

SERFF Tracking #:

CFAP-128867306

State Tracking #:

Company Tracking #:

1853

State:

District of Columbia

Filing Company:

Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Filing #1853 GHMSI DC Large Group 65+ Dental

Project Name/Number:

DC GHMSI DC Large Group 65+ Dental eff 201307/1853

### Rate Information

Rate data applies to filing.

Filing Method:

Electronic

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:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Group Hospitalization and Medical Services, Inc.	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

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**Product Name:**

Filing #1853 GHMSI DC Large Group 65+ Dental

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DC GHMSI DC Large Group 65+ Dental eff 201307/1853

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		1853 DC GHMSI Large Group 65+ Dental	listed in the rate filing	New		1853 GHMSI DC 65+ Group Dental Filing_Rate Filing.pdf

# Book Rates

## **DC 51+ Dental Form Numbers for Group Retirees**

Preferred Dental, \$1,000 annual maximum, deductible \$25 In-network/\$50 OON, no ortho, 100/80/80/50

Form DC/CF/MC DENTAL PEF (1/13) is the funded version

Form DC/CF/MC DENTAL PEF VOL BWP (1/13) is the voluntary version

Traditional Dental, \$1,500 annual maximum, deductible \$50, no ortho, 100/80/80/50

Form DC/CF/MC DENTAL TRAD (1/13) is the funded version

Form DC/CF/MC DENTAL TRAD VOL BWP (1/13) is the voluntary version

**CAREFIRST BLUECROSS BLUESHIELD  
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS  
Dental Traditional Benefit for Group Retirees  
Monthly Net Premium Rates (Individual Rate)**

**Proposed 7/01/13**

	NON-VOLUNTARY	VOLUNTARY
	<u>Individual Net Premium</u>	<u>Individual Net Premium</u>

**PLAN DESIGN**

<u>Individual Annual Deductible</u>	<u>\$50</u>	
Coinsurance	CLASS 1	100%
	CLASS 2	80%
	CLASS 3	80%
	CLASS 4	50%
<u>\$1,500 Annual Benefit Maximum per Participant</u>		

<b>OPTION 4</b>	<b>\$27.70</b>	<b>\$32.66</b>
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- Class 1:** Preventive and Diagnostic Services
- Class 2:** Therapeutic and Minor Restorative Services
- Class 3:** Periodontic and Endodontic Services
- Class 4:** Prosthodontic and Major Restorative

**CAREFIRST BLUECROSS BLUESHIELD  
LARGE GROUP ACCOUNTS OF 51+ CONTRACTS  
Dental PPO Benefits for Group Retirees  
Monthly Net Premium Rates (Individual Rate)**

**Proposed 7/01/13**

<u>PLAN DESIGN</u>	<u>IN-NETWORK</u>	<u>OUT-OF-NETWORK</u>	<b>NON-VOLUNTARY</b>  Individual <u>Net Premium</u>	<b>VOLUNTARY</b>  Individual <u>Net Premium</u>
Individual Annual Deductible	\$25	\$50		
Coinsurance	CLASS 1 100%	80%		
	CLASS 2 80%	60%		
	CLASS 3 80%	60%		
	CLASS 4 50%	35%		
<hr/>				
\$1,000 Annual Benefits Maximum Per Participant (Levels I, II, III, IV)				
<hr/>				
<b>OPTION 3</b>			\$20.35	\$24.00
<hr/>				
<b>Class 1:</b>	<b>Preventive and Diagnostic Services</b>			
<b>Class 2:</b>	<b>Therapeutic and Minor Restorative Services</b>			
<b>Class 3:</b>	<b>Periodontic and Endodontic Services</b>			
<b>Class 4:</b>	<b>Prosthodontic and Major Restorative</b>			

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TOI/Sub-TOI:

H10G Group Health - Dental/H10G.000 Health Dental

Product Name:

Filing #1853 GHMSI DC Large Group 65+ Dental

Project Name/Number:

DC GHMSI DC Large Group 65+ Dental eff 201307/1853

## Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Cover Letter All Filings		
Bypass Reason:	Description of the filing is in the Actuarial Memorandum (page 2).		
		Item Status:	Status Date:
Bypassed - Item:	Certificate of Authority to File		
Bypass Reason:	Not Applicable.		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):	1853 GHMSI DC 65+ Group Dental Filing_Actuarial Memorandum.pdf		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:			
Attachment(s):	1853 GHMSI DC 65+ Group Dental Filing_Actuarial Memorandum.pdf		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:
Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Bypass Reason:	Not Applicable		
		Item Status:	Status Date:

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Project Name/Number:

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Bypassed - Item:	Rate Summary Worksheet		
Bypass Reason:	Not Applicable.		

Item Status:

Status Date:

Satisfied - Item:	NAIC Transmittal Doc		
Comments:			
Attachment(s):			
1621 GHMSI NAIC Transmittal Doc.pdf			

**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**NAIC #53007**

**Rate Filing Summary (Filing # 1853)**  
**JURISDICTION: DISTRICT OF COLUMBIA**

**LARGE GROUP ACCOUNTS OF 51+ CONTRACTS**

**Dental Plans for Group Retiree Benefits**  
**Filing #1853**

**Effective 7/01/2013**

**Actuarial Memorandum**

# CareFirst BlueCross BlueShield

## Rate Filing Summary (Filing # 1853)

This submission pertains to a new product offering for the large group dental business of GHMSI. The proposed effective date is 7/1/2013

We are proposing to launch a new line of dental products that will be sold along side the Group Medigap plans that were previously filed. Two dental plans are being proposed and these are: Preferred Dental \$1,000 Annual Maximum, \$25 In-network/\$50 OON Deductibles, 100/80/80/50 Coinsurance, no Orthodontics and Traditional Dental \$1,500 Annual Maximum, \$50 Deductible, 100/80/80/50 Coinsurance, no Orthodontics. Since the cost profile of the target population is different from the pool, we are proposing different rates. Please see details on page 6.

These new products will be sold Funded (non-Voluntary) and Voluntary basis and will be offered on an individual basis only.

The rating methodology of these plans will match that of the existing dental plans for the 51-199 groups and groups of 200+. The previously filed and approved large group rating formulas, quoting, renewal methodology and underwriting discretion will apply to these benefits.

These plans, as with existing large group dental plans, will not be age rated and SIC factors will not be applied.

## **ACTUARIAL CERTIFICATION**

I, Dwayne Lucado, am a Pricing Actuary with Group Hospitalization and Medical Services, Inc. (GHMSI) doing business as CareFirst BlueCross BlueShield and a member of the American Academy of Actuaries. I have been involved in the development of these rates.

To the best of my knowledge and judgment, this rate filing complies with applicable laws and regulations of the District of Columbia and produces premiums that are reasonable in relation to benefits provided.

**Dwayne Lucado**

Digitally signed by Dwayne Lucado  
DN: cn=Dwayne Lucado, o=CareFirst BlueCross  
BlueShield, ou=Actuarial Pricing Department,  
email=dwayne.lucado@carefirst.com, c=US  
Date: 2013.01.29 10:44:54 -05'00'

---

Dwayne Lucado, FSA, MAAA  
Associate Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-780  
Pricing Department  
10455 Mill Run Circle  
Owings Mills, MD 21117

**CareFirst BlueCross BlueShield**  
**Dental Plans for Group Retiree Benefits**

**Rate Filing Summary (Filing # 1853)**

<u>Page</u>	<u>Topic</u>
1	Cover
2	Rate Filing Summary
3	Actuarial Certification
4	Table of Contents
5	Description of Benefits
6	Rate Derivation
7	Large Group Over 65 Dental Analysis by Level
8	Tier Factors

## CareFirst BlueCross BlueShield Dental Plans for Group Retiree Benefits Description of Dental Benefits

### TRADITIONAL AND PREFERRED (PPO) BENEFIT DESCRIPTIONS

- The Traditional dental plan offers members the freedom to choose any dentist, coinsurances are the same for out-of-network as in-network. The Preferred (PPO) dental plan also offers members the freedom to choose any dentist, however, member coinsurances will be higher for out-of-network than in-network.
- The Traditional network includes more dentists than the Preferred (PPO) network.
- The Preferred (PPO) plan offers deeper discounts and is a less expensive option than the Traditional plan.

Preventive & Diagnostic Services (Class I)	
<ul style="list-style-type: none"> <li>• Oral Exams (two per contract year)</li> <li>• Prophylaxis (two cleanings per contract year)</li> <li>• Bitewing X-Rays (two per contract year)</li> <li>• Full mouth X-ray or panograph and bitewing X-ray combination and one cephalometric X-ray (once per 36 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Space maintainers (once per 60 months)</li> <li>• Palliative emergency treatment</li> </ul>
Basic Services (Class II)	
<ul style="list-style-type: none"> <li>• Direct placement fillings using approved materials (one filling per surface per 12 months)</li> </ul>	<ul style="list-style-type: none"> <li>• Periodontal scaling and root planing (once per 24 months, one full mouth treatment)</li> <li>• Simple extractions</li> </ul>
Major Services – Surgical (Class III)	
<ul style="list-style-type: none"> <li>• Surgical periodontic services including osseous surgery, mucogingival surgery and occlusal adjustments (once per 60 months)</li> <li>• Endodontics (treatment as required involving the root and pulp of the tooth, such as root canal therapy)</li> </ul>	<ul style="list-style-type: none"> <li>• Oral surgery (surgical extractions, treatment for cysts, tumor and abscesses, apicoectomy and hemi-section)</li> <li>• General anesthesia rendered for a covered dental service</li> </ul>
Major Services – Restorative (Class IV)	
<ul style="list-style-type: none"> <li>• Full and/or partial dentures (once per 60 months)</li> <li>• Fixed bridges, crowns, inlays and onlays (once per 60 months)</li> <li>• Denture adjustments and relining (limits apply for regular and immediate dentures)</li> </ul>	<ul style="list-style-type: none"> <li>• Recementation of crowns, inlays and/or bridges (once per 12 months)</li> <li>• Repair of prosthetic appliances as required (once in any 12 month period per specific area of appliance)</li> <li>• Dental implants, subject to medical necessity review (once per 60 months)</li> </ul>

**LARGE GROUP DENTAL EXPERIENCE**

**Exp Pd: Incurred & Paid 201111 - 201210 Paid Thru 201212**

AGE BRACKET	MEMBER MONTHS	PAID	ALLOWED	ALLOWED		%	
				PAID PMPM	PMPM	PAID	ALLOWED
Under 65	1,167,861	\$19,377,766	\$27,062,908	\$16.59	\$23.17	-1.0%	-1.1%
65 and Over	36,888	\$813,978	\$1,163,981	\$22.07	\$31.55	31.7%	34.7%
<b>TOTAL</b>	<b>1,204,749</b>	<b>\$20,191,745</b>	<b>\$28,226,889</b>	<b>\$16.76</b>	<b>\$23.43</b>	<b>0.0%</b>	<b>0.0%</b>

Existing Net Premiums

	Non-Voluntary	Voluntary	Vol Factor
Trad Option 4	\$21.04	\$24.80	1.18
PPO Option 3	\$15.46	\$18.23	1.18

**New Proposed - only for Group Retiree Dental**

	Non-Voluntary	Voluntary	Vol Factor
Trad Option 4	\$ 27.70	\$ 32.66	1.18
PPO Option 3	\$ 20.35	\$ 24.00	1.18

Factor	1.32
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**LARGE GROUP**

**Exp Pd: Incurred & Paid 201111 - 201210 Paid Thru 201212**

**65 and Over**

Class Level	SERVICES	PAID	ALLOWED	% SERVICES	% PAID	% ALLOWED	PAID	ALLOWED	Claims	Allowed
							PMPM	PMPM	PMPM vs	PMPM vs
							TOTAL	TOTAL	TOTAL	Total
LEVEL 1	10,226	\$339,498	\$346,138	63.3%	41.7%	29.7%	\$9.20	\$9.38	10.2%	10.8%
LEVEL 2	2,652	\$131,862	\$199,812	16.4%	16.2%	17.2%	\$3.57	\$5.42	16.5%	20.4%
LEVEL 3	1,005	\$100,053	\$145,803	6.2%	12.3%	12.5%	\$2.71	\$3.95	17.0%	17.9%
LEVEL 4	2,270	\$242,565	\$472,228	14.1%	29.8%	40.6%	\$6.58	\$12.80	174.4%	175.3%
<b>TOTAL</b>	<b>16,153</b>	<b>\$813,978</b>	<b>\$1,163,981</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$22.07</b>	<b>\$31.55</b>	<b>31.7%</b>	<b>34.7%</b>

**TOTAL**

Class Level	SERVICES	PAID	ALLOWED	% SERVICES	% PAID	% ALLOWED	PAID	ALLOWED
							PMPM	PMPM
LEVEL 1	298,203	\$10,059,884	\$10,206,808	70.8%	49.8%	36.2%	\$8.35	\$8.47
LEVEL 2	64,073	\$3,698,157	\$5,418,330	15.2%	18.3%	19.2%	\$3.07	\$4.50
LEVEL 3	24,399	\$2,793,103	\$4,040,334	5.8%	13.8%	14.3%	\$2.32	\$3.35
LEVEL 4	23,538	\$2,886,591	\$5,602,234	5.6%	14.3%	19.8%	\$2.40	\$4.65
LEVEL 5	10,996	\$754,010	\$2,959,183	2.6%	3.7%	10.5%	\$0.63	\$2.46
<b>TOTAL</b>	<b>421,209</b>	<b>\$20,191,745</b>	<b>\$28,226,889</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$16.76</b>	<b>\$23.43</b>

**CareFirst BlueCross BlueShield (GHMSI)**  
**LARGE GROUP ACCOUNTS OF 51+ CONTRACTS**  
**INDIVIDUAL TIER FACTOR Effective 7/01/13**  
Rate Filing Summary (Filing # 1853)

<u>TIER STRUCTURE</u>	<u>CONTRACT TYPE</u>	<u>TIER FACTORS</u>
# TWO TIER	INDIVIDUAL	1.00
FOUR TIER	INDIVIDUAL	1.00

**Group Hospitalization & Medical Services, Inc. (GHMSI)**  
**NAIC #53007**

**Rate Filing Summary (Filing # 1853)**  
**JURISDICTION: DISTRICT OF COLUMBIA**

**LARGE GROUP ACCOUNTS OF 51+ CONTRACTS**

**Dental Plans for Group Retiree Benefits**  
**Filing #1853**

**Effective 7/01/2013**

**Actuarial Memorandum**

# CareFirst BlueCross BlueShield

## Rate Filing Summary (Filing # 1853)

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email=dwayne.lucado@carefirst.com, c=US  
Date: 2013.01.29 10:44:54 -05'00'

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Dwayne Lucado, FSA, MAAA  
Associate Actuary  
CareFirst BlueCross BlueShield  
Mail Drop-Point 01-780  
Pricing Department  
10455 Mill Run Circle  
Owings Mills, MD 21117

**CareFirst BlueCross BlueShield  
Dental Plans for Group Retiree Benefits**

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# CareFirst BlueCross BlueShield

## Dental Plans for Group Retiree Benefits

### Description of Dental Benefits

**TRADITIONAL AND PREFERRED (PPO) BENEFIT DESCRIPTIONS**

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**LARGE GROUP DENTAL EXPERIENCE**

**Exp Pd: Incurred & Paid 201111 - 201210 Paid Thru 201212**

AGE BRACKET	MEMBER MONTHS	PAID	ALLOWED	PAID PMPM	ALLOWED		% PAID	% ALLOWED
					PMPM			
Under 65	1,167,861	\$19,377,766	\$27,062,908	\$16.59	\$23.17		-1.0%	-1.1%
65 and Over	36,888	\$813,978	\$1,163,981	\$22.07	\$31.55		31.7%	34.7%
TOTAL	1,204,749	\$20,191,745	\$28,226,889	\$16.76	\$23.43		0.0%	0.0%

Existing Net Premiums

	Non-Voluntary	Voluntary	Vol Factor
Trad Option 4	\$21.04	\$24.80	1.18
PPO Option 3	\$15.46	\$18.23	1.18

**New Proposed - only for Group Retiree Dental**

Factor	1.32
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**LARGE GROUP**

**Exp Pd: Incurred & Paid 201111 - 201210 Paid Thru 201212**

**65 and Over**

Class Level	SERVICES	PAID	ALLOWED	% SERVICES	% PAID	% ALLOWED	PAID	ALLOWED	Claims	Allowed
							PMPM	PMPM	PMPM vs	PMPM vs
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LEVEL 2	2,652	\$131,862	\$199,812	16.4%	16.2%	17.2%	\$3.57	\$5.42	16.5%	20.4%
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LEVEL 4	2,270	\$242,565	\$472,228	14.1%	29.8%	40.6%	\$6.58	\$12.80	174.4%	175.3%
<b>TOTAL</b>	<b>16,153</b>	<b>\$813,978</b>	<b>\$1,163,981</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>\$22.07</b>	<b>\$31.55</b>	<b>31.7%</b>	<b>34.7%</b>

**TOTAL**

Class Level	SERVICES	PAID	ALLOWED	% SERVICES	% PAID	% ALLOWED	PAID	ALLOWED
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**CareFirst BlueCross BlueShield (GHMSI)**  
**LARGE GROUP ACCOUNTS OF 51+ CONTRACTS**  
**INDIVIDUAL TIER FACTOR Effective 7/01/13**  
Rate Filing Summary (Filing # 1853)

<u>TIER STRUCTURE</u>	<u>CONTRACT TYPE</u>	<u>TIER FACTORS</u>
# TWO TIER	INDIVIDUAL	1.00
FOUR TIER	INDIVIDUAL	1.00

## Life, Accident & Health, Annuity, Credit Transmittal Document

<b>1.</b>	<b>Prepared for the State of</b>	District of Columbia
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<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 #
	Group Hospitalization and Medical Services, Inc. 840 First Street NE Washington, DC 20065	District of Columbia	Hospital, Medical & Dental Service or Indemnity		53007	53-0078070	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Anna Guloy 10455 Mill Run Circle Owings Mills, MD 21117	(410) 998 - 5098	(410) 998 - 7704	anna.guloy@carefirst.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): _____
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<b>6.</b>	<b>Company Tracking Number</b>	1621
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<b>7.</b>	<input checked="" type="checkbox"/> <b>New Submission</b> <input type="checkbox"/> <b>Resubmission</b>	Previous file # <u>N/A</u>
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<b>8.</b>	<b>Market</b>	<input type="checkbox"/> Individual <input type="checkbox"/> Franchise	<input checked="" type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large
		Group	<input checked="" 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>	H10G Group Health-Dental
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<b>10.</b>	<b>Product Coding Matrix Filing Code</b>	H10G.000 Health-Dental
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<b>11.</b>	<b>Submitted Documents</b>	<p><input type="checkbox"/> <b>FORMS</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Policy</td> <td><input type="checkbox"/> Outline of Coverage</td> <td><input type="checkbox"/> Certificate</td> </tr> <tr> <td><input type="checkbox"/> Application/Enrollment</td> <td><input type="checkbox"/> Rider/Endorsement</td> <td><input type="checkbox"/> Advertising</td> </tr> <tr> <td><input type="checkbox"/> Schedule of Benefits</td> <td><input type="checkbox"/> Other</td> <td></td> </tr> </table> <p><b>Rates</b></p> <input checked="" type="checkbox"/> New Rate <input type="checkbox"/> Revised Rate	<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		
<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											
		<input type="checkbox"/> <b>FILING OTHER THAN FORM OR RATE:</b> Please explain: _____										
		<p><b>SUPPORTING DOCUMENTATION</b></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Articles of Incorporation</td> <td><input type="checkbox"/> Third Party Authorization</td> </tr> <tr> <td><input type="checkbox"/> Association Bylaws</td> <td><input type="checkbox"/> Trust Agreements</td> </tr> <tr> <td><input type="checkbox"/> Statement of Variability</td> <td><input checked="" type="checkbox"/> Certifications</td> </tr> <tr> <td><input checked="" type="checkbox"/> Actuarial Memorandum</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>	<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization	<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements	<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications	<input checked="" type="checkbox"/> Actuarial Memorandum		<input type="checkbox"/> Other _____	
<input type="checkbox"/> Articles of Incorporation	<input type="checkbox"/> Third Party Authorization											
<input type="checkbox"/> Association Bylaws	<input type="checkbox"/> Trust Agreements											
<input type="checkbox"/> Statement of Variability	<input checked="" type="checkbox"/> Certifications											
<input checked="" type="checkbox"/> Actuarial Memorandum												
<input type="checkbox"/> Other _____												

12.	<b>Filing Submission Date</b>	06/27/2011
13.	<b>Filing Fee (If required)</b>	Amount _____ Check Date _____
		Retaliatory <input type="checkbox"/> Yes <input type="checkbox"/> No Check Number _____
14.	<b>Date of Domiciliary Approval</b>	
15.	<b>Filing Description:</b>	
<p>This filing contains the rate proposal for the new Group Hospitalization and Medical Services, Inc. dba CareFirst BlueCross BlueShield's Small Group (2-50 contracts) Voluntary Dental plans, with an effective date of October 1, 2011. Please refer to the Actuarial Memorandum (Supporting Documentation) and Rate filing (Rate/Rule Schedule) for more details.</p>		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>View Complete Filing Description</b> </div>		

16.	<b>Certification (If required)</b>	
<p><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 <u>District of Columbia</u>.</p>		
Print Name <u>Dwayne Lucado, F.S.A., M.A.A.A.</u>		Title <u>Assistant Actuary</u>
Signature <u>Dwayne Lucado</u>		Date: <u>6/24/2011</u>

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

	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 _____	

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18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1621		
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)				
Overall percentage rate impact for this filing		0.0 %		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Rate Filing #1621 This filing contains the proposed rates for GHMSI Small Group Voluntary Dental plans.	DC/CF/DO-DOCS (R. 10/11) DC/GRP APP (R. 10/11)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
02		and any required amendments	<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ___% - ___% <input type="checkbox"/> Other _____	

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