

State: District of Columbia **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: Dental Stand Alone
Project Name/Number: Generation 2/DEN2

Filing at a Glance

Company: All Savers Insurance Company
Product Name: Dental Stand Alone
State: District of Columbia
TOI: H10I Individual Health - Dental
Sub-TOI: H10I.000 Health Dental
Filing Type: Rate
Date Submitted: 03/28/2014
SERFF Tr Num: AMMS-129476339
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num: ASI-DEN2
Implementation: On Approval
Date Requested:
Author(s): Jean Davis, Jennifer Konschake, Debra Schneider, Robert Stegner, Luke Peters, Colleen Pflug
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: Dental Stand Alone
Project Name/Number: Generation 2/DEN2

General Information

Project Name: Generation 2 Status of Filing in Domicile:
Project Number: DEN2 Date Approved in Domicile:
Requested Filing Mode: Review & Approval Domicile Status Comments:
Explanation for Combination/Other: Market Type: Individual
Submission Type: New Submission Individual Market Type:
Overall Rate Impact: Filing Status Changed: 04/08/2014
State Status Changed:
Deemer Date: Created By: Luke Peters
Submitted By: Luke Peters Corresponding Filing Tracking Number:

Filing Description:

We respectfully submit the attached individual dental insurance policy rates for your review and approval.

The dental insurance policies may be offered with a variety of deductible and coinsurance options. Therefore, the Data Pages should be considered variable in that they will be tailored to reflect the benefits as made available and selected by the individual insured.

Vision Benefit Rider SA-S-1710-ASI will be used with new policies sold in your state. This optional benefit rider will be offered with a variety of options, including a variety of copay, deductible and coinsurance options, as well as optional benefits specific to each plan. The Data Page will be tailored to reflect the vision benefits made available and selected by each primary insured. Vision benefits may be offered with and without eyewear coverage. These variables are reflected in these forms. The rider will be available to applicants as a network provider benefit or an indemnity benefit.

Dependent Child Rider SA-S-1711-ASI-08 will be used to have the flexibility to add coverage for dependent children to the dental stand alone policy as well as the optional vision benefit rider, if elected.

Forms SA-S-9-ASI and SA-S-10-ASI are filed for administrative purposes such as adding a dependent or changing a benefit level.

Application form, DV-AP-146-ASI-08 is also attached for approval. We ask that the Coverage Information and Question section be considered variable. When this application is made part of a packaged sales presentation (i.e., prepared to accompany a brochure package describing the plans of coverage provided by a particular policy), these sections will be preprinted to allow an applicant to select a plan.

Rates for these dental policies have been added under the Rate/Rule Schedule and Actuarial Memorandums have been included under the Supporting Documentation tab.

The rates in this filing are for a Dental Stand Alone policy for adults with an optional vision and dependent child coverage rider. This filing is not for a Stand Alone pediatric dental and vision product.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This filing is the same as SERFF Tracking #'s AMMS-129476336 and AMMS-129476341 except it is under a different legal entity with different form numbers. The corresponding form filing is AMMS-129476340.

State: District of Columbia **Filing Company:** All Savers Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: Dental Stand Alone
Project Name/Number: Generation 2/DEN2

We appreciate your time and attention to this filing. If there are questions or additional information is needed, please contact me at (800) 232-5432 extension 11255. My email address is lpeters@unitedhealthone.com.

Company and Contact

Filing Contact Information

Luke Peters, Contract Analyst	lpeters@goldenrule.com
3100 AMS BLVD	920-661-1255 [Phone]
Green Bay, WI 54313	920-661-9861 [FAX]

Filing Company Information

All Savers Insurance Company	CoCode: 82406	State of Domicile: Indiana
7440 Woodland Drive	Group Code: 707	Company Type: Life and Health
Indianapolis, IN 46278	Group Name:	State ID Number:
(800) 926-7602 ext. [Phone]	FEIN Number: 35-1665915	

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

SERFF Tracking #:

AMMS-129476339

State Tracking #:

Company Tracking #:

ASI-DEN2

State: District of Columbia

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

Product Name: Dental Stand Alone

Project Name/Number: Generation 2/DEN2

Filing Company:

All Savers Insurance Company

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type:

Neutral

Overall Percentage of Last Rate Revision:

%

Effective Date of Last Rate Revision:

Filing Method of Last Filing:

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
All Savers Insurance Company	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

SERFF Tracking #:

AMMS-129476339

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

ASI-DEN2

State: District of Columbia**Filing Company:**

All Savers Insurance Company

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental**Product Name:** Dental Stand Alone**Project Name/Number:** Generation 2/DEN2

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Dental Rates	ASI-DEN2-PB-08, ASI-DEN2-PBM-08, SA-S-1711-ASI-08	New		DC Dental rates-ASI.pdf,
2		Vision Rates	SA-S-1710-ASI	New		DC Vision rates-ASI.pdf,

**All Savers Insurance Company
Form Number: ASI-DEN2-PB**

Dental Premium Rate Exhibit for District of Columbia

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

Base Premium (Monthly Rate)				
Coverage	Plan A1	Plan A2	Plan B1	Plan B2
Per Covered ADULT	17.28	18.14	19.88	20.87

Cumulative Adjustment Factor (CAF)				
Date	Plan A1	Plan A2	Plan B1	Plan B2
07/01/13	1.000	1.000	1.000	1.000
10/01/13	1.015	1.015	1.015	1.015
01/01/14	1.030	1.030	1.030	1.030
04/01/14	1.045	1.045	1.045	1.045
07/01/14	1.060	1.060	1.060	1.060
10/01/14	1.076	1.076	1.076	1.076
01/01/15	1.091	1.091	1.091	1.091
04/01/15	1.107	1.107	1.107	1.107
07/01/15	1.124	1.124	1.124	1.124
10/01/15	1.140	1.140	1.140	1.140
	* 1.014674 / q.			

Residence Factor (RF)	
District of Columbia	1.00
Out of State	1.05

Multi-Product Discount Factor (DF)	
Factor	[0.90 - 1.00]

Modal Factors				
	Monthly	Quarterly	Semi-Annual	Annual
Factor	1.00	3.00	6.00	12.00

**All Savers Insurance Company
Form Number: SA-S-1711-ASI Child Rider**

Dental Premium Rate Exhibit for District of Columbia

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

Base Premium (Monthly Rate)				
Coverage	Plan A1	Plan A2	Plan B1	Plan B2
Per Covered Dependent CHILD	19.54	20.52	22.64	23.77

Cumulative Adjustment Factor (CAF)				
Date	Plan A1	Plan A2	Plan B1	Plan B2
07/01/13	1.000	1.000	1.000	1.000
10/01/13	1.015	1.015	1.015	1.015
01/01/14	1.030	1.030	1.030	1.030
04/01/14	1.045	1.045	1.045	1.045
07/01/14	1.060	1.060	1.060	1.060
10/01/14	1.076	1.076	1.076	1.076
01/01/15	1.091	1.091	1.091	1.091
04/01/15	1.107	1.107	1.107	1.107
07/01/15	1.124	1.124	1.124	1.124
10/01/15	1.140	1.140	1.140	1.140
	* 1.014674 / q.			

Residence Factor (RF)	
District of Columbia	1.00
Out of State	1.05

Multi-Product Discount Factor (DF)	
Factor	[0.90 - 1.00]

Modal Factors				
	Monthly	Quarterly	Semi-Annual	Annual
Factor	1.00	3.00	6.00	12.00

**All Savers Insurance Company
Form Number: ASI-DEN2-PBM**

Dental Premium Rate Exhibit for District of Columbia

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

Base Premium (Monthly Rate)								
Coverage	Plan C1	Plan C2	Plan D1	Plan D2	Plan E1	Plan E2	Plan F1	Plan F2
Per Covered ADULT	27.37	31.48	29.19	33.57	34.31	39.46	49.06	56.42

Cumulative Adjustment Factor (CAF)								
Date	Plan C1	Plan C2	Plan D1	Plan D2	Plan E1	Plan E2	Plan F1	Plan F2
07/01/13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
10/01/13	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015
01/01/14	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030
04/01/14	1.045	1.045	1.045	1.045	1.045	1.045	1.045	1.045
07/01/14	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060
10/01/14	1.076	1.076	1.076	1.076	1.076	1.076	1.076	1.076
01/01/15	1.091	1.091	1.091	1.091	1.091	1.091	1.091	1.091
04/01/15	1.107	1.107	1.107	1.107	1.107	1.107	1.107	1.107
07/01/15	1.124	1.124	1.124	1.124	1.124	1.124	1.124	1.124
10/01/15	1.140	1.140	1.140	1.140	1.140	1.140	1.140	1.140
	* 1.014674 / q.							

Residence Factor (RF)	
District of Columbia	1.00
Out of State	1.05

Multi-Product Discount Factor (DF)	
Factor	[0.90 - 1.00]

Modal Factors				
	Monthly	Quarterly	Semi-Annual	Annual
Factor	1.00	3.00	6.00	12.00

All Savers Insurance Company
Form Number: SA-S-1711-ASI Child Rider

Dental Premium Rate Exhibit for District of Columbia

Premium rates are computed as follows:

- Select the base premium based on the plan chosen.
- Select the appropriate cumulative adjust factor, residence factor, & multi-product discount factor.
- Rounding to two decimals, let the monthly premium rate equal the product of the base premium, the cumulative adjustment factor, the residence factor, & the multi-product discount factor.
- Rounding to two decimals, let the modal premium be the product of the monthly premium rate and the appropriate modal factor based on the chosen mode.

Base Premium (Monthly Rate)								
Coverage	Plan C1	Plan C2	Plan D1	Plan D2	Plan E1	Plan E2	Plan F1	Plan F2
Per Covered Dependent CHILD	24.36	28.01	25.99	29.89	31.20	35.88	43.75	50.31

Cumulative Adjustment Factor (CAF)								
Date	Plan C1	Plan C2	Plan D1	Plan D2	Plan E1	Plan E2	Plan F1	Plan F2
07/01/13	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
10/01/13	1.015	1.015	1.015	1.015	1.015	1.015	1.015	1.015
01/01/14	1.030	1.030	1.030	1.030	1.030	1.030	1.030	1.030
04/01/14	1.045	1.045	1.045	1.045	1.045	1.045	1.045	1.045
07/01/14	1.060	1.060	1.060	1.060	1.060	1.060	1.060	1.060
10/01/14	1.076	1.076	1.076	1.076	1.076	1.076	1.076	1.076
01/01/15	1.091	1.091	1.091	1.091	1.091	1.091	1.091	1.091
04/01/15	1.107	1.107	1.107	1.107	1.107	1.107	1.107	1.107
07/01/15	1.124	1.124	1.124	1.124	1.124	1.124	1.124	1.124
10/01/15	1.140	1.140	1.140	1.140	1.140	1.140	1.140	1.140
	* 1.014674 / q.							

Residence Factor (RF)	
District of Columbia	1.00
Out of State	1.05

Multi-Product Discount Factor (DF)	
Factor	[0.90 - 1.00]

Modal Factors				
	Monthly	Quarterly	Semi-Annual	Annual
Factor	1.00	3.00	6.00	12.00

All Savers Insurance Company
Rider Form Number: SA-S-1710-ASI
Vision Premium Rate Exhibit

Premium rates are computed as follows:

- Note the appropriate region and family status.
- Select the monthly premium rate.
- Let the quarterly premium rate equal 3 times the monthly premium rate.
- Let the semi-annual premium rate equal 6 times the monthly premium rate.
- Let the annual premium rate equal 12 times the monthly premium rate.

The premium rate is added to the premium rate for the base dental coverage.

<u>Family Status</u>	<u>Monthly Premium Rate</u>
One person	\$7.50
Each additional covered person	\$6.00

Multi-Product Discount Factor

[0.90 - 1.00]

Example Rate Calculation

A family of three in your state would pay \$19.50 per month for vision coverage.

State: District of Columbia

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

Product Name: Dental Stand Alone

Project Name/Number: Generation 2/DEN2

Filing Company:

All Savers Insurance Company

Supporting Document Schedules

Bypassed - Item:	Cover Letter All Filings
Bypass Reason:	See General Information Tab
Attachment(s):	
Item Status:	
Status Date:	

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Dental memo-ASI.pdf DC Vision memo-ASI.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	See Actuarial Memorandum
Attachment(s):	
Item Status:	
Status Date:	

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

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

SERFF Tracking #:

AMMS-129476339

State Tracking #:

Company Tracking #:

ASI-DEN2

State: District of Columbia

TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental

Product Name: Dental Stand Alone

Project Name/Number: Generation 2/DEN2

Filing Company:

All Savers Insurance Company

Status Date:	
Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Dental and Vision Exhibits
Comments:	
Attachment(s):	DC Dental exhibits-ASI.pdf DC Vision Exhibit-ASI.pdf
Item Status:	
Status Date:	

All Savers Insurance Company
(NAIC Number 0707-82406)
Policy Forms ASI-DEN2-PB & ASI-DEN2-PBM
Rider Forms SA-S-1711-ASI Child rider
Actuarial Memorandum

Scope & Purpose

The purpose of this rate filing is to demonstrate that the premium rates meet the minimum requirements of your state. This is a new policy. This memorandum is not intended for any other purpose.

Brief Description of Benefits

This form covers expenses associated with an illness or injury to teeth or supporting tissue. The benefit options are outlined in the Outline of Dental Benefits Exhibit. For a complete description of the coverage, please refer to the policy form.

Development of Premium Rates

The premium rates for these dental benefits are on the Dental Premium Rate Exhibit. The morbidity assumptions used for this form are derived from an affiliated company's current dental plans. Premium rates are determined by the level of benefits, family tier, time the policy has been in force and place of residence on the premium due date. Premium rates do not vary by age.

Marketing Method

This policy form will be distributed using licensed agents in ways typical of individual medical expense policies including direct marketing, insurance brokers, and worksite marketing.

Issue Age Range

This policy will be primarily marketed to individuals age 18 to 64, but may be sold to individuals age 65 and over.

Anticipated Loss Ratio

The lifetime loss ratio is estimated to be at least 55%, and is calculated by dividing the present value of incurred claims by the present value of earned premiums using a 4% interest rate.

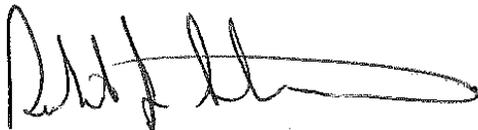
Proposed Effective Date

The effective date will be immediately following the state's approval of the rates and forms.

Actuarial Certification

I, Robert J. Stegner, am a Senior Actuarial Analyst for UnitedHealth Group's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of premium rates for health insurance products.

To the best of my knowledge and judgment, this rate filing complies with applicable law, including that the benefits provided by this form are reasonable in relation to the premium. The premium rates are not inadequate, excessive, nor unfairly discriminatory.



3/26/2014

Robert J. Stegner, ASA, MAAA
Senior Actuarial Analyst

All Savers Insurance Company
(NAIC Number 0707-82406)
Rider Form SA-S-1710-ASI
Actuarial Memorandum

Scope & Purpose

The purpose of this rate filing is to demonstrate that the premium rates meet the minimum requirements of your state. This is a new rider form. This memorandum is not intended for any other purpose.

Brief Description of Benefits

This form covers expenses associated with comprehensive eye exams and prescription eyewear. The benefit options are outlined in the Outline of Vision Benefits Exhibit. For a complete description of the coverage, please refer to the rider form.

This form is to be used with individual policy forms. This vision form adds vision coverage to the base dental coverage.

Development of Premium Rates

The premium rates for these vision benefits are on the Vision Premium Rate Exhibit. The morbidity assumptions used for this form are derived from the affiliated company's current vision plan. Premium rates do not vary by age.

Marketing Method

This rider form will be distributed using licensed agents in ways typical of individual medical expense policies including direct marketing, insurance brokers, and worksite marketing. The rider is available to the general public.

Issue Age Range

This rider will be primarily marketed to individuals age 18 to 64, but may be sold to individuals age 65 and over.

Anticipated Loss Ratio

The lifetime loss ratio is estimated to be at least 55%, and is calculated by dividing the present value of incurred claims by the present value of earned premiums using a 4% interest rate.

Proposed Effective Date

The effective date will be immediately following the state's approval of the rates and forms.

Actuarial Certification

I, Gregory A. Dafler, am a Health Actuary for UnitedHealth Group's Individual Line of Business, which includes All Savers Insurance Company's health insurance products marketed to individuals. I am a member of the American Academy of Actuaries, and I meet the Academy's qualification standards for rendering statements of actuarial opinion with respect to the filing of premium rates for health insurance products.

To the best of my knowledge and judgment, this rate filing complies with applicable law, including that the benefits provided by this form are reasonable in relation to the premium. The premium rates are not inadequate, excessive, nor unfairly discriminatory.



3/26/2014

Gregory A. Dafler, FSA, MAAA
Health Actuary

All Savers Insurance Company
Policy Forms: ASI-DEN2-PB & ASI-DEN2-PBM
Rider Form: SA-S-1711-ASI
EXHIBIT A
OUTLINE OF DENTAL BENEFITS

Category	Plan A1	Plan B1	Plan A2	Plan B2
Coninsurance - % plan pays				
Preventive	100%	100%	100%	100%
Basic	70%	70%	70%	70%
Copay - amount individual pays per visit				
Preventive	\$25	none	\$25	none
Individual calendar year deductible				
Basic	\$50	\$50	\$50	\$50
Individual maximum benefit per calendar year (all categories combined)				
All Years	\$1,000	\$1,000	\$1,000	\$1,000
Waiting period				
Preventive	none	none	none	none
Basic	6 months	4 months	none	none
Contracting provider organization				
Basis of payment for non-contracting providers				
	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾

Category	Plan C1	Plan D1	Plan E1	Plan F1	Plan C2	Plan D2	Plan E2	Plan F2
Coninsurance - % plan pays								
Preventive	100%	100%	100%	100%	100%	100%	100%	100%
Basic	70%	70%	80%	80%	70%	70%	80%	80%
Major	50%	50%	50%	50%	50%	50%	50%	50%
Copay - amount individual pays per visit								
Preventive	\$25	none	none	none	\$25	none	none	none
Individual calendar year deductible								
Basic	\$50	\$50	\$50 combined	\$50 combined	\$50	\$50	\$50 combined	\$50 combined
Major	\$50	\$50			\$50	\$50		
Individual maximum benefit per calendar year (all categories combined)								
Policy year 1	\$1,000	\$1,000	\$1,200	\$1,200	\$1,000	\$1,000	\$1,200	\$1,200
Policy year 2	\$1,000	\$1,000	\$1,300	\$1,300	\$1,000	\$1,000	\$1,300	\$1,300
Policy year 3	\$1,000	\$1,000	\$1,400	\$1,400	\$1,000	\$1,000	\$1,400	\$1,400
Policy years 4+	\$1,000	\$1,000	\$1,500	\$1,500	\$1,000	\$1,000	\$1,500	\$1,500
Waiting period								
Preventive	none							
Basic	6 months	4 months	6 months	6 months	none	none	none	none
Major	12 months	12 months	12 months	12 months	none	none	none	none
Contracting provider organization								
Basis of payment for non-contracting providers								
	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾	Affiliated UCR ⁽²⁾	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾	Affiliated MAC ⁽¹⁾	Affiliated UCR ⁽²⁾

Child coverage rider SA-S-1711-ASI will have same benefits as primary plan.

(1) - Maximum allowable cost

(2) - Usual, customary and reasonable cost

All Savers Insurance Company
Policy Forms: ASI-DEN2-PB & ASI-DEN2-PBM
Rider Form: SA-S-1711-ASI

EXHIBIT B
DISTRIBUTION ASSUMPTIONS

Coverage	
ASI-DEN2-PB	64.67%
ASI-DEN2-PBM	35.33%

Coverage	
Base (Adult)	80.00%
Rider (Dependent Child)	20.00%

All Savers Insurance Company
Policy Forms: ASI-DEN2-PB & ASI-DEN2-PBM
Rider Form: SA-S-1711-ASI
EXHIBIT C
LIFETIME LOSS RATIO DEMONSTRATION

Year	Persistency	Members	Annual			Present Value			
			Expected Premiums	Expected Claims	Loss Ratio	Expected Premiums	Expected Benefits	LR%	PV Factor
	1.000	1,000							
1	0.652	813	251,029	124,835	49.7%	246,155	122,410	49.7%	0.9806
2	0.675	548	179,416	108,715	60.6%	169,165	102,504	60.6%	0.9429
3	0.700	376	130,383	75,682	58.0%	118,205	68,614	58.0%	0.9066
4	0.725	267	98,216	57,690	58.7%	85,618	50,290	58.7%	0.8717
5	0.750	196	76,596	44,991	58.7%	64,203	37,711	58.7%	0.8382
6	0.750	147	60,893	35,768	58.7%	49,078	28,827	58.7%	0.8060
7	0.750	110	48,410	28,435	58.7%	37,516	22,036	58.7%	0.7750
8	0.750	83	38,486	22,606	58.7%	28,678	16,845	58.7%	0.7452
9	0.750	62	30,597	17,972	58.7%	21,922	12,877	58.7%	0.7165
10	0.750	47	24,324	14,288	58.7%	16,758	9,843	58.7%	0.6889
11	0.750	35	19,338	11,359	58.7%	12,810	7,524	58.7%	0.6624
12	0.750	26	15,374	9,030	58.7%	9,792	5,752	58.7%	0.6370
13	0.750	20	12,222	7,179	58.7%	7,486	4,397	58.7%	0.6125
14	0.750	15	9,716	5,707	58.7%	5,722	3,361	58.7%	0.5889
15	0.750	11	7,725	4,537	58.7%	4,374	2,569	58.7%	0.5663
16	0.750	8	6,141	3,607	58.7%	3,344	1,964	58.7%	0.5445
17	0.750	6	4,882	2,868	58.7%	2,556	1,501	58.7%	0.5235
18	0.750	5	3,881	2,280	58.7%	1,954	1,148	58.7%	0.5034
19	0.750	3	3,086	1,812	58.7%	1,494	877	58.7%	0.4840
20	0.750	3	2,453	1,441	58.7%	1,142	671	58.7%	0.4654

Total 887,972 501,723 56.5%

Discount Rate: 4.0%
Claims/premium trend: 6.0%

*Expected Benefits are the incurred claims plus the change in policy reserves

All Savers Insurance Company
Rider Form Number: SA-S-1710-ASI
EXHIBIT A
Outline of Vision Benefits Exhibit

VISION BENEFIT PLAN 100

Category of Benefit	Maximum Frequency	Cost-Share
Comprehensive Eye Exam	12 months	\$10 copay
Lenses	12 months	\$25 copay
Frames	24 months	\$25 copay
Provider network		Affiliated
Payment method for non-network providers		Indemnity