

State: District of Columbia **Filing Company:** HM Life Insurance Company
TOI/Sub-TOI: H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity
Product Name: Hospital Indemnity
Project Name/Number: Hospital Indemnity Rates/DC/HML/002-13 Rates

Filing at a Glance

Company: HM Life Insurance Company
Product Name: Hospital Indemnity
State: District of Columbia
TOI: H14G Group Health - Hospital Indemnity
Sub-TOI: H14G.000 Health - Hospital Indemnity
Filing Type: Rate
Date Submitted: 11/04/2013
SERFF Tr Num: HMRK-129279900
SERFF Status: Pending Industry Response
State Tr Num:
State Status:
Co Tr Num: DC/HML/002-13 RATES
Implementation: On Approval
Date Requested:
Author(s): Lindsay Anness
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

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General Information

Project Name: Hospital Indemnity Rates
 Project Number: DC/HML/002-13 Rates
 Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Not Filed
 Date Approved in Domicile:
 Domicile Status Comments: We are exempt from filing in Pennsylvania.
 Market Type: Group
 Group Market Size: Small and Large
 Overall Rate Impact:

Explanation for Combination/Other:
 Submission Type: New Submission
 Group Market Type: Employer, Trust
 Filing Status Changed: 11/21/2013
 State Status Changed:
 Created By: Lindsay Anness
 Corresponding Filing Tracking Number: HMRK-129250256

Deemer Date:
 Submitted By: Lindsay Anness

Filing Description:
 Company Filing Number: DC/HML/002-13 (Rates)

These rates are being filed for your review and subsequent approval. This is a new rate filing and will not replace any rates currently on file with your Department. The proposed effective date for these rates is 1/1/2014.

The rates contained in this filing correspond to HM Life's Hospital Indemnity product which offers daily lump sum benefits to covered individuals upon confinement in a hospital as an in-patient, emergency room visits and health screenings. These forms were submitted under separate SERFF Tracking # HMRK-129250256.

If you have any questions, you may contact me via SERFF or if you prefer at either my direct dial telephone number of 412-544-1464, or via e-mail to lindsay.anness@highmark.com.

Thank you in advance for your attention to this filing.

Sincerely,

Lindsay R. Anness, Esq.
 Regulatory Affairs

Company and Contact

Filing Contact Information

Lindsay Lubecki, Compliance Analyst II	lindsay.lubecki@hminsurancegroup.com
P.O. Box 535061	412-544-1464 [Phone]
Pittsburgh, PA 15253-5065	412-544-1138 [FAX]

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Filing Company Information

HM Life Insurance Company	CoCode: 93440	State of Domicile:
PO Box 535065	Group Code: 812	Pennsylvania
Suite P6504	Group Name: HM Insurance Group	Company Type:
Pittsburgh, PA 15253-5065	FEIN Number: 06-1041332	State ID Number:
(412) 544-1139 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: District of Columbia

Filing Company: HM Life Insurance Company

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Correspondence Summary

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Darniece Shirley	11/21/2013	11/21/2013

Response Letters

Responded By	Created On	Date Submitted
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Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	11/21/2013
Submitted Date	11/21/2013
Respond By Date	12/12/2013

Dear Lindsay Lubecki,

Introduction:

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

Objection 1

Comments: The Rate Review Data Detail section of the filing is missing. The State understands this is a new filing and not required, however completing would be preferred. Please correct, via post-submission update.

Objection 2

- Actuarial Memorandum (Supporting Document)
- Actuarial Justification (Supporting Document)
- Actuarial Memorandum and Certifications (Supporting Document)

Comments: Please further detail the stated expenses in the Actuarial Memorandum. The detailed make-up of expenses should be provided as a percentage of premiums. Each expense item should be accounted for separately and total 100%. Expenses such as taxes, administrative, et al should not be grouped together. 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)

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)

Comments: Please provide the group size rating factors for this product.

Objection 5

- 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)

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 6

- Cover Letter All Filings (Supporting Document)
- Certificate of Authority to File (Supporting Document)

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

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

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Supporting Document Schedules

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

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	We are the insurer.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Actuarial Memorandum/Certification/Rates
Attachment(s):	HIP Actuarial Signed Memo - DC.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	Please see attached actuarial memorandum.
Attachment(s):	
Item Status:	
Status Date:	

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

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
Bypass Reason:	Not Applicable. Not P&C.
Attachment(s):	
Item Status:	
Status Date:	

SERFF Tracking #:

HMRK-129279900

State Tracking #:

Company Tracking #:

DC/HML/002-13 RATES

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Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not Applicable. We are not submitting a Unified Rate Review Template.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Company Filing Number: DC/HML/002-13 (Rates)

These rates are being filed for your review and subsequent approval. This is a new rate filing and will not replace any rates currently on file with your Department. The proposed effective date for these rates is 1/1/2014.

The rates contained in this filing correspond to HM Life's Hospital Indemnity product which offers daily lump sum benefits to covered individuals upon confinement in a hospital as an in-patient, emergency room visits and health screenings. These forms were submitted under separate SERFF Tracking # HMRK-129250256.

If you have any questions, you may contact me via SERFF or if you prefer at either my direct dial telephone number of 412-544-1464, or via e-mail to lindsay.anness@highmark.com.

Thank you in advance for your attention to this filing.

Sincerely,

Lindsay R. Anness, Esq.
Regulatory Affairs

HM Life Insurance Company
ACTUARIAL MEMORANDUM
Group Hospital Indemnity

- I. **Statement of Purpose of the Filing:** This Actuarial Memorandum has been prepared for the purpose of demonstrating the reasonableness of the proposed rate levels.

- II. **Description of Benefits:** This policy will provide a benefit amount per covered person per diem for the following:
 - A. *Hospital Confinement— First Day:* This benefit pays a per diem amount of \$200 to \$4000 (in increments of \$50) as selected by the group for a covered person's first day of a confinement in a Hospital as ordered by a physician or doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge. This benefit pays once per confinement.

 - B. *Hospital Confinement - Additional Days:* This benefit pays a per diem amount of \$100 to \$2000 (in increments of \$50) as selected by the group for each additional day of confinement in a Hospital as ordered by a physician or doctor for at least 24 consecutive hours when room and board, and general nursing care are provided at a per diem charge. The number of covered days per plan year is selected by the group.

 - C. *Hospital Intensive Care:* This benefit pays a per diem amount of \$100 to \$2000 (in increments of \$50) as selected by the group when a covered person is confined in a Hospital Intensive Care Unit as an in-patient. The number of covered days per plan year is selected by the group. This benefit is paid in addition to the Hospital Confinement benefit.

 - D. *Residential Treatment Confinement:* This benefit pays a per diem amount of \$50 to \$1000 (in increments of \$50) as selected by the group when a covered person is confined to a Residential Treatment Facility as ordered by a doctor or physician for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge. The number of covered days per covered person per plan year is selected by the group.

 - E. *Rehabilitation Confinement:* This benefit pays a per diem amount of \$50 to \$1000 (in increments of \$50) as selected by the group when a covered person is confined in a Rehabilitation Facility as ordered by a physician or doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge. The number of covered days per covered person per plan year is selected by the group.

 - F. *Hospice Care:* This benefit pays a per diem amount of \$50 to \$500 (in increments of \$50) as selected by the group when a covered person receives care for a Terminal Illness as defined in the policy. The number of covered days per covered person per plan year is selected by the group.

 - G. *Skilled Nursing Confinement:* This benefit pays a per diem amount of \$50 to \$1000 (in increments of \$50) as selected by the group when a covered person is confined to a Skilled Nursing Facility as ordered by a physician or doctor for at least 24 consecutive hours when room and board and general nursing care are provided at a per diem charge. The number of covered days per covered person per plan year is selected by the group.

- H. *Hospital Emergency Department:* This benefit pays a per diem amount of \$25 - \$250 (in increments of \$25) when a covered person receives treatment in a Hospital Emergency Department. The number of covered days per covered person per plan year is selected by the group.
- I. *Out-patient Care:* This benefit pays a per diem amount of \$25 to \$250 (in increments of \$25) as selected by the group when a covered person receives a service, supply or treatment while not confined as an In-patient in a Facility. This benefit:
 - Includes charges made by a physician or doctor, x-rays, laboratory tests, screenings and immunizations
 - Includes a service, supply or treatment received by a covered person in the out-patient department of a Hospital.
 - Does not include Hospital Emergency Room Care or Home Health Agency Care.
 The number of covered days per covered person per plan year is selected by the group.
- J. *Home Health Care:* The benefit pays a per diem amount of \$20 to \$50 (in increments of \$10) as selected by the group when a covered person receives home health care. The number of days of coverage is selected by the group.

III. **Renewability:** The group policy is optionally renewable.

IV. **Applicability:** It is applicable to new business.

V. **Morbidity:** Morbidity and benefit utilization assumptions for each covered benefit have been supplied by Heartland Actuarial Consulting, LLC and are based on claims experience known to the consulting firm.

VI. **Mortality:** Not applicable

VII. **Persistency:** Not applicable

VIII. **Expenses & Commissions:**

Agent Compensation & Administrative Expenses	45.00%
Premium Tax	2.00%
Contingency & Risk Margins	8.00%
Total	55.00%

IX. **Market Method:** This product will be marketed through Employee Benefit Brokers, Voluntary Benefit Specialists, and Third Party Administrators (TPAs)

X. **Underwriting:** This product is guaranteed issue with no individual underwriting. However, the group will have the option of short form underwriting for its employees at a discounted rate.

XI. **Premium Classes:** Premium rates are based on benefit levels.

XII. **Premium Tiers:** The following tiers are available to the members with the following rating factors

<u>Tier</u>	<u>Factor</u>	<u>Tier</u>	<u>Factor</u>
Employee	1.00	Employee + Child(ren)	2.00
Employee + Spouse	1.95	Family	2.95

- XIII. **Issue Age Range:** The standard issue age range is 18 – 69. This restriction is bracketed and can be removed upon request of the group for an additional rate increase.
- XIV. **Area Factors:** There are no area factors
- XV. **Average Annual Premium:** Average Expected Annual Premium for an employee with no dependents is \$310.57
- XVI. **Premium Modalization Rules:**
- Premium is calculated on annual basis:
- Weekly Premium = Annual Premium * 7/365
 - Bi-Weekly Premium = Annual Premium * 14/365
 - Bi-Fortnightly Premium = Annual Premium * 28/365
 - Monthly Premium = Annual Premium /12
 - Quarterly Premium = Annual Premium /4
 - Semi-Annual Premium = Annual Premium /2
- XVII. **Claim Liability and Reserves:** Standard industry reserving methods for short duration contracts will be used.
- XVIII. **Active Life Reserves:** Not applicable.
- XIX. **Trend Assumptions:** No trend is used on this product.
- XX. **Minimum Loss Ratio:** 45%
- XXI. **Anticipated Loss Ratio:** 45%
- XXII. **Distribution of Business:** This is a new form filing; distribution is unknown.
- XXIII. **Contingency and Risk Margins:** 8%
- XXIV. **Experience – Past and Future:** This is a new filing form; it does not have any experience
- XXV. **Lifetime Loss Ratio:** 45%
- XXVI. **History of Rate Adjustments:** This is a new form filing; there is no history of rate adjustments.
- XXVII. **Number of Policyholders:** This is a new form filing; there are no current policyholders.
- XXVIII. **Proposed Effective Date:** This is a new form filing; the proposed effective date of implementation is immediately upon approval by the Department.

Actuarial Certification: I, Nicholas Sarneso, am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries. I certify to the best of my knowledge and judgment, this Actuarial Memorandum and the entire rate filing is in compliance with the applicable laws of the State and with the rules of the Department of Insurance, and complies with Actuarial Standard of Practice No. 8 "Regulatory Filings for Rates and Financial Projections for Health Plans," as adopted by the Actuarial Standards Board, and that the benefits provided are reasonable in relation to the proposed premiums based on the standards described above. I also certify that the rates are not excessive, inadequate or unfairly discriminatory. The Company shall maintain actuarial data and experience for review by the State upon request.

Nicholas Sarneso

11/14/2013

Nicholas Sarneso, FSA, MAAA
Highmark Health Services

Date

Attachment A – Rating Formula

$$\text{Annual Premium} = \frac{(A_S A_N + B_S B_N + C_S C_N + D_S D_N + E_S E_N + F_S F_N + G_S G_N + H_S H_N + I_S I_N + J_S J_N) * K * L * M * N * O * P * Q * R}{1000 * (\text{Loss Ratio})}$$

A_S = Benefit Amount for the First Day Hospital of Hospital Confinement

A_N = Base Rate for First Day of Hospital Confinement per \$1000 benefit amount

B_S = Benefit Amount for Additional Days of Hospital Confinement

B_N = Base Rate per \$1000 benefit amount for N Additional Days of Hospital Confinement

C_S = Benefit Amount per day for Hospital Intensive Care

C_N = Base rate for Hospital Intensive Care per \$1000 benefit amount for N Days

D_S = Benefit Amount per day for Residential Treatment Confinement

D_N = Base Rate for \$1000 benefit amount for N Days of a Residential Treatment Confinement

E_S = Benefit Amount per day for Rehabilitation Confinement

E_N = Base Rate for per \$1000 benefit amount for N Days of a Rehabilitation Confinement

F_S = Benefit Amount per day of Hospice Care

F_N = Base Rate per \$1000 benefit amount for N Days of Hospice Care

G_S = Benefit Amount per day for a Skilled Nursing Confinement

G_N = Base Rate for a Skilled Nursing Confinement per \$1000 benefit amount for N Days

H_S = Benefit Amount per day for Hospital Emergency Department

H_N = Base Rate for Hospital Emergency Department per \$1000 benefit amount for N Days

I_S = Benefit Amount per day for Out-patient Care

I_N = Base Rate for Out-patient Care per \$1000 benefit amount for N Days

J_S = Benefit Amount per day for Home Health Care

J_N = Base Rate for Home Health Care per \$1000 benefit amount for N Days

K = Rate Reduction at age 70 factor

L = Remove eligibility restriction for employee older than 69

M = Pre-Existing Condition/Health Question Options factor

N = Employer Paid Percentage factor

O = Continuation of Coverage Factor

P = Rate Guarantee

Q = 24 Hour/Non-Occupational Coverage

R = Underwriter Discretion

Attachment B – Base Rates per \$1000 Benefit Amount

A _N = Base Rate for First Day of Hospital Confinement per \$1000 benefit amount	
A ₁	80.51

B _N = Base Rate per \$1000 benefit amount for N Additional Days of Hospital Confinement																	
B ₀	0.00	B ₄₁	222.56	B ₈₂	231.28	B ₁₂₃	233.79	B ₁₆₄	236.38	B ₂₀₅	238.97	B ₂₄₆	241.55	B ₂₈₇	244.14	B ₃₂₈	246.74
B ₁	62.22	B ₄₂	222.98	B ₈₃	231.37	B ₁₂₄	233.84	B ₁₆₅	236.44	B ₂₀₆	239.03	B ₂₄₇	241.62	B ₂₈₈	244.21	B ₃₂₉	246.79
B ₂	100.19	B ₄₃	223.38	B ₈₄	231.48	B ₁₂₅	233.91	B ₁₆₆	236.50	B ₂₀₇	239.10	B ₂₄₈	241.68	B ₂₈₉	244.27	B ₃₃₀	246.86
B ₃	123.36	B ₄₄	223.76	B ₈₅	231.57	B ₁₂₆	233.97	B ₁₆₇	236.56	B ₂₀₈	239.16	B ₂₄₉	241.75	B ₂₉₀	244.34	B ₃₃₁	246.92
B ₄	139.23	B ₄₅	224.12	B ₈₆	231.66	B ₁₂₇	234.04	B ₁₆₈	236.63	B ₂₀₉	239.21	B ₂₅₀	241.81	B ₂₉₁	244.40	B ₃₃₂	246.99
B ₅	151.22	B ₄₆	224.46	B ₈₇	231.76	B ₁₂₈	234.10	B ₁₆₉	236.69	B ₂₁₀	239.28	B ₂₅₁	241.87	B ₂₉₂	244.47	B ₃₃₃	247.05
B ₆	160.41	B ₄₇	224.80	B ₈₈	231.86	B ₁₂₉	234.17	B ₁₇₀	236.76	B ₂₁₁	239.34	B ₂₅₂	241.93	B ₂₉₃	244.52	B ₃₃₄	247.12
B ₇	167.64	B ₄₈	225.12	B ₈₉	231.93	B ₁₃₀	234.23	B ₁₇₁	236.82	B ₂₁₂	239.41	B ₂₅₃	242.00	B ₂₉₄	244.58	B ₃₃₅	247.18
B ₈	173.42	B ₄₉	225.43	B ₉₀	232.02	B ₁₃₁	234.29	B ₁₇₂	236.89	B ₂₁₃	239.47	B ₂₅₄	242.06	B ₂₉₅	244.65	B ₃₃₆	247.23
B ₉	178.35	B ₅₀	225.73	B ₉₁	232.10	B ₁₃₂	234.35	B ₁₇₃	236.95	B ₂₁₄	239.54	B ₂₅₅	242.13	B ₂₉₆	244.71	B ₃₃₇	247.30
B ₁₀	182.48	B ₅₁	226.01	B ₉₂	232.18	B ₁₃₃	234.42	B ₁₇₄	237.00	B ₂₁₅	239.60	B ₂₅₆	242.19	B ₂₉₇	244.78	B ₃₃₈	247.36
B ₁₁	186.08	B ₅₂	226.28	B ₉₃	232.25	B ₁₃₄	234.48	B ₁₇₅	237.07	B ₂₁₆	239.66	B ₂₅₇	242.26	B ₂₉₈	244.84	B ₃₃₉	247.43
B ₁₂	189.20	B ₅₃	226.54	B ₉₄	232.31	B ₁₃₅	234.55	B ₁₇₆	237.13	B ₂₁₇	239.72	B ₂₅₈	242.31	B ₂₉₉	244.91	B ₃₄₀	247.49
B ₁₃	192.00	B ₅₄	226.79	B ₉₅	232.38	B ₁₃₆	234.61	B ₁₇₇	237.20	B ₂₁₈	239.79	B ₂₅₉	242.37	B ₃₀₀	244.96	B ₃₄₁	247.56
B ₁₄	194.53	B ₅₅	227.03	B ₉₆	232.44	B ₁₃₇	234.68	B ₁₇₈	237.26	B ₂₁₉	239.85	B ₂₆₀	242.44	B ₃₀₁	245.02	B ₃₄₂	247.62
B ₁₅	196.83	B ₅₆	227.27	B ₉₇	232.51	B ₁₃₈	234.73	B ₁₇₉	237.33	B ₂₂₀	239.92	B ₂₆₁	242.50	B ₃₀₂	245.09	B ₃₄₃	247.68
B ₁₆	198.87	B ₅₇	227.49	B ₉₈	232.57	B ₁₃₉	234.79	B ₁₈₀	237.39	B ₂₂₁	239.98	B ₂₆₂	242.57	B ₃₀₃	245.15	B ₃₄₄	247.74
B ₁₇	200.75	B ₅₈	227.71	B ₉₉	232.64	B ₁₄₀	234.86	B ₁₈₁	237.45	B ₂₂₂	240.05	B ₂₆₃	242.63	B ₃₀₄	245.22	B ₃₄₅	247.81
B ₁₈	202.46	B ₅₉	227.92	B ₁₀₀	232.70	B ₁₄₁	234.92	B ₁₈₂	237.51	B ₂₂₃	240.10	B ₂₆₄	242.70	B ₃₀₅	245.28	B ₃₄₆	247.87
B ₁₉	204.09	B ₆₀	228.11	B ₁₀₁	232.75	B ₁₄₂	234.99	B ₁₈₃	237.58	B ₂₂₄	240.16	B ₂₆₅	242.75	B ₃₀₆	245.35	B ₃₄₇	247.94
B ₂₀	205.60	B ₆₁	228.31	B ₁₀₂	232.82	B ₁₄₃	235.05	B ₁₈₄	237.64	B ₂₂₅	240.23	B ₂₆₆	242.81	B ₃₀₇	245.40	B ₃₄₈	248.00
B ₂₁	207.00	B ₆₂	228.49	B ₁₀₃	232.87	B ₁₄₄	235.12	B ₁₈₅	237.71	B ₂₂₆	240.29	B ₂₆₇	242.88	B ₃₀₈	245.47	B ₃₄₉	248.07
B ₂₂	208.33	B ₆₃	228.67	B ₁₀₄	232.93	B ₁₄₅	235.17	B ₁₈₆	237.77	B ₂₂₇	240.36	B ₂₆₈	242.94	B ₃₀₉	245.53	B ₃₅₀	248.12
B ₂₃	209.56	B ₆₄	228.84	B ₁₀₅	232.99	B ₁₄₆	235.24	B ₁₈₇	237.84	B ₂₂₈	240.42	B ₂₆₉	243.01	B ₃₁₀	245.60	B ₃₅₁	248.18
B ₂₄	210.73	B ₆₅	229.02	B ₁₀₆	233.05	B ₁₄₇	235.30	B ₁₈₈	237.89	B ₂₂₉	240.49	B ₂₇₀	243.07	B ₃₁₁	245.66	B ₃₅₂	248.25
B ₂₅	211.82	B ₆₆	229.18	B ₁₀₇	233.10	B ₁₄₈	235.37	B ₁₈₉	237.95	B ₂₃₀	240.54	B ₂₇₁	243.14	B ₃₁₂	245.73	B ₃₅₃	248.31
B ₂₆	212.84	B ₆₇	229.35	B ₁₀₈	233.16	B ₁₄₉	235.43	B ₁₉₀	238.02	B ₂₃₁	240.60	B ₂₇₂	243.19	B ₃₁₃	245.79	B ₃₅₄	248.38
B ₂₇	213.80	B ₆₈	229.52	B ₁₀₉	233.19	B ₁₅₀	235.50	B ₁₉₁	238.08	B ₂₃₂	240.67	B ₂₇₃	243.26	B ₃₁₄	245.86	B ₃₅₅	248.44
B ₂₈	214.71	B ₆₉	229.66	B ₁₁₀	233.23	B ₁₅₁	235.56	B ₁₉₂	238.15	B ₂₃₃	240.73	B ₂₇₄	243.32	B ₃₁₅	245.91	B ₃₅₆	248.51
B ₂₉	215.58	B ₇₀	229.80	B ₁₁₁	233.27	B ₁₅₂	235.61	B ₁₉₃	238.21	B ₂₃₄	240.80	B ₂₇₅	243.39	B ₃₁₆	245.97	B ₃₅₇	248.56
B ₃₀	216.39	B ₇₁	229.93	B ₁₁₂	233.32	B ₁₅₃	235.68	B ₁₉₄	238.28	B ₂₃₅	240.86	B ₂₇₆	243.45	B ₃₁₇	246.04	B ₃₅₈	248.63
B ₃₁	217.11	B ₇₂	230.06	B ₁₁₃	233.36	B ₁₅₄	235.74	B ₁₉₅	238.33	B ₂₃₆	240.93	B ₂₇₇	243.52	B ₃₁₈	246.10	B ₃₅₉	248.69
B ₃₂	217.79	B ₇₃	230.19	B ₁₁₄	233.40	B ₁₅₅	235.81	B ₁₉₆	238.39	B ₂₃₇	240.98	B ₂₇₈	243.58	B ₃₁₉	246.17	B ₃₆₀	248.76
B ₃₃	218.44	B ₇₄	230.33	B ₁₁₅	233.43	B ₁₅₆	235.87	B ₁₉₇	238.46	B ₂₃₈	241.05	B ₂₇₉	243.63	B ₃₂₀	246.23	B ₃₆₁	248.82
B ₃₄	219.06	B ₇₅	230.46	B ₁₁₆	233.47	B ₁₅₇	235.94	B ₁₉₈	238.52	B ₂₃₉	241.11	B ₂₈₀	243.70	B ₃₂₁	246.30	B ₃₆₂	248.89
B ₃₅	219.64	B ₇₆	230.59	B ₁₁₇	233.51	B ₁₅₈	236.00	B ₁₉₉	238.59	B ₂₄₀	241.18	B ₂₈₁	243.76	B ₃₂₂	246.35	B ₃₆₃	248.95
B ₃₆	220.18	B ₇₇	230.71	B ₁₁₈	233.55	B ₁₅₉	236.05	B ₂₀₀	238.65	B ₂₄₁	241.24	B ₂₈₂	243.83	B ₃₂₃	246.42	B ₃₆₄	249.00
B ₃₇	220.70	B ₇₈	230.83	B ₁₁₉	233.57	B ₁₆₀	236.12	B ₂₀₁	238.72	B ₂₄₂	241.31	B ₂₈₃	243.89	B ₃₂₄	246.48	B ₃₆₅	249.05
B ₃₈	221.20	B ₇₉	230.96	B ₁₂₀	233.60	B ₁₆₁	236.18	B ₂₀₂	238.77	B ₂₄₃	241.37	B ₂₈₄	243.96	B ₃₂₅	246.55		
B ₃₉	221.66	B ₈₀	231.06	B ₁₂₁	233.66	B ₁₆₂	236.25	B ₂₀₃	238.84	B ₂₄₄	241.42	B ₂₈₅	244.02	B ₃₂₆	246.61		
B ₄₀	222.12	B ₈₁	231.18	B ₁₂₂	233.73	B ₁₆₃	236.31	B ₂₀₄	238.90	B ₂₄₅	241.49	B ₂₈₆	244.08	B ₃₂₇	246.68		

Attachment B – Base Rates per \$1000 Benefit Amount

C_N = Base rate for Hospital Intensive Care per \$1000 benefit amount for N Days																	
C ₀	0.00	C ₁₁	25.03	C ₂₂	30.67	C ₃₃	33.72	C ₄₄	36.19	C ₅₅	38.34	C ₆₆	40.21	C ₇₇	41.82	C ₈₈	43.20
C ₁	6.42	C ₁₂	25.77	C ₂₃	31.01	C ₃₄	33.96	C ₄₅	36.40	C ₅₆	38.52	C ₆₇	40.37	C ₇₈	41.95	C ₈₉	43.32
C ₂	10.88	C ₁₃	26.42	C ₂₄	31.33	C ₃₅	34.20	C ₄₆	36.61	C ₅₇	38.70	C ₆₈	40.52	C ₇₉	42.08	C ₉₀	43.42
C ₃	13.95	C ₁₄	27.03	C ₂₅	31.63	C ₃₆	34.42	C ₄₇	36.80	C ₅₈	38.87	C ₆₉	40.66	C ₈₀	42.21		
C ₄	16.34	C ₁₅	27.59	C ₂₆	31.93	C ₃₇	34.66	C ₄₈	37.01	C ₅₉	39.05	C ₇₀	40.82	C ₈₁	42.34		
C ₅	18.19	C ₁₆	28.12	C ₂₇	32.21	C ₃₈	34.89	C ₄₉	37.21	C ₆₀	39.22	C ₇₁	40.96	C ₈₂	42.47		
C ₆	19.77	C ₁₇	28.61	C ₂₈	32.49	C ₃₉	35.11	C ₅₀	37.40	C ₆₁	39.39	C ₇₂	41.12	C ₈₃	42.60		
C ₇	21.10	C ₁₈	29.08	C ₂₉	32.75	C ₄₀	35.33	C ₅₁	37.60	C ₆₂	39.56	C ₇₃	41.26	C ₈₄	42.72		
C ₈	22.30	C ₁₉	29.51	C ₃₀	32.99	C ₄₁	35.56	C ₅₂	37.78	C ₆₃	39.73	C ₇₄	41.41	C ₈₅	42.84		
C ₉	23.31	C ₂₀	29.93	C ₃₁	33.24	C ₄₂	35.76	C ₅₃	37.97	C ₆₄	39.88	C ₇₅	41.54	C ₈₆	42.97		
C ₁₀	24.23	C ₂₁	30.30	C ₃₂	33.49	C ₄₃	35.98	C ₅₄	38.16	C ₆₅	40.05	C ₇₆	41.68	C ₈₇	43.08		

D_N = Base Rate for \$1000 benefit amount for N Days of a Residential Treatment Confinement															
D ₀	0.00	D ₄	40.79	D ₈	49.64	D ₁₂	53.34	D ₁₆	55.49	D ₂₀	56.94	D ₂₄	58.03	D ₂₈	58.89
D ₁	16.11	D ₅	43.96	D ₉	50.81	D ₁₃	53.96	D ₁₇	55.89	D ₂₁	57.24	D ₂₅	58.27	D ₂₉	59.06
D ₂	28.56	D ₆	46.36	D ₁₀	51.79	D ₁₄	54.52	D ₁₈	56.27	D ₂₂	57.52	D ₂₆	58.48	D ₃₀	59.23
D ₃	36.16	D ₇	48.20	D ₁₁	52.62	D ₁₅	55.04	D ₁₉	56.61	D ₂₃	57.78	D ₂₇	58.69		

E_N = Base Rate for per \$1000 benefit amount for N Days of a Rehabilitation Confinement															
E ₀	0.00	E ₄	6.15	E ₈	7.47	E ₁₂	8.03	E ₁₆	8.36	E ₂₀	8.58	E ₂₄	8.74	E ₂₈	8.88
E ₁	2.43	E ₅	6.61	E ₉	7.66	E ₁₃	8.13	E ₁₇	8.42	E ₂₁	8.63	E ₂₅	8.78	E ₂₉	8.89
E ₂	4.31	E ₆	6.99	E ₁₀	7.80	E ₁₄	8.21	E ₁₈	8.47	E ₂₂	8.66	E ₂₆	8.81	E ₃₀	8.92
E ₃	5.44	E ₇	7.25	E ₁₁	7.92	E ₁₅	8.28	E ₁₉	8.53	E ₂₃	8.70	E ₂₇	8.85		

Attachment B – Base Rates per \$1000 Benefit Amount

F_N = Base Rate per \$1000 benefit amount for N Days of Hospice Care																	
F ₀	0.00	F ₄₁	87.50	F ₈₂	128.42	F ₁₂₃	169.28	F ₁₆₄	197.34	F ₂₀₅	209.84	F ₂₄₆	214.40	F ₂₈₇	215.92	F ₃₂₈	217.28
F ₁	3.32	F ₄₂	88.50	F ₈₃	129.42	F ₁₂₄	170.24	F ₁₆₅	197.80	F ₂₀₆	210.02	F ₂₄₇	214.44	F ₂₈₈	215.96	F ₃₂₉	217.32
F ₂	6.66	F ₄₃	89.50	F ₈₄	130.42	F ₁₂₅	171.18	F ₁₆₆	198.24	F ₂₀₇	210.20	F ₂₄₈	214.50	F ₂₈₉	215.98	F ₃₃₀	217.34
F ₃	9.98	F ₄₄	90.48	F ₈₅	131.40	F ₁₂₆	172.08	F ₁₆₇	198.68	F ₂₀₈	210.38	F ₂₄₉	214.56	F ₂₉₀	216.02	F ₃₃₁	217.38
F ₄	13.30	F ₄₅	91.48	F ₈₆	132.40	F ₁₂₇	173.00	F ₁₆₈	199.10	F ₂₀₉	210.54	F ₂₅₀	214.60	F ₂₉₁	216.06	F ₃₃₂	217.42
F ₅	16.64	F ₄₆	92.48	F ₈₇	133.40	F ₁₂₈	173.88	F ₁₆₉	199.52	F ₂₁₀	210.70	F ₂₅₁	214.66	F ₂₉₂	216.08	F ₃₃₃	217.44
F ₆	19.96	F ₄₇	93.48	F ₈₈	134.40	F ₁₂₉	174.76	F ₁₇₀	199.92	F ₂₁₁	210.86	F ₂₅₂	214.70	F ₂₉₃	216.12	F ₃₃₄	217.48
F ₇	23.28	F ₄₈	94.48	F ₈₉	135.40	F ₁₃₀	175.62	F ₁₇₁	200.32	F ₂₁₂	211.02	F ₂₅₃	214.74	F ₂₉₄	216.16	F ₃₃₅	217.52
F ₈	26.62	F ₄₉	95.48	F ₉₀	136.40	F ₁₃₁	176.46	F ₁₇₂	200.72	F ₂₁₃	211.18	F ₂₅₄	214.78	F ₂₉₅	216.18	F ₃₃₆	217.54
F ₉	29.94	F ₅₀	96.48	F ₉₁	137.40	F ₁₃₂	177.30	F ₁₇₃	201.10	F ₂₁₄	211.32	F ₂₅₅	214.84	F ₂₉₆	216.22	F ₃₃₇	217.58
F ₁₀	33.26	F ₅₁	97.48	F ₉₂	138.40	F ₁₃₃	178.10	F ₁₇₄	201.48	F ₂₁₅	211.46	F ₂₅₆	214.88	F ₂₉₇	216.26	F ₃₃₈	217.62
F ₁₁	36.60	F ₅₂	98.48	F ₉₃	139.40	F ₁₃₄	178.90	F ₁₇₅	201.84	F ₂₁₆	211.60	F ₂₅₇	214.92	F ₂₉₈	216.28	F ₃₃₉	217.64
F ₁₂	39.92	F ₅₃	99.48	F ₉₄	140.40	F ₁₃₅	179.70	F ₁₇₆	202.20	F ₂₁₇	211.74	F ₂₅₈	214.94	F ₂₉₉	216.32	F ₃₄₀	217.68
F ₁₃	43.24	F ₅₄	100.46	F ₉₅	141.38	F ₁₃₆	180.48	F ₁₇₇	202.56	F ₂₁₈	211.88	F ₂₅₉	214.98	F ₃₀₀	216.36	F ₃₄₁	217.72
F ₁₄	46.58	F ₅₅	101.46	F ₉₆	142.38	F ₁₃₇	181.24	F ₁₇₈	202.90	F ₂₁₉	212.00	F ₂₆₀	215.02	F ₃₀₁	216.38	F ₃₄₂	217.74
F ₁₅	49.90	F ₅₆	102.46	F ₉₇	143.38	F ₁₃₈	181.98	F ₁₇₉	203.24	F ₂₂₀	212.14	F ₂₆₁	215.06	F ₃₀₂	216.42	F ₃₄₃	217.78
F ₁₆	53.22	F ₅₇	103.46	F ₉₈	144.38	F ₁₃₉	182.72	F ₁₈₀	203.58	F ₂₂₁	212.26	F ₂₆₂	215.08	F ₃₀₃	216.46	F ₃₄₄	217.82
F ₁₇	56.56	F ₅₈	104.46	F ₉₉	145.38	F ₁₄₀	183.44	F ₁₈₁	203.90	F ₂₂₂	212.38	F ₂₆₃	215.12	F ₃₀₄	216.48	F ₃₄₅	217.84
F ₁₈	59.88	F ₅₉	105.46	F ₁₀₀	146.38	F ₁₄₁	184.16	F ₁₈₂	204.22	F ₂₂₃	212.48	F ₂₆₄	215.16	F ₃₀₅	216.52	F ₃₄₆	217.88
F ₁₉	63.20	F ₆₀	106.46	F ₁₀₁	147.38	F ₁₄₂	184.84	F ₁₈₃	204.52	F ₂₂₄	212.60	F ₂₆₅	215.18	F ₃₀₆	216.56	F ₃₄₇	217.92
F ₂₀	66.54	F ₆₁	107.46	F ₁₀₂	148.38	F ₁₄₃	185.54	F ₁₈₄	204.84	F ₂₂₅	212.72	F ₂₆₆	215.22	F ₃₀₇	216.58	F ₃₄₈	217.94
F ₂₁	67.54	F ₆₂	108.46	F ₁₀₃	149.38	F ₁₄₄	186.20	F ₁₈₅	205.14	F ₂₂₆	212.82	F ₂₆₇	215.26	F ₃₀₈	216.62	F ₃₄₉	217.98
F ₂₂	68.54	F ₆₃	109.46	F ₁₀₄	150.38	F ₁₄₅	186.86	F ₁₈₆	205.42	F ₂₂₇	212.92	F ₂₆₈	215.28	F ₃₀₉	216.66	F ₃₅₀	218.02
F ₂₃	69.54	F ₆₄	110.44	F ₁₀₅	151.36	F ₁₄₆	187.52	F ₁₈₇	205.70	F ₂₂₈	213.02	F ₂₆₉	215.32	F ₃₁₀	216.68	F ₃₅₁	218.04
F ₂₄	70.52	F ₆₅	111.44	F ₁₀₆	152.36	F ₁₄₇	188.16	F ₁₈₈	205.98	F ₂₂₉	213.12	F ₂₇₀	215.36	F ₃₁₁	216.72	F ₃₅₂	218.08
F ₂₅	71.52	F ₆₆	112.44	F ₁₀₇	153.36	F ₁₄₈	188.78	F ₁₈₉	206.26	F ₂₃₀	213.22	F ₂₇₁	215.38	F ₃₁₂	216.76	F ₃₅₃	218.12
F ₂₆	72.52	F ₆₇	113.44	F ₁₀₈	154.36	F ₁₄₉	189.40	F ₁₉₀	206.52	F ₂₃₁	213.30	F ₂₇₂	215.42	F ₃₁₃	216.78	F ₃₅₄	218.14
F ₂₇	73.52	F ₆₈	114.44	F ₁₀₉	155.36	F ₁₅₀	190.00	F ₁₉₁	206.78	F ₂₃₂	213.40	F ₂₇₃	215.46	F ₃₁₄	216.82	F ₃₅₅	218.18
F ₂₈	74.52	F ₆₉	115.44	F ₁₁₀	156.36	F ₁₅₁	190.58	F ₁₉₂	207.04	F ₂₃₃	213.48	F ₂₇₄	215.48	F ₃₁₅	216.86	F ₃₅₆	218.22
F ₂₉	75.52	F ₇₀	116.44	F ₁₁₁	157.36	F ₁₅₂	191.16	F ₁₉₃	207.28	F ₂₃₄	213.56	F ₂₇₅	215.52	F ₃₁₆	216.88	F ₃₅₇	218.24
F ₃₀	76.52	F ₇₁	117.44	F ₁₁₂	158.36	F ₁₅₃	191.74	F ₁₉₄	207.52	F ₂₃₅	213.64	F ₂₇₆	215.56	F ₃₁₇	216.92	F ₃₅₈	218.28
F ₃₁	77.52	F ₇₂	118.44	F ₁₁₃	159.36	F ₁₅₄	192.30	F ₁₉₅	207.76	F ₂₃₆	213.72	F ₂₇₇	215.58	F ₃₁₈	216.96	F ₃₅₉	218.32
F ₃₂	78.52	F ₇₃	119.44	F ₁₁₄	160.36	F ₁₅₅	192.84	F ₁₉₆	208.00	F ₂₃₇	213.80	F ₂₇₈	215.62	F ₃₁₉	216.98	F ₃₆₀	218.34
F ₃₃	79.52	F ₇₄	120.44	F ₁₁₅	161.34	F ₁₅₆	193.38	F ₁₉₇	208.22	F ₂₃₈	213.88	F ₂₇₉	215.66	F ₃₂₀	217.02	F ₃₆₁	218.38
F ₃₄	80.50	F ₇₅	121.42	F ₁₁₆	162.34	F ₁₅₇	193.92	F ₁₉₈	208.44	F ₂₃₉	213.94	F ₂₈₀	215.68	F ₃₂₁	217.06	F ₃₆₂	218.42
F ₃₅	81.50	F ₇₆	122.42	F ₁₁₇	163.34	F ₁₅₈	194.44	F ₁₉₉	208.66	F ₂₄₀	214.02	F ₂₈₁	215.72	F ₃₂₂	217.08	F ₃₆₃	218.44
F ₃₆	82.50	F ₇₇	123.42	F ₁₁₈	164.34	F ₁₅₉	194.94	F ₂₀₀	208.86	F ₂₄₁	214.08	F ₂₈₂	215.76	F ₃₂₃	217.12	F ₃₆₄	218.48
F ₃₇	83.50	F ₇₈	124.42	F ₁₁₉	165.34	F ₁₆₀	195.44	F ₂₀₁	209.08	F ₂₄₂	214.16	F ₂₈₃	215.78	F ₃₂₄	217.14	F ₃₆₅	218.52
F ₃₈	84.50	F ₇₉	125.42	F ₁₂₀	166.34	F ₁₆₁	195.94	F ₂₀₂	209.28	F ₂₄₃	214.22	F ₂₈₄	215.82	F ₃₂₅	217.18		
F ₃₉	85.50	F ₈₀	126.42	F ₁₂₁	167.34	F ₁₆₂	196.42	F ₂₀₃	209.46	F ₂₄₄	214.28	F ₂₈₅	215.86	F ₃₂₆	217.22		
F ₄₀	86.50	F ₈₁	127.42	F ₁₂₂	168.32	F ₁₆₃	196.88	F ₂₀₄	209.66	F ₂₄₅	214.34	F ₂₈₆	215.88	F ₃₂₇	217.24		

Attachment B – Base Rates per \$1000 Benefit Amount

G _N = Base Rate for Skilled Nursing Confinements per \$1000 benefit amount for N Days																	
G ₀	0.00	G ₄₁	7.22	G ₈₂	9.04	G ₁₂₃	9.98	G ₁₆₄	10.61	G ₂₀₅	11.12	G ₂₄₆	11.60	G ₂₈₇	12.03	G ₃₂₈	12.40
G ₁	0.36	G ₄₂	7.29	G ₈₃	9.06	G ₁₂₄	10.01	G ₁₆₅	10.62	G ₂₀₆	11.13	G ₂₄₇	11.61	G ₂₈₈	12.04	G ₃₂₉	12.40
G ₂	0.72	G ₄₃	7.37	G ₈₄	9.10	G ₁₂₅	10.02	G ₁₆₆	10.63	G ₂₀₇	11.14	G ₂₄₈	11.62	G ₂₈₉	12.05	G ₃₃₀	12.42
G ₃	1.05	G ₄₄	7.44	G ₈₅	9.13	G ₁₂₆	10.05	G ₁₆₇	10.65	G ₂₀₈	11.15	G ₂₄₉	11.64	G ₂₉₀	12.06	G ₃₃₁	12.43
G ₄	1.39	G ₄₅	7.51	G ₈₆	9.15	G ₁₂₇	10.06	G ₁₆₈	10.66	G ₂₀₉	11.17	G ₂₅₀	11.65	G ₂₉₁	12.06	G ₃₃₂	12.43
G ₅	1.72	G ₄₆	7.58	G ₈₇	9.18	G ₁₂₈	10.09	G ₁₆₉	10.67	G ₂₁₀	11.18	G ₂₅₁	11.66	G ₂₉₂	12.08	G ₃₃₃	12.43
G ₆	2.02	G ₄₇	7.64	G ₈₈	9.20	G ₁₂₉	10.10	G ₁₇₀	10.69	G ₂₁₁	11.19	G ₂₅₂	11.67	G ₂₉₃	12.09	G ₃₃₄	12.44
G ₇	2.30	G ₄₈	7.70	G ₈₉	9.23	G ₁₃₀	10.11	G ₁₇₁	10.70	G ₂₁₂	11.21	G ₂₅₃	11.67	G ₂₉₄	12.10	G ₃₃₅	12.44
G ₈	2.57	G ₄₉	7.76	G ₉₀	9.26	G ₁₃₁	10.14	G ₁₇₂	10.71	G ₂₁₃	11.22	G ₂₅₄	11.69	G ₂₉₅	12.10	G ₃₃₆	12.45
G ₉	2.85	G ₅₀	7.81	G ₉₁	9.28	G ₁₃₂	10.15	G ₁₇₃	10.73	G ₂₁₄	11.23	G ₂₅₅	11.70	G ₂₉₆	12.12	G ₃₃₇	12.45
G ₁₀	3.08	G ₅₁	7.87	G ₉₂	9.31	G ₁₃₃	10.17	G ₁₇₄	10.74	G ₂₁₅	11.25	G ₂₅₆	11.71	G ₂₉₇	12.13	G ₃₃₈	12.47
G ₁₁	3.32	G ₅₂	7.93	G ₉₃	9.33	G ₁₃₄	10.18	G ₁₇₅	10.75	G ₂₁₆	11.26	G ₂₅₇	11.73	G ₂₉₈	12.14	G ₃₃₉	12.47
G ₁₂	3.54	G ₅₃	7.98	G ₉₄	9.35	G ₁₃₅	10.19	G ₁₇₆	10.76	G ₂₁₇	11.27	G ₂₅₈	11.74	G ₂₉₉	12.14	G ₃₄₀	12.48
G ₁₃	3.74	G ₅₄	8.03	G ₉₅	9.37	G ₁₃₆	10.22	G ₁₇₇	10.78	G ₂₁₈	11.28	G ₂₅₉	11.75	G ₃₀₀	12.15	G ₃₄₁	12.48
G ₁₄	3.95	G ₅₅	8.07	G ₉₆	9.40	G ₁₃₇	10.23	G ₁₇₈	10.79	G ₂₁₉	11.30	G ₂₆₀	11.75	G ₃₀₁	12.17	G ₃₄₂	12.49
G ₁₅	4.13	G ₅₆	8.13	G ₉₇	9.43	G ₁₃₈	10.24	G ₁₇₉	10.80	G ₂₂₀	11.30	G ₂₆₁	11.77	G ₃₀₂	12.17	G ₃₄₃	12.49
G ₁₆	4.32	G ₅₇	8.18	G ₉₈	9.45	G ₁₃₉	10.26	G ₁₈₀	10.82	G ₂₂₁	11.31	G ₂₆₂	11.78	G ₃₀₃	12.18	G ₃₄₄	12.51
G ₁₇	4.49	G ₅₈	8.22	G ₉₉	9.48	G ₁₄₀	10.27	G ₁₈₁	10.83	G ₂₂₂	11.32	G ₂₆₃	11.79	G ₃₀₄	12.19	G ₃₄₅	12.51
G ₁₈	4.65	G ₅₉	8.26	G ₁₀₀	9.50	G ₁₄₁	10.28	G ₁₈₂	10.84	G ₂₂₃	11.34	G ₂₆₄	11.80	G ₃₀₅	12.19	G ₃₄₆	12.52
G ₁₉	4.82	G ₆₀	8.29	G ₁₀₁	9.52	G ₁₄₂	10.31	G ₁₈₃	10.86	G ₂₂₄	11.35	G ₂₆₅	11.82	G ₃₀₆	12.21	G ₃₄₇	12.52
G ₂₀	4.98	G ₆₁	8.33	G ₁₀₂	9.54	G ₁₄₃	10.32	G ₁₈₄	10.87	G ₂₂₅	11.36	G ₂₆₆	11.83	G ₃₀₇	12.22	G ₃₄₈	12.52
G ₂₁	5.12	G ₆₂	8.37	G ₁₀₃	9.57	G ₁₄₄	10.34	G ₁₈₅	10.88	G ₂₂₆	11.38	G ₂₆₇	11.83	G ₃₀₈	12.22	G ₃₄₉	12.53
G ₂₂	5.27	G ₆₃	8.41	G ₁₀₄	9.59	G ₁₄₅	10.35	G ₁₈₆	10.89	G ₂₂₇	11.39	G ₂₆₈	11.84	G ₃₀₉	12.23	G ₃₅₀	12.53
G ₂₃	5.40	G ₆₄	8.44	G ₁₀₅	9.61	G ₁₄₆	10.36	G ₁₈₇	10.91	G ₂₂₈	11.40	G ₂₆₉	11.86	G ₃₁₀	12.25	G ₃₅₁	12.55
G ₂₄	5.53	G ₆₅	8.48	G ₁₀₆	9.63	G ₁₄₇	10.37	G ₁₈₈	10.92	G ₂₂₉	11.41	G ₂₇₀	11.87	G ₃₁₁	12.25	G ₃₅₂	12.55
G ₂₅	5.64	G ₆₆	8.52	G ₁₀₇	9.66	G ₁₄₈	10.39	G ₁₈₉	10.92	G ₂₃₀	11.43	G ₂₇₁	11.88	G ₃₁₂	12.26	G ₃₅₃	12.56
G ₂₆	5.77	G ₆₇	8.55	G ₁₀₈	9.69	G ₁₄₉	10.40	G ₁₉₀	10.93	G ₂₃₁	11.44	G ₂₇₂	11.88	G ₃₁₃	12.27	G ₃₅₄	12.56
G ₂₇	5.88	G ₆₈	8.59	G ₁₀₉	9.70	G ₁₅₀	10.41	G ₁₉₁	10.95	G ₂₃₂	11.44	G ₂₇₃	11.90	G ₃₁₄	12.27	G ₃₅₅	12.57
G ₂₈	5.99	G ₆₉	8.62	G ₁₁₀	9.72	G ₁₅₁	10.44	G ₁₉₂	10.96	G ₂₃₃	11.45	G ₂₇₄	11.91	G ₃₁₅	12.29	G ₃₅₆	12.57
G ₂₉	6.11	G ₇₀	8.66	G ₁₁₁	9.75	G ₁₅₂	10.45	G ₁₉₃	10.97	G ₂₃₄	11.47	G ₂₇₅	11.92	G ₃₁₆	12.30	G ₃₅₇	12.58
G ₃₀	6.21	G ₇₁	8.70	G ₁₁₂	9.76	G ₁₅₃	10.47	G ₁₉₄	10.99	G ₂₃₅	11.48	G ₂₇₆	11.92	G ₃₁₇	12.30	G ₃₅₈	12.58
G ₃₁	6.32	G ₇₂	8.74	G ₁₁₃	9.79	G ₁₅₄	10.48	G ₁₉₅	11.00	G ₂₃₆	11.49	G ₂₇₇	11.93	G ₃₁₈	12.31	G ₃₅₉	12.60
G ₃₂	6.42	G ₇₃	8.76	G ₁₁₄	9.82	G ₁₅₅	10.49	G ₁₉₆	11.01	G ₂₃₇	11.51	G ₂₇₈	11.95	G ₃₁₉	12.32	G ₃₆₀	12.60
G ₃₃	6.51	G ₇₄	8.80	G ₁₁₅	9.83	G ₁₅₆	10.50	G ₁₉₇	11.02	G ₂₃₈	11.52	G ₂₇₉	11.96	G ₃₂₀	12.32	G ₃₆₁	12.60
G ₃₄	6.62	G ₇₅	8.84	G ₁₁₆	9.85	G ₁₅₇	10.52	G ₁₉₈	11.04	G ₂₃₉	11.52	G ₂₈₀	11.96	G ₃₂₁	12.34	G ₃₆₂	12.60
G ₃₅	6.71	G ₇₆	8.87	G ₁₁₇	9.87	G ₁₅₈	10.53	G ₁₉₉	11.05	G ₂₄₀	11.53	G ₂₈₁	11.97	G ₃₂₂	12.35	G ₃₆₃	12.61
G ₃₆	6.80	G ₇₇	8.89	G ₁₁₈	9.89	G ₁₅₉	10.54	G ₂₀₀	11.06	G ₂₄₁	11.54	G ₂₈₂	11.99	G ₃₂₃	12.35	G ₃₆₄	12.61
G ₃₇	6.89	G ₇₈	8.93	G ₁₁₉	9.92	G ₁₆₀	10.56	G ₂₀₁	11.08	G ₂₄₂	11.56	G ₂₈₃	12.00	G ₃₂₄	12.36	G ₃₆₅	12.61
G ₃₈	6.97	G ₇₉	8.96	G ₁₂₀	9.93	G ₁₆₁	10.57	G ₂₀₂	11.09	G ₂₄₃	11.57	G ₂₈₄	12.00	G ₃₂₅	12.38		
G ₃₉	7.06	G ₈₀	8.98	G ₁₂₁	9.96	G ₁₆₂	10.58	G ₂₀₃	11.10	G ₂₄₄	11.58	G ₂₈₅	12.01	G ₃₂₆	12.38		
G ₄₀	7.14	G ₈₁	9.01	G ₁₂₂	9.97	G ₁₆₃	10.60	G ₂₀₄	11.10	G ₂₄₅	11.60	G ₂₈₆	12.03	G ₃₂₇	12.39		

H _N = Base Rate for Hospital Emergency Department per \$1000 benefit amount for N Days																	
H ₀	0.00	H ₁	98.87	H ₂	168.83	H ₃	185.33	H ₄	195.70	H ₅	199.82	H ₆	202.68	H ₇	204.15	H ₈	205.19

I _N = Base Rate for Out-patient Care per \$1000 benefit amount for N Day																	
I ₀	0.00	I ₁	881.26	I ₂	1292.97	I ₃	1689.81	I ₄	2072.49	I ₅	2444.56	I ₆	2808.47	I ₇	3166.44	I ₈	3519.70

Attachment B – Base Rates per \$1000 Benefit Amount

<i>J_N</i> = Base Rate for Home Health Care per \$1000 benefit amount for N Days																	
J ₀	0.00	J ₉	35.96	J ₁₈	45.83	J ₂₇	50.23	J ₃₆	52.56	J ₄₅	54.03	J ₅₄	54.82	J ₆₃	55.11	J ₇₂	55.19
J ₁	9.31	J ₁₀	37.53	J ₁₉	46.53	J ₂₈	50.53	J ₃₇	52.77	J ₄₆	54.15	J ₅₅	54.87	J ₆₄	55.12	J ₇₃	55.19
J ₂	15.42	J ₁₁	38.96	J ₂₀	47.16	J ₂₉	50.83	J ₃₈	52.95	J ₄₇	54.25	J ₅₆	54.89	J ₆₅	55.13	J ₇₄	55.20
J ₃	20.10	J ₁₂	40.25	J ₂₁	47.72	J ₃₀	51.12	J ₃₉	53.13	J ₄₈	54.35	J ₅₇	54.93	J ₆₆	55.15	J ₇₅	55.20
J ₄	24.02	J ₁₃	41.39	J ₂₂	48.26	J ₃₁	51.39	J ₄₀	53.31	J ₄₉	54.44	J ₅₈	54.96	J ₆₇	55.16		
J ₅	27.30	J ₁₄	42.46	J ₂₃	48.76	J ₃₂	51.65	J ₄₁	53.47	J ₅₀	54.54	J ₅₉	55.00	J ₆₈	55.16		
J ₆	30.07	J ₁₅	43.45	J ₂₄	49.22	J ₃₃	51.90	J ₄₂	53.63	J ₅₁	54.61	J ₆₀	55.03	J ₆₉	55.17		
J ₇	32.29	J ₁₆	44.30	J ₂₅	49.57	J ₃₄	52.13	J ₄₃	53.77	J ₅₂	54.69	J ₆₁	55.06	J ₇₀	55.17		
J ₈	34.24	J ₁₇	45.07	J ₂₆	49.91	J ₃₅	52.35	J ₄₄	53.90	J ₅₃	54.76	J ₆₂	55.08	J ₇₁	55.19		

K = Benefits Reduced at age 70 factor	
Yes	1.000
No	1.025

L = Remove eligibility restriction for employee older than 69	
No	1.000
Yes	1.025

M = Pre-Existing Condition/Health Question Options factor	
No Pre-Ex, No Health Questions	1.000
No Pre-Ex, With Health Questions	0.900
12/12 Pre-Ex, No Health Questions	0.800
12/12 Pre-Ex, with Health Questions	0.725
6/12 Pre-Ex, No Health Questions	0.850
6/12 Pre-Ex, Health Questions	0.775
3/12 Pre-Ex, No Health Questions	0.875
3/12 Pre-Ex, Health Questions	0.800

N = Employer Paid Percentage factor	
Employee pays 100%	1.000
Employer pays 100%	0.900

O = Continuation of Coverage Factor	
Yes	1.000
No	1.050

P = Rate Guarantee	
1 Year	1.000
2 Year	1.050
3 Year	1.150

Q = 24 Hour/Non Occupational Coverage	
Non Occupational	1.000
24 Hour Coverage	1.050

R = Underwriter Discretion	
Range	(0.800,1.20)

Attachment B – Sample Plan design and Premium Calculation

Sample Plan:

Benefit Selection

- (A) Hospital Confinement – First Day: \$400
- (B) Hospital Confinement – Additional Days: \$200 per day for up to 29 additional days (30 days including first day)
- (C) Hospital Intensive Care: \$200 for 30 days
- (D) Residential Treatment Confinement: \$100 per day for 15 days per plan year
- (E) Rehabilitation Confinement: \$100 per day for 15 days per plan year
- (F) Hospice Care: \$100 per day for 30 days per lifetime
- (G) Skilled Nursing Confinement: \$100 per day for 30 days per plan year
- (H) Hospital Emergency Department: \$100 per day for up to 1 days per plan year
- (I) Out-patient Care: \$25 per day for up to 2 days per plan year
- (J) Home Health Care: \$20 for 30 days

Other Plan Design Selection

- (K) Benefit Amounts are reduce by 50% at age 70
- (L) Member over age 69 are not eligible to enroll
- (M) No Pre-Existing Condition, no Health Questions
- (N) Employee pays 100% of benefit
- (O) No Continuation of Coverage applied to member
- (P) 1 Year Rate Guarantee
- (Q) Non-Occupational Coverage
- (R) No underwriter discretion

$$\text{Annual Premium} = \frac{(A_N A_N + B_N B_N + C_N C_N + D_N D_N + E_N E_N + F_N F_N + G_N G_N + H_N H_N + I_N I_N + J_N J_N) * K * L * M * N * O * P * Q * R}{1000 * (\text{Loss Ratio})}$$

$$\text{Annual Premium} = \frac{(400A_1 + 200B_{29} + 200C_{30} + 100D_{15} + 100E_{15} + 100F_{30} + 100G_{30} + 100H_1 + 25I_2 + 20J_{30}) * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1}{1000 * (0.45)}$$

$$\text{Annual Premium} = \frac{[(400 * 80.51) + (200 * 215.58) + (200 * 32.99) + (100 * 55.04) + (100 * 8.28) + (100 * 76.52) + (100 * 6.21) + (100 * 98.87) + (25 * 1292.97) + (20 * 51.12)] * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1}{1000 * (0.45)}$$

$$\text{Annual Premium} = \frac{[(32,204) + (43,116) + (6,598) + (5,504) + (828) + (76.52) + (621) + (9,887) + (32,324.25) + (1,022.40)] * 1 * 1 * 1 * 1 * 1 * 1 * 1 * 1}{1000 * (0.45)}$$

$$\text{Annual Premium} = \frac{[139,756.65] * 1}{450} = \$310.57$$