

SERFF Tracking #:

DMND-128816581

State Tracking #:

Company Tracking #:

121812

State: District of Columbia

Filing Company: Dominion Dental Services, Inc.

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental

Product Name: 703x-tk Rate Filing

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method:

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 9.782%

Effective Date of Last Rate Revision: 01/06/2011

Filing Method of Last Filing: SERFF

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):
Dominion Dental Services, Inc.	9.782%	9.782%	\$5,388	249	\$60,471	%	%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Select Plan 703x-tk	DC 12DICOC	New		703x-tk Select Plan Rate Sheet (individual).pdf

DOMINION DENTAL SERVICES

INDIVIDUAL SELECT PLAN 703x-tk

Policy Form Number: DC 12DICOC

Plan	Premium Tier	Monthly Rate
703x-tk	Subscriber	\$17.72
	Subscriber + 1 dependent	\$32.76
	Subscriber + 2 or more dependents	\$48.74

Maximum Application Fee -- \$20.00

This fee is a one-time fee to be paid with the first month's premium.

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State: District of Columbia

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

Product Name: 703x-tk Rate Filing

Project Name/Number: /

Filing Company:

Dominion Dental Services, Inc.

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Cover Letter All Filings		
Comments:	Please see filing description.		
		Item Status:	Status Date:
Satisfied - Item:	Certificate of Authority to File		
Comments:	N/A		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Memorandum		
Comments:			
Attachment(s):	Actuarial Memorandum 703x-tk Individual plans - DC (REVISED).pdf		
		Item Status:	Status Date:
Satisfied - Item:	Actuarial Justification		
Comments:	See Actuarial memorandum		
		Item Status:	Status Date:
Satisfied - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		
Comments:	See Actuarial Memorandum		
		Item Status:	Status Date:
Satisfied - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		
Comments:	This is only our second rate filing for our individual product, thus we do not have a five year rate history. We have provided our previously approved rate filing under a separate tab.		
		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet		

SERFF Tracking #: DMND-128816581 State Tracking #: Company Tracking #: 121812

State: District of Columbia Filing Company: Dominion Dental Services, Inc.
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: 703x-tk Rate Filing
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Bypass Reason:	N/A
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		Item Status:	Status Date:
Satisfied - Item:	Supporting documentation		
Comments:			
Attachment(s):			
Previous Rate Filing (Individual Select Plan 603X).pdf			

Dominion Dental
DENTAL INSURANCE POLICIES
SELECT (DHMO) INDIVIDUAL PLANS
ACTUARIAL MEMORANDUM

Policy Form Number:
DC 12DICOC

Scope and purpose

The purpose of this memorandum is to describe the benefits and document the rates with supporting data, and to certify that this product is in compliance with the applicable laws and regulations of the state. This memorandum is not intended to be used for any other purpose.

Proposed Effective Date

We request an effective date of April 1, 2013 for this 703x-tk Individual Plan. Marketing will commence immediately upon approval of this filing.

Select Plan Benefit Description

The Individual 703x-tk Select Plan is formulated on a capitated delivery model. As such, there is very minimal claims or related indemnity liability with this benefit. Capitation levels are calculated on the basis of actual cost of care as compared to usual and customary charges. Rate increases only occur as the cost of dental materials and dental related overhead increases.

Premium Change Rationale

The Select Plan 703x-tk is a refresh of the previously approved Select Plan 603x. There is a 9.78% rate increase over the Select Plan 603x rates. These rates will become effective April 1, 2013 for new enrollment and renewals. As described in the Anticipated Loss Ratio section of this Memorandum, participating providers receive compensation payments averaging 61% of premium revenue. The rate increases submitted for approval directly correspond to provider service cost increases being requested by network providers. There are no expected changes in utilization patterns associated with the requested rate change. Upon approval, providers will receive a 9.78% increase to capitation rates for eligible members as they renew.

Anticipated Loss Ratio

The following table shows how premium dollars are distributed in the 703x-tk Individual Plan for compensating participating dentists and administration costs.

- 61% Dentist Compensation
- 29% Internal Administrative Costs
- 10% External Commissions
- 0% Profit

These expense assumptions are based on our actual expected costs. The rates in this filing do not include a provision or load for profit margin, surplus contribution, or surplus level.

Reasonableness of Assumptions

In the actuary's best judgment, the assumptions made in determining these premium rates are reasonable.

ACTUARIAL CERTIFICATION

I, Mark Spitler, am a Fellow of the Society of Actuaries, and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment, this filing is in compliance with the applicable laws of this State and with the rules of the Department of Insurance, and complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board, December 2005. The premiums are neither excessive, inadequate, nor unfairly discriminatory, and the benefits provided are reasonable in relation to the premiums.



Mark Spitler, FSA, MAAA

Senior Director, Actuarial Services
Capital BlueCross
(717) 541-6613

January 22, 2013

Disposition for DMND-126933401

SERFF Tracking Number: DMND-126933401 **State:** District of Columbia

Filing Company: Dominion Dental Services, Inc. **State Tracking Number:**

Company Tracking Number: 12310

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

Product Name: DC Individual Rate Filing

Project Name:

Disposition Date:

01/06/2011

Implementation Date:

Status: *

APPROVED

Comments:

Schedule Items

Item Type	Item Name	Item Status	Public Access
Supporting Document	Actuarial Justification		Yes
<i>Supporting Document</i>	<i>Actuarial Justification</i>		<i>Yes</i>
Supporting Document	Transmittal Letter		Yes
Rate	Select Plan 603x		Yes
Rate	Access PPO Application Fee		Yes

DOMINION DENTAL SERVICES

INDIVIDUAL SELECT PLAN 603X

Policy Form Number: DC 10PICOC

Plan	Premium Tier	Monthly Rate
603X	Subscriber	\$16.14
	Subscriber + 1 dependent	\$29.84
	Subscriber + 2 or more dependents	\$44.42

Maximum Application Fee -- \$20.00

This fee is a one-time fee to be paid with the first month's premium.

State: District of Columbia

TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental

Product Name: 703x-tk Rate Filing

Project Name/Number: /

Filing Company:

Dominion Dental Services, Inc.

Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
12/18/2012		Supporting Document	Actuarial Memorandum	01/22/2013	Actuarial Memorandum 703x-tk Individual plans - DC.pdf (Superseded)

Dominion Dental
DENTAL INSURANCE POLICIES
SELECT (DHMO) INDIVIDUAL PLANS
ACTUARIAL MEMORANDUM

Policy Form Number:
DC 12DICOC

Scope and purpose

The purpose of this memorandum is to describe the benefits and document the rates with supporting data, and to certify that this product is in compliance with the applicable laws and regulations of the state. This memorandum is not intended to be used for any other purpose.

Proposed Effective Date

We request an effective date of April 1, 2013 for this 703x-tk Individual Plan. Marketing will commence immediately upon approval of this filing.

Select Plan Benefit Description

The Individual 703x-tk Select Plan is formulated on a capitated delivery model. As such, there is very minimal claims or related indemnity liability with this benefit. Capitation levels are calculated on the basis of actual cost of care as compared to usual and customary charges. Rate increases only occur as the cost of dental materials and dental related overhead increases.

Premium Change Rationale

The Select Plan 703x-tk is a refresh of the previously approved Select Plan 603x. There is a 4.5% rate increase over the Select Plan 603x rates. These rates will become effective April 1, 2013 for new enrollment and renewals. As described in the Anticipated Loss Ratio section of this Memorandum, participating providers receive compensation payments averaging 61% of premium revenue. The rate increases submitted for approval directly correspond to provider service cost increases being requested by network providers. There are no expected changes in utilization patterns associated with the requested rate change. Upon approval, providers will receive a 4.5% increase to capitation rates for eligible members as they renew.

Anticipated Loss Ratio

The following table shows how premium dollars are distributed in the 703x-tk Individual Plan for compensating participating dentists and administration costs.

- 61% Dentist Compensation
- 39% Administrative and Marketing Costs

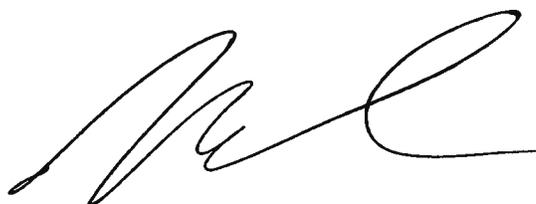
These expense assumptions are based on our actual expected costs. The rates in this filing do not include a provision or load for profit margin, surplus contribution, or surplus level.

Reasonableness of Assumptions

In the actuary's best judgment, the assumptions made in determining these premium rates are reasonable.

ACTUARIAL CERTIFICATION

I, Mark Spitler, am a Fellow of the Society of Actuaries, and a Member of the American Academy of Actuaries. I certify that to the best of my knowledge and judgment, this filing is in compliance with the applicable laws of this State and with the rules of the Department of Insurance, and complies with Actuarial Standards of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans", as adopted by the Actuarial Standards Board, December 2005. The premiums are neither excessive, inadequate, nor unfairly discriminatory, and the benefits provided are reasonable in relation to the premiums.



Mark Spitler, FSA, MAAA

Senior Director, Actuarial Services
Capital BlueCross
(717) 541-6613

December 4, 2012