
State:	District of Columbia	Filing Company:	Sun Life Assurance Company of Canada
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Certificate		
Project Name/Number:	SUNLIFE-3/69.1/69.1		

Filing at a Glance

Company:	Sun Life Assurance Company of Canada
Product Name:	Group Accident Certificate
State:	District of Columbia
TOI:	H02G Group Health - Accident Only
Sub-TOI:	H02G.000 Health - Accident Only
Filing Type:	Rate
Date Submitted:	08/16/2013
SERFF Tr Num:	FRCS-129165330
SERFF Status:	Closed-APPROVED
State Tr Num:	
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Implementation	On Approval
Date Requested:	
Author(s):	Michael Cochran, Kevin Wiggs
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:	09/04/2013
Disposition Status:	APPROVED
Implementation Date:	09/04/2013

State Filing Description:

State: District of Columbia
TOI/Sub-TOI: H02G Group Health - Accident Only/H02G.000 Health - Accident Only
Product Name: Group Accident Certificate
Project Name/Number: SUNLIFE-3/69.1/69.1

Filing Company: Sun Life Assurance Company of Canada

General Information

Project Name: SUNLIFE-3/69.1
Project Number: 69.1
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: Resubmission
Group Market Size: Small and Large
Overall Rate Impact:
Status of Filing in Domicile: Authorized
Date Approved in Domicile: 04/18/2013
Domicile Status Comments:
Market Type: Group
Previous Filing Number: FRCS-129075624
Group Market Type: Employer
Filing Status Changed: 09/04/2013
State Status Changed:
Deemer Date:
Submitted By: Michael Cochran
Created By: Michael Cochran
Corresponding Filing Tracking Number: FRCS-128961353

Filing Description:

REQUEST CONFIDENTIALITY FOR RATES

We have been retained by Sun Life Assurance Company of Canada to file the enclosed rates for approval in your state. The following is a resubmission of a filing closed by your Department on 08/14/2013, (SERFF Tracking # FRCS-129075624). The Company's response to your objection dated 07/23/2013. will appear near the end of this filing description.

The company's group number is 0549.

The forms that these rates apply to are being filed with your department under separate cover (SERFF Tracking # FRCS-128961353). It is currently closed, but the analyst will re-open once this rate filing is approved.

We also request such materials be handled on a confidential basis if allowed by your Department.

In response to your objection letter dated 7-23-13, on behalf of the Company, we offer the following for your consideration.

Please see the attached response from the actuary.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Company and Contact

Filing Contact Information

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State: District of Columbia**Filing Company:** Sun Life Assurance Company of Canada**TOI/Sub-TOI:** H02G Group Health - Accident Only/H02G.000 Health - Accident Only**Product Name:** Group Accident Certificate**Project Name/Number:** SUNLIFE-3/69.1/69.1

Filing Company Information

(This filing was made by a third party - FC01)

Sun Life Assurance Company of
Canada

CoCode: 80802

State of Domicile: Michigan

One Sun Life Executive Park

Group Code: 549

Company Type:

Wellesley Hills, MA 02481

Group Name: Sun Life Financial

State ID Number:

(800) 432-1102 ext. [Phone]

Group

FEIN Number: 38-1082080

Filing Fees

Fee Required? No

Retaliatory? No

Fee Explanation:

State:	District of Columbia	Filing Company:	Sun Life Assurance Company of Canada
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Certificate		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Darniece Shirley	09/04/2013	09/04/2013

State:	District of Columbia	Filing Company:	Sun Life Assurance Company of Canada
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
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Disposition

Disposition Date: 09/04/2013

Implementation Date: 09/04/2013

Status: APPROVED

Comment:

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):
Sun Life Assurance Company of Canada	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Cover Letter All Filings		Yes
Supporting Document	Certificate of Authority to File		Yes
Supporting Document	Actuarial Memorandum		Yes
Supporting Document	Actuarial Justification		Yes
Supporting Document	District of Columbia and Countrywide Loss Ratio Analysis (P&C)		Yes
Supporting Document	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)		Yes
Supporting Document	Actuarial Memorandum and Certifications		Yes
Supporting Document	Unified Rate Review Template		Yes
Supporting Document	DC Response to Objection dated 7-23-13		Yes
Supporting Document	Objection Letter of 7-23-2013		Yes
Rate	Rates		No

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Rate Information

Rate data applies to filing.

Filing Method:	for Approval
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	0.000%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	N/A

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):
Sun Life Assurance Company of Canada	0.000%	0.000%	\$0	0	\$0	0.000%	0.000%

State:	District of Columbia	Filing Company:	Sun Life Assurance Company of Canada
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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		Rates	12-AC-C-01, 12-AC-R-01, 12-AC-R-02	New		Sun Life Personal Accident Rate Manual.pdf, Confidentiality Request Explanantion for Rates.pdf,

SUN LIFE ASSURANCE COMPANY OF CANADA

2013 Group Rate Manual

Personal Accident Insurance

Table of Contents

I. Introduction	4
A. Purpose and Applicability	4
B. Rating Methods	4
C. Overview of the Manual Rating Algorithm	4
II. Standard Benefit Configurations	5
A. Overview of the Personal Accident Benefits	5
B. Personal Accident Benefits by Plan Design	5
1) Preferred Plan.....	5
a) Life and Dismemberment.....	6
b) Dislocations.....	6
c) Fractures.....	6
d) Lacerations.....	6
e) Additional Injuries	6
f) Burns	6
g) Medical Services	6
h) Hospital.....	7
i) Surgical	7
j) Emergency Dental.....	7
2) Essential Plan.....	7
3) Disability Riders	8
a) Employee Disability Rider.....	8
b) Spouse Disability Rider	8
III Manual Rating Algorithm.....	9
A. Development of Claim Costs for the Preferred Plan.....	9
1) Obtain Starting Claim Costs for Chosen Plan	9
2) Adjust Claim Costs for Dependent AD&D Factors	9
3) Adjust Claim Costs for the Duration between the Covered Accident and the Benefit Factor.....	9
a) General Duration Table (covers all benefits not specifically mentioned below)	9
b) Duration Table for Ambulance, Brain Injuries, Burns, Coma, Concussion, Emergency Room, Lacerations, and Physician's Initial Office Visit.....	9
c) Duration Table for Gunshot Wounds	10
d) Duration Table for Hospital and ICU Admission and ICU Confinement	10
e) Duration Table for Prescription Drugs.....	10
f) Duration Table for Surgery (other than Laparoscopic)	10
g) Duration Table for Laparoscopic Surgery.....	10
h) Duration Table for Prosthesis.....	10
4) Adjust Claim Costs for the Minimum Duration for a Benefit to be Payable	10
5) Adjust Claim Costs for the Maximum Covered Days per Year.....	10
6) Adjust Claim Costs for the Maximum Number of Visits, Days, Injections, etc per Covered Accident	10
a) Physician's Follow Up Treatment Number of Visits Factor	10
b) Physical and Occupational Therapy Number of Visits Factor	10
c) Epidural Pain Management Number of Injections Factor	10
d) Prescription Drug Number of Drugs Factor.....	11
e) ICU Confinement Number of Days Factor	11
f) Family Lodging Number of Nights Factor.....	11
g) Transportation Number of Trips Factor	11
h) Rehabilitation Number of Days Factor	11
7) Adjust Surgical Claim Costs for Number of Days to Diagnosis	11
8) Adjust Dislocation Claim Costs for Incomplete Dislocation Percent	11
9) Adjust Claim Costs for 24 Hour vs Off-job Benefits	11
10) Adjust Claim Costs for Termination Age	11

Table of Contents

11)	Sum all Adjusted Claim Costs by Tier.....	12
12)	Adjust Claim Costs for Optional Value Added Service.....	12
13)	Adjust Claim Costs for Group Specific Characteristics	12
B.	Development of Claim Costs for the Essential Plan	12
1)	Obtain Starting Claim Costs for Chosen Plan.....	12
2)	Calculate Tier Level Claim Costs	12
3)	Adjust Claim Costs for the Duration between the Covered Accident and the Benefit Factor.....	13
4)	Adjust Claim Costs for 24 Hour vs Off-job Benefits	13
5)	Adjust Claim Costs for Group Specific Characteristics	13
C.	Development of Claim Costs for the Disability Riders.....	13
1)	Obtain Starting Claim Costs for the Disability Riders	13
2)	Adjust Claim Costs for the Duration between the Covered Accident and the Disability Factor.....	14
3)	Adjust Claim Costs for the Partial Disability Factor.....	14
4)	Adjust Claim Costs for 24 Hour vs Off-job Benefits	14
5)	Adjust Claim Costs for Group Specific Characteristics	14
D.	Converting Claim Costs to Premium Rates.....	14
1)	Applying commissions and retention.....	14
2)	Modal Factors	15
	Appendix A (Preferred Plan Design)	16
	Appendix B (Essential Plan Design)	19
	Appendix C (Rate Manual Tables)	20

Personal Accident Group Rating Manual

I. Introduction

A. Purpose and Applicability

This manual documents the rating methodology for determining rates for group personal accident insurance for Sun Life Assurance Company of Canada. This rate manual applies to forms 12-AC-C-01, 12-AC-R-01 and 12-AC-R-02

This rate manual:

- 1) Describes the rating methods used and the purpose of each.
- 2) Provides an overview of the manual-rating algorithm.
- 3) Provides the standard benefit configurations and options.
- 4) Contains tables of pricing factors for each of the rating steps.

B. Rating Methods

Sun Life employs three methods of rating:

- 1) "Manual" or "book" rating. Manual rating is used to estimate the claim and expense costs for a particular group as defined by its characteristics. All groups using this method with the same characteristics will have the same rate. This method is currently employed below 200 subscribers and for groups of 200 or more, if they have no acceptable claims experience.
- 2) "Experience" rating. Experience rating uses a groups own claims experience to determine its premium. This method is employed for groups of at least 200 subscribers.
- 3) Blended rates. This method blends methods 1) and 2) and is based on a group's size for groups from 25 to 200. The size determines the group's credibility. The larger the group, the more credible its experience.

C. Overview of the Manual Rating Algorithm

Part III of this manual outlines the steps of the rating algorithm. The algorithm is broken into four sections:

- 1) Development of expected claim costs for the preferred plan
- 2) Development of expected claim costs for the essential plan
- 3) Development of expected claim costs for the disability riders
- 4) Converting claim costs into premium rates

Personal Accident Group Rating Manual

II. Standard Benefit Configurations

A. Overview of the Personal Accident Benefits

Personal Accident coverage offers financial support in the event of a covered accident. A scheduled lump sum payment is made for certain injuries, or death, that arises from a covered accident as well as many of the ancillary expenses that often accompany an injury.

B. Personal Accident Benefits by Plan Design

This section describes standard benefit configurations. The following is outlined:

- 1) Preferred Plan
- 2) Essential Plan
- 3) Disability Riders

1) Preferred Plan

Personal Accident Benefits are divided into ten (10) benefit categories on the preferred plan. An employer may elect to offer one of six main benefit plans or customize their own plan. The six main benefit plan combinations are made up of three standard plan designs (low, middle, and high) with 24 hour and off-job only options on each. In general, injuries or death must occur within a set number of days from the accident to be covered. Some benefits also have a limit to the number of times they can be collected per covered accident. A full listing of the conditions that the Preferred Plan covers as well as the standard benefit amounts payable for each condition are included in Appendix A.

The benefit categories are defined as follows:

- a) Life and Dismemberment
- b) Dislocations
- c) Fractures
- d) Lacerations
- e) Additional Injuries
- f) Burns
- g) Medical Services
- h) Hospital
- i) Surgical
- j) Emergency Dental

Personal Accident Group Rating Manual

a) Life and Dismemberment

These losses include accidental death and dismemberment. The accidental death benefits are double if the death was by a common carrier. Accidental dismemberment includes the loss of a hand, foot, leg, arm, finger, toe, ear and eye. This also includes the loss of hearing and sight. Spouse accidental death benefits are standard at 100% of the employee amount, while child accidental death benefits are standard at 25% of the employee amount.

b) Dislocations

Covered dislocations include the hip, knee, ankle, elbow, wrist, shoulder, collarbone, fingers, toes, lower jaw, bones of the foot and bones of the hand. Dislocations may be an open reduction (requiring surgery) or a closed reduction (non-surgical). Our standard options pay 50% of the open reduction amount for a closed reduction. Incomplete dislocations pay at 25% of the open reduction amount under our standard plans. We will pay for at most two dislocations per covered accident, with the two highest benefit amounts payable.

c) Fractures

Covered fractures include the hip, knee, ankle, elbow, wrist, shoulder, collarbone, fingers, toes, lower jaw, bones of the foot and bones of the hand. Fractures may be an open reduction (requiring surgery) or a closed reduction (non-surgical). Our standard options pay 50% of the open reduction amount for a closed reduction. We will pay for at most two fractures per covered accident, with the two highest benefit amounts payable.

d) Lacerations

Lacerations (or cuts) are payable based on the length of the cut, with a minimum laceration of 2 inches required to be payable. Lacerations that are not serious enough to require sutures are not payable under this policy.

e) Additional Injuries

Additional injuries cover eye injuries, brain injuries, gunshot wounds, paralysis, comas, and concussions. Paralysis is paid based on the number of limbs that are paralyzed. Concussions are the only benefit in the entire accident plan that has a lifetime limit (\$1,500).

f) Burns

Burn benefits are payable based on the degree of the burn and how much of the body (defined by square inches) is burned. The burn benefit also includes a benefit for skin grafts.

g) Medical Services

Medical Services include diagnostic exams, x-rays, physician office visits, physical therapy, occupational therapy, medical devices, epidural pain management and prescription drugs. These benefits have a limit on the

Personal Accident Group Rating Manual

number of exams, office visits, devices, injections, or drugs that are payable per covered accident.

h) Hospital

The hospital category is a broad category that includes benefits for Hospital, ICU, and emergency room admissions, hospital and ICU confinement, ambulance (regular and air), transfusion (blood, plasma, or platelet), rehabilitation, family lodging, and transportation. Many of these benefits have limitations on the number of days a benefit is payable or additional parameters that are fully addressed in the covered benefit loads section of the manual.

i) Surgical

The surgical category includes a number of surgical procedures that are necessary as the result of a covered injury. This benefit category includes specified surgeries for tendons, ligaments, rotator cuff tears, torn knee cartilage, ruptured or herniated disc, and open surgeries not otherwise specified. In addition, exploratory and laparoscopic surgeries are covered as well as anesthesia and the need for a prosthesis device.

j) Emergency Dental

This benefit includes dental extractions or crowns as a result of injuries sustained in a covered accident.

2. Essential Plan

Personal Accident Benefits are limited to eleven (11) key accident benefits so that the core accident coverage can be achieved with a simple plan design. These benefits are accidental death, accidental dismemberment, loss of hearing (one or both ears), loss of sight (one or both eyes), fractures, dislocations, hospital confinement, emergency room visits, outpatient office visits, ambulance (air or ground), and medical devices. The essential plan has no limits to the number of fractures, dislocations, office visits, etc per covered accident, but does cap the total benefit amount per accident at the selected maximum benefit amount. Maximum benefit amounts are offered in seven (7) amounts, ranging from \$1,000 to \$10,000 per covered accident. All of these plans are offered with 24 hour and off-job only options on each. A full listing of the benefits in the Essential Plan as well as the standard benefit amounts payable for each condition are included in Appendix B.

Personal Accident Group Rating Manual

3. Disability Riders

Employee or Spouse disability riders are available to be added to any of the preferred or essential plan designs. These riders are meant to replace a portion of the insured's income that is lost due to a covered disability caused by injuries sustained in a covered accident. Both disability riders allow for the election of the elimination period (0, 7, 14, or 30 days), benefit duration (13, 26, or 52 weeks), and the weekly benefit amount (\$100 - \$750 per week).

a) Employee Disability Rider

The Employee Disability Rider is meant to replace income when the insured, as a result of injuries sustained in a covered accident, is unable to perform the material and substantial duties of his or her regular occupation.

b) Spouse Disability Rider

The Spouse Disability Rider is meant to replace income or provide compensation when the insured spouse, as a result of injuries sustained in a covered accident, is disabled. The definition of disability is based on material and substantial duties when the insured spouse was employed at the time of disability or on activities of daily living when the insured spouse was unemployed at the time of disability.

Personal Accident Group Rating Manual

III Manual Rating Algorithm

A. Development of Claim Costs for the Preferred Plan

Note: Table number corresponds to step numbers 1-10. For example, step 1 refers to values in Table 1. Adjustment factors for any values not in the tables provided will be interpolated.

1) Obtain Starting Claim Costs for Chosen Plan

Tables 1A – 1F list per member per month claim costs by benefit category, plan level, and tier. Table 1A is for Employee Only coverage, Table 1B is for Employee and Spouse coverage, Table 1C is for Employee and Child(ren) coverage, Table 1D is for Family coverage, Table 1E is for Spouse only coverage and Table 1F is for Spouse and Child(ren) coverage.

For custom plan designs, where the benefit amount does not equal the low, mid, or high standard plans, the mid level claim cost is multiplied by the ratio of the benefit amount selected and the mid level benefit amount to arrive at the starting claim cost.

2) Adjust Claim Costs for Dependent AD&D Factors

Table 2 shows the adjustments made to the starting claim costs for dependent AD&D factors. These adjustments apply to the Life and Dismemberment claim costs for the spouse and child and are multiplicative.

3) Adjust Claim Costs for the Duration between the Covered Accident and the Benefit Factor

Tables 3A – 3H show the adjustments made to the starting claim costs for the number of days between the covered accident and the benefit. These adjustments apply to all claim costs and are multiplicative, but not all benefits are covered under the same table.

a) General Duration Table (covers all benefits not specifically mentioned below)

b) Duration Table for Ambulance, Brain Injuries, Burns, Coma, Concussion, Emergency Room, Lacerations, and Physician's Initial Office Visit

Personal Accident Group Rating Manual

- c) **Duration Table for Gunshot Wounds**
 - d) **Duration Table for Hospital and ICU Admission and ICU Confinement**
 - e) **Duration Table for Prescription Drugs**
 - f) **Duration Table for Surgery (other than Laparoscopic)**
 - g) **Duration Table for Laparoscopic Surgery**
 - h) **Duration Table for Prosthesis**
- 4) Adjust Claim Costs for the Minimum Duration for a Benefit to be Payable**
Two covered benefits have a waiting period prior to the benefit being covered. These covered benefits are the Coma Benefit and the Hospital Admission Benefit. These adjustments factors are multiplicative. Table 4A is for Comas and Table 4B is for Hospital Admissions.
- 5) Adjust Claim Costs for the Maximum Covered Days per Year**
The Hospital Confinement Benefit is limited to a certain number of days per year, regardless of how many covered accidents are incurred. This adjustment factor is multiplicative to the Hospital Confinement claim cost and is in Table 5.
- 6) Adjust Claim Costs for the Maximum Number of Visits, Days, Injections, etc per Covered Accident**
Numerous Benefits have a maximum number of visits, days, injections, etc that are payable per covered accident. These adjustments apply to claim costs for that particular benefit and are multiplicative.
- a) **Physician's Follow Up Treatment Number of Visits Factor**
 - b) **Physical and Occupational Therapy Number of Visits Factor**
 - c) **Epidural Pain Management Number of Injections Factor**

Personal Accident Group Rating Manual

d) Prescription Drug Number of Drugs Factor

e) ICU Confinement Number of Days Factor

f) Family Lodging Number of Nights Factor

g) Transportation Number of Trips Factor

h) Rehabilitation Number of Days Factor

7) Adjust Surgical Claim Costs for Number of Days to Diagnosis

Surgery is sometimes not the first procedure after a covered accident, but can be considered well after the date of the covered accident and still be related to the accident. We will cover these benefits, subject to the maximum durations for the actual surgery in 3F and 3G, but the injury must still be diagnosed by a physician within a reasonable time after the covered accident. These adjustments apply to claim costs for surgery benefits (other than prosthesis and anesthesia) and are multiplicative.

8) Adjust Dislocation Claim Costs for Incomplete Dislocation Percent

Dislocations may be complete or incomplete. Incomplete dislocations are where the joint is not completely separated and these are generally less invasive injuries and can therefore be paid at a lesser percent than a complete dislocation. This adjustment applies to claim costs for closed dislocation benefits and is multiplicative.

9) Adjust Claim Costs for 24 Hour vs Off-job Benefits

Starting claim costs are based on 24 hour coverage, so off-job only coverage results in a discount. This adjustment applies to all claim costs and is multiplicative.

10) Adjust Claim Costs for Termination Age

Starting claim costs are based on no termination age, but for group coverage, our standard benefit will limit the age an insured can be covered under this policy. This adjustment applies to all claim costs and is multiplicative.

Personal Accident Group Rating Manual

11) Sum all Adjusted Claim Costs by Tier

Add all Monthly Claim Costs, after adjusted by the appropriate adjustment factors above, to get one adjusted claim cost total. This should be done separately by tier (employee only, employee and spouse, etc). This total is the Monthly Adjusted Claim Cost.

12) Adjust Claim Costs for Optional Value Added Service

Emergency Travel Assistance, through Assist America, is an optional value added service. This benefit will include global emergency medical services for travelers. If a member becomes ill or injured while traveling more than 100 miles from home or is in a foreign country, Assist America will support that member with an array of services, including medical referrals, monitoring, evacuation, repatriation and much more. The claim cost for this service is \$0.06 PEPM and should be added to the total Monthly Adjusted Claim Cost for each tier.

13) Adjust Claim Costs for Group Specific Characteristics

Some groups may have characteristics that are not captured in this rate manual. Specific and documented adjustments to adjust for this increased or decreased risk are multiplicative. The adjusted claim costs by tier after this step are called the Final Claim Costs for the Preferred Plan.

B. Development of Claim Costs for the Essential Plan

1) Obtain Starting Claim Costs for Chosen Plan

Tables 11A – 11C list per member per month claim costs by benefit category, plan level, and covered insured. Table 11A is for Employee coverage, table 11B is for Spouse coverage and table 11C Child(ren) coverage.

2) Calculate Tier Level Claim Costs

Claim costs by tier are calculated from the tables in step B1 above using an employee with dependent factor and the average number of children covered. The employee with dependent factor is 0.80 as employees with dependents have better accident experience. The average number of children by tier is in Table 12. The tier calculations are then:

- Employee Only = Employee Claim Cost
- Employee & Spouse = (Employee Claim Cost * .8) + Spouse Claim Cost

Personal Accident Group Rating Manual

- Employee & Children = (Employee Claim Cost * .8) + (Child Claim Cost * number of children)
- Employee & Family = (Employee Claim Cost * .8) + Spouse Claim Cost + (Child Claim Cost * number of children)
- Spouse Only = Spouse Claim Cost
- Spouse & Children = Spouse Claim Cost + (Child Claim Cost * number of children)

3) Adjust Claim Costs for the Duration between the Covered Accident and the Benefit Factor

Tables 3A and 3B show the adjustments made to the starting claim costs for the number of days between the covered accident and the benefit. These adjustments apply to all claim costs and are multiplicative, but not all benefits are covered under the same table

a) General Duration Table (covers all benefits not specifically mentioned below)

b) Duration Table for Emergency Room and Ambulance

4) Adjust Claim Costs for 24 Hour vs Off-job Benefits

Starting claim costs are based on 24 hour coverage, so off-job only coverage results in a discount. This adjustment, shown in table 9, applies to all claim costs and is multiplicative.

5) Adjust Claim Costs for Group Specific Characteristics

Some groups may have characteristics that are not captured in this rate manual. Specific and documented adjustments to adjust for this increased or decreased risk are multiplicative. The adjusted claim costs by tier after this step are called the Final Claim Costs for the Essential Plan

C. Development of Claim Costs for the Disability Riders

1) Obtain Starting Claim Costs for the Disability Riders

Tables 13A – 13D list per \$100 of weekly benefit claim costs by elimination period and benefit duration. Tables 13A and 13B are for the Employee coverage, with and without first day hospital, respectively, while tables 13C and 13D are for the Spouse coverage, with and without first day hospital, respectively.

Personal Accident Group Rating Manual

2) Adjust Claim Costs for the Duration between the Covered Accident and the Disability Factor

Table 3A shows the adjustment made to the starting claim costs for the number of days between the covered accident and the disability. These adjustments apply to all claim costs and are multiplicative.

3) Adjust Claim Costs for the Partial Disability Factor

Table 14 shows the adjustment made to the claim costs for including partial disability, if elected. These adjustments apply to all claim costs and are multiplicative.

4) Adjust Claim Costs for 24 Hour vs Off-job Benefits

Starting claim costs are based on 24 hour coverage, so off-job only coverage results in a discount. This adjustment, shown in table 9, applies to all claim costs and is multiplicative.

5) Adjust Claim Costs for Group Specific Characteristics

Some groups may have characteristics that are not captured in this rate manual. Specific and documented adjustments to adjust for this increased or decreased risk are multiplicative. The adjusted claim costs after this step are called the Final Claim Costs for the Employee Disability Rider and Spouse Disability Rider.

D. Converting Claim Costs to Premium Rates

1) Applying commissions and retention

Final Claim Costs for the Preferred Plan, Essential Plan, and Disability Riders are converted to premiums by adding in the cost of commissions and company retention, which includes administration costs, taxes, and profit.

$$\text{Premium} = (\text{final claim cost}) / (1 - \text{commission \%} - \text{retention \%})$$

The premium is then checked to make sure minimum loss ratios are satisfied.

Premiums are per employee per month for the Preferred and Essential Plan and per \$100 of weekly benefit for the Employee and Spouse Disability Riders

Personal Accident Group Rating Manual

2) Modal Factors

Premiums in step D1 are for monthly premiums, but other premium modes are available. The factors to convert to other premium modes are in Table 15. Final premiums are rounded to two decimal places.

Appendix A (Preferred Plan Design)

Preferred Plan	Low	Mid	High
Accidental Death	\$20,000	\$25,000	\$50,000
Accidental Death Common Carrier	\$40,000	\$50,000	\$100,000
Catastrophic Loss	\$25,000	\$50,000	\$75,000
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$4,000	\$7,500	\$15,000
Two or More Fingers or Toes	\$1,000	\$1,500	\$3,000
One Finger or Toe	\$500	\$750	\$1,500
Loss of Hearing of One Ear or Loss of One Ear	\$4,000	\$7,500	\$15,000
Loss of Sight of One Eye or Loss of One Eye	\$4,000	\$7,500	\$15,000
Dislocations (Open Reduction):			
Hip	\$2,000	\$6,000	\$8,000
Knee, Ankle, Bones of the Foot	\$1,000	\$3,000	\$4,000
Elbow or Wrist	\$500	\$800	\$1,200
Shoulder	\$500	\$800	\$1,200
Collarbone, Bones of the Hand	\$500	\$800	\$1,200
Finger(s) or Toe(s)	\$100	\$200	\$400
Lower Jaw	\$500	\$800	\$1,200
Dislocations (Closed Reduction):			
Hip	\$1,000	\$3,000	\$4,000
Knee, Ankle, Bones of the Foot	\$500	\$1,500	\$2,000
Elbow or Wrist	\$250	\$400	\$600
Shoulder	\$250	\$400	\$600
Collarbone, Bones of the Hand	\$250	\$400	\$600
Finger(s) or Toe(s)	\$50	\$100	\$200
Lower Jaw	\$250	\$400	\$600
Fractures (Open Reduction):			
Hip or Thigh	\$2,000	\$4,000	\$6,000
Skull-Depressed	\$3,000	\$6,000	\$10,000
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$500	\$1,000	\$1,500
Leg	\$1,200	\$2,000	\$3,000
Vertebrae	\$1,200	\$2,000	\$3,000
Pelvis	\$1,200	\$2,400	\$3,200
Upper Jaw or Upper Arm	\$600	\$1,000	\$1,400
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$500	\$900	\$1,200
Rib, Finger, Toe or Coccyx	\$200	\$300	\$400
Multiple Ribs	\$500	\$1,000	\$1,500
Fractures (Closed Reduction):			
Hip or Thigh	\$1,000	\$2,000	\$3,000

Appendix A (Preferred Plan Design)

Preferred Plan	Low	Mid	High
Skull-Depressed	\$1,500	\$3,000	\$5,000
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$250	\$500	\$750
Leg	\$600	\$1,000	\$1,500
Vertebrae	\$600	\$1,000	\$1,500
Pelvis	\$600	\$1,200	\$1,600
Upper Jaw or Upper Arm	\$300	\$500	\$700
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$250	\$450	\$600
Rib, Finger, Toe or Coccyx	\$100	\$150	\$200
Multiple Ribs	\$250	\$500	\$750
Eye Injury	\$200	\$250	\$300
Gunshot Wound	\$250	\$500	\$500
Brain Injury	\$100	\$150	\$200
Paralysis - Monoplegia/Uniplegia	\$500	\$1,000	\$2,000
Paralysis - Diplegia	\$1,000	\$2,500	\$5,000
Paralysis - Hemiplegia	\$1,000	\$2,500	\$5,000
Paralysis - Paraplegia	\$1,000	\$2,500	\$5,000
Paralysis - Quadriplegia	\$5,000	\$7,500	\$10,000
Coma	\$0	\$10,000	\$15,000
Concussion	\$100	\$150	\$200
Lacerations:			
2" to 6" with Sutures	\$200	\$300	\$400
Greater than 6" with Sutures	\$400	\$600	\$800
Burns:			
Greater than 36% of Body 2nd Degree	\$500	\$1,000	\$1,500
9 up to 18 Square Inches 3rd Degree	\$1,000	\$2,000	\$3,000
Over 18, up to 35 Square Inches 3rd Degree	\$3,000	\$4,000	\$5,000
Over 35 Square Inches 3rd Degree	\$10,000	\$12,000	\$15,000
Skin Graft	\$7,000	\$9,000	\$11,500
Diagnostic Exam	\$100	\$150	\$200
X-ray	\$20	\$30	\$40
Physician's Initial Office Visit	\$0	\$50	\$50
Physician's Follow Up Treatment Office Visit	\$50	\$50	\$50
Physical Therapy	\$20	\$25	\$30
Occupational Therapy	\$20	\$25	\$30
Medical Devices	\$50	\$100	\$200
Epidural Pain Management	\$25	\$50	\$75
Prescription Drug	\$0	\$25	\$25

Appendix A (Preferred Plan Design)

Preferred Plan	Low	Mid	High
Hospital Confinement	\$100	\$200	\$300
Intensive Care Unit Confinement	\$50	\$100	\$200
Ambulance Regular	\$100	\$200	\$300
Ambulance Air	\$500	\$1,000	\$1,500
Emergency Room Admission or Urgent Care Facility	\$100	\$100	\$100
Family Lodging	\$100	\$125	\$150
Transportation	\$150	\$300	\$600
Rehabilitation Unit	\$100	\$125	\$150
Hospital Admission	\$500	\$1,000	\$1,500
Blood, Plasma, Platelet	\$100	\$200	\$300
Intensive Care Unit Admission	\$750	\$1,500	\$2,500
Surgery:			
Open Surgery (Not Otherwise Specified)	\$1,000	\$1,500	\$2,000
Exploratory Surgery or Debridement	\$100	\$150	\$200
Laparoscopic Surgery or Hernia Repair	\$100	\$150	\$200
Prosthesis (One)	\$0	\$750	\$1,000
Prosthesis (Two)	\$0	\$1,500	\$2,000
Anesthesia	\$25	\$50	\$75
Tendon/Ligament/Rotator Cuff Tear	\$500	\$750	\$1,000
Torn Knee Cartilage	\$500	\$750	\$1,000
Ruptured/Herniated Disc	\$500	\$750	\$1,000
Emergency Dental Extraction	\$0	\$75	\$100
Emergency Dental Crown	\$0	\$300	\$400

Appendix B (Essential Plan Design)

Maximum Benefit Amount	1,000	2,000	3,000	4,000	5,000	7,500	10,000
Accidental Death	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Accidental Dismemberment	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Loss of Hearing of One Ear or Loss of One Ear	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Loss of Hearing of Both Ears or Loss of Both Ears	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Loss of Sight of One Eye or Loss of Eye	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Loss of Sight of Both Eyes or Loss of Both Eyes	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Fracture	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Fractured Rib, Finger, Toe, or Coccyx	\$250	\$400	\$500	\$500	\$500	\$500	\$500
Dislocation	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Dislocated Finger or Toe	\$250	\$400	\$400	\$400	\$400	\$400	\$400
Hospital Confinement - per day	\$100	\$150	\$200	\$250	\$300	\$350	\$400
Emergency Room (per visit)	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Physician's Office Visit or Outpatient Visit (per visit)	\$50	\$50	\$50	\$50	\$50	\$100	\$100
Ambulance Air or Ground	\$150	\$200	\$250	\$300	\$350	\$400	\$400
Medical Devices (per device)	\$75	\$100	\$125	\$150	\$175	\$200	\$250

Table 1A - Preferred Plan Monthly Claim Costs			
Employee Only	Low	Mid	High
Accidental Death	\$0.6990	\$0.8737	\$1.7474
Accidental Death Common Carrier	\$0.0006	\$0.0007	\$0.0014
Catastrophic Loss	\$0.0791	\$0.1582	\$0.2373
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$0.0171	\$0.0320	\$0.0640
Two or More Fingers or Toes	\$0.0457	\$0.0685	\$0.1370
One Finger or Toe	\$0.0231	\$0.0347	\$0.0693
Loss of Hearing of One Ear or Loss of One Ear	\$0.0003	\$0.0006	\$0.0012
Loss of Sight of One Eye or Loss of One Eye	\$0.0061	\$0.0115	\$0.0230
Dislocations (Open Reduction):			
Hip	\$0.0150	\$0.0451	\$0.0601
Knee, Ankle, Bones of the Foot	\$0.0036	\$0.0108	\$0.0144
Elbow or Wrist	\$0.0004	\$0.0006	\$0.0008
Shoulder	\$0.0004	\$0.0006	\$0.0008
Collarbone, Bones of the Hand	\$0.0005	\$0.0008	\$0.0013
Finger(s) or Toe(s)	\$0.0002	\$0.0004	\$0.0008
Lower Jaw	\$0.0004	\$0.0006	\$0.0008
Dislocations (Closed Reduction):			
Hip	\$0.0995	\$0.2985	\$0.3980
Knee, Ankle, Bones of the Foot	\$0.0240	\$0.0718	\$0.0958
Elbow or Wrist	\$0.0024	\$0.0039	\$0.0058
Shoulder	\$0.0023	\$0.0037	\$0.0056
Collarbone, Bones of the Hand	\$0.0036	\$0.0058	\$0.0086
Finger(s) or Toe(s)	\$0.0013	\$0.0025	\$0.0051
Lower Jaw	\$0.0025	\$0.0039	\$0.0059
Fractures (Open Reduction):			
Hip or Thigh	\$0.0139	\$0.0277	\$0.0416
Skull-Depressed	\$0.0019	\$0.0038	\$0.0062
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0024	\$0.0047	\$0.0071
Leg	\$0.0224	\$0.0374	\$0.0561
Vertebrae	\$0.0038	\$0.0064	\$0.0096
Pelvis	\$0.0009	\$0.0018	\$0.0024
Upper Jaw or Upper Arm	\$0.0088	\$0.0147	\$0.0206
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.0349	\$0.0627	\$0.0837
Rib, Finger, Toe or Coccyx	\$0.0075	\$0.0112	\$0.0149
Multiple Ribs	\$0.0009	\$0.0018	\$0.0027
Fractures (Closed Reduction):			

Table 1A - Preferred Plan Monthly Claim Costs			
Employee Only	Low	Mid	High
Hip or Thigh	\$0.1152	\$0.2304	\$0.3456
Skull-Depressed	\$0.0156	\$0.0312	\$0.0520
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0196	\$0.0392	\$0.0589
Leg	\$0.1863	\$0.3105	\$0.4657
Vertebrae	\$0.0319	\$0.0532	\$0.0798
Pelvis	\$0.0076	\$0.0152	\$0.0202
Upper Jaw or Upper Arm	\$0.0736	\$0.1226	\$0.1716
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.2897	\$0.5214	\$0.6952
Rib, Finger, Toe or Coccyx	\$0.0620	\$0.0930	\$0.1240
Multiple Ribs	\$0.0078	\$0.0156	\$0.0234
Eye Injury	\$0.0110	\$0.0137	\$0.0165
Gunshot Wound	\$0.0060	\$0.0119	\$0.0119
Brain Injury	\$0.0275	\$0.0412	\$0.0550
Paralysis - Monoplegia/Uniplegia	\$0.0004	\$0.0008	\$0.0015
Paralysis - Diplegia	\$0.0002	\$0.0006	\$0.0012
Paralysis - Hemiplegia	\$0.0006	\$0.0015	\$0.0029
Paralysis - Paraplegia	\$0.0010	\$0.0024	\$0.0048
Paralysis - Quadriplegia	\$0.0027	\$0.0041	\$0.0055
Coma	\$0.0000	\$0.3299	\$0.4949
Concussion	\$0.0210	\$0.0314	\$0.0419
Lacerations:			
2" to 6" with Sutures	\$0.0210	\$0.0314	\$0.0419
Greater than 6" with Sutures	\$0.0210	\$0.0314	\$0.0419
Burns			
Greater than 36% of Body 2nd Degree	\$0.0003	\$0.0007	\$0.0010
9 up to 18 Square Inches 3rd Degree	\$0.0003	\$0.0006	\$0.0009
Over 18, up to 35 Square Inches 3rd Degree	\$0.0017	\$0.0023	\$0.0028
Over 35 Square Inches 3rd Degree	\$0.1102	\$0.1322	\$0.1653
Skin Graft	\$0.0561	\$0.0675	\$0.0845
Diagnostic Exam	\$0.2939	\$0.4409	\$0.5879
X-ray	\$0.2317	\$0.3476	\$0.4635
Physician's Initial Office Visit	\$0.0000	\$0.6562	\$0.6562
Physician's Follow Up Treatment Office Visit	\$0.4344	\$0.4344	\$0.4344
Physical Therapy	\$0.0389	\$0.0486	\$0.0583
Occupational Therapy	\$0.0389	\$0.0486	\$0.0583
Medical Devices	\$0.0426	\$0.0853	\$0.1706

Table 1A - Preferred Plan Monthly Claim Costs			
Employee Only	Low	Mid	High
Epidural Pain Management	\$0.0500	\$0.0999	\$0.1499
Prescription Drug	\$0.0000	\$0.6330	\$0.6330
Hospital Confinement	\$0.4407	\$0.8814	\$1.3221
Intensive Care Unit Confinement	\$0.0191	\$0.0382	\$0.0764
Ambulance Regular	\$0.0594	\$0.1189	\$0.1783
Ambulance Air	\$0.0594	\$0.1189	\$0.1783
Emergency Room Admission or Urgent Care Facility	\$0.8116	\$0.8116	\$0.8116
Family Lodging	\$0.2045	\$0.2556	\$0.3067
Transportation	\$0.0307	\$0.0614	\$0.1227
Rehabilitation Unit	\$0.0094	\$0.0118	\$0.0141
Hospital Admission	\$0.4783	\$0.9567	\$1.4350
Blood, Plasma, Platelet	\$0.0407	\$0.0813	\$0.1220
Intensive Care Unit Admission	\$0.0825	\$0.1650	\$0.2750
Surgery:			
Open Surgery (Not Otherwise Specified)	\$0.1698	\$0.2547	\$0.3396
Exploratory Surgery or Debridement	\$0.0069	\$0.0103	\$0.0138
Laparoscopic Surgery or Hernia Repair	\$0.0082	\$0.0123	\$0.0164
Prosthesis (One)	\$0.0000	\$0.0438	\$0.0584
Prosthesis (Two)	\$0.0000	\$0.0219	\$0.0292
Anesthesia	\$0.0088	\$0.0176	\$0.0264
Tendon/Ligament/Rotator Cuff Tear	\$0.0212	\$0.0317	\$0.0423
Torn Knee Cartilage	\$0.0129	\$0.0194	\$0.0258
Ruptured/Herniated Disc	\$0.0087	\$0.0131	\$0.0175
Emergency Dental Extraction	\$0.0000	\$0.0674	\$0.0899
Emergency Dental Crown	\$0.0000	\$0.4200	\$0.5600
Total	\$5.81	\$11.14	\$15.40

Table 1B - Preferred Plan Monthly Claim Costs			
Employee and Spouse Only	Low	Mid	High
Accidental Death	\$1.0563	\$1.3204	\$2.6409
Accidental Death Common Carrier	\$0.0009	\$0.0011	\$0.0022
Catastrophic Loss	\$0.1186	\$0.2372	\$0.3558
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$0.0254	\$0.0477	\$0.0954
Two or More Fingers or Toes	\$0.0669	\$0.1003	\$0.2006
One Finger or Toe	\$0.0338	\$0.0507	\$0.1015
Loss of Hearing of One Ear or Loss of One Ear	\$0.0005	\$0.0009	\$0.0019
Loss of Sight of One Eye or Loss of One Eye	\$0.0097	\$0.0182	\$0.0364
Dislocations (Open Reduction):			
Hip	\$0.0240	\$0.0721	\$0.0961
Knee, Ankle, Bones of the Foot	\$0.0058	\$0.0173	\$0.0231
Elbow or Wrist	\$0.0006	\$0.0009	\$0.0014
Shoulder	\$0.0006	\$0.0009	\$0.0014
Collarbone, Bones of the Hand	\$0.0009	\$0.0014	\$0.0021
Finger(s) or Toe(s)	\$0.0003	\$0.0006	\$0.0012
Lower Jaw	\$0.0006	\$0.0010	\$0.0015
Dislocations (Closed Reduction):			
Hip	\$0.1592	\$0.4775	\$0.6368
Knee, Ankle, Bones of the Foot	\$0.0383	\$0.1149	\$0.1532
Elbow or Wrist	\$0.0039	\$0.0062	\$0.0094
Shoulder	\$0.0037	\$0.0060	\$0.0090
Collarbone, Bones of the Hand	\$0.0058	\$0.0092	\$0.0139
Finger(s) or Toe(s)	\$0.0020	\$0.0040	\$0.0081
Lower Jaw	\$0.0039	\$0.0062	\$0.0093
Fractures (Open Reduction):			
Hip or Thigh	\$0.0222	\$0.0444	\$0.0666
Skull-Depressed	\$0.0030	\$0.0060	\$0.0100
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0038	\$0.0076	\$0.0113
Leg	\$0.0359	\$0.0598	\$0.0897
Vertebrae	\$0.0061	\$0.0102	\$0.0153
Pelvis	\$0.0015	\$0.0029	\$0.0039
Upper Jaw or Upper Arm	\$0.0142	\$0.0236	\$0.0330
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.0558	\$0.1004	\$0.1339
Rib, Finger, Toe or Coccyx	\$0.0119	\$0.0179	\$0.0239
Multiple Ribs	\$0.0015	\$0.0031	\$0.0046
Fractures (Closed Reduction):			

Table 1B - Preferred Plan Monthly Claim Costs			
Employee and Spouse Only	Low	Mid	High
Hip or Thigh	\$0.1843	\$0.3686	\$0.5530
Skull-Depressed	\$0.0250	\$0.0499	\$0.0833
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0314	\$0.0628	\$0.0942
Leg	\$0.2981	\$0.4968	\$0.7452
Vertebrae	\$0.0510	\$0.0850	\$0.1275
Pelvis	\$0.0122	\$0.0243	\$0.0324
Upper Jaw or Upper Arm	\$0.1177	\$0.1962	\$0.2746
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.4634	\$0.8342	\$1.1123
Rib, Finger, Toe or Coccyx	\$0.0992	\$0.1488	\$0.1984
Multiple Ribs	\$0.0125	\$0.0249	\$0.0374
Eye Injury	\$0.0176	\$0.0220	\$0.0264
Gunshot Wound	\$0.0086	\$0.0172	\$0.0172
Brain Injury	\$0.0430	\$0.0644	\$0.0859
Paralysis - Monoplegia/Uniplegia	\$0.0006	\$0.0011	\$0.0022
Paralysis - Diplegia	\$0.0003	\$0.0009	\$0.0017
Paralysis - Hemiplegia	\$0.0009	\$0.0021	\$0.0043
Paralysis - Paraplegia	\$0.0014	\$0.0036	\$0.0072
Paralysis - Quadriplegia	\$0.0040	\$0.0060	\$0.0080
Coma	\$0.0000	\$0.5155	\$0.7732
Concussion	\$0.0328	\$0.0492	\$0.0656
Lacerations:			
2" to 6" with Sutures	\$0.0335	\$0.0503	\$0.0670
Greater than 6" with Sutures	\$0.0335	\$0.0503	\$0.0670
Burns			
Greater than 36% of Body 2nd Degree	\$0.0005	\$0.0010	\$0.0015
9 up to 18 Square Inches 3rd Degree	\$0.0005	\$0.0009	\$0.0014
Over 18, up to 35 Square Inches 3rd Degree	\$0.0026	\$0.0034	\$0.0043
Over 35 Square Inches 3rd Degree	\$0.1651	\$0.1982	\$0.2477
Skin Graft	\$0.0841	\$0.1012	\$0.1267
Diagnostic Exam	\$0.4703	\$0.7055	\$0.9406
X-ray	\$0.3672	\$0.5509	\$0.7345
Physician's Initial Office Visit	\$0.0000	\$1.0398	\$1.0398
Physician's Follow Up Treatment Office Visit	\$0.6884	\$0.6884	\$0.6884
Physical Therapy	\$0.0616	\$0.0770	\$0.0924
Occupational Therapy	\$0.0616	\$0.0770	\$0.0924
Medical Devices	\$0.0682	\$0.1365	\$0.2729

Table 1B - Preferred Plan Monthly Claim Costs			
Employee and Spouse Only	Low	Mid	High
Epidural Pain Management	\$0.0800	\$0.1599	\$0.2399
Prescription Drug	\$0.0000	\$1.0031	\$1.0031
Hospital Confinement	\$0.6983	\$1.3967	\$2.0950
Intensive Care Unit Confinement	\$0.0303	\$0.0605	\$0.1211
Ambulance Regular	\$0.0942	\$0.1883	\$0.2825
Ambulance Air	\$0.0942	\$0.1884	\$0.2826
Emergency Room Admission or Urgent Care Facility	\$1.2861	\$1.2861	\$1.2861
Family Lodging	\$0.3187	\$0.3983	\$0.4780
Transportation	\$0.0478	\$0.0956	\$0.1912
Rehabilitation Unit	\$0.0154	\$0.0192	\$0.0230
Hospital Admission	\$0.7580	\$1.5159	\$2.2739
Blood, Plasma, Platelet	\$0.0650	\$0.1301	\$0.1951
Intensive Care Unit Admission	\$0.1307	\$0.2615	\$0.4358
Surgery:			
Open Surgery (Not Otherwise Specified)	\$0.2685	\$0.4028	\$0.5371
Exploratory Surgery or Debridement	\$0.0109	\$0.0163	\$0.0218
Laparoscopic Surgery or Hernia Repair	\$0.0130	\$0.0194	\$0.0259
Prosthesis (One)	\$0.0000	\$0.0701	\$0.0935
Prosthesis (Two)	\$0.0000	\$0.0350	\$0.0467
Anesthesia	\$0.0139	\$0.0279	\$0.0418
Tendon/Ligament/Rotator Cuff Tear	\$0.0334	\$0.0502	\$0.0669
Torn Knee Cartilage	\$0.0204	\$0.0307	\$0.0409
Ruptured/Herniated Disc	\$0.0138	\$0.0206	\$0.0275
Emergency Dental Extraction	\$0.0000	\$0.1078	\$0.1437
Emergency Dental Crown	\$0.0000	\$0.6719	\$0.8959
Total	\$9.14	\$17.57	\$24.26

Table 1C - Preferred Plan Monthly Claim Costs			
Employee and Child(ren) Only	Low	Mid	High
Accidental Death	\$0.8558	\$1.0698	\$2.1396
Accidental Death Common Carrier	\$0.0012	\$0.0015	\$0.0030
Catastrophic Loss	\$0.1751	\$0.3503	\$0.5254
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$0.0334	\$0.0627	\$0.1254
Two or More Fingers or Toes	\$0.0921	\$0.1382	\$0.2764
One Finger or Toe	\$0.0466	\$0.0699	\$0.1398
Loss of Hearing of One Ear or Loss of One Ear	\$0.0008	\$0.0016	\$0.0031
Loss of Sight of One Eye or Loss of One Eye	\$0.0131	\$0.0246	\$0.0492
Dislocations (Open Reduction):			
Hip	\$0.0282	\$0.0846	\$0.1128
Knee, Ankle, Bones of the Foot	\$0.0068	\$0.0204	\$0.0272
Elbow or Wrist	\$0.0007	\$0.0011	\$0.0016
Shoulder	\$0.0007	\$0.0010	\$0.0016
Collarbone, Bones of the Hand	\$0.0010	\$0.0016	\$0.0024
Finger(s) or Toe(s)	\$0.0004	\$0.0007	\$0.0014
Lower Jaw	\$0.0007	\$0.0011	\$0.0016
Dislocations (Closed Reduction):			
Hip	\$0.1868	\$0.5603	\$0.7471
Knee, Ankle, Bones of the Foot	\$0.0450	\$0.1349	\$0.1799
Elbow or Wrist	\$0.0046	\$0.0073	\$0.0110
Shoulder	\$0.0044	\$0.0070	\$0.0105
Collarbone, Bones of the Hand	\$0.0068	\$0.0108	\$0.0163
Finger(s) or Toe(s)	\$0.0024	\$0.0047	\$0.0095
Lower Jaw	\$0.0046	\$0.0074	\$0.0111
Fractures (Open Reduction):			
Hip or Thigh	\$0.0260	\$0.0520	\$0.0781
Skull-Depressed	\$0.0036	\$0.0071	\$0.0118
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0044	\$0.0089	\$0.0133
Leg	\$0.0421	\$0.0702	\$0.1052
Vertebrae	\$0.0072	\$0.0120	\$0.0180
Pelvis	\$0.0017	\$0.0034	\$0.0046
Upper Jaw or Upper Arm	\$0.0166	\$0.0277	\$0.0388
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.0654	\$0.1178	\$0.1571
Rib, Finger, Toe or Coccyx	\$0.0140	\$0.0210	\$0.0280
Multiple Ribs	\$0.0018	\$0.0035	\$0.0053
Fractures (Closed Reduction):			

Table 1C - Preferred Plan Monthly Claim Costs			
Employee and Child(ren) Only	Low	Mid	High
Hip or Thigh	\$0.2163	\$0.4325	\$0.6488
Skull-Depressed	\$0.0293	\$0.0587	\$0.0978
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0368	\$0.0737	\$0.1105
Leg	\$0.3497	\$0.5829	\$0.8743
Vertebrae	\$0.0599	\$0.0998	\$0.1497
Pelvis	\$0.0142	\$0.0285	\$0.0380
Upper Jaw or Upper Arm	\$0.1381	\$0.2302	\$0.3222
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.5438	\$0.9788	\$1.3050
Rib, Finger, Toe or Coccyx	\$0.1164	\$0.1746	\$0.2328
Multiple Ribs	\$0.0147	\$0.0293	\$0.0440
Eye Injury	\$0.0234	\$0.0293	\$0.0351
Gunshot Wound	\$0.0098	\$0.0196	\$0.0196
Brain Injury	\$0.1112	\$0.1668	\$0.2224
Paralysis - Monoplegia/Uniplegia	\$0.0006	\$0.0011	\$0.0022
Paralysis - Diplegia	\$0.0004	\$0.0009	\$0.0019
Paralysis - Hemiplegia	\$0.0009	\$0.0023	\$0.0045
Paralysis - Paraplegia	\$0.0015	\$0.0038	\$0.0076
Paralysis - Quadriplegia	\$0.0042	\$0.0063	\$0.0084
Coma	\$0.0000	\$1.3341	\$2.0011
Concussion	\$0.0835	\$0.1253	\$0.1671
Lacerations:			
2" to 6" with Sutures	\$0.0451	\$0.0677	\$0.0902
Greater than 6" with Sutures	\$0.0451	\$0.0677	\$0.0902
Burns			
Greater than 36% of Body 2nd Degree	\$0.0008	\$0.0016	\$0.0024
9 up to 18 Square Inches 3rd Degree	\$0.0007	\$0.0015	\$0.0022
Over 18, up to 35 Square Inches 3rd Degree	\$0.0041	\$0.0055	\$0.0069
Over 35 Square Inches 3rd Degree	\$0.2656	\$0.3188	\$0.3985
Skin Graft	\$0.1352	\$0.1629	\$0.2037
Diagnostic Exam	\$0.6324	\$0.9486	\$1.2648
X-ray	\$0.3486	\$0.5229	\$0.6972
Physician's Initial Office Visit	\$0.0000	\$0.9410	\$0.9410
Physician's Follow Up Treatment Office Visit	\$0.6230	\$0.6230	\$0.6230
Physical Therapy	\$0.0558	\$0.0697	\$0.0837
Occupational Therapy	\$0.0558	\$0.0697	\$0.0837
Medical Devices	\$0.0917	\$0.1835	\$0.3670

Table 1C - Preferred Plan Monthly Claim Costs			
Employee and Child(ren) Only	Low	Mid	High
Epidural Pain Management	\$0.1075	\$0.2150	\$0.3225
Prescription Drug	\$0.0000	\$0.9078	\$0.9078
Hospital Confinement	\$0.6320	\$1.2640	\$1.8960
Intensive Care Unit Confinement	\$0.0274	\$0.0548	\$0.1096
Ambulance Regular	\$0.0852	\$0.1705	\$0.2557
Ambulance Air	\$0.0852	\$0.1705	\$0.2557
Emergency Room Admission or Urgent Care Facility	\$1.1639	\$1.1639	\$1.1639
Family Lodging	\$0.4569	\$0.5712	\$0.6854
Transportation	\$0.0685	\$0.1370	\$0.2741
Rehabilitation Unit	\$0.0407	\$0.0509	\$0.0611
Hospital Admission	\$0.6860	\$1.3719	\$2.0579
Blood, Plasma, Platelet	\$0.0875	\$0.1749	\$0.2624
Intensive Care Unit Admission	\$0.1183	\$0.2367	\$0.3944
Surgery:			
Open Surgery (Not Otherwise Specified)	\$0.3453	\$0.5179	\$0.6905
Exploratory Surgery or Debridement	\$0.0140	\$0.0210	\$0.0280
Laparoscopic Surgery or Hernia Repair	\$0.0167	\$0.0250	\$0.0333
Prosthesis (One)	\$0.0000	\$0.0942	\$0.1256
Prosthesis (Two)	\$0.0000	\$0.0471	\$0.0628
Anesthesia	\$0.0179	\$0.0358	\$0.0538
Tendon/Ligament/Rotator Cuff Tear	\$0.0430	\$0.0645	\$0.0860
Torn Knee Cartilage	\$0.0263	\$0.0394	\$0.0525
Ruptured/Herniated Disc	\$0.0177	\$0.0266	\$0.0354
Emergency Dental Extraction	\$0.0000	\$0.1710	\$0.2280
Emergency Dental Crown	\$0.0000	\$1.0656	\$1.4208
Total	\$9.78	\$19.83	\$27.45

Table 1D - Preferred Plan Monthly Claim Costs			
Family	Low	Mid	High
Accidental Death	\$1.4213	\$1.7766	\$3.5533
Accidental Death Common Carrier	\$0.0018	\$0.0022	\$0.0045
Catastrophic Loss	\$0.2562	\$0.5123	\$0.7685
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$0.0498	\$0.0934	\$0.1867
Two or More Fingers or Toes	\$0.1353	\$0.2029	\$0.4058
One Finger or Toe	\$0.0684	\$0.1026	\$0.2052
Loss of Hearing of One Ear or Loss of One Ear	\$0.0012	\$0.0023	\$0.0045
Loss of Sight of One Eye or Loss of One Eye	\$0.0198	\$0.0372	\$0.0744
Dislocations (Open Reduction):			
Hip	\$0.0440	\$0.1319	\$0.1759
Knee, Ankle, Bones of the Foot	\$0.0106	\$0.0318	\$0.0423
Elbow or Wrist	\$0.0011	\$0.0017	\$0.0026
Shoulder	\$0.0010	\$0.0017	\$0.0025
Collarbone, Bones of the Hand	\$0.0016	\$0.0026	\$0.0038
Finger(s) or Toe(s)	\$0.0006	\$0.0011	\$0.0022
Lower Jaw	\$0.0010	\$0.0017	\$0.0025
Dislocations (Closed Reduction):			
Hip	\$0.2910	\$0.8731	\$1.1641
Knee, Ankle, Bones of the Foot	\$0.0701	\$0.2103	\$0.2803
Elbow or Wrist	\$0.0071	\$0.0114	\$0.0170
Shoulder	\$0.0068	\$0.0109	\$0.0164
Collarbone, Bones of the Hand	\$0.0105	\$0.0168	\$0.0253
Finger(s) or Toe(s)	\$0.0037	\$0.0074	\$0.0148
Lower Jaw	\$0.0072	\$0.0115	\$0.0172
Fractures (Open Reduction):			
Hip or Thigh	\$0.0405	\$0.0811	\$0.1216
Skull-Depressed	\$0.0055	\$0.0109	\$0.0182
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0069	\$0.0138	\$0.0207
Leg	\$0.0656	\$0.1093	\$0.1640
Vertebrae	\$0.0112	\$0.0187	\$0.0281
Pelvis	\$0.0027	\$0.0053	\$0.0071
Upper Jaw or Upper Arm	\$0.0259	\$0.0432	\$0.0604
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.1020	\$0.1836	\$0.2448
Rib, Finger, Toe or Coccyx	\$0.0218	\$0.0327	\$0.0437
Multiple Ribs	\$0.0028	\$0.0055	\$0.0083
Fractures (Closed Reduction):			

Table 1D - Preferred Plan Monthly Claim Costs			
Family	Low	Mid	High
Hip or Thigh	\$0.3370	\$0.6740	\$1.0109
Skull-Depressed	\$0.0457	\$0.0913	\$0.1522
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0574	\$0.1148	\$0.1722
Leg	\$0.5450	\$0.9083	\$1.3625
Vertebrae	\$0.0933	\$0.1555	\$0.2333
Pelvis	\$0.0222	\$0.0444	\$0.0592
Upper Jaw or Upper Arm	\$0.2152	\$0.3587	\$0.5021
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.8473	\$1.5252	\$2.0336
Rib, Finger, Toe or Coccyx	\$0.1814	\$0.2721	\$0.3628
Multiple Ribs	\$0.0228	\$0.0456	\$0.0684
Eye Injury	\$0.0358	\$0.0447	\$0.0537
Gunshot Wound	\$0.0148	\$0.0296	\$0.0296
Brain Injury	\$0.1527	\$0.2290	\$0.3053
Paralysis - Monoplegia/Uniplegia	\$0.0009	\$0.0018	\$0.0035
Paralysis - Diplegia	\$0.0006	\$0.0014	\$0.0028
Paralysis - Hemiplegia	\$0.0014	\$0.0035	\$0.0069
Paralysis - Paraplegia	\$0.0023	\$0.0058	\$0.0116
Paralysis - Quadriplegia	\$0.0065	\$0.0097	\$0.0129
Coma	\$0.0000	\$1.8321	\$2.7481
Concussion	\$0.1149	\$0.1724	\$0.2299
Lacerations:			
2" to 6" with Sutures	\$0.0684	\$0.1026	\$0.1368
Greater than 6" with Sutures	\$0.0684	\$0.1026	\$0.1368
Burns			
Greater than 36% of Body 2nd Degree	\$0.0011	\$0.0023	\$0.0034
9 up to 18 Square Inches 3rd Degree	\$0.0010	\$0.0021	\$0.0031
Over 18, up to 35 Square Inches 3rd Degree	\$0.0059	\$0.0079	\$0.0099
Over 35 Square Inches 3rd Degree	\$0.3835	\$0.4602	\$0.5753
Skin Graft	\$0.1953	\$0.2351	\$0.2942
Diagnostic Exam	\$0.9590	\$1.4385	\$1.9180
X-ray	\$0.5681	\$0.8521	\$1.1361
Physician's Initial Office Visit	\$0.0000	\$1.5517	\$1.5517
Physician's Follow Up Treatment Office Visit	\$1.0273	\$1.0273	\$1.0273
Physical Therapy	\$0.0920	\$0.1150	\$0.1379
Occupational Therapy	\$0.0920	\$0.1150	\$0.1379
Medical Devices	\$0.1391	\$0.2782	\$0.5564

Table 1D - Preferred Plan Monthly Claim Costs			
Family	Low	Mid	High
Epidural Pain Management	\$0.1630	\$0.3261	\$0.4891
Prescription Drug	\$0.0000	\$1.4970	\$1.4970
Hospital Confinement	\$1.0421	\$2.0843	\$3.1264
Intensive Care Unit Confinement	\$0.0452	\$0.0903	\$0.1807
Ambulance Regular	\$0.1406	\$0.2811	\$0.4217
Ambulance Air	\$0.1406	\$0.2811	\$0.4217
Emergency Room Admission or Urgent Care Facility	\$1.9192	\$1.9192	\$1.9192
Family Lodging	\$0.6796	\$0.8495	\$1.0194
Transportation	\$0.1019	\$0.2039	\$0.4077
Rehabilitation Unit	\$0.0562	\$0.0703	\$0.0843
Hospital Admission	\$1.1311	\$2.2622	\$3.3934
Blood, Plasma, Platelet	\$0.1326	\$0.2653	\$0.3979
Intensive Care Unit Admission	\$0.1951	\$0.3903	\$0.6504
Surgery:			
Open Surgery (Not Otherwise Specified)	\$0.5262	\$0.7893	\$1.0524
Exploratory Surgery or Debridement	\$0.0213	\$0.0320	\$0.0426
Laparoscopic Surgery or Hernia Repair	\$0.0254	\$0.0381	\$0.0508
Prosthesis (One)	\$0.0000	\$0.1428	\$0.1904
Prosthesis (Two)	\$0.0000	\$0.0714	\$0.0952
Anesthesia	\$0.0273	\$0.0546	\$0.0819
Tendon/Ligament/Rotator Cuff Tear	\$0.0655	\$0.0983	\$0.1310
Torn Knee Cartilage	\$0.0401	\$0.0601	\$0.0801
Ruptured/Herniated Disc	\$0.0270	\$0.0405	\$0.0540
Emergency Dental Extraction	\$0.0000	\$0.2519	\$0.3359
Emergency Dental Crown	\$0.0000	\$1.5695	\$2.0927
Total	\$15.4612	\$31.0027	\$42.8651

Table 1E - Preferred Plan Monthly Claim Costs			
Spouse Only	Low	Mid	High
Accidental Death	\$0.4972	\$0.6215	\$1.2430
Accidental Death Common Carrier	\$0.0004	\$0.0005	\$0.0011
Catastrophic Loss	\$0.0553	\$0.1106	\$0.1659
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$0.0118	\$0.0221	\$0.0442
Two or More Fingers or Toes	\$0.0303	\$0.0455	\$0.0910
One Finger or Toe	\$0.0153	\$0.0230	\$0.0460
Loss of Hearing of One Ear or Loss of One Ear	\$0.0002	\$0.0004	\$0.0009
Loss of Sight of One Eye or Loss of One Eye	\$0.0048	\$0.0090	\$0.0180
Dislocations (Open Reduction):			
Hip	\$0.0120	\$0.0361	\$0.0481
Knee, Ankle, Bones of the Foot	\$0.0029	\$0.0087	\$0.0117
Elbow or Wrist	\$0.0003	\$0.0005	\$0.0008
Shoulder	\$0.0003	\$0.0005	\$0.0007
Collarbone, Bones of the Hand	\$0.0004	\$0.0007	\$0.0010
Finger(s) or Toe(s)	\$0.0002	\$0.0003	\$0.0006
Lower Jaw	\$0.0003	\$0.0005	\$0.0008
Dislocations (Closed Reduction):			
Hip	\$0.0796	\$0.2388	\$0.3184
Knee, Ankle, Bones of the Foot	\$0.0192	\$0.0575	\$0.0767
Elbow or Wrist	\$0.0019	\$0.0031	\$0.0046
Shoulder	\$0.0019	\$0.0030	\$0.0045
Collarbone, Bones of the Hand	\$0.0029	\$0.0046	\$0.0069
Finger(s) or Toe(s)	\$0.0010	\$0.0020	\$0.0040
Lower Jaw	\$0.0020	\$0.0031	\$0.0047
Fractures (Open Reduction):			
Hip or Thigh	\$0.0111	\$0.0222	\$0.0332
Skull-Depressed	\$0.0015	\$0.0031	\$0.0051
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0019	\$0.0038	\$0.0057
Leg	\$0.0179	\$0.0299	\$0.0448
Vertebrae	\$0.0031	\$0.0051	\$0.0077
Pelvis	\$0.0007	\$0.0014	\$0.0019
Upper Jaw or Upper Arm	\$0.0071	\$0.0118	\$0.0166
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.0279	\$0.0502	\$0.0669
Rib, Finger, Toe or Coccyx	\$0.0060	\$0.0090	\$0.0119
Multiple Ribs	\$0.0008	\$0.0015	\$0.0023
Fractures (Closed Reduction):			

Table 1E - Preferred Plan Monthly Claim Costs			
Spouse Only	Low	Mid	High
Hip or Thigh	\$0.0921	\$0.1843	\$0.2764
Skull-Depressed	\$0.0125	\$0.0249	\$0.0416
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0157	\$0.0314	\$0.0471
Leg	\$0.1490	\$0.2484	\$0.3726
Vertebrae	\$0.0255	\$0.0425	\$0.0638
Pelvis	\$0.0061	\$0.0121	\$0.0162
Upper Jaw or Upper Arm	\$0.0589	\$0.0981	\$0.1373
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.2317	\$0.4171	\$0.5561
Rib, Finger, Toe or Coccyx	\$0.0496	\$0.0744	\$0.0992
Multiple Ribs	\$0.0062	\$0.0125	\$0.0187
Eye Injury	\$0.0088	\$0.0110	\$0.0132
Gunshot Wound	\$0.0038	\$0.0076	\$0.0076
Brain Injury	\$0.0210	\$0.0314	\$0.0419
Paralysis - Monoplegia/Uniplegia	\$0.0002	\$0.0005	\$0.0010
Paralysis - Diplegia	\$0.0002	\$0.0004	\$0.0008
Paralysis - Hemiplegia	\$0.0004	\$0.0010	\$0.0020
Paralysis - Paraplegia	\$0.0006	\$0.0016	\$0.0032
Paralysis - Quadriplegia	\$0.0018	\$0.0027	\$0.0036
Coma	\$0.0000	\$0.2516	\$0.3773
Concussion	\$0.0160	\$0.0240	\$0.0320
Lacerations:			
2" to 6" with Sutures	\$0.0168	\$0.0252	\$0.0336
Greater than 6" with Sutures	\$0.0168	\$0.0252	\$0.0336
Burns			
Greater than 36% of Body 2nd Degree	\$0.0002	\$0.0004	\$0.0007
9 up to 18 Square Inches 3rd Degree	\$0.0002	\$0.0004	\$0.0006
Over 18, up to 35 Square Inches 3rd Degree	\$0.0012	\$0.0016	\$0.0020
Over 35 Square Inches 3rd Degree	\$0.0770	\$0.0924	\$0.1155
Skin Graft	\$0.0392	\$0.0472	\$0.0591
Diagnostic Exam	\$0.2352	\$0.3527	\$0.4703
X-ray	\$0.1818	\$0.2728	\$0.3637
Physician's Initial Office Visit	\$0.0000	\$0.5149	\$0.5149
Physician's Follow Up Treatment Office Visit	\$0.3408	\$0.3408	\$0.3408
Physical Therapy	\$0.0305	\$0.0381	\$0.0458
Occupational Therapy	\$0.0305	\$0.0381	\$0.0458
Medical Devices	\$0.0341	\$0.0682	\$0.1364

Table 1E - Preferred Plan Monthly Claim Costs			
Spouse Only	Low	Mid	High
Epidural Pain Management	\$0.0400	\$0.0800	\$0.1200
Prescription Drug	\$0.0000	\$0.4967	\$0.4967
Hospital Confinement	\$0.3458	\$0.6916	\$1.0374
Intensive Care Unit Confinement	\$0.0150	\$0.0300	\$0.0600
Ambulance Regular	\$0.0466	\$0.0933	\$0.1399
Ambulance Air	\$0.0466	\$0.0933	\$0.1399
Emergency Room Admission or Urgent Care Facility	\$0.6368	\$0.6368	\$0.6368
Family Lodging	\$0.1551	\$0.1939	\$0.2327
Transportation	\$0.0233	\$0.0466	\$0.0931
Rehabilitation Unit	\$0.0078	\$0.0098	\$0.0118
Hospital Admission	\$0.3753	\$0.7506	\$1.1259
Blood, Plasma, Platelet	\$0.0325	\$0.0650	\$0.0975
Intensive Care Unit Admission	\$0.0647	\$0.1295	\$0.2158
Surgery:			
Open Surgery (Not Otherwise Specified)	\$0.1327	\$0.1990	\$0.2653
Exploratory Surgery or Debridement	\$0.0054	\$0.0081	\$0.0108
Laparoscopic Surgery or Hernia Repair	\$0.0064	\$0.0096	\$0.0128
Prosthesis (One)	\$0.0000	\$0.0351	\$0.0468
Prosthesis (Two)	\$0.0000	\$0.0176	\$0.0234
Anesthesia	\$0.0069	\$0.0138	\$0.0206
Tendon/Ligament/Rotator Cuff Tear	\$0.0165	\$0.0248	\$0.0330
Torn Knee Cartilage	\$0.0101	\$0.0152	\$0.0202
Ruptured/Herniated Disc	\$0.0068	\$0.0102	\$0.0136
Emergency Dental Extraction	\$0.0000	\$0.0539	\$0.0719
Emergency Dental Crown	\$0.0000	\$0.3360	\$0.4480
Total	\$4.49	\$8.66	\$11.93

Table 1F - Preferred Plan Monthly Claim Costs			
Spouse and Child(ren) Only	Low	Mid	High
Accidental Death	\$0.8622	\$1.0777	\$2.1554
Accidental Death Common Carrier	\$0.0014	\$0.0017	\$0.0034
Catastrophic Loss	\$0.1929	\$0.3858	\$0.5787
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$0.0361	\$0.0677	\$0.1355
Two or More Fingers or Toes	\$0.0987	\$0.1481	\$0.2962
One Finger or Toe	\$0.0499	\$0.0749	\$0.1498
Loss of Hearing of One Ear or Loss of One Ear	\$0.0009	\$0.0017	\$0.0035
Loss of Sight of One Eye or Loss of One Eye	\$0.0149	\$0.0280	\$0.0560
Dislocations (Open Reduction):			
Hip	\$0.0319	\$0.0958	\$0.1277
Knee, Ankle, Bones of the Foot	\$0.0077	\$0.0231	\$0.0308
Elbow or Wrist	\$0.0008	\$0.0012	\$0.0018
Shoulder	\$0.0008	\$0.0012	\$0.0018
Collarbone, Bones of the Hand	\$0.0012	\$0.0019	\$0.0028
Finger(s) or Toe(s)	\$0.0004	\$0.0008	\$0.0016
Lower Jaw	\$0.0008	\$0.0013	\$0.0019
Dislocations (Closed Reduction):			
Hip	\$0.2115	\$0.6344	\$0.8459
Knee, Ankle, Bones of the Foot	\$0.0509	\$0.1527	\$0.2037
Elbow or Wrist	\$0.0052	\$0.0083	\$0.0124
Shoulder	\$0.0050	\$0.0079	\$0.0119
Collarbone, Bones of the Hand	\$0.0076	\$0.0122	\$0.0183
Finger(s) or Toe(s)	\$0.0027	\$0.0054	\$0.0108
Lower Jaw	\$0.0052	\$0.0083	\$0.0124
Fractures (Open Reduction):			
Hip or Thigh	\$0.0295	\$0.0589	\$0.0884
Skull-Depressed	\$0.0040	\$0.0080	\$0.0133
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0050	\$0.0100	\$0.0150
Leg	\$0.0476	\$0.0794	\$0.1191
Vertebrae	\$0.0082	\$0.0136	\$0.0204
Pelvis	\$0.0020	\$0.0039	\$0.0052
Upper Jaw or Upper Arm	\$0.0188	\$0.0314	\$0.0439
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.0741	\$0.1334	\$0.1778
Rib, Finger, Toe or Coccyx	\$0.0159	\$0.0238	\$0.0317
Multiple Ribs	\$0.0020	\$0.0040	\$0.0060
Fractures (Closed Reduction):			

Table 1F - Preferred Plan Monthly Claim Costs			
Spouse and Child(ren) Only	Low	Mid	High
Hip or Thigh	\$0.2448	\$0.4896	\$0.7345
Skull-Depressed	\$0.0332	\$0.0664	\$0.1107
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$0.0417	\$0.0834	\$0.1251
Leg	\$0.3960	\$0.6599	\$0.9899
Vertebrae	\$0.0678	\$0.1130	\$0.1695
Pelvis	\$0.0161	\$0.0323	\$0.0430
Upper Jaw or Upper Arm	\$0.1563	\$0.2606	\$0.3648
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$0.6156	\$1.1081	\$1.4775
Rib, Finger, Toe or Coccyx	\$0.1318	\$0.1977	\$0.2636
Multiple Ribs	\$0.0166	\$0.0332	\$0.0497
Eye Injury	\$0.0270	\$0.0337	\$0.0405
Gunshot Wound	\$0.0100	\$0.0200	\$0.0200
Brain Injury	\$0.1307	\$0.1960	\$0.2614
Paralysis - Monoplegia/Uniplegia	\$0.0006	\$0.0012	\$0.0023
Paralysis - Diplegia	\$0.0004	\$0.0009	\$0.0019
Paralysis - Hemiplegia	\$0.0009	\$0.0023	\$0.0047
Paralysis - Paraplegia	\$0.0015	\$0.0039	\$0.0077
Paralysis - Quadriplegia	\$0.0043	\$0.0065	\$0.0087
Coma	\$0.0000	\$1.5682	\$2.3522
Concussion	\$0.0981	\$0.1472	\$0.1963
Lacerations:			
2" to 6" with Sutures	\$0.0516	\$0.0774	\$0.1032
Greater than 6" with Sutures	\$0.0516	\$0.0774	\$0.1032
Burns			
Greater than 36% of Body 2nd Degree	\$0.0009	\$0.0017	\$0.0026
9 up to 18 Square Inches 3rd Degree	\$0.0008	\$0.0016	\$0.0024
Over 18, up to 35 Square Inches 3rd Degree	\$0.0046	\$0.0061	\$0.0076
Over 35 Square Inches 3rd Degree	\$0.2954	\$0.3545	\$0.4431
Skin Graft	\$0.1504	\$0.1811	\$0.2266
Diagnostic Exam	\$0.7239	\$1.0858	\$1.4477
X-ray	\$0.3827	\$0.5740	\$0.7653
Physician's Initial Office Visit	\$0.0000	\$1.0267	\$1.0267
Physician's Follow Up Treatment Office Visit	\$0.6798	\$0.6798	\$0.6798
Physical Therapy	\$0.0609	\$0.0761	\$0.0913
Occupational Therapy	\$0.0609	\$0.0761	\$0.0913
Medical Devices	\$0.1050	\$0.2100	\$0.4200

Table 1F - Preferred Plan Monthly Claim Costs			
Spouse and Child(ren) Only	Low	Mid	High
Epidural Pain Management	\$0.1231	\$0.2461	\$0.3692
Prescription Drug	\$0.0000	\$0.9905	\$0.9905
Hospital Confinement	\$0.6896	\$1.3791	\$2.0687
Intensive Care Unit Confinement	\$0.0299	\$0.0598	\$0.1196
Ambulance Regular	\$0.0930	\$0.1861	\$0.2791
Ambulance Air	\$0.0930	\$0.1860	\$0.2790
Emergency Room Admission or Urgent Care Facility	\$1.2699	\$1.2699	\$1.2699
Family Lodging	\$0.5160	\$0.6450	\$0.7740
Transportation	\$0.0774	\$0.1548	\$0.3096
Rehabilitation Unit	\$0.0487	\$0.0609	\$0.0730
Hospital Admission	\$0.7485	\$1.4969	\$2.2454
Blood, Plasma, Platelet	\$0.1001	\$0.2002	\$0.3003
Intensive Care Unit Admission	\$0.1291	\$0.2582	\$0.4303
Surgery:			
Open Surgery (Not Otherwise Specified)	\$0.3904	\$0.5856	\$0.7808
Exploratory Surgery or Debridement	\$0.0158	\$0.0237	\$0.0316
Laparoscopic Surgery or Hernia Repair	\$0.0188	\$0.0283	\$0.0377
Prosthesis (One)	\$0.0000	\$0.1078	\$0.1437
Prosthesis (Two)	\$0.0000	\$0.0539	\$0.0719
Anesthesia	\$0.0203	\$0.0405	\$0.0608
Tendon/Ligament/Rotator Cuff Tear	\$0.0486	\$0.0729	\$0.0972
Torn Knee Cartilage	\$0.0297	\$0.0446	\$0.0595
Ruptured/Herniated Disc	\$0.0200	\$0.0300	\$0.0400
Emergency Dental Extraction	\$0.0000	\$0.1980	\$0.2640
Emergency Dental Crown	\$0.0000	\$1.2336	\$1.6448
Total	\$10.81	\$22.10	\$30.54

Table 2 - Adjustment Factors for Dependent AD&D Coverage			
as a % of employee coverage	100%	50%	25%
Spouse Coverage (no child)	1.00	0.76	n/a
Child Coverage (no spouse)	1.00	0.83	0.74
Spouse at 100%, Child Coverage at	1.00	0.87	0.81
Spouse at 50%, Child Coverage at	n/a	0.70	0.63
as a % of spouse coverage	100%	50%	25%
Child Coverage (no employee)	1.00	0.79	0.68

Table 3A - Adjustment Factors for General Duration					
Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.9900	0.9950	1.0000	1.0200	1.0500

Table 3B - Adjustment Factors for Ambulance, Brain Injuries, Burns, Coma, Concussion Emergency Room, Lacerations, and Physician's Initial Office Visit Duration				
Number of Hours/Days	48 Hours	72 Hours	7 Days	30 Days
Adjustment Factor	0.9950	1.0000	1.0200	1.0300

Table 3C - Adjustment Factors for Gunshot Wound Duration		
Number of Hours	24 Hours	48 Hours
Adjustment Factor	1.0000	1.0010

Table 3D - Adjustment Factors for Hospital and ICU Admission, ICU Confinement Duration				
Number of Days	14 Days	30 Days	90 Days	180 Days
Adjustment Factor	0.9950	1.0000	1.0101	1.0152

Table 3E - Adjustment Factors for Prescription Drug Duration				
Time for Loss to Occur	14 Days	30 Days	90 Days	180 Days
Adjustment Factor	0.8500	1.0000	1.0100	1.0200

Table 3F - Adjustment Factors for Surgery (other than Laparoscopic) Duration					
Time for Loss to Occur	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.9579	0.9755	0.9804	1.0000	1.0526

Table 3G - Adjustment Factors for Laparoscopic Surgery Duration					
Time for Loss to Occur	72 Hours	30 Days	90 Days	180 Days	365 Days
Adjustment Factor	0.9595	0.9771	1.0000	1.0200	1.0736

Table 3H - Adjustment Factors for Prosthesis Duration				
Time for Loss to Occur	90 Days	180 Days	365 Days	720 Days
Adjustment Factor	0.9310	0.9500	1.0000	1.0500

Table 4A - Adjustment Factors for Coma Waiting Period				
Time for Loss to Occur	2 Days	4 Days	7 Days	14 Days
Adjustment Factor	1.2000	1.0000	0.8333	0.3727

Table 4B - Adjustment Factors for Hospital Admission Waiting Period				
Time for Loss to Occur	20 Hours	24 Hours	36 Hours	48 Hours
Adjustment Factor	1.0000	0.9950	0.9501	0.9000

Table 5 - Adjustment Factors for Maximum Covered Days Per Year					
Number of Days	31 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	1.0000	1.0540	1.0713	1.0833	1.0853

Table 6A - Adjustment Factors for Physician Follow Up Number of Visits				
Number of Visits	2 Visits	4 Visits	6 Visits	8 Visits
Adjustment Factor	1.0000	1.5424	1.8236	1.9895

Table 6B - Adjustment Factors for Physical and Occupational Therapy Number of Visits				
Number of Visits	6 Visits	12 Visits	18 Visits	24 Visits
Adjustment Factor	1.0000	1.1791	1.2512	1.2893

Table 6C - Adjustment Factors for Epidural Pain Management Number of Injections						
Number of Injections	1 Injection	2 Injections	5 Injections	10 Injections	15 Injections	20 Injections
Adjustment Factor	1.0000	1.5154	2.3855	3.1376	3.5981	3.9354

Table 6D - Adjustment Factors for Prescription Drug Number of Prescription Drugs					
Maximum Number	1 Prescription	2 Prescriptions	3 Prescriptions	4 Prescriptions	5 Prescriptions
Adjustment Factor	1.0000	1.5154	1.8781	2.1576	2.3855

Table 6E - Adjustment Factors for ICU Confinement Number of Days				
Number of Days	15 Days	30 Days	90 Days	180 Days
Adjustment Factor	1.0000	1.0015	1.0016	1.0017

Table 6F - Adjustment Factor for Family Lodging Number of Nights						
Number of Nights	1 Day	5 Days	10 Days	15 Days	30 Days	45 Days
Adjustment Factor	0.5500	0.7000	0.7500	0.8500	1.0000	1.1000
Number of Nights	60 Days	75 Days	90 Days	100 Days	180 Days	365 Days
Adjustment Factor	1.1500	1.1750	1.1800	1.1810	1.1815	1.1820

Table 6G - Adjustment Factors for Transportation Number of Trips				
Number of trips	3 Trips	6 Trips	9 Trips	12 Trips
Adjustment Factor	1.0000	1.4000	1.5000	1.6000

Table 6H - Adjustment Factors for Rehabilitation Unit Number of Days				
Number of Days	30 Days	60 Days	180 Days	365 Days
Adjustment Factor	1.0000	1.1636	1.2768	1.3035

Table 7 - Adjustment Factors for Surgery Diagnosis					
Time for Diagnosis	30 Days	60 Days	90 Days	180 Days	365 Days
Adjustment Factor	1.0000	1.0051	1.0101	1.0303	1.0606

Table 8 - Adjustment Factors for Dislocations Incomplete Payment Percentage				
Percentage Payable (of closed)	100%	75%	50%	25%
Adjustment Factor	1.0000	0.9850	0.9700	0.9550

Table 9 - Adjustment Factors for Off-Job Coverage		
Coverage	24 Hours	Off-Job
Adjustment Factor	1.0000	0.8500

Table 10 - Adjustment Factors for Termination Age		
Termination Age	80	None
Adjustment Factor	0.9400	1.0000

Table 11A - Essential Plan Monthly Claim Costs for Employees							
Max Ben per Covered Accident	1,000	2,000	3,000	4,000	5,000	7,500	10,000
Accidental Death	\$0.0349	\$0.0699	\$0.1048	\$0.1398	\$0.1747	\$0.2621	\$0.3495
Accidental Dismemberment	\$0.0961	\$0.1923	\$0.2884	\$0.3845	\$0.4806	\$0.7210	\$0.9613
Loss or Loss of Hearing of One Ear	\$0.00002	\$0.00003	\$0.00005	\$0.00007	\$0.00009	\$0.00013	\$0.00013
Loss or Loss of Hearing of Both Ears	\$0.00004	\$0.00009	\$0.00013	\$0.00017	\$0.00021	\$0.00032	\$0.00043
Loss or Loss of Sight of One Eye	\$0.00038	\$0.00061	\$0.00092	\$0.00123	\$0.00153	\$0.00230	\$0.00230
Loss or Loss of Sight of Both Eyes	\$0.00031	\$0.00061	\$0.00092	\$0.00123	\$0.00153	\$0.00230	\$0.00307
Fracture	\$0.5342	\$0.8547	\$1.2820	\$1.7094	\$2.1367	\$3.2050	\$3.2050
Fractured Rib, Finger, Toe, or Coccyx	\$0.1643	\$0.2630	\$0.3287	\$0.3287	\$0.3287	\$0.3287	\$0.3287
Dislocation	\$0.0513	\$0.0820	\$0.1230	\$0.1640	\$0.2050	\$0.3075	\$0.3075
Dislocated Finger or Toe	\$0.0068	\$0.0109	\$0.0109	\$0.0109	\$0.0109	\$0.0109	\$0.0109
Hospital Confinement - per day	\$0.4407	\$0.6611	\$0.8814	\$1.1018	\$1.3221	\$1.5425	\$1.7628
Emergency Room	\$0.8116	\$0.8116	\$0.8116	\$0.8116	\$0.8116	\$0.8116	\$0.8116
Physician's/Outpatient Office Visit	\$0.6562	\$0.6562	\$0.6562	\$0.6562	\$0.6562	\$1.3124	\$1.3124
Ambulance Air or Ground	\$0.1070	\$0.1427	\$0.1783	\$0.2140	\$0.2497	\$0.2853	\$0.2853
Medical Devices	\$0.0640	\$0.0853	\$0.1066	\$0.1279	\$0.1492	\$0.1706	\$0.2132
Total	\$2.9679	\$3.8310	\$4.7739	\$7.1193	\$7.9966	\$9.7743	\$10.3657

Table 11B - Essential Plan Monthly Claim Costs for Spouses							
Max Ben per Covered Accident	1,000	2,000	3,000	4,000	5,000	7,500	10,000
Accidental Death	\$0.0249	\$0.0497	\$0.0746	\$0.0994	\$0.1243	\$0.1864	\$0.2486
Accidental Dismemberment	\$0.0640	\$0.1280	\$0.1919	\$0.2559	\$0.3199	\$0.4798	\$0.6398
Loss or Loss of Hearing of One Ear	\$0.00001	\$0.00002	\$0.00004	\$0.00005	\$0.00006	\$0.00009	\$0.00009
Loss or Loss of Hearing of Both Ears	\$0.00003	\$0.00006	\$0.00009	\$0.00012	\$0.00015	\$0.00022	\$0.00029
Loss or Loss of Sight of One Eye	\$0.00030	\$0.00048	\$0.00072	\$0.00096	\$0.00120	\$0.00180	\$0.00180
Loss or Loss of Sight of Both Eyes	\$0.00024	\$0.00048	\$0.00072	\$0.00096	\$0.00120	\$0.00180	\$0.00240
Fracture	\$0.4273	\$0.6837	\$1.0256	\$1.3675	\$1.7094	\$2.5640	\$2.5640
Fractured Rib, Finger, Toe, or Coccyx	\$0.1315	\$0.2104	\$0.2630	\$0.2630	\$0.2630	\$0.2630	\$0.2630
Dislocation	\$0.0410	\$0.0656	\$0.0984	\$0.1312	\$0.1640	\$0.2460	\$0.2460
Dislocated Finger or Toe	\$0.0054	\$0.0087	\$0.0087	\$0.0087	\$0.0087	\$0.0087	\$0.0087
Hospital Confinement - per day	\$0.3458	\$0.5187	\$0.6916	\$0.8645	\$1.0373	\$1.2102	\$1.3831
Emergency Room	\$0.6368	\$0.6368	\$0.6368	\$0.6368	\$0.6368	\$0.6368	\$0.6368
Physician's/Outpatient Office Visit	\$0.5149	\$0.5149	\$0.5149	\$0.5149	\$0.5149	\$1.0297	\$1.0297
Ambulance Air or Ground	\$0.0840	\$0.1119	\$0.1399	\$0.1679	\$0.1959	\$0.2239	\$0.2239
Medical Devices	\$0.0512	\$0.0682	\$0.0853	\$0.1023	\$0.1194	\$0.1365	\$0.1706
Total	\$2.3274	\$2.9976	\$3.7323	\$5.5658	\$6.2478	\$7.6257	\$8.0556

Table 11C - Essential Plan Monthly Claim Costs for Child(ren)							
Max Ben per Covered Accident	1,000	2,000	3,000	4,000	5,000	7,500	10,000
Accidental Death	\$0.0090	\$0.0180	\$0.0270	\$0.0360	\$0.0449	\$0.0674	\$0.0899
Accidental Dismemberment	\$0.0708	\$0.1415	\$0.2123	\$0.2831	\$0.3539	\$0.5308	\$0.7077
Loss or Loss of Hearing of One Ear	\$0.00002	\$0.00003	\$0.00005	\$0.00007	\$0.00009	\$0.00013	\$0.00013
Loss or Loss of Hearing of Both Ears	\$0.00003	\$0.00006	\$0.00009	\$0.00012	\$0.00015	\$0.00022	\$0.00030
Loss or Loss of Sight of One Eye	\$0.00031	\$0.00050	\$0.00075	\$0.00100	\$0.00125	\$0.00187	\$0.00187
Loss or Loss of Sight of Both Eyes	\$0.00025	\$0.00050	\$0.00075	\$0.00100	\$0.00125	\$0.00187	\$0.00250
Fracture	\$0.3488	\$0.5580	\$0.8370	\$1.1160	\$1.3950	\$2.0926	\$2.0926
Fractured Rib, Finger, Toe, or Coccyx	\$0.1073	\$0.1717	\$0.2146	\$0.2146	\$0.2146	\$0.2146	\$0.2146
Dislocation	\$0.0335	\$0.0535	\$0.0803	\$0.1071	\$0.1339	\$0.2008	\$0.2008
Dislocated Finger or Toe	\$0.0044	\$0.0071	\$0.0071	\$0.0071	\$0.0071	\$0.0071	\$0.0071
Hospital Confinement - per day	\$0.1694	\$0.2540	\$0.3387	\$0.4234	\$0.5081	\$0.5927	\$0.6774
Emergency Room	\$0.3119	\$0.3119	\$0.3119	\$0.3119	\$0.3119	\$0.3119	\$0.3119
Physician's/Outpatient Office Visit	\$0.2522	\$0.2522	\$0.2522	\$0.2522	\$0.2522	\$0.5043	\$0.5043
Ambulance Air or Ground	\$0.0411	\$0.0548	\$0.0685	\$0.0822	\$0.0959	\$0.1096	\$0.1096
Medical Devices	\$0.0524	\$0.0698	\$0.0873	\$0.1048	\$0.1222	\$0.1397	\$0.1746
Total	\$1.4014	\$1.8936	\$2.4385	\$3.5046	\$4.0064	\$5.0875	\$5.4072

Table 12 - Assumed Number of Children by Tier	
Employee and Child(ren)	1.65
Employee and Family	2.03
Spouse and Child(ren)	2.03

Table 13A - Employee Disability w/ 1st Day Hospital			
Elimination Period (Days)	Benefit Period (Weeks)		
	13	26	52
0	\$2.97	\$3.76	\$4.56
7	\$2.35	\$3.06	\$3.81
14	\$1.87	\$2.51	\$3.20
30	\$1.15	\$1.61	\$2.15

Table 13B - Employee Disability w/o 1st Day Hospital			
Elimination Period (Days)	Benefit Period (Weeks)		
	13	26	52
0	\$2.97	\$3.76	\$4.56
7	\$2.33	\$3.03	\$3.77
14	\$1.83	\$2.46	\$3.15
30	\$1.15	\$1.61	\$2.15

Table 13C - Spouse Disability w/ 1st Day Hospital			
Elimination Period (Days)	Benefit Period (Weeks)		
	13	26	52
0	\$2.33	\$2.94	\$3.57
7	\$1.84	\$2.39	\$2.97
14	\$1.47	\$1.98	\$2.52
30	\$0.93	\$1.30	\$1.74

Table 13D - Spouse Disability w/o 1st Day Hospital			
Elimination Period (Days)	Benefit Period (Weeks)		
	13	26	52
0	\$2.33	\$2.94	\$3.57
7	\$1.81	\$2.36	\$2.94
14	\$1.43	\$1.93	\$2.47
30	\$0.93	\$1.30	\$1.74

Table 14 - Adjustment Factors for Partial Disability				
Full Benefit	Unfulfilled Duties	Partial Benefit	Income Loss Threshold	Factor
100%	50%	50%	20%	1.509
100%	50%	40%	20%	1.498
100%	50%	50%	30%	1.489
100%	50%	40%	30%	1.481
90%	50%	50%	20%	1.365
90%	50%	40%	20%	1.355
90%	50%	50%	30%	1.348
90%	50%	40%	30%	1.342

Table 15 - Modal Factor Adjustments	
Mode	Factor
Annual (1)	12.0000
Monthly (10)	1.2000
Monthly (12)	1.0000
Bi-Monthly (24)	0.5000
Every Other Week (26)	0.4615
Weekly (52)	0.2308

Explanation of Confidentiality Request for Rates

The rates in this filing are derived from public sources, but include some new covered benefits and introduces a unique plan design to the industry. The data identified addresses the Company's pricing assumptions, loss ratio calculations business distribution and other strategic product development information. If this data was made available to competitor insurers, the Company would be placed at a competitive disadvantage. Specifically, other insurers could benefit from the time-consuming and challenging intellectual work involved in developing this product and the innovative plan design without having to incur the costs of such work.

State:	District of Columbia	Filing Company:	Sun Life Assurance Company of Canada
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Certificate		
Project Name/Number:	SUNLIFE-3/69. 1/69. 1		

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC Rate filing - Resubmission.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Certificate of Authority to File
Comments:	
Attachment(s):	Auth.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	Sun Life Personal Accident Actuarial Memorandum.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	Please see the actuarial memorandum.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	Not applicable for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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State:	District of Columbia	Filing Company:	Sun Life Assurance Company of Canada
TOI/Sub-TOI:	H02G Group Health - Accident Only/H02G.000 Health - Accident Only		
Product Name:	Group Accident Certificate		
Project Name/Number:	SUNLIFE-3/69. 1/69. 1		

Bypass Reason:	Not applicable for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not applicable for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not applicable for this filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	DC Response to Objection dated 7-23-13
Comments:	
Attachment(s):	DC Objection Response - 8-14-13 (Act).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Objection Letter of 7-23-2013
Comments:	
Attachment(s):	DC Objection 07-23-13.pdf
Item Status:	
Status Date:	



FIRST CONSULTING
& Administration, Inc.

Commissioner Ms. Gennet Purcell
Government of the District of Columbia
Department of Insurance and Securities Regulation
Insurance Products Division
810 First Street, N.E., Suite 701
Washington, D.C. 20002

RE: Sun Life Assurance Company of Canada
NAIC # 80802 FEIN # 38-1082080
Rates: Rates for 12-AC-C-01, et al
Our File Number: 5978.1 SERFF Tracking # FRCS-129165330

Dear Ms. Purcell:

We have been retained by Sun Life Assurance Company of Canada to file the enclosed rates for approval in your state. The following is a resubmission of a filing closed by your Department on 08/14/2013, (SERFF Tracking # FRCS-129075624). The Company's response to your objection dated 07/23/2013. will appear near the end of this filing letter.

We enclose the following for your consideration:

- Submission Letter
- Third Party Authorization
- Actuarial Memorandum and Rates
- Copy of Objection dated 7-23-2013
- Company's Response to objection dated 7-23-2013

The forms that these rates apply to have been filed with your Department under separate cover (SERFF Tracking # FRCS-128961353).

We also request such materials be handled on a confidential basis if allowed by your Department

In response to your objection letter dated 7-23-13, on behalf of the Company, we offer the following for your consideration.

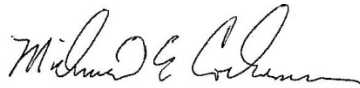
Please see the attached response from the actuary.

We trust this information will allow you to finalize review of this filing. If you need any further information or have any questions, please call toll-free 1-800-927-2730. Thank you for your assistance.

Commissioner Ms. Gennet Purcell
Government of the District of Columbia
Page 2

Sincerely,

FIRST CONSULTING & ADMINISTRATION, INC.

A handwritten signature in black ink, appearing to read "Michael Cochran". The signature is fluid and cursive, with the first name "Michael" and last name "Cochran" clearly distinguishable.

Michael Cochran
Compliance Specialist
E-mail: Michael.cochran@firstconsulting.com
Extension: 2756

Enclosures

SUN LIFE ASSURANCE COMPANY OF CANADA

March 7, 2013


To: The Insurance Commissioner

Authorization

This letter, or a copy thereof, will authorize the consulting firm of First Consulting & Administration, Inc., Kansas City, Missouri, to represent this Company in matters before the Insurance Department.

This Authorization shall be valid until revoked by us.

Sun Life Assurance Company of Canada

By: 

Thomas Miele
Title: Assistant Vice President, State
Filing

Sun Life Assurance Company of Canada
Personal Accident Insurance
Actuarial Memorandum

Policy Forms: 12-AC-C-01, 12-AC-R-01 and 12-AC-R-02

I. Introduction

This is a new group rate filing for Personal Accident Insurance issued through Sun Life Assurance Company of Canada. This rate filing is not intended to be used for other purposes. We consider this memorandum and the rate manual to be proprietary and confidential. In completing this memorandum I have recognized all pertinent plan provisions and checked to make sure that our business plan assumptions are consistent with the assumptions in this filing.

II. Description of Benefits

A summary of the benefits is listed below. Detailed descriptions of the benefits are included in the policy forms.

A scheduled lump sum payment is made for certain injuries or death that arise from a covered accident and many of the ancillary expenses that often accompany an injury. The product will be offered in two variations, the Base/Preferred Plan and the Simple Plan.

The following chart includes the categories and conditions that the Base/Preferred plan covers as well as the standard benefit amounts payable for each condition:

Base Plan	Low	Mid	High
Accidental Death	\$20,000	\$25,000	\$50,000
Accidental Death Common Carrier	\$40,000	\$50,000	\$100,000
Catastrophic Loss	\$25,000	\$50,000	\$75,000
Accidental Dismemberment:			
One Hand, One Foot, One Leg, or One Arm	\$4,000	\$7,500	\$15,000
Two or More Fingers or Toes	\$1,000	\$1,500	\$3,000
One Finger or Toe	\$500	\$750	\$1,500
Loss of Hearing of One Ear or Loss of One Ear	\$4,000	\$7,500	\$15,000
Loss of Sight of One Eye or Loss of One Eye	\$4,000	\$7,500	\$15,000
Dislocations (Open Reduction):			
Hip	\$2,000	\$6,000	\$8,000

Knee, Ankle, Bones of the Foot	\$1,000	\$3,000	\$4,000
Elbow or Wrist	\$500	\$800	\$1,200
Shoulder	\$500	\$800	\$1,200
Collarbone, Bones of the Hand	\$500	\$800	\$1,200
Finger(s) or Toe(s)	\$100	\$200	\$400
Lower Jaw	\$500	\$800	\$1,200
Dislocations (Closed Reduction):			
Hip	\$1,000	\$3,000	\$4,000
Knee, Ankle, Bones of the Foot	\$500	\$1,500	\$2,000
Elbow or Wrist	\$250	\$400	\$600
Shoulder	\$250	\$400	\$600
Collarbone, Bones of the Hand	\$250	\$400	\$600
Finger(s) or Toe(s)	\$50	\$100	\$200
Lower Jaw	\$250	\$400	\$600
Fractures (Open Reduction):			
Hip or Thigh	\$2,000	\$4,000	\$6,000
Skull-Depressed	\$3,000	\$6,000	\$10,000
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$500	\$1,000	\$1,500
Leg	\$1,200	\$2,000	\$3,000
Vertebrae	\$1,200	\$2,000	\$3,000
Pelvis	\$1,200	\$2,400	\$3,200
Upper Jaw or Upper Arm	\$600	\$1,000	\$1,400
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$500	\$900	\$1,200
Rib, Finger, Toe or Coccyx	\$200	\$300	\$400
Multiple Ribs	\$500	\$1,000	\$1,500
Fractures (Closed Reduction):			
Hip or Thigh	\$1,000	\$2,000	\$3,000
Skull-Depressed	\$1,500	\$3,000	\$5,000
Skull-Simple, Vertebral Processes, or Bones of Face or Nose	\$250	\$500	\$750
Leg	\$600	\$1,000	\$1,500
Vertebrae	\$600	\$1,000	\$1,500
Pelvis	\$600	\$1,200	\$1,600
Upper Jaw or Upper Arm	\$300	\$500	\$700
Lower Jaw, Knee Cap, Ankle, Foot, Collarbone, Shoulder, Forearm, Hand or Wrist	\$250	\$450	\$600
Rib, Finger, Toe or Coccyx	\$100	\$150	\$200
Multiple Ribs	\$250	\$500	\$750

Eye Injury	\$200	\$250	\$300
Gunshot Wound	\$250	\$500	\$500
Brain Injury	\$100	\$150	\$200
Paralysis - Monoplegia/Uniplegia	\$500	\$1,000	\$2,000
Paralysis - Diplegia	\$1,000	\$2,500	\$5,000
Paralysis - Hemiplegia	\$1,000	\$2,500	\$5,000
Paralysis - Paraplegia	\$1,000	\$2,500	\$5,000
Paralysis - Quadriplegia	\$5,000	\$7,500	\$10,000
Coma	\$0	\$10,000	\$15,000
Concussion	\$100	\$150	\$200
Lacerations:			
2" to 6" with Sutures	\$200	\$300	\$400
Greater than 6" with Sutures	\$400	\$600	\$800
Burns:			
Greater than 36% of Body 2nd Degree	\$500	\$1,000	\$1,500
9 up to 18 Square Inches 3rd Degree	\$1,000	\$2,000	\$3,000
Over 18, up to 35 Square Inches 3rd Degree	\$3,000	\$4,000	\$5,000
Over 35 Square Inches 3rd Degree	\$10,000	\$12,000	\$15,000
Skin Graft	\$7,000	\$9,000	\$11,500
Diagnostic Exam	\$100	\$150	\$200
X-Ray Exam	\$20	\$30	\$40
Physician's Initial Office Visit	\$0	\$50	\$50
Physician's Follow Up Treatment Office Visit	\$50	\$50	\$50
Physical Therapy	\$20	\$25	\$30
Occupational Therapy	\$20	\$25	\$30
Medical Devices	\$50	\$100	\$200
Epidural Pain Management	\$25	\$50	\$75
Prescription Drug	\$0	\$25	\$25
Hospital Confinement	\$100	\$200	\$300
Intensive Care Unit Confinement	\$150	\$300	\$500
Ambulance Regular	\$100	\$200	\$300
Ambulance Air	\$500	\$1,000	\$1,500
Emergency Room Admission or Urgent Care Facility	\$100	\$100	\$100
Family Lodging	\$100	\$125	\$150
Transportation	\$150	\$300	\$600
Rehabilitation Unit	\$100	\$125	\$150
Hospital Admission	\$500	\$1,000	\$1,500
Blood, Plasma, Platelet	\$100	\$200	\$300
Intensive Care Unit Admission	\$750	\$1,500	\$2,500

Surgery:			
Open Surgery (Not Otherwise Specified)	\$1,000	\$1,500	\$2,000
Exploratory Surgery or Debridement	\$100	\$150	\$200
Laparoscopic Surgery or Hernia Repair	\$100	\$150	\$200
Prosthesis (One)	\$0	\$750	\$1,000
Prosthesis (Two)	\$0	\$1,500	\$2,000
Anesthesia	\$25	\$50	\$75
Tendon/Ligament/Rotator Cuff Tear	\$500	\$750	\$1,000
Torn Knee Cartilage	\$500	\$750	\$1,000
Ruptured/Herniated Disc	\$500	\$750	\$1,000
Emergency Dental Extraction	\$0	\$75	\$100
Emergency Dental Crown	\$0	\$300	\$400

Covered Benefits and/or amounts may be customized for each employer. Spouse and Child Benefits are identical to the employee benefits, except for the accidental death benefits which use 25% of the employee amount for the child as the standard coverage amount.

There is no maximum amount per accident on the Base Plan, however some benefits have internal limits. For example, dislocations and fractures will pay for at most two dislocations or fractures per accident and the various office visits (physician, physical and occupation therapy, etc), number of prescription drugs, epidural injections, etc are also limited per accident as specified in the contract. The concussion benefit has a maximum lifetime limit of \$1,500.

The following chart includes the categories and conditions that the Simple plan covers as well as the standard benefit amounts payable for each maximum benefit plan:

Maximum Benefit Amount (per accident)	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Accidental Death	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Accidental Dismemberment	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Loss of hearing							
One ear	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Both ears	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Loss of sight							
One eye	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Both eyes	\$1,000	\$2,000	\$3,000	\$4,000	\$5,000	\$7,500	\$10,000
Fracture*	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Dislocation*	\$250	\$400	\$600	\$800	\$1,000	\$1,500	\$1,500
Fractured rib, finger, toe or coccyx	\$250	\$400	\$500	\$500	\$500	\$500	\$500

Dislocated finger, toe	\$250	\$400	\$400	\$400	\$400	\$400	\$400
Hospital Confinement (per day)	\$100	\$150	\$200	\$250	\$300	\$350	\$400
Emergency Room (per visit)	\$100	\$100	\$100	\$100	\$100	\$100	\$100
Outpatient Office Visit (per visit)	\$50	\$50	\$50	\$50	\$50	\$100	\$100
Ambulance Air or Ground (per ride)	\$150	\$200	\$250	\$300	\$350	\$400	\$400
Medical Devices (per device)	\$75	\$100	\$125	\$150	\$175	\$200	\$250

* Fractures and Dislocations include, but are not limited to: hip, thigh, pelvis, skull, vertebrae, vertebral processes, bones of face or nose, leg, jaw, knee cap, ankle, foot, collarbone, shoulder, forearm, hand, wrist, multiple ribs, elbow or bones of the hand or knee.

The Simple Plan has no limits to the number of fractures, dislocations, office visits, etc, but does cap the total amount per accident at the selected Maximum Benefit Amount.

Both the Base and Simple Plan are HSA compliant and come in 24 hour and off-job only variations.

The Personal Accident product also offers an optional Disability Income Benefit for the employee and spouse for durations up to 52 weeks and weekly benefit amounts up to \$750.

III. Applicability

This filing is for new group policies. There are no policies currently in force on these form numbers.

IV. Claim Costs

Incidence rates were derived using the following data sources:

- 85 CIDA
- American Academy of Orthopedic Surgeons, "Patient Demographics"
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010
- ATS Foundation Tissue Donation Facts
- Epidural Steroid in the Management of Chronic Pain: A Systematic Review
- Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: "Effects of Traumatic Brain Injury"
- Milliman's Dental Guidelines

- Milliman's Health Cost Guidelines
- National Burn Repository, 2011 Report
- National Safety Council Injury Facts
- NHCS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- NHCS No. 27, "National Hospital Ambulatory Medical Care Survey: 2007 Summary"
- NHCS Series 10, No. 134, "Prevalence of Selected Impairments, United States – 1977"
- NHCS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- NHCS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States – 1977"
- NHCS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary with Detailed Diagnosis and Procedural Data"
- Statistics for 1996 HCUP Nationwide Inpatient Sample, by multi-level CCS procedure
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations and Deaths
- U.S. Census Bureau
- U.S. Statistical Abstract
- Web pages <http://www.organtransplants.org/understanding/death/>, <http://www.ncbi.nlm.nih.gov/pubmed/14960673/>, <http://emedicine.medscape.com/articale/763291-overview#showall/> and <http://www.makeoa.org/nscia/fact02.html>
- WISQARS Nonfatal Injury Reports

V. Expenses

A study of our expenses across our Voluntary Benefit offerings and the design of our Personal Accident product produced the following results which are included in our rates:

Premium Tax	2% of premium
Acquisition Costs	18.5% of premium
	\$11 per Cert
	\$125 per Case
Annual Costs of:	7.8% of premium
	\$3 per Cert
	\$225 per Case

VI. Expected Loss Ratio

The aggregate expected loss ratio for this block of policies is 55.1%.

Statement of Reliance

In preparing this memorandum, I relied on data provided by an outside consultant, Milliman, Inc. I have reviewed the information relied upon for reasonableness.

Certification

I certify that to the best of my knowledge and judgment, this rate manual filing is in compliance with the applicable laws of your state and the rules of the Department of Insurance, and the benefits provided are reasonable in relation to the premiums charged. I also certify that the rates are not excessive, inadequate, or unfairly discriminatory. This certification conforms to Actuarial Standard or Practice No. 8 as adopted by the Actuarial Standards Board of the American Academy of Actuaries.



Stephen Fox, FSA, MAAA
Associate Director, Voluntary Pricing

February 22, 2013
Date

August 13, 2013

Darniece Shirley
District of Columbia

RE: SUN LIFE ASSURANCE COMPANY OF CANADA
SERFF Tracking Number: **FRCS-129075624**
Group Accident Only

Dear Ms. Shirley:

The following is in response to your objection dated July 23, 2013:

1. The average annual premium for this product is \$273.15.
2. The pricing components on this product, as a percent of premium, are:
 - a. Claims 55.1%
 - b. Commissions 20.0%
 - c. Expenses 18.7%
 - d. Profit 6.2%
3. This product is mainly a cash product and investments to back the IBNR will be in short term assets (treasuries). Interest Rates of 0.05% per year is assumed.
4. There are no trend assumptions being made on this product. This product pays scheduled benefits to help offset out of pocket expenses associated with an accident. The benefits are not intended to cover the full costs (which would go up with medical trend) nor are indexed to any market forces.
5. Lapse/Persistency assumptions are based on experience for a similar accident product, developed under another legal entity within the Sun Life umbrella, and other group voluntary products.

Year(s)	Lapse %	Year(s)	Lapse%
1	26.0%	6-10	12.0%
2	22.2%	11-15	10.0%
3	18.2%	16-20	8.0%
4	15.1%	21-30	7.5%
5	14.3%	31+	7.5%

6. Mortality and Morbidity assumptions were provided by Milliman in accordance with our contractual definitions and reviewed by us for reasonableness. Claim costs for each covered benefit were derived using the following data sources:

Accidental Death and Accidental Death Common Carrier:

- National Safety Council Injury Facts
- US Statistical Abstract

Accident Disability Coverage:

- 85 CIDA
- Claim costs were calculated using a 5% discount rate
- National Safety Council Injury Facts

- NHCS No. 27, “National Hospital Ambulatory Medical Care Survey: 2007 Summary”
- The occupational class distribution for this benefit is as follows:

<u>Class</u>	<u>Percent</u>
2	40%
4	60%

Ambulance Regular, Ambulance Air, Emergency Room Admission and Urgent Care Facility:

- NHCS No. 26, “National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary”
- Milliman’s Health Cost Guidelines

Brain Injury:

- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths

Burns:

- Milliman’s Health Cost Guidelines
- National Burn Repository, 2011 Report
- US Statistical Abstract

Catastrophic Loss, Simple Dismemberment and Loss of Fingers and Toes:

- NHCS Series 10, No. 134, “Prevalence of Selected Impairments, United States – 1977”

Coma and Concussions:

- Family Caregiver Alliance: Selected Traumatic Brain Injury Statistics: “Effects of Traumatic Brain Injury”
- Traumatic Brain Injury in the United States: Emergency Department Visits, Hospitalizations, and Deaths

Diagnostic and X-Ray Exams:

- NHCS No. 26, “National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary”
- Milliman’s Health Cost Guidelines
- ATS Foundation Tissue Donation Facts
- <http://www.organstransplants.org/understanding/death/>

Dislocations:

- Milliman’s Health Cost Guidelines
- NHCS Series 13, No. 139, “Ambulatory and Inpatient Procedures in the United States – 1977”
- Statistics for 1996 HCUP Nationwide Inpatient Sample, by multi-level CCS procedure
- <http://www.ncbi.nlm.nih.gov/pubmed/14960673>
- NHCS Series 10, No. 202, “Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997”

Emergency Dental:

- Milliman's Dental Guidelines
- NHCS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- <http://emedicine.medscape.com/article/763291-overview#showall>

Epidural Pain Management:

- Epidural Steroid in the Management of Chronic Pain: A Systematic Review
- US Census Bureau

Eye Injury:

- NHCS Series 10, No. 134, "Prevalence of Selected Impairments, United States – 1977"

Family Lodging and Transportation:

- The incidence rates for this benefit are a summation of a portion (based on actuarial judgement) of the incidence rates for the burn, coma, paralysis, air ambulance, and hospital admission benefits which could lead to the need for family lodging or family transportation.

First Physician's Office Visit, Follow-up Office Visit, Physical Therapy and Rehabilitation:

- Milliman's Health Cost Guidelines
- NHCS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- NHCS No. 27, "National Hospital Ambulatory Medical Care Survey: 2007 Summary"

Fractures:

- American Academy of Orthopedic Surgeons, "Patient Demographics"
- NHCS Series 13, No. 165, "National Hospital Discharge Survey: 2005 Annual Summary With Detailed Diagnosis and Procedure Data"
- NHCS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- U.S. Statistical Abstract

Gunshot Wound:

- WISQARS Nonfatal Injury Reports

Hospital Admission and Confinement, Intensive Care Unit Admission and Confinement:

- NHCS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- Milliman's Health Cost Guidelines
- NHCS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"

Medical Devices and Blood, Plasma, Platelet:

- NHCS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- Milliman's Health Cost Guidelines

Paralysis:

- NHCS Series 10, No. 134, "Prevalence of Selected Impairments, United States – 1977"
- U.S. Statistical Abstract
- www.makeoa.org/nscia/fact02.html
- Annual Report for the Model Spinal Cord Injury Care Systems, 2010

Prescription Drug:

- NHCS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"

Surgery:

- NHCS No. 26, "National Hospital Ambulatory Medical Care Survey: 2007 Emergency Department Summary"
- NHCS Series 10, No. 202, "Injury and Poisoning Episodes and Conditions: National Health Interview Survey, 1997"
- U.S. Statistical Abstract
- NHCS Series 13, No. 139, "Ambulatory and Inpatient Procedures in the United States – 1977"

7. We confirm that this filing is limited to DC resident policyholders pr DC domiciled group certificate holders.
8. This rate filing conforms to the corresponding forms filing.

Should you have any additional questions, please do not hesitate to contact me at tel. (860) 737-1269 or via email at stephen.fox@sunlife.com.

Sincerely,



Stephen Fox, FSA, MAAA
Associate Director, Voluntary Pricing
Sun Life Assurance Company of Canada

Objection Letter for FRCS-129075624

SERFF Tracking Number:	FRCS-129075624	State:	District of Columbia
Filing Company:	Sun Life Assurance Company of Canada	State Tracking Number:	
Company Tracking Number:	5978.1		
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Group Accident Certificate		
Project Name:	SUNLIFE-3/69.1		

Objection Letter Status:

Pending Industry Response

Objection Letter Date:

07/23/2013

Respond By Date:

08/13/2013

Submitted Date:

07/23/2013 03:06 PM

Dear Michael Cochran,

Introduction:

Thank you for your recent filing. Please see below for additional information requested to continue review of the rate filing.

Objection 1

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

Please provide the average annual premium for the proposed product.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

Please provide a detailed make-up of expenses as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as profit, claims, commission, e.g. should be included.

Objection 3

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

What interest rate assumptions, if any are being made? Please justify.

Objection 4

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

What trend assumptions (medical and insurance), if any are being made?

[Objection 5](#)

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

Please provide a persistency table and justification for this initial filing.

[Objection 6](#)

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

Please provide mortality and morbidity assumptions and justifications for this rate filing per DC's Health Rate Filing Instructions.

[Objection 7](#)

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

Please confirm: This rate review is limited to DC resident policyholders or DC domiciled group certificate holders. All other rate requests will need to be reviewed by that respective state.

[Objection 8](#)

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)
- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- District of Columbia and Countrywide Loss Ratio Analysis (P&C) (Supporting Document)
- District of Columbia and Countrywide Experience for the Last 5 Years (P&C) (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)
- Unified Rate Review Template (Supporting Document)
- Rates (Rate)

Comments:

Please note, this rate filing is subject to conformity with the corresponding forms' filing. This department reserves the right to withdraw the filing if not.

Conclusion:

Sincerely,
Darniece Shirley