500	0.6500	0.6500
312	312	0.6800	0.6800	0.6800	0.6800	0.6800
313	319	0.6600	0.6600	0.6600	0.6600	0.6600
320	326	0.6800	0.6800	0.6800	0.6800	0.6800
327	329	0.6900	0.6900	0.6900	0.6900	0.6900
330	334	0.6400	0.6400	0.6400	0.6400	0.6400
335	339	0.6800	0.6800	0.6800	0.6800	0.6800
340	340	0.6800	0.6800	0.6800	0.6800	0.6800
341	342	0.6800	0.6800	0.6800	0.6800	0.6800
343	345	0.6800	0.6800	0.6800	0.6800	0.6800
346	346	0.6800	0.6800	0.6800	0.6800	0.6800
347	349	0.6900	0.6900	0.6900	0.6900	0.6900
350	351	0.6900	0.6900	0.6900	0.6900	0.6900
352	353	0.6800	0.6800	0.6800	0.6800	0.6800
354	364	0.6900	0.6900	0.6900	0.6900	0.6900
365	366	0.7200	0.7200	0.7200	0.7200	0.7200
367	369	0.6900	0.6900	0.6900	0.6900	0.6900
370	372	0.6600	0.6600	0.6600	0.6600	0.6600
373	374	0.6500	0.6500	0.6500	0.6500	0.6500
375	375	0.6500	0.6500	0.6500	0.6500	0.6500
376	376	0.7100	0.7100	0.7100	0.7100	0.7100
377	379	0.6600	0.6600	0.6600	0.6600	0.6600
380	381	0.7000	0.7000	0.7000	0.7000	0.7000
382	385	0.7100	0.7100	0.7100	0.7100	0.7100
386	391	0.7000	0.7000	0.7000	0.7000	0.7000
392	392	0.6600	0.6600	0.6600	0.6600	0.6600
393	397	0.7000	0.7000	0.7000	0.7000	0.7000
398	399	0.6600	0.6600	0.6600	0.6600	0.6600
400	401	0.7000	0.7000	0.7000	0.7000	0.7000
402	402	0.6700	0.6700	0.6700	0.6700	0.6700
403	427	0.7000	0.7000	0.7000	0.7000	0.7000
428	429	0.6500	0.6500	0.6500	0.6500	0.6500
430	432	0.7200	0.7200	0.7200	0.7200	0.7200

**Traditional Dental Rate Filing**

Table 23 - Provider Discount Factors (continued)						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
433	433	0.7200	0.7200	0.7200	0.7200	0.7200
434	436	0.6800	0.6800	0.6800	0.6800	0.6800
437	438	0.7200	0.7200	0.7200	0.7200	0.7200
439	439	0.6800	0.6800	0.6800	0.6800	0.6800
440	447	0.6900	0.6900	0.6900	0.6900	0.6900
448	449	0.6800	0.6800	0.6800	0.6800	0.6800
450	455	0.7000	0.7000	0.7000	0.7000	0.7000
456	458	0.7200	0.7200	0.7200	0.7200	0.7200
459	459	0.6800	0.6800	0.6800	0.6800	0.6800
460	461	0.7000	0.7000	0.7000	0.7000	0.7000
462	462	0.6900	0.6900	0.6900	0.6900	0.6900
463	464	0.6300	0.6300	0.6300	0.6300	0.6300
465	479	0.7000	0.7000	0.7000	0.7000	0.7000
480	483	0.6800	0.6800	0.6800	0.6800	0.6800
484	489	0.6800	0.6800	0.6800	0.6800	0.6800
490	490	0.7200	0.7200	0.7200	0.7200	0.7200
491	495	0.7500	0.7500	0.7500	0.7500	0.7500
496	499	0.7800	0.7800	0.7800	0.7800	0.7800
500	503	0.7500	0.7500	0.7500	0.7500	0.7500
504	528	0.6900	0.6900	0.6900	0.6900	0.6900
529	529	0.6500	0.6500	0.6500	0.6500	0.6500
530	534	0.7100	0.7100	0.7100	0.7100	0.7100
535	549	0.7400	0.7400	0.7400	0.7400	0.7400
550	554	0.7600	0.7600	0.7600	0.7600	0.7600
555	567	0.8100	0.8100	0.8100	0.8100	0.8100
568	569	0.8100	0.8100	0.8100	0.8100	0.8100
570	579	0.7700	0.7700	0.7700	0.7700	0.7700
580	588	0.7800	0.7800	0.7800	0.7800	0.7800
589	589	0.6500	0.6500	0.6500	0.6500	0.6500
590	599	0.7900	0.7900	0.7900	0.7900	0.7900
600	603	0.6200	0.6200	0.6200	0.6200	0.6200
604	605	0.6600	0.6600	0.6600	0.6600	0.6600
606	608	0.6200	0.6200	0.6200	0.6200	0.6200
609	629	0.6600	0.6600	0.6600	0.6600	0.6600
630	633	0.7100	0.7100	0.7100	0.7100	0.7100
634	639	0.7400	0.7400	0.7400	0.7400	0.7400
640	641	0.7500	0.7500	0.7500	0.7500	0.7500
642	643	0.6500	0.6500	0.6500	0.6500	0.6500
644	658	0.7400	0.7400	0.7400	0.7400	0.7400
659	659	0.6500	0.6500	0.6500	0.6500	0.6500
660	662	0.7000	0.7000	0.7000	0.7000	0.7000
663	663	0.6500	0.6500	0.6500	0.6500	0.6500
664	679	0.7600	0.7600	0.7600	0.7600	0.7600
680	681	0.6500	0.6500	0.6500	0.6500	0.6500
682	682	0.6500	0.6500	0.6500	0.6500	0.6500
683	685	0.7300	0.7300	0.7300	0.7300	0.7300
686	693	0.7100	0.7100	0.7100	0.7100	0.7100
694	699	0.6500	0.6500	0.6500	0.6500	0.6500
700	702	0.6500	0.6500	0.6500	0.6500	0.6500
703	714	0.6700	0.6700	0.6700	0.6700	0.6700
715	715	0.6500	0.6500	0.6500	0.6500	0.6500
716	719	0.7200	0.7200	0.7200	0.7200	0.7200
720	722	0.7300	0.7300	0.7300	0.7300	0.7300
723	729	0.7200	0.7200	0.7200	0.7200	0.7200
730	731	0.6300	0.6300	0.6300	0.6300	0.6300
732	732	0.6500	0.6500	0.6500	0.6500	0.6500
733	733	0.6500	0.6500	0.6500	0.6500	0.6500
734	739	0.6600	0.6600	0.6600	0.6600	0.6600
740	741	0.6900	0.6900	0.6900	0.6900	0.6900
742	742	0.6500	0.6500	0.6500	0.6500	0.6500
743	744	0.7200	0.7200	0.7200	0.7200	0.7200

**Traditional Dental Rate Filing**

Table 23 - Provider Discount Factors (continued)						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
745	747	0.6600	0.6600	0.6600	0.6600	0.6600
748	748	0.6300	0.6300	0.6300	0.6300	0.6300
749	749	0.6600	0.6600	0.6600	0.6600	0.6600
750	753	0.6700	0.6700	0.6700	0.6700	0.6700
754	759	0.6900	0.6900	0.6900	0.6900	0.6900
760	762	0.6700	0.6700	0.6700	0.6700	0.6700
763	769	0.6900	0.6900	0.6900	0.6900	0.6900
770	775	0.6700	0.6700	0.6700	0.6700	0.6700
776	779	0.6900	0.6900	0.6900	0.6900	0.6900
780	782	0.6700	0.6700	0.6700	0.6700	0.6700
783	785	0.6900	0.6900	0.6900	0.6900	0.6900
786	787	0.6500	0.6500	0.6500	0.6500	0.6500
788	799	0.6900	0.6900	0.6900	0.6900	0.6900
800	804	0.7100	0.7100	0.7100	0.7100	0.7100
805	816	0.7200	0.7200	0.7200	0.7200	0.7200
817	819	0.6500	0.6500	0.6500	0.6500	0.6500
820	831	0.7700	0.7700	0.7700	0.7700	0.7700
832	836	0.7600	0.7600	0.7600	0.7600	0.7600
837	837	0.7400	0.7400	0.7400	0.7400	0.7400
838	838	0.7600	0.7600	0.7600	0.7600	0.7600
839	839	0.6500	0.6500	0.6500	0.6500	0.6500
840	841	0.7200	0.7200	0.7200	0.7200	0.7200
842	844	0.7100	0.7100	0.7100	0.7100	0.7100
845	849	0.7300	0.7300	0.7300	0.7300	0.7300
850	853	0.6700	0.6700	0.6700	0.6700	0.6700
854	854	0.6500	0.6500	0.6500	0.6500	0.6500
855	855	0.6800	0.6800	0.6800	0.6800	0.6800
856	857	0.7000	0.7000	0.7000	0.7000	0.7000
858	858	0.6500	0.6500	0.6500	0.6500	0.6500
859	869	0.6800	0.6800	0.6800	0.6800	0.6800
870	888	0.7000	0.7000	0.7000	0.7000	0.7000
889	891	0.7200	0.7200	0.7200	0.7200	0.7200
892	892	0.6500	0.6500	0.6500	0.6500	0.6500
893	898	0.7300	0.7300	0.7300	0.7300	0.7300
899	899	0.6500	0.6500	0.6500	0.6500	0.6500
900	918	0.6100	0.6100	0.6100	0.6100	0.6100
919	921	0.6300	0.6300	0.6300	0.6300	0.6300
922	925	0.6100	0.6100	0.6100	0.6100	0.6100
926	931	0.6100	0.6100	0.6100	0.6100	0.6100
932	939	0.6600	0.6600	0.6600	0.6600	0.6600
940	941	0.6300	0.6300	0.6300	0.6300	0.6300
942	942	0.6300	0.6300	0.6300	0.6300	0.6300
943	951	0.6300	0.6300	0.6300	0.6300	0.6300
952	953	0.6300	0.6300	0.6300	0.6300	0.6300
954	955	0.6600	0.6600	0.6600	0.6600	0.6600
956	958	0.6300	0.6300	0.6300	0.6300	0.6300
959	966	0.6600	0.6600	0.6600	0.6600	0.6600
967	968	0.7000	0.7000	0.7000	0.7000	0.7000
969	969	0.6500	0.6500	0.6500	0.6500	0.6500
970	972	0.7100	0.7100	0.7100	0.7100	0.7100
973	974	0.7000	0.7000	0.7000	0.7000	0.7000
975	979	0.7400	0.7400	0.7400	0.7400	0.7400
980	982	0.7200	0.7200	0.7200	0.7200	0.7200
983	983	0.7900	0.7900	0.7900	0.7900	0.7900
984	985	0.7200	0.7200	0.7200	0.7200	0.7200
986	994	0.7900	0.7900	0.7900	0.7900	0.7900
995	999	0.7300	0.7300	0.7300	0.7300	0.7300

## Traditional Dental Rate Filing

Table 24 - Network Utilization Factors						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
001	004	0.000	0.000	0.000	0.000	0.000
005	005	0.559	0.559	0.559	0.559	0.559
006	007	0.325	0.325	0.325	0.325	0.325
008	008	0.000	0.000	0.000	0.000	0.000
009	009	0.325	0.325	0.325	0.325	0.325
010	013	0.352	0.352	0.352	0.352	0.352
014	024	0.323	0.323	0.323	0.323	0.323
025	027	0.352	0.352	0.352	0.352	0.352
028	029	0.322	0.322	0.322	0.322	0.322
030	038	0.147	0.147	0.147	0.147	0.147
039	049	0.099	0.099	0.099	0.099	0.099
050	054	0.044	0.044	0.044	0.044	0.044
055	055	0.352	0.352	0.352	0.352	0.352
056	059	0.044	0.044	0.044	0.044	0.044
060	063	0.338	0.338	0.338	0.338	0.338
064	064	0.330	0.330	0.330	0.330	0.330
065	066	0.324	0.324	0.324	0.324	0.324
067	067	0.330	0.330	0.330	0.330	0.330
068	069	0.324	0.324	0.324	0.324	0.324
070	076	0.485	0.485	0.485	0.485	0.485
077	077	0.499	0.499	0.499	0.499	0.499
078	079	0.485	0.485	0.485	0.485	0.485
080	086	0.534	0.534	0.534	0.534	0.534
087	089	0.534	0.534	0.534	0.534	0.534
090	102	0.464	0.464	0.464	0.464	0.464
103	103	0.704	0.704	0.704	0.704	0.704
104	104	0.678	0.678	0.678	0.678	0.678
105	109	0.559	0.559	0.559	0.559	0.559
110	110	0.607	0.607	0.607	0.607	0.607
111	114	0.559	0.559	0.559	0.559	0.559
115	115	0.607	0.607	0.607	0.607	0.607
116	116	0.559	0.559	0.559	0.559	0.559
117	119	0.607	0.607	0.607	0.607	0.607
120	129	0.392	0.392	0.392	0.392	0.392
130	136	0.268	0.268	0.268	0.268	0.268
137	139	0.090	0.090	0.090	0.090	0.090
140	149	0.268	0.268	0.268	0.268	0.268
150	159	0.711	0.711	0.711	0.711	0.711
160	162	0.551	0.551	0.551	0.551	0.551
163	165	0.541	0.541	0.541	0.541	0.541
166	179	0.421	0.421	0.421	0.421	0.421
180	181	0.485	0.485	0.485	0.485	0.485
182	188	0.421	0.421	0.421	0.421	0.421
189	194	0.616	0.616	0.616	0.616	0.616
195	196	0.485	0.485	0.485	0.485	0.485
197	198	0.277	0.277	0.277	0.277	0.277
199	199	0.219	0.219	0.219	0.219	0.219
200	205	0.572	0.572	0.572	0.572	0.572
206	209	0.612	0.612	0.612	0.612	0.612
210	219	0.587	0.587	0.587	0.587	0.587
220	221	0.572	0.572	0.572	0.572	0.572
222	229	0.451	0.451	0.451	0.451	0.451
230	232	0.471	0.471	0.471	0.471	0.471
233	237	0.441	0.441	0.441	0.441	0.441

## Traditional Dental Rate Filing

Table 24 - Network Utilization Factors (continued)						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
238	246	0.185	0.185	0.185	0.185	0.185
247	249	0.221	0.221	0.221	0.221	0.221
250	253	0.273	0.273	0.273	0.273	0.273
254	268	0.221	0.221	0.221	0.221	0.221
270	274	0.119	0.119	0.119	0.119	0.119
275	277	0.296	0.296	0.296	0.296	0.296
278	279	0.137	0.137	0.137	0.137	0.137
280	282	0.249	0.249	0.249	0.249	0.249
283	289	0.137	0.137	0.137	0.137	0.137
290	293	0.150	0.150	0.150	0.150	0.150
294	294	0.260	0.260	0.260	0.260	0.260
295	299	0.150	0.150	0.150	0.150	0.150
300	303	0.481	0.481	0.481	0.481	0.481
304	309	0.272	0.272	0.272	0.272	0.272
310	310	0.142	0.142	0.142	0.142	0.142
311	311	0.481	0.481	0.481	0.481	0.481
312	312	0.142	0.142	0.142	0.142	0.142
313	319	0.272	0.272	0.272	0.272	0.272
320	326	0.447	0.447	0.447	0.447	0.447
327	329	0.538	0.538	0.538	0.538	0.538
330	334	0.632	0.632	0.632	0.632	0.632
335	342	0.536	0.536	0.536	0.536	0.536
344	344	0.447	0.447	0.447	0.447	0.447
346	346	0.536	0.536	0.536	0.536	0.536
347	349	0.538	0.538	0.538	0.538	0.538
350	351	0.311	0.311	0.311	0.311	0.311
352	352	0.454	0.454	0.454	0.454	0.454
354	364	0.311	0.311	0.311	0.311	0.311
365	366	0.239	0.239	0.239	0.239	0.239
367	369	0.311	0.311	0.311	0.311	0.311
370	372	0.480	0.480	0.480	0.480	0.480
373	374	0.245	0.245	0.245	0.245	0.245
375	375	0.381	0.381	0.381	0.381	0.381
376	376	0.233	0.233	0.233	0.233	0.233
377	379	0.268	0.268	0.268	0.268	0.268
380	382	0.381	0.381	0.381	0.381	0.381
383	385	0.233	0.233	0.233	0.233	0.233
386	391	0.234	0.234	0.234	0.234	0.234
392	392	0.416	0.416	0.416	0.416	0.416
393	397	0.234	0.234	0.234	0.234	0.234
398	398	0.272	0.272	0.272	0.272	0.272
399	399	0.481	0.481	0.481	0.481	0.481
400	402	0.671	0.671	0.671	0.671	0.671
403	406	0.460	0.460	0.460	0.460	0.460
407	409	0.264	0.264	0.264	0.264	0.264
410	410	0.671	0.671	0.671	0.671	0.671
411	429	0.264	0.264	0.264	0.264	0.264
430	432	0.471	0.471	0.471	0.471	0.471
433	433	0.293	0.293	0.293	0.293	0.293
434	436	0.233	0.233	0.233	0.233	0.233
437	438	0.293	0.293	0.293	0.293	0.293
439	439	0.233	0.233	0.233	0.233	0.233
440	447	0.446	0.446	0.446	0.446	0.446
448	449	0.233	0.233	0.233	0.233	0.233



## Traditional Dental Rate Filing

Table 24 - Network Utilization Factors (continued)						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
450	455	0.337	0.337	0.337	0.337	0.337
456	457	0.293	0.293	0.293	0.293	0.293
458	459	0.233	0.233	0.233	0.233	0.233
460	461	0.270	0.270	0.270	0.270	0.270
462	462	0.468	0.468	0.468	0.468	0.468
463	464	0.356	0.356	0.356	0.356	0.356
465	479	0.270	0.270	0.270	0.270	0.270
480	485	0.347	0.347	0.347	0.347	0.347
486	487	0.070	0.070	0.070	0.070	0.070
488	489	0.171	0.171	0.171	0.171	0.171
490	495	0.130	0.130	0.130	0.130	0.130
496	499	0.070	0.070	0.070	0.070	0.070
500	503	0.160	0.160	0.160	0.160	0.160
504	508	0.166	0.166	0.166	0.166	0.166
509	509	0.160	0.160	0.160	0.160	0.160
510	529	0.166	0.166	0.166	0.166	0.166
530	534	0.387	0.387	0.387	0.387	0.387
535	549	0.218	0.218	0.218	0.218	0.218
550	555	0.562	0.562	0.562	0.562	0.562
556	569	0.274	0.274	0.274	0.274	0.274
570	579	0.119	0.119	0.119	0.119	0.119
580	589	0.080	0.080	0.080	0.080	0.080
590	599	0.096	0.096	0.096	0.096	0.096
600	608	0.377	0.377	0.377	0.377	0.377
609	629	0.281	0.281	0.281	0.281	0.281
630	633	0.455	0.455	0.455	0.455	0.455
634	639	0.261	0.261	0.261	0.261	0.261
640	643	0.618	0.618	0.618	0.618	0.618
644	659	0.261	0.261	0.261	0.261	0.261
660	663	0.571	0.571	0.571	0.571	0.571
664	679	0.188	0.188	0.188	0.188	0.188
680	682	0.665	0.665	0.665	0.665	0.665
683	685	0.359	0.359	0.359	0.359	0.359
686	699	0.070	0.070	0.070	0.070	0.070
700	702	0.366	0.366	0.366	0.366	0.366
703	715	0.205	0.205	0.205	0.205	0.205
716	719	0.225	0.225	0.225	0.225	0.225
720	722	0.327	0.327	0.327	0.327	0.327
723	729	0.225	0.225	0.225	0.225	0.225
730	732	0.518	0.518	0.518	0.518	0.518
733	733	0.404	0.404	0.404	0.404	0.404
734	739	0.234	0.234	0.234	0.234	0.234
740	741	0.532	0.532	0.532	0.532	0.532
743	744	0.593	0.593	0.593	0.593	0.593
745	747	0.234	0.234	0.234	0.234	0.234
748	748	0.518	0.518	0.518	0.518	0.518
749	749	0.234	0.234	0.234	0.234	0.234
750	753	0.428	0.428	0.428	0.428	0.428
754	759	0.238	0.238	0.238	0.238	0.238
760	762	0.428	0.428	0.428	0.428	0.428
763	769	0.238	0.238	0.238	0.238	0.238
770	775	0.442	0.442	0.442	0.442	0.442
776	777	0.343	0.343	0.343	0.343	0.343
778	779	0.238	0.238	0.238	0.238	0.238

## Traditional Dental Rate Filing

Table 24 - Network Utilization Factors (continued)						
<u>Zip From</u>	<u>Zip To</u>	Male <u>Employee</u>	Female <u>Employee</u>	Male <u>Spouse</u>	Female <u>Spouse</u>	<u>Child(ren)</u>
780	782	0.491	0.491	0.491	0.491	0.491
783	785	0.343	0.343	0.343	0.343	0.343
786	787	0.404	0.404	0.404	0.404	0.404
788	797	0.238	0.238	0.238	0.238	0.238
798	799	0.343	0.343	0.343	0.343	0.343
800	804	0.500	0.500	0.500	0.500	0.500
805	819	0.459	0.459	0.459	0.459	0.459
820	831	0.066	0.066	0.066	0.066	0.066
832	836	0.475	0.475	0.475	0.475	0.475
837	837	0.517	0.517	0.517	0.517	0.517
838	838	0.475	0.475	0.475	0.475	0.475
840	842	0.749	0.749	0.749	0.749	0.749
843	844	0.728	0.728	0.728	0.728	0.728
845	849	0.685	0.685	0.685	0.685	0.685
850	853	0.619	0.619	0.619	0.619	0.619
855	855	0.336	0.336	0.336	0.336	0.336
856	857	0.570	0.570	0.570	0.570	0.570
859	869	0.336	0.336	0.336	0.336	0.336
870	884	0.357	0.357	0.357	0.357	0.357
885	888	0.343	0.343	0.343	0.343	0.343
889	891	0.780	0.780	0.780	0.780	0.780
893	898	0.489	0.489	0.489	0.489	0.489
900	909	0.552	0.552	0.552	0.552	0.552
910	918	0.591	0.591	0.591	0.591	0.591
919	921	0.570	0.570	0.570	0.570	0.570
922	925	0.646	0.646	0.646	0.646	0.646
926	928	0.540	0.540	0.540	0.540	0.540
929	929	0.540	0.540	0.540	0.540	0.540
930	931	0.583	0.583	0.583	0.583	0.583
932	932	0.455	0.455	0.455	0.455	0.455
933	935	0.583	0.583	0.583	0.583	0.583
936	938	0.455	0.455	0.455	0.455	0.455
939	941	0.345	0.345	0.345	0.345	0.345
942	942	0.455	0.455	0.455	0.455	0.455
943	951	0.345	0.345	0.345	0.345	0.345
952	953	0.455	0.455	0.455	0.455	0.455
954	954	0.345	0.345	0.345	0.345	0.345
955	966	0.455	0.455	0.455	0.455	0.455
967	969	0.375	0.375	0.375	0.375	0.375
970	972	0.454	0.454	0.454	0.454	0.454
973	974	0.263	0.263	0.263	0.263	0.263
975	979	0.228	0.228	0.228	0.228	0.228
980	982	0.424	0.424	0.424	0.424	0.424
983	983	0.484	0.484	0.484	0.484	0.484
984	985	0.424	0.424	0.424	0.424	0.424
986	994	0.484	0.484	0.484	0.484	0.484
995	999	0.199	0.199	0.199	0.199	0.199

## Traditional Dental Rate Filing

Table 25 - Benefit Differential Utilization Adjustment		
Benefit Differential		
<u>From</u>	<u>To</u>	<u>Adj</u>
1.00	1.00	1.00
1.00	1.10	1.09
1.10	1.20	1.26
1.20	unlimited	1.43

Table 26 - Basic/Major Service Allocation of High Impact Items					
<u>Basic Services</u>	<u>Major Services</u>	<u>Basic/Major Coins Diff</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Root Canal Therapy, Osseous Surgery and Surgical Removal of Impacted Teeth (full or partial bony)		Any	1.03	1.03	1.03
	Root Canal Therapy, Osseous Surgery and Surgical Removal of Impacted Teeth (full or partial bony)	Any	1.00	1.00	1.00
Endodontic / Periodontic	Endodontic / Periodontic	0%	\$0.00	\$0.00	\$0.00
Endodontic / Periodontic	Endodontic / Periodontic	5%	(\$0.26)	(\$0.26)	(\$0.07)
Endodontic / Periodontic	Endodontic / Periodontic	10%	(\$0.51)	(\$0.51)	(\$0.15)
Endodontic / Periodontic	Endodontic / Periodontic	15%	(\$0.77)	(\$0.77)	(\$0.22)
Endodontic / Periodontic	Endodontic / Periodontic	20%	(\$1.03)	(\$1.03)	(\$0.30)
Endodontic / Periodontic	Endodontic / Periodontic	25%	(\$1.28)	(\$1.28)	(\$0.37)
Endodontic / Periodontic	Endodontic / Periodontic	30%	(\$1.54)	(\$1.54)	(\$1.54)
Endodontic / Periodontic	Endodontic / Periodontic	35%	(\$1.80)	(\$1.80)	(\$0.52)
Endodontic / Periodontic	Endodontic / Periodontic	40%	(\$2.05)	(\$2.05)	(\$0.59)
Endodontic / Periodontic	Endodontic / Periodontic	45%	(\$2.31)	(\$2.31)	(\$0.67)
Endodontic / Periodontic	Endodontic / Periodontic	50%	(\$2.57)	(\$2.57)	(\$0.74)
Endodontic / Periodontic	Endodontic / Periodontic	55%	(\$2.82)	(\$2.82)	(\$0.82)
Endodontic / Periodontic	Endodontic / Periodontic	60%	(\$3.08)	(\$3.08)	(\$0.89)
Endodontic / Periodontic	Endodontic / Periodontic	65%	(\$3.34)	(\$3.34)	(\$0.96)
Endodontic / Periodontic	Endodontic / Periodontic	70%	(\$3.59)	(\$3.59)	(\$1.04)
Endodontic / Periodontic	Endodontic / Periodontic	75%	(\$3.85)	(\$3.85)	(\$1.11)
Endodontic / Periodontic	Endodontic / Periodontic	80%	(\$4.11)	(\$4.11)	(\$1.19)
Endodontic / Periodontic	Endodontic / Periodontic	85%	(\$4.36)	(\$4.36)	(\$1.26)
Endodontic / Periodontic	Endodontic / Periodontic	90%	(\$4.62)	(\$4.62)	(\$1.33)
Endodontic / Periodontic	Endodontic / Periodontic	95%	(\$4.88)	(\$4.88)	(\$1.41)
Endodontic / Periodontic	Endodontic / Periodontic	100%	(\$5.14)	(\$5.14)	(\$1.48)

## Traditional Dental Rate Filing

Table 27 - Waiting Period			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No waiting period	100.0%	100.0%	100.0%
12 month waiting period (waived for prior cove	97.7%	97.7%	97.7%
24 month waiting period (waived for prior cove	96.0%	96.0%	96.0%
12 month waiting period (applies to all Eees)	85.0%	85.0%	85.0%
24 month waiting period (applies to all Eees)	82.0%	82.0%	82.0%

Table 28a - Periodontal Lifetime Maximum			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No Lifetime Maximum	100.0%	100.0%	100.0%
\$250 Lifetime Maximum	96.2%	96.2%	99.8%
\$500 Lifetime Maximum	97.1%	97.1%	99.8%
\$750 Lifetime Maximum	99.2%	99.2%	99.8%
\$1,000 Lifetime Maximum	99.3%	99.3%	99.8%
\$1,500 Lifetime Maximum	99.4%	99.4%	99.8%
\$2,000 Lifetime Maximum	99.5%	99.5%	99.8%

Table 28d - Endodontics Lifetime Maximum			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No Lifetime Maximum	100.0%	100.0%	100.0%
\$250 Lifetime Maximum	95.3%	95.3%	99.8%
\$500 Lifetime Maximum	98.5%	98.5%	99.8%
\$750 Lifetime Maximum	99.5%	99.5%	99.8%
\$1,000 Lifetime Maximum	99.8%	99.8%	99.8%
\$1,500 Lifetime Maximum	99.8%	99.8%	99.8%
\$2,000 Lifetime Maximum	99.8%	99.8%	99.8%

Table 28b- Jaw Joint Disorder Lifetime Maximum			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No Lifetime Maximum	100.0%	100.0%	100.0%
\$250 Lifetime Maximum	98.0%	98.0%	98.0%
\$500 Lifetime Maximum	98.5%	98.5%	98.5%
\$750 Lifetime Maximum	99.0%	99.0%	99.0%
\$1,000 Lifetime Maximum	99.3%	99.3%	99.3%
\$1,500 Lifetime Maximum	99.4%	99.4%	99.4%
\$2,000 Lifetime Maximum	99.5%	99.5%	99.5%

Table 28e - Oral Surgery Lifetime Maximum			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No Lifetime Maximum	100.0%	100.0%	100.0%
\$250 Lifetime Maximum	99.1%	99.1%	96.9%
\$500 Lifetime Maximum	99.7%	99.7%	98.8%
\$750 Lifetime Maximum	99.8%	99.8%	99.6%
\$1,000 Lifetime Maximum	99.8%	99.8%	99.8%
\$1,500 Lifetime Maximum	99.8%	99.8%	99.8%
\$2,000 Lifetime Maximum	99.8%	99.8%	99.8%

Table 28c - Dental Implants Lifetime Maximum			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No Lifetime Maximum	100.0%	100.0%	100.0%
\$250 Lifetime Maximum	99.0%	99.0%	99.8%
\$500 Lifetime Maximum	99.1%	99.1%	99.8%
\$750 Lifetime Maximum	99.2%	99.2%	99.8%
\$1,000 Lifetime Maximum	99.3%	99.3%	99.8%
\$1,500 Lifetime Maximum	99.4%	99.4%	99.8%
\$2,000 Lifetime Maximum	99.5%	99.5%	99.8%

Table 28f - Prosthodontics Lifetime Maximum			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
No Lifetime Maximum	100.0%	100.0%	100.0%
\$250 Lifetime Maximum	96.6%	96.6%	99.8%
\$500 Lifetime Maximum	98.0%	98.0%	99.8%
\$750 Lifetime Maximum	99.0%	99.0%	99.8%
\$1,000 Lifetime Maximum	99.6%	99.6%	99.8%
\$1,500 Lifetime Maximum	99.8%	99.8%	99.8%
\$2,000 Lifetime Maximum	99.8%	99.8%	99.8%

**Traditional Dental Rate Filing**

--

--

**Table 31A - Administrative Expenses (Indemnity (No PPO))**

<u># of Lives</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
1 to 50	\$2.12	\$2.12	\$2.12	\$2.12	\$4.03
51 to 250	\$2.10	\$2.10	\$2.10	\$2.10	\$3.99
251 to 500	\$1.99	\$1.99	\$1.99	\$1.99	\$3.78
501 to 750	\$1.88	\$1.88	\$1.88	\$1.88	\$3.57
751 to 1,000	\$1.80	\$1.80	\$1.80	\$1.80	\$3.42
1,001 to 2,000	\$1.73	\$1.73	\$1.73	\$1.73	\$3.29
2,001 to 3,000	\$1.65	\$1.65	\$1.65	\$1.65	\$3.14
3,001 to 4,000	\$1.80	\$1.80	\$1.80	\$1.80	\$3.42
4,001 to 5,000	\$1.71	\$1.71	\$1.71	\$1.71	\$3.25
5,001 to 10,000	\$1.63	\$1.63	\$1.63	\$1.63	\$3.10
10,001 to 15,000	\$1.54	\$1.54	\$1.54	\$1.54	\$2.93
15,001 to 20,000	\$1.42	\$1.42	\$1.42	\$1.42	\$2.70
20,001 to 25,000	\$1.30	\$1.30	\$1.30	\$1.30	\$2.47
25,001 to 50,000	\$1.12	\$1.12	\$1.12	\$1.12	\$2.13
50,001 to 75,000	\$0.99	\$0.99	\$0.99	\$0.99	\$1.88
75,001 to 100,000	\$0.91	\$0.91	\$0.91	\$0.91	\$1.73
100,001 to 150,000	\$0.88	\$0.88	\$0.88	\$0.88	\$1.67
150,001 +	\$0.86	\$0.86	\$0.86	\$0.86	\$1.63

**Table 31B - Administrative Expenses (PPO)**

<u># of Lives</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
1 to 50	\$2.27	\$2.27	\$2.27	\$2.27	\$4.31
51 to 250	\$2.25	\$2.25	\$2.25	\$2.25	\$4.28
251 to 500	\$2.14	\$2.14	\$2.14	\$2.14	\$4.07
501 to 750	\$2.03	\$2.03	\$2.03	\$2.03	\$3.86
751 to 1,000	\$1.95	\$1.95	\$1.95	\$1.95	\$3.71
1,001 to 2,000	\$1.88	\$1.88	\$1.88	\$1.88	\$3.57
2,001 to 3,000	\$1.80	\$1.80	\$1.80	\$1.80	\$3.42
3,001 to 4,000	\$1.95	\$1.95	\$1.95	\$1.95	\$3.71
4,001 to 5,000	\$1.86	\$1.86	\$1.86	\$1.86	\$3.53
5,001 to 10,000	\$1.78	\$1.78	\$1.78	\$1.78	\$3.38
10,001 to 15,000	\$1.69	\$1.69	\$1.69	\$1.69	\$3.21
15,001 to 20,000	\$1.57	\$1.57	\$1.57	\$1.57	\$2.98
20,001 to 25,000	\$1.45	\$1.45	\$1.45	\$1.45	\$2.76
25,001 to 50,000	\$1.27	\$1.27	\$1.27	\$1.27	\$2.41
50,001 to 75,000	\$1.14	\$1.14	\$1.14	\$1.14	\$2.17
75,001 to 100,000	\$1.06	\$1.06	\$1.06	\$1.06	\$2.01
100,001 to 150,000	\$1.03	\$1.03	\$1.03	\$1.03	\$1.96
150,001 +	\$1.01	\$1.01	\$1.01	\$1.01	\$1.92

**Table 32 - Jaw Joint Disorder**

	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Included	101.0%	101.0%	100.5%

**Table 33 - Incentive Coinsurance Factor**

	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
Second Year Preventive, Basic and Major Coinsurance Increase 10%	110.0%	110.0%	110.0%
Second Year Preventive and Basic Coinsurance Increase 10%	108.0%	108.0%	109.0%
Second Year Basic and Major Coinsurance Increase 10%	109.0%	109.0%	109.0%
Second Year Preventive Increases 10%	106.0%	106.0%	106.0%
Second Year Basic Increases 10%	107.0%	107.0%	107.0%
Second Year Major Increases 10%	107.0%	107.0%	107.0%

**Table 34 - \$100 Maximum Rollover**

	<u>Cumulative Rollover Limit</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
\$500 Annual Maximum	no limit	105.9%	105.9%	105.9%
\$750 Annual Maximum	no limit	103.3%	103.3%	103.3%
\$1,000 Annual Maximum	no limit	101.8%	101.8%	101.8%
\$1,500 Annual Maximum	no limit	100.5%	100.5%	100.5%
\$500 Annual Maximum	\$200	104.9%	104.9%	104.9%
\$750 Annual Maximum	\$200	102.6%	102.6%	102.6%
\$1,000 Annual Maximum	\$200	101.3%	101.3%	101.3%
\$1,500 Annual Maximum	\$200	100.2%	100.2%	100.2%

**Traditional Dental Rate Filing**

Table 35 - Crown Build-Up			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
0%	\$0.00	\$0.00	\$0.00
10%	\$0.04	\$0.04	\$0.04
20%	\$0.08	\$0.09	\$0.08
30%	\$0.12	\$0.13	\$0.12
40%	\$0.16	\$0.18	\$0.16
50%	\$0.20	\$0.22	\$0.20
60%	\$0.24	\$0.27	\$0.24
70%	\$0.28	\$0.31	\$0.28
80%	\$0.32	\$0.36	\$0.32
90%	\$0.36	\$0.40	\$0.36
100%	\$0.41	\$0.44	\$0.40

Table 36 - Crown Lengthening			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
0%	\$0.00	\$0.00	\$0.00
10%	\$0.00	\$0.00	\$0.00
20%	\$0.01	\$0.01	\$0.01
30%	\$0.01	\$0.01	\$0.01
40%	\$0.02	\$0.02	\$0.02
50%	\$0.02	\$0.02	\$0.02
60%	\$0.02	\$0.03	\$0.02
70%	\$0.03	\$0.03	\$0.03
80%	\$0.03	\$0.03	\$0.03
90%	\$0.03	\$0.04	\$0.03
100%	\$0.04	\$0.04	\$0.04

Table 37 - Implants			
	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
0%	\$0.00	\$0.00	\$0.00
10%	\$0.04	\$0.04	\$0.04
20%	\$0.07	\$0.08	\$0.07
30%	\$0.11	\$0.12	\$0.11
40%	\$0.14	\$0.16	\$0.14
50%	\$0.18	\$0.20	\$0.18
60%	\$0.21	\$0.24	\$0.21
70%	\$0.25	\$0.27	\$0.25
80%	\$0.29	\$0.31	\$0.28
90%	\$0.32	\$0.35	\$0.32
100%	\$0.36	\$0.39	\$0.35

Table 38 - Ortho Work In Progress Exclusion Removal						
<u>SIC From</u>	<u>SIC To</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
0	1499	1.000	1.000	1.000	1.000	1.000
1500	1799	1.020	1.020	1.020	1.020	1.020
1800	4199	1.000	1.000	1.000	1.000	1.000
4200	4229	1.020	1.020	1.020	1.020	1.020
4300	5199	1.000	1.000	1.000	1.000	1.000
5200	5999	1.020	1.020	1.020	1.020	1.020
6000	6999	1.000	1.000	1.000	1.000	1.000
7000	7299	1.020	1.020	1.020	1.020	1.020
7300	7339	1.000	1.000	1.000	1.000	1.000
7340	7359	1.020	1.020	1.020	1.020	1.020
7360	7399	1.020	1.020	1.020	1.020	1.020
7400	7799	1.000	1.000	1.000	1.000	1.000
7800	7999	1.020	1.020	1.020	1.020	1.020
8000	8049	1.000	1.000	1.000	1.000	1.000
8050	8059	1.020	1.020	1.020	1.020	1.020
8060	8079	1.000	1.000	1.000	1.000	1.000
8080	8099	1.020	1.020	1.020	1.020	1.020
8100	8359	1.000	1.000	1.000	1.000	1.000
8360	8369	1.020	1.020	1.020	1.020	1.020
8370	9999	1.000	1.000	1.000	1.000	1.000

**Traditional Dental Rate Filing**

**Table 42A**

Annual Fund	No Annual Rollover	Annual Rollover Maximum & Unlimited Cumulative Maximum																				
		\$25	\$50	\$75	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	
\$25	\$1.41	\$3.24	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$50	\$2.71	\$4.50	\$6.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$75	\$4.11	\$5.70	\$7.12	\$8.43	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$100	\$5.33	\$6.84	\$8.19	\$9.45	\$10.61	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$125	\$6.51	\$7.93	\$9.23	\$10.44	\$11.55	\$12.59	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$150	\$7.62	\$8.98	\$10.23	\$11.39	\$12.46	\$13.47	\$14.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$175	\$8.70	\$9.99	\$11.19	\$12.31	\$13.35	\$14.32	\$15.22	\$16.05	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$200	\$9.72	\$10.97	\$12.12	\$13.20	\$14.20	\$15.14	\$16.00	\$16.80	\$17.54	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$225	\$10.72	\$11.91	\$13.03	\$14.06	\$15.03	\$15.93	\$16.76	\$17.53	\$18.24	\$18.90	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$250	\$11.67	\$12.82	\$13.89	\$14.90	\$15.83	\$16.69	\$17.49	\$18.23	\$18.91	\$19.55	\$20.14	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$275	\$12.59	\$13.70	\$14.74	\$15.70	\$16.60	\$17.43	\$18.20	\$18.91	\$19.57	\$20.18	\$20.74	\$21.27	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$300	\$13.48	\$14.55	\$15.55	\$16.48	\$17.34	\$18.14	\$18.88	\$19.56	\$20.19	\$20.78	\$21.33	\$21.83	\$22.29	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$325	\$14.34	\$15.37	\$16.33	\$17.23	\$18.06	\$18.82	\$19.53	\$20.19	\$20.80	\$21.36	\$21.89	\$22.37	\$22.81	\$23.22	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
\$350	\$15.16	\$16.16	\$17.09	\$17.95	\$18.74	\$19.48	\$20.16	\$20.79	\$21.38	\$21.92	\$22.42	\$22.89	\$23.31	\$23.70	\$24.06	N/A	N/A	N/A	N/A	N/A	N/A	
\$375	\$15.96	\$16.92	\$17.81	\$18.64	\$19.40	\$20.11	\$20.75	\$21.37	\$21.94	\$22.46	\$22.94	\$23.38	\$23.79	\$24.16	\$24.50	\$24.82	N/A	N/A	N/A	N/A	N/A	
\$400	\$16.72	\$17.65	\$18.50	\$19.30	\$20.03	\$20.71	\$21.34	\$21.93	\$22.47	\$22.97	\$23.43	\$23.85	\$24.24	\$24.60	\$24.93	\$25.23	\$25.50	N/A	N/A	N/A	N/A	
\$425	\$17.46	\$18.35	\$19.17	\$19.93	\$20.64	\$21.29	\$21.90	\$22.46	\$22.98	\$23.46	\$23.90	\$24.31	\$24.68	\$25.02	\$25.33	\$25.62	\$25.89	\$26.13	N/A	N/A	N/A	
\$450	\$18.16	\$19.02	\$19.81	\$20.54	\$21.22	\$21.85	\$22.43	\$22.97	\$23.47	\$23.93	\$24.35	\$24.74	\$25.09	\$25.42	\$25.72	\$25.99	\$26.25	\$26.48	\$26.70	N/A	N/A	
\$475	\$18.83	\$19.66	\$20.42	\$21.12	\$21.77	\$22.38	\$22.94	\$23.46	\$23.94	\$24.38	\$24.78	\$25.15	\$25.49	\$25.80	\$26.09	\$26.35	\$26.60	\$26.82	\$27.02	\$27.21	N/A	
\$500	\$19.48	\$20.27	\$21.00	\$21.68	\$22.30	\$22.89	\$23.42	\$23.92	\$24.38	\$24.80	\$25.19	\$25.54	\$25.87	\$26.17	\$26.44	\$26.69	\$26.92	\$27.14	\$27.33	\$27.51	\$27.68	







Traditional Dental Rate Filing

Table 42B

Fund	Annual	Annual																																					
	Rollover	Maximum	Cumulative	\$25	\$50	\$75	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$725	\$750	\$775					
	\$350			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$15.48	\$16.12	\$16.74	\$17.34	\$17.91	\$18.45	\$18.95	\$19.42	\$19.81	\$20.18	\$20.54	\$20.87	\$21.19	\$21.50	\$21.81	\$22.06	\$22.31			
	\$375			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$15.48	\$16.12	\$16.74	\$17.34	\$17.91	\$18.45	\$18.95	\$19.42	\$19.81	\$20.18	\$20.54	\$20.87	\$21.19	\$21.50	\$21.81	\$22.09	\$22.34			
\$400	\$25			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.39	\$17.50	\$17.61	\$17.71	\$17.80	\$17.88	\$17.92	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93	\$17.93			
	\$50			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$17.96	\$18.47	\$18.57	\$18.65	\$18.73	\$18.77	\$18.78	\$18.79	\$18.79	\$18.79	\$18.79	\$18.79	\$18.79	\$18.79			
	\$75			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.51	\$18.99	\$19.44	\$19.52	\$19.56	\$19.57	\$19.57	\$19.57	\$19.57	\$19.57	\$19.57	\$19.57	\$19.57			
	\$100			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.04	\$19.49	\$19.90	\$20.28	\$20.29	\$20.30	\$20.30	\$20.30	\$20.30	\$20.30	\$20.30	\$20.30			
	\$125			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.53	\$19.95	\$20.33	\$20.66	\$20.96	\$20.96	\$20.96	\$20.96	\$20.96	\$20.96	\$20.96	\$20.96		
	\$150			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$19.99	\$20.37	\$20.69	\$21.00	\$21.30	\$21.58	\$21.58	\$21.58	\$21.58	\$21.58	\$21.58		
	\$175			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.41	\$20.73	\$21.04	\$21.34	\$21.62	\$21.89	\$22.14	\$22.14	\$22.14	\$22.14		
	\$200			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.77	\$21.08	\$21.37	\$21.65	\$21.92	\$22.18	\$22.43	\$22.43	\$22.43	\$22.43	
	\$225			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.11	\$21.41	\$21.68	\$21.96	\$22.21	\$22.46	\$22.46	\$22.46	\$22.46	
	\$250			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.44	\$21.72	\$21.99	\$22.25	\$22.50	\$22.50	\$22.50	\$22.50	
	\$275			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.48	\$21.75	\$22.02	\$22.28	\$22.53	\$22.53	\$22.53	\$22.53	
	\$300			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.48	\$21.79	\$22.06	\$22.31	\$22.56	\$22.56	\$22.56	\$22.56	
	\$325			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.48	\$21.79	\$22.08	\$22.34	\$22.59	\$22.59	\$22.59	\$22.59	
	\$350			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.48	\$21.79	\$22.08	\$22.37	\$22.61	\$22.61	\$22.61	\$22.61	
\$375			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.48	\$21.79	\$22.08	\$22.37	\$22.64	\$22.64	\$22.64	\$22.64		
\$400			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.21	\$16.84	\$17.44	\$18.01	\$18.56	\$19.08	\$19.56	\$20.03	\$20.45	\$20.80	\$21.15	\$21.48	\$21.79	\$22.08	\$22.37	\$22.64	\$22.64	\$22.64	\$22.64		
\$425	\$25			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.06	\$18.17	\$18.27	\$18.37	\$18.46	\$18.54	\$18.61	\$18.65	\$18.66	\$18.66	\$18.66	\$18.66	\$18.66	\$18.66	\$18.66			
	\$50			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.61	\$19.09	\$19.19	\$19.22	\$19.36	\$19.43	\$19.47	\$19.47	\$19.48	\$19.48	\$19.48	\$19.48	\$19.48	\$19.48			
	\$75			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.14	\$19.60	\$20.04	\$20.11	\$20.18	\$20.22	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23		
	\$100			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.64	\$20.08	\$20.49	\$20.87	\$20.92	\$20.92	\$20.93	\$20.93	\$20.93	\$20.93	\$20.93	\$20.93	\$20.93		
	\$125			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.12	\$20.53	\$20.92	\$21.26	\$21.56	\$21.56	\$21.56	\$21.56	\$21.56	\$21.56	\$21.56	\$21.56		
	\$150			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.56	\$20.96	\$21.30	\$21.60	\$21.88	\$22.15	\$22.15	\$22.15	\$22.15	\$22.15	\$22.15	\$22.15	
	\$175			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$20.99	\$21.34	\$21.63	\$21.92	\$22.19	\$22.45	\$22.70	\$22.70	\$22.70	\$22.70	\$22.70	
	\$200			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.37	\$21.67	\$21.96	\$22.23	\$22.49	\$22.73	\$22.73	\$22.73	\$22.73	\$22.73	
	\$225			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.70	\$21.99	\$22.26	\$22.52	\$22.77	\$22.77	\$22.77	\$22.77	\$22.77	\$22.77
	\$250			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.02	\$22.29	\$22.55	\$22.80	\$22.80	\$22.80	\$22.80	\$22.80	
	\$275			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.32	\$22.58	\$22.83	\$22.83	\$22.83	\$22.83	\$22.83	
	\$300			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.36	\$22.61	\$22.86	\$22.86	\$22.86	\$22.86	\$22.86	
	\$325			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.36	\$22.64	\$22.89	\$22.89	\$22.89	\$22.89	\$22.89	
	\$350			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.36	\$22.64	\$22.91	\$22.91	\$22.91	\$22.91	\$22.91	
\$375			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.36	\$22.64	\$22.91	\$22.91	\$22.91	\$22.91	\$22.91		
\$400			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.36	\$22.64	\$22.91	\$22.91	\$22.91	\$22.91	\$22.91		
\$425			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$16.94	\$17.53	\$18.11	\$18.65	\$19.18	\$19.68	\$20.16	\$20.60	\$21.03	\$21.41	\$21.73	\$22.05	\$22.36	\$22.64	\$22.91	\$22.91	\$22.91	\$22.91	\$22.91		
\$450	\$25			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.62	\$18.20	\$18.70	\$18.81	\$18.91	\$19.01	\$19.10	\$19.18	\$19.25	\$19.31	\$19.35	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36	\$19.36			
	\$50			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.62	\$18.20	\$18.75	\$19.24	\$19.70	\$19.80	\$19.88	\$19.97	\$20.03	\$20.10	\$20.13	\$20.14	\$20.14	\$20.15	\$20.15	\$20.15	\$20.15	\$20.15		
	\$75			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.62	\$18.20	\$18.75	\$19.28	\$19.74	\$20.19	\$20.61	\$20.69	\$20.76	\$20.82	\$20.86	\$20.86	\$20.87	\$20.87	\$20.87	\$20.87	\$20.87	\$20.87	\$20.87	
	\$100			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$17.62	\$18.20	\$18.75	\$19.28	\$19.78	\$20.22	\$20.65	\$21.05	\$21.42	\$21.48	\$21.52	\$21.53	\$21.53</							

Traditional Dental Rate Filing

Table 42B

Annual Fund	Annual Rollover Maximum	Cumulative Max																																	
			\$25	\$50	\$75	\$100	\$125	\$150	\$175	\$200	\$225	\$250	\$275	\$300	\$325	\$350	\$375	\$400	\$425	\$450	\$475	\$500	\$525	\$550	\$575	\$600	\$625	\$650	\$675	\$700	\$725	\$750	\$775		
	\$250		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.10	\$23.36	
	\$275		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.39	
	\$300		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$325		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$350		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$375		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$400		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$425		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$450		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
	\$475		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.28	\$18.83	\$19.36	\$19.87	\$20.35	\$20.81	\$21.26	\$21.68	\$22.07	\$22.45	\$22.81	\$23.13	\$23.41	
\$500	\$25		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.91	\$20.01	\$20.10	\$20.19	\$20.27	\$20.36	\$20.43	\$20.49	\$20.54	\$20.60		
	\$50		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.40	\$20.82	\$20.92	\$21.00	\$21.08	\$21.15	\$21.21	\$21.27	\$21.32		
	\$75		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.86	\$21.28	\$21.66	\$21.74	\$21.81	\$21.88	\$21.94	\$21.99		
	\$100		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.31	\$21.70	\$22.08	\$22.43	\$22.49	\$22.55	\$22.61		
	\$125		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.73	\$22.11	\$22.47	\$22.80	\$23.11	\$23.17		
	\$150		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.15	\$22.50	\$22.83	\$23.15	\$23.45		
	\$175		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.53	\$22.86	\$23.18	\$23.49		
	\$200		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.89	\$23.21	\$23.52		
	\$225		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.24	\$23.55		
	\$250		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.57		
	\$275		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$300		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$325		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$350		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$375		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$400		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$425		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$450		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$475		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		
	\$500		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$18.92	\$19.45	\$19.95	\$20.44	\$20.90	\$21.35	\$21.77	\$22.18	\$22.56	\$22.93	\$23.27	\$23.60		



Traditional Dental Rate Filing

Table 42B

Annual Fund	Annual Rollover Maximum	Annual Rates																											GT		
		\$800	\$825	\$850	\$875	\$900	\$925	\$950	\$975	\$1,000	\$1,025	\$1,050	\$1,075	\$1,100	\$1,125	\$1,150	\$1,175	\$1,200	\$1,225	\$1,250	\$1,275	\$1,300	\$1,325	\$1,350	\$1,375	\$1,400	\$1,425	\$1,450	\$1,475	\$1,500	\$1,500
	\$50	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89	\$14.89
	\$75	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86	\$15.86
	\$100	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74	\$16.74
	\$125	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56	\$17.56
	\$150	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31	\$18.31
	\$175	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00	\$19.00
	\$200	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64	\$19.64
	\$225	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23	\$20.23
	\$250	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77	\$20.77
	\$275	\$21.05	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27	\$21.27
	\$300	\$21.44	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67	\$21.67
	\$325	\$21.81	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03	\$22.03
	\$350	\$22.22	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44	\$22.44
	\$375	\$22.52	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74	\$22.74



Traditional Dental Rate Filing

Table 42B

Annual Fund	Annual Rollover Maximum																									GT								
		\$800	\$825	\$850	\$875	\$900	\$925	\$950	\$975	\$1,000	\$1,025	\$1,050	\$1,075	\$1,100	\$1,125	\$1,150	\$1,175	\$1,200	\$1,225	\$1,250	\$1,275	\$1,300	\$1,325	\$1,350	\$1,375	\$1,400	\$1,425	\$1,450	\$1,475	\$1,500	\$1,500			
	\$250	\$23.60	\$23.82	\$24.04	\$24.25	\$24.45	\$24.64	\$24.82	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99	\$24.99		
	\$275	\$23.63	\$23.85	\$24.07	\$24.28	\$24.47	\$24.67	\$24.85	\$25.02	\$25.18	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34	\$25.34		
	\$300	\$23.65	\$23.88	\$24.10	\$24.30	\$24.51	\$24.69	\$24.87	\$25.04	\$25.20	\$25.36	\$25.51	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65	\$25.65		
	\$325	\$23.67	\$23.91	\$24.12	\$24.33	\$24.53	\$24.72	\$24.90	\$25.07	\$25.24	\$25.39	\$25.53	\$25.68	\$25.81	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	\$25.94	
	\$350	\$23.67	\$23.93	\$24.15	\$24.36	\$24.55	\$24.75	\$24.93	\$25.10	\$25.26	\$25.41	\$25.56	\$25.70	\$25.83	\$25.96	\$26.08	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	\$26.20	
	\$375	\$23.67	\$23.93	\$24.17	\$24.38	\$24.58	\$24.77	\$24.95	\$25.12	\$25.28	\$25.44	\$25.59	\$25.73	\$25.86	\$25.99	\$26.11	\$26.22	\$26.33	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	\$26.44	
	\$400	\$23.67	\$23.93	\$24.17	\$24.40	\$24.61	\$24.79	\$24.97	\$25.14	\$25.31	\$25.46	\$25.61	\$25.75	\$25.88	\$26.01	\$26.13	\$26.25	\$26.36	\$26.46	\$26.56	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	\$26.66	
	\$425	\$23.67	\$23.93	\$24.17	\$24.40	\$24.62	\$24.82	\$24.99	\$25.17	\$25.33	\$25.48	\$25.63	\$25.77	\$25.90	\$26.03	\$26.15	\$26.27	\$26.38	\$26.49	\$26.59	\$26.68	\$26.77	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	\$26.86	
	\$450	\$23.67	\$23.93	\$24.17	\$24.40	\$24.62	\$24.83	\$25.01	\$25.19	\$25.34	\$25.50	\$25.65	\$25.79	\$25.93	\$26.05	\$26.18	\$26.29	\$26.40	\$26.51	\$26.61	\$26.70	\$26.80	\$26.88	\$26.97	\$27.05	\$27.05	\$27.05	\$27.05	\$27.05	\$27.05	\$27.05	\$27.05	\$27.05	
	\$475	\$23.67	\$23.93	\$24.17	\$24.40	\$24.62	\$24.83	\$25.03	\$25.20	\$25.37	\$25.52	\$25.67	\$25.81	\$25.95	\$26.08	\$26.19	\$26.31	\$26.43	\$26.53	\$26.63	\$26.72	\$26.81	\$26.90	\$26.98	\$27.06	\$27.14	\$27.21	\$27.21	\$27.21	\$27.21	\$27.21	\$27.21	\$27.21	
\$500	\$25	\$20.64	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65	\$20.65		
	\$50	\$21.36	\$21.36	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37	\$21.37		
	\$75	\$22.03	\$22.03	\$22.03	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	\$22.04	
	\$100	\$22.64	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	\$22.65	
	\$125	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	\$23.21	
	\$150	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	\$23.73	
	\$175	\$23.76	\$23.99	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	\$24.21	
	\$200	\$23.79	\$24.02	\$24.24	\$24.45	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	\$24.65	
	\$225	\$23.82	\$24.05	\$24.27	\$24.48	\$24.68	\$24.87	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	\$25.05	
	\$250	\$23.85	\$24.08	\$24.30	\$24.51	\$24.71	\$24.89	\$25.08	\$25.25	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	\$25.42	
	\$275	\$23.87	\$24.11	\$24.33	\$24.54	\$24.74	\$24.93	\$25.10	\$25.28	\$25.44	\$25.59	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	\$25.74	
	\$300	\$23.90	\$24.13	\$24.35	\$24.57	\$24.76	\$24.95	\$25.13	\$25.31	\$25.46	\$25.62	\$25.77	\$25.91	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	\$26.05	
	\$325	\$23.90	\$24.15	\$24.38	\$24.59	\$24.79	\$24.98	\$25.16	\$25.33	\$25.49	\$25.65	\$25.80	\$25.94	\$26.07	\$26.19	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	\$26.32	
	\$350	\$23.90	\$24.15	\$24.40	\$24.61	\$24.81	\$25.00	\$25.18	\$25.35	\$25.52	\$25.67	\$25.82	\$25.96	\$26.09	\$26.22	\$26.34	\$26.46	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	\$26.57	
	\$375	\$23.90	\$24.15	\$24.40	\$24.64	\$24.83	\$25.03	\$25.21	\$25.38	\$25.54	\$25.70	\$25.84	\$25.98	\$26.12	\$26.24	\$26.36	\$26.48	\$26.59	\$26.70	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	\$26.80	
	\$400	\$23.90	\$24.15	\$24.40	\$24.64	\$24.86	\$25.05	\$25.23	\$25.40	\$25.56	\$25.72	\$25.87	\$26.01	\$26.14	\$26.26	\$26.39	\$26.50	\$26.61	\$26.72	\$26.82	\$26.92	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	\$27.01	
	\$425	\$23.90	\$24.15	\$24.40	\$24.64	\$24.86	\$25.07	\$25.24	\$25.42	\$25.58	\$25.73	\$25.88	\$26.02	\$26.16	\$26.29	\$26.41	\$26.53	\$26.64	\$26.74	\$26.84	\$26.94	\$27.03	\$27.12	\$27.20	\$27.20	\$27.20	\$27.20	\$27.20	\$27.20	\$27.20	\$27.20	\$27.20	\$27.20	
	\$450	\$23.90	\$24.15	\$24.40	\$24.64	\$24.86	\$25.07	\$25.27	\$25.44	\$25.60	\$25.76	\$25.91	\$26.05	\$26.18	\$26.31	\$26.43	\$26.53	\$26.65	\$26.76	\$26.86	\$26.96	\$27.05	\$27.14	\$27.22	\$27.30	\$27.38	\$27.38	\$27.38	\$27.38	\$27.38	\$27.38	\$27.38		
	\$475	\$23.90	\$24.15	\$24.40	\$24.64	\$24.86	\$25.07	\$25.27	\$25.45	\$25.62	\$25.77	\$25.92	\$26.06	\$26.20	\$26.33	\$26.45	\$26.57	\$26.68	\$26.79	\$26.88	\$26.98	\$27.07	\$27.16	\$27.24	\$27.32	\$27.39	\$27.47	\$27.53	\$27.53	\$27.53	\$27.53	\$27.53		
	\$500	\$23.90	\$24.15	\$24.40	\$24.64	\$24.86	\$25.07	\$25.27	\$25.45	\$25.64	\$25.80	\$25.94	\$26.08	\$26.22	\$26.34	\$26.47	\$26.58	\$26.69	\$26.80	\$26.90	\$27.00	\$27.09	\$27.17	\$27.26	\$27.34	\$27.42	\$27.49	\$27.56	\$27.62	\$27.68	\$27.68	\$27.68		

## Traditional Dental Rate Filing

Table 43 - Employee Participation					
<u>Employee Participation %</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
30% to 39.9%	108.0%	108.0%	108.0%	108.0%	108.0%
40% to 59.9%	105.0%	105.0%	105.0%	105.0%	105.0%
60% to 89.9%	100.0%	100.0%	100.0%	100.0%	100.0%
90% to 99.9%	97.0%	97.0%	97.0%	97.0%	97.0%
100%	93.0%	93.0%	93.0%	93.0%	93.0%

Table 44 - R&C Percentile					
<u>R&amp;C Percentile</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
50th	96.0%	96.0%	96.0%	96.0%	96.0%
60th	97.0%	97.0%	97.0%	97.0%	97.0%
70th	98.0%	98.0%	98.0%	98.0%	98.0%
75th	99.0%	99.0%	99.0%	99.0%	99.0%
80th	100.0%	100.0%	100.0%	100.0%	100.0%
85th	101.0%	101.0%	101.0%	101.0%	101.0%
90th	102.0%	102.0%	102.0%	102.0%	102.0%
95th	103.0%	103.0%	103.0%	103.0%	103.0%

Table 45 - Fluoride Age Limit					
<u>Age Limit</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.51

Table 46 - Sealant Age Limit					
<u>Age Limit</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
None	\$0.06	\$0.06	\$0.06	\$0.06	\$0.11

Table 47 - Posterior Composite					
<u>Covered Service</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
Covered Service	102.0%	102.0%	102.0%	102.0%	102.0%

Table 48 - Anesthesia					
<u>Type B</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
Type B	101.0%	101.0%	101.0%	101.0%	101.0%



Traditional Dental Rate Filing

Table 49 - Incentive Maximum

<u>Starting Calendar Year Max</u>	<u>Incentive</u>	<u>Major</u>	<u>Inc Coins Applies to</u>	<u>Male Employee</u>	<u>Female Employee</u>	<u>Male Spouse</u>	<u>Female Spouse</u>	<u>Child(ren)</u>
All	Does not	All	Does Not Apply	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	Does Not Apply	1.02750	1.02750	1.02750	1.02750	1.02750
All	\$100	All	Does Not Apply	1.03000	1.03000	1.03000	1.03000	1.03000
All	\$200	All	Does Not Apply	1.03250	1.03250	1.03250	1.03250	1.03250
All	\$250	All	Does Not Apply	1.03375	1.03375	1.03375	1.03375	1.03375
All	\$300	All	Does Not Apply	1.03500	1.03500	1.03500	1.03500	1.03500
All	\$400	All	Does Not Apply	1.03750	1.03750	1.03750	1.03750	1.03750
All	\$500	All	Does Not Apply	1.04000	1.04000	1.04000	1.04000	1.04000
All	Does not apply	All	P	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	P	1.00250	1.00250	1.00250	1.00250	1.00250
All	\$100	All	P	1.00500	1.00500	1.00500	1.00500	1.00500
All	\$200	All	P	1.00750	1.00750	1.00750	1.00750	1.00750
All	\$250	All	P	1.00875	1.00875	1.00875	1.00875	1.00875
All	\$300	All	P	1.01000	1.01000	1.01000	1.01000	1.01000
All	\$400	All	P	1.01250	1.01250	1.01250	1.01250	1.01250
All	\$500	All	P	1.01500	1.01500	1.01500	1.01500	1.01500
All	Does not apply	All	B	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	B	1.00250	1.00250	1.00250	1.00250	1.00250
All	\$100	All	B	1.00500	1.00500	1.00500	1.00500	1.00500
All	\$200	All	B	1.00750	1.00750	1.00750	1.00750	1.00750
All	\$250	All	B	1.00875	1.00875	1.00875	1.00875	1.00875
All	\$300	All	B	1.01000	1.01000	1.01000	1.01000	1.01000
All	\$400	All	B	1.01250	1.01250	1.01250	1.01250	1.01250
All	\$500	All	B	1.01500	1.01500	1.01500	1.01500	1.01500
All	Does not apply	All	M	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	M	1.00250	1.00250	1.00250	1.00250	1.00250
All	\$100	All	M	1.00500	1.00500	1.00500	1.00500	1.00500
All	\$200	All	M	1.00750	1.00750	1.00750	1.00750	1.00750
All	\$250	All	M	1.00875	1.00875	1.00875	1.00875	1.00875
All	\$300	All	M	1.01000	1.01000	1.01000	1.01000	1.01000
All	\$400	All	M	1.01250	1.01250	1.01250	1.01250	1.01250
All	\$500	All	M	1.01500	1.01500	1.01500	1.01500	1.01500
All	Does not apply	All	P,B	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	P,B	1.00250	1.00250	1.00250	1.00250	1.00250
All	\$100	All	P,B	1.00500	1.00500	1.00500	1.00500	1.00500
All	\$200	All	P,B	1.00750	1.00750	1.00750	1.00750	1.00750
All	\$250	All	P,B	1.00875	1.00875	1.00875	1.00875	1.00875
All	\$300	All	P,B	1.01000	1.01000	1.01000	1.01000	1.01000
All	\$400	All	P,B	1.01250	1.01250	1.01250	1.01250	1.01250
All	\$500	All	P,B	1.01500	1.01500	1.01500	1.01500	1.01500
All	Does not apply	All	B,M	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	B,M	1.00250	1.00250	1.00250	1.00250	1.00250
All	\$100	All	B,M	1.00500	1.00500	1.00500	1.00500	1.00500
All	\$200	All	B,M	1.00750	1.00750	1.00750	1.00750	1.00750
All	\$250	All	B,M	1.00875	1.00875	1.00875	1.00875	1.00875
All	\$300	All	B,M	1.01000	1.01000	1.01000	1.01000	1.01000
All	\$400	All	B,M	1.01250	1.01250	1.01250	1.01250	1.01250
All	\$500	All	B,M	1.01500	1.01500	1.01500	1.01500	1.01500
All	Does not apply	All	P,B,M	1.00000	1.00000	1.00000	1.00000	1.00000
All	\$50	All	P,B,M	1.00250	1.00250	1.00250	1.00250	1.00250
All	\$100	All	P,B,M	1.00500	1.00500	1.00500	1.00500	1.00500
All	\$200	All	P,B,M	1.00750	1.00750	1.00750	1.00750	1.00750
All	\$250	All	P,B,M	1.00875	1.00875	1.00875	1.00875	1.00875
All	\$300	All	P,B,M	1.01000	1.01000	1.01000	1.01000	1.01000
All	\$400	All	P,B,M	1.01250	1.01250	1.01250	1.01250	1.01250
All	\$500	All	P,B,M	1.01500	1.01500	1.01500	1.01500	1.01500

**Traditional Dental Rate Filing**

Table 50 - Incentive Maximum Penalty									
<u>Penalty Option</u>	<u>Starting</u>	<u>Incentive</u>	<u>Major</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>	
Current Level	all	all	all	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
Prior Year Level	all	all	all	0.9975	0.9975	0.9975	0.9975	0.9975	0.9975
Original Level	all	all	all	0.9950	0.9950	0.9950	0.9950	0.9950	0.9950

Table 51 - Incentive Coinsurance and Maximum Increase										
	<u>Starting</u>	<u>Incentive</u>		<u>Incentive</u>		<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	
<u># Increases</u>	<u>Calendar</u>	<u>Max</u>	<u>Major</u>	<u>Coinsuranc</u>		<u>Employee</u>	<u>Employee</u>	<u>Spouse</u>	<u>Spouse</u>	<u>Child(ren)</u>
	<u>Year Max</u>	<u>Increment</u>	<u>Coins</u>	<u>e</u>						
1	all	all	all	all		1.0000	1.0000	1.0000	1.0000	1.0000
2	all	all	all	all		1.0025	1.0025	1.0025	1.0025	1.0025
3	all	all	all	all		1.0050	1.0050	1.0050	1.0050	1.0050

Table 52 - Prosthesis and Crown Replacement Rule					
<u>Number of Years</u>	<u>Male</u>	<u>Female</u>	<u>Male</u>	<u>Female</u>	<u>Child(ren)</u>
	<u>Employee</u>	<u>Employee</u>	<u>Spouse</u>	<u>Spouse</u>	
8	100.0%	100.0%	100.0%	100.0%	100.0%
5	100.5%	100.5%	100.5%	100.5%	100.5%

## Dental Care Plan Rate Filing

Dental Care Plans are designed as a cost containment alternative to the traditional fee-for-service dental plan. Plans are available that include either percentage coinsurance or fixed dollar copayments. Deductibles and maximums do not apply under Dental Care Plans.

The following is an outline of the methodology used in determining rates for initial offerings of Dental Care Plans. Where the Dental Care Plan is offered alongside a traditional dental plan, with a monthly or immediate option to switch between the two plans, rates developed in this section and the Traditional Dental section are blended based on expected participation in each plan. In case situations where, in our judgment, the initial premium rates calculated in this filing do not adequately reflect the risk of the case, an appropriate adjustment will be made to such initial premium rates.

Dental plans sold as part of the bundled "Spectrum" portfolio of Aetna products will be discounted by 1% of premium.

Dental plans sold as part of a bundled "Multiple Product" portfolio of Aetna products will be discounted by 0% to 5% of premium.

### **DESCRIPTION OF METHODOLOGY: Category I Plans**

#### **Step 1 Cost of Care Per Covered Individual Per Month**

Determine the appropriate monthly cost of care per covered per individual per month. For 100/100/60 coinsurance plans, the range for cost of care is \$7.00 to \$39.00 per covered per individual per month. The underwriter will take into account the geographic dispersion, expected utilization of the group and coverage effective date.

In order to reflect the expected change in benefit costs for fixed dollar copayments and higher (or lower) percentage coinsurance plans, the cost of care per covered individual may be adjusted with factors ranging from 0.50 to 2.00.

In order to reflect the expected change in benefit cost for an office visit copayment, the cost of care per covered individual may be adjusted with factors ranging from 0.80 to 1.00.

In order to reflect the expected change in benefit cost for dependent age, non-student and student ages, the cost of care per covered individual may be adjusted with factors ranging from 0.8 to 1.20.

#### **Step 2 Orthodontia**

For plans which cover orthodontia a charge will be added to the monthly rate for orthodontic payments. These payments cover services for which the primary care dentist refers the patient to an orthodontist. The Dental Care Plan will offer child(ren) only coverage or adult and child(ren) coverage, depending upon the client's request. The projected orthodontic payments will vary depending on the benefit level for the service, plan utilization, coverage effective date, and geographic location. For plans with 50% orthodontic coinsurance, the range of per covered individual per month rates will vary according to the following table:

	<u>Monthly Ortho Rates</u> <u>(50% Ortho Coinsurance Plans)</u>
Child(ren) Only Ortho Coverage	\$2.00 to \$11.00 per Child

## Dental Care Plan Rate Filing

Adult and Child(ren) Ortho Coverage	\$2.00 to \$11.00 per Child, plus \$0.10 to \$2.00 per Adult
-------------------------------------	---

Some plans will require a fixed dollar copayment (ranging from \$500 to \$2,500, based on the plan design selected) rather than percentage coinsurance for orthodontia coverage. For plans with the lowest copayment (\$500), monthly orthodontia rates are based on the table below, and will vary based on plan utilization, coverage effective date, and geographic location. For every additional \$100 in required copayment, the monthly child orthodontia rates will be \$0.10-\$0.75 lower than the rates shown in the table below, and the monthly adult orthodontia rates will be \$0.01-\$0.05 lower than the rates shown in the table below.

<u>Monthly Ortho Rates</u>		
<u>(Ortho \$500 Fixed Dollar Copayment Plan)</u>		
	<u>Child(ren) Only Ortho Coverage</u>	<u>Adult and Child(ren) Ortho Coverage</u>
Ortho \$500 Fixed Dollar Copayment Plan	\$2.00 to \$15.00 per Child	\$2.00 to \$15.00 per Child, plus \$0.30 to \$3.00 per Adult

### **Step 3      Case Characteristics**

In order to reflect the expected change in benefit cost for case characteristics such as employer contributions, expected participation levels, prior dental coverage, turnover and removal of the orthodontia work in progress exclusion, the cost of care per covered individual may be modified with net adjustments ranging from 0.5 to 1.75.

### **Step 4      Total Claims**

Determine the total claims cost as the sum of Steps 1, Step 2 and Step 3.

### **Step 5      Administrative Expenses**

To the monthly claim payments calculated in Step 4, we add a component for administration and overhead, profit, state premium taxes, interest adjustments, and miscellaneous adjustments, where:

- (a) equals the network and claim administration and overhead expenses, which range from \$1.00 to \$5.00 per covered individual per month. Administrative expenses will vary based on complexity of plan design, expected utilization, administrative requirements, case size, etc.
- (b) equals the anticipated profit objective as a percentage of premium. Profit will vary based on the predictability of the proposed plan design, employer contributions to the plan, other coverages in force with the client, etc.
- (c) equals the anticipated premium taxes & assessments payable to the applicable state(s) divided by the annual premium.

## Dental Care Plan Rate Filing

- (d) equals adjustments to plan cost for interest credits or debits arising from cash flows, delayed premiums, reserves, and any accumulated plan deficit financing, expressed as a percent of premium.
- (e) equals miscellaneous adjustments to the standard expense levels to reflect the added costs due to non-standard or special services provided, expressed as a percent of premium.
- (f) equals the anticipated Health Insurer Fee imposed by the Affordable Care Act divided by the annual premium.

### **Step 6 Required Premium Per Covered Individual per Month**

The required premium per covered individual per month is equal to the sum of Step 4 plus Step 5-a divided by (1.00 minus the sum of Step 5-b, Step 5-c, Step 5-d, Step 5-e, and Step 5-f).

### **Step 7 Premium Rates By Tier**

Per covered individual per month rates developed in Steps 1 through 6 may be revised into various rate tiers (e.g., employee, employee + spouse, employee + child(ren), or employee + family), depending upon the request of the client. Tiered rates will composite to the Required Premium Per Covered Individual Per Month rate calculated in Step 6.

### **Step 8 Commissions**

Equals the commissions payable expressed as a percent of premium, if the client employs a commissioned broker for the Dental Care Plan. In the absence of a commission arrangement, this adjustment equals zero.

### **Step 9 Final Premium Rates by Tier**

Per covered individual per month rates developed by Step 7 divided by 1 - Step 8 may be revised into various rate tiers (e.g., employee, employee + spouse, employee + child(ren), or employee + family), depending upon the request of the client. Tiered rates will composite to the Required Premium Per Covered Individual Per Month rate calculated by Steps 7 divided by 1 - Step 8.

### **Step 10 Mutualized/Composite Plan and Product Rates**

Plan Sponsors that offer Multiple Plans and/or Products can either have a portion of the premium for a Plan and/or Product subsidized by another Plan and/or Product or have the entire premium mutualized to allow the Plan Sponsor the ability to offer subsidized or composite rates by tier with the overall premium remaining the same.

## Dental Care Plan Rate Filing

### DESCRIPTION OF METHODOLOGY: Category II Plans

#### **Step 1 Primary Care Dentist Base Compensation Per Covered Individual Per Month**

Primary Care Base Compensation is equal to the Base Claim Cost multiplied by the Deterioration Factor (refer to Deterioration Factor and Primary Care Base Claim Cost Tables on pages I-49 to I-51).

#### **Step 2 Total Claims**

Determine the total claims cost from Step 1.

#### **Step 3 Administrative Expenses**

To the monthly claim payments calculated in Step 2, we add a component for administration and overhead, profit, state premium taxes, interest adjustments, and miscellaneous adjustments, where:

- (a) equals the network and claim administration and overhead expenses, which range from \$1.00 to \$5.00 per covered individual per month. Administrative expenses will vary based on complexity of plan design, expected utilization, administrative requirements, case size, etc.
- (b) equals the anticipated profit objective as a percent of premium. Profit will vary based on the predictability of the proposed plan design, employer contributions to the plan, other coverages inforce with the client, etc.
- (c) equals the anticipated premium taxes & assessments payable to the applicable state(s) divided by the annual premium.
- (d) equals adjustments to plan cost for interest credits or debits arising from cash flows, delayed premiums, reserves, and any accumulated plan deficit financing, expressed as a percent of premium.
- (e) equals miscellaneous adjustments to the standard expense levels to reflect the added costs due to non-standard or special services provided, expressed as a percent of premium.
- (f) equals the anticipated Health Insurer Fee imposed by the Affordable Care Act divided by the annual premium.

#### **Step 4 Required Premium Per Covered Individual per Month**

The required premium per covered individual per month is equal to the sum of Step 2 plus Step 3-a divided by (1.00 minus the sum of Step 3-b, Step 3-c, Step 3-d, Step 3-e, and Step 3-f).

#### **Step 5 Premium Rates By Tier**

Per covered individual per month rates developed in Steps 1 through 4 may be revised into various rate tiers (e.g., employee, employee + spouse, employee + child(ren), or employee + family), depending upon the request of the client. Tiered rates will composite to the Required Premium Per Covered Individual Per Month rate calculated in Step 4.

## Dental Care Plan Rate Filing

### **Step 6**            **Commissions**

Equals the commissions payable expressed as a percent of premium, if the client employs a commissioned broker for the Dental Care Plan. In the absence of a commission arrangement, this adjustment equals zero.

### **Step 7**            **Final Premium Rates by Tier**

Per covered individual per month rates developed by Step 5 divided by 1 - Step 6 may be revised into various rate tiers (e.g., employee, employee + spouse, employee + child(ren), or employee + family), depending upon the request of the client. Tiered rates will composite to the Required Premium Per Covered Individual Per Month rate calculated by Step 5 divided by 1 - Step 6.

### **Step 8**            **Mutualized/Composite Plan and Product Rates**

Plan Sponsors that offer Multiple Plans and/or Products can either have a portion of the premium for a Plan and/or Product subsidized by another Plan and/or Product or have the entire premium mutualized to allow the Plan Sponsor the ability to offer subsidized or composite rates by tier with the overall premium remaining the same.

## Dental Care Plan Rate Filing

### **Streamlined Rating**

To facilitate marketing responses to smaller prospective client groups (i.e., groups under 300 eligible employees), the regional underwriting division may establish (and regularly review for adequacy) streamlined rating procedures that would, on average, approximate the results from the rating methodology described above. Development of these procedures would be based on the principles outlined in this methodology and would reflect overall network costs, but would simplify and consolidate the calculations and decision-making needed by marketing staff at the individual small case level.



# Dental Care Plan Rate Filing

## Deterioration Factors

### Category II Plans

Plan Effective <u>Date</u>	Deterioration <u>Factor</u>
1/1/14 to 3/31/14	1.2845
4/1/14 to 6/30/14	1.2845
7/1/14 to 9/30/14	1.2845
10/1/14 to 12/31/14	1.2845

For effective dates beyond 12/31/14 trend is 0% per quarter.

**Dental Care Plan Rate Filing**  
**Table of Primary Care Dentist Base Claim Cost**

<u>State</u>	<u>Area</u>	<u>Level AU4</u>		<u>Level AU5</u>		<u>Level AU6</u>	
		<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>
Alabama	Alabama	\$2.01	\$1.33	\$4.03	\$3.63	\$5.38	\$4.50
	Mobile	\$2.23	\$1.47	\$4.47	\$4.02	\$5.96	\$4.98
Arizona	Arizona	\$2.31	\$1.52	\$4.63	\$4.17	\$6.18	\$5.17
California	Bay Area	\$2.99	\$1.97	\$5.99	\$5.40	\$8.00	\$6.69
	Southern	\$2.93	\$1.93	\$5.87	\$5.30	\$7.85	\$6.56
	San Diego	\$2.64	\$1.74	\$5.29	\$4.77	\$7.07	\$5.91
	Central Valley	\$2.77	\$1.83	\$5.55	\$5.01	\$7.42	\$6.20
Colorado	Central	\$2.44	\$1.61	\$4.90	\$4.42	\$6.54	\$5.46
Connecticut	Connecticut	\$3.68	\$3.20	\$7.54	\$6.98	\$10.07	\$8.42
Delaware	Delaware	\$3.18	\$2.10	\$6.38	\$5.75	\$8.52	\$7.12
District of Columbia	Washington, D.C.	\$3.08	\$2.03	\$6.18	\$5.56	\$8.25	\$6.89
Florida	Northern	\$2.28	\$1.51	\$4.58	\$4.12	\$6.10	\$5.10
	Orlando	\$2.23	\$1.47	\$4.47	\$4.02	\$5.96	\$4.98
	Tampa	\$2.28	\$1.51	\$4.58	\$4.12	\$6.11	\$5.11
	Miami	\$2.68	\$1.77	\$5.38	\$4.85	\$7.18	\$6.00
Georgia	Atlanta	\$3.68	\$2.00	\$6.08	\$5.48	\$8.08	\$6.77
	Macon	\$3.56	\$1.88	\$5.96	\$5.36	\$7.96	\$6.65
	Augusta	\$3.56	\$1.88	\$5.96	\$5.36	\$7.96	\$6.65
	Savannah	\$3.56	\$1.88	\$5.96	\$5.36	\$7.96	\$6.65
Hawaii	Hawaii	\$2.64	\$1.74	\$5.29	\$4.77	\$7.07	\$5.91
Idaho	Idaho	\$2.66	\$1.76	\$5.34	\$4.81	\$7.13	\$5.96
Illinois	Chicago	\$2.38	\$1.58	\$4.79	\$4.32	\$6.40	\$5.35
	East St. Louis	\$1.84	\$1.22	\$3.70	\$3.33	\$4.94	\$4.13
Indiana	Northwest	\$2.12	\$1.40	\$4.26	\$3.84	\$5.69	\$4.76
	Southeast	\$1.91	\$1.26	\$3.84	\$3.46	\$5.13	\$4.29
	Southern	\$1.91	\$1.26	\$3.84	\$3.46	\$5.13	\$4.29
	Indiana	\$2.22	\$1.47	\$4.46	\$4.02	\$5.96	\$4.98
Iowa	Iowa	\$2.08	\$1.37	\$4.17	\$3.76	\$5.57	\$4.66
Kansas	Kansas City	\$2.17	\$1.43	\$4.35	\$3.92	\$5.82	\$4.86
Kentucky	Northern	\$2.40	\$1.58	\$4.81	\$4.34	\$5.49	\$4.59
	Kentucky	\$2.05	\$1.35	\$4.11	\$3.71	\$6.43	\$5.38
Louisiana	Southern	\$2.08	\$1.37	\$4.16	\$3.75	\$5.56	\$4.65
Maine	Maine	\$2.78	\$2.56	\$4.91	\$4.43	\$6.56	\$5.48
Maryland	Northern	\$3.08	\$2.03	\$6.18	\$5.56	\$8.25	\$6.89
	Southern	\$3.08	\$2.03	\$6.18	\$5.56	\$8.25	\$6.89
Massachusetts	Boston	\$3.48	\$3.20	\$6.14	\$5.54	\$8.20	\$6.85
Michigan	Southeastern	\$2.46	\$1.62	\$4.93	\$4.44	\$6.58	\$5.50
Minnesota	Minnesota	\$2.50	\$1.65	\$5.01	\$4.52	\$6.69	\$5.59
Mississippi	Mississippi	\$2.01	\$1.33	\$4.03	\$3.63	\$5.38	\$4.50
Missouri	Missouri	\$1.98	\$1.31	\$3.97	\$3.58	\$5.31	\$4.43

**Dental Care Plan Rate Filing  
Table of Primary Care Dentist Base Claim Cost**

<u>State</u>	<u>Area</u>	<u>Level AU4</u>		<u>Level AU5</u>		<u>Level AU6</u>	
		<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>	<u>Adult</u>	<u>Child</u>
	St. Louis	\$2.15	\$1.41	\$4.30	\$3.88	\$5.76	\$4.81
	Kansas City	\$2.12	\$1.40	\$4.26	\$3.84	\$5.70	\$4.76
Nebraska	Nebraska	\$1.94	\$1.28	\$3.89	\$3.50	\$5.19	\$4.34
Nevada	Nevada	\$3.27	\$2.16	\$6.57	\$5.91	\$8.77	\$7.33
New Hampshire	New Hampshire	\$3.48	\$3.20	\$6.14	\$5.54	\$8.20	\$6.85
New Jersey	Northern	\$3.47	\$2.55	\$6.77	\$6.23	\$9.13	\$7.62
	Southern	\$3.15	\$1.95	\$6.01	\$5.43	\$8.11	\$6.78
New Mexico	New Mexico	\$2.31	\$1.52	\$4.63	\$4.17	\$6.18	\$5.17
New York	New York	\$3.98	\$3.47	\$7.92	\$7.31	\$10.57	\$8.83
	Albany	\$3.98	\$3.47	\$7.92	\$7.31	\$10.57	\$8.83
	Syracuse	\$3.98	\$3.47	\$7.92	\$7.31	\$10.57	\$8.83
	Charlotte	\$3.12	\$2.14	\$5.56	\$4.80	\$7.42	\$6.20
North Carolina	Raleigh/Durham	\$3.12	\$2.14	\$5.56	\$4.80	\$7.42	\$6.20
	Fayetteville	\$3.12	\$2.14	\$5.56	\$4.80	\$7.42	\$6.20
	Winston/Salem	\$3.12	\$2.14	\$5.56	\$4.80	\$7.42	\$6.20
	Asheville	\$3.12	\$2.14	\$5.56	\$4.80	\$7.42	\$6.20
	Northeast	\$2.27	\$1.50	\$4.56	\$4.11	\$6.09	\$5.08
Ohio	Southwest	\$2.51	\$1.66	\$5.04	\$4.55	\$6.73	\$5.63
	Central	\$2.14	\$1.41	\$4.30	\$3.88	\$5.74	\$4.80
	Northwest	\$2.19	\$1.44	\$4.39	\$3.96	\$5.87	\$4.90
	Tulsa	\$2.10	\$1.39	\$4.23	\$3.81	\$5.65	\$4.72
Oklahoma	Tulsa	\$2.10	\$1.39	\$4.23	\$3.81	\$5.65	\$4.72
Oregon	Oregon	\$2.50	\$1.65	\$5.01	\$4.52	\$6.69	\$5.59
Pennsylvania	Southeastern	\$3.18	\$2.10	\$6.38	\$5.75	\$8.52	\$7.12
	Pittsburgh	\$3.14	\$2.16	\$5.62	\$4.84	\$7.50	\$6.27
	Central	\$3.14	\$2.16	\$5.62	\$4.84	\$7.50	\$6.27
	Berks/Pocono	\$3.14	\$2.16	\$5.62	\$4.84	\$7.50	\$6.27
	Western	\$3.14	\$2.16	\$5.62	\$4.84	\$7.50	\$6.27
	Northeast	\$3.14	\$2.16	\$5.62	\$4.84	\$7.50	\$6.27
Rhode Island	Rhode Island	\$3.68	\$3.20	\$7.54	\$6.98	\$10.07	\$8.42
Tennessee	Central	\$2.01	\$1.33	\$4.03	\$3.63	\$5.38	\$4.49
Texas	Dallas	\$2.36	\$1.55	\$4.72	\$4.26	\$6.31	\$5.27
	San Antonio	\$2.22	\$1.46	\$4.45	\$4.01	\$5.94	\$4.96
	Houston	\$2.45	\$1.61	\$4.90	\$4.42	\$6.55	\$5.47
Virginia	Northern	\$3.08	\$2.03	\$6.18	\$5.56	\$8.25	\$6.89
	Richmond	\$3.08	\$2.03	\$6.18	\$5.56	\$8.25	\$6.89
	Tidewater	\$3.08	\$2.03	\$6.18	\$5.56	\$8.25	\$6.89
Washington	Seattle	\$3.02	\$2.00	\$6.08	\$5.48	\$8.11	\$6.77
West Virginia	West Virginia	\$2.51	\$1.73	\$4.50	\$3.87	\$6.00	\$5.02
Wisconsin	Wisconsin	\$2.63	\$1.74	\$5.28	\$4.76	\$7.06	\$5.90

## Vision Rate Filing

This filing describes the methodology for calculating manual rates for vision plans, off Aetna Life Insurance Company to all groups with greater than 50 eligible employees.

Rate adjustments for plan designs and group specific characteristics are described in this filing. Rate adjustment factors for plan designs not explicitly shown in the attached tables will be derived by interpolation/extrapolation. In case specific situations where, in our judgment, the initial premium rates calculated in this filing do not adequately reflect the risk of the case, an appropriate adjustment will be made.

Plan designs and other features may not be uniform for all the employees to be covered within the group. In such a case, an average rate for all eligible classes of employees will be used rather than separate rates for each class.

## Claim Count Calculation

Step 1	Membership			
	Eligibles	aaa		Obtain the number of eligible employees from the census
	Subscribers	bbb		Obtain the factor from Table 1 and multiply by aaa or actual subscribers if available
	Dependents	ccc		Obtain the factor from Table 1a and multiply by bbb or actual dependents if available
	Members	ddd		Sum of bbb and ccc
Step 2	Utilization and Claim Count	<u>Exam</u>	<u>Materials</u>	
		$jjj = (eee \times fff \times ggg)$	$kkk = (eee \times fff \times hhh \times iii)$	
	Utilization %	ggg	hhh x iii)	
	Utilization Standards	eee	eee	Obtain the factor from Table 2
	Industry Class	fff	fff	Obtain the factor from Table 3
	Exam Copay	ggg	N/A	Obtain the factor from Table 5
	Lens Copay	N/A	hhh	Obtain the factor from Table 6
	Frames/Lens Allowance	N/A	iii	Obtain the factor from Table 7
	Claim Count	$A = (ddd \times jjj)$	$B = (ddd \times kkk)$	
Step 3	Network Distribution & Claim Count			
	% In Network Distribution	lll	lll	Obtain the factor from Table 4
	Claim Count In network	$C = (A \times lll)$	$D = (B \times lll)$	
	% Out of Network Distribution	mmm	mmm	Obtain the factor from Table 4
	Claim Count Out of Network	$E = (A \times mmm)$	$F = (B \times mmm)$	

### Claim Count Exceptions:

1. If the actual membership is available it will be used instead of the calculation above.  
If the actual membership by tier is available, it will be used to estimate the membership in place of the calculation above.
2. Adjustments will be made to utilization and distribution factors for groups with an unusual characteristics or demographics.

**Claim Calculation - Step 4**

See notes at bottom of page for additional information:

Step	Benefit	G	H	In Network			Out of Network		Claims Count	Claim Allowance	Total Cost
		Note 1	Note 1	J	K	L	M	P			
		Claim Factor	% Of Transactions By Type	Claims Count	Provider Reimbursement	Copay	Provider Reimbursement less Copay	Total Cost			
<b>4.1 Exams</b>											
	In-Network Providers	100%	100%	C x G x H	\$0 to \$80	\$0 to \$50	K - L	J x M	E x G x H	\$0 to \$80	Q x R
	Contact Lens F&F	30%	100%	Discount	\$0 to \$80	\$0 to \$50	K - L	J x M	F x G x H	\$0 to \$80	Q x R
<b>4.2 Eyeglasses</b>											
<b>A. Frame</b>		70%	100%	D x G x H	40% to 75% of retail allowance	\$0 to \$500	K - L	J x M	F x G x H	\$0 to \$500	Q x R
<b>B. Lenses</b>											
	Single Vision	70%	60%	D x G x H	\$0 to \$150	\$0 to \$150	K - L	J x M	F x G x H	\$0 to \$150	Q x R
	Bifocal	70%	9%	D x G x H	\$0 to \$150	\$0 to \$150	K - L	J x M	F x G x H	\$0 to \$150	Q x R
	Trifocal	70%	2%	D x G x H	\$0 to \$150	\$0 to \$150	K - L	J x M	F x G x H	\$0 to \$150	Q x R
	Progressive	70%	29%	D x G x H	\$0 to \$180 or 80% of retail	\$0 to \$180 or 80% of retail less allowance	K - L	J x M	F x G x H	\$0 to \$180	Q x R
<b>C. Lens Options</b>											
	UV Coating	70%	10%	D x G x H	\$0 to \$30	\$0 to \$30	K - L	J x M	F x G x H	\$0 to \$30	Q x R
	Tint	70%	10%	D x G x H	\$0 to \$30	\$0 to \$30	K - L	J x M	F x G x H	\$0 to \$30	Q x R
	Scratch Resistance	70%	20%	D x G x H	\$0 to \$100	\$0 to \$30	K - L	J x M	F x G x H	\$0 to \$100	Q x R
	Polarized Lens	70%	4%	D x G x H	\$0 to \$150 or 80% of retail	\$0 to \$150 or 80% of retail less allowance	K - L	J x M	F x G x H	\$0 to \$150	Q x R
	Plastic Photochromic	70%	15%	D x G x H	\$0 to \$150		K - L	J x M	F x G x H	\$0 to \$150	Q x R
	Anti-Reflective	70%	60%	D x G x H	\$0 to \$100 or 80% of retail	\$25 to \$100 or 80% of retail	K - L	J x M	F x G x H	\$0 to \$100	Q x R
	Polycarbonate - Kids	70%	15%	D x G x H	\$0 to \$100	\$0 to \$100	K - L	J x M	F x G x H	\$0 to \$100	Q x R
	Polycarbonate - Adults	70%	45%	D x G x H	\$0 to \$100	\$0 to \$100	K - L	J x M	F x G x H	\$0 to \$100	Q x R
	Average Options										
<b>4.3 Contact Lenses</b>											
	Conventionals	30%	18%	D x G x H	75% to 100% of retail allowance	\$0 to \$100	K - L	J x M	F x G x H	\$0 to \$500	Q x R
	Disposables	30%	82%	D x G x H	75% to 100% of retail allowance	\$0 to \$100	K - L	J x M	F x G x H	\$0 to \$500	Q x R
<b>4.4 Total Claim Cost</b>								Sum of P			Sum of S

Note 1 applies to columns G & H.

Actual experience will be used in to modify where appropriate.

For groups with unusual characteristics or demographics, adjustments will be made to the standard factors

Note 2 applies to column K. In Network reimbursement will vary by plan design.

Note 3 applies to column L. Copay amounts will vary by plan design.

Note 4 applies to column R. Claim reimbursement varies by plan design and state mandated benefits

## Premium Rate Calculation - Step 5

	Total Cost	Vision Rate Filing
<b>Step 5.1</b> Total Annual Cost	S + P	Obtain cost from Step 4.4
<b>Step 5.2</b> Administrative Expenses	0 to 6%	
<b>Step 5.3</b> Overhead Expenses	\$\$\$	Obtain cost from Table 8 times [bbb] times 12
<b>Step 5.4</b> Profit	0% to 20%	
<b>Step 5.5</b> Taxes and Assessments and Health Insurer Fee	%	
<b>Step 5.5a</b> Dependent age	0.6% to 5.0%	Obtain from Table 9
<b>Step 5.6</b> Commissions	0% to 20%	
<b>Step 5.7</b> Final Premium	\$\$\$	$\{ [(Step\ 5.1 + (Step\ 5.1 \times Step\ 5.2) + Step\ 5.3)] / (1 - Step\ 5.4 - Step\ 5.5 - Step\ 5.5a) \} / (1 - Step\ 5.6)$
<b>Step 5.8</b> Per Subscriber per Month (PSPM)	\$\$\$	Final Premium divided by Subscribers divided by 12
<b>Step 5.9</b> Per Member per Month (PMPM)	\$\$\$	Final Premium divided by Members divided by 12

### Notes for steps above:

- Step 5.2 Expenses may vary when appropriate to reflect changes in the retention required for a particular group. For example, savings due to economies of scale or scope or expenses associated with additional non-standard services.
- Step 5.4 Profit may vary based on the predictability of the proposed plan design, employer contributions to the plan and other coverages in force with the client
- Step 5.5 Premium taxes will vary by state. Premium Taxes are calculated by dividing the applicable state tax by the annual premium
- Step 5.6 Equals the commissions payable expressed a percent of premium, if the client employs a commissioned broker. In the absence of a commissioned arrangement, the adjustment is zero.

## Rating Formats Step 6

4 Tier PSPM	Tier	Tier Factor	
Subscriber Only	\$\$\$	1.00	Premiums divided by Weighted Average Signup**
Subscriber + Spouse	\$\$\$	1.90	Subscriber Only Rate x Tier Factor
Subscriber + Children	\$\$\$	2.00	Subscriber Only Rate x Tier Factor
Subscriber + Family	\$\$\$	2.94	Subscriber Only Rate x Tier Factor
4 Tier PMPM		Tier Factor	
Member Only	\$\$\$	1.00	Premiums divided by Weighted Average Signup**
Member + Spouse	\$\$\$	1.90	Member Only Rate x Tier Factor
Member + Children	\$\$\$	2.00	Member Only Rate x Tier Factor
Member + Family	\$\$\$	2.94	Member Only Rate x Tier Factor
3 Tier PSPM	Tier	Tier Factor	
Subscriber Only	\$\$\$	1.00	Premiums divided by Weighted Average Signup**
Subscriber + Spouse	\$\$\$	1.90	Subscriber Only Rate x Tier Factor
Subscriber + Family	\$\$\$	2.79	Subscriber Only Rate x Tier Factor
3 Tier PMPM		Tier Factor	
Member Only	\$\$\$	1.00	Premiums divided by Weighted Average Signup**
Member + Spouse	\$\$\$	1.90	Member Only Rate x Tier Factor
Subscriber + Family	\$\$\$	2.79	Member Only Rate x Tier Factor
2 Tier PSPM	Tier	Tier Factor	
Subscriber Only	\$\$\$	1.00	Premiums divided by Weighted Average Signup**
Subscriber + Family	\$\$\$	2.55	Subscriber Only Rate x Tier Factor
2 Tier PMPM		Tier Factor	
Member Only	\$\$\$	1.00	Premiums divided by Weighted Average Signup**
Subscriber + Family	\$\$\$	2.55	Member Only Rate x Tier Factor

\*\* Weighted Average Signup = (Tier 1 x Tier 1 Factor) + (Tier 2 x Tier 2 Factor) + (Tier 3 x Tier 3 Factor) + (Tier 4 x Tier 4 Factor)

Note: Rates may also be reallocated by tier upon the clients request.

Voluntary	33%
Non Voluntary	100%

Dependent Factor	1.1
------------------	-----

**Table 2 - Utilization Standards**

Group Size		Pay Type	Frequency	Exams Utilization	Materials Utilization
Min	Max				
0	99	Non-Voluntary	12/0/0	23%	0%
0	99	Non-Voluntary	12/12/12	31%	30%
0	99	Non-Voluntary	12/12/24	26%	26%
0	99	Non-Voluntary	12/24/24	23%	23%
0	99	Non-Voluntary	24/24/24	19%	18%
0	99	Non-Voluntary	24/0/0	19%	0%
0	99	Non-Voluntary	0/12/12	0%	30%
0	99	Non-Voluntary	0/24/24	0%	18%
100	300	Non-Voluntary	12/0/0	20%	0%
100	300	Non-Voluntary	12/12/12	27%	27%
100	300	Non-Voluntary	12/12/24	23%	23%
100	300	Non-Voluntary	12/24/24	20%	20%
100	300	Non-Voluntary	24/24/24	16%	16%
100	300	Non-Voluntary	24/0/0	16%	0%
100	300	Non-Voluntary	0/12/12	0%	27%
100	300	Non-Voluntary	0/24/24	0%	16%
301		Non-Voluntary	12/0/0	19%	0%
301		Non-Voluntary	12/12/12	25%	25%
301		Non-Voluntary	12/12/24	21%	21%
301		Non-Voluntary	12/24/24	19%	19%
301		Non-Voluntary	24/24/24	15%	15%
301		Non-Voluntary	24/0/0	15%	0%
301		Non-Voluntary	0/12/12	0%	25%
301		Non-Voluntary	0/24/24	0%	15%
0	99	Voluntary	12/0/0	32%	-
0	99	Voluntary	12/12/12	42%	0.45
0	99	Voluntary	12/12/24	36%	0.38
0	99	Voluntary	12/24/24	32%	0.34
0	99	Voluntary	24/24/24	25%	0.27
0	99	Voluntary	24/0/0	25%	-
0	99	Voluntary	0/12/12	0%	0.45
0	99	Voluntary	0/24/24	0%	0.27
100	300	Voluntary	12/0/0	29%	-
100	300	Voluntary	12/12/12	39%	0.39
100	300	Voluntary	12/12/24	33%	0.33
100	300	Voluntary	12/24/24	29%	0.29
100	300	Voluntary	24/24/24	23%	0.23
100	300	Voluntary	24/0/0	23%	-
100	300	Voluntary	0/12/12	0%	0.39
100	300	Voluntary	0/24/24	0%	0.23
301		Voluntary	12/0/0	29%	-
301		Voluntary	12/12/12	38%	0.38
301		Voluntary	12/12/24	32%	0.32
301		Voluntary	12/24/24	29%	0.29
301		Voluntary	24/24/24	23%	0.23
301		Voluntary	24/0/0	23%	-
301		Voluntary	0/12/12	0%	0.38
301		Voluntary	0/24/24	0%	0.23



Vision Rate Filing

<b>Table 3 - SIC Code</b>	<b>Vision Industry Factor</b>
139 - 782	1.15
1311 - 1442	1.15
1521 - 1799	1.15
2011 - 2099	1.00
2211 - 2281	1.15
2311 - 2399	1.00
2421 - 3599	1.15
3612 - 3699	1.00
3711 - 3764	1.15
3812 - 3845	1.00
3851 - 3999	1.00
4111 - 4151	1.00
4212 - 4226	1.00
4412 - 4789	1.00
4812 - 4899	1.00
4911 - 4971	1.00
5012 - 5099	1.00
5112 - 5199	1.00
5211 - 5261	0.85
5331 - 5999	0.85
5511 - 5521	0.85
5551 - 5571	0.85
5812 - 5813	0.85
6011 - 6282	1.00
6311 - 6411	1.00
6512 - 6553	1.00
6712 - 6799	1.00
7011- 7041	0.85
7213 - 7299	0.85
7311 - 7338	1.10
7342-7359	0.85
7361 - 7363	1.10
7371 - 7379	1.10
7381-7389	1.10
7513-7521	0.85
7532 - 7699	0.85
7812-7832	1.15
7841	0.85
7922-7929	1.15
7941- 7999	0.85
8011 - 8099	1.10
8111	1.10
8211	1.15
8221 - 8222	1.15
8231 - 8331	1.15
8322	0.85
8351-8399	0.85
8412-8422	1.15
8611 - 8641	1.10
8661	1.10
8699	1.10
8711 - 8734	1.10
8741 - 8748	1.10
8999	1.15
9111 - 9999	1.10

Vision Rate Filing

Table 4 - Nnetwork Utilization					
In network					97%
Out Network					3%
Table 5 - Exam Copay		Table 6 - Lens Copay		Table 7 - Frame/Lens Allowance	
\$0	1.045	\$0	1.045	\$75	0.865
\$10	1.015	\$10	1.015	\$80	0.880
\$15	1.000	\$15	1.000	\$85	0.895
\$20	0.985	\$20	0.985	\$90	0.910
\$25	0.970	\$25	0.970	\$95	0.925
\$30	0.955	\$30	0.955	\$100	0.940
\$35	0.940	\$35	0.940	\$105	0.955
\$40	0.925	\$40	0.925	\$110	0.970
\$45	0.910	\$45	0.910	\$115	0.985
\$50	0.895	\$50	0.895	\$120	1.000
				\$125	1.015
				\$130	1.030
				\$135	1.045
				\$140	1.060
				\$145	1.075
				\$150	1.090
				\$155	1.105
				\$160	1.120
				\$165	1.135
				\$170	1.150
				\$175	1.165
				\$180	1.180
				\$185	1.195
				\$190	1.210
				\$195	1.225
				\$200	1.240
				\$205	1.255
				\$210	1.270
				\$215	1.285
				\$220	1.300
				\$225	1.315
				\$230	1.330
				\$235	1.345
				\$240	1.360
				\$245	1.375
				\$250	1.390

Vision Rate Filing

<b>Table 8</b>			<b>PEPM</b>
<b>Employers</b>			
51	300	\$	4.69
301	500	\$	2.03
501	750	\$	1.35
751	1000	\$	1.04
1001	1500	\$	0.74
1501	2000	\$	0.56
2001	2500	\$	0.47
2501	3000	\$	0.43
3001	& up	\$	0.41

<b>Table 9 - Increase Student/Dependent age to 26</b>			
FROM		To	
Student	Dependent	26 Student & Dependent	
19	19		5.00%
19	21		4.00%
19	23		3.00%
19	25		2.60%
20	21		3.00%
20	23		2.60%
20	25		2.20%
21	21		2.80%
21	23		2.60%
21	25		2.00%
22	22		2.60%
22	23		2.20%
22	25		1.60%
23	23		2.00%
23	25		1.40%
24	24		1.20%
24	25		1.00%
25	25		0.60%

## Aetna HealthFund™

### I. Trend Adjusted Medical Starting Claim Costs

#### Base Plan Claim Cost

Enter the Base Plan Claim Cost Factor table and select the appropriate Base Plan Claim Cost Factor.

#### Trend Factor

Using the Trend Factor table, calculate the Trend Factor as follows:  
 $(1 + \text{Trend \%} + \text{Leverage Adjustment})^{\text{Trend Period Exponent}}$

The Trend Period Exponent is calculated as:

In months:  $(\text{Contract effective date} - \text{Proposed effective date}) / 12$

#### Trend Adjusted Starting Claim Cost

Multiply the following together to get the Trend Adjusted Starting Claim Cost:

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

### II. Adjusted Claim Cost PMPM

#### Industry Factor

Enter the Industry Factor table and select the appropriate Industry Factor.

#### Rating Area Factor

Enter Rating Area Factor table and select the appropriate Rating Area Factor.

#### Case Size Factor

Enter Case Size Factor table and select the appropriate Case Size Factor.

#### Class Rating Adjustment Factor

Calculate the appropriate Class Rating Adjustment Factor (using Age/Gender & Tier Factors).

For New Business, the factor is calculated as follows:

Use the Age/Gender table, the expected employee census segmented by age, gender and rate tier, and the appropriate Tier Factors from the Tier Factor table 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.

For Renewal Business, the factor is calculated as follows:

Use the Renewal Age/Gender 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 factors 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, the underwriter must first calculate the group's average number of members per contract. The underwriter must also 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

#### 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  $(MAI) \times (0.25 + MAI \times 0.001)$
- C) For incentives requiring completion of wellness programs, decrease that amount by \$15.00 for Single and \$35.00 for Family.
- D) If the resulting value is less than 0, then use 0 for the adjustment.

Add the Annual HealthFund Contribution Adjustment to the Annual HealthFund Contribution before looking up the Annual HealthFund Contribution Factor.

If no incentive program is chosen, then the Annual Fund Contribution Adjustment due to Incentives equals 0.0000.

### Tier Factors

Enter the Tier Factor table and select the appropriate Tier Factors.

### Annual 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 Annual 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 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.

### 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 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.

If the Adjusted Annual Fund Contribution level will be increased by the amount remaining in a Health Reimbursement Account from a prior carrier, enter the Prior Health Reimbursement Account Usage Factor table based on the Adjusted Annual Fund Contribution level, tier, and number of years the customer had a Health Reimbursement Account with a prior carrier and select the appropriate Prior Health Reimbursement Account Usage Factor. The “renewals” used in the Prior Health Reimbursement Account Usage Factor table refer to the number of years that the group had a Health Reimbursement Account with the prior carrier. If no Prior carrier Reimbursement Account Usage Factor applies, use 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

$$\begin{array}{l} \text{Maximum Fund Factor} \\ \quad \times \\ \text{Carryover Maximum Factor} \\ \quad \times \\ \text{Dependent Age Factor} \end{array}$$

Adjusted Claim Cost by Billing Tier

For each billing tier, multiply the following together to get the Adjusted Claim Cost by Billing Tier:

$$\begin{array}{l} \text{Adjusted Claim Cost PMPM} \\ \quad \times \\ \text{Tier Specific Adjustment Factor} \\ \quad \times \\ \text{Tier Factors} \end{array}$$

**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:

$$\begin{array}{l} \text{Adjusted Claim Cost by Billing Tier} \\ \quad \times \\ \text{Retention Factor} \end{array}$$

\* Note: Rounding to the fourth decimal place occurs in every calculation, with the exception of the last two calculations which get rounded to the second decimal place.



**Aetna Health Fund**

Customer Name: \_\_\_\_\_ Customer #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Section I - Start Rates**

1	Base Plan Claim Cost	_____
2	Trend Factor	_____
3	Trend Adjusted Starting Claim Cost	<u>1 X 2</u>

**Section II - Claim Cost Adjustments**

4	Industry Factor	_____
5	Rating Area Factor	_____
6	Case Size Factor	_____
7	Class Rating Adjustment Factor	_____
8	Adjusted Claim Cost PMPM	<u>3 X 4 X 5 X 6 X 7</u>

**Section III - Post Rating Tier Adjustments**

9	Annual Fund Contribution Adjustment Amount	_____
10	Annual Fund Contribution Amount	_____
11	Adjusted Annual Fund Contribution Level	<u>9 + 10</u>
12	Tier Factor	_____
13	Annual Fund Contribution Factor	_____
14	Fund Reimbursement Rate Factor	_____
15	Fund Deductible Factor	_____
16	Pharmacy Plan Integration Factor	_____
17	Coverage Expense Factor	_____
18	Prior Health Reimbursement Account Usage Factor	_____
19	Maximum Fund Factor	_____
20	Carryover Maximum Factor	_____
21	Dependent Age Factor	_____
22	Tier Specific Adjustment Factor	<u>13 X 14 X 15 X 16 X 17 X 18 X 19 X 20 X 21</u>
23	Adjusted Claim Cost by Billing Tier	<u>8 X 12 X 22</u>

**Section IV - Premium Adjustments**

24	Taxes and Assessments Percentage Factor	_____
25	Commission Percentage Factor	_____
26	Administrative Expense Percentage of Premium Factor	_____
27	Health Insurer Fee Factor	_____
28	Retention Factor	<u>1.0000/(1.0000 - 24 - 25 - 26 - 27)</u>
29	Premium Rates by Billing Tier Factor	<u>23 X 28</u>

Table 1 Base Plan Claim Cost

Effective Period	Base Cost
All	\$35.44

Table 2 Trend Factor

Effective Date	Trend % Factors	Leverage Adjustment Factor	Trend Period Exponent Factor
01/01/2014	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

New Business - Subscriber Based

Age Bracket	2-Tier			
	Male		Female	
	Single Employee	Family	Single Employee	Family
0-24	0.7700	0.9600	0.9900	0.9800
25-29	0.7700	0.9600	0.9900	0.9800
30-34	0.8600	1.0000	0.9700	1.0000
35-39	0.8600	1.0000	0.9700	1.0000
40-44	0.9500	1.0200	0.9800	1.0100
45-49	1.0300	1.0200	1.0000	1.0000
50-54	1.1400	1.0100	1.0200	1.0000
55-59	1.2300	1.0100	1.0500	1.0100
60-64	1.3300	1.0200	1.0900	1.0300
65+	1.4900	1.0400	1.1800	1.0500

Age Bracket	3-Tier					
	Male			Female		
	Single Employee	Two-Party	Family	Single Employee	Two-Party	Family
0-24	0.7700	0.9300	0.9800	0.9900	0.9800	0.9900
25-29	0.7700	0.9300	0.9800	0.9900	0.9800	0.9900
30-34	0.8600	0.9500	1.0000	0.9700	0.9800	1.0000
35-39	0.8600	0.9500	1.0000	0.9700	0.9800	1.0000
40-44	0.9500	0.9700	1.0000	0.9800	0.9900	1.0000
45-49	1.0300	1.0000	1.0000	1.0000	1.0000	1.0000
50-54	1.1400	1.0300	1.0000	1.0200	1.0300	1.0000
55-59	1.2300	1.0600	1.0100	1.0500	1.0500	1.0100
60-64	1.3300	1.0800	1.0100	1.0900	1.0700	1.0100
65+	1.4900	1.1100	1.0200	1.1800	1.1000	1.0200

Age Bracket	4-Tier							
	Male				Female			
	Single Employee	EE + Spouse	EE + Child(ren)	Family	Single Employee	EE + Spouse	EE+ Child(ren)	Family
0-24	0.7700	0.9600	0.9100	0.9800	0.9900	0.9600	0.9900	0.9900
25-29	0.7700	0.9600	0.9100	0.9800	0.9900	0.9600	0.9900	0.9900
30-34	0.8600	0.9700	0.9700	1.0000	0.9700	0.9700	1.0000	1.0000
35-39	0.8600	0.9700	0.9700	1.0000	0.9700	0.9700	1.0000	1.0000
40-44	0.9500	0.9900	1.0100	1.0000	0.9800	0.9900	1.0000	1.0000
45-49	1.0300	1.0000	1.0200	1.0000	1.0000	1.0000	1.0000	1.0000
50-54	1.1400	1.0300	1.0300	1.0000	1.0200	1.0300	0.9900	1.0000
55-59	1.2300	1.0500	1.0400	1.0000	1.0500	1.0500	1.0000	1.0000
60-64	1.3300	1.0600	1.0600	1.0100	1.0900	1.0600	1.0000	1.0100
65+	1.4900	1.0900	1.0800	1.0100	1.1800	1.0900	1.0300	1.0200

Renewal Business - Member Based

Age Bracket	Male	Female
0-19	0.8070	0.7888
20-24	0.7937	0.8636
25-29	0.7988	0.9155
30-34	0.8152	0.9337
35-39	0.8330	0.9031
40-44	0.8585	0.8823
45-49	0.9108	0.9039
50-54	0.9690	0.9358
55-59	1.0644	0.9749
60-64	1.1787	1.0268
65+	1.2818	1.0590

Table 12 Tier Factor

Number of Tiers	Tier	Factor
	2	Single Employee
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

Adjusted Annual Fund Contribution	Single EE			Family		
	1st Renewal	2nd Renewal	3rd and Later Renewal	1st Renewal	2nd Renewal	3rd and Later Renewal
\$250	1.2700	1.3800	1.4400	1.1900	1.2100	1.2100
\$300	1.2700	1.3800	1.4400	1.1900	1.2100	1.2100
\$350	1.2700	1.3800	1.4400	1.1900	1.2100	1.2100
\$400	1.2700	1.3800	1.4400	1.1900	1.2100	1.2100
\$500	1.2700	1.3800	1.4400	1.1900	1.2100	1.2100
\$600	1.2700	1.3800	1.4400	1.1900	1.2100	1.2100
\$625	1.2700	1.3800	1.4400	1.1900	1.2130	1.2130
\$700	1.2700	1.3800	1.4400	1.1900	1.2200	1.2200
\$750	1.2700	1.3800	1.4400	1.2000	1.2200	1.2200
\$800	1.2700	1.3800	1.4400	1.2000	1.2300	1.2300
\$900	1.2700	1.3800	1.4400	1.2000	1.2300	1.2400
\$1,000	1.2600	1.3700	1.4400	1.2100	1.2400	1.2500
\$1,250	1.2600	1.3500	1.4200	1.2200	1.2500	1.2700
\$1,500	1.2500	1.3300	1.4000	1.2300	1.2600	1.2900
\$1,750	1.2500	1.3300	1.3900	1.2300	1.2700	1.3000
\$1,875	1.2450	1.3300	1.3800	1.2350	1.2750	1.3050
\$2,000	1.2400	1.3300	1.3700	1.2400	1.2800	1.3100
\$2,250	1.2300	1.3200	1.3500	1.2400	1.2800	1.3100
\$2,500	1.2200	1.3100	1.3300	1.2400	1.2900	1.3200
\$2,750	1.2200	1.3000	1.3200	1.2400	1.2900	1.3200
\$3,000	1.2100	1.2800	1.3000	1.2400	1.2900	1.3300
\$3,500	1.2100	1.2800	1.3000	1.2400	1.2900	1.3300
\$4,000	1.2100	1.2800	1.3000	1.2400	1.2900	1.3300
\$4,500	1.2100	1.2800	1.3000	1.2400	1.2900	1.3300
\$5,000	1.2100	1.2800	1.3000	1.2400	1.2900	1.3300
\$6,000	1.2100	1.2800	1.3000	1.2400	1.2900	1.3300

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

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

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

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
Dist. of Columbia	0.0260

Table 25 Commission Percentage Factor

Employees	Factor
1 - 10	0.0000 - 0.1000
11 - 50	0.0000 - 0.1000
51 - 100	0.0000 - 0.1000
101 - 300	0.0000 - 0.1000
301 - 1,000	0.0000 - 0.1000
1,001 - 1,500	0.0000 - 0.1000
1,501 - 3,000	0.0000 - 0.1000
3,000+	0.0000 - 0.1000

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
Dist. of Columbia	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%

Aetna Life Insurance Company

# **AETNA LIFE INSURANCE COMPANY**

## **Student Accident and Sickness Insurance**

### **Rate Manual**

Rates Apply to Forms GR-96134

# AETNA LIFE INSURANCE COMPANY

## Student Accident and Sickness Insurance

### Rate Manual Pages

#### Table of Contents

Section		Page(s)
A	Introduction.....	1 - 5
B	Renewal Rate Calculation.....	6 - 7
	New Business Rate Calculation.....	8 - 9
	Completion Methodology.....	10
	Pooling Adjustment Tables.....	11
	Medical and Prescription Drug Trend Analysis.....	12 - 13
	Medical Cost Ratio Exhibit.....	14
	Plan Design Options:	
	a. Deductible Study.....	15
	b. Plan Design Change Process and Examples....	16
	c. Plan Benefit Maximums.....	17
	d. Plan Change(s) Actuarial Model.....	18-19
	e. Claims Range Table.....	20
	f. Prescription Drug Copays.....	21
	g. Prescription Drug Maximums.....	21
	Rating Adjustment Factors:.....	22
	Accidental Death and Dismemberment.....	23

## **SECTION A**

### **INTRODUCTION**

#### **Student Accident & Sickness Insurance – General**

Colleges and universities that provide or make available student health insurance coverage to their students and their dependents typically choose one vendor to be the underwriter/carrier of the coverage. While some similarities may be made to group insurance, student health care costs, and the concomitant insurance rates, are influenced by a variety of health cost drivers not generally applicable to group insurance and their effect on health care costs can vary dramatically from institution to institution.

We have identified five major drivers of student health care costs:

- Benefit Plan design
- Student Health Center Services
- Enrollment Process
- Demographics
- Cost of Medical Services

The range in variation in each of these drivers is described below; as is the differing impacts such variation can have on health care costs and premium rates.

#### **Benefit Plan Design**

It is intuitively clear that benefit plan design affects the cost of a student health insurance program. Generous plans have higher costs; limited plans, lower costs. But there also are complexities and subtleties. For example, there are cost implications for plans that have an annual deductible, if the deductible is waived or not waived with a referral from the student health center. Exclusions can play a key role in the determination of plan costs.

#### **Student Health Center Services**

The student health insurance program is a compliment to the services provided at the institution's student health center. It is a truism that most services provided at the health center are those that otherwise would be provided in the community and be covered under the insurance program. As a result, the capabilities of the health center, the scope and depth of its services, be it limited to certain primary care services or expanded beyond primary care to include certain specialty care, is going to directly affect the utilization of services in the community that would otherwise fall under the insurance program. Simply put, a robust student health center is going to generate less services in the community than a less comprehensive one. Also, a referral requirement from the health center will play a key role in determining where medical services are rendered.

How all of this affects the cost of health care under the insurance program depends not only on the scope and depth of services at the student health center, and the presence or absence of a referral requirement, but how medical services rendered at the student health center are financed. For some institutions, all services at the health center are financed by a student health fee that is totally separate from the student health insurance premium. For such schools, their respective student health insurance premium rates will vary based on the capabilities of the health center and the amount of medical services rendered there. At the other end of the spectrum, there are institutions which bill the health insurance plan for all services rendered at the health center. For these institutions, when compared to those who use a separate student health fee, their health insurance premium rate will be considerably higher because their premium rate essentially incorporates a student health fee as well as the cost of insurance. Other institutions tend to fall somewhere in the middle in that the student health center is financed by a combination of a separate, more modest, health fee and billings to the insurance program.

## **Enrollment Process**

Most of the higher education institutions we underwrite have implemented a hard waiver enrollment process for their student health insurance program. The process automatically enrolls each student in the insurance program unless that student can furnish proof that he has comparable coverage. In general, the end result is that 20-25% of undergraduates and 35-65% of graduate/professional students will be enrolled in the insurance program. Because this process essentially eliminates choice on behalf of the student, those enrolled tend to represent a balanced risk pool (high utilizers are offset by low utilizers) that translates into reasonable, stable insurance premium rates. But, if the process is not strictly enforced, as some institutions are prone to do, enrollment can drop and the risk pool can be negatively affected which, in turn, translates into higher utilization under the insurance plan and higher insurance premium rates.

## **Demographics**

Differences in demographics will cause significant differences in student health insurance rates. As the enrollment rates under a hard waiver process above suggests, an insured student population will have different demographics than the general student population because of the higher enrollment rates for graduate and professional students. As a general rule, graduate students (including professional students) have health insurance costs that are 160 - 200% higher than undergraduates, primarily because they are five to six years older (age 27 versus age 21) and have higher fertility rates. But the split of the general student population, as well as of the insured student population, between undergraduates and graduates can vary greatly from institution to institution and will have a dramatic effect on health insurance premium rates.

The split of the insured population by gender also can vary from institution to institution and will also have an effect on health insurance premium rates as females have health insurance costs that are nearly double their male counterparts in these age cohorts.

The percentage of international students in the general student population, as well as in the insured student population, also can vary widely from institution to institution and can have an effect on health insurance premium rates as international students have health insurance costs that are 20-25% lower than their domestic counterparts.

Finally, there is the student/dependent mix of the insured population. Dependent coverage requires a subsidy from the student portion of the program and the amount of subsidy is a direct function of the percentage of dependents on the insurance program.

## **Cost of Medical Services**

Student health insurance rates, like commercial health insurance rates, will reflect prevailing charges of medical services which vary by geographic area and the level of negotiated provider discounts which are affected by the presence or absence of competing providers in the area. Additionally, for universities that own or are affiliated with medical centers, there may be favorable, directly negotiated discounts with the medical center that benefit the students in the form of lower health insurance premium rates.

## **General Guidelines**

We underwrite health insurance programs offered by colleges and universities to their students and their dependents. We require that Aetna is being offered as the sole carrier. Students and their dependents generally bear the entire cost of the insurance premium, although the premium for some subsection of the student population, graduate assistants in particular, may be partially or fully subsidized by the institution. As determined by the college or university, enrollment in the health insurance program may be mandatory, mandatory with waiver process or voluntary and, within the program, may vary by the status of the potential insured: full-time versus part-time student, student versus dependent. Mandatory enrollment means all eligible students are automatically enrolled and this requirement generally applies only to full-time students or to a subsection of the student population such as international students. Mandatory with waiver process means all eligible students are automatically enrolled but can waive participation in the program if they can provide proof of acceptable alternative coverage. Voluntary enrollment means all eligible students can elect to enroll in the health insurance program.

The institution defines who is eligible to participate in the health insurance program. In general, for students, the institution will define eligibility as all students who are registered and actively participating in credit courses leading to a degree. Dependents will be defined consistent with the Affordable Care Act.

For health insurance programs where the enrollment process is voluntary, we do not impose any minimum participation requirement on a retroactive basis. However, where participation in a program falls below 5% of eligible students, we may elect to non-renew the program if the institution is an existing client or decline to quote if it is a prospective client.

## **Policy Forms**

All premium rates are applicable to Policy Form Numbers GR96134.

## **Development of Student Health Insurance Premium**

Student Health Insurance Premium Rates are generally determined by an experience-rating process. No manual rate calculation is usually involved as we believe it is too difficult to develop a manual rating system that can adequately address all the variances in risk profile that each school's student health insurance plan presents. Experience-rating is used for most schools. For schools whose enrollment is between 250 and 750 students and whose rates could be subjected to substantially year to year volatility based on an experience rating process, we have developed a standard portfolio of plans which will be rated as a block on an experience rated basis in order to smooth out any one school's potential variation on a year to year basis had they been experience rated on just their own experience.

Policy / School year experience is used in the experience-rating process when available. Use of the most recent 12 months of paid claims is generally not advisable because of the potential discontinuities that the annual enrollment process can introduce to the payment process, as well as the lack of reliability in the enrollment numbers for the more recent months.

The most recent policy year experience is used in the experience-rating process for schools with the larger insured populations and the two most recent policy years experience is used for schools with the smaller insured populations.

In situations where the institution has no prior claims experience or the claims experience is either suspect or incomplete, we determine the student health insurance premium rates by what we call proxy pricing. We identify from our book of business a health insurance program of an institution (the proxy) that closely matches the institution to be rated in terms of benefit design, scope and depth of services at the health center, enrollment process and demographics. Using the proxy's claims experience and/or current premium rates and making pricing adjustments to account for any minor differences between the institution to be rated and the proxy's health cost drivers, we are able to determine appropriate premium rates for the institution's student health insurance program.

## **Tier Rating**

The student health insurance programs of most institutions allow coverage for eligible dependents of covered students. It is reasonable to broadly state that the enrollment of dependents into a student health insurance program is strictly voluntary in nature and, as a result, the insurance program invariably incurs adverse selection from these voluntary enrollees. On the other hand, dependents typically comprise only 2 – 6% of the membership in the program.

The setting of premium rates for dependents generally addresses two competing goals: maintain reasonably competitive premium rate levels for dependents while keeping the premium rate levels for dependents high enough to mitigate some of the cross subsidy of premium from the student portion of the program that is needed to offset their (the dependents) adverse medical cost experience.

Generally, the relationship between the student premium rate level and the dependent premium rate levels falls within the following ranges:

- Student Premium Rate Level: 1.00
- Lawful Spouse/ Domestic Partner Premium Rate Level: 2.00 – 3.00
- Child(ren) Premium Rate Level: 1.50 – 2.25

Some institutions may request or require a reallocation of premium amongst the tiers that does not conform to the above indicated ranges. In all instances, any reallocation of premium would be revenue neutral.

### **Accidental Death & Dismemberment**

One area of the program that is not subject to experience rating, is the AD&D benefit (table EE) which is a pooled program amongst all of our clients who elect this coverage. The standard AD&D benefit amount is \$10,000, but we have included additional pricing options for this benefit as several of our institutions have been requesting varying benefit amounts.

Please note that there is no pricing differential between the student premium level and dependent premium levels for this benefit.

### **Special Features**

It is often necessary to provide for one or more special features in respect to one or more coverages in any given set of policies. Whenever the plan design specifications of a particular case require a so-called tailor-made form or one or more special features, the premium rate to be charged will be computed on an actuarially equivalent basis consistent with the remainder of this rate manual.



SECTION B

RENEWAL RATE CALCULATION WORKSHEET

Data Required:

- ❖ Current Policy Year Rate(s)
- ❖ Claims data for appropriate Policy Years
- ❖ Subscribers by Billing Tier (Premium Breakdown)
- ❖ Members
- ❖ Rate History/Plan Changes
- ❖ Broker Commission (if applicable)
- ❖ Large Claim Data & Diagnosis

Experience Rating Process (Renewal Accounts)

**Section I**

Experience Rating Process for Accounts with a written premium  $\geq$  \$2,500,000

- A. Determine Baseline Cost Ratio (BCR) – A baseline cost ratio is established for the most recent policy experience period(s) by multiplying the current paid claims for each specific policy year (rating period) by the completion factor (as described in Table A). (An adjustment may be made by the Underwriter, based on the specific claims experience of the account).

Any claims exceeding the pooling point (after projected completion of these claims) will have that amount(s) of claim in excess of the pooling point subtracted out of the overall projected completed experience. The overall projected claims will then be multiplied by the Pooling adjustment factor in (Table B).

Once the completed projected claims has been determined it is divided by the total premium collected for the given policy period in order to establish the baseline loss ratio.

Example – To determine the 2013-14 policy year rates, you would use the Baseline Loss Ratio from the 2011-12 policy year.

- B. Trend (T) – Trend (see Table C for applicable policy year), allowing for changes in unit cost and utilization of services, is then applied to the baseline loss ratio. An adjustment may be made by the Underwriter, based on the specific claims experience of the account, , network utilization, and health center services offered.
- C. Plan Design Change(s) (PDC) – If applicable (i.e. the program made plan changes), the appropriate credit or debit is applied. This adjustment was made during the intervening policy year between the experience period and the rating period.
- D. Premium Increase (PI) - If applicable (i.e. the program had a premium increase or decrease), the appropriate credit or debit is applied.
- E. Projected Loss Ratio (PLR) for Current Plan Year (CY) is determined –

$$((BCR \times T) \times PDC) / PI = PLR \text{ CY}$$

## Aetna Life Insurance Company

- F. Trend (T) – Trend (see Table C for applicable policy year), allowing for changes in unit cost and utilization of services, is then applied to the projected loss ratio for the current plan year in order to determine the renewal year loss ratio. An adjustment may be made by the Underwriter, based on the specific claims experience of the account, , network utilization, and health center services offered.
- G. Loss Ratio (LR) – The projected loss ratio is then divided by the required Medical Cost Ratio for applicable size program (Table K).
- H. Broker Commission (BC) – If applicable (i.e. they have a broker), divide by appropriate %.
- I. Required Rate Change (RRC) -  
$$(PLR\ CY\ X\ T) = LR$$
$$(LR/MCR)/(1-BC) - 1 = RRC\ \%$$

### **Section II**

Experience Rating Process for Accounts with a written premium <\$2,500,000

1. Determine BCR – A base line cost ratio will be developed using prior plan experience by using the steps in Section I A.
2. The BCR that results will be trended forward one year, to the current plan year.
3. A blended BCR will be developed by weighting the prior plan year developed BCR, equally with the current plan year developed BCR.
4. Repeat steps B through I, in Section I.

### **Section III**

Rating Process for Accounts in standard portfolio plan

1. Manual rates are developed based on experience of book of business
2. For future years, experience rating will be performed on the block as described above.

NEW BUSINESS RATE CALCULATION WORKSHEET

Data Required:

- ❖ Current Policy Year Rate(s)
- ❖ Claims Reports for appropriate Policy Years
- ❖ Subscribers by Billing Tier (Premium Breakdown)
- ❖ Members
- ❖ Rate History/Plan Changes (Prior Two Years)
- ❖ Broker Commission (if applicable)
- ❖ Brochures past years
- ❖ Large Claim Data & Diagnosis
- ❖ Type of Enrollment

Experience Rating Process (New Accounts)

**Section 1**

Experience Rating Process for Accounts with a written premium  $\geq$  \$2,500,000

- J. Determine Baseline Cost Ratio (BCR) – A baseline cost ratio is established for the most recent policy experience period(s) by multiplying the current paid claims for each specific policy year (rating period) by the completion factor (as described in Table A). (An adjustment may be made by the Underwriter, based on the specific claims experience of the account).

Any claims exceeding the pooling point (after projected completion of these claims) will have that amount(s) of claim in excess of the pooling point subtracted out of the overall projected completed experience. The overall projected claims will then be multiplied by the Pooling adjustment factor in (Table B).

Once the completed projected claims has been determined it is divided by the total premium collected for the given policy period in order to establish the baseline loss ratio.

Example – To determine the 2013-14 policy year rates, you would use the Baseline Loss Ratio from the 2011-12 policy year.

- K. Trend (T) – Trend (see Table C for applicable policy year,) allowing for changes in unit cost and utilization of services, is then applied to the baseline loss ratio. An adjustment may be made by the Underwriter, based on the specific claims experience of the account, , network utilization, and health center services offered.
- L. Plan Design Change(s) (PDC) – If applicable (i.e. the program made plan changes), the appropriate credit or debit is applied. This adjustment was made during the intervening policy year between the experience period and the rating period
- M. Premium Increase (PI) - If applicable (i.e. the program had a premium increase or decrease), the appropriate credit or debit is applied.
- N. Projected Loss Ratio (PLR) for Current Plan Year (CY) is determined –

$$((BCR \times T) \times PDC) / PI = PLR \text{ CY}$$

## Aetna Life Insurance Company

- O. Trend (T) – Trend (see Table C for applicable policy year), allowing for changes in unit cost and utilization of service, is then applied to the projected loss ratio for the current plan year in order to determine the renewal year loss ratio. An adjustment may be made by the Underwriter, based on the specific claims experience of the account, , network utilization, and health center services offered.
- P. Network Adjustment (NA) – Based on overall utilization and school locale, the underwriter would adjust the overall projected claims by appropriate network credit.
- Q. Actuarial Adjustment/New Business (AA)– Adjust by Actuarial Adjustment Factors (see Tables Y - DD for variability)
- R. Loss Ratio (LR) – The projected loss ratio is then divided by the required Medical Cost Ratio for applicable size program (see Table K).
- S. Broker Commission (BC) – If applicable (i.e. they have a broker), divide by appropriate %.
- T. Required Rate Change (RRC)-  
$$(PLR\ CY\ X\ T\ * NA\ * AA) = LR$$
$$(LR/MCR)/(1-BC) - 1 = RRC\ \%$$

### **Section II**

Experience Rating Process for Accounts with a written premium < \$2,500,000

1. Determine BCR – A base line cost ratio will be developed using prior plan experience by using the steps in Section I J.
2. The BCR that results will be trended forward one year, to the current play year.
3. A blended BCR will be developed by weighting the prior plan year developed BCR, equally with the current plan year developed BCR.
4. Repeat steps K through T, in Section I.

### **Section III**

Rating Process for Accounts in standard portfolio plan

1. Manual rates are developed based on experience of book of business
2. For future years, experience rating will be performed on the block as described above.

**Table A**

**Accident & Sickness Claims Completion Methodology**

Premium rates for student health insurance programs are determined from an experience rating process using policy year experience. Generally, it takes 14-18 months from the end of a policy year for medical claims (2-5 months for outpatient prescription drugs) to reach the ultimate (or completed) paid level for that experience period.

For student health insurance, renewal rating is done for the second subsequent policy year and is performed 2-8 months after the end of the most current policy year. Consequently, a Completion Factor is required to convert medical claims paid-to-date to our best estimate of completed claims for that policy year (outpatient prescription drugs generally are considered to be complete at the time of the renewal calculation).

To determine the completion factor, we use the institution's prior claims experience as well as the claims experience of our entire book of student health business. We incorporate the experience of the entire block because we find using only one observation is not credible and produces inconsistent results. We believe this methodology produces an appropriate and consistent completion factor based on the individual institution's experience and the experience of our book-of-business.

In rating prospective business, we seldom are provided with the historical payment patterns of the claims that would allow us to incorporate that individual institution's experience into the development of an appropriate completion factor. In these instances, we use the same approach to develop a completion factor for prospective business as we do for renewal business, as described above, except that we rely entirely on the experience of our book-of-business.

**TABLE B**

**Pooling Adjustment Tables**

Pooling Levels for 13/14 will be based on 12/13 Premium Levels

<u>Estimated 12/13 Premium</u>	<u>13/14 Pooling Level</u>
<\$1M	\$100,000
\$1M - \$5M	\$150,000
\$5M - \$10M	\$200,000
>\$10M	\$250,000

The pooling level may be adjusted upward by \$50,000 for schools with a projected premium over \$1,000,000.

<b>POOLING LEVEL</b>	<b>\$100,000</b>
<b>Plan Maximum</b>	<b>% of Premium</b>
\$100,000	N/A
\$150,000	1.7%
\$200,000	2.5%
\$250,000	3.7%
\$300,000	3.9%
\$350,000	4.1%
\$400,000	4.2%
\$500,000	4.5%
\$750,000	5.3%
\$1,000,000	5.5%
\$2,000,000	5.9%
UNLIMITED	6.1%

<b>POOLING LEVEL</b>	<b>\$150,000</b>
<b>Plan Maximum</b>	<b>% of Premium</b>
\$100,000	N/A
\$150,000	N/A
\$200,000	0.7%
\$250,000	1.9%
\$300,000	2.1%
\$350,000	2.3%
\$400,000	2.4%
\$500,000	2.7%
\$750,000	3.5%
\$1,000,000	3.7%
\$2,000,000	4.1%
UNLIMITED	4.3%

<b>POOLING LEVEL</b>	<b>\$200,000</b>
<b>Plan Maximum</b>	<b>% of Premium</b>
\$100,000	N/A
\$150,000	N/A
\$200,000	N/A
\$250,000	1.2%
\$300,000	1.4%
\$350,000	1.6%
\$400,000	1.7%
\$500,000	2.0%
\$750,000	2.8%
\$1,000,000	2.9%
\$2,000,000	3.3%
UNLIMITED	3.5%

<b>POOLING LEVEL</b>	<b>\$250,000</b>
<b>Plan Maximum</b>	<b>% of Premium</b>
\$100,000	N/A
\$150,000	N/A
\$200,000	N/A
\$250,000	N/A
\$300,000	0.2%
\$350,000	0.4%
\$400,000	0.5%
\$500,000	0.8%
\$750,000	1.6%
\$1,000,000	1.7%
\$2,000,000	2.1%
UNLIMITED	2.3%

<b>POOLING LEVEL</b>	<b>\$300,000</b>
<b>Plan Maximum</b>	<b>% of Premium</b>
\$100,000	N/A
\$150,000	N/A
\$200,000	N/A
\$250,000	N/A
\$300,000	N/A
\$350,000	0.1%
\$400,000	0.2%
\$500,000	0.6%
\$750,000	1.3%
\$1,000,000	1.5%
\$2,000,000	1.9%
UNLIMITED	2.1%

**Table C**

**MEDICAL AND PRESCRIPTION DRUG TREND**

The Medical Trend factor is a trend factor derived from our Book-of-Business claims experience that is intended to be applied to current claims experience to project future claims experience for student health insurance programs. The unlimited trend factor is adjusted to reflect region-specific cost differentials (Table D).

We are a predominantly large case underwriter where, for many individual institutions, a majority of medical services are rendered at one or two major facilities and where these providers are either in the network or have a direct arrangement with Aetna Student Health. Facility costs represent the major portion of the medical costs of an institution's insurance program because the institution's health center typically absorbs most of the primary care costs and acute conditions are dominant for this insured population. In experience rating these institutions, rather than using a trend based on average experience across our block of business, we develop institution-specific medical trend. We do this by incorporating the known and anticipated unit cost increases for a specific provider, combined with an assumed increase in utilization. Medical costs from all other providers are trended at the unlimited medical trend factor. These medical trends are then weighted based on the percentage each provider represents relative to the total medical costs under the program.

The Outpatient Prescription Drug Trend factor is a trend factor derived from our Book-of-Business claims experience that is intended to be applied to current claims experience to project future claims experience for student health insurance programs

The Composite Trend for the medical and outpatient prescription drug programs is calculated by weighting the medical and prescription drug trends by the percentage each program represents relative to the total medical costs under the program.

A typical trend calculation is attached (Tables C-1 and C-2) to illustrate how different factors inherent to our plan designs can affect trend.

**Table C-1**

**EXAMPLE OF THE DEVELOPMENT OF FACILITY-SPECIFIC MEDICAL TREND**

	<b>2011-2012 – 2012/2013</b>
Unit Cost Increase	6%
Increase in Utilization	<u>4%</u>
<b>Facility-Specific Trend</b>	<b>10.2%</b>

	<b>2012/2013 – 2013/2014</b>
Unit Cost Increase	5%
Increase in Utilization	<u>4%</u>
<b>Facility-Specific Trend</b>	<b>9.2%</b>

This facility has a contracted 6% unit cost increase from 11/12 to 12/13 and a 5% unit cost increase from 12/13 to 13/14. The assumed increase in utilization is 4% for each policy year. Facility Specific Trend is a result of the unit cost increase multiplied by the utilization increase.



**Table D**

**MEDICAL COST RATIO**

<b>Expected Premium/ Case Size</b>	<b>Medical Cost Ratio*</b>
<\$2M**	75.0%
\$2M - \$6M	80.0%
\$6M - \$10M	81.0%
\$10M+	82.5%

\*Please note that the MBR stated does not include commissions. If requested by the client, a fee as agreed to by the College or University will be added to the required rate increase to cover this compensation

\*\* Pricing MBR to be used for cases who are not a part of the standard product portfolio

**Table E**

**PLAN DESIGN CHANGES  
Change in Plan Annual Deductible  
For Medical Costs Only**

DEDUCTIBLE			<u>Combined savings</u>	<u>In-Network savings</u>	<u>Out-of- Network savings</u>
0	→	25	0.7%	0.8%	1.2%
0	→	50	1.4%	1.6%	2.3%
0	→	75	2.1%	2.4%	3.5%
0	→	100	2.7%	3.1%	4.6%
0	→	150	4.0%	4.5%	6.7%
0	→	200	5.2%	5.8%	8.6%
0	→	250	6.3%	7.1%	10.5%
0	→	300	7.4%	8.3%	12.2%
0	→	400	9.4%	10.5%	15.4%
0	→	500	11.3%	12.6%	18.3%
0	→	750	15.5%	17.1%	24.5%
0	→	1000	19.2%	21.1%	29.7%
0	→	1500	25.4%	27.5%	38.0%
0	→	2000	30.5%	32.6%	44.3%
0	→	2500	34.8%	36.9%	49.4%

NOTE: Any difference between plan deductibles is calculated as the difference in savings. For example, increasing a combined annual deductible from \$100 to \$250 is a savings of 3.6% (6.3% - 2.7%). The percentage or savings is then applied to the percentage of the benefit relative to the total program costs.

**PLAN DESIGN CHANGES**

**Process:**

For Renewals of institutions with premiums greater than or equal to \$2,500,000, we determine the actual cost/savings of each plan change based on the individual benefits affected for the specific institution. The overall change to the plan is calculated by multiplying the credit/increase by the percentage that benefit represents relative to the total costs of the program. For plans with premiums less than \$2,500,000 or for New Business, we use a larger institution as a proxy to develop our best estimate for the change.

Examples of changing the Physician Office Visit Copay and Emergency Room Copay are provided:

**Table F**

OV Copay for In-Network Care	Credit
\$0	0.0%
\$10	8.9%
\$15	13.3%
\$20	17.8%
\$25	22.2%
\$30	26.6%
\$35	30.9%
\$40	35.2%

**Table G**

ER Copay	Credit
\$0	0.0%
\$50	5.0%
\$75	7.4%
\$100	9.8%
\$150	14.4%
\$200	18.7%
\$250	22.6%

The above Office Visit credits apply to Outpatient Physician Office Visits and Consultations Only. These credits change if the copay applies to additional benefits such as physical therapy, chiropractic, and outpatient mental health.

**Table H**

**Coinsurance Change Example:**

	<b>New Coinsurance</b>	→				
<b>Current Coinsurance</b>	<b>100%</b>	<b>90%</b>	<b>80%</b>	<b>70%</b>	<b>60%</b>	<b>50%</b>
100%	0.0%	-10.0%	-20.0%	-30.0%	-40.0%	-50.0%
90%	11.1%	0.0%	-11.1%	-22.2%	-33.3%	-44.4%
80%	25.0%	12.5%	0.0%	-12.5%	-25.0%	-37.5%
70%	42.9%	25.6%	14.3%	0.0%	-14.3%	-25.6%
60%	66.7%	50.0%	33.3%	16.7%	0.0%	-16.7%
50%	100.0%	80.0%	60.0%	40.0%	20.0%	0.0%

Decreasing the current coinsurance from 80% to new coinsurance of 60% is a 25% savings to all applicable medical costs.

### CHANGES TO PLAN BENEFIT MAXIMUMS

Process: To increase or decrease benefit maximum, divide factors.  
The percentage increase or savings is then applied to the percentage of the benefit relative to the total program costs.

**Table I**

**AGGREGATE MAXIMUM**

<i>Maximum</i>	<i>Factor</i>
100,000	0.942
500,000	0.985
750,000	0.993
1,000,000	0.994
2,000,000	0.997
unlimited	1.000

**Table J**

**PRICING PLAN DESIGN CHANGES FOR COINSURANCE LEVELS, OUT-OF-POCKET  
MAXIMUMS, DEDUCTIBLES, AND/OR AGGREGATE MAXIMUMS**

To price for a combination of plan changes including coinsurance, out-of-pocket maximums, annual deductibles, and/or aggregate maximums, we use an actuarial model to compare the current plan design to the proposed plan design and to calculate the resulting increase or credit to the plan.

First, the current benefit design is modeled. The full aggregate maximum is separated into In-Network and Out-of-Network categories. If there is an annual deductible, the savings is entered. Using the benefit distribution, the percentage of claims affected by the plan change is entered. If there is an out-of-pocket maximum, claims are divided into ranges where the plan coinsurance is applied and where the out-of-pocket is reached to be paid at 100%. The coinsurance is entered for each claims range. The In/Out-of-Network split is entered. All of these factors are multiplied to model how the overall plan design is incorporated to estimating claim totals. This procedure is repeated to model the proposed new plan design. In order to ensure proper interaction between changes in deductible, coinsurance, and out of pocket variables, results may also be checked against actual schools with a comprehensive benefit program.

Each claims total represents the overall plan design including how each variable can be impacted by changes to the other variables. We find this method is best when multiple changes are considered as opposed to pricing each individual plan change independently.

An example of this method follows:

**ACTUARIAL MODEL FOR PRICING CHANGES IN COINSURANCE LEVELS, OUT-OF-POCKET MAXIMUMS, DEDUCTIBLES, AND/OR AGGREGATE MAXIMUMS**

**CURRENT BENEFIT (\$500,000 Aggregate Maximum)**

In-Network: No Deductible, 90% Coinsurance, \$1000 Out-of-Pocket Maximum

Out-of-Network: \$200 Deductible, 70% Coinsurance, \$3000 Out-of-Pocket Maximum

	<u>In-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>Out-of-Network</u>
Aggregate Maximum	\$500,000	\$500,000	\$500,000	\$500,000
Deductible Savings (See Table L)	1	1	0.946	0.946
Claims Range (See Table V)	\$0 - \$10,000	\$10,000 - \$500,000	\$0 - \$10,000	\$10,000 - \$500,000
as % of plan	69.2%	30.8%	69.2%	30.8%
Coinsurance within Claims Range	90%	100%	70%	100%
In/Out of Network	85%	85%	15%	15%
Estimated Claims Total (Multiply)	\$264,690	\$130,900	\$34,368	\$21,853
<b>Expected Claims (Add In-Network + Out-of-Network Claims)</b>	<b>\$451,811</b>			

**PROPOSED BENEFIT (\$500,000 Aggregate Maximum)**

In-Network: \$100 Deductible, 80% Coinsurance, \$2000 Out-of-Pocket Maximum

Out-of-Network: \$250 Deductible, 60% Coinsurance, \$4000 Out-of-Pocket Maximum

	<u>In-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>Out-of-Network</u>
Aggregate Maximum	\$500,000	\$500,000	\$500,000	\$500,000
Deductible Savings (See Table L)	0.971	0.971	0.934	0.934
Claims Range (See Table V)	0 - \$10,000	\$10,000 - \$500,000	0 - \$10,000	\$10,000 - \$500,000
as % of plan	69.2%	30.8%	69.2%	30.8%
Coinsurance within Claims Range	80%	100%	60%	100%
In/Out of Network	85%	85%	15%	15%
Estimated Claims Total (Multiply)	\$228,457	\$127,104	\$29,085	\$21,575
<b>Expected Claims (Add In-Network + Out-of-Network Claims)</b>	<b>\$406,221</b>			

**Adjustment for Plan Design Change = -10.1%**

(Divide Proposed Expected Claims by Current Expected Claims)

**Table K**

**PLAN DESIGN CHANGES**

**Total Benefit Amount Distribution  
(Medical Costs Only)**

This illustrative table is used for changes to the Aggregate Maximum of a Plan or to determine the claims within a certain range for plan changes related to Out-of-Pocket Maximums and the percentage of claims affected by this change. Actual case-specific factors may be used when credible. Please refer to the Actuarial Model for changes to Out-of-Pocket Maximums on previous page.

<b>Total Amount within Payment Range</b>	<b>Cumulative Total within Range As % of Plan</b>
\$0-\$2,500	41.6%
\$0-\$3,000	45.2%
\$0-\$3,500	48.3%
\$0-\$5,000	55.3%
\$0-\$7,500	63.4%
\$0-\$10,000	69.2%
\$0-\$15,000	76.1%
\$0-\$20,000	80.0%
\$0-\$25,000	82.5%
\$0-\$50,000	89.0%
<b>\$0 – \$50,000 +</b>	<b>100.0%</b>

**Table L**

**PRESCRIPTION DRUG COPAY PLAN CHANGES**

To price changes to prescription drug copays, a model is used that factors in the current Rx deductible and current Rx copays compared to the proposed prescription drug plan design. This model computes the savings or increase to prescription drug costs. This plan change factor is then multiplied by the percentage of the Rx benefit relative to the total programs costs.

Should a school choose to adopt a formulary and three tier copay structure, adjustments consistent with this table will be made.

**Table M**

**CHANGES TO PRESCRIPTION DRUG MAXIMUMS**

Rx Annual Maximum	Factor
\$100,000	0.970
\$500,000	0.995
Unlimited	1.000

Example:

To increase maximum from \$100,000 to \$500,000, divide factors:  $0.995 / 0.970 = 1.0258$  or a 2.58% increase in Prescription Drug benefits.



**Table N**

**RATING ADJUSTMENT FACTORS**

For New Business, adjustments can be made for prior carrier experience due to network discount advantages. The adjustment factor varies based on the prior carrier and the strength of the network in the area of the prospect.

Other adjustments for renewals or new business can be made for the following criteria:

Medical Cost Ratio  
Completeness of Information  
Carrier Persistency  
Premium Payment History  
Enrollment / Participation Levels  
Network Utilization  
Reason out to bid  
Claims Lag  
Administrative Complexity  
Change in Staffing at the Student Health Center  
Change in Referral Patterns

For programs that have changes in enrollment, adjustment factors may apply for the following reasons:

Enrollment type (Voluntary, Hard Waiver, Mandatory)  
Demographic – Gender  
Demographic – Student Status (Undergraduate, Graduate, Professional)  
Demographic – Student Status (Domestic, International)

**Table O**

**Accidental Death & Dismemberment**

**24 Hour Coverage  
Accidental Death &  
Dismemberment**

<b>Base Rate</b>	<b>\$0.15 Per Thousand Per Person Per Year</b>
\$1,000	\$0.15
\$2,500	\$0.38
\$5,000	\$0.75
\$7,500	\$1.13
\$10,000	\$1.50
\$15,000	\$2.25
\$20,000	\$3.00
\$25,000	\$3.75
\$30,000	\$4.50
\$35,000	\$5.25
\$40,000	\$6.00
\$45,000	\$6.75
\$50,000	\$7.50

### Rate Calculation Description

Refer to the Medicare Integration Rating Worksheet on page Y-3 and Y-4.

#### **Base Rates**

**1. BASE RATE:**

Use the corresponding base rate factor from Table Y-1. This is the base claim amount per member per month (PMPM).

**2. PLAN BENEFIT FACTOR:**

Use the corresponding plan benefit factor from Table Y-2.

**3. BENEFIT RIDER AMOUNT:**

Use the corresponding benefit rider amount (PMPM) from Table Y-3.

**4. STATE MANDATED BENEFITS AMOUNT:**

Add the appropriate claim cost for the state mandated benefits chosen from Table Y-4. Only refer to those state mandated benefits which are required by the state but not covered or partially covered by Medicare.

**5. BENEFIT ADJUSTED CLAIM AMOUNT:**

Performed the following calculation to get the Benefit Adjusted PMPM:

Base Claim Amount PMPM (Line 1)	
	x
Plan Benefit Factor (Line 2)	
	+
Benefit Rider Amount PMPM (Line 3)	
	+
State Mandated Benefits Amount PMPM (Line 4)	

The result is rounded to the second decimal place.

#### **Additional Rate Adjustments**

**6. POLICY PERIOD TREND FACTOR:**

The trend factor is based on the mid-point of the plan rating period from Table Y-5.

**7. AREA FACTOR:**

The appropriate area factor is based on the average of member location(s) from Table Y-6.

**8. AGE/GENDER FACTOR:**

The average age adjustment factors are determined by taking a weighted average by lives by age, of the factors in Table Y-7.

**9. ADJUSTED CLAIM AMOUNT PMPM:**

Multiply the following together to get the Benefit Adjusted PMPM:

Benefit Adjusted PMPM (Line 5)  
 x  
 Policy Period Trend Factor (Line 6)  
 x  
 Area Factor (Line 7)  
 x  
 Age/Gender Factor (Line 8)

The result is rounded to the second decimal place.

**10. RETENTION:**

- a.) Add the appropriate expense as a fixed cost from Table Y-8.
- b.) Use the appropriate return on claims and administration as a percentage of claims and administrative expense from Table Y-9.
- c.) Use the taxes and assessments average based on member residence from Table Y-10.
- d.) Use the appropriate Affordable Care Act Health Insurer Fee from Table Y-11.
- e.) Retention may be adjusted for case specific commissions if applicable.

**11. PREMIUM RATE:**

Perform the following calculation to get the Premium Rate:

- a) Adjusted Claim Amount PMPM (Line 9) + Administrative Expenses PMPM (Line 10a)
- b) 1 – Return on Claim Risk and Administration (% of claims and administrative expense) (Line 10b)
- c) 1 – Taxes and Assessments (Line 10c) - Affordable Care Act Health Insurer Fee (Line 10d)
- d) Divide (a) / (b)
- e) Divide (d) / (c)

The result is rounded to the second decimal place.

**12. UNDERWRITING ADJUSTMENT FACTOR:**

Enter the Underwriting Adjustment Factor if applicable. This is a manual adjustment made to the premium rates. The reasons that an underwriter may make manual adjustments to rates include, but are not limited to: case specific experience; the effects of employer's contribution strategy on the employees' selection in an option environment; etc.

**13. FINAL PREMIUM RATE**

Premium Rate (line 11) x Underwriting Adjustment Factor (line 12)

The result is rounded to the second decimal place.

**Medicare Integration**

Customer Name: \_\_\_\_\_

Customer #: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**Section I**

1	Base Claim Amount PMPM =	<u>see Table Y-1</u>
2	Plan Benefit Factor =	<u>see Table Y-2</u>
3	Benefit Rider Amount PMPM =	<u>see Table Y-3</u>
4	State Mandate Amount PMPM =	<u>see Table Y-4</u>
5	Benefit Adjusted PMPM =	<u>1 x 2 + 3 + 4</u>
6	Policy Period Trend Factor =	<u>see Table Y-5</u>
7	Average Area Factor =	<u>see Table Y-6</u>
8	Average Age / Gender Factor =	<u>see Table Y-7</u>
9	Adjusted Claim Amount PMPM =	<u>5 x 6 x 7 x 8</u>
10a	Administrative Expenses (PMPM) =	<u>See Table Y-8</u>
10b	Administrative Expenses (% of claims) =	<u>See Table Y-9</u>
10c	Premium Tax =	<u>See Table Y-10</u>
10d	Affordable Care Act - Health Insurer Fee (% of premium) =	<u>See Table Y-11</u>
11	Premium PMPM =	<u>(9 + 10a) / (1 - 10b) / (1 - 10c - 10d)</u>
12	Underwriting Adjustment Factor =	<u>_____</u>
13	Final Premium PMPM =	<u>11 x 12</u>

Table Y-1 Base Claim Amount PMPM

PMPM	Base Cost
	\$163.07

Table Y-2 Plan Benefit Factor

Deductible	Coinsurance	Physician Cost Share	Inpatient Cost Share	Out-of-Pocket Maximum	Benefit Factor
\$0	0%	0%	0%	\$0	1.0000
\$0	40%	40%	40%	\$5,000	0.9987
\$250	0%	0%	0%	\$250	0.9940
\$250	10%	\$20 / \$40	10%	\$750	0.9924
\$250	40%	\$20 / \$40	40%	\$5,250	0.9895
\$500	0%	0%	0%	\$500	0.9858
\$500	20%	20%	\$250	\$3,000	0.9848
\$500	20%	20%	\$250 / 10%	\$3,000	0.9848
\$750	0%	0%	0%	\$750	0.9767
\$750	10%	\$20 / \$40	10%	\$1,750	0.9711
\$750	40%	\$10 / \$40	10%	\$3,250	0.9658
\$1,000	0%	0%	0%	\$1,000	0.9669
\$1,000	10%	\$0 / \$40	20%	\$2,000	0.9613
\$1,000	20%	\$20 / \$40	\$750 / 10%	\$6,000	0.9587
\$2,500	0%	0%	0%	\$2,500	0.9114
\$2,500	10%	10%	10%	\$5,000	0.9104
\$2,500	40%	\$20 / \$40	40%	\$7,500	0.8890
\$5,000	0%	0%	0%	\$5,000	0.8334
\$5,000	20%	20%	20%	\$7,500	0.8284
\$10,000	40%	40%	40%	\$20,000	0.6599

\* Other benefit plans will be interpolated.

Table Y-3 Benefit Rider Amount PMPM

Rider	Benefit	Charge
Excess Physician Charges	Allowable	\$0.60
Foreign Travel	Emergency	\$0.22
Hearing Aid, per 36 mo	\$2,000	\$2.19
Hearing Aid, per 36 mo	\$1,500	\$1.64
Hearing Aid, per 36 mo	\$1,000	\$1.10
Hearing Aid, per 36 mo	\$800	\$0.88
Hearing Aid, per 36 mo	\$500	\$0.56
Hearing / Speech Exams	Scheduled	\$1.37
Routine Physicals	Scheduled	\$5.13
Vision Exams	Scheduled	\$4.85
Vision Hardware, per 24 mo	\$200	\$10.78
Vision Hardware, per 24 mo	\$100	\$3.60
Vision Hardware, per 24 mo	\$80	\$1.44

\* Add the total PMPM charges for each rider added.

Table Y-4 State Mandated Benefits (required by the state but not covered or partially covered by Medicare)

State	Mandated Benefits	Type	PMPM
District of Columbia	Annual Cytologic Screening	Mandate	\$2.10
District of Columbia	Diabetic Supplies	Mandate	\$0.19

Table Y-5 - Trend Factor

Example of using trend factor:

-- For plan rating period of 1/1/2014 -- 12/31/2014, the mid-point of the rating period is 7/1/2014

Use the trend factor of 7/1/2014, which is 1.0296.

-- For plan rating period of 10/1/2014 -- 9/30/2015, the mid-point of the rating period is 4/1/2015

Use the trend factor of 4/1/2015, which is 1.0756.

Month	Factor
1/1/2014	1.0000
2/1/2014	1.0049
3/1/2014	1.0098
4/1/2014	1.0147
5/1/2014	1.0196
6/1/2014	1.0246
7/1/2014	1.0296
8/1/2014	1.0346
9/1/2014	1.0396
10/1/2014	1.0447
11/1/2014	1.0498
12/1/2014	1.0549
1/1/2015	1.0600
2/1/2015	1.0652
3/1/2015	1.0703
4/1/2015	1.0756
5/1/2015	1.0808
6/1/2015	1.0861
7/1/2015	1.0913
8/1/2015	1.0966
9/1/2015	1.1020
10/1/2015	1.1074
11/1/2015	1.1127
12/1/2015	1.1182
1/1/2016	1.1236
2/1/2016	1.1291
3/1/2016	1.1346
4/1/2016	1.1401
5/1/2016	1.1456
6/1/2016	1.1512

Table Y-6 Area Factor

Metropolitan Statistical Area	Factor
Washington, DC-VA-MD-WV	1.0069

Table Y-7 Age / Gender Factor

Gender	Age	Factor
Male	< 65	2.5581
Male	65-69	0.7375
Male	70-74	0.9174
Male	75-79	1.1228
Male	80-84	1.2855
Male	85+	1.4685
Female	< 65	2.5581
Female	65-69	0.7398
Female	70-74	0.8813
Female	75-79	1.0301
Female	80-84	1.1618
Female	85+	1.3216
Male	N / A	1.0483
Female	N / A	0.9870
N / A	< 65	2.5581
N / A	65-69	0.7465
N / A	70-74	0.9123
N / A	75-79	1.0947
N / A	80-84	1.2424
N / A	85+	1.4175
N / A	N / A	1.0319

\*If Age and / or Gender information is unavailable, the factors shown with "N / A" for the missing data will be used

Table Y-8 Administrative Expenses (PMPM)

PMPM	\$21.95
------	---------

Table Y-9 Administrative Expenses (% of claims)

Percentage	7%
------------	----

Table Y-10 Premium Tax Factor

Percentage	2.60%
------------	-------

Table Y-11 Affordable Care Act - Health Insurer Fee (% of premium)

Percentage	2.60%
------------	-------

Note: Retention may be adjusted to reflect case specific circumstances such as case specific commissions or margin for risk sharing arrangements.

## Large Group Rating for Temporary Workforces

### Eligibility Requirements

The target populations are high turnover workforces. This often includes but is not limited to part time and seasonal employees. These plans will be available to plan sponsors that (1) are renewing or (2) previously offered mini-med plans or (3) have not previously offered medical coverage to their high turnover workforces.

### Rating Methodology

#### I. Large Group Rating Methodology and Additional Features

The rating methodology from **Sections T, U, V, and W** are followed to determine the composite premium rate. There are three additional features to this product that are not reflected in the other sections of the rate filing:

- A. additional annual frequency limits may apply (defined in item II)
- B. rating adjustments for population characteristics (defined in item III)
- C. final rates are converted to a tabular rating basis (defined in items IV and V)

#### II. Additional Benefit Factor Tables

The following factor tables are applied to Column 5 on the Medical Plan Rate Development Worksheet in **Section U** based on the LIE specified in the table name.

**Table 12 Surgery (SPU)**  
**Table 127 Surgery (SPU)**  
 c. Maximum Visits

Limit	Factor
1	0.7297
2	0.8999
3	0.9545
Unlimited	1.0000

**Table 13 Surg - Freestanding facility**  
**Table 128 Surg - Freestanding facility**  
 c. Maximum Visits

Limit	Factor
1	0.7297
2	0.8999
3	0.9545
Unlimited	1.0000

**Table 25 Diag. X-ray-Complex Imaging Hosp O/P**  
**Table 140 Diag. X-ray-Complex Imaging Hosp O/P**  
 c. Maximum Visits

Limit	Factor
1	0.6751
2	0.8351
3	0.8997
4	0.9330
5	0.9448
Unlimited	1.0000

**Table 26 Diag. X-ray-Compl Imag Non-Hosp O/P**  
**Table 141 Diag. X-ray-Compl Imag Non-Hosp O/P**  
 c. Maximum Visits

Limit	Factor
1	0.6751
2	0.8351
3	0.8997
4	0.9330
5	0.9448
Unlimited	1.0000

Table 27 Diag. X-ray-Complex Imaging NF  
 Table 142 Diag. X-ray-Complex Imaging NF  
 c. Maximum Visits

Limit	Factor
1	0.6751
2	0.8351
3	0.8997
4	0.9330
5	0.9448
Unlimited	1.0000

Table 40 Non-designated PCP  
 Table 155 Non-designated PCP  
 c. Maximum Visits

Limit	Factor
1	0.1543
2	0.3294
3	0.4832
4	0.6092
5	0.7056
6	0.7781
10	0.9229
Unlimited	1.0000

Table 37 PCP  
 Table 152 PCP  
 c. Maximum Visits

Limit	Factor
1	0.1543
2	0.3294
3	0.4832
4	0.6092
5	0.7056
6	0.7781
10	0.9229
Unlimited	1.0000

Table 41 Specialist  
 Table 156 Specialist  
 d. Maximum Visits

Limit	Factor
1	0.1264
2	0.2566
3	0.3673
4	0.4604
5	0.5332
6	0.5920
10	0.7300
Unlimited	1.0000

Table 38 E-visits PCP  
 Table 153 E-visits PCP  
 c. Maximum Visits

Limit	Factor
1	0.1543
2	0.3294
3	0.4832
4	0.6092
5	0.7056
6	0.7781
10	0.9229
Unlimited	1.0000

Table 42 E-visits Specialist  
 Table 157 E-visits Specialist  
 c. Maximum Visits

Limit	Factor
1	0.1264
2	0.2566
3	0.3673
4	0.4604
5	0.5332
6	0.5920
10	0.7300
Unlimited	1.0000

### III. Rating Adjustments for Characteristics of High Turnover Workforces

The following adjustments are applied as multiplicative factors to the total claim projection, including Medical, Pharmacy, and Self Injectables.

#### A. Duration of Enrollment

Part time and seasonal employees often do not maintain coverage for the full 12 month policy period. Subject to the plan design, earlier months of coverage will pay a smaller percent of the allowed charges than the later months (i.e. deductible needs to be met). The target population for this product is covered by the policy on average



for a shorter period of time than the full time workforce that the manual rates are based on.

	From	To
Adjustment	0.80	1.00

#### B. High Turnover Employee Utilization

The high turnover workforce has lower utilization patterns than the full time workforce that the manual rates are based on.

	From	To
Adjustment	0.85	1.00

#### C. Overall Frequency Limit Adjustment

This is an adjustment to reflect favorable selection when annual frequency limits are applied to a policy.

	From	To
Adjustment	0.85	1.00

### IV. Composite Rate to Tabular Base Rate

The Composite Rate is determined by following the rating methodology from **Sections T, U, V, and W** and applying the additional benefit factors and rating adjustments defined above in items II and III. Then the age, area, and tier factors, as defined in the next section, are normalized out from the composite rate to develop a Tabular Base Rate PMPM. The PMPM is converted to a weekly amount by multiplying by 12 and dividing by 52.

The Composite Rate is normalized for age, area, and tier by dividing the composite premium by the total premium units, where the total premium units is defined as the sum of the product of the age, location, and tier factor for each subscriber in the census.

### V. Tabular Rate Factors

#### A. Age Factors

The age factors are defined by age band, gender, and tier in **Table 254a New Business Subscriber Based Age/Gender** and then are adjusted to be gender neutral based on the gender mix by age band for the plan sponsor. The gender neutral age factors are calculated as the weighted average of the male and female age factor by the male and female distribution within the age band.

#### B. Area Factors

There are 22 area factors. All areas have been grouped based on their relative costs.

Area	Factor
A	0.50
B	0.60
C	0.65
D	0.70
E	0.75
F	0.80
G	0.85

H	0.90
I	0.95
J	1.00
K	1.05
L	1.10
M	1.15
N	1.20
O	1.25

P	1.30
Q	1.35
R	1.40
S	1.45
T	1.50
U	1.75
V	2.00

### C. Tier Factors

The tier factors are defined in **Table 257 Tier Factors** and adjusted by **Table 258 Dependent Age Adjustment** to reflect the dependent age of 26 for both students and non-students. The non-single coverage tiers may be adjusted to reflect additional selection risk of dependent coverage when this is offered as voluntary employee pay all.

### D. Tobacco Status

Rates may vary based on tobacco use. Generally rates will be discounted for non-tobacco users and loaded for tobacco users.

	From	To
Non-Tobacco Adjustment	0.95	1.00
Tobacco Adjustment	1.00	1.20

### Frequency of Premium Payment

Rates are payable weekly with the option to convert to bi-weekly, semi-monthly, and monthly. The conversion factors from weekly to non-weekly are 2, 26/12, and 52/12 respectively.

Calculation of Subscriber Premium Tabular Rate

Below is a sample calculation:

1	Tabular Base Rate	69.23			
2	Premium Modalization Factor	1.00			
3	Area Factor	0.95			
4	Tier Factors	Single	Employee & Spouse	Employee & Child(ren)	Family
		1.11	2.78	2.72	4.28
5	Age Factors	0.90	0.94	0.73	0.93
6	Tobacco Status	0.99	0.99	0.99	0.99
7	Final Premium Rate	= 1 x 2 x 3 x 4 x 5 x 6, Rounded to the nearest penny			
		65.05	170.15	129.28	259.17

### Rate Calculation Description

Refer to the Group Supplemental Retiree Medical Rating Worksheet on pages AA-3 through AA-5.

#### **Base Rates**

**1. BASE RATE:**

Use the corresponding base rate factor from Table AA-A. This is the base claim amount per member per month (PMPM).

**2. PLAN BENEFIT FACTOR:**

Use the corresponding plan benefit factor from Table AA-B.

**3. STATE MANDATED BENEFITS:**

Add the appropriate claim cost for the state mandated benefits chosen from Table AA-C. Only refer to those state mandated benefits which are required by the state but not covered or partially covered by Medicare.

**4. BENEFIT ADJUSTED RATES:**

Multiply the following together to get the Benefit Adjusted PMPM:

Base Claim Amount PMPM (Line A)	
x	
Plan benefit Factor (Line B)	
+	
State Mandated Benefits Amount PMPM (Line C)	

This result should be rounded to the second decimal place.

#### **Additional Rate Adjustments**

**5. TREND FACTOR:**

The trend factor is based on the mid-point of the plan rating period from Table AA-E.

**6. AREA FACTOR:**

The appropriate area factor is based on the average of member location(s) from Table AA-F.

**7. AGE/GENDER FACTOR:**

The average age adjustment factors are determined by taking a weighted average by lives by age, of the factors in Table AA-G.

**8. ADJUSTED CLAIM AMOUNT PMPM:**

Multiply the following together to get the Benefit Adjusted PMPM:

Benefit Adjusted PMPM (Line D)

x

Trend Factor (Line E)

x

Area Factor (Line F)

x

Age/Gender Factor (Line G)

This result should be rounded to the second decimal place.

**9. RETENTION:**

- (a) Add the appropriate expense as a fixed cost from Table AA-I.
- (b) Use the appropriate return on claims and administration as a percentage of claims and administrative expense from Table AA-J.
- (c) Use the taxes and assessments average based on member residence from Table AA-K.
- (d) Use the appropriate Affordable Care Act Health Insurer Fee from Table AA-L.
- (e) Retention may be adjusted for case specific commissions if applicable.

**10. PREMIUM RATE:**

Perform the following calculation to obtain the Premium Rate:

- (a) Adjusted Claim Amount PMPM (Line H) + Administrative Expenses PMPM (Line I)
- (b) 1 + Return on Claim Risk and Administration (% of claims and administrative expense) (Line J)
- (c) 1 - Taxes and Assessments (Line K) - Affordable Care Act Health Insurer Fee (Line L)
- (d) Multiply (a) x (b)
- (e) Divide (d) / (c)

This result should be rounded to the second decimal place.

**11. UNDERWRITING ADJUSTMENT FACTOR:**

Enter the Underwriting Adjustment Factor if applicable. This is a manual adjustment made to the premium rates. The reasons that an underwriter may make manual adjustments to rates include, but are not limited to: case specific experience, the effects of employer's contribution strategy on the employees' selection in an option environment, etc.

**12. FINAL PREMIUM RATE**

Premium Rate (Line N) x Underwriting Adjustment Factor (Line P)

This result should be rounded to the second decimal place.

**Group Supplemental Retiree Medical Product**

Customer Name:	Customer #:	Effective Date:	Today's Date:
<hr/>			
A	Base Claim Amount PMPM =		<u>see Table AA-A</u>
B	Plan Benefit Factor =		<u>see Table AA-B</u>
C	State Mandated Benefits Amount PMPM* =		<u>see Table AA-C</u>
D	Benefit Adjusted PMPM =		<u>A x B + C</u>
E	Trend Factor =		<u>see Table AA-E</u>
F	Average Area Factor =		<u>see Table AA-F</u>
G	Average Age / Gender Factor =		<u>see Table AA-G</u>
H	Adjusted Claim Amount PMPM =		<u>D x E x F x G</u>
I	Administrative Expenses (PMPM) =		<u>See Table AA-I</u>
J	Return on Claim Risk and Administration (% of claims and administrative expense) =		<u>See Table AA-J</u>
K	Taxes and Assessments (% of premium) =		<u>See Table AA-K</u>
L	Affordable Care Act - Health Insurer Fee (% of premium) =		<u>See Table AA-L</u>
N	Premium PMPM =		<u>(H + I) x (1 + J) / (1 - K - L)</u>
P	Underwriting Adjustment Factor =		<u></u>
Q	Final Premium PMPM =		<u>N x P</u>

\*These are the mandated benefits that are required by the state but not covered completely by Medicare.

Table AA-A Base Claim Amount PMPM

	Base Cost
PMPM	\$163.07

Table AA-B Plan Benefit Factor

Group Supplemental Retiree Medical Product Benefits	Plan A	Plan B	Plan C	Plan F	Plan F High Deductible*	Plan K	Plan L	Plan N
Medicare Part A Coinsurance and All Costs after Hospital Benefits are Exhausted	100%	100%	100%	100%	100%	100%	100%	100%
Medicare Part B Coinsurance or Copayment	100%	100%	100%	100%	100%	50%	75%	Copays/Coinsurance
First 3 Pints Blood	100%	100%	100%	100%	100%	50%	75%	100%
Skilled Nursing Facility Care Coinsurance	Not Covered	Not Covered	100%	100%	100%	50%	75%	100%
Medicare Part A Deductible	Not Covered	100%	100%	100%	100%	50%	75%	100%
Medicare Part B Deductible	Not Covered	Not Covered	100%	100%	100%	Not Covered	Not Covered	Not Covered
Medicare Part B Excess Charges	Not Covered	Not Covered	Not Covered	100%	100%	Not Covered	Not Covered	Not Covered
Foreign Travel Emergency (up to plan limits)	Not Covered	Not Covered	100%	100%	100%	Not Covered	Not Covered	100%
Hospice Care Coinsurance or Copayment	100%	100%	100%	100%	100%	50%	75%	100%
Benefit Factor	0.6703	0.8262	0.9968	1.0000	0.3953	0.4981	0.6985	0.8227

\* A high deductible option of plan F (\$2,110 deductible in 2013).

Table AA-C State Mandated Benefits (required by the state but not covered or partially covered by Medicare)

State	Mandated Benefits	Type	PMPM
District of Columbia	Annual Cytologic Screening	Mandate	\$2.10
District of Columbia	Diabetic Supplies	Mandate	\$0.19

Table AA-E - Trend Factor

Example of using trend factor:

-- For plan rating period of 1/1/2014 -- 12/31/2014, the mid-point of the rating period is 7/1/2014

Use the trend factor of 7/1/2014, which is 1.0296.

-- For plan rating period of 10/1/2014 -- 9/30/2015, the mid-point of the rating period is 4/1/2015

Use the trend factor of 4/1/2015, which is 1.0756.

Month	Factor
1/1/2014	1.0000
2/1/2014	1.0049
3/1/2014	1.0098
4/1/2014	1.0147
5/1/2014	1.0196
6/1/2014	1.0246
7/1/2014	1.0296
8/1/2014	1.0346
9/1/2014	1.0396
10/1/2014	1.0447
11/1/2014	1.0498
12/1/2014	1.0549
1/1/2015	1.0600
2/1/2015	1.0652
3/1/2015	1.0703
4/1/2015	1.0756
5/1/2015	1.0808
6/1/2015	1.0861
7/1/2015	1.0913
8/1/2015	1.0966
9/1/2015	1.1020
10/1/2015	1.1074
11/1/2015	1.1127
12/1/2015	1.1182
1/1/2016	1.1236
2/1/2016	1.1291
3/1/2016	1.1346
4/1/2016	1.1401
5/1/2016	1.1456
6/1/2016	1.1512

Table AA-F Area Factor

Metropolitan Statistical Area	Factor
Washington, DC-VA-MD-WV	1.0069

Table AA-G Age / Gender Factor

Gender	Age	Plan A	Plan B	Plan C	Plan F	Plan F High Deductible	Plan K	Plan L	Plan N
Male	< 65	2.6478	2.5775	2.5577	2.5581	2.5581	2.5330	2.5419	2.5339
Male	65-69	0.8048	0.7521	0.7372	0.7375	0.7375	0.7186	0.7254	0.7194
Male	70-74	0.9805	0.9311	0.9171	0.9174	0.9174	0.8997	0.9060	0.9004
Male	75-79	1.1542	1.1296	1.1227	1.1228	1.1228	1.1140	1.1172	1.1144
Male	80-84	1.2397	1.2756	1.2857	1.2855	1.2855	1.2983	1.2937	1.2978
Male	85+	1.2682	1.4251	1.4694	1.4685	1.4685	1.5245	1.5045	1.5224
Female	< 65	2.6478	2.5775	2.5577	2.5581	2.5581	2.5330	2.5419	2.5339
Female	65-69	0.8261	0.7585	0.7394	0.7398	0.7398	0.7157	0.7243	0.7166
Female	70-74	0.9493	0.8961	0.8810	0.8813	0.8813	0.8623	0.8691	0.8630
Female	75-79	1.0489	1.0342	1.0300	1.0301	1.0301	1.0249	1.0267	1.0250
Female	80-84	1.0883	1.1459	1.1621	1.1618	1.1618	1.1823	1.1750	1.1816
Female	85+	1.0731	1.2678	1.3228	1.3216	1.3216	1.3911	1.3663	1.3885
Male	N/A	1.0566	1.0501	1.0482	1.0483	1.0483	1.0460	1.0468	1.0460
Female	N/A	0.9896	0.9876	0.9870	0.9870	0.9870	0.9863	0.9866	0.9863
N/A	< 65	2.6478	2.5775	2.5577	2.5581	2.5581	2.5330	2.5419	2.5339
N/A	65-69	0.8247	0.7634	0.7461	0.7465	0.7465	0.7246	0.7324	0.7254
N/A	70-74	0.9791	0.9267	0.9120	0.9123	0.9123	0.8936	0.9002	0.8943
N/A	75-79	1.1194	1.1000	1.0946	1.0947	1.0947	1.0878	1.0902	1.0880
N/A	80-84	1.1780	1.2285	1.2427	1.2424	1.2424	1.2604	1.2540	1.2598
N/A	85+	1.1757	1.3651	1.4186	1.4175	1.4175	1.4852	1.4610	1.4826
N/A	N/A	1.0350	1.0326	1.0319	1.0319	1.0319	1.0310	1.0313	1.0311

Note: If Age and/or Gender information is unavailable, the factors shown with "N/A" for the missing data will be used.

Table AA-I Administrative Expenses (PMPM)

PMPM	\$19.85
------	---------

Table AA-J Return on Claim Risk and Administration (% of claims and administrative expense)

Percentage	7.0%
------------	------

Table AA-K Taxes and Assessments (% of premium)

Percentage	2.60%
------------	-------

Table AA-L Affordable Care Act - Health Insurer Fee (% of premium)

Percentage	2.60%
------------	-------

Note: Retention may be adjusted to reflect case specific circumstances such as case specific commissions or margin for risk sharing arrangements.



SERFF Tracking #:

AETN-129318472

State Tracking #:

Company Tracking #:

DCALICLG1Q14

**State:** District of Columbia  
**TOI/Sub-TOI:** H21 Health - Other/H21.000 Health - Other  
**Product Name:** Aetna Preferred Provider Organization  
**Project Name/Number:** Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

**Filing Company:** Aetna Life Insurance Company

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	Attached, please find the 1Q14 District of Columbia Large Group rate filing cover letter for Aetna Life Insurance Company
<b>Attachment(s):</b>	DC 1Q14 PPO cover (ALIC).pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	Filing is being made by the insurer.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	Attached, please find the 1Q14 District of Columbia Large Group rate filing submission for Aetna Life Insurance Company The attachments in this section include, the cover letter, form numbers, an NAIC form, and Actuarial Memorandum (with Actuarial Certification and supporting documentation).
<b>Attachment(s):</b>	DC 1Q14 supporting documentation.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Attached, please find the 1Q14 District of Columbia Large Group Actuarial Certification for Aetna Life Insurance Company
<b>Attachment(s):</b>	DC ALIC Act Cert 1Q14.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

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

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

SERFF Tracking #:

AETN-129318472

State Tracking #:

Company Tracking #:

DCALICLG1Q14

State: District of Columbia

Filing Company:

Aetna Life Insurance Company

TOI/Sub-TOI: H21 Health - Other/H21.000 Health - Other

Product Name: Aetna Preferred Provider Organization

Project Name/Number: Aetna Life Insurance Company 1Q14 Large Group PPO rate filing for DC/

<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Consumer Disclosure Form
<b>Bypass Reason:</b>	This form does not apply to large group filings.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	This form does not apply to Large Group filings.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	
<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	This form does not apply to Large Group filings.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	



980 Jolly Road  
Blue Bell, PA 19422  
Mail Code: U12S

December 5, 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 Life Insurance Company  
NAIC Number 60054  
Large Group Rate Manual Effective [January 1, 2014](#)  
[Company Tracking Number: DCALICLG1Q14](#)

Dear Mr. Tanhehco:

I am writing to submit a rate filing for Aetna Life Insurance Company for effective [dates January 1, 2014 and later](#).

The purpose of this filing is to comply with the District of Columbia, Department of Insurance, Securities and Banking, DC ST § 31-3311.04.

The annual average manual rate change requested for 1Q14 is 12.0% (excluding demographic changes).

We have included the following supporting documentation; an NAIC form, an actuarial memorandum, and an actuarial certification.

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

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

Enclosures



980 Jolly Road  
Blue Bell, PA 19422  
Mail Code: U12S

December 5, 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 Life Insurance Company  
NAIC Number 60054  
Large Group Rate Manual Effective [January 1, 2014](#)  
[Company Tracking Number: DCALICLG1Q14](#)

Dear Mr. Tanhehco:

I am writing to submit a rate filing for Aetna Life Insurance Company for effective [dates January 1, 2014 and later](#).

The purpose of this filing is to comply with the District of Columbia, Department of Insurance, Securities and Banking, DC ST § 31-3311.04.

The annual average manual rate change requested for 1Q14 is 12.0% (excluding demographic changes).

We have included the following supporting documentation; an NAIC form, an actuarial memorandum, and an actuarial certification.

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

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

Enclosures

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	<b>District of Columbia</b>
-----------	----------------------------------	-----------------------------

<b>2.</b>	<b>Department Use Only</b>
	<b>State Tracking ID</b>

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Aetna Life Insurance Company 1302 Concourse Drive, Suite 402 Linthicum, MD 2109		<b>Accident &amp; Health</b>		<b>00160054</b>		

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	David M. Walker 980 Jolly Road Blue Bell PA 19422	215-775-0083	215-775-6441	WalkerD9@Aetna.com

<b>5.</b>	<b>Requested Filing Mode</b>	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
-----------	------------------------------	--

<b>6.</b>	<b>Company Tracking Number</b>	<b>DCALICLG1Q14</b>
-----------	--------------------------------	---------------------

<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # _____
-----------	--	-----------------------


<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise Group: <input type="checkbox"/> Small <input checked="" type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
-----------	---------------	---

<b>9.</b>	<b>Type of Insurance</b>	<b>H21 Health - Other</b>
-----------	--------------------------	---------------------------

<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	<b>H21.000 Health - Other</b>
------------	--	-------------------------------

<b>11.</b>	<b>Submitted Documents</b>	<input type="checkbox"/> <b>FORMS</b> <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other  <u><b>Rates</b></u> <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate  <input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____  <u><b>SUPPORTING DOCUMENTATION</b></u> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input type="checkbox"/> Actuarial Memorandum <input checked="" type="checkbox"/> Other <b>DC ALIC LG 1Q14 Rate Manual &amp; Actuarial Certification</b>
------------	----------------------------	--

<b>12.</b>	<b>Filing Submission Date</b>	<b>December 5, 2013</b>
<b>13</b>	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____ Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
<b>14.</b>	<b>Date of Domiciliary Approval</b>	
<b>15.</b>	<b>Filing Description:</b>	
	This filing is for effective dates January 1, 2014 and later. This rate filing conforms to the benefit plan provisions required by the Patient Protection and Affordable Care Act (P.L. 111-148) of 2010.	

<b>16.</b>	<b>Certification (If required)</b>	
	<b>I HEREBY CERTIFY</b> 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 <u>David M. Walker</u>	Title <u>ACTUARY I, ACT ACTUARIAL SE</u>
	Signature 	Date: <u>December 5, 2013</u>

<b>17.</b>	<b>Form Filing Attachment</b>	
<b>This filing transmittal is part of company tracking number</b>		N/A
<b>This filing corresponds to rate filing company tracking number</b>		N/A

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

LH FFA-1

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number		N/A		
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		12.0% annual change		
	Document Name Description	Affected Form Numbers		Previous State Filing Number
01		GR-9N	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request 12.0% - 12.0% <input type="checkbox"/> Other _____	
02		GR-29N	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request 12.0% - 12.0% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	



**Aetna Life Insurance Company – District of Columbia**  
**1Q14 PPO Large Group Business**

**Actuarial Memorandum**

**Statement of Purpose for Filing**

This actuarial memorandum supports DC PPO commercial base rates for large effective [January 1, 2014 and later](#) for Aetna Life Insurance Company - [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 Life Insurance Company – [District of Columbia](#) offers group medical benefit coverage for inpatient, outpatient, primary care and specialist services 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. The rate manual also contains worksheets and instructions for calculating the premium rates for the benefit plans available from Aetna Life Insurance Company (ALIC).

**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.

**D. Marketing Method**

ALIC 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**

We have updated our base claim cost (medical and pharmacy) for this filing using the most recent 12 month of experience data. We develop our base rate using a national pricing model that projects manual premium rates and medical cost ratios.

**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 3.8%. The new business annual composite manual rate change requested for 1Q14 is 12.0%. This rate filing does not impact renewing business.

**N. Filed Minimum Required Loss Ratio**

Large group rate filings do not have a minimum loss ratio requirement.

**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.

For: Aetna Life Insurance Company  
From: [David M. Walker, ASA, MAAA](#)  
Date: [December 5, 2013](#)  
Re: **Actuarial Certification of Premium Rates**

I, [David M. Walker](#), am an employee of Aetna Life Insurance Company and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Life Insurance Company.

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 Life Insurance Company. I also relied on guidance from responsible employees of Aetna 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,
- (ii) 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 [78.9%](#) was used. These rates are appropriate for quotes delivered for effective dates beginning [January 1, 2014](#). The proposed rates for groups with 51-100 eligible subscribers are not adequate, but have been limited in consideration of the impact of the projected results. We will manage these rates going forward with the objective of ongoing profitability.

This rate filing conforms to 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 Life Insurance Company. They are neither excessive nor inadequate, nor unfairly discriminatory.



[December 5, 2013](#)

---

[David M. Walker](#)  
ASA, MAAA

---

Date

For: Aetna Life Insurance Company  
From: [David M. Walker, ASA, MAAA](#)  
Date: [December 5, 2013](#)  
Re: **Actuarial Certification of Premium Rates**

I, [David M. Walker](#), am an employee of Aetna Life Insurance Company and a member of the American Academy of Actuaries. I have reviewed the enclosed rates submitted by Aetna Life Insurance Company.

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 Life Insurance Company. I also relied on guidance from responsible employees of Aetna 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,
- (ii) 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 [78.9%](#) was used. These rates are appropriate for quotes delivered for effective dates beginning [January 1, 2014](#). The proposed rates for groups with 51-100 eligible subscribers are not adequate, but have been limited in consideration of the impact of the projected results. We will manage these rates going forward with the objective of ongoing profitability.

This rate filing conforms to 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 Life Insurance Company. They are neither excessive nor inadequate, nor unfairly discriminatory.



[December 5, 2013](#)

---

[David M. Walker](#)  
ASA, MAAA

---

Date