

SERFF Tracking Number: *GARD-126993136* *State:* *District of Columbia*
Filing Company: *The Guardian Life Insurance Company of* *State Tracking Number:*
 America
Company Tracking Number:
TOI: *H16G Group Health - Major Medical* *Sub-TOI:* *H16G.001A Any Size Group - PPO*
Product Name: *4/1/2011 DC Medical Large Filing*
Project Name/Number: */*

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
APPROVED	Carolyn King	01/09/2012	01/09/2012
APPROVED	Darniece Shirley	02/15/2011	02/15/2011

SERFF Tracking Number: GARD-126993136 State: District of Columbia

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Product Name: 4/1/2011 DC Medical Large Filing

Project Name/Number: /

Disposition

Disposition Date: 01/09/2012

Implementation Date: 04/01/2011

Status: APPROVED

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment: Filing reopened to comply with HHS Transparency Reporting Rules. No material changes were made.

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 required):	Minimum % Change (where required):
The Guardian Life Insurance Company of America	0.000%	0.000%	\$	5,030	\$33,994,282	%	%
	Percent Change Approved:						
	Minimum:	0.0%	Maximum:	0.0%	Weighted Average:		0.0%

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 Product Name: 4/1/2011 DC Medical Large Filing
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Actuarial Justification		Yes
Rate	COMP-1-DC		Yes
Rate (revised)	COMP-1.1-DC		Yes
Rate	COMP-1.1-DC		Yes
Rate	COMP-2-DC		Yes
Rate	COMP-9-DC		Yes
Rate	COMP-11-DC & COMP-11.1-DC		Yes
Rate	COMP-EX 1.0-DC		Yes
Rate (revised)	PDC-1-DC		Yes
Rate	PDC-1-DC		Yes
Rate (revised)	PDC-1-DC		Yes
Rate	PDC-1-DC		Yes
Rate	PDC-7-DC		Yes
Rate	MM-AREA-2-DC		Yes

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Product Name: 4/1/2011 DC Medical Large Filing

Project Name/Number: /

Disposition

Disposition Date: 02/15/2011

Implementation Date:

Status: APPROVED

HHS Status: Not Reported

State Review: Reviewed by Actuary

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 required):	Minimum % Change (where required):
The Guardian Life Insurance Company of America	0.000%	0.000%	\$	5,030	\$33,994,282	%	%
	Percent Change Approved:						
	Minimum:	%	Maximum:	%	Weighted Average:		%

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Rate (revised)	COMP-1.1-DC		Yes
Rate	COMP-1.1-DC		Yes
Rate	COMP-2-DC		Yes
Rate	COMP-9-DC		Yes
Rate	COMP-11-DC & COMP-11.1-DC		Yes
Rate	COMP-EX 1.0-DC		Yes
Rate (revised)	PDC-1-DC		Yes
Rate	PDC-1-DC		Yes
Rate (revised)	PDC-1-DC		Yes
Rate	PDC-1-DC		Yes
Rate	PDC-7-DC		Yes
Rate	MM-AREA-2-DC		Yes

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Neutral
Overall Percentage of Last Rate Revision:	-2.000%
Effective Date of Last Rate Revision:	01/01/2011
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
The Guardian Life Insurance Company of America	Neutral	0.000%	0.000%		5,030	\$33,994,282	%	%
Product Type:		HMO	PPO	EPO	POS	HSA	HDHP	FFS
Covered Lives:			4,517			162		351
Policy Holders:			93			3		11

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Product Name: 4/1/2011 DC Medical Large Filing

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
	COMP-1-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR COMP-1-DC Y 2011 (April 2011).pdf -4.900
	COMP-1.1-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR COMP-1.1-DC Y 2011 (April 2011- Revised).pdf 4.000
	COMP-2-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR COMP-2-DC Y 2011 (April 2011).pdf 1.150
	COMP-9-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JULY COMP-9-DC 2010 (April 2011).pdf 0.200
	COMP-11-DC & COMP-11.1-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	OCTOBECOMP-11-DC & R 2010 COMP-11.1-DC 0.050 (April 2011).pdf
	COMP-EX 1.0-DC	GP-1 et al	Revised	Previous State Filing	JANUAR COMP-EX 1.0-

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Number: Y 2011 DC (April
 Percent Rate Change -1.100 2011).pdf
 Request:

PDC-1-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR PDC-1-DC (April Y 2011 2011- -4.480 Revised).pdf
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PDC-1-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR PDC-1-DC (April Y 2011 2011- 3.000 Revised).pdf
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PDC-7-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR PDC-7-DC (April Y 2011 2011).pdf -1.410
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MM-AREA-2-DC	GP-1 et al	Revised	Previous State Filing Number: Percent Rate Change Request:	JANUAR MM-AREA-2-DC Y 2011 (April 2011).pdf 1.410
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THE GUARDIAN Life Insurance Company of America

COMPREHENSIVE MAJOR MEDICAL PREMIUM RATES

	<u>PPO</u>	<u>Indemnity</u>
<u>LINE 1</u> - STARTING CLAIM COST RATE (Applies to Employee and Dependent In-Network and Out-of-Network)	\$1,280.44	\$1,364.66

LINE 2 - PPO CREDIT FACTOR

- (1) Indemnity Plans - Multiply rates by 1.000
(2) PPO Plans - Multiply by applicable factor found below:

<u>Deductible Range</u>	<u>Factor</u>
Under \$1,000	1.000
\$1,000 thru \$2,499	1.000
\$2,500 thru \$4,999	1.000
\$5,000 thru \$9,999	1.000
\$10,000 and over	1.000

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LINE 3 - AREA FACTOR

Multiply rates by .01 x Area Index

LINE 4 - PROVIDER DISCOUNT FACTORS - Applies to PPOs only

In-Network: Multiply rates by the appropriate factor from Exhibit 1 on page COMP-EX 1.0-DC

Out-Network: Multiply rates by 1.000.

LINE 6 - SECULAR TREND FACTOR (Indemnity and PPO)

For PPOs other than plan types 01-22, apply the factor for a \$100 deductible.

For PPO plan types 01-22 and for all indemnities, use the factor for the applicable deductible.

<u>Deductible</u>	<u>Effective Date</u>	
	<u>4/1/2011</u>	<u>7/1/2011</u>
\$0	1.265	1.316
100	1.265	1.316
150	1.265	1.316
200	1.265	1.316
250	1.265	1.316
300	1.265	1.316
400	1.265	1.316
500	1.280	1.334
600	1.280	1.334
750	1.280	1.334
1,000	1.295	1.352
1,250	1.295	1.352
1,500	1.310	1.370
2,000	1.310	1.370
2,500	1.325	1.388
3,000	1.325	1.388
5,000	1.340	1.407
7,500	1.340	1.407
10,000	1.340	1.407
15,000	1.340	1.407
25,000	1.340	1.407

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LINE 8 - AGE/SEX FACTOR (If the case is Age Banded, use a factor equal to 1.00 for employee and dependent)

Age Band	Without Maternity		With Maternity		Maternity & Nursery Care	
	Employee		Employee		Employee	
	Male EE Factors	Female EE Factors	Male EE Factors	Female EE Factors	Male EE Factors	Female EE Factors
<25	0.371	0.703	0.371	0.797	0.371	0.797
25-29	0.424	0.765	0.424	0.861	0.424	0.861
30-34	0.518	1.000	0.518	1.130	0.518	1.130
35-39	0.659	1.242	0.659	1.257	0.659	1.257
40-44	0.797	1.288	0.797	1.303	0.797	1.303
45-49	1.004	1.334	1.004	1.334	1.004	1.334
50-54	1.341	1.533	1.341	1.533	1.341	1.533
55-59	1.824	1.815	1.824	1.815	1.824	1.815
60-64	2.358	2.201	2.358	2.201	2.358	2.201
65-69 (Medicare Primary)	0.892	0.832	0.892	0.832	0.892	0.832
65-69 (Medicare Secondary)	2.843	2.563	2.843	2.563	2.843	2.563
70+ (Medicare Primary)	0.892	0.832	0.892	0.832	0.892	0.832
70+ (Medicare Secondary)	3.450	2.874	3.450	2.874	3.450	2.874

EE Age/Sex Factor: Multiply the number of employees in each age bracket/gender/maternity category by the appropriate factor from the above table and sum the results. Divide the total by the number of employees.

Age Band	Without Maternity		With Maternity		Maternity & Nursery Care	
	Dependent		Dependent		Dependent	
	Male Dep Factors	Female Dep Factors	Male Dep Factors	Female Dep Factors	Male Dep Factors	Female Dep Factors
<25	1.346	1.011	1.617	1.215	1.666	1.251
25-29	1.601	1.027	1.935	1.241	1.993	1.278
30-34	1.868	1.151	2.195	1.353	2.260	1.393
35-39	1.941	1.228	2.232	1.412	2.284	1.445
40-44	1.912	1.281	2.165	1.451	2.203	1.476
45-49	2.003	1.434	2.191	1.568	2.216	1.586
50-54	2.053	1.583	2.204	1.699	2.229	1.719
55-59	2.181	1.817	2.281	1.901	2.294	1.912
60-64	2.390	2.250	2.403	2.262	2.403	2.262
65-69 (Medicare Primary)	1.899	1.788	2.184	2.055	2.235	2.104
65-69 (Medicare Secondary)	2.428	2.453	2.441	2.466	2.441	2.466
70+ (Medicare Primary)	1.899	1.788	2.184	2.055	2.235	2.104
70+ (Medicare Secondary)	2.573	2.826	2.587	2.841	2.587	2.841

DEP Age/Sex Factor: Multiply the number of employees with dependents in each age bracket/gender/maternity category by the appropriate factor from the above table and sum the results. Divide the total by the number of employees with dependents.

Note: In cases where the group does not have any employees with dependents, the EE census will be used to calculate the DEP age/sex factor.

LINE 9 - MORBIDITY FACTOR -Multiply employee and dependent rates by the applicable factor found below:

Number of Employees Covered for Medical	Factor		
	Virginia	Washington	All Other States
1	2.300	1.980	2.500
2	1.150	1.300	1.500
3 to 5	1.000	1.010	1.080
6 to 9	1.000	1.010	1.030
10 to 15	0.990	0.975	1.000
16 to 24	0.990	0.975	1.000
25 to 50	0.990	0.975	0.990
51 to 74	0.940	0.955	0.970
75 and over	0.940	0.950	0.970

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LINE 23 - DEDUCTIBLE CARRYOVER FACTOR

Multiply employee and dependent rates by the applicable factor found below.

<u>Deductible</u>	<u>With Carryover</u>	<u>No Carryover</u>	<u>Deductible</u>	<u>With Carryover</u>	<u>No Carryover</u>
\$1-100	1.005	1.000	\$751-1000	1.028	1.000
\$101-200	1.006	1.000	\$1001-1250	1.034	1.000
\$201-250	1.007	1.000	\$1251-1500	1.039	1.000
\$251-300	1.009	1.000	\$1501-2000	1.049	1.000
\$301-400	1.013	1.000	\$2001-3000	1.063	1.000
\$401-500	1.017	1.000	\$3001 or more	1.076	1.000
\$501-750	1.024	1.000			

LINE 24 - COMMON DEDUCTIBLE FACTOR (Not available under R6/R6A/R8)

For all indemnity plans, use a factor of 1.000.

For PPO plans, where a single deductible applies to both in and out-of-network charges, use applicable factor below for the EE and Dep. in and out-of-network calculation. Otherwise, use a factor of 1.000.

<u>Common Deductible</u>		<u>Common Deductible</u>		<u>Common Deductible</u>		<u>Common Deductible</u>	
<u>Amt.</u>	<u>Factor</u>	<u>Amt.</u>	<u>Factor</u>	<u>Amt.</u>	<u>Factor</u>	<u>Amt.</u>	<u>Factor</u>
100	1.006	600	1.027	1750	1.077	4000	1.10
150	1.008	750	1.036	2000	1.081	4500	1.10
200	1.010	800	1.039	2250	1.086	5000	1.10
250	1.012	900	1.045	2500	1.089	7500	1.10
300	1.014	1000	1.052	2750	1.094	10000	1.10
400	1.018	1250	1.063	3000	1.10	15000	1.10
500	1.022	1500	1.071	3500	1.10	25000	1.10

LINE 25 - NO DEDUCTIBLE CROSSOVER FACTOR

For all indemnity plans, use a factor of 1.000.

For PPO plans, where the in and out-of-network deductibles are accumulated separately, use applicable factor below for the EE and Dep. in and out-of-network calculation. Otherwise, use a factor of 1.000.

<u>INN Deductible</u>	<u>OON Deductible</u>	<u>Final Factor</u>	<u>INN Deductible</u>	<u>OON Deductible</u>	<u>Final Factor</u>
\$0	Any	1.000	\$1,000	\$1,000 - \$1,749	0.913
\$100	\$100 - \$899	0.985	\$1,000	\$1,750 - \$3,999	0.918
\$100	\$900+	0.983	\$1,000	\$4,000 - \$5,999	0.921
\$200	\$200 - \$1,249	0.972	\$1,000	\$6,000+	0.924
\$200	\$1,250+	0.972	\$1,500	\$1,500 - \$3,999	0.892
\$250	\$250 - \$1,249	0.966	\$1,500	\$4,000 - \$7,499	0.899
\$250	\$1,250 - \$2,499	0.966	\$1,500	\$7,500+	0.905
\$250	\$2,500+	0.967	\$2,000	\$2,000 - \$4,999	0.870
\$300	\$300 - \$1,199	0.963	\$2,000	\$5,000 - \$9,999	0.879
\$300	\$1,200 - \$2,499	0.963	\$2,000	\$10,000+	0.884
\$300	\$2,500 +	0.964	\$2,500	\$2,500 - \$5,999	0.852
\$400	\$400 - \$1,249	0.955	\$2,500	\$6,000 - \$9,999	0.861
\$400	\$1,250 - \$2,499	0.956	\$2,500	\$10,000+	0.866
\$400	\$2,500+	0.957	\$3,000	\$3,000 - \$6,999	0.838
\$500	\$500 - \$1,249	0.947	\$3,000	\$7,000 - \$9,999	0.848
\$500	\$1,250 - \$2,499	0.949	\$3,000	\$10,000+	0.855
\$500	\$2,500 - \$3,499	0.949	\$4,000	\$4,000 - \$6,999	0.830
\$500	\$3,500+	0.951	\$4,000	\$7,000 - \$9,999	0.830
\$750	\$750 - \$1,499	0.928	\$4,000	\$10,000+	0.830
\$750	\$1,500 - \$2,499	0.932	\$5,000	\$5,000 - \$9,999	0.792
\$750	\$2,500 - \$3,499	0.932	\$5,000	\$10,000 - \$14,999	0.797
\$750	\$3,500+	0.936	\$5,000	\$15,000+	0.805
			\$6,000+	\$6,000+	0.786

THE GUARDIAN Life Insurance Company of America

LINE 27 - MAXIMUM BENEFIT FACTOR

Multiply employee and dependent In and Out-of-network rates by the applicable factor found below

Maximum	Factor	Maximum	Factor	Maximum	Factor	Maximum	Factor
10,000	.711	25,000	.852	250,000	.988	2,000,000	.995
15,000	.782	50,000	.921	500,000	.990	5,000,000	.999
20,000	.817	100,000	.963	1,000,000	.992	Unlimited	1.000

LINE 28 - EMERGENCY ROOM DEDUCTIBLE FACTOR (Only available with PPOs, not available under R6/R6A/R8)

Multiply employee and dependent rates by the applicable factor found below.

Deductible	Factor	Deductible	Factor
\$ 50	.995	\$150	.983
75	.992	200	.977
100	.989	250	.976

LINE 29 - HOSPITAL COPAY FACTOR (Only available with R6/R6A/R8 PPOs)

(A) For PPO plans, multiply the in-network employee and dependent rates by the applicable factor found below

For these PPO plans, multiply your out-of-network employee and dependent rates by 1.000.

(B) For all indemnity plans, multiply the in-network/out-of-network, employee and dependent rates by 1.000.

For R6/R6A PPO Plans:

I) CONNECTICUT AND NEW JERSEY ONLY

HOSPITAL ADMISSION COPAY

INN Deductible		\$0				\$250				\$500			
		INN Coinsurance				INN Coinsurance				INN Coinsurance			
From	To	100%	90%	80%	70%	100%	90%	80%	70%	100%	90%	80%	70%
\$0	\$99	1.000	1.002	1.001	1.001	0.996	0.997	0.997	0.997	0.992	0.993	0.993	0.992
\$100	\$249	1.000	1.002	1.001	1.001	0.996	0.997	0.997	0.997	0.992	0.993	0.992	0.992
\$250	\$499	1.000	1.002	1.002	1.001	0.996	0.997	0.997	0.997	0.991	0.993	0.992	0.992
\$500	\$999	1.000	1.002	1.002	1.002	0.995	0.997	0.997	0.997	0.991	0.992	0.992	0.992
\$1,000	\$1,499	1.000	1.003	1.002	1.002	0.995	0.997	0.997	0.997	0.991	0.992	0.992	0.992
\$1,500	\$1,999	1.001	1.003	1.003	1.003	0.996	0.998	0.997	0.997	0.991	0.992	0.992	0.992
\$2,000	\$2,499	1.002	1.004	1.004	1.004	0.996	0.998	0.998	0.998	0.991	0.993	0.993	0.992
\$2,500	\$2,999	1.003	1.005	1.005	1.005	0.997	0.999	0.999	0.999	0.991	0.994	0.993	0.993
\$3,000	\$3,999	1.004	1.007	1.007	1.007	0.998	1.001	1.000	1.000	0.992	0.994	0.994	0.994
\$4,000	\$4,999	1.007	1.010	1.010	1.010	1.000	1.003	1.003	1.003	0.994	0.997	0.997	0.997
\$5,000	\$5,999	1.010	1.013	1.014	1.014	1.003	1.006	1.006	1.006	0.996	0.999	0.999	0.999
\$6,000	\$6,999	1.013	1.017	1.017	1.018	1.006	1.010	1.010	1.010	0.999	1.002	1.002	1.003
\$7,000	\$7,999	1.017	1.021	1.022	1.022	1.010	1.014	1.014	1.014	1.002	1.006	1.006	1.006
\$8,000	\$10,000+	1.027	1.031	1.032	1.032	1.019	1.023	1.023	1.023	1.011	1.014	1.015	1.015

II) ALL OTHER STATES Deductible

HOSPITAL ADMISSION COPAY

From	To	\$0	\$250	\$500	\$750	\$1,000	\$1,500
\$0	\$99	1.000	0.996	0.992	0.988	0.984	0.978
\$100	\$249	1.000	0.996	0.992	0.988	0.984	0.977
\$250	\$499	1.000	0.996	0.991	0.987	0.983	0.976
\$500	\$999	1.000	0.995	0.991	0.987	0.982	0.975
\$1,000	\$1,499	1.000	0.995	0.991	0.986	0.981	0.973
\$1,500	\$1,999	1.001	0.996	0.991	0.986	0.981	0.972
\$2,000	\$2,499	1.002	0.996	0.991	0.986	0.981	0.972
\$2,500	\$2,999	1.003	0.997	0.991	0.986	0.981	0.971
\$3,000	\$3,999	1.004	0.998	0.992	0.986	0.981	0.971
\$4,000	\$4,999	1.007	1.000	0.994	0.988	0.982	0.972
\$5,000	\$5,999	1.010	1.003	0.996	0.990	0.984	0.972
\$6,000	\$6,999	1.013	1.006	0.999	0.992	0.986	0.974
\$7,000	\$7,999	1.017	1.010	1.002	0.995	0.988	0.976
\$8,000	\$10,000+	1.027	1.019	1.011	1.003	0.995	0.981

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LINE 29 - CONTINUED

For R8 PRO Plans:

I) CONNECTICUT AND NEW JERSEY ONLY

		HOSPITAL ADMISSION COPAY											
		\$0				\$250				\$500			
INN Deductible		INN Coinsurance				INN Coinsurance				INN Coinsurance			
From	To	100%	90%	80%	70%	100%	90%	80%	70%	100%	90%	80%	70%
\$0	\$99	1.000	1.026	1.026	1.025	1.000	1.022	1.021	1.021	1.000	1.017	1.017	1.016
\$100	\$249	1.020	1.027	1.027	1.027	1.015	1.023	1.022	1.022	1.011	1.018	1.017	1.017
\$250	\$499	1.021	1.028	1.028	1.028	1.016	1.024	1.023	1.023	1.012	1.019	1.018	1.018
\$500	\$999	1.022	1.031	1.031	1.030	1.017	1.025	1.025	1.025	1.013	1.020	1.020	1.020
\$1,000	\$1,499	1.025	1.034	1.035	1.035	1.020	1.029	1.029	1.029	1.015	1.024	1.024	1.023
\$1,500	\$1,999	1.028	1.038	1.038	1.038	1.023	1.032	1.032	1.032	1.017	1.026	1.027	1.026
\$2,000	\$2,499	1.032	1.043	1.043	1.043	1.027	1.037	1.037	1.037	1.021	1.031	1.031	1.031
\$2,500	\$2,999	1.038	1.048	1.049	1.049	1.031	1.042	1.048	1.043	1.026	1.036	1.037	1.037
\$3,000	\$3,999	1.043	1.055	1.056	1.056	1.037	1.048	1.049	1.049	1.031	1.042	1.043	1.043
\$4,000	\$4,999	1.056	1.069	1.070	1.071	1.050	1.062	1.063	1.063	1.043	1.055	1.056	1.056
\$5,000	\$5,999	1.071	1.084	1.086	1.087	1.064	1.077	1.078	1.079	1.057	1.069	1.071	1.072
\$6,000	\$6,999	1.087	1.101	1.103	1.104	1.080	1.093	1.095	1.096	1.072	1.085	1.087	1.088
\$7,000	\$7,999	1.105	1.119	1.121	1.122	1.097	1.111	1.113	1.114	1.089	1.103	1.105	1.105
\$8,000	\$10,000+	1.143	1.158	1.160	1.161	1.134	1.149	1.151	1.152	1.125	1.140	1.142	1.143

II) ALL OTHER STATES

		HOSPITAL ADMISSION COPAY					
Deductible		\$0	\$250	\$500	\$750	\$1,000	\$1,500
From	To						
\$0	\$99	1.000	1.000	1.000	1.000	1.000	0.995
\$100	\$249	1.020	1.015	1.011	1.007	1.003	0.994
\$250	\$499	1.021	1.016	1.012	1.007	1.003	0.994
\$500	\$999	1.022	1.017	1.013	1.008	1.003	0.994
\$1,000	\$1,499	1.025	1.020	1.015	1.010	1.005	0.995
\$1,500	\$1,999	1.028	1.023	1.017	1.012	1.007	0.997
\$2,000	\$2,499	1.032	1.027	1.021	1.015	1.010	1.000
\$2,500	\$2,999	1.038	1.031	1.026	1.020	1.014	1.003
\$3,000	\$3,999	1.043	1.037	1.031	1.025	1.019	1.007
\$4,000	\$4,999	1.056	1.050	1.043	1.036	1.030	1.018
\$5,000	\$5,999	1.071	1.064	1.057	1.050	1.043	1.030
\$6,000	\$6,999	1.087	1.080	1.072	1.065	1.058	1.044
\$7,000	\$7,999	1.105	1.097	1.089	1.081	1.073	1.059
\$8,000	\$10,000+	1.143	1.134	1.125	1.117	1.108	1.092

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PHCS Hospital and Physicians PPOs

PPO	PPO Name	State	Zip Codes	Provider Factor
117	Washington DC	DC , MD , VA	200-209, 220-227	0.661

First Health Hospital and Physicians PPOs

PPO	PPO Name	State	Zip Codes	Provider Factor
607	FHN - DC/MD/VA	DC , MD , VA	200-201, 206-209, 220-228	0.790

Independent Hospital and Physicians PPOs

PPO	PPO Name	State	Zip Codes	Provider Factor
840	OneNet	MD, DC, VA	200-209, 220-227, 229-238, 240-244, 246	0.717

SECTION 11 - PRESCRIPTION DRUG

Line 1 - STARTING RATE

	<u>Employee</u>	<u>Dependent</u>
The starting rate is:	\$443.05	\$443.05

Line 2 - SECULAR TREND FACTOR

Effective Date	
<u>4/1/2011</u>	<u>7/1/2011</u>
1.194	1.230

Line 3 - SEVERITY FACTOR

A. Employee Severity Factor

<u>Employee Age</u>	<u>Factor</u>
Under 25	0.171
25 – 34	0.236
35 – 44	0.365
45 – 54	0.573
55 – 64	0.841
65+	1.270

Multiply the number of employees in each bracket by the appropriate factor from the above table and sum the results. Divide the total by the number of employees.

B. Dependent Severity Factor

<u>Employee Age</u>	<u>Factor</u>
Under 25	0.291
25 – 34	0.419
35 – 44	0.535
45 – 54	0.691
55 – 64	1.005
65+	1.515

Multiply the number of employees in each bracket by the appropriate factor from the above table and sum the results. Divide the total by the number of employees.

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Multiply the number of employees in each bracket by the appropriate factor from the above table and sum the results. Divide the total by the number of employees.

THE GUARDIAN Life Insurance Company of America

Line 10 - MORBIDITY FACTOR

Multiply the employee and dependent rates by:

	Factor	
	<u>Washington</u>	<u>All Other States</u>
1	1.650	2.200
2	1.270	1.500
3 to 5	1.210	1.250
6 to 9	1.210	1.250
10 to 15	1.000	1.000
16 to 24	1.000	0.950
25 to 50	0.980	0.950
51 to 74	0.950	0.950
75 and over	0.910	0.950

Line 14 - ANNUAL MAXIMUM BENEFIT

Annual Maximum	Factor
Unlimited	1.000
25,000	0.970
10,000	0.915
7,500	0.890
5,000	0.840
2,500	0.750
1,000	0.600

Line 15 - COVERAGE MANAGEMENT

Option	Factor
Exclude	1.000
Include	0.940

Line 98 - SPLIT DEPENDENT FACTORS

Multiply employee and dependent rates by the applicable factors found below:

Three Tier		
<u>Employee</u>	<u>1 Dependent</u>	<u>>=2 Dependents</u>
1.000	0.6	1.185

	Four Tier			
<u>State</u>	<u>Employees Only</u>	<u>Employee & Spouse</u>	<u>Employee & Children</u>	<u>Family</u>
District of Columbia	1.000	0.670	0.500	1.185

THE GUARDIAN Life Insurance Company of America

TABLE OF AREA INDEXES

		----- AREA INDEX -----		
		RATING		
<u>City</u>	<u>Zip Code</u>	<u>AREA</u>	<u>COMP</u>	<u>HSA Table for Line 35</u>
DISTRICT OF COLUMBIA				
Washington	200, 202-205	DC1	50.4	Table 2 and Table 5

SERFF Tracking Number: GARD-126993136 State: District of Columbia
Filing Company: The Guardian Life Insurance Company of State Tracking Number:
America
Company Tracking Number:
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO
Product Name: 4/1/2011 DC Medical Large Filing
Project Name/Number: /

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Actuarial Justification		
Comments:		
Attachment:		
DC NR Filing Letter - 042011.pdf		



January 19, 2011

Mr. Laszlo Pentek
Actuary
Government of the District of Columbia
Department of Insurance, Securities and Banking
810 First Street, NE, #701
Washington, DC, 20002

**Re: 4/1/2011 District of Columbia Small and Large Employer Health Benefit Plan
Rate Filing**

**Carrier: The Guardian Life Insurance Company of America
NAIC#: 64246**

Dear Mr. Pentek:

This filing provides the information required by District of Columbia regulations for filing manual rate changes for Guardian's Group Medical business.

Issuer Information and Type of Plan

Name of the Health Insurance Issuer	The Guardian Life Insurance Company of America
NAIC Company Code	64246
Name of State in which the Rate was Filed	District of Columbia
Type of Plan (Individual, Small Group, Large Group, or Conversion)	Small and Large Group
Policy Form Number(s)	GP-1 et al
Plan Name(s)	Guardian Life Medical
Product Type (HMO, PPO, etc...)	Indemnity and PPO
Open or Closed Block of Business	Combined Open and Closed

Enclosed are details relating to changes being made to Guardian's Group Medical rate manual with changes to be effective 4/1/11 upon the Department's approval of this filing. The proposed plan changes are intended to maintain consistency with our nationwide rate manual and to obtain the target loss ratio.

Our 4/1/2011 rate change for our District of Columbia non-reform block of business was 0.00%. This consists of a 0.58% increase for our major medical block and a 3.00% decrease for our prescription drug card block. The major medical block and the prescription drug card block make up 83.77% and 16.23% of the premium, respectively. The changes consist of the items in the filing



below. The targets were based upon the recent experience of Guardian's non-reform block of District of Columbia business, as well as Guardian's national non-reform block of business.

If you have any questions, feel free to contact me at (716) 796-2309, or e-mail me at Jean_Choi@glic.com.

Sincerely,

Jean Choi
Actuarial Associate



Actuarial Memorandum

A. Description of Benefits

Guardian provides a comprehensive benefit package, which covers inpatient and outpatient hospital services, physician services, and ancillary services. Included in the benefit package are diagnostic testing, x-ray and lab fees, home health care, hospice care, infertility, nursing care, surgical services, hospital services, physician services, maternity, and DME among other services and medical supplies. Our plan has special internal limitations on infertility, home health care, mental health, substance abuse, and private duty nursing benefits among other categories of benefits. Prescription drugs are covered either through major medical or via a drug card on existing cases. However, effective 1/1/2001, all new business is sold with drugs covered under a drug card only. A Mail Order benefit is also available. Certain benefits can be excluded at the option of the plan holder. Our basic benefits package is modified from state to state to assure compliance with state mandates. This paragraph is intended to provide a basic outline of the benefits provided by The Guardian's comprehensive major medical plan and is not meant to serve as a substitute for the contract.

B. Renewability Provision

Our policy form is guaranteed renewable.

C. Applicability (Closed/Open Block)

Guardian's Medical business is a combined open and closed block.

D. Marketing Method

Guardian markets and sells employee benefits in the District of Columbia through our well-established distribution channel. The Regional Group Office (RGO) and Home Office (HO) utilizes a variety of communication vehicles to disseminate information on new or changes to existing products to Guardian's licensed producers. These producers communicate product information directly to existing or prospective planholders. Our policy form is still being sold and our filing applies to both in-force and new business.

E. Underwriting Method

Guardian varies rates to be aligned with the risk characteristics of the group. These risk characteristics include age, gender, geographic area, industry and group size. Health status and claim history are also considered. Consistent with industry practice, Guardian also makes underwriting judgment decisions including the use of new business and competitive adjustment factors. Underwriting is at the group level. At issue, 2 to 25 life groups are medically underwritten. Individual health statements are reviewed to set a group rate. Groups with 26-99 lives are manually rated with some discounting. Groups of 100+ with experience are quoted a



rate that is a blend of the Manual rate and an experience based rate using standard credibility formulas. The rate impact varies according to the experience of the individual groups. Renewal rates for all size groups are a blend of the Manual rate and an experience based rate using standard credibility formulas. We are not changing our underwriting standards with this filing.

F. Issue Age Limits

We issue medical coverage to group employees (and their dependents) between the ages of 0-99 years. The basis for our age rating is attained age.

G. Premium Basis

Rates are developed separately for "employee" and "dependent" categories. These categories are then split into "tier" rates based on factors that were developed using internal company data.

H. Nature of Rate Change and Proposed Rate/Methodology Change

See the sections titled "Major Medical Changes" and "Prescription Drug Card (PDC) Changes" below.

I. Indication if New or Modified

This is a new filing for the District of Columbia.

J. Comparison to the Status Quo

The overall rate change (MM+PDC) is 0.0%.

K. Summary of How Each Proposed Modification Differs from Corresponding Current/Approved Rate/Methodology

See the sections titled "Major Medical Changes" and "Prescription Drug Card (PDC) Changes" below.

L. Overall Premium Impact of Filing on DC Policyholders

The overall Premium Impact (MM+PDC) is 0.0%.

M. Filed Minimum Required Loss Ratio

Our minimum required loss ratio and our expected loss ratio are 77.1%.

N. Interest Rate Assumptions

We do not have any interest rate assumptions incorporated into our pricing.



O. Trend Assumptions

The annual trend assumption utilized in this pricing is 12.3%.

P. Persistency

The Guardian's product is an annual renewable term product and therefore no persistency assumption is incorporated into the pricing.

Q. Actuarial Certification

Please see the attached certification.

Summary of Impact of Changes

Below is a summary of the impact of the 4/1/11 rate actions. The changes will be discussed in more detail later in the memorandum.

Change	Aggregate Block	Indemnity Block	PPO Block
Composite Impact on Drugs & Medical Premium *	0.00%	0.00%	0.00%
Composite Impact on Medical Premium	0.58%	0.58%	0.58%
Automatic Trend Increase	4.00%	4.00%	4.00%
Provider Discount Factors	-1.10%	0.00%	-1.27%
Morbidity Factors	1.15%	1.15%	1.15%
No Deductible Crossover Factors	0.20%	0.00%	0.23%
Hospital Copay Factors	0.05%	0.00%	0.06%
Area Factors	1.41%	1.41%	1.41%
Starting Rate	-4.90%	-5.71%	-4.78%
Impact on Drug Card Premium	-3.00%	-3.00%	-3.00%
Automatic Trend Increase	3.00%	3.00%	3.00%
Morbidity Factors	-1.41%	-1.41%	-1.41%
Starting Rates	-4.48%	-4.48%	-4.48%

** In the chart above, Drug & Medical Changes are blended with weights of 16.23% and 83.77% respectively.*

Additional details on the medical and prescription drug card changes are provided below.



Major Medical Changes

The following changes are proposed for our District of Columbia non-reform business, effective 4/1/2011:

- 1. Starting Rate (Line 1, COMP-1-DC):** The **PPO Starting Rate will be decreased by 4.78%** while the **Indemnity Starting Rate will be decreased by 5.71%** so that, combined with other changes mentioned below, the overall major medical target rate change is met.
- 2. Area Factors (Line 3, MM-AREA-2-DC):** The Area Factor is being revised to reflect the extent to which the experience of the individual rating area varies from that of the nationwide experience. Credible rating areas with experience more favorable than the nationwide experience received decreases, while those with experience less favorable than the nationwide experience received increases. The relativities of non-credible rating areas to credible rating areas were compared to an industry standard. Those rating areas with relativities that were higher than the industry standard received decreases while those with relativities that were lower than the industry standard received increases. The Area Factor was also adjusted to better streamline our major medical starting rates. On an aggregate basis, the impact of this change is an **increase of 1.41%** on the District of Columbia non-reform inforce block of business.
- 3. Provider Discount Factor (Line 4, Exhibit 1, COMP-EX 1.0-DC):** We have evaluated our experience for some of our PPO networks. Our provider discount factors are being updated as a result of this evaluation. The impact of this change is a **decrease of 1.27% on our District of Columbia non-reform PPO block of business**. Since this change only applies to PPOs, the impact on our **District of Columbia non-reform Indemnity block of business is 0.00%**. On an aggregate basis (PPO + Indemnity block), the impact of this change is a **decrease of 1.10%**.
- 4. Secular Trend Increase for Medical (Line 6, COMP-1.1-DC):** Our secular trend factor is scheduled to increase as of 4/1/2011. The average impact of the Comprehensive trend **increase** for the quarter is approximately **4.0%**.
- 5. Morbidity Factors (Line 9, COMP-2-DC):** We are revising our Morbidity factors to reflect our latest experience. The impact of this change is an **increase of 1.15%** on the rate level of our District of Columbia non-reform inforce block of business.
- 6. No Deductible Crossover Factors (Line 25, COMP-9-DC):** We are revising our no deductible crossover factors to reflect our current claims experience. The impact of these changes is an **increase of 0.23% on our District of Columbia non-reform PPO block of business**. Since this change only applies to PPOs, the impact on our **District of Columbia non-reform Indemnity block is 0.0%**. On an aggregate basis (PPO + Indemnity block), the impact of this change is an **increase of 0.20%**.
- 7. Hospital Copay Factors (Line 29, COMP-11-DC and COMP-11.1-DC):** We are revising our Hospital copay factors to reflect our latest experience. The impact of these changes is



an **increase of 0.06% on our District of Columbia non-reform PPO block of business.** Since this change only applies to PPOs, the impact on our **District of Columbia non-reform Indemnity block is 0.0%.** On an aggregate basis (PPO + Indemnity block), the impact of this change is an **increase of 0.05%.**

Prescription Drug Card (PDC) Changes

- PDC Automatic Trend Increase (Line 2, PDC-1-DC):** Our PDC trend factor is scheduled to increase on 4/1/2011 by **3.0%** as previously filed.
- Morbidity Factors (Line 10, PDC-7-DC):** We are revising our morbidity factors to reflect our current claims experience. The impact of this change is a **decrease of 1.41% on both our District of Columbia non-reform PPO block of business and our District of Columbia non-reform Indemnity block of business.** On an aggregate basis (PPO + Indemnity block), the impact of this change is a **decrease of 1.41%.**
- PDC Starting Rate (Line 1, PDC-1-DC):** The PDC starting rate will be **decreased on average by 4.48%,** so that, in conjunction with the PDC automatic trend increase of 3.0% and the other change mentioned above, the **prescription drug card target of -3.00%** over the 1/1/2011 rate level is met.

Analysis of Combined Major Medical and Prescription Drug Card Rate Level

Below is a summary of the experience used in the pricing of our Non-Reform Comprehensive Major Medical block of business. These figures exclude all separately rated reform business and fully experience rated business.

Description	District of Columbia	Nationwide
Manual Premium (As Of 1/1/2011)	\$36,063,464	\$445,051,830
Paid Claims (12 Months Ending 9/30/2010)	\$21,787,423	\$277,331,197
Adjustments to Paid Claims:		
Experience Adjustment	\$392,174	\$4,991,962
New York Surcharge	\$0	\$1,314,292
Colorado Assessment	\$0	\$70,703
Massachusetts Assessment	\$0	\$22,711
Total Adjustments	\$392,174	\$6,399,668
Change in Reserves	-\$1,212,873	-\$12,484,158



Description	District of Columbia	Nationwide
Incurred Claims	\$20,966,724	\$271,246,706
Trended Adjusted Incurred Claims Before Pooling	\$25,264,624	\$328,096,055
Trended Adjusted Incurred Claims After Pooling	\$26,332,468	\$327,867,979
Drug Card Rebates	\$346,552	\$3,590,191
Adjustment to Claims due to Anti-Selection	\$1,819,014	\$22,699,445
Final Projected Claims	\$27,804,931	\$346,977,232
Manual Loss Ratio	77.1%	78.0%
Required Formula/Proposed Rate Change	0.00%	+1.12%

The experience period utilized was the 12-month period ending 9/30/2010. The following adjustments were made to our Paid Claims:

- Experience Adjustment – We included an adjustment for a couple of months of anomalous experience where loss ratios were at a historical low and claims were significantly lower than we would expect. This may have been driven by weather-related drops in utilization that are not expected to recur. Claims have now returned to our historical levels. This is about 1.8% of our paid claims.
- New York Surcharge, Colorado Assessment and Massachusetts Assessment – These additional costs are mandated by these three states and are not reflected in our paid claims data but we expect to pay these in our projection period.

The Incurred Claims were trended by roughly 12.3% annually over the projected period to develop the Adjusted Trended Incurred Claims. The Adjusted Trended Incurred Claims were further adjusted by pooling across our reform and non-reform blocks and excluding the drug card rebates attributable to the nationwide and District of Columbia non-reform blocks that we expect to receive from our PBM during the projection period. In addition they were adjusted to reflect the anti-selection and credibility concerns we are now experiencing with this block, which has shrunk by 35.0% of lives inforce in the last 12 months (24.8% in DC). The Manual Premiums are based on the rates effective 1/1/2011. Based on a required loss ratio of roughly 77.1%, the formula indicates that the rate level (both Major Medical and Prescription Drug Card) needs to be **increased by 1.12%** for our nationwide block and **increased by 0.0%** for our District of Columbia block.

Using the assumption that drug card claims represent roughly 16.23% of total claims, and using the Prescription Drug Card rate action of -3.00%, we calculate the Major Medical target change



to be 0.58%.

$$0.58\% = \frac{0.00\% - (-3.00\% \times 0.1623)}{(1 - 0.1623)}$$

This is consistent with the overall Major Medical increase of 0.58% resulting from the proposed changes discussed above.

Analysis of Prescription Drug Card (PDC) Rate Level

Below is a summary of the experience used in the pricing of our Prescription Drug Card block of business.

Description	District of Columbia	Nationwide
Manual Premium (As Of 1/1/2011)	\$5,851,382	\$58,052,641
Paid Claims (12 Months Ending 9/30/2010)	\$3,706,333	\$38,396,700
Adjustment to Paid Claims due Experience	\$66,714	\$691,141
Change in Reserves	(\$29,651)	(\$307,174)
Incurred Claims	\$3,743,396	\$38,780,667
Trended Adjusted Incurred Claims Before Pooling	\$4,359,424	\$45,221,700
Trended Adjusted Incurred Claims After Pooling	\$4,436,471	\$45,221,601
Drug Card Rebates	\$346,552	\$3,590,191
Adjustment to Claims due to Anti-Selection	\$286,294	\$2,914,199
Final Projected Claims	\$4,376,214	\$44,545,608
Manual Loss Ratio	74.8%	76.7%
Required Formula/Proposed Rate Change	-3.00%	-0.48%

The experience period utilized was the 12-month period ending 9/30/2010. The following adjustment was made to our Paid Claims:

- Experience Adjustment – We included an adjustment for a couple of months of anomalous experience where loss ratios were at a historical low and claims were significantly lower than we would expect. This may have been driven by weather-related drops in utilization that are not expected to recur. Claims have now returned to our historical levels. This is about 1.8% of our paid claims.

The Incurred Claims were trended by roughly 10.1% annually over the projected period to develop the Adjusted Trended Incurred Claims. The Adjusted Trended Incurred Claims were



further adjusted by pooling across our reform and non-reform blocks and excluding the drug card rebates attributable to the nationwide and District of Columbia non-reform blocks that we expect to receive from our PBM during the projection period. In addition they were adjusted to reflect the anti-selection and credibility concerns we are now experiencing with this block, which has shrunk by 35.0% of lives inforce in the last 12 months (24.8% in DC). The Manual Premiums are based on the rates effective 1/1/2011. Based on a required loss ratio of roughly 77.1%, the formula indicates that the Prescription Drug Card rate level needs to be **decreased by 0.48%** for our nationwide block and **decreased by 3.00%** for our District of Columbia nonreform block.

As of 1/1/2011, the Guardian provides medical insurance for 97 groups located in the District of Columbia, with a total of 4453 members. We have \$32,220,354 in cash premium.

The table below shows the average rate change by quarter for our District of Columbia Non-Reform block of business.

Quarter	Rate Change
2Q09	5.00%
3Q09	4.00%
4Q09	3.50%
1Q10	2.00%
2Q10	4.14%
3Q10	0.00%
4Q10	-1.00%
1Q11	-2.00%
2Q11	0.00%

A copy of all revised pages is enclosed with this filing.

Below is a brief description of the changes:

COMP-1-DC

Line 1 – Updated MM Starting Rates

COMP-1.1-DC

Line 6 – Updated Trend Factors

COMP-2-DC



Line 9 – Updated Morbidity Factors

COMP-9-DC

Line 25 – Updated No Deductible Crossover factors

COMP-11-DC & COMP-11.1-DC

Line 29 – Updated Hospital Copay factors

COMP-EX-1.0-DC

(Line 4 Exhibit) – Updated Provider Discount Factors

PDC-1-DC

Line 1 – Updated PDC Starting Rates

Line 2 – Updated Trend Factors

PDC-7-DC

Line 10 – Updated Morbidity Factors

MM-AREA-2-DC

Updated area factor



Actuarial Certification

I am familiar with the Large Group rating laws and regulations of the District of Columbia. The premium rates and rating methodology in this rate filing are not excessive, inadequate or unfairly discriminatory, and they meet the requirements of the insurance laws and regulations of the District of Columbia.

Ariel V. Fernando

Ariel Fernando, FSA, MAAA
Associate Actuary

January 19, 2011

Date

SERFF Tracking Number: GARD-126993136 State: District of Columbia

Filing Company: The Guardian Life Insurance Company of America State Tracking Number:

Company Tracking Number:

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001A Any Size Group - PPO

Product Name: 4/1/2011 DC Medical Large Filing

Project Name/Number: /

Superseded Schedule Items

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

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
01/19/2011	Rate and Rule	COMP-1.1-DC	02/09/2011	COMP-1.1-DC (April 2011).pdf (Superseded)
01/19/2011	Rate and Rule	PDC-1-DC	02/09/2011	PDC-1-DC (April 2011).pdf (Superseded)
01/19/2011	Rate and Rule	PDC-1-DC	02/09/2011	PDC-1-DC (April 2011).pdf (Superseded)

THE GUARDIAN Life Insurance Company of America

LINE 3 - AREA FACTOR

Multiply rates by .01 x Area Index

LINE 4 - PROVIDER DISCOUNT FACTORS - Applies to PPOs only

In-Network: Multiply rates by the appropriate factor from Exhibit 1 on page COMP-EX 1.0-DC

Out-Network: Multiply rates by 1.000.

LINE 6 - SECULAR TREND FACTOR (Indemnity and PPO)

For PPOs other than plan types 01-22, apply the factor for a \$100 deductible.

For PPO plan types 01-22 and for all indemnities, use the factor for the applicable deductible.

<u>Deductible</u>	<u>Effective Date</u>				
	<u>4/1/2011</u>	<u>7/1/2011</u>	<u>10/1/2011</u>	<u>1/1/2012</u>	<u>4/1/2012</u>
\$0	1.265	1.316	1.369	1.423	1.480
100	1.265	1.316	1.369	1.423	1.480
150	1.265	1.316	1.369	1.423	1.480
200	1.265	1.316	1.369	1.423	1.480
250	1.265	1.316	1.369	1.423	1.480
300	1.265	1.316	1.369	1.423	1.480
400	1.265	1.316	1.369	1.423	1.480
500	1.280	1.334	1.390	1.448	1.509
600	1.280	1.334	1.390	1.448	1.509
750	1.280	1.334	1.390	1.448	1.509
1,000	1.295	1.352	1.411	1.473	1.538
1,250	1.295	1.352	1.411	1.473	1.538
1,500	1.310	1.370	1.433	1.499	1.568
2,000	1.310	1.370	1.433	1.499	1.568
2,500	1.325	1.388	1.455	1.525	1.598
3,000	1.325	1.388	1.455	1.525	1.598
5,000	1.340	1.407	1.477	1.551	1.629
7,500	1.340	1.407	1.477	1.551	1.629
10,000	1.340	1.407	1.477	1.551	1.629
15,000	1.340	1.407	1.477	1.551	1.629
25,000	1.340	1.407	1.477	1.551	1.629

SECTION 11 - PRESCRIPTION DRUG

Line 1 - STARTING RATE

	<u>Employee</u>	<u>Dependent</u>
The starting rate is:	\$443.05	\$443.05

Line 2 - SECULAR TREND FACTOR

<u>Effective Date</u>				
<u>4/1/2011</u>	<u>7/1/2011</u>	<u>10/1/2011</u>	<u>1/1/2012</u>	<u>4/1/2012</u>
1.194	1.230	1.267	1.305	1.344

Line 3 - SEVERITY FACTOR

A. Employee Severity Factor

<u>Employee Age</u>	<u>Factor</u>
Under 25	0.171
25 – 34	0.236
35 – 44	0.365
45 – 54	0.573
55 – 64	0.841
65+	1.270

Multiply the number of employees in each bracket by the appropriate factor from the above table and sum the results. Divide the total by the number of employees.

B. Dependent Severity Factor

<u>Employee Age</u>	<u>Factor</u>
Under 25	0.291
25 – 34	0.419
35 – 44	0.535
45 – 54	0.691
55 – 64	1.005
65+	1.515

Multiply the number of employees in each bracket by the appropriate factor from the above table and sum the results. Divide the total by the number of employees.

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