Filing at a Glance

Company:	Metropolitan Life Insurance Company
Product Name:	Health – Hospital Indemnity
State:	District of Columbia
TOI:	H14G Group Health - Hospital Indemnity
Sub-TOI:	H14G.000 Health - Hospital Indemnity
Filing Type:	Rate
Date Submitted:	12/17/2013
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Implementation Date Requested:	On Approval
Author(s):	Sandra Bennett, Ruth Rivera, Linda Williams
Reviewer(s):	Darniece Shirley (primary), Alula Selassie
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State Filing Description:

State: *District of Columbia* **Filing Company:** *Metropolitan Life Insurance Company*
TOI/Sub-TOI: *H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity*
Product Name: *Health Hospital Indemnity*
Project Name/Number: *GPNP12-AX-fp-2/B13-58*

General Information

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Project Number: B13-58
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Overall Rate Impact:

Deemer Date:
Submitted By: Ruth Rivera

Filing Description:

This is a Group Hospital Indemnity Insurance Rate Filing. Please see the Transmittal Letter for a detailed description of this filing submission. The Form Filing is concurrently being filed (SERFF Tracking No. META-129342273 Forms

Company and Contact

Filing Contact Information

Maureen A. Mitru, Consultant
501 Route 22
Bridgewater , NJ 08807

mmitru@metlife.com
908-253-2426 [Phone]
908-253-2126 [FAX]

Filing Company Information

Metropolitan Life Insurance Company
MetLife
1095 Avenue of the Americas
New York, NY 10036
(212) 578-2211 ext. [Phone]

CoCode: 65978
Group Code: 241
Group Name:
FEIN Number: 13-5581829

State of Domicile: New York
Company Type: Life
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *District of Columbia* **Filing Company:** *Metropolitan Life Insurance Company*
TOI/Sub-TOI: *H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity*
Product Name: *Health Hospital Indemnity*
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Rate Information

Rate data applies to filing.

Filing Method: Electronic
Rate Change Type: Neutral
Overall Percentage of Last Rate Revision: %
Effective Date of Last Rate Revision:
Filing Method of Last Filing: Electronic

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Metropolitan Life Insurance Company	0.000%	0.000%	$0	0	$0	0.000%	0.000%

State: *District of Columbia* **Filing Company:** *Metropolitan Life Insurance Company*
TOI/Sub-TOI: *H14G Group Health - Hospital Indemnity/H14G.000 Health - Hospital Indemnity*
Product Name: *Health Hospital Indemnity*
Project Name/Number: *GPNP12-AX-fp-2/B13-58*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Group HI Rate Manual	GCERT12-HI	New		Group HI Rate Manual - [NW].pdf,

METROPOLITAN LIFE INSURANCE COMPANY
Section XXXIX(A)
Group Hospital Indemnity GCERT12-HI

I. The group policy provides lump-sum benefit amounts, subject to the terms and conditions of the Group Policy, if a Covered Event occurs while a Covered Person is insured under the Policy. Coverage, defined as the Coverage Benefit Amount, may be available under this form in amounts up to $10,000; depending on the Covered Event. The benefit amount for each Covered Event is agreed upon by MetLife and the group policyholder.

Coverage may also be provided for dependent spouses and dependent children of employees.

II. Covered Events are grouped into categories, which can be found in Table XXXIX(A).2. If a Covered Event occurs for a Covered Person, while such Covered Person is insured under this Policy, MetLife will pay the benefit according to the schedule of benefits.

III. Policies Providing Benefits with Premiums to be Paid by the Group Policyholder

A. Standard Monthly Premium Rates for Employee Coverage

The standard monthly premium rates for each group applicable to policyholder coverage will be computed based on the benefit level agreed to by MetLife and the group policyholder. If agreed to by MetLife and the group policyholder, factors may be applied based on the demographics of the group, area of the employment of that group and the principal industry of employment of that group according to the following algorithm.

Step 1: Determine the Coverage Limit Factor(s) for each Covered Event provided by Tables XXXIX(A).1(A-I). When multiple factors are listed for a single Covered Event, all factors are multiplied together to calculate a single adjustment factor.

Step 2: Multiply the Base Monthly Premium Rates per $1,000 shown in Table XXXIX(A).2 for each Covered Event by appropriate Coverage Limit Factor(s) determined in Step 1.

Step 3: Multiply result from Step 2 by the Utilization Rates up to those shown in Table XXXIX(A).3. Utilization Rates are determined using linear interpolation between the utilization percentages shown for each Covered Event.

Step 4: Apply Age Adjustments shown in Table XXXIX(A).4 to the result calculated in Step 3. The Age Adjustment is determined by Covered Event, and may be gender specific or unisex, and may be determined for a total population basis or a working population basis. Both of these bases will be agreed upon by MetLife and the group policyholder.

Ages in Table XXXIX(A).4 are shown grouped. Individual ages may be used, where the appropriate Age Adjustment is determined using linear interpolation. The age basis will be agreed upon by MetLife and the group policyholder.

Step 5: Multiply the result of Step 4 by the Employee Benefit Amount (in $1,000s) for each Covered Event. Note that some Benefit Amounts may be less than $1,000, thus a fractional

Benefit Amount should be applied when this occurs. This calculates the Monthly Net Premium for each Covered Event.

Step 6: Multiply the results calculated in Step 5 by ADEA Schedule adjustment, if any, agreed upon by MetLife and the group policyholder up to those shown in Table XXXIX(A).5.

Step 7: Multiply the results calculated in Step 6 by appropriate exclusion factors from Table XXXIX(A).6 based on the specific plan design. The base rates were developed assuming that all exclusions with a factor greater than 1.00 would be in the plan design (i.e., excluded) and those with a factor less than 1.00 would not be in the plan design (i.e., not excluded).

Step 8: Sum all of the Monthly Net Premiums calculated in Step 7 to obtain the subtotal Monthly Net Premium for the Employee.

Step 9: If agreed to by MetLife and the group policyholder, multiply the result calculated in Step 8 by Area adjustment factors up to those shown in Table XXXIX(A).7. Area adjustment factors vary by State and can be applied based on the Group's situs state or distribution of employees across states.

Step 10: If agreed to by MetLife and the group policyholder, multiply the result calculated in Step 9 by Industry adjustment factors up to those shown in Table XXXIX(A).8. The SIC of the group determines the Industry Category which is used to determine the adjustment factor. Adjustments can be made to recognize groups with employees in a mix of industries or for a subpopulation whose functions differ from the Employer's primary industry.

Step 11: Multiply the result calculated in Step 10 by Volume Adjustment Factors up to those shown in Table XXXIX(A).9.

Step 12: Multiply the result calculated in Step 11 by Participation Percentage adjustment factors up to those shown in Table XXXIX(A).10. Participation Percentage is determined by the estimated percentage of the group electing coverage under the plan.

Step 13: Multiply the result calculated in Step 12 by Guarantee Period factors up to those shown in Table XXXIX(A).11.

Step 14: Divide the result calculated in Step 13 by (1 – Waiver of Premium %) to load for Waiver of Premium provision. A Waiver of Premium percentage, up to 10%, will be agreed upon by MetLife and the group policyholder.

Step 15: Multiply the result calculated in Step 14 by Commission Scale up to those shown in Table XXXIX(A).12 to determine the final result.

B. Standard Monthly Premium Rates for Dependent Spouses Coverage

The standard monthly premium rates for each group applicable to policyholder coverage will be computed based on benefit level agreed between MetLife and the group policyholder. If agreed to by MetLife and the group policyholder, factors may be applied based on the demographics of the group, area of the employment of that group and the principal industry of employment of that group according to the following algorithm.

Steps 1-3: Same as Steps 1-3 outlined in Section III.A.

Step 4: Apply Age Adjustments shown in Table XXXIX(A).4 to the result calculated in Step 3. The Age Adjustment is determined by Covered Event, and may be gender specific or unisex, and may be determined for a total population basis. Both of these bases will be agreed upon by MetLife and the group policyholder.

Ages in Table XXXIX(A).4 are shown grouped. Individual ages may be used, where the appropriate Age Adjustment is determined using linear interpolation. The age basis will be agreed upon by MetLife and the group policyholder.

Step 5: Multiply the result of Step 4 by the Dependent Spouse Benefit Amount (in $1,000s) for each Covered Event. Note that some Benefit Amounts may be less than $1,000, thus a fractional Benefit Amount should be applied when this occurs. This calculates the Monthly Premium Rate for each Covered Event.

Step 6: Multiply the results calculated in Step 5 by ADEA Schedule adjustment, if any, agreed upon by MetLife and the group policyholder up to those shown in Table XXXIX(A).5.

Step 7: Multiply the results calculated in Step 6 by appropriate exclusion factors from Table XXXIX(A).6 based on the specific plan design. The base rates were developed assuming that all exclusions with a factor greater than 1.00 would be in the plan design (i.e., excluded) and those with a factor less than 1.00 would not be in the plan design (i.e., not excluded).

Step 8: Sum all of the Monthly Net Premiums calculated in Step 7 to obtain the subtotal Monthly Net Premium for the Dependent Spouse.

Steps 9-15: Same as Steps 9-15 outlined in Section III.A.

C. Standard Monthly Premium Rates for Dependent Child(ren) Coverage

The standard monthly premium rates for each group applicable to policyholder coverage will be computed based on benefit level agreed between MetLife and the group policyholder. If agreed to by MetLife and the group policyholder, factors may be applied based on the demographics of the group, area of the employment of that group and the principal industry of employment of that group according to the following algorithm.

Steps 1-3: Same as Steps 1-3 outlined in Section III.A.

Step 4: Apply Age Adjustments shown in Table XXXIX(A).4 to the result calculated in Step 3. The Age Adjustment is determined by Covered Event, and may be gender specific or unisex, and may be determined for a total population basis. Both of these bases will be agreed upon by MetLife and the group policyholder.

Ages in Table XXXIX(A).4 are shown grouped. Individual ages may be used, where the appropriate Age Adjustment is determined using linear interpolation. The age basis will be agreed upon by MetLife and the group policyholder.

Step 5: Multiply the result of Step 4 by the Dependent Child(ren) Benefit Amount (in $1,000s) for each Covered Event. Note that some Benefit Amounts may be less than $1,000, thus a fractional Benefit Amount should be applied when this occurs. This calculates the Monthly Premium Rate for each Covered Event.

Step 6: Any ADEA Adjustment should not be applicable to the Dependent Children coverage, so skip to Step 7.

Step 7: Multiply the results calculated in Step 6 by appropriate exclusion factors from Table XXXIX(A).6 based on the specific plan design. The base rates were developed assuming that all exclusions with a factor greater than 1.00 would be in the plan design (i.e., excluded) and those with a factor less than 1.00 would not be in the plan design (i.e., not excluded).

Step 8: Sum all of the Monthly Net Premiums calculated in Step 7 to obtain the subtotal Monthly Net Premium for the Dependent Child(ren).

Steps 9-15: Same as Steps 9-15 outlined in Section III.A.

IV. Policies Providing Voluntary Benefits with Premiums to be Paid by the Participants

The standard monthly premium rates for each group applicable to policyholder coverage will be computed based on the benefit level agreed to by MetLife and the group policyholder. The premium rates for Voluntary Benefits with Premiums to be paid by the Participants will be determined by the algorithm presented in Section III. The inclusion of the Participation Percentage Adjustment provided in Step 11 provides for provision for groups of varying participation size.

V. Policies where census data are not available for Dependent Spouse and/or Child(ren) coverage(s)

When no census data are available for dependent spouse and/or dependent child(ren) coverage, a multiple may be applied to base Employee Monthly Premium Rate up to the multiples shown in Table XXXIX(A).13. Multipliers are provided within several options representing various

tiers of coverage. The appropriate tier that applies will be agreed upon by MetLife and the group policyholder and adjusted appropriately if the dependents' schedule of benefits differs from the employee's.

VI. The provisions of a particular employer's plan may call for variations in approved benefit designs not explicitly outlined. Appropriate interpolation or extrapolation methods will be used to determine premium rates for plans or benefits with specifications different from those shown in this section.

VII. Premium rates for a particular group plan may also be adjusted based on competitive information and market intelligence. Such adjustments reflect industry's expectation of the risk inherent in a particular group plan that is not explicitly outlined in the rate manual.

VIII. When group insurance coverage not presently in force with MetLife is transferred to MetLife from another carrier, the premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with the prior carrier to the extent that such carrier's experience data are reliable and credible. The completeness, format, and consistency of all available information will be considered in determining the reliability of the prior carrier's experience.

IX. This coverage may be subject to prospective experience rating. The premium rates otherwise applicable for such coverage in accordance with this section may be adjusted for the experience incurred with MetLife to the extent that such experience data are reliable and credible.

Table XXXIX(A).1 – Coverage Limit Factors

The tables below are used to lookup the Coverage Limit Factor(s) for various Covered Events. The appropriate lookup condition is based upon the terms agreed to by MetLife and the group policyholder. All Covered Events not shown below have a Coverage Limit Factor of 1.0.

Table XXXIX(A).1A
Accident – Hospital Benefits – Hospital Confinement

	Coverage Limit Factor		
Age	**Male**	**Female**	**Unisex**
0	2.824	2.791	2.808
10	4.258	4.069	4.164
15	3.907	3.201	3.554
25	3.823	2.838	3.330
35	3.783	3.139	3.461
45	3.855	3.770	3.813
55	4.264	4.587	4.425
65	4.656	4.503	4.579
75	5.026	5.039	5.032
Work Pop	3.931	3.584	3.757

	Male/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
31	1.0000	1.0001	1.0000	1.0001	1.0000	1.0000	1.0002	1.0033	1.0017	1.0001
32	1.0000	1.0003	1.0000	1.0001	1.0000	1.0000	1.0003	1.0061	1.0032	1.0001
33	1.0000	1.0003	1.0000	1.0001	1.0000	1.0000	1.0004	1.0086	1.0044	1.0001
34	1.0000	1.0004	1.0000	1.0001	1.0000	1.0000	1.0004	1.0108	1.0054	1.0002
35	1.0000	1.0004	1.0000	1.0001	1.0000	1.0000	1.0005	1.0128	1.0062	1.0002
36	1.0000	1.0004	1.0000	1.0001	1.0000	1.0000	1.0005	1.0145	1.0069	1.0002
37	1.0000	1.0004	1.0000	1.0001	1.0000	1.0000	1.0005	1.0160	1.0074	1.0002
38	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0173	1.0079	1.0002
39	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0184	1.0083	1.0002
40	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0194	1.0086	1.0002
41	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0203	1.0089	1.0002
42	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0210	1.0091	1.0002
43	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0217	1.0093	1.0002
44	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0222	1.0094	1.0002
45	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0227	1.0096	1.0002
46	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0232	1.0097	1.0002
47	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0236	1.0098	1.0002
48	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0239	1.0098	1.0002

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	Male/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	0	10	15	25	35	45	55	65	75	Work Pop
49	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0242	1.0099	1.0002
50	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0244	1.0099	1.0002
51	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0246	1.0100	1.0002
52	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0248	1.0100	1.0002
53	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0250	1.0100	1.0002
54	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0251	1.0101	1.0002
55	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0253	1.0101	1.0002
56	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0254	1.0101	1.0002
57	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0255	1.0101	1.0002
58	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0255	1.0101	1.0002
59	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0256	1.0101	1.0002
60	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0257	1.0101	1.0002
61	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0257	1.0101	1.0002
62	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0258	1.0101	1.0002
63	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0258	1.0101	1.0002
64	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0258	1.0101	1.0002
65	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0259	1.0101	1.0002
66	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0259	1.0101	1.0002
67	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0259	1.0101	1.0002
68	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0259	1.0101	1.0002
69	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0259	1.0101	1.0002
70	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0101	1.0002
71	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0101	1.0002
72	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0101	1.0002
73	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0101	1.0002
74	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
75	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
76	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
77	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
78	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
79	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
80	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
81	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
82	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
83	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
84	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
85	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
86	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
87	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
88	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
89	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
90	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
91	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
92	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
93	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002

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	Male/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	0	10	15	25	35	45	55	65	75	Work Pop
94	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0260	1.0102	1.0002
95-330	1.0000	1.0005	1.0000	1.0001	1.0000	1.0000	1.0006	1.0261	1.0102	1.0002

	Female/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	0	10	15	25	35	45	55	65	75	Work Pop
30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
31	1.0002	1.0000	1.0000	1.0000	1.0001	1.0007	1.0027	1.0007	1.0015	1.0010
32	1.0003	1.0000	1.0000	1.0000	1.0001	1.0013	1.0049	1.0012	1.0026	1.0019
33	1.0004	1.0000	1.0000	1.0000	1.0002	1.0017	1.0068	1.0016	1.0036	1.0027
34	1.0004	1.0000	1.0001	1.0000	1.0002	1.0021	1.0085	1.0019	1.0045	1.0033
35	1.0005	1.0000	1.0001	1.0000	1.0002	1.0024	1.0099	1.0022	1.0051	1.0038
36	1.0005	1.0000	1.0001	1.0000	1.0002	1.0026	1.0111	1.0023	1.0057	1.0042
37	1.0005	1.0000	1.0001	1.0000	1.0002	1.0028	1.0121	1.0025	1.0061	1.0046
38	1.0005	1.0000	1.0001	1.0000	1.0002	1.0030	1.0129	1.0026	1.0065	1.0049
39	1.0006	1.0000	1.0001	1.0000	1.0003	1.0031	1.0136	1.0027	1.0068	1.0052
40	1.0006	1.0000	1.0001	1.0000	1.0003	1.0032	1.0142	1.0028	1.0071	1.0054
41	1.0006	1.0000	1.0001	1.0000	1.0003	1.0032	1.0148	1.0028	1.0073	1.0056
42	1.0006	1.0000	1.0001	1.0000	1.0003	1.0033	1.0152	1.0029	1.0074	1.0057
43	1.0006	1.0000	1.0001	1.0000	1.0003	1.0034	1.0156	1.0029	1.0076	1.0059
44	1.0006	1.0000	1.0001	1.0000	1.0003	1.0034	1.0159	1.0029	1.0077	1.0060
45	1.0006	1.0000	1.0001	1.0000	1.0003	1.0034	1.0162	1.0029	1.0078	1.0061
46	1.0006	1.0000	1.0001	1.0000	1.0003	1.0034	1.0164	1.0029	1.0079	1.0061
47	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0166	1.0030	1.0079	1.0062
48	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0167	1.0030	1.0080	1.0063
49	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0169	1.0030	1.0080	1.0063
50	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0170	1.0030	1.0080	1.0064
51	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0171	1.0030	1.0081	1.0064
52	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0171	1.0030	1.0081	1.0064
53	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0172	1.0030	1.0081	1.0064
54	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0173	1.0030	1.0081	1.0065
55	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0173	1.0030	1.0081	1.0065
56	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0174	1.0030	1.0081	1.0065
57	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0174	1.0030	1.0082	1.0065
58	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0174	1.0030	1.0082	1.0065
59	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0174	1.0030	1.0082	1.0065
60	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
61	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
62	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
63	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
64	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
65	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
66	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065

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	Female/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	0	10	15	25	35	45	55	65	75	Work Pop
67	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
68	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0175	1.0030	1.0082	1.0065
69	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0065
70	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0065
71	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0065
72	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0065
73	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0065
74	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0065
75-330	1.0006	1.0000	1.0001	1.0000	1.0003	1.0035	1.0176	1.0030	1.0082	1.0066

	Unisex/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	0	10	15	25	35	45	55	65	75	Work Pop
30	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000	1.0000
31	1.0001	1.0001	1.0000	1.0000	1.0000	1.0003	1.0014	1.0020	1.0016	1.0005
32	1.0002	1.0001	1.0000	1.0000	1.0001	1.0006	1.0027	1.0037	1.0029	1.0010
33	1.0002	1.0002	1.0000	1.0001	1.0001	1.0009	1.0037	1.0051	1.0040	1.0013
34	1.0002	1.0002	1.0000	1.0001	1.0001	1.0010	1.0046	1.0064	1.0049	1.0016
35	1.0002	1.0002	1.0000	1.0001	1.0001	1.0012	1.0053	1.0075	1.0056	1.0019
36	1.0003	1.0002	1.0000	1.0001	1.0001	1.0013	1.0059	1.0084	1.0063	1.0021
37	1.0003	1.0002	1.0000	1.0001	1.0001	1.0014	1.0065	1.0093	1.0068	1.0023
38	1.0003	1.0002	1.0000	1.0001	1.0001	1.0015	1.0069	1.0100	1.0072	1.0024
39	1.0003	1.0002	1.0000	1.0001	1.0001	1.0015	1.0073	1.0106	1.0076	1.0026
40	1.0003	1.0002	1.0000	1.0001	1.0001	1.0016	1.0076	1.0111	1.0078	1.0027
41	1.0003	1.0002	1.0000	1.0001	1.0001	1.0016	1.0079	1.0116	1.0081	1.0028
42	1.0003	1.0002	1.0000	1.0001	1.0001	1.0016	1.0081	1.0120	1.0083	1.0028
43	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0083	1.0123	1.0084	1.0029
44	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0085	1.0126	1.0086	1.0029
45	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0086	1.0129	1.0087	1.0030
46	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0087	1.0131	1.0088	1.0030
47	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0088	1.0133	1.0088	1.0031
48	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0089	1.0135	1.0089	1.0031
49	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0090	1.0136	1.0089	1.0031
50	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0090	1.0138	1.0090	1.0031
51	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0091	1.0139	1.0090	1.0031
52	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0091	1.0140	1.0090	1.0032
53	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0091	1.0140	1.0091	1.0032
54	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0092	1.0141	1.0091	1.0032
55	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0092	1.0142	1.0091	1.0032
56	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0092	1.0142	1.0091	1.0032
57	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0092	1.0143	1.0091	1.0032
58	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0092	1.0143	1.0091	1.0032
59	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0144	1.0091	1.0032

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	Unisex/Age Coverage Limit Factors									
Hospital Confinement Max (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
60	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0144	1.0091	1.0032
61	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0144	1.0091	1.0032
62	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0144	1.0092	1.0032
63	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
64	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
65	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
66	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
67	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
68	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
69	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
70	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
71	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0145	1.0092	1.0032
72-330	1.0003	1.0002	1.0000	1.0001	1.0001	1.0017	1.0093	1.0146	1.0092	1.0032

Table XXXIX(A).1B
Accident: – Inpatient Rehabilitation

Maximum Per Accident	Coverage Limit Factor
7	0.859
8	0.890
9	0.915
10	0.934
11	0.949
12	0.962
13	0.972
14	0.979
15	0.985
16	0.990
17	0.994
18	0.996
19	0.998
20	0.999
21	0.999
22	0.999
23	0.999
24-30	1.000

Maximum Per Year	Coverage Limit Factor
14	0.990
15	0.992
16	0.993
17	0.995
18	0.996
19	0.997
20	0.998
21	0.998
22	0.999
23	0.999
24	0.999
25-60	1.000

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Table XXXIX(A).1C
Sickness – Hospital Benefits – Hospital Admission

	Male/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1	0.808	0.776	0.731	0.735	0.755	0.760	0.795	0.797	0.842	0.761
2	0.356	0.586	0.551	0.528	0.551	0.558	0.611	0.616	0.687	0.562
3	0.173	0.462	0.420	0.379	0.394	0.390	0.432	0.450	0.525	0.399
4	0.101	0.358	0.316	0.275	0.281	0.284	0.317	0.341	0.404	0.289
5	0.078	0.273	0.221	0.194	0.208	0.208	0.239	0.267	0.315	0.212
6	0.063	0.192	0.160	0.148	0.150	0.160	0.183	0.213	0.249	0.160
7	0.049	0.130	0.114	0.121	0.110	0.118	0.148	0.168	0.193	0.124
8	0.040	0.104	0.089	0.091	0.081	0.089	0.118	0.134	0.151	0.095
9	0.033	0.084	0.071	0.075	0.063	0.068	0.094	0.109	0.122	0.075
10	0.028	0.069	0.059	0.063	0.048	0.053	0.075	0.089	0.101	0.060
11	0.023	0.052	0.043	0.048	0.039	0.043	0.060	0.075	0.084	0.048
12	0.020	0.040	0.035	0.040	0.031	0.034	0.050	0.062	0.068	0.039
13	0.016	0.032	0.027	0.032	0.022	0.027	0.040	0.051	0.055	0.030
14	0.013	0.025	0.022	0.025	0.018	0.022	0.031	0.042	0.044	0.024

	Female/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1	0.811	0.799	0.831	0.837	0.829	0.780	0.822	0.823	0.868	0.817
2	0.338	0.573	0.493	0.436	0.479	0.549	0.633	0.656	0.724	0.524
3	0.161	0.442	0.262	0.194	0.252	0.364	0.448	0.465	0.542	0.315
4	0.095	0.339	0.165	0.106	0.145	0.256	0.323	0.341	0.409	0.207
5	0.072	0.250	0.111	0.067	0.098	0.183	0.253	0.261	0.308	0.150
6	0.057	0.166	0.077	0.048	0.074	0.136	0.197	0.204	0.236	0.114
7	0.047	0.110	0.058	0.036	0.056	0.106	0.155	0.156	0.184	0.088
8	0.040	0.086	0.044	0.027	0.043	0.081	0.124	0.123	0.146	0.069
9	0.033	0.071	0.033	0.022	0.035	0.065	0.101	0.098	0.118	0.056
10	0.026	0.052	0.028	0.018	0.029	0.052	0.085	0.078	0.097	0.046
11	0.022	0.042	0.023	0.014	0.024	0.041	0.072	0.064	0.080	0.038
12	0.019	0.038	0.020	0.011	0.020	0.033	0.059	0.053	0.065	0.031
13	0.016	0.032	0.016	0.008	0.015	0.027	0.051	0.042	0.053	0.025
14	0.013	0.024	0.012	0.005	0.011	0.022	0.042	0.031	0.042	0.020

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	Unisex/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
1	0.810	0.788	0.781	0.786	0.792	0.770	0.808	0.810	0.855	0.789
2	0.347	0.580	0.522	0.482	0.515	0.554	0.622	0.636	0.706	0.543
3	0.167	0.452	0.341	0.287	0.323	0.377	0.440	0.458	0.533	0.357
4	0.098	0.348	0.240	0.190	0.213	0.270	0.320	0.341	0.407	0.248
5	0.075	0.261	0.166	0.130	0.153	0.196	0.246	0.264	0.312	0.181
6	0.060	0.179	0.119	0.098	0.112	0.148	0.190	0.208	0.243	0.137
7	0.048	0.120	0.086	0.078	0.083	0.112	0.152	0.162	0.189	0.106
8	0.040	0.095	0.067	0.059	0.062	0.085	0.121	0.128	0.149	0.082
9	0.033	0.077	0.052	0.048	0.049	0.066	0.098	0.103	0.120	0.065
10	0.027	0.060	0.043	0.040	0.039	0.053	0.080	0.084	0.099	0.053
11	0.022	0.047	0.033	0.031	0.032	0.042	0.066	0.069	0.082	0.043
12	0.019	0.039	0.027	0.026	0.025	0.034	0.055	0.057	0.066	0.035
13	0.016	0.032	0.022	0.020	0.019	0.027	0.045	0.046	0.054	0.028
14	0.013	0.025	0.017	0.015	0.014	0.022	0.036	0.037	0.043	0.022

Maximum Incidence Allowed	Per Accident: Coverage Limit Factor
1	1.00
2	1.11
3	1.21
4	1.30
5	1.33
6	1.38

Pre-Existing Condition Limitation (Months)	Coverage Limit Factor
0/0	1.08
3/6	1.05
6/6	1.03
3/12	1.03
6/12	1.02
9/12	1.01
12/12	1.00

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Table XXXIX(A).1D
Sickness – Hospital Benefits – Hospital Confinement

	Male/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	2.824	4.258	3.907	3.823	3.783	3.855	4.264	4.656	5.026	3.931
1	1.824	3.258	2.907	2.823	2.783	2.855	3.264	3.656	4.026	2.931
2	1.016	2.482	2.176	2.088	2.028	2.094	2.469	2.859	3.184	2.170
3	0.660	1.896	1.625	1.559	1.478	1.536	1.858	2.243	2.497	1.608
4	0.488	1.434	1.205	1.180	1.084	1.146	1.426	1.792	1.972	1.209
5	0.386	1.076	0.889	0.906	0.802	0.862	1.109	1.451	1.568	0.920
6	0.309	0.803	0.668	0.712	0.595	0.654	0.870	1.184	1.253	0.708
7	0.245	0.611	0.508	0.564	0.445	0.494	0.687	0.971	1.003	0.548
8	0.197	0.481	0.394	0.444	0.334	0.376	0.539	0.803	0.810	0.423
9	0.157	0.377	0.304	0.352	0.254	0.288	0.421	0.669	0.659	0.329
10	0.124	0.293	0.234	0.277	0.191	0.220	0.327	0.560	0.537	0.254
11	0.096	0.224	0.175	0.215	0.142	0.166	0.252	0.471	0.436	0.194
12	0.073	0.172	0.131	0.167	0.103	0.123	0.191	0.396	0.353	0.146
13	0.053	0.132	0.097	0.126	0.072	0.089	0.141	0.334	0.285	0.107
14	0.037	0.100	0.069	0.094	0.050	0.062	0.101	0.283	0.230	0.077

	Female/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	2.791	4.069	3.201	2.838	3.139	3.770	4.587	4.503	5.039	3.584
1	1.791	3.069	2.201	1.838	2.139	2.770	3.587	3.503	4.039	2.584
2	0.980	2.270	1.369	1.001	1.310	1.990	2.765	2.680	3.171	1.767
3	0.642	1.697	0.876	0.565	0.831	1.441	2.132	2.023	2.447	1.242
4	0.481	1.254	0.614	0.371	0.579	1.077	1.684	1.558	1.905	0.928
5	0.386	0.916	0.449	0.265	0.434	0.821	1.361	1.217	1.496	0.720
6	0.314	0.666	0.338	0.198	0.336	0.638	1.108	0.956	1.188	0.570
7	0.257	0.500	0.261	0.151	0.262	0.502	0.911	0.752	0.952	0.456
8	0.210	0.390	0.203	0.115	0.207	0.396	0.756	0.596	0.768	0.368
9	0.170	0.303	0.159	0.087	0.164	0.315	0.632	0.473	0.622	0.300
10	0.137	0.232	0.126	0.065	0.129	0.250	0.531	0.375	0.504	0.244
11	0.110	0.181	0.098	0.048	0.100	0.199	0.446	0.297	0.407	0.198
12	0.088	0.138	0.075	0.034	0.076	0.158	0.373	0.234	0.327	0.160
13	0.070	0.100	0.055	0.023	0.057	0.124	0.315	0.180	0.262	0.130
14	0.053	0.069	0.039	0.015	0.042	0.097	0.264	0.139	0.209	0.104

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	Unisex/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	2.808	4.164	3.554	3.330	3.461	3.813	4.425	4.579	5.032	3.757
1	1.808	3.164	2.554	2.330	2.461	2.813	3.425	3.579	4.032	2.757
2	0.998	2.376	1.773	1.544	1.669	2.042	2.617	2.769	3.178	1.968
3	0.651	1.796	1.251	1.062	1.154	1.489	1.995	2.133	2.472	1.425
4	0.484	1.344	0.910	0.776	0.831	1.112	1.555	1.675	1.939	1.068
5	0.386	0.996	0.669	0.585	0.618	0.842	1.235	1.334	1.532	0.820
6	0.311	0.734	0.503	0.455	0.465	0.646	0.989	1.070	1.220	0.639
7	0.251	0.555	0.385	0.357	0.353	0.498	0.799	0.861	0.978	0.502
8	0.203	0.435	0.299	0.279	0.270	0.386	0.647	0.699	0.789	0.396
9	0.164	0.340	0.232	0.220	0.209	0.301	0.526	0.571	0.641	0.314
10	0.130	0.263	0.180	0.171	0.160	0.235	0.429	0.468	0.521	0.249
11	0.103	0.202	0.136	0.131	0.121	0.182	0.349	0.384	0.422	0.196
12	0.081	0.155	0.103	0.100	0.090	0.140	0.282	0.315	0.340	0.153
13	0.062	0.116	0.076	0.075	0.064	0.107	0.228	0.257	0.273	0.118
14	0.045	0.084	0.054	0.055	0.046	0.080	0.183	0.211	0.220	0.091

Pre-Existing Condition Limitation (Months)	Coverage Limit Factor
0/0	1.08
3/6	1.05
6/6	1.03
3/12	1.03
6/12	1.02
9/12	1.01
12/12	1.00

In addition to a Waiting Period and Pre-Existing Condition Coverage Limit Factors, a Maximum Confinement Period Coverage Limit Factor is required. The factors for Sickness are the same as the factor for Accident. Please reference ***Table XXXIX(A).1A: Accident – Hospital Benefits – Hospital Confinement*** for the appropriate factor to apply for Sickness – Hospital Confinement coverage.

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Table XXXIX(A).1E
Other Benefits – Health Screening Benefit

Waiting Period (Months)	Coverage Limit Factor
0	1.6
3	1.4
6	1.2
9	1.1
12	1.0

Table XXXIX(A).1F
Other Benefits – Lodging Benefit (Accident & Sickness Coverage)

	Male/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	2.824	4.258	3.907	3.823	3.783	3.855	4.264	4.656	5.026	3.931
1	1.886	3.320	2.969	2.884	2.844	2.916	3.325	3.718	4.087	2.993
2	1.127	2.591	2.283	2.194	2.136	2.202	2.579	2.969	3.298	2.278
3	0.793	2.041	1.766	1.698	1.619	1.678	2.006	2.391	2.652	1.750
4	0.631	1.608	1.371	1.343	1.250	1.312	1.600	1.968	2.160	1.376
5	0.536	1.271	1.074	1.085	0.986	1.046	1.303	1.648	1.780	1.105
6	0.463	1.015	0.867	0.903	0.790	0.851	1.078	1.397	1.484	0.906
7	0.404	0.835	0.717	0.764	0.650	0.700	0.907	1.197	1.251	0.755
8	0.358	0.713	0.609	0.651	0.546	0.590	0.768	1.039	1.069	0.639
9	0.321	0.615	0.526	0.565	0.470	0.507	0.657	0.914	0.928	0.550
10	0.290	0.536	0.459	0.495	0.411	0.443	0.568	0.812	0.813	0.479
11	0.264	0.471	0.404	0.436	0.366	0.393	0.498	0.728	0.718	0.423
12	0.242	0.423	0.363	0.391	0.329	0.352	0.441	0.657	0.640	0.378
13	0.224	0.385	0.331	0.353	0.300	0.320	0.394	0.600	0.576	0.342
14	0.208	0.355	0.305	0.323	0.279	0.295	0.357	0.552	0.524	0.313

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	Female/Age Coverage Limit Factors									
Waiting Period (Days)	0	10	15	25	35	45	55	65	75	Work Pop
0	2.791	4.069	3.201	2.838	3.139	3.770	4.587	4.503	5.039	3.584
1	1.853	3.130	2.262	1.899	2.201	2.832	3.648	3.564	4.100	2.645
2	1.091	2.381	1.482	1.114	1.422	2.100	2.877	2.792	3.286	1.878
3	0.774	1.842	1.019	0.705	0.972	1.584	2.283	2.175	2.607	1.386
4	0.623	1.427	0.773	0.522	0.736	1.243	1.862	1.739	2.098	1.091
5	0.534	1.109	0.618	0.423	0.600	1.003	1.559	1.418	1.714	0.896
6	0.466	0.875	0.514	0.360	0.508	0.831	1.322	1.174	1.425	0.755
7	0.412	0.719	0.442	0.316	0.439	0.703	1.137	0.983	1.203	0.649
8	0.368	0.616	0.388	0.282	0.387	0.603	0.991	0.836	1.031	0.566
9	0.331	0.535	0.346	0.256	0.347	0.528	0.875	0.721	0.893	0.501
10	0.300	0.468	0.315	0.236	0.314	0.466	0.780	0.629	0.783	0.449
11	0.275	0.420	0.289	0.219	0.287	0.418	0.700	0.555	0.692	0.406
12	0.254	0.380	0.267	0.206	0.264	0.380	0.632	0.496	0.617	0.371
13	0.237	0.344	0.249	0.196	0.246	0.348	0.577	0.446	0.555	0.342
14	0.222	0.314	0.233	0.189	0.232	0.323	0.529	0.407	0.506	0.318

	Unisex/Age Coverage Limit Factors									
Waiting Period (Days)	0	10	15	25	35	45	55	65	75	Work Pop
0	2.808	4.164	3.554	3.330	3.461	3.813	4.425	4.579	5.032	3.757
1	1.869	3.225	2.615	2.392	2.523	2.874	3.487	3.641	4.094	2.819
2	1.109	2.486	1.882	1.654	1.779	2.151	2.728	2.880	3.292	2.078
3	0.784	1.942	1.392	1.202	1.296	1.631	2.145	2.283	2.629	1.568
4	0.627	1.517	1.072	0.933	0.993	1.278	1.731	1.854	2.129	1.234
5	0.535	1.190	0.846	0.754	0.793	1.024	1.431	1.533	1.747	1.000
6	0.465	0.945	0.691	0.632	0.649	0.841	1.200	1.285	1.455	0.830
7	0.408	0.777	0.579	0.540	0.544	0.702	1.022	1.090	1.227	0.702
8	0.363	0.664	0.498	0.466	0.466	0.597	0.879	0.938	1.050	0.602
9	0.326	0.575	0.436	0.411	0.409	0.517	0.766	0.817	0.910	0.526
10	0.295	0.502	0.387	0.365	0.362	0.455	0.674	0.720	0.798	0.464
11	0.269	0.446	0.346	0.328	0.326	0.405	0.599	0.642	0.705	0.415
12	0.248	0.401	0.315	0.299	0.297	0.366	0.537	0.577	0.628	0.375
13	0.230	0.365	0.290	0.275	0.273	0.334	0.486	0.523	0.566	0.342
14	0.215	0.335	0.269	0.256	0.255	0.309	0.443	0.479	0.515	0.316

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	Males/Age Coverage Limit Factors										Females/Age Coverage Limit Factors									
Nights Lodging (Days)	0	10	15	25	35	45	55	65	75	Work Pop	0	10	15	25	35	45	55	65	75	Work Pop
7	2.35	3.14	2.94	2.75	2.89	2.87	2.98	3.02	3.31	2.87	2.32	3.14	2.69	2.53	2.63	2.82	3.07	3.15	3.43	2.75
8	2.41	3.29	3.07	2.91	3.05	3.04	3.15	3.21	3.54	3.04	2.36	3.27	2.76	2.58	2.71	2.97	3.24	3.34	3.63	2.86
9	2.45	3.41	3.19	3.02	3.16	3.17	3.31	3.38	3.72	3.16	2.40	3.37	2.84	2.61	2.76	3.07	3.39	3.49	3.81	2.95
10	2.49	3.52	3.28	3.11	3.27	3.28	3.45	3.52	3.87	3.27	2.45	3.50	2.88	2.64	2.80	3.17	3.50	3.63	3.95	3.02
11	2.54	3.65	3.40	3.24	3.34	3.36	3.56	3.63	4.01	3.37	2.49	3.57	2.92	2.67	2.85	3.26	3.61	3.74	4.08	3.09
12	2.56	3.76	3.48	3.30	3.41	3.44	3.65	3.75	4.14	3.45	2.53	3.61	2.95	2.70	2.89	3.32	3.73	3.83	4.20	3.15
13	2.60	3.83	3.55	3.38	3.50	3.51	3.76	3.86	4.26	3.54	2.55	3.67	2.98	2.73	2.93	3.38	3.80	3.95	4.32	3.21
14	2.64	3.90	3.61	3.46	3.55	3.57	3.85	3.95	4.37	3.61	2.59	3.75	3.03	2.76	2.97	3.45	3.90	4.05	4.43	3.26
15	2.69	3.95	3.68	3.52	3.60	3.63	3.94	4.02	4.47	3.67	2.62	3.82	3.06	2.78	3.01	3.50	3.96	4.12	4.52	3.31
16	2.73	4.00	3.76	3.57	3.64	3.68	4.03	4.09	4.54	3.73	2.65	3.87	3.10	2.79	3.04	3.55	4.01	4.18	4.60	3.34
17	2.76	4.07	3.77	3.62	3.69	3.74	4.10	4.15	4.62	3.79	2.67	3.93	3.12	2.81	3.05	3.59	4.09	4.24	4.67	3.38
18	2.79	4.12	3.79	3.70	3.75	3.79	4.15	4.20	4.68	3.85	2.71	4.04	3.15	2.83	3.07	3.62	4.16	4.30	4.73	3.41
19	2.80	4.16	3.86	3.74	3.77	3.85	4.18	4.25	4.73	3.88	2.73	4.06	3.17	2.83	3.09	3.65	4.21	4.34	4.78	3.44
20	2.81	4.19	3.88	3.77	3.78	3.85	4.20	4.30	4.78	3.90	2.75	4.07	3.18	2.84	3.11	3.67	4.26	4.37	4.82	3.47
21	2.82	4.21	3.90	3.79	3.78	3.85	4.22	4.34	4.82	3.91	2.76	4.07	3.19	2.84	3.12	3.69	4.31	4.40	4.85	3.49
22	2.82	4.23	3.90	3.80	3.78	3.85	4.23	4.37	4.85	3.92	2.77	4.07	3.19	2.84	3.12	3.70	4.35	4.42	4.88	3.50
23	2.82	4.24	3.91	3.81	3.78	3.85	4.24	4.41	4.88	3.92	2.78	4.07	3.20	2.84	3.13	3.72	4.38	4.44	4.91	3.51
24	2.82	4.24	3.91	3.81	3.78	3.85	4.25	4.43	4.90	3.92	2.78	4.07	3.20	2.84	3.13	3.73	4.41	4.45	4.93	3.53
25	2.82	4.25	3.91	3.82	3.78	3.85	4.25	4.46	4.92	3.93	2.78	4.07	3.20	2.84	3.13	3.74	4.44	4.46	4.95	3.53
26	2.82	4.25	3.91	3.82	3.78	3.85	4.26	4.48	4.94	3.93	2.79	4.07	3.20	2.84	3.14	3.74	4.46	4.47	4.96	3.54
27	2.82	4.25	3.91	3.82	3.78	3.85	4.26	4.50	4.95	3.93	2.79	4.07	3.20	2.84	3.14	3.75	4.48	4.48	4.98	3.55
28	2.82	4.25	3.91	3.82	3.78	3.85	4.26	4.52	4.96	3.93	2.79	4.07	3.20	2.84	3.14	3.75	4.49	4.48	4.99	3.55
29	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.54	4.97	3.93	2.79	4.07	3.20	2.84	3.14	3.76	4.51	4.49	5.00	3.56
30	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.55	4.98	3.93	2.79	4.07	3.20	2.84	3.14	3.76	4.52	4.49	5.00	3.56
31	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.57	4.99	3.93	2.79	4.07	3.20	2.84	3.14	3.76	4.53	4.49	5.01	3.57
32	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.58	5.00	3.93	2.79	4.07	3.20	2.84	3.14	3.76	4.54	4.50	5.02	3.57
33	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.59	5.00	3.93	2.79	4.07	3.20	2.84	3.14	3.76	4.54	4.50	5.02	3.57
34	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.59	5.01	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.55	4.50	5.02	3.57
35	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.60	5.01	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.56	4.50	5.03	3.57
36	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.61	5.01	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.56	4.50	5.03	3.58
37	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.62	5.01	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.56	4.50	5.03	3.58
38	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.62	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.57	4.50	5.03	3.58
39	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.62	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.57	4.50	5.03	3.58
40	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.63	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.57	4.50	5.03	3.58
41	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.63	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.03	3.58
42	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.64	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
43	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.64	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
44	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.64	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
45	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.64	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
46	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.64	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
47	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
48	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
49	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58

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	Males/Age Coverage Limit Factors										Females/Age Coverage Limit Factors									
Nights Lodging (Days)	0	10	15	25	35	45	55	65	75	Work Pop	0	10	15	25	35	45	55	65	75	Work Pop
50	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.02	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
51	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
52	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.58	4.50	5.04	3.58
53	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
54	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
55	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
56	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
57	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
58	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
59	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
60	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
61	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
62	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.65	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58
63-180	2.82	4.26	3.91	3.82	3.78	3.85	4.26	4.66	5.03	3.93	2.79	4.07	3.20	2.84	3.14	3.77	4.59	4.50	5.04	3.58

	Unisex/Age Coverage Limit Factors									
Nights Lodging (Days)	0	10	15	25	35	45	55	65	75	Work Pop
7	2.33	3.14	2.81	2.63	2.76	2.85	3.02	3.08	3.37	2.81
8	2.38	3.28	2.92	2.74	2.87	3.00	3.20	3.27	3.59	2.95
9	2.43	3.39	3.01	2.81	2.96	3.12	3.35	3.43	3.76	3.05
10	2.47	3.51	3.07	2.87	3.03	3.22	3.47	3.57	3.91	3.15
11	2.51	3.61	3.16	2.95	3.09	3.31	3.59	3.69	4.04	3.23
12	2.55	3.68	3.21	3.00	3.15	3.38	3.69	3.79	4.17	3.30
13	2.58	3.75	3.27	3.06	3.21	3.45	3.78	3.90	4.29	3.37
14	2.62	3.83	3.32	3.11	3.26	3.51	3.88	4.00	4.40	3.44
15	2.65	3.88	3.37	3.15	3.31	3.57	3.95	4.07	4.49	3.49
16	2.69	3.94	3.43	3.18	3.34	3.61	4.02	4.14	4.57	3.53
17	2.72	4.00	3.44	3.22	3.37	3.66	4.10	4.20	4.64	3.59
18	2.75	4.08	3.47	3.26	3.41	3.71	4.15	4.25	4.70	3.63
19	2.77	4.11	3.51	3.29	3.43	3.75	4.20	4.30	4.75	3.66
20	2.78	4.13	3.53	3.30	3.44	3.76	4.23	4.34	4.80	3.68
21	2.79	4.14	3.54	3.31	3.45	3.77	4.26	4.37	4.83	3.70
22	2.79	4.15	3.55	3.32	3.45	3.78	4.29	4.40	4.87	3.71
23	2.80	4.15	3.55	3.32	3.46	3.79	4.31	4.42	4.89	3.72
24	2.80	4.16	3.55	3.33	3.46	3.79	4.33	4.44	4.92	3.73
25	2.80	4.16	3.55	3.33	3.46	3.80	4.34	4.46	4.93	3.73
26	2.80	4.16	3.55	3.33	3.46	3.80	4.36	4.48	4.95	3.74
27	2.81	4.16	3.55	3.33	3.46	3.80	4.37	4.49	4.96	3.74
28	2.81	4.16	3.55	3.33	3.46	3.80	4.38	4.50	4.98	3.74
29	2.81	4.16	3.55	3.33	3.46	3.81	4.38	4.51	4.99	3.74
30	2.81	4.16	3.55	3.33	3.46	3.81	4.39	4.52	4.99	3.75
31	2.81	4.16	3.55	3.33	3.46	3.81	4.39	4.53	5.00	3.75
32	2.81	4.16	3.55	3.33	3.46	3.81	4.40	4.54	5.01	3.75

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	Unisex/Age Coverage Limit Factors									
Nights Lodging (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
33	2.81	4.16	3.55	3.33	3.46	3.81	4.40	4.54	5.01	3.75
34	2.81	4.16	3.55	3.33	3.46	3.81	4.41	4.55	5.01	3.75
35	2.81	4.16	3.55	3.33	3.46	3.81	4.41	4.55	5.02	3.75
36	2.81	4.16	3.55	3.33	3.46	3.81	4.41	4.55	5.02	3.75
37	2.81	4.16	3.55	3.33	3.46	3.81	4.41	4.56	5.02	3.75
38	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.56	5.02	3.75
39	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.56	5.03	3.76
40	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
41	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
42	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
43	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
44	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
45	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
46	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
47	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
48	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.57	5.03	3.76
49	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
50	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
51	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
52	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
53	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
54	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
55	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
56	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
57	2.81	4.16	3.55	3.33	3.46	3.81	4.42	4.58	5.03	3.76
58-180	2.81	4.16	3.55	3.33	3.46	3.81	4.43	4.58	5.03	3.76

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Table XXXIX(A).1G
Other Benefits – Lodging Benefit (Accident Coverage Only)

	Coverage Limit Factor		
Age	**Male**	**Female**	**Unisex**
0	2.824	2.791	2.808
10	4.258	4.069	4.164
15	3.907	3.201	3.554
25	3.823	2.838	3.330
35	3.783	3.139	3.461
45	3.855	3.770	3.813
55	4.264	4.587	4.425
65	4.656	4.503	4.579
75	5.026	5.039	5.032
Work Pop	3.931	3.584	3.757

In addition to an Age/Gender Coverage Limit Factors, a Nights Lodging Coverage Limit Factor is required. The factors are the same as those used for Lodging Benefit (Accident & Sickness coverage). Please reference ***Table XXXIX(A).1F: Other Benefits – Lodging Benefit (Accident & Sickness Coverage)*** for the appropriate factors.

Table XXXIX(A).1H
Other Benefits – Supplemental Confinement Benefit (Accident & Sickness Coverage)

	Male/Age Coverage Limit Factors									
Waiting Period (Days)	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
0	2.694	4.026	3.700	3.622	3.585	3.651	4.031	4.396	4.739	3.722
1	1.823	3.154	2.828	2.750	2.713	2.780	3.160	3.524	3.867	2.851
2	1.118	2.478	2.191	2.109	2.055	2.117	2.467	2.829	3.134	2.187
3	0.808	1.967	1.711	1.649	1.575	1.630	1.934	2.292	2.534	1.697
4	0.658	1.564	1.345	1.318	1.232	1.290	1.558	1.899	2.077	1.349
5	0.569	1.252	1.069	1.079	0.987	1.043	1.281	1.602	1.725	1.097
6	0.501	1.014	0.876	0.910	0.805	0.862	1.073	1.369	1.450	0.912
7	0.446	0.847	0.737	0.781	0.675	0.722	0.914	1.183	1.233	0.773
8	0.404	0.733	0.637	0.676	0.579	0.619	0.784	1.037	1.064	0.664
9	0.369	0.643	0.560	0.596	0.508	0.542	0.681	0.920	0.933	0.582
10	0.340	0.570	0.498	0.531	0.453	0.483	0.599	0.825	0.826	0.517
11	0.316	0.509	0.446	0.476	0.411	0.436	0.534	0.747	0.738	0.464
12	0.296	0.464	0.409	0.435	0.377	0.398	0.481	0.682	0.665	0.423
13	0.279	0.429	0.378	0.400	0.350	0.369	0.437	0.628	0.606	0.389
14	0.265	0.401	0.355	0.371	0.330	0.345	0.403	0.584	0.558	0.362

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	Female/Age Coverage Limit Factors									
Waiting Period (Days)	0	10	15	25	35	45	55	65	75	Work Pop
0	2.663	3.850	3.044	2.707	2.987	3.573	4.331	4.253	4.751	3.399
1	1.792	2.978	2.172	1.835	2.115	2.701	3.459	3.381	3.879	2.528
2	1.085	2.282	1.447	1.106	1.392	2.021	2.743	2.664	3.123	1.816
3	0.790	1.782	1.018	0.726	0.974	1.542	2.192	2.092	2.492	1.359
4	0.650	1.397	0.789	0.556	0.755	1.225	1.801	1.686	2.019	1.084
5	0.567	1.101	0.645	0.464	0.628	1.002	1.519	1.389	1.663	0.903
6	0.504	0.883	0.549	0.406	0.543	0.843	1.299	1.161	1.395	0.773
7	0.454	0.739	0.482	0.364	0.479	0.724	1.127	0.984	1.189	0.674
8	0.414	0.643	0.431	0.333	0.430	0.632	0.992	0.848	1.029	0.597
9	0.379	0.568	0.393	0.309	0.393	0.561	0.884	0.741	0.901	0.537
10	0.350	0.506	0.363	0.290	0.363	0.505	0.796	0.655	0.798	0.488
11	0.327	0.461	0.339	0.275	0.338	0.460	0.721	0.587	0.714	0.448
12	0.307	0.424	0.319	0.263	0.317	0.424	0.658	0.532	0.644	0.415
13	0.291	0.391	0.302	0.253	0.300	0.395	0.607	0.485	0.587	0.389
14	0.277	0.363	0.288	0.246	0.287	0.371	0.563	0.449	0.541	0.367

	Unisex/Age Coverage Limit Factors									
Waiting Period (Days)	0	10	15	25	35	45	55	65	75	Work Pop
0	2.679	3.938	3.372	3.164	3.286	3.612	4.181	4.324	4.745	3.561
1	1.807	3.066	2.500	2.293	2.414	2.740	3.309	3.453	3.873	2.689
2	1.101	2.380	1.819	1.607	1.724	2.069	2.605	2.746	3.128	2.001
3	0.799	1.875	1.364	1.187	1.275	1.586	2.063	2.192	2.513	1.528
4	0.654	1.480	1.067	0.937	0.993	1.258	1.679	1.793	2.048	1.217
5	0.568	1.177	0.857	0.772	0.808	1.023	1.400	1.495	1.694	1.000
6	0.503	0.949	0.713	0.658	0.674	0.852	1.186	1.265	1.422	0.842
7	0.450	0.793	0.609	0.573	0.577	0.723	1.020	1.083	1.211	0.723
8	0.409	0.688	0.534	0.505	0.504	0.625	0.888	0.942	1.046	0.631
9	0.374	0.605	0.476	0.453	0.451	0.551	0.783	0.830	0.917	0.559
10	0.345	0.538	0.431	0.411	0.408	0.494	0.698	0.740	0.812	0.502
11	0.321	0.485	0.393	0.376	0.374	0.448	0.628	0.667	0.726	0.456
12	0.302	0.444	0.364	0.349	0.347	0.411	0.570	0.607	0.655	0.419
13	0.285	0.410	0.340	0.326	0.325	0.382	0.522	0.557	0.597	0.389
14	0.271	0.382	0.321	0.309	0.309	0.358	0.483	0.516	0.550	0.365

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Table XXXIX(A).1I
Other Benefits – Supplemental Confinement Benefit (Accident Coverage Only)

	Coverage Limit Factor		
Age	**Male**	**Female**	**Unisex**
0	1.811	1.796	1.803
10	2.448	2.364	2.406
15	2.292	1.978	2.135
25	2.255	1.817	2.036
35	2.237	1.951	2.094
45	2.269	2.231	2.250
55	2.451	2.594	2.522
65	2.625	2.557	2.591
75	2.789	2.795	2.792
Work Pop	2.303	2.148	2.225

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Table XXXIX(A).2 – Base Monthly Premium Rates per $1,000 of Category Benefit Amount

Category	Sub-Category	Covered Event	Rate
Accident-Hospital	Hospital Admission	Non-ICU Hospital Admission	0.6406
Accident-Hospital	Hospital Admission	Intensive Care Unit Admission	0.0712
Accident-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	0.6406
Accident-Hospital	Hospital Confinement	Intensive Care Unit Confinement	0.0712
Accident-Hospital	Inpatient Rehabilitation	Inpatient Rehabilitation	0.8898
Other	Health Screening	Health Screening Benefit	23.6111
Other	Lodging	Lodging Benefit (Accident & Sickness Coverage)	2.8974
Other	Lodging	Lodging Benefit (Accident Coverage Only)	0.1780
Other	Supplemental Confinement	Supplemental Confinement Benefit (Accident & Sickness Coverage)	12.4794
Other	Supplemental Confinement	Supplemental Confinement Benefit (Accident Coverage Only)	1.6016
Sickness-Hospital	Hospital Admission	Non-ICU Hospital Admission	9.7901
Sickness-Hospital	Hospital Admission	Intensive Care Unit Admission	1.0878
Sickness-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	9.7901
Sickness-Hospital	Hospital Confinement	Intensive Care Unit Confinement	1.0878

Table XXXIX(A).3 – Utilization Rates

The table below contains Utilization Rates for various Covered Events. The appropriate rate is determined by the percentiles of the maximum benefit range per the Schedule of Benefits. All Covered Events not shown below have a Utilization Rate of 100%.

			Percentile of Maximum Benefit Amount Filed				
Category	**Sub-Category**	**Covered Event**	**0%**	**25%**	**50%**	**75%**	**100%**
Accident-Hospital	Inpatient Rehabilitation	Inpatient Rehabilitation	100.0%	100.0%	100.0%	100.0%	150.0%
Other	Health Screening	Health Screening Benefit	0.0%	88.2%	100.0%	111.8%	123.5%
Other	Lodging	Lodging Benefit	100.0%	100.0%	100.0%	100.0%	150.0%

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Table XXXIX(A).4 –Age Adjustment

			Males – Age									
Category	**Sub Category**	**Covered Event**	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
Accident-Hospital	Hospital Admission	Non-ICU Hospital Admission	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Accident-Hospital	Hospital Admission	Intensive Care Unit Admission	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Accident-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Accident-Hospital	Hospital Confinement	Intensive Care Unit Confinement	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Accident-Hospital	Inpatient Rehabilitation	Inpatient Rehabilitation	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Other	Health Screening	Health Screening Benefit	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	Lodging	Lodging Benefit	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Other	Supplemental Confinement	Supplemental Confinement Benefit	1.326	1.466	1.616	1.330	1.152	1.033	0.837	1.181	1.181	1.088
Sickness-Hospital	Hospital Admission	Non-ICU Hospital Admission	0.400	0.400	0.500	0.500	0.500	1.000	1.800	3.100	6.100	0.950
Sickness-Hospital	Hospital Admission	Intensive Care Unit Admission	0.400	0.400	0.500	0.500	0.500	1.000	1.800	3.100	6.100	0.950
Sickness-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	0.400	0.400	0.500	0.500	0.500	1.000	1.800	3.100	6.100	0.950
Sickness-Hospital	Hospital Confinement	Intensive Care Unit Confinement	0.400	0.400	0.500	0.500	0.500	1.000	1.800	3.100	6.100	0.950

			Females - Age									
Category	**Sub Category**	**Covered Event**	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
Accident-Hospital	Hospital Admission	Non-ICU Hospital Admission	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895
Accident-Hospital	Hospital Admission	Intensive Care Unit Admission	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895
Accident-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895
Accident-Hospital	Hospital Confinement	Intensive Care Unit Confinement	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895
Accident-Hospital	Inpatient Rehabilitation	Inpatient Rehabilitation	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895
Other	Health Screening	Health Screening Benefit	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	Lodging	Lodging Benefit	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895
Other	Supplemental Confinement	Supplemental Confinement Benefit	1.090	1.206	1.328	1.093	0.947	0.850	0.688	0.971	0.971	0.895

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			Females - Age									
Category	**Sub Category**	**Covered Event**	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
Sickness-Hospital	Hospital Admission	Non-ICU Hospital Admission	0.400	0.400	0.700	0.700	0.700	1.000	1.800	2.900	5.300	1.050
Sickness-Hospital	Hospital Admission	Intensive Care Unit Admission	0.400	0.400	0.700	0.700	0.700	1.000	1.800	2.900	5.300	1.050
Sickness-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	0.400	0.400	0.700	0.700	0.700	1.000	1.800	2.900	5.300	1.050
Sickness-Hospital	Hospital Confinement	Intensive Care Unit Confinement	0.400	0.400	0.700	0.700	0.700	1.000	1.800	2.900	5.300	1.050

			Unisex - Age									
Category	**Sub Category**	**Covered Event**	**0**	**10**	**15**	**25**	**35**	**45**	**55**	**65**	**75**	**Work Pop**
Accident-Hospital	Hospital Admission	Non-ICU Hospital Admission	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Accident-Hospital	Hospital Admission	Intensive Care Unit Admission	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Accident-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Accident-Hospital	Hospital Confinement	Intensive Care Unit Confinement	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Accident-Hospital	Inpatient Rehabilitation	Inpatient Rehabilitation	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Other	Health Screening	Health Screening Benefit	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000
Other	Lodging	Lodging Benefit	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Other	Supplemental Confinement	Supplemental Confinement Benefit	1.208	1.336	1.472	1.212	1.050	0.942	0.763	1.076	1.076	0.991
Sickness-Hospital	Hospital Admission	Non-ICU Hospital Admission	0.400	0.400	0.600	0.600	0.600	1.000	1.800	3.000	5.700	1.000
Sickness-Hospital	Hospital Admission	Intensive Care Unit Admission	0.400	0.400	0.600	0.600	0.600	1.000	1.800	3.000	5.700	1.000
Sickness-Hospital	Hospital Confinement	Non-ICU Hospital Confinement	0.400	0.400	0.600	0.600	0.600	1.000	1.800	3.000	5.700	1.000
Sickness-Hospital	Hospital Confinement	Intensive Care Unit Confinement	0.400	0.400	0.600	0.600	0.600	1.000	1.800	3.000	5.700	1.000

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Table XXXIX(A).5 – ADEA Schedule Adjustment Factors

Any of the following benefit schedule factors agreed upon by MetLife and the group policyholder may be applied.

Schedule 1

Age	Factor
65 – 69	0.75
70+	0.50

Schedule 2

Age	Factor
70 - 74	0.75
75+	0.50

Schedule 3

Age	Factor
70+	0.50

Schedule 4

Age	Factor
65+	0.50

Schedule 5

Age	Factor
65 – 69	0.50
70+	0.25

Schedule 6

Age	Factor
70 – 74	0.65
75 – 79	0.45
80+	0.30

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Table XXXIX(A).6 – Exclusions

Accident

Brief Description	Factor
Cosmetic Surgery Exception	102%
Mental Illness	110%
Military Service	102%
Aviation	101%
Parachuting	101%
Auto Racing	101%
Pro Sports	120%
On the Job	78%
Bungee Jumping	100.25%
Base Jumping	100.25%
Hang Gliding	100.25%
Para-kiting	100.25%
Sail Gliding	100.25%
Scuba Diving	100.25%
Spelunking	100.25%
Mountaineering	100.25%
International – Medical	101%
International – Hospital	101%
International – Rehab	101%
International - All but Common Carrier	95.5%
International – All	95%

Sickness

Brief Description	Factor
Cosmetic Surgery Exception	102%
Mental Illness	120%
Alcoholism	110%
Military Service	102%
On the Job	97%
Routine Childbirth incl. Cesarean	See Table Below
Cesarean Covered	110%*
International	120%
Well Baby	See Table Below

*Multiply by Childbirth Table below where factors <> 100%

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Group Hospital Indemnity GCERT12-HI

Child Birth Exclusion Factors

	"Exclusion" Included?		Female Rates Factor								
Waiting Period in Days	Delivery	Newborn	0	10	15	25	35	45	55	65	75
0	Y	Y	100%	100%	100%	100%	100%	100%	100%	100%	100%
0	Y	N	100%	100%	125%	150%	125%	105%	100%	100%	100%
0	N	Y	100%	100%	125%	150%	125%	105%	100%	100%	100%
0	N	N	100%	100%	150%	200%	150%	110%	100%	100%	100%
1-2	Y	Y	100%	100%	100%	100%	100%	100%	100%	100%	100%
1-2	Y	N	100%	100%	125%	150%	125%	105%	100%	100%	100%
1-2	N	Y	100%	100%	125%	150%	125%	105%	100%	100%	100%
1-2	N	N	100%	100%	150%	200%	150%	110%	100%	100%	100%
3-4	Y	Y	100%	100%	100%	100%	100%	100%	100%	100%	100%
3-4	Y	N	100%	100%	115%	125%	115%	102%	100%	100%	100%
3-4	N	Y	100%	100%	115%	125%	115%	102%	100%	100%	100%
3-4	N	N	100%	100%	125%	150%	125%	105%	100%	100%	100%
5-6	Y	Y	100%	100%	100%	100%	100%	100%	100%	100%	100%
5-6	Y	N	100%	100%	110%	120%	110%	102%	100%	100%	100%
5-6	N	Y	100%	100%	110%	120%	110%	102%	100%	100%	100%
5-6	N	N	100%	100%	115%	125%	115%	101%	100%	100%	100%
7+	Y	Y	100%	100%	100%	100%	100%	100%	100%	100%	100%
7+	Y	N	100%	100%	105%	110%	105%	105%	100%	100%	100%
7+	N	Y	100%	100%	105%	110%	105%	105%	100%	100%	100%
7+	N	N	100%	100%	110%	120%	105%	105%	100%	100%	100%

METROPOLITAN LIFE INSURANCE COMPANY
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Table XXXIX(A).7 –Area Adjustment Factors

State	Adjustment Factor	State	Adjustment Factor
AK	1.2100	MT	1.5300
AL	1.3425	NC	1.1675
AR	1.2875	ND	1.3350
AZ	1.1375	NE	1.0025
CA	0.7375	NH	0.9225
CO	1.1025	NJ	0.7025
CT	0.9900	NM	1.7200
DC	0.6775	NV	1.0850
DE	1.0025	NY	0.6475
FL	1.2150	OH	1.1050
GA	0.9725	OK	1.4550
HI	0.7925	OR	1.1075
IA	1.0575	PA	1.1525
ID	1.0625	RI	1.1350
IL	0.8225	SC	1.2700
IN	1.0025	SD	1.1850
KS	1.0500	TN	1.3025
KY	1.3875	TX	0.9450
LA	1.3525	UT	0.8075
MA	0.7800	VA	0.9050
MD	0.6475	VT	1.2325
ME	1.1900	WA	1.0375
MI	0.9225	WI	1.1025
MN	0.9600	WV	1.7250
MO	1.2600	WY	1.6475
MS	1.4400	US	1.0000

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Table XXXIX(A).8 – Industry Adjustment Factors

SIC	Category	SIC	Category
100 - 999	2	7220 - 7229	6
1000 - 1499	1	7230 - 7259	5
1500 - 1799	3	7260 - 7289	6
1800 - 2399	4	7290	5
2400 - 2499	3	7291-7298	6
2500 - 3299	4	7299	5
3300 - 3319	3	7300 – 7499	6
3320 - 3369	1	7500 - 7509	3
3390 - 3599	3	7510 - 7529	5
3600 - 3699	4	7530 - 7539	3
3700 - 3799	3	7540 – 7549	5
3800 - 3999	4	7600 - 7829	4
4000 - 4799	3	7830 – 7999	5
4800 - 4899	5	8000 - 8999	6
4900 - 4999	3	9100 - 9220	4
5000 - 5539	5	9221 - 9222	2
5540 - 5549	3	9223	4
5550 - 5999	5	9224	2
6000 - 6999	6	9229 – 9729	4
7000 - 7219	5	9900 – 9999	6

Industry Category	Factor
1	1.59
2	1.44
3	1.24
4	1.00
5	0.82
6	0.57

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Table XXXIX(A).9 – Volume Adjustment Factors

Expected Annual Premium	Volume Adjustment Factor
LE $30,000	1.03
$30,001 to $50,000	1.01
$50,001 to $100,000	1.00
$100,001 to $250,000	0.98
$250,001 to $500,000	0.97
$500,001 to $1,000,000	0.95
$1,000,001 to $3,000,000	0.94
$3,000,001 to $5,000,000	0.93
$5,000,001 to $10,000,000	0.92
$10,000,001 +	0.91

Footnotes to Table XXXIX(A).9

1.) For the following additional expense items, the increase to premium would fall in the range of 0.1% to 1.5% for each item. In no event will the total increase to premium for all items combined exceed 3.0%.
   a.) Customized marketing material
   b.) Customized proposals
   c.) More complex administrative structure (due to multiple separations, etc.)
   d.) Customized quotation and underwriting tools
   e.) Customized legal and contractual arrangements
   f.) Customized billing and collections procedures
   g.) Special customer reporting
   h.) Special customer meetings
   i.) Special customer service requirements
   j.) Special printing requirements
   k.) Customized administration manuals
   l.) Special solicitation materials
   m.) Performance guarantees

2.) MetLife may enter into agreements with third parties under which the allowance, if any, paid to the third party for performing certain functions is less than the corresponding allowance implied by the factors above. MetLife may reduce the premium up to 1.5% for each of the following performed by a third party. In no event will the total decrease to premium for all items combined exceed 3.0%.
   a.) Billing and collection
   b.) Preparation of quotes
   c.) Payment of claims
   d.) Payment of broker commissions
   e.) Marketing and promotion
   f.) Issuance of certificates

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Table XXXIX(A).10 – Participation Percentage Adjustment Factors

Participation %		Adjustment Factor
At Least	Less Than	
0%	5%	1.15
5%	10%	1.05
10%	20%	1.00
20%	30%	.98
30%	40%	.96
40%	50%	.95
50%	75%	.94
75%	100%	.93

Table XXXIX(A).11 – Guarantee Period Adjustment Factors

Number of Years Guaranteed	Adjustment Factor
1	1.00
2	1.01
3	1.02
4	1.04
5	1.06

Table XXXIX(A).12 – Commission Scale

Up to 25% level or the actuarial equivalent thereof on a front loaded (i.e., higher first year and lower renewal) basis as agreed upon by MetLife & the policyholder, and based on premium received and earned for the policy period. The standard commission scale is 20%. Commissions other than this will result in a premium adjustment factor.

Commission	Adjustment Factor
0%	0.800
5%	0.842
10%	0.889
15%	0.941
20%	1.000
25%	1.067

Table XXXIX(A).13 – Dependent Coverage Multipliers

The multipliers below apply when census data are not available for dependent spouse and/or child(ren) coverages. The tier used will be agreed upon by MetLife and the group policyholder.

Tier 1

Description	Multiplier
Employee Only	1.000

Tier 2

Description	Multiplier
Employee Only	1.000
Family	3.011

Tier 3

Description	Multiplier
Employee Only	1.000
Employee + 1	2.000
Family	3.648

Tier 4

Description	Multiplier
Employee Only	1.000
Employee + Spouse	2.000
Employee + Child(ren)	2.500
Family	3.800

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	Cover Letter
Attachment(s):	Transmittal Letter- HI [DC] [B13-58] Resubmission.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum
Comments:	Actuarial Memorandum
Attachment(s):	Group HI Act Memo - [NW].pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Justification
Bypass Reason:	The Actuarial Rate Manual is attached under the Rate / Rule Schedule Tab.
Attachment(s):	
Item Status:	
Status Date:	

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

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	Not Applicable.
Attachment(s):	
Item Status:	
Status Date:	

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

Metropolitan Life Insurance Company
Institutional Contracts **MSC39.033,**
1095 Avenue of the Americas
New York, NY 10036
Tel 908-253-2426
mmitru@metlife.com

Maureen A. Mitru
Contract Consultant
Group Voluntary Worksite Business

December 17, 2013

Dept. of Insurance & Securities Reg.
Government of the District of Columbia
810 First Street, N.E., Suite 701
Washington, DC 20002

Re: Group Hospital Indemnity Insurance (GCERT12-HI-fp, et.al.)
Our NAIC Company No. is 65978
Our FEIN is 13-5581829

This is a resubmission of META-129026562 which we withdrew on August 22, 2013.

Dear Sir/Madam:

We enclose for filing, final printed copies of the group hospital indemnity insurance forms described below. These forms are new and do not replace any forms previously filed with the Department. These forms will provide benefits for treatment of an accidental injury or sickness in a hospital. Coverage is provided according to scheduled amounts and is not based on expenses incurred. Please refer to the History of this Filing section below for our responses to the issues raised in the August 5, 2013 disapproval.

Group Certificate

The group certificate is composed of a series of certificate insert forms, each of which is described below. Each of the form numbers starts with the letters GCERT12-HI followed by additional letters to distinguish the insert form. Together, these forms are referred to as the GCERT12-HI certificate series. Benefits are set forth in separate sections for hospital indemnity benefits for treatment of accidental injuries, hospital indemnity benefits for sickness, and other related benefits. The group policyholder will choose those benefit sections to be included in the certificate, and within the benefit sections themselves there are certain benefits that are optional to the group policyholder.

The insert forms for group certificate GCERT12-HI are listed below. If a certificate insert form is optional, this is indicated in the description of the form below. Forms that are not indicated as optional will always be included in the certificate.

GCERT12-HI-fp is the certificate face page.

GCERT12-HI-notice is a page used to provide any state required notices. If no notices are needed, then this page is omitted from the certificate.

GCERT12-HI-toc is the table of contents for the certificate.

GCERT12-HI-cps is a page used to personalize the certificate. In certain cases, such as a noncontributory case, where all certificateholders will have the same coverage, this page may be omitted from the certificate.

GCERT12-HI-sched is the schedule of benefits. Note that the schedule of benefits is fully variable so that we may reflect the actual plan of benefits that applies under the group policyholder's plan.

GCERT12-HI-def is the definitions section of the certificate.

GCERT12-HI-elig-ee provides employee/retiree/member eligibility provisions.

GCERT12-HI-elig-dep provides dependent eligibility provisions. This is an optional page that will be used only when coverage for dependents is provided under the group policy.

GCERT12-HI-hosp-a provides a hospital indemnity benefit for treatment of accidental injuries. Some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-HI-hosp-s provides a hospital indemnity benefit for sickness. This is an optional insert page that will be used only when these benefits are selected by the group policyholder. Additionally, some of the benefits on this page will only be included if requested by the group policyholder.

GCERT12-HI-ob provides certain miscellaneous benefits related to the other benefits provided in the certificate. Each of the benefits on this page is optional and will only be included when selected by the group policyholder. If none of the benefits are selected then this insert page will not be included in the certificate.

GCERT12-HI-age contains an age based benefit reduction. This is an optional insert page that will be used based on our underwriting requirements.

GCERT12-HI-term explains when coverage under the certificate will end.

GCERT12-HI-dr is used to explain the rules that will apply when the group policy is replacing another policy of group hospital indemnity insurance. This is an optional insert page that will be used only we are issuing a new group policy to replace a prior group policy for a group policyholder.

GCERT12-HI-coi contains provisions under which coverage may be continued in various situations as described in the form. If there is no applicable situation where coverage may be continued, then this insert page will not be included in the certificate.

GCERT12-HI-claim contains the claim provisions, including information on how to submit a claim and rules governing payment of claims.

GCERT12-HI-gpro contains the general provisions that are applicable to the certificate.

Related Forms Being Submitted

GAPP12-AX/HI is a group policy application that will be used with group policy form GPNP12-AX.

GPNP12-AX-fp2 is an alternate insert page (GPNP12-AX-fp2) for the face page of group policy form series GPNP12-AX. As stated below, we are requesting to extend the use of group policy form series GPNP12-AX to the forms in this filing. GPNP12-AX-fp-2 will be issued when the policy includes a hospital indemnity certificate. This page may also be used when the group policy includes both a hospital indemnity certificate and an accident insurance certificate or just an accident insurance certificate.

Extension of Use of Previously Approved Forms

We intend to use the following forms previously approved by your Department with the GCERT12-HI certificate series.

Form #	Description	Approval Date	SERFF Tracking #
GPNP12-AX	Group Policy Form series	5/27/13	META-128911888
GPA12-AX	Policy Amendment Form	5/27/13	META-128911888
GPEND12-AX	Policy Endorsement Form	5/27/13	META-128911888
GCR12-AX	Certificate Rider Form	5/27/13	META-128911888
GEF02-1	Enrollment Form series	10/24/03	N/A
GEF09-1	Enrollment Form series	7/13/09	META-126225044

Variable Material

Variable Material is indicated by brackets. Explanations of variables are enclosed for the policy, certificate, and application forms.

History of this Filing

The forms in this submission were originally submitted on May 14, 2013 and following review were ultimately rejected. We withdrew the forms from review and the file was closed on August 22, 2013 (SERFF tracking number META-129026562). We have considered your Department's comments and have made revisions to our filing where appropriate. The following are the comments that were provided in the August 5, 2013 disposition of our filing and MetLife's responses to those comments.

1. Department Comment:
   Amend your "Dependent Child' definition to include the following "partner to a civil union or Civil Union partner and/or dependent."

   MetLife Response:
   Our definition of Dependent Child includes a child of a Civil Union Partner or Domestic Partner. I have highlighted the reference for your convenience.

2. Department Comment:
   Please note that "Emergency Medical Services/Accident" and "Air/Ground Ambulance" are both stand-alone mandated benefits under 31-2801 and 2802 and must be included in all health insurance products.

   MetLife Response:
   We have added benefits for Emergency Medical Services Transportation Benefit and Emergency Medical Services – Accident Benefit as required. Please see page 21.

Marketing Information

The principal market for the forms in this submission is employer groups. Some employers may create single employer trusts to act as policyholder. We may also market these forms to unions, associations, trusts and any other eligible groups recognized in your state.

Actuarial Information

Enclosed is actuarial information in support of this filing.

Foreign Translations

The enclosed certificate forms may be translated into a language other than English. Any such translation will be performed by a professional translation service, and we will obtain certification from such service that the forms, as translated, are an accurate representation of the English language versions. The non-English version of the certificate form will include a disclosure in the foreign language

indicating that the non-English version is a translation of an English language form, and that in any conflict that may arise between the English and translated versions, the English language version of the form will control.

Readability Certification

The officer signing below certifies that the enclosed forms achieve a Flesch Reading Ease Score of:

Form No.	**Readability Score**
GPNP12-AX-fp-2	**51**
GCERT12-HI series	**50**
GAPP12-AX/HI	**51**

If you have any questions or comments that you feel could best be handled by contacting me, please feel free to do so via telephone, fax or e-mail (see upper left-hand corner of page 1 of this letter).

Very truly yours,

Maureen A. Mitru

Howard Koransky

Maureen A. Mitru
Contract Consultant

Howard Koransky
Vice-President

Metropolitan Life Insurance Company
Actuarial Memorandum

Group Hospital Indemnity Insurance
Group Certificate Series GCERT12-HI

1. Scope and Purpose

The purpose of this memorandum is to provide the information and certifications necessary to satisfy the rate filing requirements of your Department. It is not intended for any other purpose. This is an initial filing of the GCERT12-HI certificate series and the corresponding Group Insurance Rate Manual, Section XXXIX(A). This form is new and does not replace any forms previously filed with your Department.

2. Description of Benefits

The group certificate provides a tabular benefit schedule for hospitalization benefits due to accident or sickness. Various related ancillary benefits may also be provided. Detailed descriptions of the benefits are contained in the policy and certificate forms

3. Effective Date

The forms will be implemented after approval when we are ready to market them in your state.

4. Renewability

These policies are Optionally Renewable.

5. Morbidity

Expected claim costs for the benefits provided under the group policy were derived primarily from the most recent available population data. Adjustments to the available population data were made as necessary to reflect the specific policy terms and professional judgment.

The major data sources used as the basis for developing expected claim costs are as follows:

Injury Facts, 2012 Edition
Health, United States, 2011, with Special Feature on Socioeconomic Status and Health
Centers for Disease Control and Prevention (CDC)
U.S. Census

6. Mortality

Mortality assumptions have not been used in the premium rate determination.

7. Lapse

Lapse assumptions have not been used in the premium rate determination.

8. Expenses

The premiums are intended to support the following expense levels. Expense assumptions are primarily based on anticipated company experience. The average expenses are as follows:

Administration, claims, marketing, underwriting, and general overhead:	12.5% of premium
Taxes, Licenses, & Fees:	2.5% of premium
Commissions:	20% of premium
Total Expenses:	35% of premium

9. Underwriting

Underwriting may be performed on prospective insureds by means of questions, including medical questions for some of the benefits offered.

10. Premium Rates

Premium rates were calculated for all plan design options. Various factors may be applied to the basic rates to reflect the specific plan design and benefit options applicable to a given group. All rates and factors are details in the accompanying Rate Manual. Rates may be modified to reflect the existing rate schedule and experience for groups transitioning coverage from another carrier. Premiums may be adjusted prospectively based on experience or in response to changes in selected benefits.

11. Marketing Method

The principal market for the forms in this submission is employer groups. Some employers may create single employer trusts to act as policyholder. We may also market these forms to unions, associations, trusts and any other eligible groups recognized in your state.

12. Margin

The premium rates in this filing were developed with 5% margin.

13. Expected Loss Ratio

Based on the assumptions contained herein, the expected loss ratio is 60%.

14. Valuation

A. *Pending Claims:* Metropolitan will hold a percentage of the benefit amount of all claims pending on the valuation date.

B. *Claims Incurred but Not Reported:* For claims that have been incurred but not reported to the Company (IBNR), Metropolitan will hold an incurred but not reported claim liability as a function of claims or premiums, using factors developed from claim lag studies. From time to time, Metropolitan will update its IBNR factors according to the results of ongoing claim lag studies.

C. *Active Life Reserves:* Group Hospital Indemnity Insurance is annual term insurance. No active life reserves are necessary for the group policy.

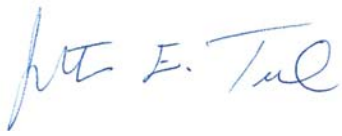
D. *Unearned Premium Reserves*: If the premium payment mode is less frequent than monthly, unearned premium reserves will be held equal to the pro-rata unearned modal premium that applies to the premium period beyond the valuation date.

15. Actuarial Certification

I, Jonathan E. Trend, am Vice President & Actuary for Metropolitan Life Insurance Company. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries, and I meet the Academy's qualification standards for preparing health rate filings and to render the actuarial opinion contained herein.

This memorandum has been prepared in conformity with all applicable Actuarial Standards of Practice.

I hereby certify that, to the best of my knowledge and judgment, the rates contained herein are structured on an actuarially sound basis, and the benefits are reasonable in relation to the premiums to be charged. In making this certification, I have relied in part on morbidity estimates provided by Ross Bagshaw, FSA, MAAA of DaVinci Consulting Group and Thomas Coulter, FSA, MAAA of Coulter & Associates.



_____

Jonathan E. Trend, FSA, MAAA
Vice President & Actuary

May 3, 2013