

State: District of Columbia **Filing Company:** Corvesta Life Insurance Company
TOI/Sub-TOI: H10I Individual Health - Dental/H10I.000 Health Dental
Product Name: Dental
Project Name/Number: /

Filing at a Glance

Company: Corvesta Life Insurance Company
Product Name: Dental
State: District of Columbia
TOI: H10I Individual Health - Dental
Sub-TOI: H10I.000 Health Dental
Filing Type: Rate
Date Submitted: 10/03/2013
SERFF Tr Num: MWSG-129223703
SERFF Status: Assigned
State Tr Num:
State Status:
Co Tr Num: SLEPOLICY#08.2013-DC
Implementation: On Approval
Date Requested:
Author(s): June Stracener
Reviewer(s): Darniece Shirley (primary), Alula Selassie, Donghan Xu
Disposition Date:
Disposition Status:
Implementation Date:
State Filing Description:

State: District of Columbia **Filing Company:** Corvesta Life Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: Dental
Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile: Not Filed
 Project Number: Date Approved in Domicile:
 Requested Filing Mode: Review & Approval Domicile Status Comments:
 Explanation for Combination/Other: Market Type: Individual
 Submission Type: New Submission Individual Market Type:
 Overall Rate Impact: Filing Status Changed: 10/07/2013
 State Status Changed:
 Deemer Date: Created By: June Stracener
 Submitted By: June Stracener Corresponding Filing Tracking Number: MWSG-129223724

Filing Description:

CORVESTA LIFE INSURANCE COMPANY

NAIC #: 78301; FEIN: 86-0201136

Individual Dental Rate Filing

- Dental Policy (Form No. SLEPolicy#08.2013-DC)
- Policy Schedule (Form No. SLEMultiSched#08.2013)
- Application for Individual Dental Coverage (Form No. SLEMultiApp#08.2013)

On behalf of Corvesta Life Insurance Company (the "Company"), we respectfully submit the rates for the above captioned forms for your review and approval. These rates are new and do not replace any previously approved rates. Please note that the forms are being filed simultaneously under separate cover (SERFF Tracking # MWSG-129223724).

The Company is an affiliate of Delta Dental of Virginia and a licensee of Delta Dental Plans Association ("Delta Dental"). Based on the relationship, with Delta Dental, the Company is permitted to offer individual dental plan coverage to policyholders who are affiliated with certain Virginia-based associations, or who are retirees of certain Virginia-based employers. Although the associations or employers must be based in Virginia under the Company's licensing arrangement, the association's members, or the employer's retirees, may reside in other states. The arrangement with Delta Dental also permits the Company to provide policyholders access to Delta Dental's broad provider networks referenced below, which include dentists located in your state.

The benefit design is a comprehensive dental plan that utilizes the Delta Dental Premier and Delta Dental PPO networks. This plan has monthly premiums, which are based on the number of members enrolled and the age of each member.

The Plus Plan generally pays 100% for diagnostic and preventive services, 80% for basic services, and 50% for major services. A waiting period of 12 months applies to all basic services except fillings and all major services for any policyholder (and covered dependent) without prior comprehensive dental coverage.

The Basic Plan generally pays 80% for diagnostic and preventive services, 50% for basic services, and 50% for major services. A waiting period of 12 months applies to basic and major services for any policyholder (and covered dependent) without prior comprehensive dental coverage.

Annual deductibles may be \$50 or \$100, but do not apply to preventive services. Three annual maximums are available: \$1,000, \$1,250, and \$1,500.

Additional benefits include MaxOver™, an annual maximum increase program, and Healthy Smile, Healthy You®, an oral wellness program.

State: District of Columbia **Filing Company:** Corvesta Life Insurance Company
TOI/Sub-TOI: H101 Individual Health - Dental/H101.000 Health Dental
Product Name: Dental
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The application may be converted to an electronic document. Such adaptation may alter the appearance of the document or reorganize its format for better flow of information within the electronic environment. However, the content of the application will not change and its readability compliance will not be affected.

To the best of the Company’s knowledge, information and belief, the rates submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contain no provisions previously disapproved by your Department.

Company and Contact

Filing Contact Information

Rick Campbell, Attorney	rcampbell@mwlaw.com
425 West Capitol Avenue	501-688-8882 [Phone]
Suite 1800	501-688-8807 [FAX]
Little Rock, AR 72201-3525	

Filing Company Information

(This filing was made by a third party - MWSGW01)

Corvesta Life Insurance Company	CoCode: 78301	State of Domicile: Arizona
4818 Starkey Road	Group Code: 4729	Company Type:
Roanoke, VA 24018-8542	Group Name: Corvesta, Inc.	Life/Accident/Health
(800) 842-0875 ext. [Phone]	FEIN Number: 86-0201136	State ID Number:

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State: District of Columbia

Filing Company: Corvesta Life Insurance Company

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

Product Name: Dental

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: Prior Approval

Rate Change Type: Neutral

Overall Percentage of Last Rate Revision: 0.000%

Effective Date of Last Rate Revision:

Filing Method of Last Filing: N/A

Company Rate Information

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

SERFF Tracking #:

MWSG-129223703

State Tracking #:

Company Tracking #:

SLEPOLICY#08.2013-DC

State: District of Columbia

Filing Company:

Corvesta Life Insurance Company

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

Product Name: Dental

Project Name/Number: /

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		DC Rates	SLEPolicy#08.2013-DC	New		DC Rates (10-3-13).pdf,

**Corvesta Life Insurance Company
Individual Association/Retiree Dental Plan Rates**

WASHINGTON, D.C.

Monthly Premium Rates:

Policy is rated by age and 3-digit zip code using the following [Washington, D.C.](#) rating area:

3-Digit Zip Codes

Rating Area 1 – All Zips

Age bands are based on the subscriber age (< 19, 19 – 25, 26 – 50, and 51+). Policies are sold using a 4-tier structure (policyholder only, policyholder/spouse, policyholder plus dependent(s), and policyholder/family). Each plan will have either a \$50 or \$100 annual deductible combined with an annual maximum (\$1,000, \$1,250, or \$1,500).

Premium rates for the rating areas reflect the different costs of dental services in those areas. Cost factors are based on Delta Dental Maximum Plan Allowances (MPAs) which are derived from the filed fees of dentist participating in the Delta Dental system in addition to DDVA claim data.

Optional benefits may be offered. These include complex oral surgery, posterior composite fillings, the MaxOver™ benefit, and the Healthy Smile, Healthy You® program.

BASIC BASE RATES (\$50 deductible / \$1,000 annual maximum with 15% commission)

AGE < 19

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	34.13	61.14	65.09	107.84

AGE 19 - 25

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	36.03	64.54	68.70	113.83

AGE 26 - 50

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	37.92	67.94	72.32	119.82

AGE 51+

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	39.82	71.33	75.94	125.81

PLUS BASE RATES (\$50 deductible / \$1,000 annual maximum with 15% commission)

AGE < 19

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	40.06	71.71	76.31	128.83

AGE 19 - 25

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	42.28	75.69	80.54	135.98

AGE 26 - 50

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	44.51	79.67	84.78	143.14

AGE 51+

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	46.73	83.66	89.02	150.30

OPTIONAL BENEFITS – ADJUSTMENT TO BASE RATES	
Benefit	Adj Factor
\$100 Deductible	0.922
\$1,250 Annual Maximum	1.030
\$1,500 Annual Maximum	1.060
Add Complex Oral Surgery	1.029
Add Posterior Composite Fillings	1.030
Add MaxOver™ Program	1.018
Add Healthy Smile, Healthy You®	1.003

OPTIONAL COMMISSION		
Commission Pct	Adj Factor	Adj Factor Formula
0%	.797	0.5875/0.7375
1%	.808	0.5875/0.7275
2%	.819	0.5875/0.7175
3%	.830	0.5875/0.7075
4%	.842	0.5875/0.6975
5%	.855	0.5875/0.6875
6%	.867	0.5875/0.6775
7%	.880	0.5875/0.6675
8%	.894	0.5875/0.6575
9%	.907	0.5875/0.6475
10%	.922	0.5875/0.6375
11%	.936	0.5875/0.6275
12%	.951	0.5875/0.6175
13%	.967	0.5875/0.6075
14%	.983	0.5875/0.5975
15%	1.00	0.5875/0.5875

Commission Factor Derivation

$P = Cx + r * P$

Base includes 15% commission:

Change to comm base percent:

[P=premium, Cx=Claims, r=retention pct]

$P = Cx + 0.4125 * P \rightarrow P = Cx / (0.5875)$

$P = Cx + ((0.4125 - 0.15) + nc) * P$ [nc=new comm pct]

$P = Cx / (0.7375 - nc)$

Example for 8% commission: $P_{0.08} = Cx / (0.7375 - 0.08) \rightarrow P_{0.08} = Cx / (0.6575)$

$P_{0.15} = Cx / (0.5875)$ (base 15% commission)

$P_{0.08} * 0.6575 = P_{0.15} * 0.5875$

$P_{0.08} = (P_{0.15} * 0.5875) / 0.6575$

$P_{0.08} = P_{0.15} * (0.5875) / 0.6575$

Rating example

An association selects the Plus plan with \$100 deductible, posterior composite filling, and \$1250 annual maximum optional benefits. Product is sold using an 8% commission.

Rating Area 1 enrollee only for age class 26 – 50

Plus Plan Base claims	\$44.50
\$100 Deductible Fx	0.922
Posterior Composite Filling Fx	1.030
\$1,250 Annual Maximum Fx	1.030
8% Commission	0.894

Final Rate: $\$44.50 \times 0.922 \times 1.03 \times 1.03 \times 0.894 = \38.91

State: District of Columbia

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

Product Name: Dental

Project Name/Number: /

Filing Company:

Corvesta Life Insurance Company

Supporting Document Schedules

Satisfied - Item:	Cover Letter All Filings
Comments:	
Attachment(s):	DC RATES Cover Letter dated 10-3-13.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	DC Actuarial Memo (10-2-13).pdf
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Justification
Comments:	See Actuarial Memorandum attached under separate component under this Supporting Documentation tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
Bypass Reason:	N/A. This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
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SERFF Tracking #:

MWSG-129223703

State Tracking #:

Company Tracking #:

SLEPOLICY#08.2013-DC

State:

District of Columbia

Filing Company:

Corvesta Life Insurance Company

TOI/Sub-TOI:

H101 Individual Health - Dental/H101.000 Health Dental

Product Name:

Dental

Project Name/Number:

/

Bypass Reason:	N/A. This is not a P&C filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Memorandum and Certifications
Bypass Reason:	N/A. This is not a PPACA filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Unified Rate Review Template
Bypass Reason:	N/A. This is not a PPACA filing.
Attachment(s):	
Item Status:	
Status Date:	

MITCHELL || WILLIAMS

Frederick K. Campbell
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425 West Capitol Avenue, Suite 1800
Little Rock, Arkansas 72201-3525
Telephone: 501-688-8800
Fax: 501-688-8807

October 3, 2013

The Honorable William P. White
Commissioner of Insurance
Government of the District of Columbia
Department of Insurance, Securities and Banking
810 First Street N.W., Suite 701
Washington, D.C. 2002

Attention: Ms. Jamai Fontaine-Barnes

RE: CORVESTA LIFE INSURANCE COMPANY

NAIC #: 78301; FEIN: 86-0201136

Individual Dental Rate Filing

- Dental Policy (Form No. SLEPolicy#08.2013-DC)
- Policy Schedule (Form No. SLEMultisched#08.2013)
- Application for Individual Dental Coverage (Form No. SLEMultischedApp#08.2013)

SERFF Tracking No. MWSG-129223703

Dear Commissioner White:

On behalf of Corvesta Life Insurance Company (the "Company"), we respectfully submit the rates for the above captioned forms for your review and approval. These rates are new and do not replace any previously approved rates. Please note that the forms are being filed simultaneously under separate cover (SERFF Tracking # MWSG-129223724).

In addition to the rates, this filing contains the following documentation:

1. The Company's letter authorizing Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to make this filing on the Company's behalf;
2. An actuarial memorandum; and
3. Rate sheets.

The Company is an affiliate of Delta Dental of Virginia and a licensee of Delta Dental Plans Association ("Delta Dental"). Based on the relationship, with Delta Dental, the Company is permitted to offer individual dental plan coverage to policyholders who are affiliated with certain Virginia-based associations, or who are retirees of certain Virginia-based employers. Although the associations or employers must be based in Virginia under the Company's licensing arrangement, the association's members, or the employer's retirees, may reside in other states. The arrangement with Delta Dental also permits the Company to provide policyholders access to Delta Dental's broad provider networks referenced below, which include dentists located in your state.

The benefit design is a comprehensive dental plan that utilizes the Delta Dental Premier and Delta Dental PPO networks. This plan has monthly premiums, which are based on the number of members enrolled and the age of each member.

Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. | Attorneys at Law
Little Rock • Rogers • Austin | MitchellWilliamsLaw.com

The **Plus Plan** generally pays 100% for diagnostic and preventive services, 80% for basic services, and 50% for major services. A waiting period of 12 months applies to all basic services except fillings and all major services for any policyholder (and covered dependent) without prior comprehensive dental coverage.

The **Basic Plan** generally pays 80% for diagnostic and preventive services, 50% for basic services, and 50% for major services. A waiting period of 12 months applies to basic and major services for any policyholder (and covered dependent) without prior comprehensive dental coverage.

Annual deductibles may be \$50 or \$100, but do not apply to preventive services. Three annual maximums are available: \$1,000, \$1,250, and \$1,500.

Additional benefits include MaxOver™, an annual maximum increase program, and Healthy Smile, Healthy You®, an oral wellness program.

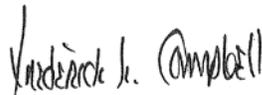
The application may be converted to an electronic document. Such adaptation may alter the appearance of the document or reorganize its format for better flow of information within the electronic environment. However, the content of the application will not change and its readability compliance will not be affected.

To the best of the Company's knowledge, information and belief, the rates submitted herewith are in compliance in all respects with the provisions of the insurance laws, rules and regulations of your state, and contain no provisions previously disapproved by your Department.

If you have any questions or need anything further to expedite the review and approval of this filing, please contact me at (501) 688-8882 or June Stracener, a paralegal working with me on this matter, at (479) 464-5668. Thank you for your courtesy and assistance in this matter.

Yours truly,

MITCHELL, WILLIAMS, SELIG,
GATES & WOODYARD, P.L.L.C.



By

Frederick K. Campbell

Enclosures



August 14, 2013

INSURANCE COMMISSIONER

This letter, or a copy thereof, will authorize Mitchell, Williams, Selig, Gates & Woodyard, P.L.L.C. to represent Corvesta Life Insurance Company in any matters related to the submission of policy forms, rates, advertising materials or any filings related thereto to your state.

Very truly yours,

A handwritten signature in black ink, appearing to read "Chad McIntosh", is written over a large, stylized, circular flourish.

Chad McIntosh
Deputy General Counsel
Corvesta Life Insurance Company

Corvesta Life Insurance Company

Actuarial Memorandum Individual Association and Retiree Dental Plans Form No. SLEPolicy#08.2013 Washington, D.C.

Purpose of Filing

The purpose of this filing is to file individual plan dental rates for our Association and retiree business. Two plans will be offered, **Basic and Plus**. Corvesta Life Insurance Company (“CLIC”) is offering this policy to individuals age 18 and over and their eligible dependents through partnerships with Associations and retiree groups headquartered in Virginia. This filing is not intended for any other purpose. This product would be sold no earlier than January 1, 2014 (subject to approval).

Benefits

The benefit design is a comprehensive dental plan that uses the Delta Dental Premier and PPO networks. This plan has monthly premiums which vary by four coverage tiers and also by the age of the policyholder. The four tiers are policyholder only, policyholder plus spouse, policyholder plus child/children, and policyholder and family. A covered benefit outline has been provided in Exhibit 1.

The **Plus Plan** pays 100% for diagnostic and preventive services, 80% for basic services, and 50% for major services. A waiting period of 12 months applies to all basic services except fillings and all major services for any policyholder (and covered dependent thereof) without prior comprehensive dental coverage.

The **Basic Plan** pays 80% for diagnostic and preventive services, 50% for basic services, and 50% for major services. A waiting period of 12 months applies to basic and major services for any policyholder (and covered dependent thereof) without prior comprehensive dental coverage.

There is a \$50 or \$100 deductible that will apply to basic and major services only. Three annual maximums will be offered: \$1,000, \$1,250, and \$1,500.

Benefit options will be available for complex oral surgery, composite fillings, and an annual maximum increase program – MaxOver™. Our Healthy Smile, Healthy You® oral wellness program will additionally be offered as a benefit option. The MaxOver™ and Healthy Smile, Healthy You® programs are described in Exhibit 5.

Renewability

This plan is conditionally renewable with notification to the policyholder no less than 60 days prior to cancellation. Rates are guaranteed for a 12-month period.

Issue Age Limits

Policyholder only policies are issued to individuals age 18 and older. Otherwise there are no issue age limits.

General Marketing Method

Marketing methods can vary case-by-case but will most likely be web-based and through direct mailing sponsored by the prospective policyholder's association or retiree group.

Description of How Rates were Determined

Rates for the **Basic and Plus Plans** were based on current expected claims from similar individual products currently sold by Delta Dental of Virginia, an affiliate of CLIC. Adjustment factors for benefit and age differences to expected claims were based on the individual Traditional Enhanced product experience of Delta Dental of Virginia.

Expected claims were modified for age classes, state cost factors, network utilization, benefit differences, optional benefits, \$100 deductible, and \$1250 and \$1500 annual maximums.

Expected claims were aggregated and smoothed based on the age and location of enrollees (the term "enrollees" includes the policyholder and any covered dependents). Differences in cost by policyholder, spouse, or dependent using claims data from the individual Traditional Enhanced product experience of Delta Dental of Virginia were constructed. All enrollee claim data was weighted by enrollee months.

Retention components were added to expected claims. Itemized retention factors are shown in Exhibit 2.

A final marketing adjustment was then applied to the calculated rates.

Proposed rates effective January 1, 2014 are displayed in Exhibit 3.

Estimated Average Annual Premium Per Policy

The estimated average annual premium per policy and per enrollee (member) for the **Plus Base Plan** is \$768 per policy and \$462 per enrollee (member).

The estimated average annual premium per policy and per enrollee (member) for the **Basic Base Plan** is \$651 per policy and \$391 per enrollee (member).

Anticipated Loss Ratio

Loss ratios have been assumed to be similar to the in-force individual products of Delta Dental of Virginia, an affiliate of CLIC.

The anticipated loss ratio was calculated by applying a durational loss ratio to each monthly cohort over a 12-month period. The size of the monthly cohort is adjusted for lapses. The weighted aggregate loss ratio at the end of the 12-month period produces the final anticipated loss ratio. This anticipated loss ratio after 12 months is 98%.

Newly issued products without participation requirements have high anti-selection characteristics. Because of this, the loss ratio from inception will be markedly higher compared to future time periods. This is why the anticipated loss ratio after 12 months is higher than the expected loss ratio for this product in a steady state.

The monthly anticipated loss ratio table is in Exhibit 4.

Minimum Loss Ratio Presumed Reasonable

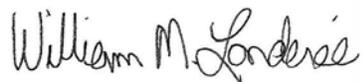
The minimum anticipated loss ratio presumed reasonable is 55 percent.

Supporting Documentation if Anticipated Loss Ratio is Less than the Minimum

The anticipated future loss ratio is not less than the minimum loss ratio.

Actuarial Certification

Based on my review, I hereby certify that, to the best of my knowledge, the rate filing submitted herein is in compliance with all applicable laws and regulations of [Washington, D.C.](#) The premiums are not inadequate, excessive, nor unfairly discriminatory, and the benefits are reasonable in relation to premiums charged.



William M. Londeree, ASA, MAAA
Corvesta Life Insurance Company
September 20, 2013
(804) 915-5071

Exhibit 1

Corvesta Life Insurance Company Individual Association/Retiree BASIC Dental Plan

<i>Deductible per Calendar year</i>	\$50/\$100 per enrollee		
<i>Maximum benefit per Calendar year</i>	\$1,000/\$1,250/\$1,500		
<i>Diagnostic & Preventive</i>		PPO/Premier or Out of network	<i>Frequency</i>
<i>Deductible Waived</i>	Prophylaxis	80%/80%	Two in a consecutive 12 month period
<i>Deductible Waived</i>	Oral Evaluation	80%/80%	Two in a consecutive 12 month period
<i>Deductible Waived</i>	Bitewing X-rays	80%/80%	1 per consecutive 12 month period
<i>Deductible Waived</i>	Full Mouth X-rays	80%/80%	1 per five year period
<i>Deductible Applies</i>	Sealants-Per Deciduous Tooth	80%/80%	1 per tooth for members through age 14
<i>Deductible Applies</i>	Sealants-Per Permanent Tooth	80%/80%	1 per occlusal tooth for members through age 16
<i>Deductible Applies</i>	Emergency Exam	50%/50%	Two in a consecutive 12 month period
<i>Restorative Services</i>			
<i>Deductible Applies</i>	Fillings	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Simple Extractions	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Endodontic Services	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Periodontic Services	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Crowns	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Prosthodontics – Fixed	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Prosthodontics - Removable	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Dental Implants	50%/50%	12-month waiting period may apply

**Corvesta Life Insurance Company
Individual Association/Retiree PLUS Dental Plan**

Deductible per Calendar year	\$50/\$100 per enrollee		
Maximum benefit per Calendar year	\$1,000/\$1,250/\$1,500		
Diagnostic & Preventive		PPO/Premier or Out of network	Frequency
<i>Deductible Waived</i>	Prophylaxis	100%/100%	Two in a consecutive 12 month period
<i>Deductible Waived</i>	Oral Evaluation	100%/100%	Two in a consecutive 12 month period
<i>Deductible Waived</i>	Bitewing X-rays	100%/100%	1 per consecutive 12 month period
<i>Deductible Waived</i>	Full Mouth X-rays	100%/100%	1 per five year period
<i>Deductible Applies</i>	Sealants-Per Deciduous Tooth	80%/80%	1 per tooth for members through age 14
<i>Deductible Applies</i>	Sealants-Per Permanent Tooth	80%/80%	1 per occlusal tooth for members through age 16
<i>Deductible Applies</i>	Emergency Exam	50%/50%	Two in a consecutive 12 month period
Restorative Services			
<i>Deductible Applies</i>	Fillings	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Simple Extractions	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Endodontic Services	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Periodontic Services	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Crowns	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Prosthodontics – Fixed	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Prosthodontics - Removable	50%/50%	12-month waiting period may apply
<i>Deductible Applies</i>	Dental Implants	50%/50%	12-month waiting period may apply

Exhibit 2

Base Retention Factors:

Included in the base premium are an expected claim expense of **59.00%** and a retention load of **41.00%**. Retention is comprised of the following components:

Administration *	8.00%
Underwriting risk charge	5.00%
Sales expenses	10.00%
Commission/Marketing Fees +	15.00%
ACA carrier fee	1.00%
State premium tax	2.00%
Total retention	41.00%

* includes general office expense, accounting and finance, actuarial and underwriting, customer service, compliance, IT, management, professional review, network management, and billing and eligibility expenses.

+ commission/marketing fees can vary based on the arrangement with each particular association from 0% to 15%. The base rates include a 15% commission.

Exhibit 3

Corvesta Life Insurance Company Individual Association/Retiree Dental Plan Rates

Monthly Premium Rates:

Policy is rated by age and 3-digit zip code using the following [Washington, D.C.](#) rating area:

3-Digit Zip Codes

Rating Area 1 – All Zips

Age bands are based on the subscriber age (< 19, 19 – 25, 26 – 50, and 51+). Policies are sold using a 4-tier structure (policyholder only, policyholder/spouse, policyholder plus dependent(s), and policyholder/family). Each plan will have either a \$50 or \$100 annual deductible combined with an annual maximum (\$1,000, \$1,250, or \$1,500).

Premium rates for the rating areas reflect the different costs of dental services in those areas. Cost factors are based on Delta Dental Maximum Plan Allowances (MPAs) which are derived from the filed fees of dentist participating in the Delta Dental system in addition to DDVA claim data.

Optional benefits may be offered. These include complex oral surgery, posterior composite fillings, the MaxOver™ benefit, and the Healthy Smile, Healthy You® program.

BASIC BASE RATES (\$50 deductible / \$1,000 annual maximum with 15% commission)

AGE < 19

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	34.13	61.14	65.09	107.84

AGE 19 - 25

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	36.03	64.54	68.70	113.83

AGE 26 - 50

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	37.92	67.94	72.32	119.82

AGE 51+

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	39.82	71.33	75.94	125.81

PLUS BASE RATES (\$50 deductible / \$1,000 annual maximum with 15% commission)

AGE < 19

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	40.06	71.71	76.31	128.83

AGE 19 - 25

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	42.28	75.69	80.54	135.98

AGE 26 - 50

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	44.51	79.67	84.78	143.14

AGE 51+

	PH ONLY	PH / SPOUSE	PH / CH(REN)	PH / FAMILY
Rating Area 1	46.73	83.66	89.02	150.30

OPTIONAL BENEFITS – ADJUSTMENT TO BASE RATES	
Benefit	Adj Factor
\$100 Deductible	0.922
\$1,250 Annual Maximum	1.030
\$1,500 Annual Maximum	1.060
Add Complex Oral Surgery	1.029
Add Posterior Composite Fillings	1.030
Add MaxOver™ Program	1.018
Add Healthy Smile, Healthy You®	1.003

OPTIONAL COMMISSION		
Commission Pct	Adj Factor	Adj Factor Formula
0%	.797	0.5875/0.7375
1%	.808	0.5875/0.7275
2%	.819	0.5875/0.7175
3%	.830	0.5875/0.7075
4%	.842	0.5875/0.6975
5%	.855	0.5875/0.6875
6%	.867	0.5875/0.6775
7%	.880	0.5875/0.6675
8%	.894	0.5875/0.6575
9%	.907	0.5875/0.6475
10%	.922	0.5875/0.6375
11%	.936	0.5875/0.6275
12%	.951	0.5875/0.6175
13%	.967	0.5875/0.6075
14%	.983	0.5875/0.5975
15%	1.00	0.5875/0.5875

Commission Factor Derivation

$P = Cx + r * P$

Base includes 15% commission:

Change to comm base percent:

[P=premium, Cx=Claims, r=retention pct]

$P = Cx + 0.4125 * P \rightarrow P = Cx / (0.5875)$

$P = Cx + ((0.4125 - 0.15) + nc) * P$ [nc=new comm pct]

$P = Cx / (0.7375 - nc)$

Example for 8% commission: $P_{0.08} = Cx / (0.7375 - 0.08) \rightarrow P_{0.08} = Cx / (0.6575)$

$P_{0.15} = Cx / (0.5875)$ (base 15% commission)

$P_{0.08} * 0.6575 = P_{0.15} * 0.5875$

$P_{0.08} = (P_{0.15} * 0.5875) / 0.6575$

$P_{0.08} = P_{0.15} * (0.5875) / 0.6575$

Rating example

An association selects the Plus plan with \$100 deductible, posterior composite filling, and \$1250 annual maximum optional benefits. Product is sold using an 8% commission.

Rating Area 1 enrollee only for age class 26 – 50

Plus Plan Base claims	\$44.50
\$100 Deductible Fx	0.922
Posterior Composite Filling Fx	1.030
\$1,250 Annual Maximum Fx	1.030
8% Commission	0.894

Final Rate: $\$44.50 \times 0.922 \times 1.03 \times 1.03 \times 0.894 = \38.91

Exhibit 4
Anticipated Loss Ratio Table

Month	Durational LR	Lapse Fxs	Cum Lapse Fxs	Est New Mems	Cum Mems	Lapsed Mems	Cum Mems Lapsed	Anticipated LR
1	166%	98.2%	98.2%	416	409	7	7	146%
2	139%	98.2%	96.4%	416	810	15	22	133%
3	121%	98.2%	94.7%	416	1,203	22	45	124%
4	110%	98.2%	93.0%	416	1,589	30	75	116%
5	103%	98.2%	91.3%	416	1,968	37	112	111%
6	97%	98.2%	89.7%	416	2,339	45	157	108%
7	95%	98.2%	88.1%	416	2,702	52	210	106%
8	94%	98.2%	86.5%	416	3,058	60	270	104%
9	92%	98.2%	84.9%	416	3,407	67	337	103%
10	90%	98.2%	83.4%	416	3,748	75	412	101%
11	89%	98.2%	81.9%	416	4,082	82	494	99%
12	88%	98.2%	80.4%	416	4,408	90	584	98%

Exhibit 5

Healthy Smile, Healthy You®

Healthy Smile, Healthy You® offers additional benefits for four important health conditions connected to oral health:

Pregnancy
Diabetes
Certain High Risk Cardiac Conditions
Cancer patients undergoing treatment via radiation and/or chemotherapy

According to the American Academy of Periodontology, pregnant women with periodontal disease may be seven times more likely to have a baby that's born too early or too small.

For those with diabetes, research shows that increased sugar levels have a negative impact on oral health, and those with periodontal disease find it far more difficult to control sugar levels.

Individuals with certain heart conditions can be impacted by gum disease and infections, such as oral bacteria infecting their hearts.

Cancer treatment delivered via radiation and/or chemotherapy can lead to many debilitating oral conditions. Both chemotherapy and radiotherapy can have direct affects on salivary glands and oral tissues resulting in increased risk for oral mucositis, Candida yeast infections, dry mouth and an increase in tooth decay.

Enrollees who fall into one of these categories can enroll in the program to become eligible for one additional cleaning and exam*, beyond the ordinary limit per benefit period. For pregnant enrollees, the additional service will be during the term of their pregnancy. Cancer patients are also eligible for an additional fluoride application beyond the age limitation of the policy.

*Enrollees may be eligible for a periodontal maintenance procedure if the enrollee has a history of definitive periodontal treatment, such as surgery.

MaxOver™ Benefit Option

MaxOver™ is an added feature to the policy's annual maximum benefit allowance designed to reward enrollees who do not use all of their annual maximum benefit during a benefit period.

Generally, enrollees who receive preventive care services will be allowed to roll over a portion of their annual maximum if they meet the following criteria:

Enrollees must have at least one preventive exam during their benefit period.
Enrollees with natural teeth must have at least one cleaning during their benefit period (this requirement is waived for enrollees who have no natural teeth).
Claims paid during the benefit period must be less than the MaxOver claims threshold.
Waiting periods on Major Services (if applicable) must be met.

Once met, the appropriate MaxOver amount will be carried forward for use at a future date. This means the level of coverage to which enrollees have access can actually increase over time. So, when enrollees need a procedure that costs more than the policy's annual maximum, the

funds in the MaxOver account can help meet that difference. Orthodontic services, if covered, are excluded from the MaxOver™ program.

Example:

Policy's annual maximum benefit allowance	\$1,500
Submit claims up to	\$750
MaxOver amount added to next benefit period	\$375
Total annual maximum benefit for the next benefit period	\$1,875

In the above example, an enrollee can submit claims up to \$750, including a minimum of one required claim for a preventive exam and/or cleaning. If the enrollee does not exceed \$750 in claims during the benefit period, they will receive \$375 to add to their annual maximum benefit in the next benefit period, for a total of \$1,875. For each benefit period during which the conditions stated above are met, the enrollee can add \$375 toward future benefit periods, up to a maximum carryover of an additional \$1,500, or \$3,000 total annual maximum.

MaxOver annual rollover amounts are based on a percentage of the annual maximum benefit. Also, the total MaxOver account limit can never exceed the annual maximum benefit. The following chart represents CLIC's annual maximum benefit and the correlating MaxOver amounts:

Annual Maximum Benefit	Claims Threshold	Annual MaxOver Amount	MaxOver Account Limit
\$1,000	\$500	\$250	\$1,000
\$1,250	\$625	\$300	\$1,250
\$1,500	\$750	\$375	\$1,500